

THE NEGATIVE INFLUENCE OF THE CORONAVIRUS PANDEMIC ON THE PSYCHOLOGICAL HEALTH OF ADOLESCENTS IN THE USA: WAYS TO OVERCOME

Vashakide Natalia. Candidate of legal sciences. Lomonosov University. nataliavashakidze@mail.ru; Julie Devall. Tbilisi Social-Economical Institute

Annotation

The article discusses the negative influence effects of the corona-virus pandemic COVID-19 on young Americans. The author examines the relationship between the pandemic and psychological health of minors and adolescents, and how the spread of the corona-virus pandemic affects the psychological and mental health of adolescents, identifies the risk groups of adolescents in the USA who are at increased risk of psychological and social consequences in the context of COVID-19, and analyzes psychological prevention and support for adolescents in the United States of America.

Keywords: COVID-19, pandemic, psychological health, anxiety and fear, quarantine, depression.

Introduction

In August 2020, the Secretary-General of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, made a statement that the pandemic is COVID-19 negatively affecting the psyche of millions of people on Earth, including the younger generation [1]. Experts note that primarily the mental health of people suffered as a result of anxiety and fear. Also, interruptions in the work of psychological support services are affected. Another significant reason for the negative impact of the pandemic is the lack of human contact between people during "self-isolation".

The pandemic of COVID-19 became one of the most serious crises for society and the system of public health care for the last decades. Such epidemics always have adverse consequences for society and epidemics are always associated with negative consequences for mental health. According to researchers, in April 2020, more than

3.5 billion people were in self-isolation and quarantine, which is approximately 45% of the world's population.

Forced measures introduced during the pandemic were self-isolation and quarantine; a pandemic significantly worsened conditions and habitual lifestyle. In such conditions, the reactions of loss according to the model of Dr. E. Kübler-Ross (denial, depression, anger, bargaining, and acceptance) are natural for humans, since the previous standard of living, freedom of movement, and the illusion of safety become inaccessible [2].

Since China was the first state to face COVID-19, the listed problems in the state of mental health were first clearly discovered in the citizens of this country, when China, when many people who complained about emotional problems at the same time turned for psychological help, in particular: helplessness, expressed fear, constant anxiety, depression and guilt. In this regard, the maintenance of the mental health of citizens became a significant problem, especially in the conditions of restrictive measures when it began to appear online [3, 6].

Analysis of past pandemics suggests that such situations mediate a pronounced change in the emotional state of people who become psychologically vulnerable. In isolation conditions, anyone can practically encounter a spectrum of various asthenic emotions, such as fear, anxiety, aggression, anxiety for their health, loved ones, for the future, after quarantine. People are under stress and cannot cope with it in the usual ways (visiting the gym, walking, visiting entertainment, and public institutions). In the conditions of a quarantine, practically everyone faced such existential realities as loneliness, uncertainty, uncertainty in tomorrow that generates still; great anxiety and fear, which are potentiated by the illogical and inconsistent actions of State management structures [4].

This article examines the negative impact of the COVID-19 pandemic on the mental health of adolescents in the United States and how to overcome them. The article was written based on an analysis of information from scientific publications of English-language, and domestic literature, the Internet, and materials from the scientific medical base PubMed, etc.

On the problems of psychological health of adolescents

WHO defines mental health as "a state of well-being in which people are aware of their abilities, can cope with ordinary life stresses, work productively and fruitfully and contribute to the life of their communities."

In the Russian scientific literature, the definition of "psychological health" is considered in different ways. So, I.V. Dubrovina considers that psychological health is in close interrelation with the highest manifestations of the human spirit [5, 76].

The most objective definition of psychological health and its functions was proposed by O.A. Akhverdova, I.V. Boev, and N.N. Eroshenko, who believes that it: "allows a person adequately to his age, sex, social position to know the surrounding reality, adapt to it and fulfill his biological and social functions by emerging personal and social interests, needs, generally accepted moral self" [6.9].

An analysis of the definitions available in the special literature regarding the concept of psychological health makes it clear that most researchers emphasize such a property of a person as stress resistance, that is, the ability to overcome various stressogenic life situations without compromising their health. Based on this, a difficult life situation for a psychologically healthy person will not lead to mental confusion or apathy, will not provoke inaction, but on the contrary will force him to actively function in the direction of excluding a possible repetition of conscious difficulties. Human resilience involves efforts to resist difficulties. However, in COVID-19 conditions, this is also difficult for a psychologically healthy person.

At the same time, one of the main criteria for psychological health is the psychological adaptation of the person. Based on this, V.A. Ananyev proposes to distinguish such levels of psychological health:

- A high (creative) level implies stress tolerance, in which a person, through active and effective strategies of interaction with reality, maintaining emotional and psychological balance, easily adapts to the social environment;
- The average (adaptive) level at which the difficulties of the individual experience in socio-psychological adaptation, but can overcome them with the help of reserve

capabilities to cope with stressful situations, while experiencing significant emotional and psychological stress;

- A low (deceptive) level is characterized by the fact that a person is not able to harmoniously interact with the surrounding social environment, since he acts to the detriment of his capabilities and desires or applies an offensive strategy that is associated with uncompromising decisions, in connection with which he experiences emotional and mental overload [7, 123].

One should agree with N.A. Zhestkova, who proposes to understand psychological health as "the ability of a person with inner calm to continuously maintain a dynamic balance with the environment for further positive personal development. As psychological health assumes, first of all, resistance to stressful situations, it is expedient to pay attention to the psychological properties increasing resistance to stress" [8, 385]. This definition is based on properties of psychological health which were designated by V.A. Bodrov who considered that stress resistance allows the assumption of the uncertainty of a stream of events and awareness of the impossibility of implementation of constant total control over life [9, 164]. In this regard, one can designate the main characteristic of a psychologically healthy person - self-regulation as the ability to adequately adapt to favorable and unfavorable environmental conditions.

As for adolescents, applying the definition of psychological health formulated, for adults is difficult, since they differ from them in behavior, mental abilities and identity specific to adolescence. This is a well-known factor. Within the framework of this article, we outline the main criteria indicating the psychological health of adolescents.

Today, WHO is actively engaged in issues of mental health of children, because the mental health of children is the basis of intellectual activity and communicative skills, learning, emotional growth, sustainability and self-esteem from the earliest childhood [10, 33].

The mental health of adolescents today in pandemic conditions has significantly decreased. At the same time, the trend of its deterioration has been observed by experts

since the end of the twentieth century, when WHO experts published data that mental health problems in adolescents have become quite widespread. It was so specified that "the mental violations affecting social functioning meet at one of each 20 children" [11, 44].

Today, experts from many countries have concluded that mental health problems exist in almost all countries. So in the USA, from 17 to 22% of children and adolescents have problems with development, behavior, and psycho-emotional disorders and 7.7 million adolescents need psychological and psychiatric assistance. At the same time, about 60% of secondary school students in the United States face difficulties in mastering the school curriculum. They have deviations in the emotional, will and moral spheres. More than a third of teenagers in the United States need professional help from psychotherapists and almost half need psychological correction. Quite often, mental disorders are mediated by alcohol and substance abuse (surfactant). It is also feared that the age of inclusion in surfactants is decreasing.

The most common mental disorders that are most commonly diagnosed in American adolescents are attention-deficit/hyperactivity disorder (ADHD), anxiety and behavior disorders.

The USA Department of Health and Human Services provides the following statistics on the mental health of children and adolescents in the United States:

- 7.4% of children between the ages of 3 and 17 (approximately 4.5 million) have diagnosed behavioral problems;
- 7.1% of children aged 3-17 years (approximately 4.4 million) were diagnosed with increased anxiety;
- 3.2% of children aged 3 to 17 years (approximately 1.9 million) were diagnosed with depression.

At the same time, these states usually arise together:

- About 3 in 4 children aged 3 to 17 with depression also have anxiety (73.8%) and almost one in two have behavioral problems (47.2%);

Among children aged 3 to 17 with high anxiety, more than 1 in 3 have behavioral problems (37.9%) and about 1 in 3 also suffer from depression (32.3%);

Among children aged 3 to 17 with behavioral problems, more than 1 in 3 also suffer from increased anxiety (36.6%) and about 1 in 5 also suffer from depression (20.3%).

It should be noted that the problem under consideration is seriously assessed by the USA Government. To facilitate the access by researchers and all stakeholders to information on the mental health of children and adolescents and related conditions, the country has established many open databases that contain data on the mental health of children and adolescents living in the USA:

- The National Health and Nutrition Survey (NHANES), which assesses health and nutrition through interviews and medical examinations and includes conditions, symptoms, and problems related to mental health and the abuse of surfactants, and the treatment and need for mental health services;
- The National Health Survey (NHIS) collects data on children's mental health, mental disorders such as ADHD, autism spectrum disorder, depression and anxiety disorders, and on the use and needs of mental health services;
- The National Child Health Survey (NSCH) studies children's health, focusing on psychological well-being, including health facilities, family relationships, parental health, school and extracurricular activities, and safe environments;
- The National Study on the Diagnosis and Treatment of ADHD and Tourette syndrome (NS-DATA) collects information on children 2-15 years old who have been diagnosed with ADHD or Tourette Syndrome (TS) to better understand the diagnostic methods, levels of impairment and treatments for this group of children.

The National Drug Use and Mental Health Study (NSDUH) provide data at the national and state level on tobacco, alcohol, and illicit drug use (including non-medical prescription drug use), as well as mental health data for children and adolescents in the USA;

National Youth Tobacco Use Survey (NYTS), an annual representative school survey of tobacco use by public school students in 6-12 grades.

- School-related violent death (SAVD) research plays an important role in monitoring trends related to school-related violent death (including suicides), in identifying risk-enhancing factors, and in assessing the effectiveness of preventive measures;
- School Health Policy and Programs Study (SHPPS) is a national study evaluating school health policies and practices at the state, county, school, and classroom levels. Data collected include mental health and social services policies;
- Web-based Injury Query and Report System (WISQARS) is an interactive database system that provides customizable reports with injury data;
- Youth Risk Behavior Surveillance System (YRBSS), which tracks health risk behaviors including tobacco use, substance abuse, unintentional trauma and violence, sexual behavior that contributes to unwanted pregnancies, and sexually transmitted diseases [12].

At the same time, according to statistics provided by Mental Health America (MHA), which is the leading public non-profit organization in the United States dedicated to meeting the needs of people with mental illness, which has been operating since 1909:

- 13.01% of young people (12-17 years old) report suffering from at least one major depressive episode (MDE) last year. Childhood depression is more likely to persist in adulthood if left untreated;
- The number of young people experiencing MDE in 2020 increased by 99,000 compared to last year's data, and with severe MDE increased by 121,000;
- Prevalence among the youth of MDE varies from Colombia (10.49%) to Oregon (16.34%).

Also, statistics indicate that:

59% of adolescents suffering from depressive disorders do not receive any mental health care;

- Young people who has had at least one major depressive episode (MDE) over the past year continue to be untreated. Even among the states with the most access for young people, almost 50% of young people still do not receive the mental health services they need.

- The prevalence of depressed youth who has not received professional care ranges from 39.5% in Rhode Island to 74.3% in North Carolina.

Nationally, only 28.2% of young people with severe depression receive ongoing treatment.

For students with mental illness that makes it difficult to master an educational program (IEP) in high school, the term "emotional distress" is used in the United States. The level of learners identified with emotional distress (ED) for IEP ranges from 27.72% per 1,000 learners in Vermont to 2.02% in Alabama.

Although most young people are physically and emotionally healthy, one in four or five young people in the general population meets the criteria for mental disorder for life and as a result, can face discrimination and negative attitudes.

As has already been noted, mental health is not simply a lack of illness or mental disorder. It includes emotional well-being, psychological well-being, social well-being of adolescents, as well as their ability to:

- Successfully focus on life difficulties;
- Develop full-fledged relationships;
- Adapt to change;
- To use the corresponding mechanisms of survival for the achievement of wellbeing;
- Realize their potential without discrimination;
- Meet their needs, and develop skills that will help them navigate the different environments in which they live.

The presence or absence of different combinations of protective factors and risk factors contribute to the mental health of young people, and efforts can be made to promote positive mental health and prevent or minimize mental health problems.

Young people with mental disabilities can face problems at home, at school, in society, and in interpersonal relationships. Despite these challenges, for most young people, mental health disorder is episodic rather than persistent, and most of them can successfully cope with the problems resulting from mental disorder through treatment, support, and services from peers and professionals, as well as a strong family and social support network.

On the negative impact of COVID-19 on the mental health of American teenagers

The teenager to be difficult, despite everything and COVID-19 makes him even heavier. Because of the closing of schools and cancellation of events many teenagers miss some of the most important points of the young life and also the daily moments, such as communication with friends and participation in lessons. The teenagers who faced changes in life because of the outbreak of disease feel alarmed, isolated, and disappointed.

According to the American psychological association to COVID-19, 15 million young people it was diagnosed with mental disorders of a different type. In the conditions of a pandemic, more than 80% of the youth needing services in mental health care don't receive services in the communities, and the youth of BIYOC and LGTBQ, most likely, won't receive the necessary help. The school medical centers rendered psychiatric services in urban areas 21 times more often than local suppliers. Because schools are closed, the young people receiving psychiatric services at schools have to look for alternatives to this help now.

In the context of the COVID-19 epidemic to risk group concerning problems with psychological health, experts carry young migrants and refugees, teenage girls, teenagers from radical and ethnic minorities, youth with disabilities, the youth of LGBT, youth without safe housing, homeless youth, and the young people living in rural areas. The minors serving sentences in places of detention also enter into the same group. These categories of youth belong to the most vulnerable groups.

According to the MOT, around the world 1 of 6 young people, since the beginning of the crisis of COVID-19 became unemployed. The pandemic led to an increase in the number of young Americans who don't have work and not attending school at 16%.

The pandemic of the COVID-19 had a negative impact and on the students getting vocational training and training as his receiving requires training at a workplace.

Some pupils are afraid to return to educational institutions because of the economic difficulties that their families meet now. They are more likely to drop out and go into informal work to help their families if they can find work at all.

A considerable part of students was forced to spend the self-isolation period in hostels. Their homesickness amplifies as the level of stress, concern, and boredom amplifies after they were in a quarantine more than two months in a row that also hurt their mental health.

The pandemic also affected children of younger age school students. In fifty states of the USA, the schools passed to distance learning that mediated real threat increase in the number of injuries and increase in children of the feeling of uneasiness. Experts note the growth of cases of domestic violence and child abuse. Having unexpectedly appeared at home among adults who are afraid of the future and economic stability of the family, children throughout the whole country feel the increased concern and stress. The closure of schools worsened the situation of children from low-income families, as they lost access to free meals or meals at reduced prices, and they also cannot participate in distance learning due to the lack of access to necessary resources (computer equipment, Internet access) that are necessary for further training. While some school districts have made a heroic effort to provide this support, the fact remains that many students simply do not have access to sufficient nutrition or resources to continue learning. Socio-economically disadvantaged families inevitably pass on the risks of economic damage and harm to health to their children. The alarm is high because the threats are real.

Thus, though all children are exposed to the increased risk, the coronavirus consequences disproportionately threaten color communities, communities with low income, and children from traditionally insufficiently served families.

From the medical point of view of COVID-19 also has a negative impact and poses threat for youth with disabilities. These children not only are exposed to a bigger risk of infection with a virus, but they are also more vulnerable to loss of social support and support of a health care system. In the period of a pandemic, the general access to medical care that isn't connected with COVID-19 was sharply reduced, including also

planned mental health services for teenagers with psychiatric problems and with the risk of suicide moods were limited. It means that many children with disabilities at the same time lost most of the external support.

Thus, the system barriers existing in the USA which deprive some young people of access to the resources necessary for them for study, work, and life were strengthened by COVID-19. This virus expanded the existing problems, causing huge damage to the physical and psychological health and wellbeing of youth and teenagers. Already disturbing indicators of depression, suicides, and uneasiness are aggravated with the isolation, restrictions of contacts, and economic problems caused by a pandemic. The black, radical, color youth (BIYOC) treats especially vulnerable groups; the youth involved in the systems of foster education and juvenile justice;

About helping American teenagers and young people in a pandemic COVID-19

Of course, finding real solutions not easy especially as the pandemic of the coronavirus drags on. Even when using videoconferences and social networks which help people not to feel isolated all the same teenagers will need expanded services with psychological problems and inclined to suicides that they what resources are available to them. It is necessary to agree with Jennifer Rotman, the senior mental diseases manager of the National alliance concerning information, support, and education of youth that this social group especially needs in support of mental health in the conditions of a quarantine. According to her, the volume of calls on the hotline grew by 65% in comparison with last year, on average more than 200 calls a day. The majority of calls with alarm ask about support. At the same time, inquiries of teenagers are similar, "especially in connection with COVID-19, they are connected with social isolation, change of structure of daily activity and a daily routine, strengthening of uneasiness and concern, a depression is available.

To decrease in negative consequences of COVID-19 on the psychological health of teenagers in the USA it is necessary to reduce the level of stress, alarm, fears, and loneliness among youth and teenagers.

It is necessary to conduct traditional campaigns and campaigns on social networks for the strengthening of mental health and reduction of suffering. The younger generation needs to be encouraged to that they stayed in touch and maintained the relations by phone or video, slept enough, ate healthy food and did sports.

It is necessary to carry out screening on uneasiness, depression and suicidal feelings.

The transparent, timely, and responsible reporting of media is necessary. Public organizations, including clergy, charity organizations, and other institutes of civil society have to have an opportunity to reveal the faces subject to the risk of suicide and to direct them to the corresponding diagnostics and treatment.

Telephone hotlines with problems of psychological health have to be available to teenagers. It is necessary to integrate efforts of basic security services of mental health and out-patient primary medical care that can help to minimize the harmful psychological consequences of the crisis of COVID-19.

Certainly, financial support of the families with low income having children from the government and non-governmental organizations is necessary. It can be direct monetary payments, a delay of repayment of the credit, the tax credits, etc.

Telemedicine practicing in the USA can improve the availability of mental health services. Besides, vulnerable teenagers should recommend limiting viewing, reading, or listening to traditional and social news [13].

Are very expedient in it is considered aspect councils of the experienced psychologist specializing in the help to teenagers with problems of psychological health, the monthly observer of New York Times of doctor L. Damur which she developed for youth and teenagers so that they independently cared for the mental health, having called their six strategies for the teenagers who faced alarm concerning the crisis of COVID-19. She offers teenagers the following:

1. Recognize that your concern is normal.

If the closing of the school and disturbing headlines cause your concern, realize that you not only. Quite so you also have to feel. "Psychologists recognized long ago that the alarm is a normal and healthy function which warns us about threats and helps us to take measures for self-defense", - doctor Damur says. "Your concern will help you to make decisions which you need to accept right now - not to spend time with other people or in big groups, to wash hands and not to touch the person." These feelings help to protect not only you but also others. In the same way, we care for members of our community. We think of people around us too."

Though the concern about COVID-19 is quite explainable, make sure that you use "reliable sources (websites of UNICEF and World Health Organization) for obtaining information or verification of any information which you, perhaps, obtain via less reliable channels", doctor Damur recommends.

If you are disturbed by symptoms, it is important to talk about them to your parents. "Keep in mind that the disease caused by COVID-19 infection usually proceeds benign, especially in children and young people". It is also important to remember that many symptoms of COVID-19 it is possible to treat. She recommends telling parents or the adult to whom you trust if you badly feel or worry about a virus that they could help. Also remember: "There are many effective things which we can make to secure ourselves and others and it is better to control the circumstances: wash hands more often, don't touch our faces and be engaged in physical distancing."

2. Create distracting factors. "Psychologists know that when we are in chronically severe conditions, it is very useful to divide a problem into two categories: things with which I can make something and things with which I can make nothing", - doctor Damur says. Now a lot of things get under this second category, and it is normal, but one thing which helps us to cope with it is the creation of the distracting factors. Doctor Damur suggests doing homework, to watch the favorite movie, or to go to bed with the novel to find simplification and to find balance in everyday life.

3. Find new ways to communicate with friends. If you want to spend time with friends, practicing distancing, social networks - a great way to adjust communication. "I would never begin to underestimate creative abilities of teenagers", - doctor Damur

says. - It seems to me that they will find ways (to communicate) with each other on the Internet which will differ from how they did it earlier". "But won't be a good idea to have unlimited access to screens and/or social networks. It is harmful, it is unreasonable, it can strengthen your concern", - doctor Damur says, recommending to you to make the schedule of screen time together with parents.

4. Focus on yourself

Did you want to learn to do something new long ago, to begin the new book or to spend time for classes on a musical instrument? It is time to make it. Focusing on and search for ways to use again found time - a productive way to care for mental health. "I made the list of all books which I want to read, and what I was going to make", - doctor Damur says. "When reaches painful feelings, the only exit is to pass".

5. Feel the feelings

The admission of events with friends, a hobby or sports matches incredibly disappoints. These are large-scale losses. "They upset teenagers", - doctor Damur says. The best way to cope with this disappointment? Dare to feel it. "When it comes to painful feelings, - to pass the only exit through them. Continue to be sad, and if you can afford to be sad, you will begin to feel better quicker. Processing of your feelings looks differently for all. "Some children will be engaged in art; some will want to talk to the friends and to use their general grief as a way to feel communication when they can't be together personally, and some children will want to find ways to bring food to food banks", - doctor Damur says. Important, what you did, what you consider correct for yourself.

6. Be kind to yourself and others

Some teenagers face mockery and ill-treatment at school because of coronavirus. "Activating of strangers - the best way of fight against any kind of intimidation", - doctor Demur says. "Children and teenagers who are a target shouldn't resist hooligans; rather we have to encourage them to ask friends or adults for help and support."

If you became the witness of mockeries at the friend, address him and try to give support. The inaction can cause feeling that all against him or that anybody has to his

business. Your words can matter. Also remember: now more than ever we need to think about what we tell or say, as it can harm others [14].

Of course, the COVID-19 pandemic led to a decrease in physical access to the persons needing the support of mental health and prevention of suicides therefore the youth and teenagers have to have an opportunity to get remote support through telemedicine and also telephone and digital crisis services. Besides, considering the expected economic tension, importantly, as long as they have access to the support, they should be provided free of charge.

The federal government, the government of the state, and local authorities have to intensify social policy and begin realization evidence-based programs that protect and support vulnerable youth in time and after the pandemic crisis.

CONCLUSION

Numerous evidence indicates that the pandemic COVID-19 has profound psychological and social consequences for the psychological health of American youth and adolescents. In particular, there is a pervasive awareness of the uncertainty of the future and an understanding that the pandemic is far from over. Economic deprivation and political upheaval may well continue. The psychological consequences of the pandemic are likely to persist for many months and years. We believe that the pandemic can COVID-19 increase the prevalence of mental disorders and the suicide rate among American youth and adolescents on time and after the pandemic. No one knows when the crisis will end, but with certainty, we can say that the world will no longer be the same, and ignoring the immediate and long-term psychological consequences of the situation in the world would be unreasonable, especially for children and young people, who make up 42% of the world's population.

Bibliography

1. *The WHO announced the impact of coronavirus on the mental health of people.* URL: <https://evorus.com/avto/exluzive/v-voz-zayavili-o-vliyanii-koronavirusa-na-psihicheskoe-zdorove-lyudej.html> (31.08.2020).
2. Golubeva N.V., Ivanov D.V., Trinity M.S. *Panic disorders in intra-family relationships as consequences of exposure to coronavirus infection (literature review).* *Bulletin of new medical technologies. Electronic edition.* 2020. №2. Publication 1-5.
3. Bjedov S., Jaksic N. *COVID-19 Pandemic and public and global mental health from the perspective of global health security.* *Psychiatria Danubin.* № 32(1). P. 6-14.
4. Lowen M. *Coronavirus: Chinese targeted as Italians panic.* *BBC News.* (2020. February 8).
5. Dubrovina I.V. *Practical psychology of education: text.* St. Petersburg: Peter, 2004. 592 p.
6. Fighting I.V., Akhverdova O.A., Eroshenko N.N. *Individual problems of psychological counseling of psychological correction of adolescents located in different ranges of constitutional-continuum space: the teaching method.* Grant. Stavropol: Avek, 2002. 25 p.
7. Ananyev V.A. *Conceptual foundations of health psychology.* St. Petersburg: Speech, 2006. 384 p.
8. Zhestkova N. A. *The essence and structure of the concept of "psychological health of a person."* *Bulletin of Perm University. Philosophy. Psychology. Sociology.* 2018. N3 (35). P. 384-392.
9. Bodrov V.A. *Psychological stress: development and overcoming.* M.: PER SE, 2006. 528 p.
10. Zhukova O.A. Karelina D.D., Krom I.L., Baryl'nik Yu.B. *Medical and sociological interpretation of mental health.* *Izvestia of Saratov University. New series. Series: Sociology. Political Science,* 11 (2011). N1. P. 30-35.
11. Levina I. L., Zakharenkov V.V. *Criteria, indicators, and levels of mental health of children and adolescents.* *International Scientific Research Journal.* 2013. N7-5. P. 43-44.
12. *Data and Statistics on Children's Mental Health.* U.S. Department of Health & Human Services. URL: <https://www.cdc.gov/childrensmentalhealth/data.html> (31.08.2020).
13. *Coronavirus Puts Children at Risk by Deepening Inequities.* *American Youth Policy Forum.* URL: <https://www.aypf.org>. (01.09.2020).
14. *How teens can protect their mental health during the coronavirus (COVID-19). 6 strategies for teens facing the new (temporary) norm.* URL: <https://www.unicef.org/coronavirus>. (01.09.2020).