Impacts of Social Isolation and Disenfranchised Grief on the Mental Health of Adolescents during COVID-19

Laura Nicholson

Division of Arts and Sciences: City University of Seattle

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Dr. Linette Savage, Ph.D., R.Psych.

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Abstract

The COVID-19 pandemic caused many governments to instate life altering measures for their citizens, including social distancing orders, lock downs, quarantines, and the closure of schools and other resources. As a result of these measures, many adolescents experienced prolonged physical isolation from their peers, teachers, extended families, and communities. They also lost many opportunities. This paper reviews the literature on the impacts of social isolation on the mental health and wellbeing of adolescents, including experiences of anxiety and depression. Further, this paper examines how the introduction of COVID-19 measures influences the experience of disenfranchised grief among the adolescent population, and how experiences of grief may be connected to mental health. Lastly, this author provides recommendations for future research and practice within the counselling field.

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Adolescence is a period of life characterized by change. Adolescence features substantial hormonal and biological changes, transitioning from a state of dependency into one of increased autonomy, and developing one's sense of identity (Smith-Adcock & Tucker, 2017). A fundamental task during adolescence is the increasing development of social connections and reliance on peer relationships (Smith-Adcock & Tucker, 2017). Numerous studies document the impacts of peer connections on adolescent development and well-being, including present and future educational attainment, addictive behaviours, and physical health (Nesi et al., 2018). Adolescence also carries a heightened risk of mental health problems; however, high-quality peer relationships increase resiliency and protect against compromised mental health (Nesi et al., 2018; Orben et al., 2020). Therefore, widespread changes in an adolescent's relational environment and a decrease in face-to-face interactions could significantly affect adolescent development and well-being (Orben et al., 2020).

The magnitude of these changes became apparent in 2020 as SARS-CoV2, the novel coronavirus that caused Coronavirus Disease 2019 (COVID-19), spread across the globe. Due to a growing pandemic, governments worldwide began implementing disease-containing measures such as school closures, social distancing, and at-home quarantines (Loades et al., 2020). Children and adolescents have experienced prolonged physical isolation away from their friends, peers, teachers, extended families, and all non-nuclear social networks (Loades et al., 2020). Social deprivation occurring in a period when social needs are high will likely substantially affect the mental health and well-being of this cohort of adolescents for years to come (Orben et al., 2020). While the long-term effects of COVID-19-related isolation are not explicitly known,

pre-pandemic research has shown that social isolation is associated with a higher risk of adverse physical, emotional, and psychological health outcomes, including increased anxiety and depression in adolescence (Loades et al., 2020; Pahl et al., 2021; Twenge et al., 2019).

While there are strong connections between anxiety, depression, and social isolation in adolescents due to COVID-19, anxiety and depression may be the secondary symptoms of a different primary concern. COVID-19 brought grief to the forefront of our lives with unprecedented degrees of loss for millions of people (Weaver, 2021). However, the non-death losses that adolescents are experiencing, such as loss of connection, disruption of routine, and the loss of the expectation of milestones and events, have received far less attention. When youth are socially isolated, they may lose the opportunity to participate in social events or experiences that are customary to their developmental stages. The feelings associated with these types of losses or missed opportunities may create feelings of grief similar to that felt with death (Flynn, 2015). Unlike death loss, however, the feelings associated may not be recognized as legitimate experiences of grief, thus creating an experience of disenfranchised grief (Flynn, 2015).

As we continue to move through the pandemic and into a post-pandemic world and begin to understand the impacts of social isolation and government mandates on the adolescent population, aspects of mental health and well-being are essential to consider. While some individuals may be diagnosed with anxiety and depression due to their isolation, it is worth asking whether characterizing the feeling of distress as symptoms of disorders may unintentionally move toward decontextualizing the nature of the current challenge adolescents are facing (Bertuccio & Runion, 2020), and therefore, may be missing out on what may be a more significant issue. This paper will provide a review of the literature so as to assess the mental health impacts of social isolation resulting from COVID-19 on adolescents and explore

how experiences of disenfranchised grief may be one of the root causes of increasing mental health concerns in adolescents. Implications for the counselling field, areas for further research, and specific practice recommendations will then be discussed.

Self-Positioning Statement

At the onset of this paper in October of 2021, the local state of emergency put in place by the government in Calgary, Alberta, which mandated the closing of all non-essential businesses and schools, was lifted. However, there were still restrictions on social gatherings, masking in most locations was still required, and social distancing measures were in place. As of June 14, 2022, the provincial government lifted all remaining health restrictions.

Over the past two years, I have not had anyone near me die, nor has anyone I know experienced significant illness due to COVID-19. I also have not had any significant events in my life postponed, radically altered, or cancelled due to social distancing limitations. All in all, my life has been reasonably unaffected by COVID-19. Nevertheless, I still have powerful emotional reactions to the restrictions and limitations. My experiences with limitations have included not being able to spend the holidays with my family, cancelled plans to see friends due to illness or restrictions on gatherings numbers, or having to postpone my child's extracurricular activities for another year.

These experiences, compared to the grand scale of what most individuals have faced, seem minute. They seem insignificant. However, I have experienced anger, anxiety, and sadness over the limitations, and these feelings have impacted my general wellbeing and mental health. The more I reflected on my reactions and feelings, the more I identified my feelings as those of grief. I was grieving the lost experiences and expectations I had for my year. I recognized that this grief was probably a common experience amongst most people. However, our societal

understanding of grief and the overwhelming amounts of death loss created the feeling that my experiences were inconsequential compared to others. Therefore, these feelings seemed to be dismissed as real. For this reason, I started to explore the impacts of social isolation on mental health and that impact's connection to disenfranchised grief.

Furthermore, I chose to focus my research on adolescents due to my genuine interest in the adolescent population. I have worked with the youth population for over a decade in numerous professional settings and find adolescence a genuinely monumental time for change. I have seen how vital an adolescent's peer group can be and how much influence they have over one's mental health and wellbeing. Understanding the trials of the last two years, I have become acutely interested in the impact of social isolation and distance from one's social group on the adolescent population.

At the height of restrictions in my city, I lived with my husband and my two-year-old. I could have a daily connection with someone in my social sphere (my husband) with whom I could confide and still get some regular social satisfaction from being around. However, I still found myself struggling with emotional regulation, being much less patient and understanding with my son, and experiencing heightened feelings of stress. When the state of emergency ended, my social "bubble" expanded a little, and I could have interactions when I wanted them, albeit a bit differently than before.

Adolescents, however, in their unique developmental stage, experienced a shift from regular social interaction to a reality where all school and other interactions occurred solely through an online format. They were limited in whom they could see and how. They were also one of the most highly affected populations in terms of missing out on life-impacting

experiences, such as graduations, social gatherings, and other milestones congruent with that time of life because of restrictions.

If I can experience extreme stress, feelings of grief, and diminished mental health with social isolation, despite having regular physical contact with someone in my social group and not missing out on any significant life milestones, I am inclined to believe that adolescents without similar social capacity would have more adverse experiences. Having this bias toward the struggle of adolescents may create a form of citation bias (Fiorillo et al., 2018). A citation bias is where the data that a researcher interprets from an original paper is mistakenly reported and causes a misrepresentation of trust and expectations (Fiorillo et al., 2018). Such a bias can occur due to differing interpretations of data due to an individual's personal beliefs, scientific theories, or interests (Fiorillo et al., 2018). To combat citation bias, I will be mindful in my search of sources to include open-ended search terms such as "social isolation and COVID-19" instead of focused ones like "consequences" or "impacts". I will also look to research and assess all findings equally and mitigate any negative bias through constant reflection and proper representation of facts.

In addition, it will be vital for me to consider all voices within my research. I will do this by ensuring I am not limiting my focus to North American literature only but identifying a range of research from all cultures, races, and socioeconomic statuses. I will also utilize synonymous search terms such as "lockdown", "quarantine", and "isolation" in order to get a wide range of results from areas that may have different names for social isolation. Lastly, I will mitigate my bias by paying attention to the populations studied and being mindful that research on COVID-19 is limited and recent. The information limitation may influence the research quality and the potential for generalizing the data to larger groups.

Another bias I am aware of around my interest in this topic is my lack of experience with grief. This paper will focus on disenfranchised grief, which I have limited first-hand knowledge of despite disenfranchised grief being the most prominent form of grief in my life. I believe this is a bias for me as I may struggle to relate to the experience of disenfranchised grief within the broader context. I may fall into similar patterns of disbelief or misunderstanding customary of disenfranchised grief. I will mitigate this bias by remaining open-minded and curious about all experiences and identifying that my experiences with loss will be unique to me and my understanding. I will search for more information and look to identify unique experiences within particular geographical and cultural contexts to understand their struggles better.

Adolescence

Development

Adolescence is a unique period of development in the human experience. Defined as the time between puberty and adult independence (age 10-24), adolescence is a distinct period of biological, psychological, and social development (Blakemore, 2019; Orben et al., 2020). Substantial hormonal and biological changes occur, and the youth transitions from a state of dependency to increased autonomy as they develop their sense of identity (Smith-Adcock & Tucker, 2017). Erik Erikson (1956) first brought the concept of identity formation to the forefront of understanding by acknowledging it as a necessary development step. Erikson believed that identity formation was important for the young person to experience "wholeness". Youth must experience continuity between what they have come to be during the long years of childhood and what they promise to become in the anticipated future.

Erikson's (1950) developmental theory posits that humans undergo a developmental "crisis" as they grow from infancy to old age. To progress through life successfully, one must

resolve the present crisis. As childhood ends, Erikson (1950) categorized adolescence as the time to develop identity, become more attuned to oneself, and cultivate stability and agency. In the forming of an identity, Erikson (1950) believed that three practices influence us: (a) our own psychological processes, (b) the context around us, and (c) our physical characteristics that can either impede or facilitate development. With adolescents, in particular, the influence of their surrounding context is especially central. A fundamental base of identity formation is the expansion of social connections, particularly a considerable reliance on their peer environment (Foulkes & Blakemore, 2018; Smith-Adcock & Tucker, 2017).

Importance of Peer Involvement in Development

The importance of a youth's social milieu cannot be understated. As adolescents spend more time with their same-aged peers and less with their parents, they begin to evaluate their social and personal worth through the influence of others (Tomova et al., 2021). The heightened sensitivity to peer norms experienced at this age can positively and negatively impact youth (Tomova et al., 2021). When adolescents feel a sense of belonging with their peers, those relationships can protect against mental health concerns, buffer emotional distress, and provide resilience for psychiatric symptoms, personality traits, and general well-being (Tomova et al., 2021).

Mental Health

Adolescence is also associated with increased susceptibility to mental health concerns (Tomova et al., 2021), with half of lifetime disorder onset occurring by age 14 (Patalay & Gage, 2019), and 75% of adults with a mental health condition reporting first symptoms before the age of 24 (Orben et al., 2020). Research over previous decades has shown that the pervasiveness of mental health concerns during adolescents is increasing. Patalay and Gage (2019) analyzed the

results of the Avon Longitudinal Study of Parents and Children, which studied a cohort of over 14,000 infants born between 1991-1992 in the UK, and the Millennium Cohort Study, which analyzed over 19,000 children born from 2000-2002. Results showed that the number of young people scoring above the depression threshold increased from 9% in 2005 to 14.8% in 2015. Additionally, reported self-harming behaviours increased from 11.8% to 14.4%. These results show a marked increase in depression and other mental health concerns.

This study also showed a shift in symptoms from externalized behaviours to more internalized presentations from 2005 to 2015 (Patalay & Gage, 2019). Such external symptoms include an increase in rates of suicide, deliberate self-harm, low self-esteem, anxiety, and depression (Bor et al., 2014). These findings support the research of Curtin and colleagues (2016) utilizing the National Vital Statistics System, which found that suicide rates have tripled among girls aged 10-14 and increased by 37% in males from 1999 to 2014. These results continue to be a trend in research, as seen in the work by Miron and colleagues (2019), which analyzed the Center for Disease Control and Prevention reports on suicide. The authors noted that suicide rates for youth ages 15 to 19 hit their highest point since 2000 in 2017. The increase in adolescents' mental health concerns and behaviours has also increased medication use, such as antidepressants and other selective serotonin reuptake inhibitors (Lagerberg et al., 2019; Olfson et al., 2015).

Social Isolation

Social isolation is a deprivation of social connectedness (Zavaleta et al., 2016) or an objective lack of interactions with others or the wider community (Leigh-Hunt et al., 2017). For example, individuals would be considered socially isolated if they live alone, have less than monthly contact with friends or family, or do not belong to a group (e.g., work, club, or religious

congregation) (Singer, 2018). Being socially isolated can be a life choice, or it could be imposed on someone due to death-loss, moving, living in remote locations, having impaired mobility, or any other situation leading to a depletion of one's social network (Singer, 2018).

There is a link between social isolation and feelings of loneliness; however, these concepts are not synonymous (Leigh-Hunt et al., 2017; Wang et al., 2017). Social isolation, as mentioned is when one is objectively isolated from others. Loneliness on the other hand, is the subjective feeling of the absence of a social network or companion, or when the perception of one's social needs is not being met (Leigh-Hunt et al., 2017). Weiss (1973) identified two forms of loneliness: emotional and social. Emotional loneliness is the experience of missing an intimate figure and is characterized by feelings of emptiness and forlornness. Social loneliness is an absence of one's desired network of friends or others (De Jong & Havens, 2004).

The third form of loneliness exists outside Weiss' studies, highlighting collective loneliness (Cacioppo et al., 2015). This dimension of loneliness refers to the person's valued social identity or active network (Cacioppo et al., 2015). In this realm, individuals can be connected to others or a common identity from a distance while remaining connected through the shared space (Cacioppo et al., 2015). Examples of this would include being a member of a particular group (e.g., Alcoholics Anonymous), belonging to a shared organization (e.g., all go to the same school or workplace), or participating in the same event (e.g., attending a sports game). The less connected individuals are to a voluntary association, the higher their feelings of collective loneliness (Cacioppo et al., 2015). The need to feel connected to others, and not just in the physical presence of others, is a significant factor in the experience of loneliness (Cacioppo et al., 2015).

Both social isolation and loneliness are connected to higher rates of physical, emotional, and psychological health concerns, including but not limited to depression, anxiety, suicidal thoughts, aggressive behaviours, and impulsivity (Cacioppo et al., 2015; Matthews et al., 2016; Pahl et al., 2021; Wang et al., 2017; Zavaleta et al., 2016). In a meta-analysis, Erzen and Cikrikci (2018) aimed to find the effects of loneliness on depression. Using a random-effects model, the authors assessed 88 studies to consider a potential correlation between loneliness and depression and found a significant effect of loneliness on depression (Erzen & Cikrikci, 2018). The highest correlations between loneliness and depression rates are in carers of others, patients, students, the elderly, and those who previously suffered from depression. The authors proposed that these individuals are more likely to be isolated from society and therefore experience more symptoms of depression (Erzen & Cikrikci, 2018).

Impacts of Isolation in Adolescence

Relationships become increasingly important for social and psychological development during adolescence, given the high value of friendships and other social connections (Harmelen et al., 2016). Therefore, perceived loneliness or isolation from those connections can be detrimental during this period (Matthews et al., 2016). Matthews and colleagues (2016) analyzed data from a longitudinal twin study of 1,116 same-sex twin pairs born in England and Wales in 1994 and 1995 to identify associations among social isolation, loneliness, and depression in youth. The study utilized scaling tools to assess the perception of social isolation through identified social supports, self-assessments for feelings of loneliness, and interviews to identify depressive symptomology. The results indicated that young adults who were subjectively socially isolated reported higher loneliness levels and were more likely to suffer from depression and depressive symptoms (Matthews et al., 2016).

Research has found impacts of loneliness and social isolation on mental health across numerous adolescent subgroups (Chan et al., 2019; Ellis-Sloan & Tamplin, 2019; Pahl et al., 2021). Ellis-Sloan and Tamplin (2019) discussed how teen parents' experiences of social stigma led to increased social isolation and exclusion and, consequently, adverse mental and physical health. Ellis-Sloan and Tamplin (2019) used quantitative interviews with six mothers who had their first child as a teen. One participant noted that "a lot of people pulled back away from me", and that her friends "seemed to not be interested in spending time" with her anymore (p. 205). The mothers also discussed not being able to participate in the same activities as their peers, and those friendships began to fracture, causing increased feelings of loneliness (Ellis-Sloan & Tamplin, 2019). The research found that coping without friends for support likely increased the strain on the participants. A solid relationship support system can be essential for emotional resilience in challenging times (Ellis-Sloan & Tamplin, 2019).

Another subset of adolescents with relevant experience is those with long-term health concerns. Adolescents with cancer often miss school for extended periods and are disengaged from peer socialization opportunities (Pahl et al., 2021). Additionally, youth with cancer or other long-term health concerns may miss out on typical developmental opportunities associated with adolescence, such as increasing independence, forming new relationships, and future planning (Schultz et al., 2007). Schultz and colleagues (2007) investigated the experience of childhood illness survivors and their nearest aged siblings to assess the potential adverse behavioural or social outcomes. The study used questionnaires and reports from parents and teachers and found that the survivors had a higher rate of problematic behaviours than the sibling group. The primary difficulties were depression, anxiety, attention deficit, and antisocial behaviours (Schultz et al, 2007).

Similarly, Chan and colleagues (2019) studied the psychosocial dynamics of 21 adolescent cancer survivors' post-treatment. In this study, both the youth and parents completed demographics and treatment questionnaires. They also were given numerous checklists and scaling questionnaires to identify their behaviour, social competence, and functioning scores (Chan et al., 2019). Lastly, there were semi-structured interviews for the patient and the parent to assess social adjustment. Interestingly, and contradictory to Schulz and colleagues' (2007) research, most youths had successful social adjustment during the transition from their treatment. Overall, their social competence was comparable to their same-aged peers, and they found more positive themes than negative ones. These findings were consistent with a broader understanding of pediatric cancer survivors demonstrating higher levels of resiliency, benefit finding, and posttraumatic growth (Chan et al., 2021).

However, a subset of individuals scored low on social competence and impaired social functioning. The interviews with these individuals noted that a decrease in peer support or understanding might be a factor. Additionally, lower scores connect to limited participation in social activities and negative impacts on peer relationships due to missing school (Chan et al., 2019). As a result of these two studies, one can hypothesize that while it is not the case for every individual, those with less social support, less strong connection with others, and limited social involvement in activities may experience more negative mental health outcomes. This hypothesis is interesting to consider when looking back at the world's movement through the COVID-19 period with mandatory restrictions, isolations, and social distancing orders in place.

COVID 19

The COVID-19 pandemic has produced a grieving world (Bertuccio & Runion, 2020). According to the World Health Organization (WHO) there have been over six million deaths

associated with the novel Coronavirus (2022, April 21st) and a subsequent experience of ongoing and pervasive grief in countless families (Walsh, 2020). Verdery and colleagues (2020) found that nine people grieve for every COVID-19-related death. However, that statistic does not capture how many individuals may be grieving due to the non-death losses associated with COVID-19 (Weaver et al., 2021).

To reduce the spread of COVID-19, governments worldwide enforced drastic changes in everyday life. The response to a pandemic is different from those of other disasters. Instead of encouraging convergence and connection to overcome adversity, COVID-19 required the opposite. Social distancing, stay-at-home orders, quarantines, isolation, travel restrictions, and closing businesses and schools marked the changing tides that came with navigating the pandemic and quelling outbreaks. The unintended consequences of such decisions also included inhibiting family rituals, norms, and values which act as protective factors and regulate family and individual functioning (Sprang & Silman, 2013).

This relational functioning within families, communities, and peer groups influences resilience, and without that connection, the resilience of individuals diminishes, and the possibility of adverse reactions increases (Sprang & Silman, 2013). With such measures, feelings of loss around one's physical safety, financial security, loss of routine, and primarily physical and social connection created a sense of collective loss (Weir, 2020). Despite the pervasive nature of this non-death loss, the experiences did not have the same clarity and definition as loss through death. Therefore, experiences of widespread disenfranchised grief are found (Weir, 2020).

Adolescents' Experience of COVID-19 and Social Isolation

The impacts of COVID-19 have been felt around the globe and have impacted most individuals; however, adolescents face a unique set of challenges (Weaver et al., 2021).

Adolescents have experienced a massive upheaval in their typical day-to-day life, and social changes associated with COVID-19 have widespread implications for their mental health (Weaver et al., 2021). Adolescents face developmental tasks of identity formation and autonomy, experiences, milestones, and social connections that pave their way to adulthood (Weinstock et al., 2021). It is essential to consider the impacts of the pandemic on this age group, as it is likely the first major societal event that adolescents have experienced that will have considerable culturally and historically implications (Weaver et al., 2021). Like those who experienced the Great Depression in childhood, such unexpected changes and social upheaval will likely have life-long impacts (Weaver et al., 2021).

The enforced social isolations and stay-at-home orders during COVID-19 prevented adolescents from experiencing the very things that support their identity formation. Adolescents who missed out on major milestones such as social gatherings, dating, graduations, celebrations of achievements, and confidence in their future dreams experienced increased feelings of loneliness and grief (Weaver et al., 2021). Sirrine and colleagues (2020) identified an average of six losses reported by young adults because of COVID-19. The research showed that 82.7% of participants reported a loss of connection to others from isolation, 60% reported a loss of ritual, and almost 50% reported a loss of a friendship or relationship.

These statistics reflect a considerable drop in many adolescents' social support. Social supports act as protective factors for adolescent mental health and are seen as one of the most critical resources to safeguard against the harmful effects of stress (Liu et al., 2021). Social supports can include physical support from others, such as the offering of material assistance, as well as emotional support. This can present as one feeling understood, accepted, and respected by others (Liu et al., 2021). The experience of social support can help to inhibit negative

emotions, relieve psychological pressure, increase one's self-esteem, and promote positive mental health (Liu et al., 2021). Based on a longitudinal study by Liu and colleagues (2021), the perception of having low social support from friends, family, or other resources links with feelings of loneliness and depressive symptoms in teens. In contrast, adolescents who feel emotionally supported by their support networks (family, friends) and their surroundings feel secure, confident, and comfortable in their lives (Liu et al., 2021).

The higher propensity for adolescents to experience loneliness within a developmental context also infers that those adolescents are particularly vulnerable. Consequently, teens are more likely to experience mental health concerns due to COVID-19 restrictions (Loades et al., 2020). According to a meta-analysis of the impacts of social isolation and loneliness on adolescents within the context of COVID- 19, in 12 of the 15 studies analyzed, there was an association between loneliness and depressive symptoms, and the symptoms lasted several months to years later across all age groups (Loades et al., 2020). These findings are consistent with Christ and colleagues' (2017) work, which analyzed a large cohort of adolescents aged 11 to 17 years old and found that an increase in self-reported peer isolation was associated with an increase in depression symptoms.

When understanding social isolation's impacts on youth, one must consider the influences of the COVID-19 pandemic and how restrictions put in place due to illness may impact the same population. We can look to past research on previous pandemics and health outbreaks to assess patterns of the reality we are seeing today. Sprang and Silman (2013) studied the mental health concerns of children and adolescents after past pandemics such as the Influenza A H1N1 subtype virus (H1N1) outbreak and severe acute respiratory syndrome (SARS) outbreak. Their research surveyed 586 parents about their experience with the pandemic of H1N1 and SARS. The

questions focused on the family's experience, areas of need, experiences of quarantine or social isolation, and perceptions of risk (Sprang & Silman, 2013). The parents also were rated using the posttraumatic stress disorder (PTSD) Reaction Index and the PTSD checklist.

When using the PTSD Reaction Index, a score of 25 or more can indicate a possible risk of PTSD, and a score of 30 and above aligns with the diagnostic threshold outlined in the DSMV for PTSD (Sprang & Silman, 2013). The results of the study showed that of those children who experienced isolation or quarantine, nearly one-third demonstrated symptoms that met the diagnostic criteria for PTSD and showed high rates of PTSD symptomology on all subscales including avoidance/numbing, re-experiencing the trauma, and an increased state of arousal. In comparison, this means that the rates of PTSD developing in isolated or quarantined children were close to those who have experienced major disasters or a traumatic event (Sprang & Silman, 2013). This data is consistent with early research on the COVID-19 pandemic that showed that one in four adolescents in China who experienced isolation and lockdown displayed behavioural manifestations of anxiety, including clinginess, distraction, and irritability (Loades et al., 2020). These findings continue to be supported as new research is published as we move into 2022.

A systemic review of 116 articles highlighting the mental health impacts of COVID-19 on children and youth showed that adolescents exhibited higher depressive symptoms and higher levels of stress, worry, and concern due to the pandemic (Samji et al., 2021). One Canadian study showed that 73% of adolescents surveyed in April of 2020 were “very concerned” about the impact of COVID-19 on their academic and social lives (Samji et al., 2021). The heightened fear and worry regarding COVID-19 implications were associated with higher levels of depressive and anxious symptoms, posttraumatic stress, and lower emotional wellbeing in an

analysis of 35 articles focused on COVID-related fear, worry, and stress in children and adolescents (Samji et al., 2021).

Furthermore, of the studies analyzed, 25 articles identified a higher prevalence of depressive symptoms during the pandemic compared to pre-pandemic periods (Samji et al., 2021). In contrast, a small minority noted a decrease in depressive symptoms. The research suggests that the difference between parent and child self-reporting may have caused the discrepancy in one study (Samji et al., 2021). Additionally, access to technology and other digital connecting devices seemed to influence depressive symptomology in a study from Shanghai (Samji et al., 2021). When looking at anxiety symptoms, the meta-analysis by Samji et al. (2021) found 17 studies that showed increased anxiety levels compared to pre-pandemic levels. Not a single study reported a decrease in anxiety symptoms.

Adolescents with Pre-existing Conditions and COVID-19 Induced Social Isolation

Children and adolescents with general pre-existing mental health conditions are at a higher risk for psychosocial difficulties than those without prior mental health conditions (Zijlmans et al., 2021). Subsequently, their wellbeing, emotional and social functioning, and psychosocial health are generally lower than average. A compounding effect of the experience of a global pandemic and social isolation requirements can be assumed. Zijlmans and colleagues (2021) tested this assumption by collecting questionnaires from adolescents and their parents from psychiatric centres receiving care for conditions such as autism, depression, and ADHD, and the impacts of social isolation. They also looked at children receiving hospital care for somatic concerns such as arthritic symptoms, cystic fibrosis, or other chronic diseases. Lastly, they compared these populations with data collected from children without pre-existing conditions.

The authors found that adolescents with pre-existing mental conditions reported worse mental and social health symptoms, like depression, anxiety, anger, and sleep-related impairments, compared to adolescents with somatic concerns and healthy adolescents (Zijlmans et al., 2021). Those with pre-existing somatic issues reported more favourable scores than the psychiatric sample and those children without physical or mental concerns. These results are expected as the lockdowns required the closing of schools, psychiatric supports, and other supportive mental health resources, which could impact the day-to-day functioning of those with pre-existing mental health difficulties (Zijlmans et al., 2021). The authors hypothesize that the pediatric somatic sample faired the best of all populations because they have prior experience living in partial isolation or dealing with immense upheavals (Zijlmans et al., 2021). Their already established adaptive coping strategies or resiliency inoculated them against the adverse effects of newly imposed restrictions (Zijlmans et al., 2021).

Motivation and Social Isolation with COVID-19.

Samji and colleagues' (2021) meta-analysis examined the effects of public health guidelines on the mental health of child and adolescent populations. Utilizing COVID-19 related research on the changes in children and adolescent mental health, the meta-analysis focused on the contextual impacts of the pandemic on the young population. Most studies identified an increase in both anxious and depressive symptoms and a decrease in overall mental health in children and adolescents since the onset of the pandemic (Samji et al., 2021).

For example, one German study reported that 71% of youth felt unhappy about reduced social contact and decreased in-person interactions (Ravens-Siebert et al., 2021). These youth reported concern that their relationships with others would deteriorate and that they were missing out on critical in-person activities and events (Ravens- Siebert et al., 2021). These feelings were

corroborated in numerous other studies that were part of the meta-analysis (Samji et al., 2021). These studies indicated that missing out on daily activities and losing peer relationships led to increased feelings of anger, worry, helplessness, annoyance, PTSD, grief, and loneliness (Samji et al., 2021). Furthermore, the pandemic increased the prevalence of suicidal ideation, suicide, and non-suicidal self-injury among children and adolescents (Samji et al., 2021).

Oosterhoff and colleagues (2020) found that despite social distancing regulations and social isolation orders, one of the fundamental influences on an adolescent's mental health and wellbeing post-isolation was the motivation behind their seclusion. The authors asked 683 adolescents between the ages of 13 and 18 years to self-report the extent to which they engaged in social distancing measures using a Likert scale (Oosterhoff et al., 2020). The researchers presented the participants with a list of motivations for isolating, such as pressure from peers, social responsibility, avoiding personal sickness, and parents' rules. Findings indicated increased anxiety in youth who were self-isolating due to concerns about getting sick. Additionally, those who engaged in social distancing because of recommendations or peer pressure reported more significant depressive symptoms (Oosterhoff et al., 2020). These findings make sense as adolescents are highly sensitive to social judgement or peer rejection during this development period (Oosterhoff et al., 2020).

Interestingly, a subset of youth (25%) who indicated social distancing because they would prefer to stay home regardless of additional policies or social recommendations reported lower anxiety and depressive symptoms than those who did not state this motivation (Oosterhoff et al., 2020). One can speculate that these individuals find reduced social contact to be less stressful than normal interaction levels and, therefore, less of a burden to miss out on particular social situations. Conversely, youth who indicated that they would instead be engaged in a social

activity outside their home was at the most significant risk for experiencing anxiety or depression (Oosterhoff et al., 2020). This study provides an interesting perspective on the impacts of motivation and how not all youth may have experienced social isolation and quarantine through the same lens.

What Else May Lay at the Foundation?

As the COVID-19 pandemic progresses, many people are experiencing social isolation and, ultimately, a decline in their mental health (Loades et al., 2020; Rancine et al., 2021). The increase in depression and anxiety symptoms is apparent; however, what is less clear is the foundation of those feelings. As youth today navigate the consequences of isolation and missed experiences, one must consider that the symptomology of increased sadness, anxiety, anger, and the like may result from a collective feeling of loss. Robert Neimeyer, the director of the Portland Institute for Loss and Transition, noted that

> We're capable of losing places, projects, possessions, professions, and protections, all of which we may be powerfully attached to. This pandemic forces us to confront the frailty of such attachments, whether it's to our local bookstore, or the routines that sustain us through our days. (Weir, 2020, para. 6)

When the losses become too many, last for too long, or occur too close on the heels of each other, they can begin to impact all areas of one's life (Fitzgerald et al., 2021). At this point, when the preoccupation with those losses merges with the trauma associated, one is more likely to identify it as depression rather than grief (Fitzgerald et al., 2021). Depression, anxiety, or loneliness flowing out of grief, preceding it, or being made worse by grief, can fortify grief experiences into what therapists see as a disabling condition (Fitzgerald et al., 2021). Therefore, as the symptomology of grief so closely resembles other mental health concerns, it is important

to have a strong understanding of grief, to avoid the potential of an individual being provided with the wrong diagnosis or treatment plan as a result.

Grief

A wealth of conceptual, empirical, and clinical literature is available on the nature of grief and the interventions for complicated grief; however, most of the research focuses on the loss of a person through death (Gitterman & Knight, 2018; Knight & Gitterman, 2019). While grief associated with death is vital to understand, many forms of loss may cause an individual to grieve, and death is only one of them (Boss, 2006). Loss is "the real or perceived deprivation of something deemed meaningful" (Humphrey, 2009, p. 5). Non-death loss is defined further by the realized experience that something is no longer present in the way it has been before (Smith & Delgado, 2020). A non-death loss encompasses a wide array of life experiences and can sometimes be hard to identify or understand. Examples of non-death loss experienced throughout the pandemic could include a newly graduated high school student not being able to attend convocation or a sixteen-year-old not able to go on her first date in the way she always imagined. It may also be a teen who cannot attend or play in the finals of their sport due to the cancellation of games.

Gitterman and Knight's (2018) research on non-death loss looks to expand the concept of grief beyond only bereavement and examine relevant research on the topic. In their analysis of different grief experiences using case illustrations, Gitterman and Knight (2018) identify that non-death losses can also trigger powerful emotional, physical, and psychological reactions like those caused by death. For example, an exchange at a shelter for families experiencing homelessness highlights the impacts of a loss of place. An individual shared that

> It just hurts so much. It feels like it did when my mama died. Like I lost someone or something. It not the same. I know. But it feels like I am lost, my kids and me. This sadness, it never goes away. (Gitterman & Knight, 2018, p. 149)

While the reactions result from loss, they are rarely acknowledged as valid grief responses (Gitterman & Knight, 2018). Instead, we often identify these reactions as responses to stress or depression rather than manifestations of grief. Subsequently, Gitterman and Knight (2018) found that individuals' experiences of non-death loss are misunderstood and ultimately largely ignored, minimalized, or devalued, which leads to the disenfranchisement of their grief.

Disenfranchised Grief

Disenfranchised or ambiguous loss is "a situation of unclear loss that remains unverified and thus without resolution" (Boss, 2016, p. 270). Often, the person's loss experience lies outside society's rules for grieving. Therefore, society does not offer the same understanding, respect, and support they would receive with a death loss (Doka, 2019). Neimeyer and Jordan (2002) defined the central issue with disenfranchised grief as an empathic failure, which is the failure to understand the meaning and experience of another. This disenfranchised loss can leave people searching for answers and experiencing complicated and confusing emotions that can delay the grieving process and often result in unresolved grief (Boss, 2006).

Doka (2019) identified five categories of disenfranchised grief. The first category is when the relationship between the bereaved and deceased is not recognized through kin ties, and grief is therefore not recognized or appreciated as necessary (Doka, 2019). This category includes attachments to neighbours, colleagues, in-laws, caregivers, counsellors, or former relationships limited in contact. The second category of disenfranchised grief is when the loss itself is not recognized; the object remains physically alive, but there is an associated loss (Doka, 2019).

Examples include the loss of someone due to institutionalization or a severe physical or mental illness such as dementia or coma. This category also incorporates secondary losses, such as experience loss, lifestyle change, and expectations (Doka, 2019).

The third category of disenfranchised loss outlined by Doka (2019) involves the exclusion of the griever. Here, the person is not seen as capable of grief; therefore, there is no recognition of their loss. Typically, this occurs with people with dementia, intellectual disabilities, or very young children (Doka, 2019). These individuals are excluded from rituals or traditions, and ultimately, their grief is dismissed. The fourth category considers the circumstances of the death and loss that may cause feelings of disenfranchisement (Doka, 2019). The death may have occurred through non-societally accepted means, such as suicide or due to an addiction or a preventable accident. Since there is such societal stigma around these deaths, grief reactions are met with judgement or limited support (Doka, 2019).

The final category of disenfranchisement of grief contains how an individual grieves (Doka, 2019). Society has made rules around what is acceptable behaviour when grieving. When one's responses fall outside of that (e.g., stoicism, laughter, wailing), one may not be offered the same respect or understanding from others (Doka, 2019). Although there is no actual death, individuals are experiencing a loss of their assumptive world, and the greater society dismisses their reactions (Doka, 2019). Non-death losses are a typical life experience for most people. They can present in many ways, like a loss of a relationship, loss of functionality, loss of experience, missing out on milestones or other expected emotional experiences (Germany, 2020). These experiences, although without the experience of death, can trigger feelings of grief similar to those of death loss (CMHA, 2021).

Loss can also be experienced in more unexpected life events, such as situations of abuse, being the victim of a crime, living through natural disasters, or, as we have seen in earlier sections of this paper, the diagnosis of a chronic or terminal illness (Germany, 2020). These losses can challenge or change our core assumptions about how the world should work and how we view ourselves and others (Germany, 2020). Through our core assumptions, we can make predictions and have expectations of our experiences. However, according to Sewell and Williams (2001), when we lose the ability to foresee these events based on those assumptions, our losses can become traumatic.

Non-death traumatic losses can be a prominent cause of altering one's life story (Germany, 2020). For example, Cooley and colleagues (2010) collected longitudinal data on mental health from college students from their first to fourth years of schooling. When asked to identify the most significant loss they had experienced over the last 12 months, 68% of them identified a non-death loss. The identified events included the dissolution of an intimate relationship, sexual assault, being arrested, and similar non-death losses. Furthermore, non-death losses in traumatic experiences such as natural disasters are highly influential. In a study of Hurricane Katrina survivors, over half of the participants reported a non-death loss as the most challenging part of what they experienced (Shear et al., 2011). Of the participants included, 29% identified that tangible losses, such as loss of their home or possessions, count for the most severe loss experienced. Nine and a half percent identified interpersonal losses such as separation from friends and family, quality of life, and sense of wellbeing, and 4.2% reported a financial loss as the most consequential loss experienced. Of the survivors in the study, only 3.7% reported the death of a loved one as being the most severe loss.

Non-death Losses in Adolescence

While much of the literature on non-death loss focuses on adults, the experience of non-death loss is not limited to any age bracket. When an adolescent experiences a death loss, society is quick to offer empathy, sympathy, and support. However, when an adolescent experiences a non-death loss, the reactions of others may not be as supportive. They may present as if the loss is insignificant, creating an environment of disenfranchisement (Mitchell, 2018). One area of non-death loss for adolescents in adolescent grief literature is the disenfranchisement of those in the foster care system. Research by Mitchell (2018) identifies numerous areas of non-death loss that adolescents experience in the foster care system, such as loss of familial or friend relationships, loss of home, loss of safety and security, and loss of future. A quote by a male participant in the study who was in the foster care system stated that:

> I had so many losses, man. I felt like my life was tooken away, I felt like I didn't have no freedom, no independence, it was, to be completely honest with you really, it was one of the worst experiences in my life, going on 21 years that I've been on this Earth that was definitely one of the worst experience in my life, right there…. You know, it was terrible. You know, I, I lost my strength, I lost my life, I lost myself. It was, it was, it was hell man. (Mitchell, 2018, p.3)

This quote shows the impact that a non-death loss can have on an individual's sense of wellbeing and mental health.

The research looks to further this line of curiosity, particularly how non-death losses related to a natural disaster have impacted adolescents' mental health. Brown et al. (2019) examined how a community's experience with wildfires impacted adolescents' mental health compared to a controlled environment. The authors collected data from 3,070 grade 7-12

students from Fort McMurray, Alberta, Canada, 18 months after a major wildfire caused widespread evacuations and destroyed 10% of the homes and much of the surrounding land. The authors looked at the adolescent's mental health responses, such as anxiety, PTSD, stress, and depression rates and compared those rates with similar data from a nearby town four years prior that had not gone through any natural disaster (Brown et al., 2019).

Through this research, Brown and colleagues (2019) found that depression scores, suicidal thoughts, and tobacco use were higher in the adolescents from Fort McMurray. Furthermore, self-esteem and quality of life scores were significantly lower. Of the Fort McMurray students in the study, 37% met the conditions for a probable diagnosis of PTSD (Brown et al., 2019). While this study does not offer concrete correlational data between the control and study groups due to a time lag, it supports the idea that adolescents are vulnerable to adverse effects due to non-death loss during disasters.

Symptomology of Grief

The experience of grief is universal; however, grief is highly diverse and unique in presentation (Germany, 2020; Harris & Winokuer, 2016). Grief can be much more than an emotional response (Harris & Winokuer, 2016) and does not distinguish between death and non-death loss (Germany, 2020). Many individuals experience grief in ways dominated by cognitive processes, somatic (body) responses, or changes in behaviour or social patterns (Harris & Winokuer, 2016). Physical symptoms include insomnia, fatigue, headaches, stomach aches, and interruption of various body systems (Harris & Winokuer, 2016). Cognitive symptoms may include preoccupation, rumination, forgetfulness, and difficulty concentrating (Harris & Winokuer, 2016), and behavioural manifestations may look like agitation, withdrawal,

avoidance, or dependence (Harris & Winokuer, 2016). Lastly, grieving individuals can feel anxious, depressed, irritable, numb, or angry (Germany, 2020; Harris & Winokuer, 2016).

The overlap of symptoms between anxiety, depression and grief is essential when looking at the potential for a diagnosis. The DSM-5-TR diagnostic criteria for major depressive disorder require the individual to have five of the following symptoms over two weeks: (a) the individual feels a depressed mood for most of the day, which in adolescents may present as irritability; (b) a diminished interest or pleasure in all or most activities in a day; (c) significant weight loss; (d) sleep disturbances; (e) psychomotor agitation or retardation nearly every day; (f) feelings of fatigue; (g) feelings of worthlessness or inappropriate guilt; (h) difficulty concentrating or feeling indecisive; and (i) having reoccurring thoughts of death or suicide (APA, 2022). Furthermore, the DSM-5-TR diagnostic criteria for generalized anxiety disorder require the individual to have excessive worry that they have difficulty controlling, must cause impairment in regular functioning, and have three or more of the following symptoms: (a) restlessness or feeling on edge, (b) being easily fatigued, (c) difficulty concentrating or mind going blank, (d) irritability, (e) muscle tension, and (f) sleep disturbances (APA, 2022).

When looking at the diagnostic criteria for prolonged grief disorder, there are overlapping symptom requirements for anxiety and depression (APA, 2022). For example, rumination, emotional pain, experiencing a feeling of numbness, irritability, maladaptive appraisals about oneself (worthlessness, self-blame, guilt), avoidance of activities or situations, feeling that life is meaningless, potentially a desire to die, and a significant impairment of general functioning (APA, 2022; Marques et al., 2014; Stelzer et al., 2020)

The DSM 5-TR does discuss that when distinguishing grief from a major depressive episode, one must identify the predominant feeling (APA, 2022). If one identifies feelings of

emptiness and loss as the primary experience versus a depressed mood and an impairment in functioning, the diagnosis lends itself to grief (APA, 2022). In addition, the exclusion criteria for anxiety in the DSM-5-TR detail that trauma does not better explain the disturbance (APA, 2022). Both exemption rules define grief and trauma as bereavement. However, neither considers the possible experience of non-death loss. This fact is important to consider, for if the individual has not yet identified their non-death loss as the reason for their symptoms, they may not even regard it as grief.

Furthermore, since grief is not a routinely screened diagnosis and there is a limited specificity of grief disorder criteria, patients presenting with an anxiety or depressive disorders may be suffering from complicated grief disorder primarily or as a comorbid condition. They could then experience a misdiagnosis (Marques et al., 2014; Stelzer et al., 2020; Weinstock et al., 2021). Also, Bordere (2017) states that although grief and depression can present similarly, depression is the more commonly noted experience. Therefore, more individuals are prescribed antidepressants for the depression symptomology instead of being allowed to unpack and navigate the grief component (Bordere, 2017). Bordere (2017) identifies that if professionals ignore the grief aspect, individuals may experience persistent symptoms of fatigue, distraction, difficulty concentrating, and experience an overall sense of dysregulation. Ultimately, if grief is not recognized, individuals may continue to be disenfranchised, and their needs will remain unmet (Bordere, 2017).

Throughout the COVID-19 pandemic, the realization of countless health measures worked to mitigate the negative consequences of the spread of the disease (Milman et al., 2020). While implementing such regulations worked to flatten infection rates, it also introduced unintentional costs to individuals' healthy functioning (Milman et al., 2020). Enforced

quarantine, shelter-in-place orders, and other forms of social isolation that were the norm of the last two years were directly related to a rise in psychological disorder symptomology found within the general population (Milman et al., 2020). Research has found an increase in depression, anxiety, and post-traumatic stress symptoms in the adolescent population in particular (Milman et al., 2020). As the literature also showed, the impacts of social isolation on adolescents are not new to COVID-19, and numerous situations and experiences can cause similar feelings of isolation and loneliness. All of which lay the foundation for an increase of mental health concerns.

Analyzing the research from other examples of adolescent social isolation and the data around the impacts of social isolation policies and other COVID-19 mandates on adolescents throughout the world paints a picture of a generation negatively affected. Therefore, it is imperative that mental health professionals and policymakers not only recognize the impacts social isolation has on mental health in general but also identify the unique outcomes associated with the experience and adolescent population in particular (Milman et al., 2020).

As the pandemic restrictions ease, our lives resume, adapting to the changes experienced due to COVID-19. However, some people will be chronically disrupted and require support moving forward (Weir, 2020). For adolescents, the grief response they are experiencing because of social isolation may create feelings of resentment that their "youth is being captured by bigger forces and will not return; a grief for what cannot be while larger meanings stretch across the world and consume their small lives" (Fitzgerald et al., 2021, p. 20). Adolescents' perception of life has changed, and the adults and other leaders in their lives are responsible for helping build resiliency and create new adaptations that may pave a smoother way towards what youth can see as their "new normal".

As we conduct more research and discover a greater understanding of the impacts of COVID-19, new programs and interventions must also be developed to enhance resiliency and mental wellbeing (Lake, 2020). Without mediation, the psychological fallout associated with the pandemic may have long-term consequences that are unprecedented (Lake, 2020). In subsequent sections of this paper, this author aims to address implications for future counselling practice within a COVID-19 world. This author will also offer recommendations on modalities and interventions best suited to provide support individually and systematically to better equip the profession for what is becoming a global mental health crisis.

Implications of this Research on the Counselling Field

The literature review shows that there can be significant emotional and behavioural changes in children and adolescents due to isolation and quarantine (Imran et al., 2020). In a meta-analysis of 29 studies by Rancine and colleagues (2021), which included 80, 879 youth, found a 25.2% elevation in depression and a 20.5% elevation in anxiety. Therefore, one in four youth are presently experiencing higher than typical depression symptoms, and one in five have heightened anxiety symptoms (Rancine et al., 2021). These numbers tell us that compared to pre-pandemic ratings, adolescent mental health difficulties have likely doubled (Rancine et al., 2021).

The early data from China, Italy, and Spain suggest that adults may misinterpret adolescents' common emotional and behavioural reactions as defiant or regressive (Imran et al., 2020). The studies also corroborate that reported anxiety and depressive symptoms have increased. Imran and colleagues (2020) research explored the increase of symptomology compared to past contexts and identified that children and adolescents subject to quarantine in past pandemic disasters were more likely to develop acute stress disorders, adjustment disorders,

and grief responses (Imran et al., 2020). Additionally, Loades and colleagues (2020) found that children who experienced enforced isolation or quarantine during past pandemics were five times more likely to require mental health interventions and experience post-traumatic stress. This research highlights that a significant segment of the young population will experience long-lasting and residual distress and trauma reactions due to the social isolation and quarantines of COVID-19 (Imran et al., 2020; Loades et al., 2020). These findings directly affect the field of psychology, as those working within the field must be ready to identify those considered most at risk of experiencing negative impacts of social isolation and manage the effects.

Importance of Peers

When assessing an adolescent, one must consider the developmental stage. Compared with other age groups, adolescents spend more time with their peers, and their evaluation of their social and personal worth is highly dependent on the views of their peers (Blakemore, 2019). Additionally, adolescents are hypersensitive to being excluded or isolated from their peers, which may be a risk factor for some mental illnesses such as depression (Blakemore, 2019). Understanding this, one can look at the mental health concerns coming out of the COVID-19 and subsequent social isolation measures as a foundational concern for youth.

A study of 248 adolescents in New South Wales in Australia and found that the most distressing part about COVID-19 for these youth was not being able to see their friends (Magson et al., 2021). Also high on their list was the inability to participate in their normal extra-curricular activities or attend social events. In contrast, they reported very little concern about getting COVID-19 or the possibilities of death associated with COVID-19 (Magson et al., 2021). These priorities demonstrate how meaningful peer relationships are to youth of this age, as these results are unique to the adolescent population. As Van Harmelen and colleagues (2016)

indicate, friendships among adolescents can buffer against depressive symptomology and increase self-efficacy, conflict resolution skills, and emotional regulation and management. Knowing this, counsellors can tailor interventions for adolescents to increase social connection, build resiliency in their peer relationships, and reconnect with their social groups to manage rising anxiety, depression, or grief symptoms.

Gender Differences

When analyzing the research on social isolation, numerous studies identified a gender component. While males were more likely to report experiencing social isolation, females were significantly more likely than males to feel lonely and depressed due to social isolation (Matthews et al., 2016). Understanding Matthews and colleagues (2016) findings and connecting them to the current global climate of COVID-19, one would hypothesize that females' mental health is more negatively affected than males due to COVID-19-related restrictions.

Recent research supports this hypothesis. A systematic review analyzed 29 studies to assess the global prevalence of clinically elevated symptoms of depression and anxiety in adolescents during the first year of COVID-19 (Rancine et al. (2021). The results found that increased depressive and anxiety symptoms were more highly correlated with the female demographic. These results are consistent with findings from Magson and colleagues (2021), who also found that girls reported more depressive and anxious symptoms. In contrast, boys reported more familial conflict during periods of lockdown or isolation.

These findings are important for counsellors as the findings reflect the literature on females' propensity for internalizing (Magson et al., 2021). It also highlights that females are more likely than males to rely on their social networks for support when dealing with life stressors (Magson et al., 2021). Without being able to rely on their most-used coping strategy,

females struggled more with social isolation and quarantine restrictions (Magson et al., 2021). This information continues to impress the need for counsellors to work on reconnecting individuals, particularly girls, with their social network, building new connections and developing friendships to mitigate risk and harm from social isolation (Magson et al., 2021).

Schools

Connectedness to the routine of school and others within the school environment is highly beneficial for the mental health of children and adolescents (Imran et al., 2020). The COVID-19 crisis highlights the importance of school not only for educational purposes for adolescents but also for fulfilling their social needs. Students' emotional needs are equally, if not more important than, their academic needs; thus, the need to implement social-emotional education is increasing (Imran et al., 2020). This focus becomes even more relevant now as the implications of social isolation and isolation from school have become more apparent. Schools offer a cost-aware and effective way of reaching many adolescents simultaneously, and the school counsellor may be the only mental health support available for students (Pincus et al., 2020). With this, the role of the school psychologist or counsellor becomes paramount.

Training for school counsellors must deal with the rising concerns that COVID-19 will exacerbate and focus on the students' mental health and emotional wellbeing (Pincus et al., 2020). There should be a limited amount of non-counselling tasks prescribed to them, and they should be more heavily involved in the day-to-day decisions and accommodations for students (Pincus et al., 2020). Counsellors should be working to establish comprehensive programming to be delivered individually or through group or classroom format to help students with their rising mental health concerns, manage their emotions, re-establish connections for those who may be feeling more isolated, and increase self-esteem (Pincus et al., 2020).

When formatting these new interventions, research by Fabiano and Evans (2019) offers insight into how a three-tiered approach can help support mental health. In tier one, school counsellors can provide professional development to faculty and staff around trauma-informed care and other screening methods (Fabiano & Evans, 2019). For example, Erickson and Abel (2013) used the Reynolds Adolescent Depression Scale to screen students in a high school class. The researchers then integrated the information from that screening into the classroom lessons and assisted teachers with the knowledge.

On the second tier, counsellors would then collaborate with teachers, administration, and parents to identify students showing behavioural concerns potentially resulting from COVID-19 and social isolation in particular (Fabiano & Evans, 2019). These counsellors would then conduct small group sessions or individual sessions to provide more in-depth lessons and strategies for mental health and coping. Lastly, for tier 3, the counsellor would assess and make appropriate referrals to other service agencies or counselling services to ensure the most effective care for struggling students (Fabiano & Evans, 2019). This approach is essential as it helps identify adolescents for elevated emotional distress and guide them into early intervention or treatment programs if necessary (Magson et al., 2021). This approach and a positive and supportive learning environment at school and home can lower levels of internalizing distress in adolescents, even when physically isolated from peers (Magson et al., 2021).

Addressing students' mental health concerns due to social isolation is not just essential to mitigate the individual impacts. School safety could also become a concern without adequately addressing rising mental health concerns for the students (Pincus et al., 2020). The rise of anxiety, depression, suicidality, drug and alcohol abuse, family dysfunction, and grief responses also increases the potential for tragedies such as Columbine or Stoneman Douglas (Pincus et al.,

2021). Research by Kutsyuruba (2015) identified that students with lower functioning social skills and higher rates of aggression could create a more unsafe environment for other students and often become segregated among others with similar behavioural concerns. This continued exclusion can make the students become more antisocial and may escalate their aggressive behaviours. Additionally, a study of Ontario adolescents found that adolescents with mental health issues were twice likelier to have brought a weapon to school or participated in a fight than those who did not screen for a similar condition (Ilie et al., 2016). For these reasons, the involvement of mental health professionals in schools and early intervention for at-risk students is critical.

Length of Isolation

Research by Rancine and colleagues (2021) found that as COVID-19 continued, the rates of depression and anxiety continued to rise as time went on. The authors hypothesized that this was because of the ongoing duration of the restrictions and isolation (Rancine et al., 2021). The work of Loades and colleagues (2020) supported this hypothesis; they looked specifically at the components of loneliness, and found that the longer an individual is lonely, such loneliness more strongly predicts the development of a mental illness. There are other findings that corroborate those discussed by Loades and colleagues (Brookes et al, 2020). Brooks and authors (2020) found that the duration of quarantine impacts the level of post-traumatic stress symptoms, and that when quarantine lasts longer than ten days, the impacts on PTSD begin to compound.

Considering these findings, a key concern for counselling psychology is to ensure that helping professionals are sufficiently educated on the psychological definition and impacts of loneliness so that they do not mistakenly diagnose and treat symptoms as due to other mental disorders (Cacioppo, 2015). Utilizing past research specifically on loneliness and other forms of

social isolation referenced previously in this paper would provide a solid foundation of knowledge to build upon. Acquiring this specific knowledge can also be beneficial for counselling professionals because one can hypothesize that an individual who has endured long stretches of social isolation or quarantine may be having more difficulties than those with shorter experiences.

When working with an adolescent who has experienced social isolation or increased loneliness, finding ways to maintain structure, quality and quantity of social networks should be a priority while balancing the risk and benefits of physical and mental safety (Loades et al., 2020). Additionally, it can be essential to identify alternative activities and areas for increasing feelings of purpose for adolescents during periods of social isolation (Loades et al., 2020). Lastly, understanding loneliness' impact on adolescents can provide insight into counselling interventions and how to use adolescents' desires for social rewards, feeling like part of a group, and knowing that others are around them as support to mitigate risk (Loades et al., 2020).

Additionally, amid COVID-19, many social supports available for struggling youth shut down. Schools were closed, recreational facilities shut down, and other services paramount to adolescents' mental health stopped. As those restrictions begin to ease, we now see the consequences of this lack of service and note how all supportive environments for adolescents must work to open and continue providing a space for youth to come and get service. Education is one of the strongest predictors of the health of a nation and thus needs to be a priority for the citizens (Imran et al., 2020), and continued access to this service is essential.

Now that these institutions have reopened, and students are returning to the hallways, policymakers and leaders must look at the potential changes in directive if a similar pandemic or other disaster were to happen again. Without the ongoing connection of others, the connection to

stable support, and the availability of ongoing resources such as food security provided by schools, the impacts of social isolation will intensify (Imran et al., 2020). Acknowledgement of the impacts of school closure is vital for politicians to be aware of, as they consider the prospect of lifting restrictions in some countries and maintaining them in others. The closure of schools and recreational activities should be considered a last resort (Rancine et al., 2021). If it is necessary to close them, maintain a limited duration (Imran et al., 2020).

Grief

Albuquerque et al. (2021) suggests that due to COVID-19 deaths, social distancing, and societal restrictions, individuals have more difficulty accepting death, feel increased emotional numbness, and experience limited autonomy and resourcefulness in coping with their grief. Therefore, a person's average ability to cope with grief and work through the loss appropriately is being overloaded (Albuquerque et al., 2021). Furthermore, with the stress associated with social isolating and the supplementary deprivation from ordinary life experiences, adolescents are experiencing less time and space to work through the emotional experience of grief (Albuquerque et al., 2021). As a result, mental health issues are developing, and adolescents are seeking support for mental health services in more abundance. Therefore, it is critical that the psychological services accessed assess symptoms as potential secondary symptoms of grief instead of simply resulting in conditions on their own (Albuquerque et al., 2021). Additionally, it will be necessary to adopt evidence-based- grief psychological interventions to address the underlying disenfranchisement of one's grief experience to truly help individuals move forward (Albuquerque et al., 2021).

While many individuals have probably sought out counselling to deal with concerns associated with disenfranchised grief, little attention is devoted to identifying specific and

effective interventions for this area (Knight & Gitterman, 2019). As the focus on adolescents' mental health, in particular, is rapidly increasing due to the pandemic, we must increase the general public literacy around mental health and highlight grief symptomology, stigma and discrimination (Albuquerque et al., 2021). In order to do this, a public health approach aimed at developing social and community support systems would be beneficial.

Policy

Much of the research on disenfranchised grief focuses exclusively on death loss, where most public and private funding is allocated (Knight & Gitterman, 2019). This lack of attention has left a significant gap in the literature for practice and policy surrounding disenfranchised grief and non-death losses. The shortage of information influences the amount of education, services, and policies on this topic (Knight & Gitterman, 2019). Improving awareness of the signs, symptoms, and experience of disenfranchised or non-death loss can improve access to support, hopefully mitigate grief's long-term effects, and improve adolescents' overall mental health.

Moving into a space with more awareness about non-death loss can ensure that agency policy and services do not inadvertently create situations that further traumatize loss (Knight & Gitterman, 2019). For example, many public funding bodies follow specific requirements to provide services to clients seeking mental health assistance. Due to these limitations, psychological services may restrict access for people due to insurers and policies' lack of recognition of their grief. Constraining the services in such a way limits the individuals' ability to access support and disregards their experience of grief (Harris & Winokuer, 2016). As a result, the individual is forced into a continued cycle of social exclusion, pressure to conform, devaluing, and ultimately experiencing disenfranchisement (Harris & Winokuer, 2016).

Therefore, there must be increased advocation for services that respond to the unique needs and challenges of those experiencing a disenfranchised loss (Knight & Gitterman, 2019). Advocation would be an essential first step to moving towards enfranchising one's experience. Currently, organizational policies are in place to allow individuals time off from work or school when a loved one dies. However, there are no such opportunities for individuals struggling with a non-death loss (Knight & Gitterman, 2019). It is in these disparities that policies need to change.

Future Research

The experience of social isolation, mental health, and grief in adolescents is a broad, wide-reaching subject, and there are many avenues of this topic studied already. Below is a discussion of next steps for research to further understand this complicated topic both in the context of the COVID-19 pandemic and outside of it.

COVID-19

Most studies on social isolation and mental health were from the rapidly changing landscape of COVID-19 and not from past pandemics such as the SARS outbreak (Imran et al., 2020). Before COVID-19, only a limited number of studies looked at stress responses or mental health outcomes resulting from health-related disasters (Schwartz et al., 2021) and associated social isolation. Furthermore, there is even less information known about the adolescent population specifically. Consequently, there is an influx of information about the impacts of social isolation, quarantines, and other pandemic restrictions. However, as COVID-19 is a current event, there is little to no longitudinal research available to assess these measures' long-term outcomes, consequences, and impacts (Rancine et al., 2021).

Finding research assessing the baseline prior to the pandemic would be difficult as there was no forewarning that a global disaster was imminent. However, future researchers within this area could benefit from focussing their questions on the impact that COVID-19 specifically had on an individual's mental health or experience (Hamza et al., 2021). Then, to capture a longitudinal analysis, researchers could follow the test subjects over a set period to see how those impacts may change as restrictions ease, and life moves on. Additionally, studies could also utilize a systematic review of the studies undertaken on the mental health status of adolescents both before and during COVID-19 and conduct follow-up studies to see if longitudinal patterns emerge.

Additionally, as there has been such a rapid proliferation of studies focused on youth mental health during the COVID-19 pandemic, some studies have been criticized for sacrificing methodological quality for methodological rigour (Rancine et al., 2021). As a result, the researchers may not have taken adequate time to assess their own background, beliefs and experiences associated with the material, and therefore may not have controlled for their own individual bias'. For example, studies may have overestimated prevalence rates due to inadequate controls in the methodology, populations, and timing of research (Rancine et al., 2021). Furthermore, some of the studies estimating the prevalence rates of mental illness in this pandemic have utilized convenience sampling or nonprobability sampling, potentially increasing the likelihood of bias in reporting (Rancine et al., 2021). Therefore, studies with quality representation and longitudinal samples that can demonstrate changes in mental health symptoms before and after the pandemic should be the priority for future research (Rancine et al., 2021).

In order to have more applicable research and with a less likelihood of bias, researchers need to be more specific in their demographic, geographical, and methodological measures. The

research shows that youth mental illness has increased due to the pandemic. However, each population group or experience is not equal across all factors. When controlling for age, sex, and socioeconomic status, the data can show a clearer understanding of the prevalence and potentially causation (Rancine et al., 2021). Additionally, one must consider the method of data collection. The information must come directly from the adolescent population and not from a guardian, for we know that adolescents experience more internalization of feelings, and the adults may not be privy to their authentic experience (Rancine et al., 2021).

Quantitative studies could utilize questionnaires and interviews of parents and adolescents to gain a more well-rounded picture of the impacts and experience and allow for cross-analysis of answers to mitigate bias from the adults. Finally, researchers must control the timing of their data collection (Rancine et al., 2021). If data was collected during a high-stress situation, such as the middle of lockdown, the mental health concerns noted might be more prevalent. For these reasons, longitudinal studies would be the most accurate portrayal of the impacts present.

Culture

With the addition of COVID-19 and social isolation influences, we must expand our understanding of the impacts on different cultures (Blakemore, 2019). The social distancing requirements of COVID-19 exposed and amplified existing vulnerabilities for some social groups, as well as reinforced current inequalities (Maestripieri, 2021). Specifically, the closing of schools, and the lack of access to secure food, health, and services that are found within that institution affected children and youth disproportionally, with a more profound impact on those of low socio-economic backgrounds (Maestripieri, 2021).

Additionally, the move to online learning created disparities between those who could afford digital learning instruments, who had sufficient space for study at home, and the access to available childcare and supervision (Maestripieri, 2021). Preliminary evidence shows that these school disruptions affected student's cognitive development and educational attainment, with 65% of students reporting lesser learning since the start of the pandemic (Maestripieri, 2021). The social impacts of COVID-19 were most strongly felt by the most vulnerable populations, and as seen throughout this paper, those impacts create concern for mental health and wellbeing. Therefore, more information available regarding the impacts of COVID-19 on specific adolescent cultures and their individual experience can help develop interventions and treatments that aim to support the changing mental health demands across the world and hopefully work to mitigate further risk.

Future studies could utilize online surveys and Likert scales to reach a wide range of populations and assess cultural differences across the globe. Example questions could include: "To what extent has COVID-19 affected your life?" (0= not at all; 10 = totally affected) (Gato et al., 2021). It would be important for these studies to assess what social isolation looked like in a particular culture (full lockdown, stay at home order, less restrictive measures), and the restrictions put in place for the adolescent population, such as the closure of schools and level of confinement in their homes (Gato et al., 2021).

Furthermore, the specific demographic information for the adolescent would be necessary to gather, including age, sex, pre-existing mental health conditions, and any other potential influences on mental health, such as identification as LGBTQ+. Analyzing all this data within a cross-cultural lens could offer insights into how the COVID-19 pandemic has changed the experience of adolescents globally and enhance current research on the impacts of social

isolation on particular genders, socioeconomic classes, and cultures. Using this information, researchers can then assess what has worked in the past, as well as develop new interventions or strategies that can be implemented worldwide to better support and prepare adolescents moving forward.

Loneliness

A plethora of literature outlines the impacts of social isolation on loneliness (Christiansen et al., 2021; Loades et al., 2020; Matthews et al., 2016). There is, however, limited evidence that outlines specific interventions for adolescents that may prevent loneliness or reduce its adverse impacts on mental health and wellbeing (Loades et al., 2020). With the worldwide experience of isolation and social distancing resulting from COVID-19, there is a heightened need for more research on the effectiveness of targeted prevention and intervention initiatives to mitigate and decrease experiences of loneliness and social isolation among adolescents (Christiansen et al., 2021). Future research should focus on each of these interventions' effectiveness in the experience of loneliness and the subsequent development or treatment of mental health concerns.

Utilizing the Voices of Youth

Research must also consider young people's unique perspectives, strengths, and skills when looking at their mental health, pre- and post-pandemic (Allemang et al., 2020). Due to the rapidly transforming services available focused on adolescent mental health, there is a risk that the services may misalign with the needs of the youth, which may lead to worsening symptoms or treatment disengagement (Allemang et al., 2020). Moving forward with research and treatment of mental health, young engagement is a critical component in research and program development (Allemang et al., 2020).

To ensure that research on the experience of youth and their mental health is all-encompassing and actually representative of youth themselves, it would be paramount to extend beyond simple questionnaires to be completed by both the youth and the parent. In future studies, researchers must utilize both a quantitative and qualitative study format. They must also employ online and offline formats, including accessing youth websites and social media, going into schools, and exploring in-person accounts. Integrating research into areas where youth can interact with each other and build a feeling of connection can foster a more conducive environment for sharing, being vulnerable, and ultimately engaging with the topic of study more thoroughly (Allemang et al., 2020). Engaging more youth from different platforms and environments, both online and in-person, would ensure that the study reaches a proper population sample. As there continues to be a digital divide and unequal access to technology across Canada, and the world, if researchers relied on online platforms alone, voices would be missed (Allemang et al., 2020).

Recommendations for General Practice

Loneliness

This paper highlights that loneliness results from disease containment measures associated with COVID-19, leading to increased mental health concerns (Loades et al., 2020). Therefore, it would be essential to look at how a therapist can work to adjust one's experience of loneliness. Loades and colleagues (2021) identified that simply increasing the frequency of contact with others may not be enough to address the impact of adolescents' subjective loneliness. Their research explored the importance of helping the youth identify alternative activities and build structure and purpose in times of isolation. They also stressed that the youth must work to address any negative thoughts about the social isolation and any social encounters

that they experience, including feelings of self-blame or devaluation. Research by Cacioppo and colleagues (2015) supports this notion, finding that the most effective intervention for aiding one's experience of loneliness is a cognitive behavioural therapy (CBT) approach. By identifying thought distortions, automatic negative thoughts, and stress management, clients can work to change the maladaptive social perceptions and cognitions that may be the base of their concerns (Cacioppo et al., 2015).

During prolonged periods of isolation, digital technology has become a reliable intervention to help youth reappraise their thoughts and change their behaviours within the confines of the home setting (Loades et al., 2021). CBT-specific computerized programming has already been developed to assist the mental health of children and youth and may help mitigate the impacts of social isolation. BRAVE-TA was an effective intervention for heightened anxiety following the Christchurch earthquake in New Zealand (Loades et al., 2020). The program is an online program suitable for youth experiencing social anxiety, separation anxiety, specific phobia, and generalized anxiety (Center for Technology and Behavioural Health, n.d.). The target age group is from eight to seventeen. It uses cartoon animation, graphics, text, quizzes, and interactive exercises to teach relaxation strategies, cognitive restructuring, and graded exposure (Center for Technology and Behavioural Health, n.d.).

Further, programs such as MoodGym, an online interactive self-help book that helps individuals learn and practice skills to prevent and manage symptoms of depression and anxiety (MoodGym, 2022), and SPARX, a self-help tool designed like a video game where one can learn and practice skills to help with depression (Merry et al., 2012) generally have small but positive effects on mental health (Loades et al., 2020). Other mobile and computerized options for

therapy or resources have had a moderately positive effect size compared to control groups but are still less effective than in-person therapy (Loades et al., 2021).

Grief

Grief is a significant yet normal reaction to life experiences across all ages, and counsellors need to be aware of the features of grief and practical ways to respond to clients dealing with this concern (Smith & Delgado, 2019). Given the increased influences of COVID-19, social isolation, and feelings of loss associated with the restrictions, it is paramount that counsellors be trained in the research on grief and the use of grief models when working specifically with non-death losses (Smith & Delgado, 2019). Smith and Delgado (2019) note that more empirical data is required to assess how therapists can apply grief models in a way that is effective for non-death loss, for although these models discuss this, more evidence is required to demonstrate actual validity. In addition, with more research, the awareness of the significance of this type of loss will continue to grow, and more knowledge on treatment options and implications could be identified (Loades et al., 2020; Smith & Delgado, 2019).

Evidence suggests that non-death loss work is compromised by the lack of understanding by mental health professionals (Gitterman & Knight, 2018). Carrington (2016) first states this claim through a qualitative study of student counsellors, finding that many did not feel adequately trained to identify loss symptomology or assess for loss, especially when the client does not present specific grief concerns. New conceptualizations of grief work to encompass the widening understanding of non-death losses could open avenues for more therapeutic approaches when working with clients exhibiting depressive, anxious, or other traumatic experiences (Smith & Delgado, 2020). Being able to distinguish manifestations of grief and loss from affective reactions (Gitterman & Knight, 2018), especially in an adolescent population, could make the

difference between misdiagnosing, wrongfully medicating, and providing effective treatment, which could alter the course of one's future mental wellbeing. Smith & Delgado recommend using grief language in their client care to help give the clients agency and the verbiage to explain their own experience, leading to a more well-rounded understanding of their situation (2010). In order to do that, one must then also utilize a grief-specific approach to treatment.

Boss (2010) expressed that the nature and source of ambiguous or disenfranchised grief may create a limited scope for many traditional grief models, as many works to assist the client in accepting the loss and receiving closure (Gitterman & Knight, 2018). As closure is often not possible with disenfranchised grief, the goal may be to promote resilience by helping the client tolerate the feelings and manage movement forward (Gitterman & Knight, 2018). New research on disenfranchised grief has explored possibilities of adapting traditional grief models to be used more effectively with non-death loss as there are commonalities in the grief responses among the bereaved and a non-death loss (Germany, 2020). In the next section, I will present three models used to further the understanding of disenfranchised grief within the context of non-death loss and how they can connect with the adolescent experience of lost time and connection from social isolation.

Attachment Theory

John Bowlby (1988) was the first to describe human attachment patterns and consider them as a scientific construct. Attachment is an instinctual response of an infant to its mother. It is portrayed through object representation and the infant's attachment responses when separated from its mother (Harris & Winokuer, 2016). When connected to grief responses, attachment theory postulates that the same behaviours individuals display when faced with a loss of a loved

one are similar to those observed in infant separation responses (Harris & Winokuer, 2016). These behaviours include searching, yearning, longing, and protesting the loss of the individual.

One can feel insecure and uncertain when faced with a life-altering event like COVID-19. The world we once knew, the people we once relied on, and our image or perception may prove no longer relevant (Harris & Winokuer, 2016). The experience of loss attached to events, milestones, and other circumstances experienced by adolescents due to COVID-19-related social isolation is connected to attachment in this way. The disenfranchised loss of such life circumstances involves a loss of an aspect of themselves that they attached to their place in the world, which subsequently made them feel secure and safe (Harris & Winokuer, 2016). The loss of the comfort of "knowing" or having set expectations of what is coming can form feelings of searching, yearning, and pining like those created by a death loss (Harris & Winokuer, 2016).

When approaching work with an adolescent through the attachment lens, it is important to consider one's attachment style and history to help assess and identify the patterns of grief that the youth may be experiencing. Such unwelcome and unexpected transitions in their lives require that they relearn their sense of the world and self (Neimeyer & Krawchuk, 2020). It is paramount that the counsellor provides a haven for adolescents to balance what they have lost and embrace the new life that is now open to them (Neimeyer & Krawchuk, 2020).

Dual Process Model of Grieving

Margaret Stroebe and Henk Schut's (1999) work explored the research on attachment while expanding the traditional ideologies of grief. Their work led to the dual-process model (DPM) of bereavement. The DPM posits that individuals will oscillate between a loss-oriented space, where they will experience active, acute grief symptomology, and a restoration-orientated space, where they tend to their everyday life and experience distractions from their grief (Fiore,

2021; Harris & Winokuer, 2016). The oscillating between orientations allows the individual to alternate between confronting grief and feeling the effects and avoiding it, thus giving themselves a break from the intensive feelings (Fiore, 2021).

According to the DPM model, individuals will access coping strategies within the two orientations. When one is in the loss-orientation space, especially at the beginning of the grieving process, they may experience more negative grief-specific coping, such as ruminating on the loss, life before and after the loss, and other associated events (Fiore, 2021). During the restoration-oriented phase, an individual may be coping with the secondary sources of stress related to the loss, learning to manage new roles and identities, and developing new goals or expectations for the future (Fiore, 2021).

Working within this model with non-death loss, adolescents may experience grief and loss when thinking of losing their idealized world or expectations of their future. They would then oscillate from those grief feelings to times when they can think about new experiences, find joy in their current situations, and be able to begin moving forward in their lives. Using this model, the counsellor must help the adolescents process their emotions around the loss experience and help them transition into more of the restoration phase (Smith & Delgado, 2019). Once the adolescent is in the restoration phase, the counsellor can then assist them in recreating a plan for their future, help in assessing new opportunities, and empower a sense of resiliency (Smith & Delgado, 2019).

Meaning Making

A more recent model of grief therapy utilizes a constructivist postmodern approach to psychology that emphasizes the collective need to impose meaning on one's experiences to create a meaningful self-narrative (Neimeyer et al., 2009). From this perspective, when one experiences

a significant loss, it may challenge their core beliefs and undermine the self-narrative that they have created (Neimeyer et al., 2009). In doing so, these losses can challenge the fundamental conditions that have sustained a person's lived experience, thereby undercutting their sense of meaning and reason (Neimeyer et al., 2009). In response to feeling so unmoored, in the context of this theory, the individual can try to resolve the feelings of incongruence in one of two ways (Neimeyer et al., 2009). They can attempt to assimilate the loss experience into their pre-loss beliefs and narratives and carry on as they were before the loss. Alternatively, one may try to accommodate the loss by reorganizing, deepening, or expanding their beliefs and self-narrative to embrace the reality of the loss (Neimeyer et al., 2009).

Using this theory, a counsellor can help the client map the impact of the loss within their lives and explore the challenges of accepting it (Neimeyer & Krawchuk, 2020). Additionally, counsellors can work to reveal implicit meanings of the loss within the experience of grief through utilizing both a "bottom-up" quest for meaning and a "top-down" navigation of the loss experience (Neimeyer & Krawchuk, 2020). Ultimately, creating new goals and understanding can help the youth revise and reorient to their life after their unwelcome and unexpected loss (Neimeyer & Krawchuk, 2020).

By using traditional grief models when working with non-death loss, counsellors understand that grief can occur from a wide variety of life experiences, transitions, and events and that non-death loss is as important and impactful as death loss can be (Smith & Delgado, 2019). When working with adolescents with anxiety or depressive symptomology, one must look to also address the grief needs, or else there is potentially a vital piece of information missing within client care (Smith & Delgado, 2019). Moreover, when counsellors conceptualize client

needs from a grief lens, it allows for more inclusive and appropriate goals and interventions (Smith & Delgado, 2019).

Validation

The primary consideration when working with adolescents experiencing non-death loss is validating the existence of the loss itself (Gitterman & Knight, 2018). As non-death loss is often not framed as an actual loss, the experience is minimized, ignored, or devalued, developing a feeling of disenfranchisement (Gitterman & Knight, 2018). Simply validating and labelling the experience as a loss can have huge impacts. The study by Mitchell (2018) highlights this importance. The study explores adolescents in foster care who experienced numerous forms of disenfranchised loss mentioned earlier in this paper. The youth experienced separation from their parents, siblings and friends, loss of normalcy, and loss of community and identity, all of which led to experiences of psychological and emotional impacts. The findings illustrated that the act of enfranchising the youth's grief could be the point of difference between positive and negative long-term outcomes. In the words of one youth Luis, acknowledging how he felt and the loss he experienced made him "feel human" when he felt he was not truly living (Mitchell, 2018).

Many counsellors feel the need to help, and when faced with the distress of a youth, helpers can be quick to jump to providing advice, overly simplistic reframing, demeaning interpretations of coping or jumping to the immediate assistance of medication (Neimeyer & Krawchuk, 2020). While this is all done with the best intentions, it runs the risk of continuing the disenfranchisement of their experience and devaluing their suffering (Neimeyer & Krawchuk, 2020). Instead, practitioners should hold space for the client to describe their experience, witness it, and honour its implications for their life (Neimeyer & Krawchuk, 2020). The youth deserve reassurance that they are valued, have agency, and that there is a place where they belong

(Mitchell, 2018). Once the client and the counsellor feel grounded in this exchange, they can begin the therapeutic process of co-constructing a plan to move forward.

However, this validation can be hard to accomplish at times, as many adolescents are unlikely to frame their experiences and reactions in terms of grief (Gitterman & Knight, 2018). These reactions are not surprising as many non-death losses fall outside society's conventional understanding of loss. The traditional language of loss that is available in bereavement is mainly seen (Neimeyer & Krawchuk. 2020). When looking in the sympathy card section at the local drug store or when ordering flowers, you will not find a consolidation for not being able to attend your graduation or missing out on the first-year University experience with your friends. Typical Canadian society lacks an adequate language to verbalize these losses even within our minds, leaving those affected with wordless voids of unidentified grief (Neimeyer & Krawchuk, 2020). To combat this, we must begin to give words to the feelings of sorrow (Neimeyer & Krawchuk, 2020) and be more intentional when considering present-day challenges. By being more mindful, we can help the clients identify, manage and work through experiences that may feel like loss (Gitterman & Knight, 2018).

Social Connection through Group Therapy

Prolonged isolation and social disconnection are damaging to adolescents' mental health. With this in mind, when faced with isolation out of one's control, it can be helpful to remind and connect the youth with a sense of collective experience. One participant in a study that assessed young adult experiences with loss and COVID-19 stated, "knowing that you aren't the only person struggling through these times can be a massive weight off our shoulders" (Weaver et al., 2021, p. 4). The shared awareness and the universality of loss can help to facilitate coping and managing stress (Weaver et al., 2021). Understanding this, providing group therapy options for

adolescents or school support groups to provide a safe space for youth to express themselves and gather together would be a way to help youth through their loss.

The group model can be helpful as they can receive adequate information regarding loss and grief, validation of experience, other individuals to listen to their needs, an established routine of regular meetings, and an adult model to demonstrate appropriate grief and mourning behaviours (Pataky, 2018). The group facilitator must ensure the right fit of each individual to the group, however, and determine if the youth could benefit from such an environment (Pataky, 2018). With this, the youth must identify that they have experienced a loss and that grief modalities and treatment may be a good fit for them (Pataky, 2018). Furthermore, the group format can help stress that the grieving experience is a social problem, one that is shared by many and that it is not, in fact, a problem with the individual, their emotions, or their experiences (Harris & Winokuer, 2016).

Self-Reflective Statement

As I moved through the research for this paper, it became increasingly difficult to stay on top of the research. As COVID-19 is still very much in the headlines, new research and studies continue to be developed and published daily. For this reason, this paper's information reflects the most current information available at the time of writing. However, information may continue to be added, changed, or discovered as time progresses.

At the beginning of this research, one of my original biases was around ensuring I considered all voices within the research. Over 100 countries worldwide instituted either a full or partial lockdown by the end of March 2020, and many more had recommended restrictions on citizen movements (BBC, 2022). The research focussed heavily on the USA, Canada, New Zealand and Australia, Western Europe, and China. This narrow focus made my cultural bias

hard to mitigate. As I completed my research, I made sure to add in search criteria such as "worldwide" or "third world countries" to attempt to gather more well-rounded information. However, it seems that the missing representation of other countries may have provided new or alternative perspectives, otherwise not considered.

While completing my research, I found indications of cultural considerations on the impacts of COVID-19 and disenfranchised grief that I chose not to highlight. These include individuals from lower social capital or those in more vulnerable societal positions who are more at risk of mental health concerns because of social isolation measures (Power et al., 2020). The higher risk is partly due to a reliance on the schools for meals, safe environments, support and welfare reporting practices (Power et al., 2020). Research also mentioned mental health impacts of social isolation associated with increased domestic violence or increased susceptibility to infection of the virus (Power et al., 2020). While the impact of social isolation is vast, and one can look at many avenues to identify influences, I chose to focus my research specifically on how the lack of social involvement, peer connection, and perceived missed opportunity affect adolescents' mental health.

Furthermore, I aimed to address my biases around disenfranchised grief and my lack of understanding and experience with it. It seems that this may be a shared experience. The grief literature of today is still saturated with bereavement-only grief forms, and disenfranchised grief still seems to be under-researched. I found that, especially in terms of COVID-19, there are limited studies that focus on the experience of disenfranchised grief and social isolation that did not connect directly to a situation involving a death. While this is extremely important to research, it left a large population of people's experiences undiscovered. I continued to mitigate this bias by exploring research resulting from COVID-19, but also through exploring experiences

of individuals with other natural disasters, global pandemics, and individual experiences that involved social isolation and resulted in the identification of non-death loss. The expanded knowledge provided a solid foundational understanding of the impacts of non-death loss within multiple contexts that could apply to the COVID-19 experience.

Finally, my perspective has changed on COVID-19 and the social isolation a little over the time of completing this research. I believe that the social isolation surrounding COVID-19 had more positive outcomes than negative in my own life. Because of social distancing orders, my university classes went to an online format instead of in person. As a result, my partner and I were able to move forward with our decision to have a second child. While it was still challenging to have a newborn and do my schooling, being forced to be at home opened up opportunities that I would not have originally had. I was able to make decisions for my life that otherwise would not have been possible. I understand that my situation is extremely unique and not applicable to adolescents' experiences; however, it caused me to reflect on my citation bias in more detail throughout the process.

I initially entered this research process thinking that most adolescents would perceive and experience social isolation as a negative thing and, therefore, perhaps be more inclined to experience a decline in their mental health. Through my own reflection and exposure to research, I found that this was not always the case. It became apparent that there were subsets of teens that, like me, found social isolation beneficial. It became necessary to widen my search criteria to explore the motivation behind social isolation and to understand these individuals' experiences in more detail. In doing so, I feel like I was able to mitigate my citation bias and explore all experiences of social isolation in greater depth.

Conclusion

On June 14th, 2022, the last of the mandated restrictions in Calgary, AB, where I live, were lifted. The mandates included all restrictions on masks, social distancing, mandatory isolation for those testing positive or travelling (Government of Alberta, 2022). Over two years have elapsed since the onset of restrictions, isolations, and mandatory quarantines, and the impacts of such drastic measures will continue to be felt for years to come. Fluctuations in infection rates are labelled "waves", and at the time of writing, six such waves have hit in my community, and we do not know how many there will be in total. As a result, there is a worry about what can be considered a "final wave" of effects due to the virus. This wave would constitute the adverse mental health and social consequences borne by the world's young people (Power et al., 2020).

Understanding the unique needs of adolescents within the "new normal" of COVID- 19 demands that therapists and counsellors be acutely aware of the impacts of social isolation, grief experiences, and such impacts on mental health and wellbeing. As this paper outlined, the increased experiences of isolation and feelings of loneliness connect to a rise in emotional and psychological health concerns and include higher rates of anxiety and depression. While this may be an accurate diagnosis for some, it is also paramount to expand our understanding of these mental health concerns to consider that anxious and depressive symptomology may be a by-product of experiencing disenfranchised grief. Depending on the foundation of the concern, the psychological intervention required may differ.

While we will continue to learn more about the myriad impacts that COVID-19 had on numerous aspects of adolescents' lives, we must begin to offer tailored support for those suffering youth. This paper provided models and frameworks to consider when working with

anxiety and depression as the primary diagnosis but also presented alternative approaches if grief was the underlying concern. Additionally, this paper provided insight into how the government and other policymakers can utilize the research completed in the past and regarding current affairs to better plan, provide for, and support the young people through global challenges. Their support requires significant attention, for the youth of today are some of the most important and affected stakeholders for our global future (Schwab, 2021), and we should do whatever we can to assist in their journey.

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