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Contents

SPECIAL ISSUE:
Providing Expertise, Context, and Infrastructure to Promote Mental Health in Humans

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Introduction to the Special Section: Providing Expertise, Context, and Infrastructure to Promote Mental Health in Humans

Since our last Special Section of the Bulletin which focused on the consequences of the COVID-19 pandemic for human development, the worldwide spread and life-threat of the virus and its mutants has extended even further. Despite the fact that the development and distribution of vaccines is ongoing, people in many countries of the world are still facing enormous daily rise in the number of infections, severe illness, and death due to COVID-19. More than 160 million people have been infected worldwide, with over 3 million people dead. Most dramatic situations were observed in countries such as the US, Hungary, Ghana and India.

As a consequence of the COVID-19 crisis, humans around the world are threatened and many of them have developed psychosocial problems and ineffective coping strategies. Prevention, intervention and psychiatric treatment are more than ever needed to provide balance during the COVID-19 pandemic, and also to reduce the likelihood of the development of long-lasting and severe disorders. Therefore, countries are in need of profound expertise and infrastructure to improve the mental health of all age groups within their population.

Thus, the current Special Issue of the Bulletin is devoted thematically to presenting international activities to promote positive developmental outcomes and to prevent the development of psychosocial disorders on varying levels. The first paper recalls the dramatic situation in India (Bhasin et al.) and introduces strategies to provide medical students and trainees with adequate psychiatric education to provide interventions during the current inevitable mental health crisis and beyond. The second paper of the Special Section deals with opportunities and challenges of remote teaching and learning at the university level in Kenya and investigates the conditions of digital learning and teaching structures during the COVID-19 pandemic (Newton et al.). The third paper draws attention to students who are burdened with school closings and at-home teaching during the pandemic, and stresses the importance of sensitive teachers and school programs to prevent long-lasting negative consequences for the younger age groups (Chawla). Finally, the last paper of the special section reminds us of the fact that people showing vulnerabilities before crisis situations will experience an accentuation of their situation, and, therefore be most in need for treatment. An example is given by Gulati for individuals with ADHD with ethnic minority status.

With the Special Section we hope to stimulate more research on the interface between science and practice, and also more engagement of developmental science to contribute, in particular during the current crisis, to the training of professionals to improve mental health around the world.

We wish that you and your families all stay healthy and safe!

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DEVELOPING AN EMERGING PSYCHIATRIC WORKFORCE IN INDIA: THE NEED FOR ROBUST PSYCHIATRIC EDUCATION

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The paper presents a descriptive account of psychiatric education for medical students and trainees in India, one of the most populous countries in the world. India consists of over 1 billion people, of which nearly 197.3 million are estimated to suffer from psychiatric disorders (Sagar et al., 2020). In addition, we outline the main challenges affecting the health economy in India, particularly due to the limited psychiatric teaching and training, and the lack of appropriate mental health service provision. India is a rapidly developing country, with a predominantly young population between the ages of 18-35 (United Nations, 2018). However, India's growing population has lagged behind the West due to economic and resource limitations, which significantly affect the provision of mental health services (Sagar et al., 2020). According to the World Mental Health Survey, there are only 0.29 psychiatrists per 100,000 population in India, and only 43 mental health hospitals in the country, serving a population of 1.136 billion people (Mental Health Atlas, 2017). This limited availability of trained mental health professionals has raised important implications in the delivery of much-needed mental health care in India (Kallivayalil, 2012). In comparison, in the UK there are 10.31 psychiatrists per 100,000 population (Royal College of Psychiatrists, 2019; Office for National Statistics, 2021), with 275 mental health hospitals, serving a population of 66.8 million (Care Quality Commission, 2017).

Furthermore, research from Low- and Middle-Income Countries (LMICs) has suggested that mental health patients do not present to psychiatric services directly, and in most cases seek care through multiple agencies and referral pathways, which may potentially delay timely and appropriate psychiatric treatment (Jain et al., 2012). In addition, the enormous pressures on primary care doctors in India lead to considerably shorter consultation times, lasting approximately 2.5 minutes when compared to countries in the West such as in the UK, where primary care consultations last on average over 8 minutes (Irving et al., 2017). Considering that psychiatric disorders require much longer consultation times for accurate diagnosis and appropriate referral to specialist psychiatric services, Dua and Grover (2020) have suggested a greater need to enhance psychiatric education among physicians in order to improve referrals to mental health services (Dua & Grover, 2020). India is one of the largest growing economies in the world, with efforts to develop an emerging psychiatric workforce in India potentially helping to sustain economic growth and prosperity, but more importantly to reduce psychiatric morbidity (Chavan, Das, Garg, Puri, & Banavaram, 2018).

'Limited' or 'Non-Existent'? Psychiatric Education in India

Research has reported the lack of mental health education provided to undergraduate medical students and residents during training within India (Kallivayalil, 2012; Sagar et al., 2020). Furthermore, Thirunavukarasu et al. (2010) reported that during medical school studies, only 1.4% of lecture time is allocated to psychiatry with only 3.8-4.1% of resident training being dedicated to psychiatry. This lack of training has a consequential impact on the health economy of India. As this emerging workforce of medical professionals enter clinical practice, the majority may not have had sufficient exposure to psychiatric pathologies and culturally sensitive approaches to the management of psychiatric disorders. Ensuring culturally sensitive approaches to the management of psychiatric disorders, has been reported as an essential part of mental health service provision in LMICs (Rathod, et al., 2017; Thirunavukarasu et al. 2010); Viswanath & Chaturvedi, 2012). Furthermore, mental health inequalities (Gire, 2019; Marmot & Bell, 2019), are magnified significantly in India in comparison to the West (Trani et al., 2015; Patel et al., 2018), increasing the risk for both poor mental health and physical health outcomes (Lund et al., 2011; Sagar et al., 2020). According to Lund et al. (2011), mental health interventions have been shown to improve health outcomes of individuals residing in LMICs. Innovative approaches in tackling mental health issues, including the development of a robust psychiatric

workforce with a focus on delivering state-of-the-art under-graduate and postgraduate psychiatry education, may be the key to addressing the current needs in mental health service provision in India (Lund et al., 2011; Pandya, Shah, Chauhan, & Saja, 2020). However, the belief that merely training more psychiatrists can solve the problem raises important considerations. Developing a sustainable psychiatric workforce including the capacity and capability of other allied mental health professionals in the treatment of psychiatric conditions, may significantly benefit mental health services, and also has the potential to bridge the gap between physical and mental health. Changing perceptions of diverse communities across India towards psychiatric disorders, including reducing stigma, may ensure that doctors develop into holistic practitioners who advocate the use of a biopsychosocial model of care (Tripathi, Das, & Kar, 2019).

Improving Education and Health: United Nations Sustainable Development Goals

In 2015, the United Nations suggested 17 Sustainable Development Goals (SDGs) as a globally shared plan for peace and prosperity. This global initiative aimed to take action in ending deprivation and poverty, by improving health and education services, reducing inequality and expanding economic growth (United Nations, 2015). In addition, The Quality Rights Tool Kit (World Health Organization, 2019) has underlined the key standards in developing mental healthcare (WHO, 2019). Psychiatric inpatient facilities have been related to poorer quality of care and human rights violations in the past (Mfoafo-M'Carthy & Huls, 2014). The World Health Organization has suggested that countries should focus on community-based services and move away from an inpatient-focused delivery of mental health service provision, while keeping a focus on basic human rights (WHO, 2015). However, due to large geographical distances and a growing population, developing appropriate services requires a greater sense of cultural and structural competencies (Allen, Balfour, Bell & Marmot, 2014; Mollah, Antoniades, Lafeer, & Brijnath, 2018).

Socio-Cultural Factors in the Delivery of Mental Health Services

Considering the aforementioned issues, the burden of mental health morbidity in India can be seen as multi-factorial, and one that cannot be solved with simple medical interventions (Sagar et al., 2020). It requires a deeper understanding of the cultural, socio-economic and structural factors, which contribute to the worsening of the problem and the widening of the health inequity divide (Patel et al., 2018). This situation stems from predisposed cultural beliefs and values about mental health problems such as depression, anxiety and schizophrenia (Kishore, Gupta, Jiloha, & Bantman, 2011). Consequently, a significant proportion of patients in need of mental health care are not receiving adequate care, highlighted by the existing mental health treatment gap of 83% for any psychiatric condition in the country (Singh, 2018). To make matters worse, the number of trained psychiatrists remains far too low to match these needs. It is useful to understand that a high number of mental health patients in India live in a

traditional family unit in comparison to the nuclear family units in the Western world (Avasthi, 2010). This points to the need for more inclusive and community-based mental health services, which keep in mind the local and regional socio-cultural needs (WHO, 2015).

An exemplar of an organization that incorporates the values and beliefs of Indian culture, whilst simultaneously working towards creating modern solutions to India's shortage of trained mental health professionals is the National Institute of Mental Health and Neurosciences (NIMHANS). Working in partnership with the Union Government of India, NIMHANS is a multidisciplinary institute involved in clinical care, training, and research in the fields of mental health and neuroscience. Through prioritizing the development of research facilities and setting guidelines specific to the developing world, NIMHANS has managed to stay relevant to thousands of medical graduates in the country. So far, the institute has produced more than 1,000 psychiatrists, 600 clinical psychologists, and many psychiatric nurses. Moreover, NIMHANS has paved the way for other Indian institutes to form collaborations with international universities and organizations (www.nimhans.ac.in).

A Much Needed Change in Undergraduate Medical Education in India

The low number of teaching hours dedicated to psychiatry in medical undergraduate courses might also be a contributing reason for the shortage of psychiatrists in India. Psychiatry only constitutes 1.4% of the total amount of lecturing hours in undergraduate medical education in India and is one of the least covered subjects of study in medical schools (Thirunavukarasu et al., 2010). The profound lack of knowledge of basic psychiatric skills among Indian medical graduates is reflected by the lack of training in the field (Thirunavukarasu et al., 2010). This highlights the immediate need to increase the knowledge of medical students in subject areas such as psychology and behavioral sciences. India has over 400 medical colleges with an annual influx of more than 50,000 medical students into the Bachelor of Medicine and Bachelor of Surgery (MBBS) program (Borooah, 2020). However, despite the constantly evolving health needs of the people, the Indian medical education curriculum has remained unchanged over the past few decades (Keshri, Sriram, & Baru, 2020). Countries like the UK and the USA have updated their medical education curriculum to meet the needs of their population, whilst the medical curriculum in India has largely remained the same (Keshri et al., 2020). The emphasis on rote-learning and brute memorization of study material in the Indian medical education system has had an adverse effect on the work culture of present-day Indian doctors (Supe & Burdick, 2006). Prescribing various diagnostic tests and medications currently takes precedence over examining the sub-clinical findings of the patient in an outpatient setting and helping a patient through non-medical means if necessary (Porter & Grills, 2015). Recent amendments to the Graduate Medical Education Regulations (1997) were introduced after 21 years, with the Medical Council of India making significant changes to the medical curriculum of India. From the academic year 2019-20, the new curriculum was

proposed to come into effect including the addition of medical law and ethics (Jacob, 2019).

According to the Medical Council of India, doctors should be able to: 'fulfil the mandate of the undergraduate medical curriculum, which is to produce a clinician, who understands and can provide preventive, promotive, curative, palliative and holistic care to his patients. The curriculum must enunciate the competencies the student must have learnt clearly defined teaching-learning strategies and effective methods of assessment' (Ananthakrishnan, 2018). Since it is a pilot, the effects of these changes on the Indian healthcare system are unknown, although such models of medical education are well established and have been adopted by developed countries like the UK. This has further been advocated by service user involvement initiatives such as the Community Engagement and Service User Support (COMENSUS) program at the University of Central Lancashire (UCLan) UK, which involves a group of service users sharing their experiences for educational purposes, taking part in communication skills sessions and assessments, and creating medical scenarios for teaching purposes (Commensus, 2004). Engagement with service user groups within teaching sessions has shifted the focus from a purely medical model to a more holistic patient-centered approach to medical education, which takes into account a biopsychosocial model of health care delivery (Tun, 2019). To extrapolate these changes into the Indian healthcare system, it will be helpful to look at a healthcare system that has actively adapted to the needs of its demographic, and where the students are exposed to an integrative curriculum such as that of the UK (General Medical Council, 2009).

Policy Impact as A Driver to Developing Appropriate Mental Health Services in India

The challenges present-day policymakers and health professionals face in reforming mental health care can be seen as multidimensional. One of the major challenges to providing effective care to mental health patients is the low number of psychiatrists in the country. A sustained approach is needed when developing the foundation for the next generation of psychiatrists and other mental health professionals in the country. One of the ways to increase the recruitment of psychiatrists in the workforce lies in changing medical undergraduates' perception of the field of psychiatry. Connecting with medical undergraduates using relevant and relatable outreach strategies, for instance, the use of social media to raise awareness about mental health and the career pathways for those interested in working in this field, may be effective. According to a state-wide analysis, India has a 77% deficit of psychiatrists on average, with approximately one-third of the population having a 90% deficit of psychiatrists to serve the local, regional, and national health economy in India (Kulhara & Avasthi, 2007; Sharma, 2010; Thirunavukarasu et al, 2010).

COVID-19 and the Inevitable Mental Health Crisis

In the current COVID-19 pandemic, quarantine and lockdown related increases in fear, anxiety and an exacerbation of symptoms in those who suffer with psychiatric

disorders, have been reported from all over the world (Roy et al., 2020). Moreover, a large retrospective cohort study reported that approximately 1 in 3 individuals who had survived COVID-19, developed a neurological or psychiatric condition within 6 months of COVID-19 infection (Taquet, Geddes, Husain, Luciano & Harrison, 2021). The mental health difficulties presenting in the context of the pandemic in India are especially more complex due to deprivation, a large proportion of vulnerable populations, and a larger amount of misinformation on social media that leads to fear, which in turn exacerbates symptoms of mental health (Roy et al., 2020). Mental health concerns and the provision of effective treatments are typically pushed down the priority list, when countries are dealing with any infectious disease outbreak (Cullen, Gulati & Kelly, 2020). The WHO published the results of a survey on the impact of COVID-19 on psychiatric services in 130 WHO Member States (WHO, 2020). The survey revealed that most countries are experiencing some disruption to mental health services, with the greatest impact on community-based mental health services (WHO, 2020). This adds to the mounting evidence that the COVID-19 pandemic is having an increasing impact on the mental health and wellbeing of populations worldwide (Kumar & Nayar, 2020). A country such as India where there is a scarcity of a robust psychiatric workforce, is already disadvantaged by a lack of resources, education and budget allocations to mental health services (Srivastava, Chatterjee & Bhat, 2016). This further increases the risk of debilitating the existing mental health service infrastructure (Pfefferbaum & North, 2020), and its responsiveness to the COVID-19 related consequences of mental health in India (Kumar & Nayar, 2020).

Conclusion

Developing a robust psychiatric workforce in India requires a focused approach to capacity and capability building; including engagement with multi-stakeholder groups, such as service users, mental health professionals, medical schools and policymakers. In addition, mental health care must also include the public in wider discussions, related to challenging the stigma and cultural beliefs which have served as barriers to accessing mental health care in India (Thirunavukarasu et al, 2010, Kishore et al., 2011 & Singh, 2018). Furthermore, improving psychiatric education among Indian medical graduates may potentially have a beneficial impact on addressing the nation's growing demand for better mental health services. Developing both the existing and emerging psychiatric workforce in India, through evidence-based and culturally sensitive capacity and capability building initiatives is urgently needed. Whilst implementing such initiatives it is important to keep in mind the evolving epidemiology of the COVID-19 pandemic to ensure that the needs of the most vulnerable groups are met, through appropriate training, education, and treatment provision in India.

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Conflict of Interest

NH is the chair of the board of Trustees of Manchester Global Foundation, Executive Member of Academic Faculty, Royal College of Psychiatrists & NIHR Senior Investigator. NH is the past Trustee of Lancashire Mind, Pakistan Institute of Living and Learning, and Abaseen Foundation UK.

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OPPORTUNITIES AND CHALLENGES OF REMOTE TEACHING AND LEARNING IN UNIVERSITY EDUCATION DURING THE COVID19 PANDEMIC LOCKDOWN PERIODS. THE CASE OF MAASAI MARA UNIVERSITY, NAROK, KENYA

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Introduction

The COVID-19 pandemic has proved to be catastrophic to many people around the globe regardless of age, gender, culture and socioeconomic status. This has led to unusual new norms across many countries, characterized by lockdowns, working from homes, closure of learning institutions, and changes in academic calendars and modes of learning, among other adverse effects. Of interest to educationists is the impact that the COVID-19 pandemic has had on the education sectors in many countries, such that worldwide about 1.53 billion learners have been out of school. School closures in over 184 countries have impacted 87.6% of the world's total enrolled learners. Hence, drop-out rates across the globe are likely to rise as a result of this massive disruption to education access (ECW, 2020). Indeed, the number of confirmed cases of COVID-19 has spiraled since the World Health Organization (WHO) declared it an international public-health concern in January 2020. WHO, since April 2020, has reported over 1 million confirmed cases in more than 206 countries, with more than 45,693 deaths. The global economy has been crumpled, while strict lockdown measures are forcing millions of people around the world to stay at home. The lockdown measures are causing considerable hardship and disruptions, which are likely to impact on over 75 million school and college-aged children and youth, of whom 39 million are girls; and their families who are already marginalized by other adversities such as armed conflict, forced displacement, economic hardships and natural disasters. Certainly, while other critical needs such as health, water and sanitation are being met during the global COVID-19 pandemic, educational needs cannot be forgotten. Unmet educational needs impede all students, and have long-term implications, especially for the most vulnerable. Millions of children who have already been deprived of their right to education, particularly girls, are being more exposed to health and well-being risks (both psychosocial and physical) during COVID-19 (ECW, 2020).

In Kenya, the government took steps to curb the spread of the COVID-19 pandemic in mid-March 2020. Upon realizing that some emerging cases were increasingly being detected and reported through efforts by the Ministry of Health, the Government of Kenya through presidential decrees exercised its constitutional mandate and responsibility to protect its citizens from the pandemic by curbing its wildfire-like spread, through a number of measures. The measures taken included the closure (lockdown) of major socio-economic and politico-cultural operations (learning institutions included), social distancing, isolation, quarantine measures (self or forced), wearing of masks, washing of hands/sanitizing, countrywide curfews, close monitoring and constant containment of some major cities, particularly in Nairobi, the capital city, which saw an explosion in COVID-19 cases. Other measures included ultimatums regarding disposal and/or burials of dead persons, regardless of whether or not the cases are related to COVID-19, in order to reduce the incidence of gatherings that could easily lead to the spread of COVID-19. These measures are subject to constant revision depending on the projections of the infection rates. So far, the Ministry of Health in Kenya estimates that COVID-19 pandemic cases are above 160,559 cases, with 2,781 deaths (MOH, 2021).

COVID-19 has brought disruptions in schooling occasioned by closures of learning institutions that impede children's access to education, hence they become more
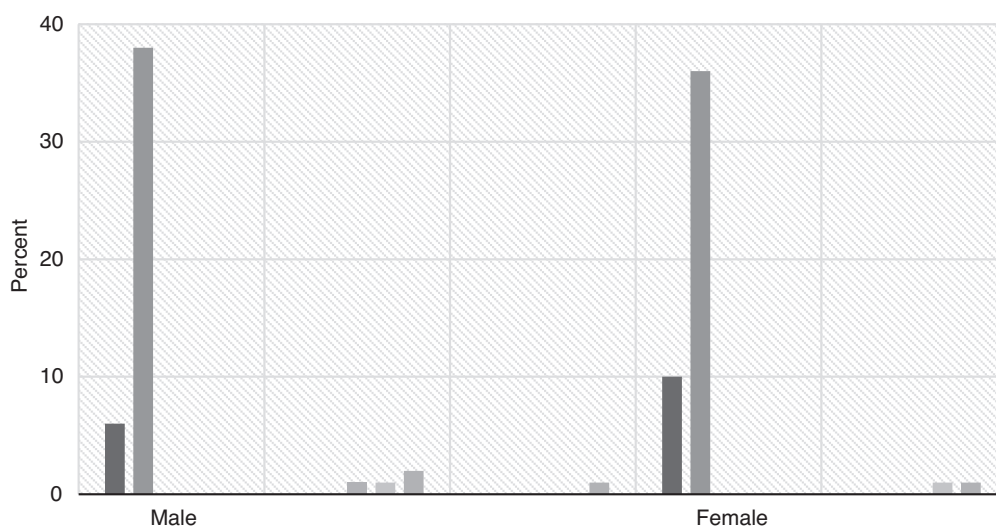
Figure 1. Distribution of respondents by age, gender and status at the university

vulnerable and unprotected. As household finances are being strained and needs increase, out-of-school children are more likely to be exposed to risks like family violence, child labor, forced marriage, trafficking and exploitation. Amidst such effects, proposals from the Ministry of Education and other stakeholders favored education through remote learning, whether via radio programs, home-schooling, online learning or other innovative approaches. A number of learning institutions have implemented such measures, with little concern about the accompanying challenges, so long as some learning is in progress. Additional long-term risks brought by COVID-19 include lack of food security, physical and mental health problems, increased school drop-out rates, increased numbers of orphans, and psychological harm to children related to COVID-19 and social distancing. With the adopting of remote and digital modes of teaching, the learning gap has increased and most learners are being excluded from online education due to the challenges of access to the internet and reliable electricity. Such scenarios necessitated a study that investigates opportunities and challenges of online teaching and learning in university education during the COVID-19 pandemic lockdown periods. This study investigated Maasai Mara University students and lecturers in Narok, Kenya.

Objectives

i) Categories of Remote Teaching and Learning used
ii) Attitudes towards the use of Remote Teaching and Learning
iii) Effectiveness of Remote Teaching and Learning
iv) Challenges faced in the use of Remote Teaching and Learning
v) Recommendations on the use of Remote Teaching and Learning

Methodology

The study utilized a descriptive research design. The sample consisted of lecturers and students totaling 277, who responded to an online questionnaire. The data was analyzed using descriptive statistics with the aid of percentage and mean percentage and presented in tables and figures. The findings of the study in relation to the objectives are as follows.

Results and Discussions

The results are discussed based on the objectives beginning with demographic information.

Demographic Analysis

The distribution of respondents by age, gender, number of years at the university and their status at the university were analyzed and presented as shown in Figure 1 above and Figure 2 below.

As can be deduced in figure 1 above, a majority of participants were students (44% males; 46% females). Lecturers, both permanent staff and part-time staff, consisted of 5% males and 2% females. This demonstrates that students were readily available and willing to participate in the study more than were lecturers.

In figure 2 below, the majority of students have been in the university for less than four (4) years (90%). This is owing to the fact that most of their academic programs last for a period of four (4) years. On the other hand, the academic staff who participated in the study have been in the university for not less than five (5) years. On average, the duration of stay in the university provides an adequate basis for respondents to give reliable information concerning the main goal of the study as it relates to their experience with various variables on the ground.

Categories of Remote Teaching and Learning Used

The study sought to investigate the categories of remote/online teaching and learning modes used including
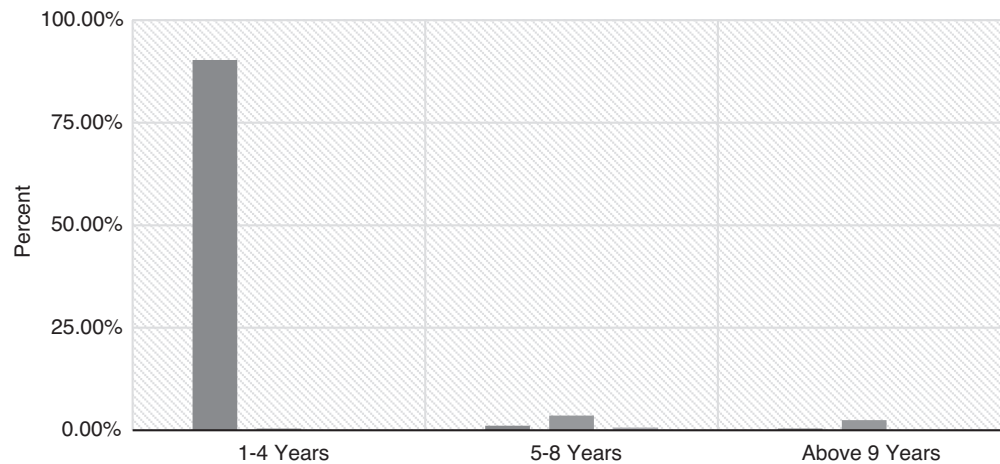
Figure 2. Distribution of respondents by status at the university and number of years at the university
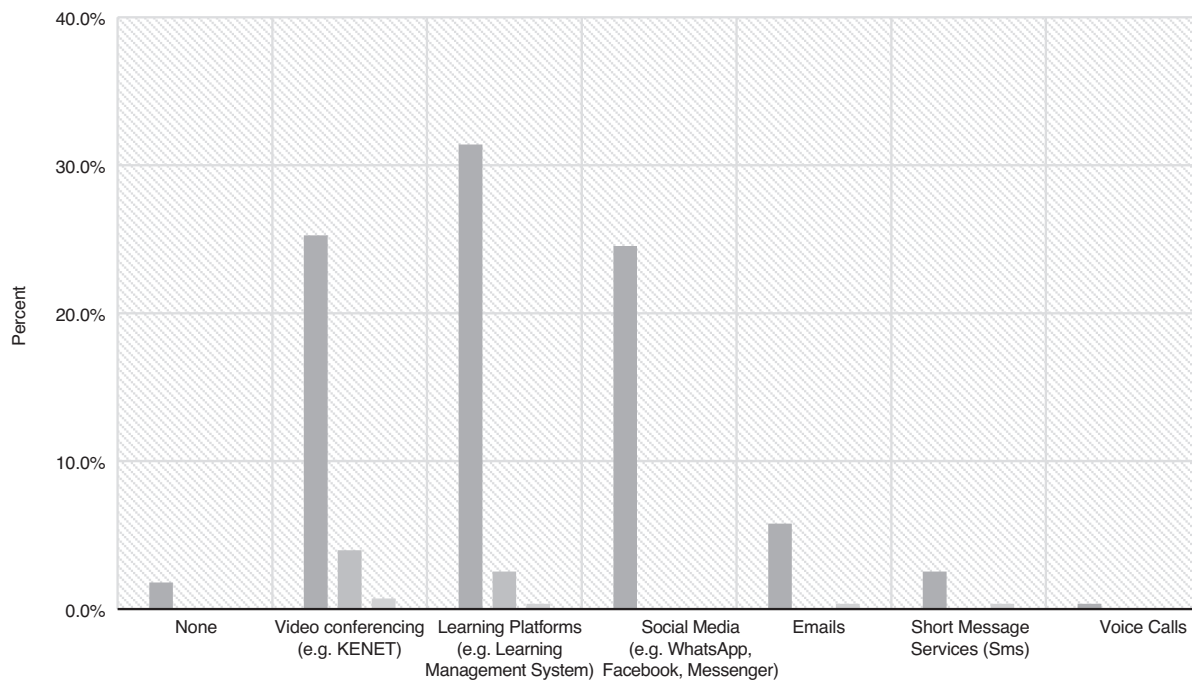

Figure 3. Categories of online platforms

learning management platforms, video conferencing and social media, among others. As shown in figure 3 above, a majority of respondents used video conferencing (30%), learning management systems (34.3%) and social media (24.5%). Indeed, these were the platforms emphasized by the university for remote learning at the onset of the COVID-19 lockdown. This was among the quick strategies used by the university in order to enhance continuation of learning during the lockdown.

Nevertheless, without proper planning and administration, we are bound to incur challenges in effectiveness of online teaching and learning, hence the need for continuous review of planning by the university. Certainly,

a number of researchers during the COVID-19 pandemic have suggested ways of enhancing accessibility and inclusivity of online teaching and learning. For instance, Leif, Grové, Alfrey, Laletas, & Sharma (2020), suggest the following guidelines, (i) consider how students will navigate through your online classroom; (ii) provide a video tour of your online classroom at the start of the semester; (iii) ensure all Word documents, PowerPoint presentations, and PDF files are accessible and searchable; (iv) add alternative text (alt text) to images and graphics so that they can be read aloud when students use a screen reader; and (v) add captions and transcriptions to video lessons.

Table 1. Levels of likeability towards online teaching and learning

| Level of Likeability	Agreeability			Disagreement	
	Agree	Strongly Agree	Not sure	Disagree	Strongly Disagree
Liked online teaching-learning technologies	26.4	7.9	13.7	23.8	28.2
Online teaching-learning is more relaxed and friendly	22.7	6.5	7.9	32.9	30
I prefer online teaching-learning rather than face to face method	12.6	2.9	7.9	37.5	39
Online teaching-learning is more flexible	15.5	3.6	8.7	38.3	33.9
Online teaching-learning is easy to handle	22	4.3	7.2	28.9	37.5
I feel motivated in online teaching-learning process	24.9	5.1	9.7	27.4	32.9
Online teaching-learning is attractive	30	4.3	10.1	26	29.6
Complexity of online teaching-learning reduces my morale	34.7	18.4	11.2	22.7	13
Online teaching-learning fosters learning relationships	22.7	2.9	16.6	27.4	30.3
I like technological experiences in online teaching-learning	34.3	6.9	10.8	22.7	25.3
Online teaching-learning outcomes can best be achieved	22	4	12.6	36.1	25.3
Online teaching-learning is NOT enjoyable	35.7	24.5	10.5	22.4	6.9
Total Percent	**303.6**	**91.3**	**127.1**	**346.2**	**331.8**
Mean Percent	**25.30084**	**7.611312**	**10.58965**	**28.85078**	**27.64741**
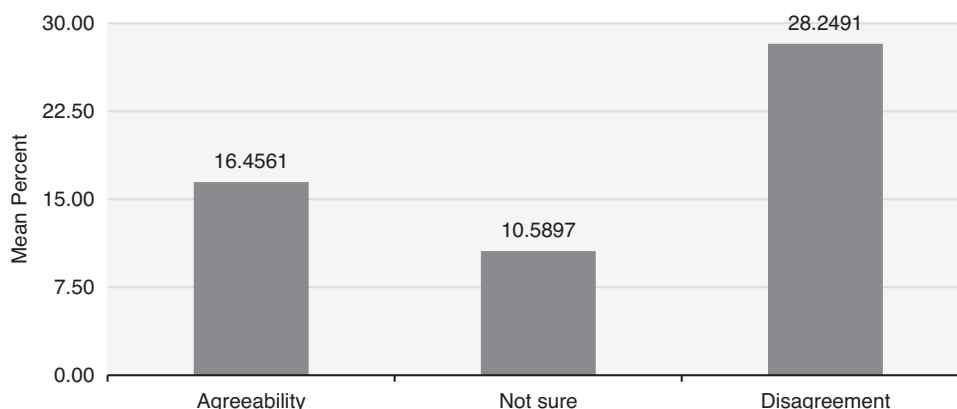
Figure 4. Levels of agreement and disagreement towards online teaching and learning

Attitudes towards the Use of Remote Teaching and Learning

Respondents were asked about their attitudes towards online teaching and learning, and table 1 above shows the level of likeability in terms of agreement or disagreement to attitudinal statements, including the total and mean percentages.

In order to depict clarity in the divergent views on respondents' attitudes, the values on the table were further reduced into three (3) categories of agreeability, not sure and disagreement by mean percentage on either extreme. These new summaries were then presented in figure 4 above.

On Figure 4 above, the findings show that the degree of disagreement on attitudinal statements is high among the respondents, with a mean percentage of 28.25, compared to the level of agreeability which had a mean percentage of 16.46. This denotes negative attitudes among respondents towards the use of online teaching-learning strategies during the COVID-19 pandemic lockdowns. These findings are however contrary to findings from similar studies on attitudes towards online teaching-learning during COVID-19 lockdown from other countries. For instance, Shahzad, Hussain, Sarwat, Ghani, & Saleem (2020) conducted a study to determine the impact of virtual teaching on students' behavior. Their results showed that students had a positive attitude towards the new way of teaching. Additionally, the Muflih et al. study (2020) highlighted one of the research results on students' attitudes towards online teaching during the pandemic, which indicated a positive

Table 2. Measures of effectiveness of online teaching and learning

| Measures of Effectiveness	Agreeability			Disagreement	
	Agree	Strongly Agree	Not sure	Disagree	Strongly Disagree
Study materials for online teaching-learning are of good quality.	18.1	3.2	13.0	35.4	30.3
Online tutorials are more effective	17.3	4.0	10.1	40.8	27.8
Online teaching-learning needs are better met	14.4	2.2	15.2	35.0	33.2
Online teaching-learning interactions are more effective	14.8	1.8	9.7	39.0	34.7
Online tests/assignments are more effective	18.1	5.8	12.6	24.5	39.0
Online teaching-learning outcomes are effectively achieved	18.1	2.2	14.4	32.5	32.9
Effective cooperation is achieved in online teaching-learning	15.5	4.7	11.9	32.5	35.4
Online teaching-learning processes are guaranteed	14.1	2.5	14.1	32.5	36.8
Learners are independent and responsible in online teaching-learning	35.7	10.1	11.6	20.6	22.0
Lecturer-student understanding is enhanced in online teaching-learning	21.3	1.1	15.5	30.3	31.8
Online teaching-learning demotivates students	32.5	26.7	12.6	16.6	11.6
Total Percent	**219.9**	**64.3**	**140.8**	**339.7**	**335.4**
Mean Percent	**19.98687**	**5.841812**	**12.79947**	**30.88284**	**30.48901**
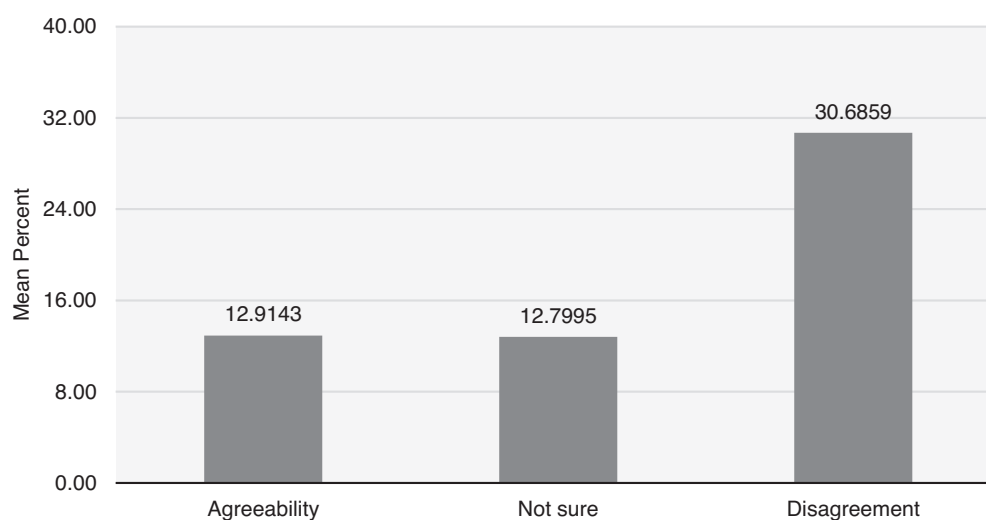
Figure 5. Levels of agreement and disagreement towards effectiveness of online teaching and learning

attitude among students towards online courses as an aid for working on assignments. Ali (2020) asserts in his study of online teaching during the pandemic that the most significant aspects of this sort of teaching relate to resources, teacher readiness, and confidence, as well as students' motivation and the possibility of attending e-classes. Possible reasons for the negative responses in this current study could be the abruptness of COVID-19 lockdowns without prior preparations for online classes by both the faculty and students, historic overreliance on the traditional face-to-face approaches with less emphasis on blended learning pedagogies, and lack of the technical know-how on e-classes among the faculty and the students.

Effectiveness of Remote Teaching and Learning

The current study sought to evaluate the practicality and efficacy of e-classes to the respondents during the COVID-19 lockdown period(s). Table 2 above gives a summary of the total and mean percentages on agreeability and disagreement across the measures of effectiveness of e-classes that the study investigated.

For the purposes of precisely demarcating the responses on measures of effectiveness, the within-cluster percentages in effectiveness agreements versus disagreements were averaged to give a three (3) point scale marked

Table 3. Indicators of challenges of online teaching and learning

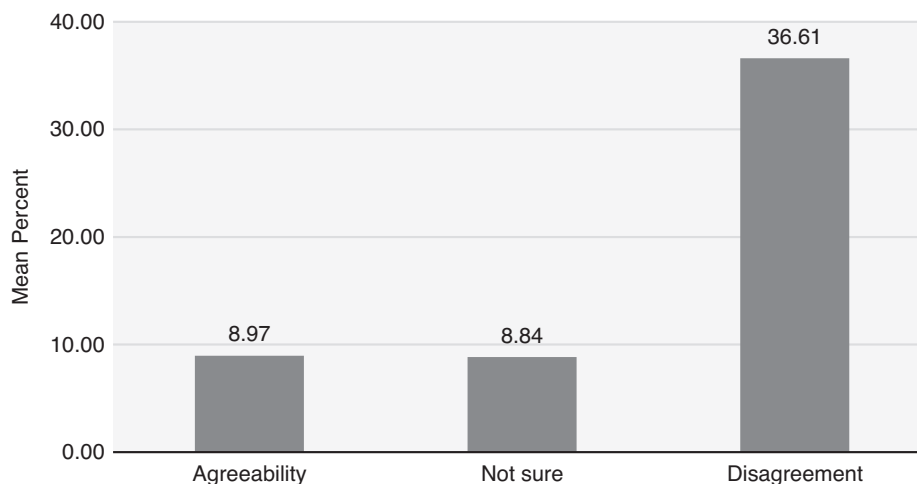|	Agreeability			Disagreement	
Indicators of Challenges	**Agree**	**Strongly Agree**	**Not sure**	**Disagree**	**Strongly Disagree**
Online teaching-learning workload is NOT too much	32.1	7.9	9.4	26.4	24.2
There is enough time for online teaching-learning	24.2	4.3	7.6	29.2	34.7
Internet connectivity was OK for online teaching-learning	4.7	1.4	4.3	24.5	65.0
Online teaching-learning facilities were readily available for use	10.1	2.9	3.6	23.5	59.9
Internet bundles were available for online teaching-learning	2.9	0.0	4.3	19.1	73.6
Internet bundles were adequate for online teaching-learning	1.8	1.1	5.1	23.1	69.0
Online teaching-learning platforms were user friendly	20.6	3.6	12.3	23.1	40.4
Time for task completion were adequate for online teaching-learning	17.3	3.6	10.5	28.9	39.7
Online teaching-learning is manageable	24.9	2.5	12.6	24.9	35.0
Online teaching-learning resources were readily available	10.1	2.2	8.3	30.3	49.1
There was a wide range of online teaching-learning resources	14.4	2.9	7.2	33.6	41.9
Online teaching-learning overcomes anxieties experienced by other methods	15.9	3.6	20.9	28.9	30.7
Total Percent	**179.1**	**36.1**	**106.1**	**315.5**	**563.2**
Mean Percent	**14.92**	**3.01**	**8.84**	**26.29**	**46.93**

Figure 6. Levels of agreement and disagreement towards indicators of e-classes challenges

by agreeability, not sure and disagreement. These results are presented in figure 5 above.

The findings in figure 5 above, indicate that a majority of respondents disagreed with the measures of effectiveness of e-classes that the study sought to investigate, that is, 30.69 mean percent disagreement against 12.91 mean percent agreement in the total sample. This implied that to many of the respondents, e-classes were not effective in the teaching-learning process during the COVID-19 lockdown period. In other words, they were not satisfied with the indicators of effective e-classes that included subject matter/content, e-learning platforms used (despite the fact that a majority of respondents used video conferencing-30%, learning management system-34.3%, and social media-24.5%, ref. to figure 3, above), and student-teacher interactions, just to mention a few. In this setting, it is clear that a number of students may be unwilling to participate actively in online classes (as depicted in Figure 4 above).

Nevertheless, a number of researchers have suggested guidelines on how to create an engaging online learning environment for effective e-classes. For example, Fung, Magdeline and Kamei (2020), recommended that teachers strengthen student-teacher interaction by asking students to turn on their videos so as to increase their attention to the lectures or class activities, and also by regularly seeking their real-time responses during online classes.

Martin (2020) on his part offers key considerations for educators to optimize online learning in the time of COVID-19 lockdown, which includes instructions (explicit, orderly, and well-organized); content (high-quality and appropriate to students' level); motivation (self-regulation, parents' involvement, and tasks that separate students from the online environment); relationships (interpersonal relationships through various communication channels and sufficient face-to-face online instructions); and mental

Table 4. Recommendation variables for online teaching and learning

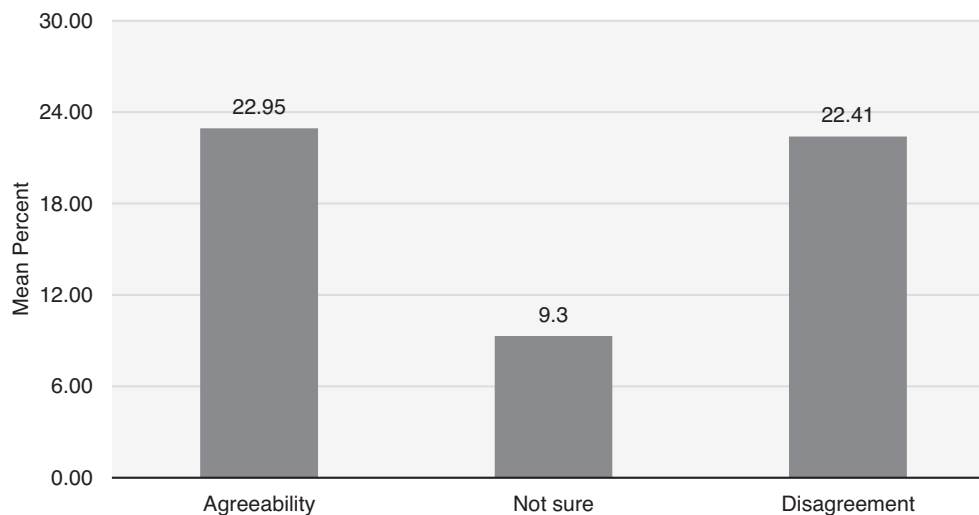| Recommendation Variables	Agreeability			Disagreement	
	Agree	Strongly Agree	Not sure	Disagree	Strongly Disagree
I recommend the use of online Teaching-Learning	11.6	4.0	9.7	31.4	43.3
Online Teaching-Learning is useful only during crisis period	33.2	9.7	13.7	23.5	19.9
Online Teaching-Learning should be mandatory in university	13.4	4.7	9.7	26.4	45.8
All lecturers & students should embrace online Teaching-Learning	27.8	8.7	11.6	17.7	34.3
Online Teaching-Learning is the option in 21st Century	28.5	13.0	13.0	19.1	26.4
Online Teaching-Learning is not necessary for Lecturers & students	30.7	32.5	6.9	18.8	11.2
Both lecturers & students should be trained on online Teaching-Learning	41.5	35.7	5.1	7.6	10.1
Both lecturers & students should prepare for online Teaching-Learning	43.3	28.9	4.7	9.0	14.1
Total Percent	**230.0**	**137.2**	**74.4**	**153.4**	**205.1**
Mean Percent	**28.75**	**17.15**	**9.30**	**19.18**	**25.63**

Figure 7. Levels of agreement and disagreement towards e-classes recommendation variables

health (reaching out to students who may need help and informing them about who to contact when they need mental health support). Besides these guidelines, Naffi, et al. (2020) suggest ways in which universities can improve equity, access and hence effective online learning. These include (1) creating accessible materials; (2) choosing adequate digital technologies; (3) recording lectures and captioning videos and audio contents; (4) adopting inclusive culturally responsive teaching; (5) adopting a flexible approach to student participation; (6) ensuring financial support and equipment; and (7) understanding student needs. Principally, the materials used in e-learning should capture student attention and connect to students; this in turn will enable teachers to boost students' confidence and satisfaction with positive reinforcements or rewards (Kew Si Na, 2020).

By considering such salient guidelines, we may see a remarkable improvement in the effectiveness of e-classes, given that it is increasingly becoming a new norm thereby evading disruptions of academic classes and calendars in learning institutions, not just during COVID-19 lockdown times, but also for posterity, where and when applicable.

Challenges Faced in the Use of Remote Teaching and Learning

The respondents were asked the degree of agreement and disagreement across the indicators of their challenges and experiences with e-classes. The level of agreement depicted opportunities for e-class experiences, whereas the level of disagreement indicated challenges experienced with e-classes. The indicators of opportunities and challenges ranged from e-class workload, time factor, internet issues, sources of power/electricity, online facilities, to learning platforms, among others. Table 3 gives a summary of responses to the indicators of e-class challenges encountered by the respondents.

The total and mean percentages in table 3 above were clustered and summarized as shown in figure 6 above.

From figure 6 above, 36.61 mean percent represented the majority of respondents disagreeing with the indicators hence perceiving them as challenges, while only 8.97 mean percent of the respondents perceived the indicators as opportunities for e-class experiences.

Indeed, remote learning poses a lot of challenges particularly during the COVID-19 pandemic forced shutdown of many physical activities worldwide, including educational activities. This situation leaves educational institutions with no choice but to migrate to online learning. As a matter of fact, online learning is not a novel phenomenon; however, the abrupt migration into online learning has posed substantial challenges for educational activities globally, and particularly in resource-scarce environments like Kenya, where educational institutions, teachers, and students are generally not ready for this unexpected disruption to traditional teaching and learning methods due to a lack of well-defined infrastructure. This poses a challenge to most of the teachers and education stakeholders in terms of limited knowledge for online teaching, costs of teaching and preparation of online teaching, and online assessment and evaluation, thus slackening implementation of online learning. Additionally, most learners in Kenya lack the gadgets to use for online learning, a major impediment to online learning (Jelimo, 2020). A number of studies have pointed out challenges caused by abrupt digital immigration during the COVID-19 pandemic.

Adedoyin and Soykan (2020) point out key challenges related to technological infrastructure and digital competence, socio-economic factors (educational inequality), assessment and supervision, heavy workload, and compatibility (some subjects such as sports, engineering, and medical studies require hands-on experience as part of instructional activities). They further cite typical technological issues including lack of knowledge of how to use applications, unstable/slow internet connection, outdated communication devices, and incompatible browsers. In Jalli's (2020) study, it was discovered that lack of internet access and connectivity poses great challenges to online learning for students in most developing economies of the world, particularly in rural areas (Flynn & Himel, 2020). According to Chea, Kieng, Leng, and Water (2020) students from low socio-economic families are not able to afford broadband connection and pertinent devices such as computers/laptops or tablets to support their online learning. The few who can afford it resort to the use of smartphones to access lessons and learning materials, complete assignments, and take exams, yet smartphones cannot handle all of the learning management systems applications.

Migration to online teaching also comes with a lot of demand on the faculty, support staff and the institutions. Studies have shown that there are critical challenges relating to training on the use of the new platforms and systems, pressures of extra workloads to the faculty in terms of transforming course/subject contents, learning resources, and assessments to online platforms, leading to onerous stress and anxieties (MacIntyre, Gregersen, & Mercer, 2020; Winthrop, 2020). Other challenges which have been identified in research studies on online learning during the COVID-19 pandemic include e-class related stress, frustration, and isolation for students who miss peer interactions (Daniel, 2020; Gillett-Swan, 2017). Also reported were an increase in cybersecurity, cyberbullying, online violence and exploitation, and other psychological issues caused by difficulties and uncertainties associated with COVID-19 pandemic online learning (Daniel, 2020; Yan, 2020). It is worth noting that challenges of online learning are many and may not be exhausted in a onetime study as technological transformation comes with new demands.

Recommendations on the Use of Remote Teaching and Learning

Assessment of the recommendations for online teaching and learning highlighted the following variables: the need for online teaching and learning, its usefulness, making it mandatory, and training needs and preparations. The results are summarized in table 4 above.

The summaries of total and mean percentages in table 4 above are presented in figure 7 above.

The results in figure 7 above gave almost 50:50 agreement and disagreement on the e-classes recommendation variables, 22.95 and 22.41 mean percentages, respectively. This indicates that despite attitudinal dimensions, ranges of effectiveness and challenges of e-classes discussed beforehand, slightly half of respondents recommended online teaching and learning. Perhaps with no other options for the continuation of teaching and learning, particularly during learning disruptions (for example, as caused by COVID-19), respondents were of the view that improvements and implementation of e-classes by institutions could create fewer or no disruptions of teaching and learning in such circumstances. In order to improve and successfully implement online teaching and learning, researchers have given several recommendations, for instance, Leif et al. (2020) offer five guidelines for making online learning more accessible and inclusive as follows: (1) consider how students will navigate through the online classroom; (2) provide a video tour of the online classroom at the start of the semester; (3) ensure all Word documents, PowerPoint presentations, and PDF files are accessible and searchable; (4) add alternative text (alt text) to images and graphics so that they can be read aloud when students use a screen reader; and (5) add captions and transcriptions to video lessons. Nevertheless, it may take a lot of resources in terms of time and expenditure to achieve all these goals, particularly in developing economies like Kenya.

Additionally, Leng, Khieng, and Water (2020) offer further recommendations for ensuring the successful transition to online learning and teaching. They include: commitment and support from the institutional leadership of the digital transformation of education; development of digital infrastructure and literacy; capacity building training opportunities for faculty to enable them to develop knowledge, skills, and innovative pedagogy that can increase student engagement and attention to online classes; e-community support for students and staff (both teaching and non-teaching staff) to communicate socially and academically; instilling positive attitudes toward new developments regarding online learning and teaching in both the faculty and students; and finally, governmental support to educational institutions in developing and improving ICT infrastructure, capacity building and collaboration. In the long run, therefore, there is hope for the future undertaking of e-education as a means to solve

occasional learning interruptions that may not only be caused by disease outbreaks like COVID-19, but even by students' unrest, among other interruptions.

Conclusion

In conclusion, the findings of this study indicate that there is a need to improve e-learning platforms in Kenya, making them more user friendly and effective. There is also a need to foster positive attitudes towards e-learning in both faculty and student communities, including parents and caregivers. Finally, there is also a need to enhance effectiveness of e-learning through capacity building, resource mobilization and leadership efficiency. In so doing, e-learning will aid in solving problems of academic calendar disruptions in institutions of higher learning, as is being witnessed in these COVID-19 times.

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Making Sense of Covid-19 Pandemic Related Teaching-Learning Limitations: Students' Perspectives on the Transitions of a Normal Classroom

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Introduction

According to the World Health Organization (WHO) (2020), COVID-19 is an infectious disease caused by the recently discovered coronavirus in which many of those affected experience mild to moderate respiratory illness while impacting the vulnerable elderly and those with chronic diseases more intensely. On March 11, 2020, WHO declared the novel coronavirus (COVID-19) outbreak a global pandemic. As of March 1, 2021, more than 114 million cases have been confirmed, with more than 2.53 million deaths worldwide attributed to COVID-19. It has been one of the deadliest pandemics in history, disrupting the lives of hundreds of millions over the globe.

Students and their schools and families around the world have had to adopt major changes to their daily regimens to cope with the teacher-learning process. Everyone experiences anxiety when a response becomes exaggerated and unhealthy, and the sudden increase in cases of infection worldwide has created uncertainty and anxiety about what is going to happen next. It has caused a tremendous level of stress among students. Many studies have suggested that public health emergencies such as the Covid-19 pandemic can have psychological effects on students and these can be expressed as anxiety, fear, and worry (Cao et al., 2020; Huckins et al., 2020; Li et al., 2020; Wang et al., 2020).

Adolescence is a phase of rapid psychological maturation and youth have a higher probability of extreme internet use (Tsitsika, Critselis, Kormas et al., 2009). Heavy internet utilization has potentially damaging side-effects among all individuals. Adolescents, in particular have been observed to spend more time on the internet than adults, thus predisposing themselves to internet addiction. Major challenges associated with internet addiction among adolescents include refusal to attend school, and mental health issues, such as loneliness, low self-esteem, insufficient sleep, anxiety and depression. Internet addiction also disrupts studies, school life, and other aspects of the daily life of an individual adolescent (Kim, Ryu, Chon, et al., 2006).

According to WHO (2020), mental health conditions account for 16% of the global burden of disease and injury in people aged 10-19 years. Adolescence, mainly in the ages 10-19, is a unique and formative time. Multiple physical, social and emotional changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Promoting psychological well-being and protecting adolescents from the adverse experiences and risk factors that may influence their potential to thrive are very critical for their well-being during adolescence and for their physical and mental health in later age. Social isolation, increased stress and anxiety, and virtual learning fatigue are some ways by which adolescents are affected mildly. From numerous studies we can infer that social isolation can cause higher rates of negative outcomes for the mental and physical health of individuals, and other studies have concluded that face-to-face interactions can help reduce depression and anxiety. Minimal social interaction may increase feelings of social anxiety and pressure. For example, teenagers may worry about changes in their friendships as a result of prolonged isolation.

Adolescents' hope focuses on a possibility, a reflection of life's opportunities, and a future orientation. Most of them are embedded in a community where hope can thrive and operate (Nalkur, 2009; teRiele, 2010). Development and formation of hopefulness during the period of childhood and adolescence is very critical for a large number of decisions and outcomes that unfold through the remainder of life. Hopefulness influences the broad range of adolescent outcomes and choices which includes health, personal adjustment, life satisfaction and school performance. Furthermore, hope is related to lower levels of victimization and may protect youths against involvement in violence. Additionally, hopefulness during adolescence may persist into adulthood and may shape important outcomes throughout the life course. Social interaction plays a significant role in the development of hope.

Objectives

- To draw out students' perspectives on the teaching-learning process during the ongoing pandemic.
- To understand any stresses and frustrations due to technology and facilities at home, online teaching mode, screen time and other factors.

- To document other particular observations in order to suggest incorporating changes that institutions and families need to make when challenged.

Methodology

Sample: Purposive selection was done and 7 of the respondents who were interviewed were enrolled in Senior Secondary Education (SSE) in classes 11th and 12th; 5 from Secondary Education (SE) in classes 9th and 10th, and 6 were in Higher Education (HE). Permission was taken from the respondents' guardians for their participation.

In order to gain a close perspective to how the students are comprehending the pandemic situation, brainstorming was done with each pupil's teachers. Broad areas were drawn on structure of the family, gadgets in the family, routine of the child's life, the ongoing classroom situation every day, if any teacher's support made an impression on the child's mind, the pattern of examination they faced, what expectation did they have from the government, what were their concerns about the pandemic, and such items. The final questionnaire was developed with 35 items in Hindi with scope for detailed responding to open-ended statements. The students from school were from the lower SES and lower middle SES. Students from higher education, except one, were also from the lower middle-income group.

Results and Discussion

The cases mentioned in the following section are students from Senior Secondary Education (SSE), studying in classes 11th and 12th; Secondary Education (SE) studying in classes 9th and 10th; and Higher Education (HE). Each case has been described separately to highlight the uniqueness of each respondents' situation.

Case SSE 1: Studied via Zoom, WhatsApp; spill over classes in the evening. No personal phone, no PC, shared phone with father. Monthly income of parents around 10,000 INR. Only child staying with parents. Faced with network connectivity issues, boredom, missed peer group, underwent moments of stress over helplessness on limited studies. Seeks offline classes as an interim arrangement, better online learning facilities, has a positive outlook on future.

Case SSE2: Borrowed smartphone from neighbour, hence, irregular availability as that family's children would also need the phone. Single mother, two siblings. Poor connectivity. Sustaining family, prioritising working along with studies, had spill over stress from poor performance in previous class which is perceived and admitted as a block in the present as well. Confusion over mode of studies, interrupted examinations in second wave, seeks extra help from teachers to make up.

Case SSE3: Blended mode of learning but schools again shut. Lives with parents and three siblings. Monthly income of about 8000 INR. No personal smartphone causing frustration to share, overlapping timetable with siblings, however, could manage regularity (admitted to having 98%). Fears the need to go back to village if impossible to sustain in city due to financial constraints related to ongoing pandemic. Feels saddened due to hunger and starvation among common masses who have lost their

livelihood. Had a systematic thought process as indicated by timetable schedule.

Case SSE4: A positive approach towards the new mode of learning. Monthly income of about 15000 INR. Family of 6 including parents, grandmother and a sibling. Optimistic outlook, family has healthy engaging patterns, indicated indoor games, active participation in regular family chitchat time. No personal smartphone, poor connectivity issues, mental agony, chronic headache from prolonged screen time, found the online approach to be incomplete towards learning. Wants clarity, pre-announcement and sticking to timeline regarding examinations once announced.

Case SSE5: Uses online mode of learning and self-study through YouTube. Living with parents and two siblings. Monthly income of about 25000 INR. Overlapping timetable with siblings, sharing smartphones, chronic headache and irritation in eyes because of increased screen time. The main phone broke down because of constant use (5 to 6 hours) as reported by the case. Having philanthropic and courteous mind-set, manifested skill of teaching with her mother, distributed masks in the neighbourhood. Healthy engagement in indoor games, developed new household-based skills. Chose to appear offline during exams. Desperate to attend offline school as before. Expected responsible precautions from everyone to break the chain of virus and stop any further spread of pandemic. Pointed out the careless indulgences of the political groups on mass attendance during rallies (so, why discontinue offline classes). Concerned over the effect on masses with regard to stress among children, starvation, and railway facilities to continue with safety norms as that is the only means that a common man can avail himself of - to move to the home state.

Case SSE6: Online mode of learning and self-learning from YouTube. Monthly income around 9000 INR. Parents and one sibling. Healthy engagement with family. Dedicated towards the learning process. Tends to household chores. Concerned over the status of examination. Applauds teachers' effort in the ongoing pandemic. Desperately wants the pandemic to end and things to go back to normal. Connectivity issues, lack of money to recharge smartphone. Pointed out the ordeals faced by the masses and the insufficiency of the government to tackle the situation.

Case SSE7: Studied through online mode and WhatsApp. Family of five (parents and three children). Monthly income of 20000 INR. Enthusiastically tended to online learning. No personal smartphone, frustration to share phone and laptop, usually skipped classes. Extremely optimistic with high aspirations. Wants the government to give adequate attention towards the education sector. Parents have trust issues with the respondent. Tended to household chores and tried hand at cooking.

Case SE1: Online mode of learning. Living in a family of five. Monthly income of around 10,000 INR. Was enthusiastic about the new mode of learning; however, frustrated over the inefficient learning process. Extremely concerned over the status of own studies, desperately wants to attend school physically. Frustrated as no help from teachers. Expects rules and regulations on the part of the government to break the chain.

Case SE2: No online mode of teaching, learning took place through videos sent by the teachers. Self-studied from

own books. Monthly income 18,000 INR. Family of four. Unable to have basic necessities met. Expects offline classes and clarity over the status of examinations in near future. Hopeful for a bright future.

Case SE3: Online mode of learning. Parents and one sibling. Monthly income 40,000 INR. Missed peers and school, enthusiastically attended online classes. Network connectivity issues. Wants government to take action and applauds the efforts of the police force in the ongoing pandemic.

Case SE4: Learning through online mode. Living with parents and grandmother. Monthly income around 8,000-10,000 INR. Unable to sit in online exams due to unavailability of technological gadget. Appreciated teacher's efforts. Healthy engagement with family. Expressed missing peers and school. Wants an end to the pandemic. Optimistic, hopes for a bright future. Expects quality undertaking by the government.

Case SE5: Online mode of learning. Lives with parents, monthly income 20,000 INR. No signs of agony or frustration. Flexible approach. Coping with things as they are. Resilient. Network connectivity issues. Extended family/friends' calls would interrupt the class. Chronic headache.

Case HE1: Learning online through laptop. Lives in family of four, including parents and a sibling. Monthly income is 40000 INR. Feels daily routine to be better than before. Network connectivity issues. Mental agony because of inability to complete assignments on time. Extra learning with online resources. Active participation in yoga and exercise. Ambiguity over future. Accepts things as they are. Wants government to provide more employment opportunities for the youth.

Case HE2: Online learning via laptop. Parents and two siblings, monthly income 30000 INR. Network connectivity issues while online learning. Tended to household chores. Learned music. Does miss school, wants to attend school physically, studies to commence. Has an optimistic outlook, wants to benefit maximally from the online mode of learning. Concerned over the efforts of the government towards education and health. Looks forward to better employment opportunities and better educational facilities.

Case HE3: Online mode of learning through phone and laptop. Attended virtual classes via Google Meet. Lives with parents, grandmother and a sibling, monthly income 22000 INR. Network connectivity issues. Could not attend classes because of calls from relatives and parental interference. Stress on eyes because of prolonged screen time. Applauds teachers for their efforts. Misses peer group and desperately wants things to go back to normal. Expresses concern for continuation of studies without any distraction and interruption.

Case HE4: Studied with own books. Family of six, including parents, grandparents and a sibling, monthly income around 40000 INR. Did not attend classes regularly, dissatisfied over the status of classes. Unable to comprehend the situation; was enthusiastic about online classes, however, lagged behind because of non-availability of gadgets. Frustration reflected because of inability to attend classes properly and weak teacher support. Increased screen time led to chronic headache and stress on eyes. Network connectivity issues. Hopelessness over the efforts of government. Concerned over finances, does not want educational institutions to resort to fee hikes and take unnecessary funds which are of no avail to students.

Case HE5: Online mode of learning through father's mobile phone. Living with parents, grandparents, and a sibling; monthly income 7000 INR. Faced network connectivity and electricity issues. Tended to household chores. Inability to connect to peers in the group. Wants to make dreams come true, hopes people to understand the severity of the situation and undertake necessary precautions and measures. Feels students should take studies seriously. Concerned over the efforts of government to help the needy.

Case HE6: A student away from home state under a special situation. Concerned about the masses. Herself very proactive to manage things, spent time reading and writing poetry, preparing for eligibility exams for different examinations. Had a vision shared for the state to work on for public in general and students in particular. Was appreciative of the teachers' efforts to teach online and make extra efforts to bring more information from multiple resources. But was very critical on broad failure of the education system in schools and for those in remote areas. Questioned the purpose and methods of teaching in this abrupt lull that had thrown light on very stereotyped practices that did not sustain education in tough times.

Thus, the cases above bring to light resilience at its best, within a limited income support and the acute challenges like timely availability of gadgets. Most of the respondents were optimistic. Frustration and helplessness was reported but they chose to regulate it in time spent with siblings and household chores. Lower expectations and no high aspirations did not trouble them as much as would be the case if they were from well-to-do families. They did not dwell on their limited resources. The long term loss that they overlooked was the precious time lost and their unsupervised skills and abilities that pertained to spheres other than technology-based learnings.

The inputs from the head of one of the schools taken by the author as a semi structured interview (the school was state run) brought some important observations. These pertained to acute limitations of gadgets, fee hikes, nation's future, ambiguity of future, dislike towards online mode, seeking a cheerful physical classroom and school with peers around that they longed for. The concern over the loss of learning in the form of regression or forgetting the content of the previous class was feared to impact the child's learning throughout his life. The experienced head of the school brought attention to the need for teachers and the overall school programme to be going through up skilling technology wise and making learning possible even from a distance. Mathematical and language ability, functional literacy and numeracy skills were defeated in the lockdown she said. There was felt a need to work with children on overall life skills as well aspects of holistic personality development. Inference about higher education students also points at scarce means of learning based technology, internet, the need to step in for supporting parents in the phase of financial crunch, the perceived issues on dignity of not having a phone when there was a class due and network issues.

Conclusions

Sensitive teachers and a challenging school program have a very important role to play in the overall well-being of the students. During the pandemic, evidence of frustration and

anxiety, ambiguity regarding present and future, dearth of technological support, affordability issues, IT readiness and abrupt reductions in income and employability of parents and eventually of the students themselves are some of the challenges that have come to the fore. The viewpoints presented above are thought provoking and underline the need for far more resources to the schools so that they can further reach out to the students. Observations by students and experienced teachers and heads of the institutions inform the developmental psychologists as to how human thought process is making sense of this unprecedented crisis. Nevertheless, the resilience among children, youth and other stakeholders in education is to be appreciated. When there is no choice, we evolve.

The way forward

More such anecdotes and broad perspectives can be collected longitudinally to gather imprints of impact on different age groups. In a decade's time we will have gathered substantial evidence of what evolved and how far in this span of pandemic.

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The Varying Rates of Attention Deficit Hyperactivity Disorder across Ethnicities in a Child and Adolescent Population

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Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder occurring in children and can be seen persisting into adulthood. Epidemiology has shown greater prevalence in males, yet less is known about ethnicity. Anecdotal observation pointed towards a reduction in the rates of children from ethnic minorities being diagnosed with ADHD. To explore this further we conducted a cross-sectional observational study. The results reflected the gender disparity and the under-representation of ethnic minorities seen in literature with our sample population finding 84% male and 85% White British. The National Office of Statistics highlights that this does not represent the population the sample comes from. Understanding the reasons why ethnic minorities are not represented has importance in developing services, as we know that the life outcomes of children treated for ADHD versus untreated has far reaching consequences.

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder estimated to affect 3-5% of children in the UK (ADHD Guidance, 2018). However, this estimate may in fact be higher as the literature reports that many children are either not diagnosed with ADHD or mis-diagnosed with other conditions (Rowland, 2002). The core symptoms of ADHD include hyperactivity, inattention and impulsivity, occurring before the age of 7, with symptoms being observed across two different settings (NICE 2013).

As with many neurodevelopmental conditions, making a diagnosis is both timely and multifaceted. In the UK model of healthcare, the current NHS practice is for a referral to be made from Primary Care Services such as General Practitioners, school nurses and/or self-referrals into Secondary Care. To initiate a work-up for ADHD we therefore rely upon the observations of parents, teachers and/or carers. Based on these referrals they are then screened within specialist services. For a clinician to make the diagnosis of ADHD the following information is typically required: parent and teacher reports (Connor's questionnaire and SNAP IV), objective measurement (QB test) and clinical history taking and examination occurring over 1-2 hourly sessions. As with many other neurodevelopmental/psychiatric conditions there is no definitive test or singular result that indicates the diagnosis alone (Rowland, 2002). Whilst this may be an exhaustive process with many assessments to be completed over various time points, the clinician wants to ensure high diagnostic validity. Within this rigour, pressure to not wrongly label a child as having ADHD, we can observe the potential for loss to follow up and/or inequality in access.

Why is this important? Simply put, an early diagnosis <u>and</u> treatment of a child with ADHD has been shown to improve life outcomes for that individual and family system (ADHD Guidance, 2018; NICE 2013; Akinbami, 2011). Research in recent years has shown that a significant proportion of adults treated for anxiety, depression, substance misuse, or personality disorders, to name a few, had shown signs and symptoms of ADHD commencing in childhood but had not received a formal diagnosis and management of ADHD (Wilen & Spencer 2010). Although it was once thought to be a condition of childhood, we now observe that almost half of cases can and do persist into adulthood (Frank-Briggs, 2011).

Health equality is something that the NHS prides itself on with the principle of 'free at the point of delivery' and imbedded in this value is accessibility for all (Delamothe 2013). When clinicians working in a Child and Adolescent Mental Health Service (CAMHS) in North Manchester started to note, anecdotally, the racial discrepancy of young people attending their service to be diagnosed with ADHD it prompted further research. Whilst it has been long known that the epidemiology of ADHD shows a greater prevalence in the rates of diagnosis amongst males than females, far less is known about the variations in ethnicity (Rowland, 2002; Pastor 2012).

The aims of this study were to gain more understanding of the epidemiology of ADHD and its rates of diagnosis based on ethnicity by a) locally investigating anecdotal reports by clinicians working in a specialist unit and b) reviewing the literature to date on ADHD and diagnosis in ethnic minorities to gather a more national/global perspective.

Method

We carried out a prospective cross-sectional evaluation of a nurse-led ADHD clinic in Oldham. Oldham is a town based in North Manchester. This is a UK based CAMHS Secondary care service. Children in this service for whom a diagnosis of ADHD has been made by a clinician, are directed into a nurse-led service for regular review. This gave us access to a database of young people diagnosed with ADHD at one point in time. Data collection took place in October 2020. The data was in a trust secured Excel Spreadsheet. The spreadsheet contained name, age, date of birth, NHS number, appointment details and clinician notes. Utilising this database, we extracted the key demographics of age and gender directly. To gain the ethnicity data we used the NHS number and inputted this into our IT system (PARIS), used by the trust to securely contain patient notes. All data remained confidential with no young person being made identifiable. As this was collection of anonymous data we did not seek ethical approval.

To complete the literature review we used the assistance of the Knowledge Service (the Trusts online library services) at Pennine Care Foundation Trust. Sources and Databases included EMBASE, Medline and PsycINFO. Key MeSH terms included Attention Deficit Hyperactivity Disorder, ADHD, Child and Adolescent, Ethnic, Ethnic Groups, Epidemiology, Prevalence, Diagnosis.

The search limits were those aged under the age of 18, any article type, with English only papers selected and occurring after the year 2000. The assistance of the Knowledge Service enabled us access to articles otherwise off-limits without payment or subscription.

Results

The results can be seen under the headings below with figures to illustrate the key points. The demographics selected for were age, gender and ethnicity. The database captured a total of 120 young people in the service at the time of collection in October 2020.

Age

The age range was from 7-17; the modal age was 14 and the mean age was 13.

Age in Years	Number recorded	Age in Years	Number recorded
7	1	13	11
8	1	14	23
9	5	15	21
10	10	16	17
11	6	17	5
12	20	18	0

Figure 1. *Age distribution.*

Gender

From the 120 young people in the sample size, 96 identified as male and 18 female. Figure 2 depicts this as a pie chart in percentages based on the raw numbers.
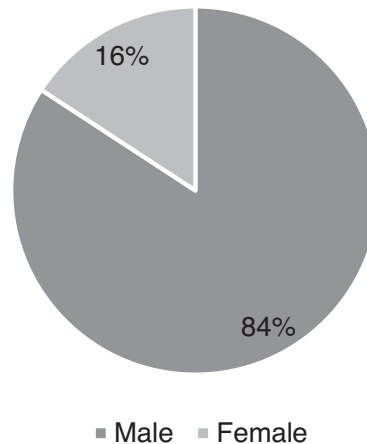

Figure 2. *Gender distribution.*

Ethnicity

Ethnicity data was broken down into the following 5 categories: White British accounting for 85%, White/Black accounting for 2.5%, White/Asian accounting for 1.6%, Pakistani accounting for 0.83% and the remaining 10% were classified as 'Not Specified'.
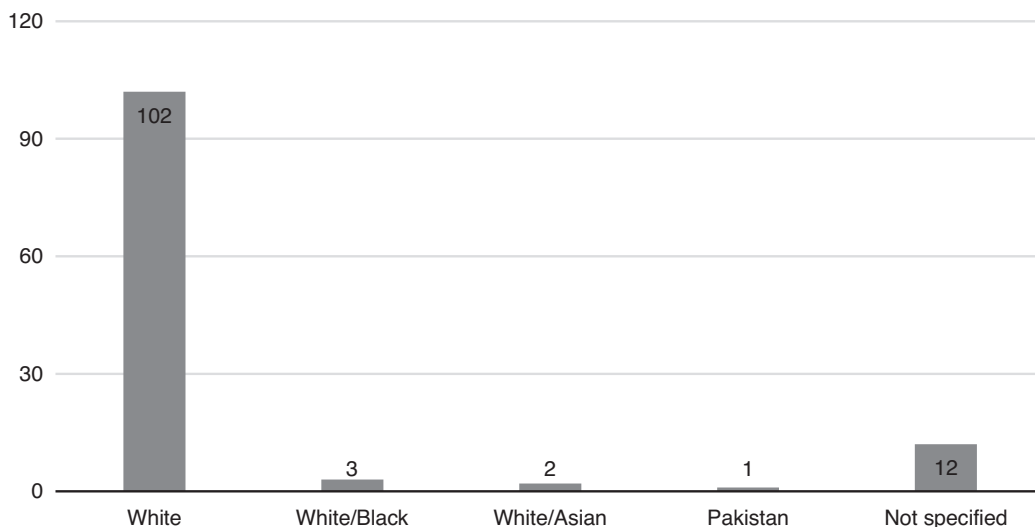
Chart Title

Figure 3. *Ethnicity breakdown. Raw numbers highlighted in the bar charts.*

Where ethnicity was not stated on the patient notes it was recorded as 'Not Specified'. One of the key results in the literature review came from the NHS Digital report from 2017; with their data for hyperactivity disorders (UK based terminology for ADHD based on the International Classification of Diseases 10th Edition) in young people being as follows; prevalance estimated at 1.6%, boys accounting for the majority of cases 2.6% vs 0.6%, with most being aged between 11-16 (Forbes, 2017). They report an association with White British ethnicity and the diagnosis of hyperactivity disorders (Forbes, 2017). The figure below is taken from this resource to illustrate the varying rates of hyperactivity disorder diagnosis comparable to the ethnic groups (Forbes, 2017).
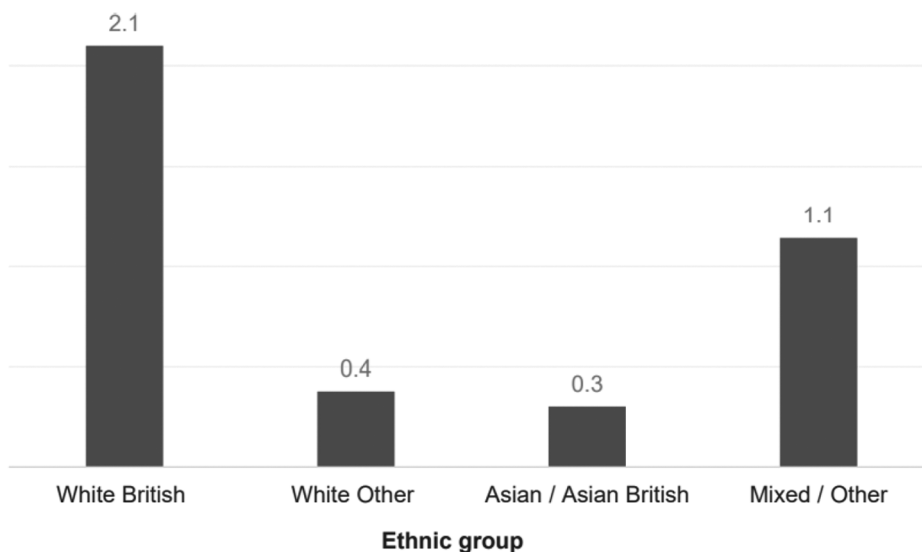
Source: NHS Digital

Discussion

The study's results appear to reflect what we observed in the literature review based on the epidemiology of ADHD in children with males predominating, common age group of 11-16 and Caucasian/White ethnic background leading diagnoses rates (Forbes, 2017; Sasane, 2010; Skounti, 2007). To understand more about the population that made up the sample we studied, we reviewed the

National Office of Statistics for Oldham. This shows a population ethnicity of 77.5% White, 10.1% Pakistani, 7.3% Bangladeshi; with increasing black and ethnic minority populations yearly (Oldham, 2019). This implies that the ADHD clinic that we observed does not represent the local community that its data comes from. What is less clear are the reasons why. Whilst this quantitative data enables us to detect what clinicians felt they were observing, the lack of qualitative data leaves us with more questions. Several inferences could be made with regard to this. Firstly, that those children from ethnic minorities either do not attend the service and/or secondly when they do, they are less likely to receive a diagnosis of ADHD (Slobodin, 2020; Zuckerman 2019). There is no evidence in the literature to suggest that ADHD does not affect ethnic minorities (Alvarado 2017; Morgan, 2014). The literature review conducted highlighted a dearth of research in this area, specifically regarding ethnicity differences, with many researchers requesting further exploration. However, what was consistently reported was the under-representation of ethnic minorities being diagnosed with ADHD, not only in the UK but globally (Cenat, 2020; Slobodin, 2020; Alvarado, 2017; Moody & Myles, 2016; Morgan, 2014). This was despite there being signs and symptoms of ADHD in children from ethnic minorities, with certain risk factors increasing their probability, e.g. low socioeconomic status, childhood adversity, single parent households (Zuckerman, 2019; Bax, 2019;Collins, 2016; Eiraldi, 2006).

The literature review had a high return rate from American based studies. Therefore, one must consider the health care system from which the children were represented, as those with health insurance were shown to be more commonly diagnosed with ADHD (Getahun, 2013; Siegel, 2016). Whilst this is less applicable to the UK or other state funded health care systems, as we see specialist services being overstretched with long waitlists, one can predict what might happen to equality and diversity if healthcare were to be privatized.

As mentioned in the introduction, gaining an entry point into making a diagnosis relies upon others/non-clinicians to spot the symptoms (ADHA Guidance, 2018). Studies highlighted that teacher reports of non-white children can be seen to misidentify certain behaviours, perhaps due to cultural differences, meaning they may mislabel ADHD behaviours (Fadus, 2020). This has also been represented in the higher rates of conduct disorders diagnosed in ethnic minorities (Fadus, 2020; Moody, 2016; ROTA, 2013). Conversely others show that teachers are more likely to report ADHD behaviours (based on the rating scales) in Black/Afro-Caribbean children (Kang, 2020; Miller, 2009). This opens up the discussion to widen the terminology 'ethnic minorities', as within this heading are discrete and different cultural and genetic attributes which can impact longitudinal mental and physical health outcomes (Eiraldi, 2006). Whilst these findings are not necessarily generalisable, it is an important finding when considering developing services locally and thinking about unconscious bias (Fadus, 2020). In the same line of consideration, it was observed that families (parents/carers/guardians) of children from ethnic minorities are less likely to identify the symptoms and/or report them (Zuckerman, 2019; Morgan, 2014). When considering the array of possibilities as to why

children from ethnic minorities are not receiving a diagnosis of ADHD at the same rate as white/Caucasian equivalents there were some common themes/hypotheses cited which included: reduced parent reporting and awareness (Bax 2019; Zuckerman, 2019); stigma in mental health and accessing help (Miller, 2009; Slobodin 2019), socio-cultural differences (Alvarado, 2017), misinterpreted behaviours and language barriers resulting in misdiagnosis (Moody & Myles, 2016; Collins 2016; Minnis, 2003).

One of the reasons for highlighting this, aside from promoting equality to healthcare, is the known impact of undiagnosed ADHD to the child and the family (ADHD Guidance, 2018). Neurobiological studies inform us of the brain changes which occur in those with ADHD, with structural and functional impairments seen on radiological findings and observed by behavioural differences (Wilens, 2010). Children and adults with ADHD face difficulties in tasks that we associate with day-to-day functioning, such as problem solving, memory, co-ordination, learning (verbally, visually, auditory) all of which can have an impact on education, relationships, occupation and overall life outcomes not only for the individual but society (Wilens, 2010). There have been associations with increased substance misuse, delinquency and the use of the criminal justice system impacting upon political, societal and financial stakeholders (Hervey-Jumper, 2006). Whilst the focus of this research was looking at diagnosis rates, the literature refers to children from ethnic minorities being under treated for ADHD even on receiving the diagnosis (Morgan, 2013). This feeds into the concerns surrounding the implications for the individual and society. Treatment can be seen to take the form of a bio-psycho-social model with medication, psychotherapy (long- and short-term) and behavioural/social skills addressed in all areas of the young person's life (Frank-Briggs, 2011).

Limitations

There are several limitations that we could identify with this research. The data that we collected came from only one site reducing its generalisabilty, which leads into a further limitation in terms of power of the study relating to its relatively small sample size. As the database was not set up for our research purpose, we lacked ethnicity data for 12 young people. This information was not available on the IT system, however if we were to roll this out to other sites, we could make the recommendation to request permission to contact individuals for whom the data is lacking. To widen the literature search it would be important to contact other local CAMHS services, investigate grey literature and consider articles in other languages.

Conclusion

Children from ethnic minorities are under-represented in a local ADHD clinic based in North Manchester, as observed from the population that the data comes from. Furthermore, from reviewing the literature this may not only be reserved to a local observation, with papers highlighting the under-representation globally.

The reason(s) for this remain unknown, with limited papers studying ethnic variations in ADHD in any depth.

Further qualitative research is therefore needed to generate hypotheses locally and nationally. The reason that this is important, is for gathering data that would help develop interventions such as education, training and commissioning services, with research informing us that life outcomes of children treated for ADHD versus untreated for ADHD has far-reaching consequences (NICE, 2019).

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Notes from The President

Dear ISSBD Members, Friends and Colleagues,

It is more than a year since we first were confronted with COVID19 and the pandemic. No one needs to be told that it has certainly been a challenging and unprecedented time. We have all experienced hardships, some much worse than others. I want to communicate to everyone my strongest possible support and deepest sympathies to all for what you and your loved ones have experienced.

There is some good news – or potential good news. We seem to be on track to recovery with vaccines becoming more and more available. I am very hopeful that we will be able to hold our biennial, in this case quadrennial, meeting in Rhodes in 2022. More on that as details become available.

Although we have all experienced this last year in deeply personal ways, for me, the experience of the last year has re-instilled in me a deep understanding of the importance of human development and its role in society. I invite you to think reflectively about what we have learned, both the good and the bad.

People are social beings. Whether you believe it is a learned or innate behavior, it is fairly clear that we have suffered from the imposed isolation brought on us by the pandemic. As a person who studies social relations and its implications for health and well-being, I've been thrilled by the now widespread awareness of the importance of social relations. Stories of families finding ways to be together, of neighbors helping each other out in socially distanced ways, of others caring about and assisting strangers are truly heartwarming. However, we have also seen a significant increase in domestic violence, alcohol and drug misuse/abuse, anxiety and depression. We do not yet know but have some idea of the effect this pandemic will have on an entire cohort of children who have been kept out of school for almost a year.

At the same time, it has led me to appreciate what we, as behavioral scientists, have to offer the world. There is much to be done and I believe that each of us, not only as members of this Society but also as members of our personal, ethnic, racial, geographic and national groups/societies, have important contributions to make. We need to use our scientific knowledge to address the problems we are facing. In my Bulletin contribution I noted the creation of a committee designed to identify ways in which we could use our science to optimize societal circumstances. After the year we've had, I think we need such a committee and optimization more than ever. We can do so at the local, national and international level. Please feel free to connect with me if you are interested in pursuing such goals within the Society.

I look forward to seeing you in Rhodes where we can share our thoughts, successes and goals as we move forward to use behavioral science to address the many pressing problems we face in the world today.

Warm regards,

Toni C. Antonucci

Obituary

Dr. Graeme Russell died on April 2, 2021, after a long battle with cancer. At the time of his death, he was a Flexibility and Diversity Consultant in Sydney, Australia, Research Collaborator and Knowledge Program Facilitator for the Diversity Council of Australia, and a retired Associate Professor of Organizational Psychology at Macquarie University in Sydney, Australia. Graeme cared deeply about the issues of gender equality, diversity, and family well-being in Australia, devoting his professional life to research and practical work to promote these goals. He collaborated with scholars and practitioners throughout the world and will be sorely missed.

Graeme pioneered research on fathering, starting in the late 1970s, and his 1982 book, *The changing role of fathers*, remains the point of reference for research on primary care-taking fathers because it sought to place the fathers' behavior in the context of intrafamilial and broader societal beliefs, practices, and constraints. Graeme continued to publish articles and book chapters on primary caregiving fathers, father–child relationships in childhood and adolescence, shared parenting, grandfathering, Australian fatherhood, and family policy over the succeeding decades. Because of his scholarship, researchers now recognize that men can be active parents in the move toward greater gender equality and that social attitudes and institutional policies play an essential role in constraining and facilitating parental behavior. Graeme was actively involved in organizing and disseminating outcomes from the first International Fatherhood Summit at Oxford in 2003 and was a key figure in helping the Australian government design policies to promote gender equality and work-family integration, for example, by engaging in several projects for the Workplace Gender Equality Agency, established in 2012. In 2017, he co-authored a book entitled *Men make a difference: engaging men on gender equality*.

For nearly four decades, Graeme was avidly involved in supporting working fathers, consulting with companies interested in promoting gender equality and work–family integration in many countries, including Australia, China, Japan, and Korea. He established workshops for fathers in the workplace to help them integrate work and family demands and published several articles on the impact of workplace practices on father involvement. His keen interest in workplace flexibility and its promise for gender equality led him to design team-based approaches for work redesign, making it possible for companies to implement flexible work arrangements, assuring benefits for individuals and companies. At the time of his death, he was focused on ensuring that human resource professionals were aware of these important possibilities.

Graeme's success as a consultant and colleague was facilitated by his genuine warmth, friendliness, and accessibility, which allowed him to get along with everyone regardless of their personal characteristics or ideology. His personal strengths were especially evident in his skillful engagement with diverse groups, including senior managers, employees, unions, politicians, academics, and social activists. While Graeme's professional and personal lives were mutually enriching, his first priority in life was always his family, comprising his wife Susan, his children (Kirsten, Emily, and Benjamin) and his eight grandchildren. He especially adored his grandchildren and played an important role in their daily lives, spending as much time as possible with them. He was a loving husband, father, and grandfather.

Graeme's legacy as a pioneer of gender equality in Australia will be long-lasting and his influence on students, collaborators, scholars, human resource practitioners, and policy makers has been profound.

Linda Haas
Indiana University, Indianapolis, USA
Philip Hwang
University of Gothenburg, Sweden
Michael E. Lamb
University of Cambridge, UK

ISSBD ECS Committee: Introductory Message from the Incoming ECS Representative

This commentary of the activities of the ISSBD ECS Committee must necessarily be read within a historical framework that sees the reorganization of all the activities planned in past years due to the pandemic that struck internationally. This introductory reflection also serves to highlight the efforts on the part of the Committee to keep the spirit of cohesion among the ECS active and alive, an effort that, despite the difficulties, has borne fruit in the organization of several initiatives during 2020-2021.

Accomplishments in 2020

The first major event in 2020 that suffered from the health emergency was the Rhodes ISSBD 26th Biennial meeting. For that occasion, travel grants had been assigned to enable resource constrained ECS to attend conferences and participate in the pre-conference. For the pre-biennial meeting, applications from the ECS had been accepted based on research interests, and during the meeting a networking had been planned which would include a face-to-face community meeting, ECS reception, and lunch or dinner with the mentors to facilitate opportunities for knowing each other and exchanges within an informal context. Finally, after the meeting, online meetings of the groups were planned for brief update reports each quarter along with the development and implementation of the collaborative research proposal.

Due to the pandemic, the in-person meeting could not be held. However, in order to avoid a sense of dispersion and to salvage what represented an important opportunity for discussion and exchange, a virtual meeting was finally organized in September 2020. The Early Career Scholars Committee organized three special lectures dedicated to ECSs, and of general interest for the whole Community. One of these lectures was online. The other two were to be recorded and made available in streaming. The event was promoted online via the ISSBD newsletter and e-mail.

The online lecture was given by William Bukowski, Professor and Research Chair in Early Adolescent Development, and Psychology Principal, Loyola College for Diversity and Sustainability at Concordia University, Montreal, Canada. The online keynote, titled "Putting development in its place" was also available in streaming on a later date alongside a further recording from keynote speaker Prof. Antonella Marchetti, Head of the Department of Psychology and the Research Unit on Theory of Mind and Coordinator of the PhD Program in Person and Formation Sciences, Università Cattolica, Milan. Prof. Marchetti's lecture was titled "Child-Robot Interaction and Theory of Mind". A third keynote was planned with Prof. Shoji Itakura, Director the Center for Baby Science, Doshisha University, Kyoto. Prof. Itakura was ultimately unable to record his lecture entitled "East–West cultural differences in context-sensitivity are evident in early childhood" and we hope to reschedule this lecture at a future date.

The online event was quite successful with the participation of about forty ECSs who expressed enthusiasm and gratitude for the meeting. To keep continuity of communication and engagement with the ECS, the event was subsequently followed by the organization of an informal meeting between the early scholars and members of the Committee. The ISSBD ECS meeting was organized on December 17, 2020. The meeting was aimed at introducing formally the members of the ECS Committee, to establish a possible schedule for 2021, and it represented an opportunity to enable the scholars to speak about their latest work/research and share experience particularly related to the pandemic period. The meeting, which has received enthusiastic reviews, presented an easy moment for "free" talk. During the meeting, the most prevalent need that emerged among the early scholars is to create a network between the scholars themselves and with seniors, a network that is easy to manage and enables streamlined communication. In addition, the prospect of supporting the work of early scholars through mentoring and supervision of projects/research work by senior scholars, as well as the opportunity to make their work visible through targeted initiatives by the ISSBD Journal, was enthusiastically and mutually agreed upon.

Shortly thereafter, support was also provided for the ECS on December 21, 2020 by holding an online meeting to issue the call for applications to the Jacobs Foundation Research Fellowship Program 2021. The meeting was organized and involved the participation of Dr. Anne Petersen (past board member of Jacobs) and Pamela Adende (current fellow), who provided suggestions regarding best practices for joining and participating in the call.

Planned activities in 2021

Based on what emerged during the meetings with the early scholars, the ECS Committee is currently working on establishing a reliable network for research collaboration among early career members. To this purpose, the ECS Committee is organizing a streamlined community forum to share projects, grant opportunities, and events. This is underway with the implementation of a database comprising ECS contacts and their respective research activities that will be shared among early scholars, and through which scholars can easily share projects thus creating synergies internationally.

Also, a mentoring online session has been organized and will take place on April 22, 2021, where scholars will be lectured about methodological and statistical issues

associated with carrying out international projects. The online lecture will be given by Qi Wang, Professor and Chair of Human Development at Cornell University, NY, USA. (https://www.human.cornell.edu/people/qw23). She directs the Culture & Cognition Lab. Her research examines the mechanisms underlying the development of a variety of cognitive and social-cognitive skills in the context of culture, focusing particularly on autobiographical memory. Among her most outstanding contributions, her single-authored book "The autobiographical self in time and culture" (Oxford University Press, August 2013) is regarded as the definitive work on culture and autobiographical memory. The keynote topic will be "Studying Human Development in Cultural Contexts."

Also, the Society has been involving ECS in decision-making processes such as electing ECSR in the executive committee, Pre-Conference Committee (Given Hapunda), and Publication Committee (Federico Manzi). ECS Committee members Federico Manzi, and Josafa Cunha, are proposing to the ISSBD public committee to think about a special issue or session in the ISSBD journal dedicated specifically to ECS. Papers could be supported by ISSBD mentoring – short papers, project proposals etc. The selected papers could also be sponsored. The structure of this proposal still needs to be discussed and possibly revised by the Publication Committee.

Last, but certainly not least, the ECS Committee together with the ISSBD Board Members are actively working on the organization of a structure that enables a functional and effective networking between the ECS and ISSBD senior members, who can provide support to the ECS's research. In this respect, ISSBD is planning a new Committee focused on enhancing the communication of the society, including but not limited to identifying strategies to engage members from around the world and generate opportunities for research dissemination, as well as supporting the implementation of said strategies. Josafa Cunha has accepted the invitation to chair this Committee. Toni Antonucci (President) and Tina Malti (President-elect) would also join as ex-officio members, as well as a representative from SAGE to provide support for general operations of the society. The goals of this Committee would align with the ISSBD vision of enhancing the dialogue and also collaboration opportunities among members from around the world, and one of the immediate tasks would be related to reviewing the website of the society. An Early Career member will be also nominated to participate in this initiative.

In conclusion, the ECS Committee is highly engaged and actively working toward the overall plan of networking, facilitating activities, and giving a body and structure to the ECS Community. To this end, in addition to all the initiatives presented here, there will be no shortage of opportunities in 2021 for thematic seminars and possibly the organization of regional ISSBD workshops, which the ECSs have already been encouraged to contemplate in order to possibly make proposals.

With this positive attitude and a future outlook that is meant to truly encourage and support the creation of a Community that operates internationally, we hope and wish all of our colleagues to face the time ahead with optimism and cohesion.

Cinzia di Dio and Given Hapunda

Cinzia di Dio, Incoming ECS Representative