Tracking Adolescent Mental Health Status Before and During the Pandemic: Findings from the Longitudinal Cohort Study on the Filipino Child Policy Brief

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At the onset of COVID-19 pandemic in 2020, several health experts have argued that many of the previously identified mental health problems of adolescents may have been aggravated with the imposition of community lockdowns (Rousseau & Miconi, 2020). Orben et al. (2020) claimed that the imposition of various measures to control the transmission of COVID-19 has reduced the opportunities for social interaction among children and young adults that could negatively affect their mental health. Recent findings from the 2021 Young Adult Fertility and Sexuality Survey revealed that the proportion of Filipinos, aged 15-24, reporting depressive symptoms significantly increased in 2021 when compared to 2013 levels (Kabamalan, 2022).

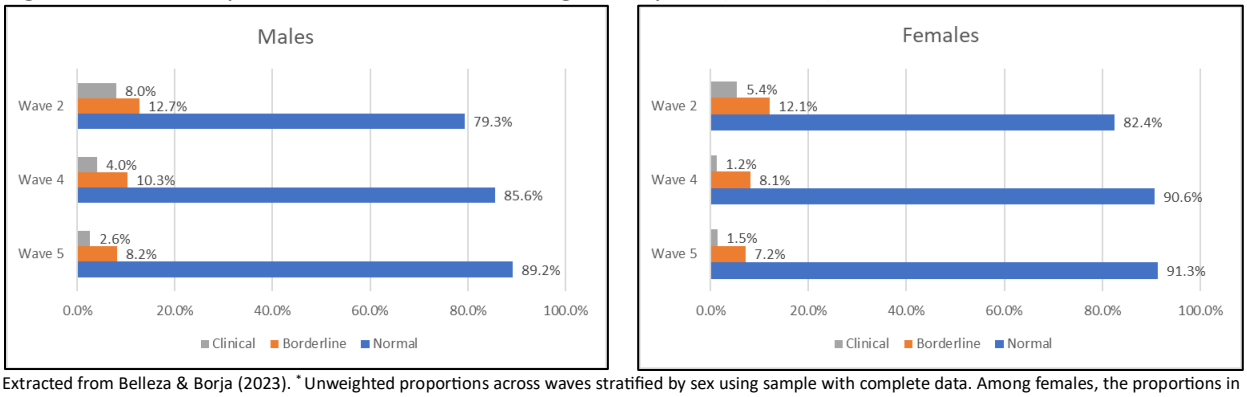
This brief focuses on three major mental health concerns affecting adolescents: depression anxiety, which have been identified as the leading causes of illnesses and disability in this age group; and suicide which is the 4th highest cause of death among the youth (WHO, 2021). Furthermore, depression and anxiety are mental health issues that are also often the underlying conditions linked with suicidal ideation (Stanley et al., 2018; McLafferty et al., 2021). This policy brief highlights findings from the ***Longitudinal Cohort Study on the Filipino Child*** (LCSFC) on the mental health status of Filipino adolescents before and during the COVID-19 pandemic (Belleza & Borja, 2023). The LCSFC is an ongoing study on a nationally representative sample of Filipino adolescents who were recruited at age 10 in 2016 and are observed in repeat visits (on a yearly basis to date) until they reach the age of 24 in 2030 (OPS, 2018). The study collects comprehensive data on the lives of the cohort, which includes measures of mental health status using the Achenbach System of Empirically Based Assessment (Achenbach & Rescorla, 2001). Featured in this brief are mental health data collected in Wave 2 (February-April, 2018, the cohort at age 11), Wave 4 (January-March, 2020, at age 13), Wave 4a (November, 2020, at age 14) and Wave 5 (June-August, 2021). The last two waves represent data in the early and late stages of the pandemic. Based on these LCSFC findings, this brief presents recommendations on how we can improve our policy approach in addressing our adolescents' mental health problems.

Depression

As the adolescents got older, mean depression scale scores (higher scores reflecting more severe depression) increased (Belleza & Borja, 2023). However, when scores were categorized into levels of severity, the proportions of adolescents with scores classified as borderline or clinical (representing more

severe cases than those in the normal category) have declined over time even during the COVID-19 pandemic (data not shown). There were more male than female adolescents who were classified in these severe categories across waves. In Wave 5, there was a slight increase in the proportion of females who were classified in the clinical range (Figure 1).

Figure 1. Depressive Problem Scale Categories by Sex (n=2,627)*

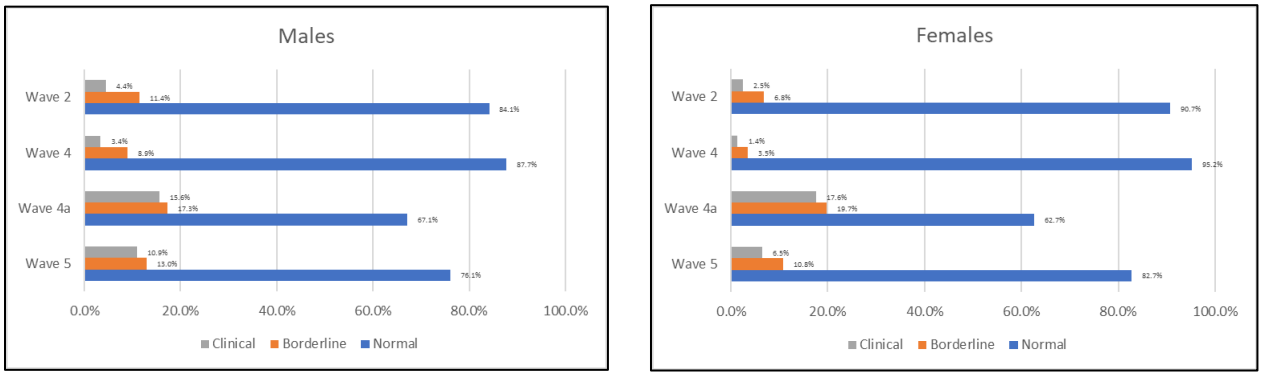


Extracted from Belleza & Borja (2023). * Unweighted proportions across waves stratified by sex using sample with complete data. Among females, the proportions in each category significantly changed between Waves 2 and 4 but not between Waves 4 and 5. Among males, except for proportions in borderline range between Waves 2 and 4, the proportions in each category significantly changed over time. Significant at $p<0.05$ based on chi-square tests of independence.

Anxiety

An increasing trend in mean anxiety scale scores over time was also observed (higher scores reflecting more severe anxiety). Prior to the pandemic, there was a decreasing trend in the proportions of male and female adolescents categorized in the borderline and clinical ranges (see Figure 2). However, during the early phase of the pandemic (in Wave 4a), a drastic increase in the proportions classified in severe ranges was observed, which may be reflective of the adolescents' reaction to the level of stress brought about by the pandemic in its early stages. By 2021 (Wave 5) or the later stage of the pandemic, the rates in these categories decreased, indicating some level of adaptation to the new normal. It must be noted though that the levels in 2021 were still higher than in the pre-pandemic period. Similar to what was observed with depression, there were more male than female adolescents who were classified in the more severe categories cases, in the pre-pandemic waves and in Wave 5.

Figure 2. Anxiety Problem Scale Categories by Sex (n=2,047)*



Extracted from Belleza & Borja (2023). *
Unweighted proportions across waves stratified by sex using sample with complete data. Among females, except for those within clinical range between Waves 2 and 4, the proportions in each category significantly changed over time. Among males, except for proportions in clinical or borderline range between Waves 2 and 4, the proportions in each category significantly changed over time. Significant at $p<0.05$ based on chi-square tests of independence.

Suicidal Ideation and Attempt

Figures 3a and 3b present data on suicidal ideation and attempt among these adolescents. The overall proportions of adolescents who reported that harboring suicidal thoughts or attempting suicide was either very true or somewhat true decreased from Wave 4 (age 13) to Wave 5 (age 15). In both cases, significant differences between males and females were only evident at age 15 with more females reporting greater inclinations to both suicidal behaviors. Although the proportions may be low, particularly as they got older, having suicidal thoughts or intentions at such a young age, when they are less mentally and emotionally equipped to cope with their circumstances, remains a major concern.

Figure 3a. Adolescent Responses to Suicidal Ideation Question "I think about killing myself"

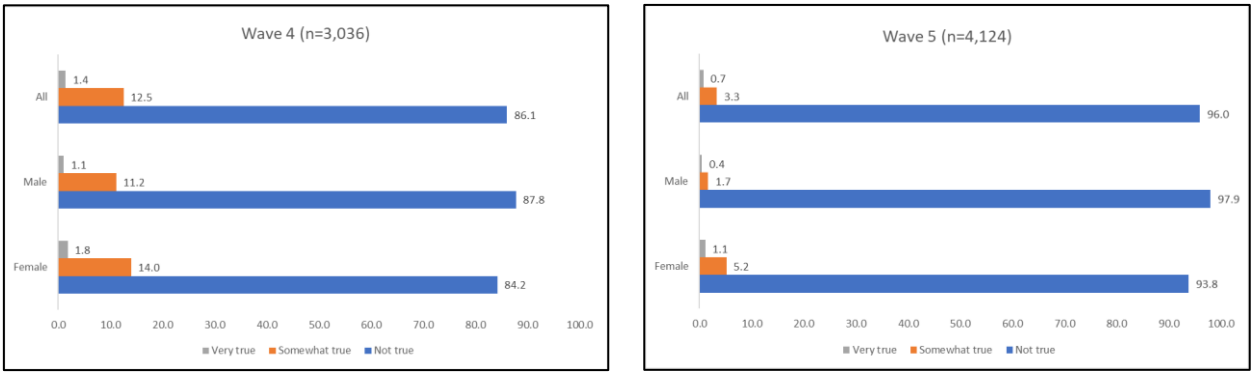
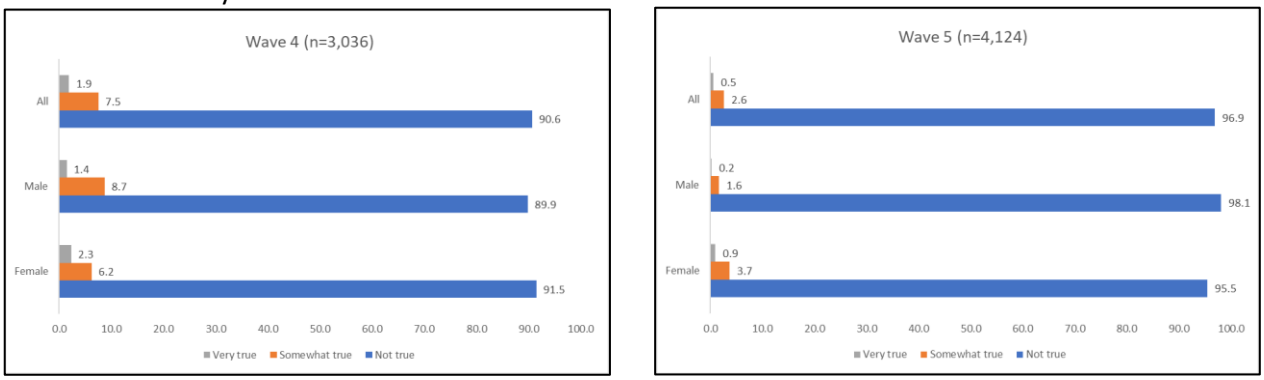


Figure 3b. Adolescent Responses to Suicidal Attempt Question "I deliberately try to hurt or kill myself"



Extracted from Belleza & Borja (2023). Presented as weighted % stratified by sex in each wave; Significantly different by sex in Wave 5 at $p<0.001$ based on chi-square test of independence. In a sample with complete data for both waves (n=2,697), the proportions in each category significantly changed over time.

Policy Implications

These LCSFC findings provide important evidence on the mental health struggles that young Filipino adolescents deal with, particularly in the aftermath of the pandemic. The results reveal that: a) male adolescents appear to be more at risk of severe depression and anxiety than the females; b) anxiety levels of adolescents significantly increased during the pandemic, and c) adolescents as young as age 13 are already vulnerable to suicide. These highlight the need to ensure that policies and programs addressing mental health concerns of Filipino adolescents are in place.

Strengthening Existing Policies and Programs on Adolescent Mental Health

The Philippine government has implemented the National Health Policy and Strategic Framework on Adolescent Health and Development (AHDP) in 2013 to "improve the health status of adolescents and to enable them to fully enjoy their right to health" (DOH, 2017). Likewise, Republic Act No. 11036 or the Mental Health Act (RA 11036, 2017) was passed into law to "enhance the delivery of integrated mental health services, promoting and protecting the rights of persons utilizing psychosocial health services." This law has provisions for the promotion of mental health in schools and incorporating age-appropriate mental health information into the curriculum at all education levels (Sec. 23, RA No. 11036). Under this law, schools are mandated to increase mental health awareness among students, teachers and school employees and provide support services to those who are at risk (Sec. 24, RA No. 11036). Given that these national laws were not primarily created for a targeted age group and especially not in the context of a pandemic, it is necessary that interventions implemented by schools or relevant government agencies must be children- and adolescent-centered. Schools and local government units should have the capacity for testing or identifying adolescents who may be at risk of severe forms of depression or anxiety. Creating support groups and providing services for counselling within the schools and the local government units are among the initiatives that may be considered.

Increase the Capacity of Schools to Address Mental Health Problems

In November 2021, the Department of Education (DepEd) established a mental health helpline system that provided mental health support to students, teachers, and the general public, particularly those who were under psychological distress during the pandemic (DepEd, 2021). The DepEd has declared the month of October as the National Mental Health Month to initiate activities that promote mental health awareness among students, faculty, and staff (DepEd, 2022). Schools may be the best place to implement measures to address mental health issues of students, particularly those who may not have sufficient support systems at home.

Implement Sex-differentiated Policies on Mental Health

Findings from the LCSFC, as well as in other studies (Liu et al, 2022), show that male and female adolescents may vary in their mental health vulnerabilities. In the case of the LCSFC cohort, the sex disparity persisted during the pandemic. Males are more at risk to being classified into more severe depression and anxiety levels. In DepEd's preparation of gender and development plan and budget for 2021, it recognized the lack of sex-disaggregated data needed for planning, implementation, and monitoring specifically related to the effects of COVID-19 pandemic (DepEd, 2020). The LCSFC findings provide empirical data that can be utilized by agencies, such as DepEd, to craft appropriate policies that are cognizant of the varying mental health needs of male and female adolescents.

List of References

Achenbach, T.M., & Rescorla, L.A. (2001). Manual for the ASEBA School-Age Forms and Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families.

Belleza, D.E. & Borja, J.B. (2023). SDG 3. Tracking Filipino adolescents' mental health status and access to care before and during the COVID-19 pandemic. In USC-Office of Population Studies Foundation, Inc. (OPS). (2023). The Impact of the COVID-19 Pandemic on the SDG Youth Agenda. https://www.opsusc.org/lcsfc-survey-reports.php

Department of Education (DepEd). (2022 October 19). 2022 National Mental Health Month. *DepEd Memorandum No. 093, s. 2022*. https://bit.ly/3TFY02B

Department of Education (DepEd). (2021 February 9). DepEd to roll out mental health and psychosocial support programs for 2021. *Department of Education*. https://bit.ly/3PBuWqU

Department of Education (DepEd). (2020). Preparation and submission of Gender and Development (GAD) plans and budget for fiscal year 2021 of field offices. *Department of Education*. https://bit.ly/46pCG57

Department of Health (DOH). (2017). Adolescent and Health Development Program: Manual of Operations. *Department of Health*. https://doh.gov.ph/node/13976

Kabamalan, M.M.M. (10 October 2022). Pinoy youth in worse mental shape today, nationwide survey indicates. UP Population Institute Press Release. https://bit.ly/3JCEmhP

Liu, S.R., Davis, E.P., Palma, A.M., Sandman, C.A., and Glynn, L.M. (2022). The acute and persisting impact of COVID-19 on trajectories of adolescent depression: Sex differences and social connectedness. *Journal of Affective Disorders* (299): 246-255. https://doi.org/10.1016/j.jad.2021.11.030

McLafferty, M., Brown, N., McHugh, R., Ward, C., Stevenson, A., McBride, L., Brady, J., Bjourson, A.J., O'Neill, S.M., Walsh, C.P., & Murray, E.K. (2021). Depression, anxiety, and suicidal behaviour among college students: Comparisons pre-COVID-19 and during the pandemic. Psychiatry Research Communications 1. https://doi.org/10.1016/j.psycom.2021.100012

Orben, A., Tomova, L., & Blakemore, S.J. (2020). The effects of social deprivation on adolescent development and mental health. *Lancet Child Adolescent Health*, *4*, 634-640. https://doi.org/10.1016/S2352-4642(20)30186-3

Republic Act (RA) 11036. (2017). Mental Health Act. *Official Gazette*. https://bit.ly/44j91Zw

Rousseau, C. & Miconi, D. (2020). Protecting youth mental health during the COVID-19 pandemic: A challenging engagement and learning process. *Journal of the American Academy of Child & Adolescent Psychiatry*, *60*(11), 1203-1207. https://doi.org/10.1016/j.jaac.2020.08.007

Stanley, I. H., Boffa, J. W., Rogers, M. L., Hom, M. A., Albanese, B. J., Chu, C., Capron, D. W., Schmidt, N. B., & Joiner, T. E. (2018). Anxiety sensitivity and suicidal ideation/suicide risk: A meta-analysis. Journal of Consulting and Clinical Psychology, 86(11), 946–960. https://doi.org/10.1037/ccp0000342

USC-Office of Population Studies Foundation, Inc. (OPS). (2018). Longitudinal Cohort Study on the Filipino Child. Baseline Survey Technical Report. OPS Report Series No. 2. Retrieved from . https://www.opsusc.org/lcsfc-survey-reports.php

World Health Organization (2021, November 17). Adolescent Mental Health. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health