



A REPORT BY THE ALL-PARTY PARLIAMENTARY GROUP  
ON A FIT AND HEALTHY CHILDHOOD

# THE COVID GENERATION: A MENTAL HEALTH PANDEMIC IN THE MAKING

The impact on the mental health of children and young people  
during and after the COVID-19 pandemic

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## THE ALL-PARTY PARLIAMENTARY GROUP AND THE WORKING GROUP

The Working Group that produced this Report is a sub-group of the All-Party Parliamentary Group on a Fit and Healthy Childhood.

The purpose of the APPG is to promote evidence-based discussion and produce reports on all aspect of childhood health and wellbeing including obesity, to inform policy decisions and public debate relating to childhood; and to enable communications between interested parties and relevant parliamentarians. Group details are recorded on the Parliamentary website at:

<https://publications.parliament.uk/pa/cm/cmallparty/210310/fit-and-healthy-childhood.htm>

The Working Group is chaired by Helen Clark, a member of the APPG secretariat. Working Group members are volunteers from the APPG membership with an interest in this subject area. Those that have contributed to the work of the Working Group are listed on the previous page.

The Report is divided into themed subject chapters with recommendations that we hope will influence active Government policy.

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## THE COVID GENERATION: A MENTAL HEALTH PANDEMIC IN THE MAKING

The impact on the mental health of children and young people during and after the COVID-19 pandemic

### INTRODUCTION

'Mental health is a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.' World Health Organisation. World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization; 2004

In 2019, Howells, Lehane and Lawson questioned children about what wellbeing means to them and also, what is the opposite of wellbeing? (Howells K, Lehane M and Lawson F, 92020, 'Big Questions Can Science and Technology Make Us Fitter?' presented at the 'Wellbeing Conference' at Canterbury Christ Church University, Faculty of Education and Faculty of Health and Wellbeing, February 2020).

The mixed gender focus group of children aged 13 was able to explain that wellbeing, and having wellbeing, was about 'being happy, being healthy and being well'. They were perplexed by the idea of what might be the opposite of wellbeing and that they had not considered this in detail. The children were able to offer concepts as to what the opposite of wellbeing was to them:

'Not enough sleep; not enough healthy food and drink; not being able to relax or switch off; not being able to connect with friends and family; not exercising every day and not being, or feeling, valued.'

Mental illness is common even in the youngest members of society. Among children of primary school age (5 to 10 year olds), 14.4% had a probable mental disorder in 2020, an increase from 9.4% in 2017.

(page 14: [https://files.digital.nhs.uk/AF/AECD6B/mhcyp\\_2020\\_rep\\_v2.pdf](https://files.digital.nhs.uk/AF/AECD6B/mhcyp_2020_rep_v2.pdf))

So in 2020, one in seven, up from about one in ten in 2017.

Seventy-five percent of mental illness begins before the age of eighteen (Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H., Milne, B. J., & Poulton, R. (2003). Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. Archives of General Psychiatry, 60(7), 709–717. <https://doi.org/10.1001/archpsyc.60.7.709>).

COVID-19 is not the first pandemic to devastate nations and disrupt established complacencies. But it is the first to receive a 'modern world' scrutiny.

Parliamentary debates and press conferences led by the Prime Minister, Cabinet Ministers and Government Scientific Advisors are streamed into our homes and evolving strategies reported minute by minute. As weeks and months tread pathways to years, national media outlets have carried ever more severe warnings about the adverse effect of COVID-19 on the mental health and wellbeing of children and young people. COVID-19 has placed immense pressures on us all, but as an increasing body of research is beginning to show, the long-term effects on mental health will be profound with many variants; all of them immune to a vaccine.

The Royal College of Paediatrics and Child Health has warned that the greatest challenge facing children in 20 years' time will be mental health problems: - <https://paediatrics2040.rcpch.ac.uk/summary-of-our-work/#page-section-1>

'For adolescents and young children, we forecast significant future increases in poor mental health, substance use and the consequences of prematurity. This was set to happen even before the impact of COVID-19, based on previous trends .... paediatricians will likely need to spend a greater proportion of their time looking after children with more complex healthcare needs and working across physical and mental health.'

The COVID-19 pandemic has had a stark impact on children and young people's mental health. In the main, children are relatively spared severe physical symptoms in response to infection with the SARS-COV-2 virus, although a small but significant number have had serious Kawasaki-type sequelae. However pandemic containment measures have had substantial impact on children and young people's daily lives, significantly interrupting the normal activities essential for healthy development.

There is increasing concern about the impact of the COVID-19 pandemic on children and young people's mental health. Data now conclusively indicates a substantial overall worsening of mental health in children and young people during the pandemic compared to previous years.

This has not impacted all groups equally. Those whose mental health has been worse affected by the pandemic include those from precarious families and those with parental mental illness.

Conversely, there have been notable exceptions, with a group of children and young people showing improved mental health at certain points in the pandemic.

These are mostly those for whom normal life includes stressors detrimental to their mental health, for whom their removal has been beneficial. Important lessons need to be learnt about how to maintain these improvements, and how to extrapolate to apply their benefit to other children and young people.

Prior to the outbreak of COVID-19, concern was voiced about vulnerable children and young people. Dunn J, 2019, 'At Risk Children', File on 4:

'A big thing is lack of trust. They've been let down by adults. They've been let down by adults that they trust, that they care about, that they loved':

[http://downloads.bbc.co.uk/rmhttp/fileon4/12\\_residential.pdf](http://downloads.bbc.co.uk/rmhttp/fileon4/12_residential.pdf)

This Report is a voice for them.

# SUMMARY OF RECOMMENDATIONS

## 1. PRE-COVID-19: AN UNDERFUNDED RESEARCH AND SERVICE LANDSCAPE FOR CHILDREN AND YOUNG PEOPLE:

- 1.1 A cross-Government Department Commission on the funding of Children and Young People's Mental Health provision to encompass NHS and other budgets.

## 2. RESEARCH FINDINGS IN THE UK AND ELSEWHERE: IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH:

- 2.1 Prioritise high quality data with accelerated access for researchers to the administrative and survey data and linkage between them. This will support policy evaluation
- 2.2 Adopt a multi-sector approach as a matter of urgency to improve the mental health and wellbeing of the current cohort of children and young people, with all practitioners working with children taking a participatory role
- 2.3 Public health and education together with 'whole school' approaches to be prioritised in the promotion of mental health
- 2.4 Schools to be among the last institutions to close and the first to open during the course of the pandemic
- 2.5 All schools to be supplied with the resources to provide an in-school counselling service staffed only by paid professional counsellors who are accredited by an organisation that holds a PSA Accredited Register
- 2.6 All schools to be allocated the resources and facilities to move this service to an online platform when necessary.

## 3. FINDINGS FROM THE HISTORIC IMPACT OF SOCIOECONOMIC POLICIES AND THE NEED TO LEVEL UP:

- 3.1 Attempts to enhance early care-giving and to support parents who are struggling should be a focused public health target for prevention and early intervention
- 3.2 The UK has a wealth of experts in parenting and mother-infant attachment; shown to be a cornerstone of healthy relationships. Policy design for new parents should draw on this rich research base
- 3.3 Early intervention strategies designed to enhance children's outcomes should prioritise measures to improve parent-child interactions in addition to providing educational and practical support.

#### **4. FINDINGS OF THE IMPACT OF PANDEMIC COVID-19 POLICIES ON CHILDREN WITH DISABILITY, FROM MIGRANT, REFUGEE, CULTURALLY AND ETHNICALLY DIVERSE AND SOCIOECONOMICALLY DEPRIVED COMMUNITIES:**

- 4.1 Future policies designed to address issues related to the current pandemic must take into account and make special provision for children and young people with special educational needs, disabilities, those with an existing mental health condition, those from marginalised (culturally and ethnically diverse, migrants, asylum seekers and refugees) and socioeconomically deprived communities as well as those in Local Authority Care, in custodial accommodation, or living in violent or abusive home environments
- 4.2 Children's voices to be empowered and placed at the centre of decision-making regardless of developmental ability or chronological age
- 4.3 In the event of future lockdowns, a robust strategy for remote education to be implemented, to include enabling access to all needful devices and adequate internet provision for all children and young people
- 4.4 Regular, high-quality national data collection via household surveys that focus on children and young people and their particular circumstances
- 4.5 Data from surveys to be presented age, gender and socioeconomically disaggregated and include monitoring of changes over time
- 4.6 The research governance infrastructure to be improved to remove the barriers to data access and linkage
- 4.7 Resources allocated to facilitate regular research of vulnerable subgroups so that any and all proposed policy measures are appropriate, accessible and win the trust of the population that it is hoped to learn more about.

#### **5. THE POTENTIAL SOCIO-ECONOMIC AND INTRA-GENERATIONAL FALL-OUT:**

- 5.1 The Government to adopt a cross-departmental and intensive early intervention approach to the treatment of mental health problems in children and young people
- 5.2 The Government to prioritise strategies to ensure the widest availability of and access to healthy and nutritious food for all children over the continued duration of the pandemic and beyond.

#### **6. THE PRESENT SITUATION IN THE DEVOLVED UK: GOOD PRACTICE AND SHORTCOMINGS:**

- 6.1 A collegiate approach between the home nations in this policy area; initiated by a joint strategy statement exploring common ground from the four Children's Commissioners.

## **7. THE INTERNATIONAL PERSPECTIVE: FINDINGS AND RESPONSES:**

- 7.1 A permanent global standing 'Post Covid Forum' with representation and membership across the international spectrum (possibly convened initially by the World Health Organisation and the United Nations). The aim would be to draw lessons from this pandemic and advise necessary precautionary /preparatory action in case of future such catastrophes. The emotional and mental health and wellbeing of children and young people should be central to all actions taken and decisions made.**

## **8. LESSONS FROM ILLUSTRATIVE CASE STUDIES; THE VOICE OF THE COVID GENERATION:**

- 8.1 A rapid expansion of the research base into the direct experience of children and young people to improve the quality of decision-making on matters concerning them by policymakers and to ensure that all policy-making will be child-centric**
- 8.2 Research into the ways in which COVID-19 affects children and young people (to include Long Covid) to be prioritised. At the moment the knowledge base about this disease is limited because its effects on the under 30 age group are not widely analysed**
- 8.3 A restructuring of pastoral provision within school; appointment of a Senior Leadership Team member in every school with responsibility for pupil, teacher and family wellbeing. The post should be remunerated on the salary spine and co-exist alongside Mental Health Leads and a paid counsellor/therapist in every school.**

## **9. THE WAY FORWARD FOR CHILD MENTAL HEALTH AND WELLBEING IN A POST PANDEMIC WORLD:**

- 9.1 A radical overhaul of our national approach to wellbeing and mental health for children, young people, and families incorporating promotion of wellbeing and good mental health, and prevention and treatment of mental health problems.**

## 1. PRE-COVID-19: AN UNDERFUNDED RESEARCH AND SERVICE LANDSCAPE FOR CHILDREN AND YOUNG PEOPLE

Less than six months prior to the outbreak of COVID-19 children and young people's mental health services were starkly undervalued and underfunded.

In October 2019, they accounted for less than 1% of all NHS spending.

Yet the 'real' cost of observing traditional patterns of under-spend may be incalculable.

Those whose capacity to function is impeded by adverse mental health risk disruption to family, peer and other relationships and an impaired ability to cope with the activities of daily life. The trajectory into adulthood is poorer health, educational, occupational and social disadvantage and an accompanying bill to services inclusive of (but not exclusive to) the NHS.

This is a profligate rather than prudent use of limited resources.

Current arguments for 'parity of resource, access and outcome for mental health in England' (British Medical Association, 7<sup>th</sup> September 2020) do not presuppose a level playing field and those making that case for children's mental health services might indeed feel that they have been 'hamstrung' by history.

In England, prior to the pandemic, a House of Commons Select Committee report found that just under a third of children with mental health problems are able to access the care they need (House of Commons Committee of Public Accounts, 2018, 'Mental health services for children and young people', Seventy-Second Report of Session 2017-19. London: The Stationery Office).

Historical levels of underfunding and increased demand have restricted service delivery and frustrated the outcomes of Child and Adolescent Mental Health Services (CAMHS).

Between 2013/14 and 2014/15, referral rates increased five times faster than the CAMHS workforce and in 2015, nearly 19,000 children received admission to hospital after self-harming; a 14% rise over three years.

The Local Government Association found that:

<https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and>

- In 2017, more than 338,000 children were referred to CAMHS and less than a third received treatment within the year
- One in four children referred for treatment to specialist services by GPs or teachers are turned away
- Around 75% of young people experiencing a mental health problem are compelled to wait for so long that their condition deteriorates or they are unable to access any treatment at all.

The NHS Long Term Plan assurance that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending (NHS England, 2019, The NHS Long Term Plan, London: NHS England) is therefore welcome - but of an additional £1.7 billion pledged until the end of 2020, much still needs to be spent on the children in need of it.

All too often, there is national and local government failure to assess the impact that the wider direction of decision-making will have on mental health.

UK strategies steered by austerity have had a particularly adverse effect on children and lone parents/carers. Support hubs such as children's centres have been closed due to a reduction in local government budgets – with the likely consequence that the burden on specialist services will be increased.

As children spend so much time there, schools have been identified as appropriate, much-needed sites for mental health promotion (Danby G and Hamilton P, 'Addressing the elephant in the room - The role of the primary school practitioner in supporting children's mental well-being', *Pastoral Care in Education*, 2016.34, 2:90-103) with teachers considered to be ideally situated to identify issues concerning the social and emotional health and wellbeing of their pupils (Graham A et al, 2011, 'Supporting children's mental health in schools: teacher views', *Teachers and Teaching*, 17:4, 479-496).

Successive studies show teachers to be enthusiastic about this responsibility but also expose the existence of barriers including a reduction in the services available to which they can signpost and refer (House of Commons Education and Health and Social Care Committees, 9 May 2018, the Government's Green Paper on mental health: failing a generation).

Research on Initial Teacher Training (ITT) and Children's Mental Health is sparse; particularly in the Primary phase and very little specific mention is made of Children's Mental Health in the Teacher Standards, the 2016 Framework for ITT in the 2017 Green Paper on Transforming Children and Young People's Mental Health Provision.

A 2018 study of Post Graduate Certificate in Education (PGCE) trainees found that participants had a creditable understanding of their role as teachers in supporting children's mental health (Hunter L, 2018, 'Do PGCE trainees feel effectively prepared to support children's mental health in the classroom?') and felt well served by their course in this respect. However, this does not pertain to all teaching courses and it is not a mandatory component of the ITT Core Content Framework.

Play influences every child's sense of happiness and overall mental wellbeing; their ability to cope in times of heightened anxiety and their personal development and learning trajectory throughout childhood. However, there has been a lack of research investment into children's play over at least the last forty years and what there has been has largely focused on physical benefits rather than mental wellbeing and the social and emotional developmental aspects of play.

The contrast between the national priorities for a) children's physical health and b) children's mental health is shown by the upwards of £2 billion invested in the PE & School Sports Premium (PESSP – primary schools only) fund since 2014 with the majority of the money going towards the cost of external (contractor) PE coaching.

In November 2019, PESSP funding guidance was modified to include 'encouraging active play during break times and lunchtimes', but the change was not publicised and the pandemic has prohibited subsequent evaluation.

At the same time, findings from the BaSiS project (one of the few substantial studies into the current quality of primary and secondary school playtimes in the UK, reporting about once a decade) showed a lack of clarity about the purposes of school break times, a perception from school staff that these should be short and tightly managed and noted that all too frequently, play times were commandeered for use as extra study support sessions.

'It is.... of concern as these students may miss out on important social opportunities to engage with peers and friends. In some cases, the pupils who miss out may be those who really need to develop socially.

There may even be implications for children's mental health and wellbeing, since it is likely that those who are struggling academically or to complete homework at home may also be those that need social support from friends':

<https://www.nuffieldfoundation.org/wp-content/uploads/2019/05/Final-report-School-break-and-lunch-times-and-young-peoples-lives-A-follow-up-national-study.pdf>

The decline in opportunities for outdoor play in places other than school settings is illustrated by findings from The Association of Play Industries' research showing national playground closures at crisis point with play facility spend decimated by 44% between 2017/18 and 202/21, a total of 347 closures since 2014 and a national decrease in playground spend of £25m by 2021:

<https://www.api-play.org/news-events/nowhere-play-campaign/>

A 2019 survey of over 1100 parents of children aged two to 12, revealed the extent to which public playgrounds feature in their day-to-day lives and the difficulties their children experience when they disappear. 9 out of 10 parents who were not close to a playground said that having access would make their child play outside more: <https://www.api-play.org/news-events/play-must-stay-campaign/>

The natural default place for children is now in front of a screen and a US study has demonstrated that a lack of free play could cause a rise in children's mental disorders:

<https://www.psychologytoday.com/gb/blog/freedom-learn/201001/the-decline-play-and-rise-in-childrens-mental-disorders>

An article published in 'The Lancet' connected a reduction in play-space available to children at home to increased stress and found that more free, outdoor play directly correlates with reduced stress in children, dramatically improving their mental health:

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(17\)30092-5/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(17)30092-5/fulltext)

The above is what happens when the direction of policy dictates that for the last decade only around £9 per person affected by mental illness has been spent year on year:

<https://www.mqmentalhealth.org/?s=Research+Funding+Landscape&lang=en-GB>

By contrast, total spending on cancer research equates to £288 per person affected (MQ: Transforming Mental Health, 2018, UK mental health research funding, 2014-2017. London: MQ: Transforming Mental Health).

It is unsurprising therefore, to conclude that the funding scenario for children's mental health and emotional wellbeing is bleak and reasons for this may include:

- Traditional and persistent patterns of stigma and lack of understanding around mental health leading to a lower prioritisation of CAMHS; today's spending choices constrained by historic models

- Until recently, there has been little or no data about children’s mental health and no national targets for CAMHS affording clinical commissioning groups less incentive to invest in these services
- Lobbyists for spend on new technologies and drugs prevailing over those who make the case for resources devoted to treatments that are labour-intensive such as talking therapies
- Spending decisions weighted towards ‘the rule of rescue’; predicting that resources will go towards immediate, life-threatening cases and away from preventative strategies or early intervention – such as resolving incipient mental disorders at an early age

In 2016, the then Secretary of State for Health, Jeremy Hunt said:

‘I think we are letting down too many families and not intervening early enough when there is a curable mental health condition which we can do something about when a child is eight or nine..... I think this is possibly the biggest single area of weakness in NHS provision at the moment. There are too many tragedies because children develop eating disorders or psychosis or chronic depression, which is then very difficult to put right as they get older’:

<https://www.theguardian.com/society/2016/oct/20/jeremy-hunt-promises-better-mental-health-services-children-adolescents>

Post-pandemic, these comments offer a good standpoint from which to address the research and service landscape for children and young people’s mental health - starting with funding.

Recommendation:

- 1.1 A cross-Government Department Commission on the funding of Children and Young People’s Mental Health provision to encompass NHS and other budgets.

## 2. RESEARCH FINDINGS IN THE UK AND ELSEWHERE: IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

It is difficult to establish direct mental health impacts of the pandemic on children and young people because we cannot know how this cohort would be faring right now if we were not in the throes of COVID-19. Conjecture should be qualified by the caveat that more longitudinal and methodologically stronger studies are needed before conclusive statements about the effect of the pandemic on children and young people's mental health can be made.

Current findings are reflective of diverse observation windows (whether the baseline was in the pre-Covid era or the first lockdown) and potentially imperfect sampling strategies (likely over-sampling affluent parents and under-sampling the most deprived young people).

While findings are mixed, one early longitudinal examination of changes in childhood mental health 'Longitudinal increases in childhood depression symptoms during the COVID-19 lockdown', Giacomo Bignardi et al, infers that during the UK lockdown (April-June 2020) there was a significant increase in children's depressive symptoms relative to pre-lockdown:

<https://pubmed.ncbi.nlm.nih.gov/33298552/> and other studies suggest similar patterns globally (Qi M, Zhous S-J, Guo Z-C, et al. 'The Effect of Social Support on Mental Health in Chinese Adolescents During the Outbreak of COVID-19,' J Adolesc Heal. 2020;67(4):514- 518.doi:10.1016/j.jadohealth.2020.07.001) and (Banks J, 'The Mental Health Effects of the First Two Months of Lockdown and Social Distancing during the COVID-19 Pandemic in the UK', 2020):

<https://www.ifs.org.uk/publications/14874>

The scale of this is expected to emerge (together with the true extent of exposure to risk factors) when combined with outcomes from larger scale epidemiological studies.

Numerous surveys to date have found the mental health of young people to be disproportionately affected in comparison with that of older adults (Pierce M, Hope H, Ford T et al, 'Mental health before and during the COVID-19 pandemic; a longitudinal probability sample survey of the UK population', The Lancet Psychiatry, 2020;7(10):883-892.doi:10.1016/S2215-0366 (20)30308-4) and the National Child Mortality Database identified the possibility of an under-18s suicide growth during the first period of UK lockdown:

<https://www.ncmd.info/wp-content/uploads/2020/07/REF253-2020-NCMD-Summary-Report-on-Child-Suicide-July-2020.pdf>

Recent data from Japan showed a rise in female, adolescent and child suicide (Tanaka T and Okamoto S, 'Increase in suicide following an initial decline during the COVID-19 pandemic in Japan', Nat Hum Behav January 12 2021 doi:10.1038/s41562-020-01042-z) at variance with earlier findings from high-income countries (John A, Pirkis J, Gunnell D, Appleby L, Morrissey J, 'Trends in suicide during the covid-19 pandemic', BMJ.2020;371(November):1-2. doi:10.1136/bmj.m4352).

It is uncertain that this pattern will be replicated in the UK during the course of the pandemic, but the likelihood is that existing known risk factors (including depression, hopelessness, feelings of entrapment and burdensomeness, substance misuse, loneliness, exposure to domestic violence, child neglect or abuse and socio-economic deprivation) will become entrenched.

Suicide is the leading cause of death in England and Wales for the 5-19 age group and self harm is rising (McManus S, Gubnnell D, Cooper C et al, Prevalence of non-suicidal self-harm and service contact in England, 2000-14; repeated cross-sectional surveys of the general population. The Lancet Psychiatry. 2010; 6(7):573581.doi:10.1016/S2215-0366 (19)30188-9).

Appropriate services should therefore be made available for children and young people in crisis (and those with new or existing mental health problems) in tandem with the provision/strengthening of safety nets for families and children facing financial hardship.

The strongest evidence on the prevalence of mental health problems in children and young people during the pandemic comes from the 2020 NHS Digital Survey (NHS Digital, Oct 2020, 'Mental Health of Children and Young People in England, 2020': Wave 1 follow up to the 2017 survey':

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>  
[https://files.digital.nhs.uk/AF?AECD6B/mhcyp\\_2020\\_rep\\_v2.pdf](https://files.digital.nhs.uk/AF?AECD6B/mhcyp_2020_rep_v2.pdf)

The national probability sample includes 3,570 children and young people (5-22 years) in England who participated in the 2017 wave of the study. This wave was conducted via an online survey of parents, children and young people in July 2020 when England was not in full lockdown, but undergoing many pandemic-prompted restrictions. 16% of children (aged 5-16 years) were identified as having a 'probable' mental disorder in July 2020; an increase from 10.8% in 2017 in all children across the age span.

In the Co-SPACE study, data was amassed from a convenience (not representative of the UK population) sample on monthly changes. A recent report produced

during the course of the project displayed monthly variance in mental health symptoms amongst participating families from March to October (Co-SPACE Study, November 2020, Report 06; Changes in children and young people's mental health symptoms from March to October 2020):

<https://cospaceoxford.org/findings/>

The latest Co-SPACE report includes data up to February 2021:

[https://cospaceoxford.org/wp-content/uploads/2021/03/Report\\_09\\_15march2021.pdf](https://cospaceoxford.org/wp-content/uploads/2021/03/Report_09_15march2021.pdf)

This updated report showed that mental health symptoms increased again when lockdown restrictions were tightened (with most children learning from home) in January and February 2021.

Based on parent report data, behavioural and restless/attentional difficulties increased during lockdown from March to June; especially in primary school aged children (4-10 years old). In secondary school-aged children (11-17 years old) emotional difficulties lessened slightly at the beginning of lockdown (March-April). There was an overall reduction in emotional, behavioural and restless/attention difficulties after lockdown eased from July; continuing throughout the summer holidays and opening of schools in September (especially in primary-aged children). However, those with special educational needs or neurodevelopmental disorders and those from lower income households (<£16,000 pa) had elevated levels of difficulty throughout the March-October period.

Lockdown and enforced proximity to adult behaviour has had other, perhaps less well-publicised, outcomes for children.

There is substantial evidence that children's future relationship with alcohol is shaped by the way their parents drink at home and new research indicates that during COVID-19 lockdown, British parents are drinking significantly more and in different ways. A new study of 83 countries including the UK reports that:

'The impact of the burden of home schooling and childcare on parents appears to enhance drinking behaviours' (Sallie SN et al, 2020, 'Assessing international alcohol consumption patterns during isolation from the COVID-19 pandemic using an online survey: highlighting negative emotionality mechanisms', *BMJ Open* 2020;10:e044276.doi:10.1136/bmjopen-2020-044276).

The Royal College of Psychiatrists' analysis of the indirect effects of COVID-19 on drinking habits found that in England the number now drinking at a 'higher risk' level almost doubled in 4 months 'over 8.4 million people are now drinking at higher risk, up from just 4.8 million' (Royal College of Psychiatrists (RCP),

'Addiction services not equipped to treat the 8 million people drinking at high risk during pandemic'):

<https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2020/09/14/addiction-services-not-equipped-to-treat-the-8-million-people-drinking-at-high-risk-during-pandemic-warns-royal-college>

The key point is that 'regardless of whether parents drink more alcohol in COVID-19 lockdown, their children are far more likely to see them drink simply because they are at home. And this is happening at a time when substantial evidence indicates the intergenerational transmission of alcohol habits and alcohol misuse through parental role modelling' (Sigman Aric, 2020, 'COVID-19 and alcohol; parental drinking influences and the next generation', BMJ 2020; 369:m2525): <https://doi.org/10.1136/bmj.m2525>

COVID-19 circumstances have served to highlight the wider scenario of children, parental drinking and next generation alcohol problems.

There are now new concerns that the research focus on children of parents with formal alcohol use disorders has eclipsed the potentially wider-reaching effects of the far greater number of parents who may not have an actual alcohol use disorder but drink at 'subclinical' level on the development of depression and anxiety in their children (Lund IO et al, 2019, 'Association of Constellations of Parental Risk With Children's Subsequent Anxiety and Depression: Findings from a HUNT Survey and Health Registry Study', JAMA Pediatr. 2019; 173(3):251-259. doi:10.1001/jamapediatrics.2018.4360).

One study found that many younger children displayed clinginess, fluctuating sleep patterns, nightmares and fear (Di Giorgio E, Di Riso D, Mioni G, Cellini N, 'The interplay between mothers' and children behavioural and psychological factors during COVID-19; an Italian study', Eur Child Adolesc Psychiatry Res 2020. doi:10.1007/s00787-020-01631-1) and (Singh S, Roy D, Sinha K, Parveen S, Sharma G, Joshi G, 'Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations', Psychiatry Res. 2020.doi:10.1016/j.psychres.2020.113429).

However, it is possible that the impacts on pre-school age children will be seen more fully at a later stage in light of the developmental implications.

The categories below contain risk factors with the potential for adverse impact upon the mental health of children and young people during the pandemic

- Children with a probable mental health disorder were more than twice as likely (16.3%) to live in a household in payment arrears than those unlikely to have a mental health problem (6.4%), (NHS Digital Survey, as above)
- Children with a parent who had experienced psychological distress had a higher probability of mental disorder (30.2%) compared with those who did not (9.3%), (NHS Digital Survey, as above)
- Children with a probable mental disorder were more likely to be living in a family who reported problems with functioning as a unit (23.8%) compared with those who were unlikely to have a mental health disorder (11.7%), (NHS Digital Survey, as above)
- Children with a probable mental health disorder were around five times more likely not to have eaten a family meal all week (4.8%) and not to have spent family time together (6.0%) than those unlikely to have a mental health disorder (1% and 1% respectively)
- Increase in levels of domestic violence and reported child abuse during the pandemic (Cuartas J, 'Heightened Risk of Child Maltreatment Amid the COVID-19 Pandemic can Exacerbate Mental Health Problems for the Next Generation', Psychol Trauma Theory, Res Pract policy. 2020.doi;10.1037/tra0000597) and (Usher K, Bhullar N, Durkin J, Gyamfi N, Jackson D. 'Family violence and COVID-19: Increased vulnerability and reduced options for support', Int J Ment Health Nurs. 2020;29(40):549-552.doi:10.1111/inm.12735)
- Children and young people from minoritised ethnic backgrounds experiencing racism during the pandemic have poorer mental health; notably Chinese children (Cheah CSL, Wang C, Ren H, Zong X, Ch HS, Xue X, 'COVID-19 Racism and Mental Health in Chinese American Families', Paediatrics. 2020;14695, doi:10.1542/peds.2020-021816) and Black non-Hispanic and Hispanic young people (Czeisler ME, Ma RIL, Petrosky E et al, 'Mental Health, Substance Use and Suicidal Ideation During the COVID-19 Pandemic', United States, June 224-30 2020. Morb mortal Wkly Rep. 2020; 69(32):1049-1057): <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>
- Increasing evidence that LGBTQ+ children and young people are experiencing greater mental health impacts during the pandemic than the general population (Fish JN, McInroy LB, Pacey MS et al, 'I'm Kinda Stuck at Home with Unsupportive Parents Right Now: LGBTQ Youths' Experiences With COVID-19 and the Importance of Online Support', J Adolesc Heal. 2020.doi:10.1016/j.jadohealth.2020.06.003)
- Wide-ranging data (NHS Digital Survey, as above) showing children and young people with an existing mental health disorder to be more likely not to have exercised outdoors during lockdown (15.0%), not to have read a book all week (47.8%), not to have an adult to whom they could turn as compared with those of the same age who did not have a mental health disorder (21.6% of those between 5-16 years as opposed to 11.5%)

- Children and young people with an existing mental health disorder were more likely than those who did not have a mental health disorder to have engaged in some health-risk activities (cigarettes/cannabis/other drugs) on four or more days in the week prior to the survey.

A report in The Lancet (COVID-19: 'The intersection of education and health', '23 January 2020):

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00142-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00142-2/fulltext)

states that since March 2020 over 1.5 billion students worldwide have been affected by school and university closures. Children have thus been deprived of the social and emotional interactions that are essential for their development and wellbeing.

In a survey of school children by Young Minds ('Coronavirus: Impact on Young People with Mental Health Needs', Young Minds, Autumn 2020):

<https://youngminds.org.uk/media/4119/youngminds-survey-with-young-people-returning-to-school-coronavirus-report-autumn-report.pdf>

23% of respondents said that there was less mental health support in their school than before the pandemic. The reduction of readily accessible school-based counselling has significantly lessened the child/young person's sense of autonomy and privacy when accessing these services.

The National Counselling Society (NCS) is especially concerned about the welfare of children and young people who have been unable to continue their access to school-based counselling and also that of those who had been on waiting lists for the services prior to the pandemic and now at further risk of being unable to access counselling or other support services for a prolonged period.

Although the vast majority of NCS Accredited Register counsellors now work remotely either by telephone or video conferencing, this may pose further obstacles for children and young people who are not necessarily in command of their own privacy and may not be able to access the requisite technology. School may have been a safe space for 'at risk' children, enabling them to speak out freely away from home; possibly with peer support.

In addition, the removal of 'social touch' as a consequence of the pandemic may be having a negative impact upon children's mental health and wellbeing.

Social play is a reinforcing experience whereby neural responses to physical play are tightly linked, reflecting a mental state of positive affect joined to release of the brain's endogenous opioid-mediated reward system:

<https://www.taylorfrancis.com/books/infant-play-therapy-janet-courtney/>

The impact of peer-to-peer touch on the emotional and mental wellbeing of children is beyond debate: <http://www.achild2child.co.uk/about.php> and the pattern of CT affiliative touch (McGlone F, Wessberg J, Olausson H, 'Discriminative and affective touch: sensing and feeling', *Neuron*. (2014) 82:737-55) appears to be similar in school-age children as in adults with the intensity of these responses increasing with age between childhood and adulthood.

This suggests that any deficit of affiliative touch in children, such as that occasioned by pandemic lockdown will have an adverse consequential impact on mental health across the lifespan (Bjornsdotter et al, 'Development of brain mechanisms for processing affective touch', *Front. Behav. Neurosci.* 2014; 8:24).

Understanding children's direct experiences is vital when coming to judgements about the effect of COVID-19 on their mental health.

'Coronavirus and my life: What children say' is a research project conducted between Children Heard and the Open University Children's Research Centre. The project surveyed children in England, Iceland, Slovenia and Norway and to date, has collated the experiences of over 500 respondents aged 3 to 18: [www.childrenheard.com](http://www.childrenheard.com)

The findings from the survey of participants (March-August 2020) included:

- Children's emotion word choices reflected mostly negative feelings about the pandemic; the most frequently referenced emotion words used by those completing the survey in English were 'bad', 'not good', 'scared' and 'sad'
- Children were highly conscious of the restrictions to their freedom and missed being able to exercise, pursue activities and go on special outings
- Children expressed overall concern for family members, missed playing with friends and the physicality of being with them both in and out of school and felt cut off from loved ones such as grandparents
- Children disliked a comprehensive range of pandemic features; the most mentioned being fewer social connections, worries over deaths, the spread of the virus, restriction and isolation
- Some children liked aspects of the pandemic including being with their family, the flexibility of learning at home, engaging more with neighbours and the local community
- Children showed an interest and knowledge about what it is like to experience the pandemic in different countries and shared feelings of vulnerability whilst trying to maintain their sense of safety
- Children's relationships with others were key to shaping ways in which they understood the pandemic

- The pandemic was described as important by children in relation to its immediate effect on health, history and wider social impact. Overall, children were contemplating the future with a mainly positive perspective.

It is important to acknowledge that some studies conducted early in the pandemic have shown children who had struggled with mental health problems prior to the outbreak reporting a reduction in symptoms (NIHR School for Public Health Research, August 2020, 'Young Peoples' Mental Health during the COVID-19 pandemic. Initial findings from a secondary school survey study in South West England'):

<https://sphr.nihr.ac.uk/research/young-peoples-mental-health-during-the-covid-19-pandemic/>

For some young people with Autism Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) additional time at home and spent on leisure activities has been pleasurable (Bobo E, Lin L, Acquaviva E et al, 'How do children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD) experience lockdown during the COVID-19 outbreak?', L'Encephale, 2020, doi:10.1016/j.encep.2020.05.011).

Although many children in Spain reported feeling sad, scared, bored, lonely, nervous and angry, they also recorded feeling calm, safe and happy with their families during the lockdown, furthering existing evidence that supportive families can promote positive mental health and reduce loneliness (Li S, Xu Q, 'Family support as a protective factor for attitudes toward social distancing and in preserving positive mental health during the COVID-19 pandemic', J Health Psychol. 2020. doi:10.1177/1359105320971697).

In summary, the best evidence that is available to date suggests that the mental health of a significant proportion of children and young people had deteriorated by July 2020.

Further high-quality data is needed to assess how they are faring currently but the impacts appear to be worst for those living in socioeconomically deprived circumstances (with parents who are also struggling) and who are at risk of abuse or neglect.

Access to remote education is poor for a sizeable proportion of children and young people, suggesting that it should be a policy priority to keep schools open where possible.

## Recommendations:

- 2.1 Prioritise high quality data with accelerated access for researchers to the administrative and survey data and linkage between them. This will support policy evaluation
- 2.2 Adopt a multi-sector approach as a matter of urgency to improve the mental health and wellbeing of the current cohort of children and young people, with all practitioners working with children taking a participatory role
- 2.3 Public health and education together with 'whole school' approaches to be prioritised in the promotion of mental health
24. Schools to be among the last institutions to close and the first to open during the course of the pandemic
- 2.5 All schools to be supplied with the resources to provide an in-school counselling service staffed only by paid professional counsellors who are accredited by an organisation that holds a PSA Accredited Register
- 2.6 All schools to be allocated the resources and facilities to move this service to an online platform when necessary.

### 3. FINDINGS FROM THE HISTORIC IMPACT OF SOCIOECONOMIC POLICIES AND THE NEED TO LEVEL UP

Poverty is among the most powerful risk factors for child development and the negative effects of early-life socioeconomic disadvantage are well reported (Luby J, Belden A, Botteron K et al, 'The effects of poverty on childhood brain development: the mediating effect of care giving and stressful life events', *JAMA Pediatr.* 2013; 167(120:1135-1142).

Children living in socioeconomic deprivation have poorer cognitive outcomes and school performance and are at a higher risk for antisocial behaviours and mental ill health. Developmental problems connected with poverty have been detected as early as infancy (Lipina SJ, Martelli MI, Vuelta B, Columbo JA, 'Performance on the A-not-B task of Argentinean infants from unsatisfied and satisfied basic needs homes', *Rev Interam Psicol.* 2005; 39:49-60); Brooks-Gunn J, Duncan GJ, 'The Effects of poverty on children', *Future Child*, 1997; 7(2):55-71.PubMedGoogleScholarCrossref).

Socioeconomic gradients are evident in children and adolescents for mental health issues, in accessing care, in recognition of diagnosable illness, being referred, treatment and management and those from socio-economically deprived communities are seen to be in receipt of high levels of antidepressant prescribing (John A, Wood S, Rees S, Wang T, Marchant AL, 'Mental Healthcare in Young People and Young Adults REPORT 2', NCEPOD, vol. 2, pp1-87, 2019): [https://www.ncepod.org.uk/2019ypmh/YPMHReport2\\_SWANSEA.pdf](https://www.ncepod.org.uk/2019ypmh/YPMHReport2_SWANSEA.pdf) (and John A, Marchant AL, Fone DL et al, 'Recent trends in primary-care antidepressant prescribing to children and young people: An e-cohort study', *Psychol.Med.*, vol.46, no.16, pp. 3315-3327, 2016, doi:10.1017/S003329171600209).

The adverse effects of poverty are prevalent world-wide.

A systematic review based on evidence from 23 countries indicated that children and adolescents experiencing socioeconomic hardship were two to three times more likely to develop mental health difficulties; particularly those under 12 (Reiss F, 'Socioeconomic inequalities and mental health problems in children and adolescents; A systematic review', *Social Science and Medicine*, vol.90. Pergamon, pp.24-31, Aug. 01, 2013, doi: 10.1016/j.socscimed.2013.04.026).

In addition, 'The Good Childhood' report 2020 (The Children's Society, 'The Good Childhood Report 2020' pp.1-49, 2020): <https://www.childrensociety.org.uk/sites/default/files/2020-11/Good-Childhood-Report-2020.pdf>

showed that UK children at age 15 have relatively low subjective wellbeing in comparison with other European countries included in the survey and also the largest rise in relative child poverty (around 4%) whereas the average increase across the 20 countries was around 2%. The report clarifies that this finding is correlational (and does not infer causation) but states that:

'It is possible that changes in child poverty over time may explain changes in life satisfaction. As children make comparisons with their peers, increases in inequality could lead to drops in children's life satisfaction. While this could particularly affect poorer children, it can affect all children to some extent.'

Some children however, have been shown to do well, despite exposure to financially insecure circumstances. Research has identified factors which can moderate the link between socioeconomic disadvantage and child mental health. A survey based on the Millennium Cohort Study reveals that persistent financial disadvantage in early life predicted poorer outcomes in cognitive ability, behavioural adjustment and pro-social behaviours in five-year-old children but these effects could be moderated variously by protective factors such as warm relationships with parents and maternal psychological wellbeing (Schoon I, Cheng H and Jones E, 'Resilience in children's development', *Child. 21<sup>st</sup> Century, First Five Years*, vol. 2, no. 0, pp. 235-248, 2010, doi: 10.2307/j.ctt9qgrfx.22).

There is an increased recognition of the significance of parenting quality in optimal child development and a growing realisation that this may be the vital mediating factor between childhood adversity, childhood poverty and child emotional, cognitive and health outcomes.

Luby et al (as above) demonstrated that exposure to adverse life events and poverty in early childhood materially affected the brains of 3 to 6-year-olds. Of greater relevance to policy formation and service delivery, these effects on the brain were mediated by the quality of parenting as well as stressful life events.

Within this rubric, the relationship with early caregivers becomes the template for attachments in all future relationships (Bowlby J, 1958, 'The nature of the child's tie to his mother. *The International Journal of Psychoanalysis*', 39, 350-373) and opinion is coalescing around the notion that early interventions aimed at improving maternal sensitivity (as opposed to support of an educational and practical nature alone) are significant in improving children's prospects (Wan MW, Green J, 2009, 'The impact of maternal psychopathology on child-mother attachment', *Archives of Women's Mental Health*. (12)3:123-134. 10.1007/s00737-009-0066-5).

Sensitive maternal care predicts social and cognitive outcomes during childhood and beyond such as the development of emotional self-regulation, pro-social behaviour, language facility and school academic achievement.

Conversely, it is now widely held that adverse childhood experiences (including abuse or neglect) bear direct relevance to higher rates of adolescent delinquency, teen pregnancy, substance misuse and mental illness in addition to adult criminality, poorer mental and physical health (Gilbert LK, Breiding MJ, Merrick MT et al, 'Childhood adversity and adult chronic disease: an update from ten states and the District of Columbia', 2010, *Am J Prev Med.* Mar 2015; 48(3):345-349) and ultimately suicide.

Mental health problems originating in childhood rarely end there. They can become embedded and strengthen during the life course; exerting attendant negative effects on a vast spectrum of health and wellbeing indicators including education, relationships, employment, income and social mobility. It is therefore logical that a socioeconomic policy context has, for many years been seen as crucial in effecting change.

Addressing child socioeconomic deprivation in modern times with the object of protecting them (in the main) from destitution began with the post war Beveridge report and family allowances.

From 1977-79, the then Labour Government replaced the family allowance with child benefit, paid directly to the mother for each individual child in the family; thereby establishing the tradition of a universal payment per child.

The 1999 Labour Government pledged to end child poverty in a generation and focused on a range of policy instruments including employment programmes, tax credits, childcare tax credits and child benefit to boost income for families living in poverty. Progress on this policy set slowed as the 2008 economic recession loomed; although successive governments have acknowledged that early intervention for struggling parents is key to improving the lives of current and future generations (Fang X, Brown DS, Florence CS, Mercy JA, 2012, 'The economic burden of child maltreatment in the United States and implications for prevention', *Child Abuse Negl*; 36(2) 156-165).

Particularly effective public health strategies have included the Family Nurse Partnership programme (based on an original US model) and the 1997 Labour Government's flagship Sure Start initiative; focusing on guiding vulnerable parents throughout pregnancy and the early years and especially on supporting parenting in poverty and coping as a single parent.

In a less auspicious programme, the Coalition Government's CanParent initiative offered classes for every parent/carer of children up to age five in the local authorities of Middlesbrough, Camden and High Peak between June 2012 and March 2014 at a cost of £2m.

The initiative attracted poor sign-up (only 4% of eligible parents) and the majority of participants were white middle-class mothers, thus exacerbating existing inequalities of access to available supports and failing to reach under-served parents.

Austerity policies of both the Coalition and Conservative Governments have entailed huge benefit cuts (including a cap on the total sum that any family could receive irrespective of family size) reductions in tax credits, housing benefit and for higher earning families, progressively higher levels of taxation on child benefit. Child poverty has been rising since 2015 and the trend is expected to persist for some time yet.

In 2016, the Conservative Government abolished the child poverty targets.

All of the above modifications have had a disproportionate impact on families with children. Universal Credit was designed to simplify the system and to ensure that working families are better off than those who do not have working members. However, it has proved to be extremely controversial; generating high levels of unpopularity and (as a result of the cuts) leaving many claimants worse off when moving onto it than they were under legacy benefits.

In 2017, Theresa May's Conservative Government published a Green Paper 'Transforming children and young people's mental health provision', promising additional funding to incentivise schools and colleges to employ specialist mental health support staff.

However, it is unlikely to so compensate for the reduction in other supports for children and young people, due to austerity: youth clubs, youth workers, after school provision and the loss of many grass roots organisations that were formerly funded by local authorities.

With the advent of the COVID-19 pandemic, the importance of the parenting role both to individuals and society has never been clearer.

During the pandemic, high quality longitudinal populations sampling (as opposed to convenience surveys) shows that parents are struggling; especially parents of pre-school aged children and those living in poverty (Pierce et al, 2020, 'Mental

Health Before and During the COVID-19 Pandemic; A Longitudinal Probability Sample Survey of the UK Population', *The Lancet Psychiatry*):  
[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30308-4](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30308-4)

Other data suggest a notable increase in possible child abuse during the pandemic (Bhopa S, Buckland A, McCrone R et al, 'Who has been missed? Dramatic decrease in numbers of children seen for child protection assessments during the pandemic', *Archives of Disease in Childhood*, 2021; 106:e6).

Social problems have increased and: 'by the coronavirus pandemic, the police recorded 259,324 offences (excluding fraud) flagged as domestic abuse-related in the period March to June 2020...This represents a 7% increase from 242,413 in the same period in 2019 and an 18% increase from 218,968 in 2018. (Office of National Statistics, 2020): <https://www.bbc.co.uk/news/business-52663523>

Among 11 to 16-year-old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder (NHS, 2020):  
<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

The final key element of parenting in poverty is the link with parental mental illness.

Currently, 1 in 4 children are exposed to maternal mental illness and this number appears to increase with child age. The cumulative risk is such that by the time a child is aged 16 there is a 53% chance they will have experienced maternal mental illness. (Abel KM, Hope H, Swift E et al, 'Prevalence of maternal mental illness among children and adolescents in the UK between 2005 and 2017: a national retrospective cohort analysis', *Lancet Public Health*, 2019, 4:e291-e300).

Recent research has found that children with lived experience of parental mental illness have markedly higher risk of broad socioeconomic adversity than other children (Pierce M, Abel KM, Mowonge J et al, 2020, 'Prevalence of parental mental illness and association with socioeconomic adversity among children in Sweden between 2006 and 2016; population-based cohort study', *Lancet Public Health* doi.org/10.1016/S2468-2667 (20)30202-4).

There is an urgent need to understand how socioeconomic adversity and parental mental illness influence vulnerability to poor life outcomes in these children.

## Recommendations:

- 3.1 Attempts to enhance early care-giving and to support parents who are struggling should be a focused public health target for prevention and early intervention
- 3.2 The UK has a wealth of experts in parenting and mother-infant attachment; shown to be a cornerstone of healthy relationships. Policy design for new parents should draw on this rich research base
- 3.3 Early intervention strategies designed to enhance children's outcomes should prioritise measures to improve parent-child interactions in addition to providing educational and practical support.

#### 4. FINDINGS OF THE IMPACT OF PANDEMIC COVID-19 POLICIES ON CHILDREN WITH DISABILITY, FROM MIGRANT, REFUGEE, CULTURALLY AND ETHNICALLY DIVERSE AND SOCIOECONOMICALLY DEPRIVED COMMUNITIES

Current evidence on the impact of COVID-19 on the mental health of children and young people with pre-existing disabilities (and those from disadvantaged or marginalised groups as above) is sparse and often methodologically weak. More rigorous studies are required in order to prepare policies that will better support them now and in future pandemics.

The limited available evidence suggests that COVID-19 specific policy should be cognisant of, and make special provision for, the particular requirements of children and young people with special educational needs and/or disabilities, those with existing mental health conditions, those from marginalised and socioeconomically deprived communities and those in Local Authority Care, in custodial accommodation or living in violent or abusive home circumstances.

Only then will the wellbeing of all the UK's children and young people be properly safeguarded and supported so that no one is left behind.

The consequences of COVID-19 are not the same for all children.

It is well understood that poverty and income inequality are strongly associated with mental health risk in children (Yoshikawa H, Aber JL, Beardslee WR, 2012, 'The effects of poverty on the mental, emotional and behavioural health of children and youth: implications for prevention', *American Psychologist*, 67(4), 272-284):  
<https://doi.org/10.1037/a0028015>

Policies designed to curtail the spread of the virus have brought periods of school closure, meaning remote learning for most children. Those impacted most severely have been the children living in poorer families without good internet access and lacking conditions at home that are conducive to study (Ofsted 2020, COVID-19 series: briefing on schools, November 2020):  
<https://www.gov.uk/government/publications/covid-19-series-briefing-on-schools-november-2020>

Although the evidence base to date is insufficient (national data collections have failed to recognise that children's experiences in the pandemic were both distinctive and worthy of measurement) a useful resource is a follow-up of the national probability sample 'Mental Health of Children and Young People Survey' funded by the Department of Health and Social Care and commissioned by NHS Digital (Sadler K et al, 'Mental health of children and young people in England, 2017':

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

First sample interviews in 2017 were succeeded by an online survey in July 2020, enabling life to be profiled during the first five months of lockdown. (Vizard T, Sadler K, Ford T, et al. (2020). Mental Health of Children and Young People in England 2020, Wave 1 follow-up to the 2017 survey.

[https://files.digital.nhs.uk/AF/AECD6B/mhcyp\\_2020\\_rep\\_v2.pdf](https://files.digital.nhs.uk/AF/AECD6B/mhcyp_2020_rep_v2.pdf)

Findings included:

- 19% of children lacked quiet 'learning space' at home
- 27% had no study desk or table
- 12% were without a computer or tablet
- 12% had no reliable internet service
- 26% lacked contact with someone at school
- 15% had no support with their home study from a parent.

Access to each of these learning supports was linked to the state of mental health and children with a probable mental disorder had least access to them.

Findings from an online survey of the parents of school-aged children from England, Wales and Northern Ireland showed that on average, those living in households with an annual income <£16,000 per year had elevated levels of emotional, behavioural and attentional difficulties compared to those living in households with an annual income >£16,000 (Skripkauskaitė S et al, 2020, Report 06, 'Changes in children and young people's mental health symptoms from March to October 2020):

[https://cospaceoxford.org/wp-content/uploads/2020/11/Report\\_06\\_-\\_Changes-in-children-and-young-peoples-mental-health-symptoms-from-March-to-October-1.pdf](https://cospaceoxford.org/wp-content/uploads/2020/11/Report_06_-_Changes-in-children-and-young-peoples-mental-health-symptoms-from-March-to-October-1.pdf)

In addition, a study in current preparation (Knowles G et al, REACH Schools Working Group, REACH Young Person's Advisory Group, Morgan C, 'The impacts of school closures and social restrictions on young people's mental health in the context of COVID-19') using data from a sample of 1,000 secondary school children in South London, who were surveyed before and during the pandemic, found that those living in precarious households (e.g. income reduction or 3+ housing problems during the pandemic) were at greater risk of mental health problems between May-August 2020.

'Stay at home, stay safe' does not work for everyone and for some children and young people, 'home' is a place of risk not safety.

School/college closures and social distancing have led to some children being as good as imprisoned indoors and unable to evade 'the toxic trio' of domestic violence, substance abuse and poor parental mental health (Lumsden E, 2018, 'Child Protection in the Early Years; A Practical Guide) an all too familiar experience for some.

Before the onset of COVID-19, the Children's Commissioner estimated that 2.2 million children had been affected in some way by threats to their security (The Children's Commissioner for England (September 2020), 'Childhood in the time of Covid'):

<https://www.childrenscommissioner.gov.uk/report/childhood-in-the-time-of-covid> increasing the likelihood of adverse outcomes such as depression and anxiety, physical and sexual violence and unintended pregnancies in young people (Levine DT et al, 2020, 'Child safety, protection and safeguarding in the time of COVID-19 in Great Britain: Proposing a conceptual framework'. Child abuse and neglect, 110(Pt 2), p.104668).

One of the effects of COVID-19 has been to exacerbate existing threats to the safety of vulnerable children and young people. In pre-COVID times, the NSPCC found that 1 in 5 UK children were exposed to domestic abuse (Radford et al, 2013, 'The prevalence and impact of child maltreatment and other types of victimisation in the UK: findings from a population survey of caregivers, children and young people and young adults', Child abuse and neglect, 37(10), 801-813):

<https://doi.org/10.1016/j.chiabu.2013.02.004>

and reported an all-time peak increase of 32% in distress calls to their helpline during the first UK national lockdown. (NSPCC, 2020, 'Insight briefing: The impact of the coronavirus pandemic on child welfare: domestic abuse'):

<https://learning.nspcc.org.uk/research-resources/2020/coronavirus-insight-briefing-domestic-abuse>

This particular risk is referenced elsewhere.

During interim Ofsted school visits in England in November 2020, school leaders reported safeguarding concerns about pupils already identified as vulnerable due to a new deterioration in already difficult family circumstances (Ofsted, 2020, COVID-19 series; Briefing on schools, November 2020) and a reduction in child protective services arising from a combination of social distancing and relatively low levels of referrals (Romanou E, Belton E, 2020, 'Isolated and struggling. Social isolation and the risk of child maltreatment, in lockdown and beyond', London: NSPCC):

<https://learning.nspcc.org.uk/media/2246/isolated-and-struggling-social-isolation-risk-child-maltreatment-lockdown-and-beyond.pdf>

It is highly probable that a toxic mix of heightened susceptibility to being exposed to abuse and reduced access to protective services is likely to have disastrous and far-reaching effects on the mental health of children and young people.

The National Youth Agency has suggested that vulnerable children are at increased risk from exploitation from gangs (National Youth Agency, 2020, 'Hidden in Plain Sight – Gangs and Exploitation, a Youth Work Response to COVID-19'):

<https://nya.org.uk/2020/06/hidden-in-plain-sight/>

especially via the use of popular social media platforms such as TikTok, Snapchat and Houseparty (Guilbert K, 2020, Reuters):

<https://www.reuters.com/article/us-britain-coronavirus-slavery-drugs-trf/englands-covid-19-lockdown-feared-fuelling-child-trafficking-by-drug-gangs-idUSKBN27M1N2>

The disastrous effect on children and young people's mental health of exposure to violence, exploitation and abuse is unlikely to be short-term.

Research conducted prior to the pandemic has consistently shown that those who have experienced direct maltreatment or exposure to violence between adults are more likely to develop a wide range of mental health issues not just at the time of the incident – but also during their own adulthood (Kessler et al, 2010, 'Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys', British Journal of Psychiatry, 197, 378-85):

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2966503/>

and Vu NL et al, 2016, 'Children's exposure to intimate partner violence: A meta-analysis of longitudinal associations with child adjustment problems', Clinical Psychology Review, 46, 25-33):

<https://www.sciencedirect.com/science/article/abs/pii/S0272735815300982?via%3Dihub>

Children and young people in other vulnerable predicaments may also have been adversely impacted during the pandemic, including those in residential care and foster families (Vallejo-Slocker L, Fresneda J, Vallejo MA, 'Psychological wellbeing of vulnerable children during the COVID-19 pandemic', Psicothema. 2020; 32(40):501-501. doi:10.7334/psicothema2020.218). Available data is again limited, but a survey of care-experienced young people found half reporting feeling lonely more often during the first lockdown and nearly a quarter having less contact with their social worker than beforehand. A tenth had no contact at all (NYAS - National Youth Advocacy Service, May 2020, 'Young lives in Lockdown: NYAS survey of care-experienced children and young people during covid-19'):

<https://www.nyas.net/wp-content/uploads/NYAS-Coronavirus-Survey-Report-Young-Lives-in-Lockdown-May-2020.pdf>

In Autumn 2020, Ofsted inspectors raised concerns about young people moving into secure children's homes during the pandemic. The required isolation period of 14 days resembled punitive solitary confinement and led to some children displaying increased anxiety, self-harming or behaving violently (Ofsted, 2020, COVID-19 series: briefing on children's social care providers, November 2020): <https://www.gov.uk/government/publications/covid-19-series-briefing-on-childrens-social-care-november-2020>

Feelings of fear, sadness, anger, hopelessness and worry about the virus were also common in young people in the care system who were now living apart from family and friends (Haffejee S, Levine DT, 'When will I be free: Lessons from COVID-19 for Child Protection in South Africa'. *Child Abus Negl.* 2020 Dec; 110: 104715. doi:10.1016/j.chiabu.2020.104715).

Again, data is limited but from a study in the USA, nearly two thirds of LGBTQ+ young people experienced increased psychological distress, anxiety and depression (Gonzales G et al, November 2020, 'Mental health needs among lesbian, gay, bisexual and transgender college students during the COVID-19 pandemic', *Journal of Adolescent Health*, 67(5) 645-648):

<https://www.sciencedirect.com/science/article/abs/pii/S1054139X20304882>

and some registered concern about being 'stuck at home with unsupportive parents', due to the pandemic (Fish JN et al, 9 September 2020, 'I'm kinda stuck at home with unsupportive parents right now', *LGBTQ Youth's Experience with COVID-19 and the Importance of Online Support*, *Journal of Adolescent Health*, 67(3), 450-452):

<https://www.sciencedirect.com/science/article/pii/S1054139X20303116>

Young Minds published their findings on the impact of the pandemic on young people with mental health needs in the summer of 2020 and found that a number of LGBTQ+ respondents said that their dysphoria had worsened because they felt they were unable to be their 'real selves' at home. Overall, 83% of respondents believed that their mental health had worsened because of COVID-19; citing a rise in loneliness and anxiety and those with eating disorders and history of self-harm increased these destructive behaviours (Young Minds, 2020, 'Coronavirus: impact on young people with mental health needs Survey 2: Summer 2020'):

<https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf>

In the Co-SPACE study, children and young people with special educational needs (SEN) and neurodevelopmental differences were found to have consistently high levels of emotional, behavioural and attentional difficulties throughout the pandemic (Co-SPACE Study, November 2020, 'Changes in children mental health symptoms from March to October 2020'):

<https://cospaceoxford.org/findings/changes-in-children-mental-health-symptoms-from-march-to-october-2020/>

Initial findings in that study that some SEND children experienced a decrease in emotional difficulties during the early stage of the first UK lockdown (end of March to end of May 2020) were qualified by later reports from the same study that followed children monthly between March 2020 to October 2020, finding that school-aged children with SEND had consistently higher levels of emotional, behavioural and attentional difficulties than their non-SEND peers.

Unlike non-SEND children, the problems they were experiencing did not lessen between July and October 2020.

However, some children with significant anxiety disorders and others with neurodevelopmental disorders including Autism Spectrum Conditions or ADHD are known to cope well with remote learning and there is some evidence of an improvement in their mental health during the early part of the first lockdown. Despite this, these children are likely to struggle more than their peers when schools re-open and will need extra support to negotiate the inevitable disruptions to, and differences in, the school environment as the pandemic progresses:

<https://sphr.nihr.ac.uk/research/young-peoples-mental-health-during-the-covid-19-pandemic/>

It has been suggested that the impact of closing special schools and day-care centres may trigger behavioural regression in children with SEND as they 'lose an anchor' in life. Their lack of understanding about the reasons for the sudden change in their trusted social patterns and supports may lead to angry outbursts and conflicts with parents and other adults in caring roles (Lee J, 2020, 'Mental health effects of school closures during COVID-19', *Lancet. Child Adolesc. Health*, S2352-4642(20)30109-7. doi: 10.1016/S2352-4642(20)30109-7).

Prior to the pandemic, research indicated that people from Black, Asian and Minority Ethnic groups (BAME) in the UK were significantly more likely to experience mental health difficulties and have problems accessing care (Smith S, Gilbert S, Ariyo K et al, 2020, 'Multidisciplinary research priorities for the COVID-19 pandemic', *Lancet Psychiatry*, 7 e40):

[https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(20\)30247-9.pdf](https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(20)30247-9.pdf)

There are very few studies from the pandemic relating specifically to young people from these communities, but children in Black British, Black African and Black Caribbean families in the UK are more likely to be living with lone-parents and potentially experiencing heightened stress due to socioeconomic insecurity.

Data from a limited number of studies show that children and young people from BAME backgrounds were more likely to report negative experiences of the lockdown (Children's Commissioner for Wales, September 2020, 'Coronavirus and Me: Experiences of children from Black, Asian and minority ethnic groups in Wales'):

[https://www.childcomwales.org.uk/wp-content/uploads/2020/09/Briefing\\_Report\\_E\\_2020\\_FINAL.pdf](https://www.childcomwales.org.uk/wp-content/uploads/2020/09/Briefing_Report_E_2020_FINAL.pdf)

have felt that they were not 'heard' (Barnardo's, 2020, 'In our Own Words: A report on how COVID-19 has affected the mental health of the young people we support'):

<https://www.barnardos.org.uk/mental-health-covid19-in-our-own-words-report>

and worried about being at increased risk themselves of catching the virus (Barnardo's, August 2020, Devalued by forces beyond our control'):

<https://www.barnardos.org.uk/news/barnardos-young-people-speak-truth-power-about-life-lockdown>

The British Society of Paediatric Dentistry has noted that children from BAME backgrounds (already at a high risk from caries or periodontal disease) may be less likely to be taken to visit a dentist during the pandemic, therefore increasing their risk of the physical and mental distress of tooth decay):

<https://www.bspdp.co.uk/kidsvids>

Racism and racial discrimination are associated with poor mental health in children and young people (Cheah CSL, Wang C et al, 'COVID-19 Racism and Mental Health in Chinese American Families', *Pediatrics*. 2020; 146(5) doi:10.1542/peds.2020-021816). Types listed in the study taken since the onset of COVID-19, include online direct discrimination, online vicarious discrimination, health-related Sinophobia and media Sinophobia. The same study found that anxiety symptoms and internalising problems were associated with all types of racial discrimination and Sinophobia.

There is very little evidence or mention of the impact of COVID-19 on migrants, asylum seekers or refugees and this is extremely worrying but it has been argued that restrictions imposed during the pandemic and the resulting economic fallout were likely to disproportionately affect the mental health of immigrants worldwide (Mia MA, Griffiths MD, 2020, Letter to the Editor: 'The economic and mental health costs of COVID-19 to immigrants', *Journal of Psychiatric Research*, 128, 23-24):

<https://doi.org/10.1016/j.jpsychires.2020.06.003>

The current dispersal policies see families being relocated far from support networks with cultural differences and unfamiliar environments compounding feelings of isolation (Paton et al, 2020, 'Submission of evidence on the

disproportionate impact of COVID 19, and the UK government response, on ethnic minorities and women in the UK. UNSPECIFIED).

Moreover, given that pre-pandemic research suggested that child migrants and those seeking asylum or who are refugees are at increased risk of developing mental health problems it is extremely probable that they will fare even worse during the pandemic. (Kroening A, Dawson-Hahn E, 2019, 'Health considerations for immigrant and refugee children', *Advances in Pediatrics*, 66, 87-110):

[https://www.advancesinpeditrics.com/article/S0065-3101\(19\)30013-1/fulltext](https://www.advancesinpeditrics.com/article/S0065-3101(19)30013-1/fulltext)

As expected, robust research is required to understand the mental health impacts of policies related to COVID-19 on these already incredibly vulnerable groups of children and young people.

#### Recommendations:

- 4.1 Future policies designed to address issues related to the current pandemic must take into account and make special provision for children and young people with special educational needs, disabilities, those with an existing mental health condition, those from marginalised (culturally and ethnically diverse, migrants, asylum seekers and refugees) and socioeconomically deprived communities as well as those in Local Authority Care, in custodial accommodation, or living in violent or abusive home environments
- 4.2 Children's voices to be empowered and placed at the centre of decision-making regardless of developmental ability or chronological age
- 4.3 In the event of future lockdowns, a robust strategy for remote education to be implemented, to include enabling access to all needful devices and adequate internet provision for all children and young people
- 4.4 Regular, high-quality national data collection via household surveys that focus on children and young people and their particular circumstances
- 4.5 Data from surveys to be presented age, gender and socioeconomically disaggregated and include monitoring of changes over time
- 4.6 The research governance infrastructure to be improved to remove the barriers to data access and linkage
- 4.7 Resources allocated to facilitate regular research of vulnerable subgroups so that any and all proposed policy measures are appropriate, accessible and win the trust of the population that it is hoped to learn more about.

## 5. THE POTENTIAL SOCIO-ECONOMIC AND INTRA-GENERATIONAL FALL-OUT

Early-onset mental health disorders can affect children and young people for many years to come with severe outcomes for their educational development, employment, income, lifestyle choices and physical health. As planning for life beyond the pandemic gathers pace, the extent of the damage will emerge.

There is already a wealth of evidence demonstrating that school closures cause widespread harm to children and young people. Educational attainment is an obvious casualty, but the devastation to their physical and mental wellbeing is both insidious and tenacious.

A UNESCO report found 1-5 billion pupils and students to be subject to unforeseen school and university closure programmes courtesy of the pandemic entailing disruption to their education that is expected to have long-term consequences: <https://en.unesco.org/news/13-billion-learners-are-still-affected-school-university-closures-educational-institutions>

In the UK, The London School of Economics calculated that pupils had lost 105 days of education by October 2020 as a result of lockdown with figures set to rise following the January 2021 move to digital learning and subsequent cancellation of A and GCSE Level examinations: <https://blogs.lse.ac.uk/covid19/2020/10/02/the-economic-cost-of-uk-school-closures/>

The UK Government's school closure programme has had the unfortunate effect of emphasising inequalities and promoting socioeconomic disparity to the disadvantage of children from poorer families. They may have neither the necessary equipment to make a success of online learning, nor the benefit of 'hands on' guidance from parents who may themselves be hampered by their own educational short-comings or time-related pressures if they are key workers.

Meeting the requisite qualification for a free school meal (FSM) is one of the ways in which children's various experiences of lockdown may be gauged.

One survey shows that 20% of FSM recipients have no computer at home compared to 7% of those not receiving FSMs: [https://www.llakes.ac.uk/sites/default/files/LLAKES%20Working%20Paper%2067\\_0.pdf](https://www.llakes.ac.uk/sites/default/files/LLAKES%20Working%20Paper%2067_0.pdf)

From the same source, 15% of those taking FSMs were recorded as receiving 4+ pieces of offline schoolwork during the first lockdown compared with 21% of children who were not receiving FSMs. In addition, a substantial body of evidence

supports the theory that children living in low-income households are more disadvantaged by the annual long summer holiday than those from more affluent homes:

<https://journals.sagepub.com/doi/full/10.1177/0907568218779130>

For poorer families, such lengthy home-bound breaks mean more financial worries, food precarity and the absence of the health-promoting or culturally-enriching activities that are available for children in school during term time.

However, school closures affect poorer pupils in another way too, because the school is an integral fount of healthy and reliable food.

In 2014, a study found the UK ranked as the 8<sup>th</sup> worst-performing of 41 economically developed nations at ending hunger, improving nutrition and achieving food security:

<https://foodfoundation.org.uk/new-evidence-of-child-food-insecurity-in-the-uk>

UNICEF has said:

‘Children who are exposed to food insecurity are more likely to face adverse health outcomes and developmental risk...Food hardship among children also predicts impaired academic performance, and is positively associated with experiencing shame at being out of food, and behavioural problems.’

and in January 2021, the UK Government faced a torrent of criticism and accusations of profiteering when images of the contents of nutritionally inadequate food hampers featured on the internet and in many media outlets.

In times of paramount stress and uncertainty, a secure family environment is considered to be a strong protective factor. Parents in lockdown have to juggle their children’s time and behaviours all the while managing their own anxiety and worries.

‘Healthy parenting, engaging in interactive play activities, practising mental health hygiene, maintain consistent routine, (promote) healthy behaviour.’ (‘Children’s Post-Disaster Mental Health’, Curr Psychiatry Rep 18,53):

<https://link.springer.com/article/10.1007/s11920-016-0691-4>

Access to the outdoors and to nature (steadily declining over recent decades) has been severely restricted during the initial weeks of lockdowns and especially for children living in socioeconomically deprived conditions. Options for physical activity have narrowed drastically, gyms have closed, sports activities have been

restricted, access to outdoor spaces limited and a vastly greater amount of time is being spent indoors.

Data from the Active Lives Children and Young People's Survey (Sport England, 2020, 'Children's experience of physical activity in lockdown. Think Active') have revealed a steep decline in physical activity during the first UK lockdown. 43% of children under 16 were reported to have been engaging in less than 30 minutes of physical activity a day. Meanwhile, 7% of children aged 7-16 reported no attempts to stay active at all:

<https://www.thinkactive.org/wp-content/uploads/2020/07/Sport-England-Childrens-experience-of-physical-activity.pdf>

The NHS Digital survey (2020, as above) has estimated that one in six children and young people were likely to have a mental health disorder during the height of lockdown; up from one in nine in 2017.

While it is impossible at this stage to be definitive, evidence is likely to reveal that the closure of schools and other restrictions as described above have contributed to the observed decline in the mental health of children and young people in the UK. There is real risk that this unwelcome trajectory and its consequences will not disappear once measures contingent on the pandemic are lifted. Failing to intervene to mitigate such outcomes will potentially lead to large costs; not only for the individual but also for the Government and the wider economy.

It has been estimated that, prior to the pandemic, the Government was losing approximately £2.9 billion from a single cohort of individuals with depressive disorder between the ages of 16 and 40 (Bui M, 2020, 'Costing Young Minds', Intergenerational Foundation). The fiscal loss to the Government following COVID-19 is likely to be higher, due to the increased prevalence and severity of mental health disorders among young people during the pandemic.

A growing body of research has shown that mental health disorders can trigger behavioural and cognitive change, which, if experienced during significant stages of developmental transition, can influence educational attainment and employment outcomes throughout the life course.

One study (Lopez-Lopez, JA et al, 2020, 'Trajectories of depressive symptoms and adult educational and employment outcomes', BJ Psch open, 6, 1) investigated how different patterns of depressive symptoms might influence socioeconomic outcomes using data on the lives of individuals born between 1991 and 1992 in Avon, UK. The results demonstrated that those who had experienced high-level depressive symptoms in childhood adolescence and/or early adulthood were less

likely to have obtained a university degree by age 24 and more likely to be not in education, employment or training (NEET).

The worst outcomes were shown in those who had experienced depression since childhood; suggesting that children dealing with longstanding mental health issues are most at risk of struggling to find employment or training in later life. The years between 11-13 were identified as a turning point, because experiencing depressive symptoms at that point increased the likelihood of becoming NEET.

Individuals who experience persistent depression since childhood are 5.17 times likelier to be NEET by age 24 than someone who has never had depression. Also, the probability of becoming NEET for children who had high levels of depression throughout adolescence (but whose symptoms improve in adulthood) is 1.73 times higher than the probability for someone who had never had depression. Low motivation, impaired concentration and long-term absence during school have been identified as key explanations for these outcomes.

Other research findings suggest that such patterns also apply to mental health disorders more generally. A recent study by the National Centre for Social Research showed individuals with the most serious mental health problems aged 11-14 to be three times more likely not to achieve five A\*-C grades at GCSE level. (Smith, N and Marshall, 2020, 'The influence of mental health on educational attainment in adolescence. National Centre for Social Research')  
<https://natcen.ac.uk/our-research/research/the-influence-of-mental-health-on-educational-attainment-in-adolescence/>

There are predictable implications for future income.

A study using data on 11 countries from the World Health Organisation (Kawkami, N et al, 2012, 'Early-life mental disorders and adult household income in the World Mental Health Surveys', *Biological Psychiatry*, 72(3), 228-237) found that those who had experienced mental illness in youth were more likely to be unemployed, to be low-paid when working and less likely to be married; all of which helped to account for lower levels of household income among this group. Girls experiencing mental illness were found to be particularly at risk of lower incomes in later life.

Another important issue is life-expectancy.

Findings from a meta-analysis of the literature estimated that mortality rates amongst individuals with mental health disorders are 2.22 times higher than the general population (Walker ER, McGee RE et al, 2015, 'Mortality in mental disorders

and global disease burden implications: a systematic review and meta-analysis', JAMA psychiatry, 72(4) 334-341).

Only 17.5% of deaths were attributed to unnatural causes (including suicide) as opposed to 67.3% from natural causes. Due to their high prevalence, disorders such as anxiety and depression (often manifest in early life) are responsible for most deaths overall.

The link between mental health, lifestyle choices and physical health is related to some of these trends.

Smoking, excessive alcohol consumption, sleep disturbance, physical inactivity and dietary risk triggered by mental ill health can make a significant contribution to the acceleration of physical decline (Firth J. et al 2019, 'The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness', The Lancet Psychiatry, 675-712).

The disruptions to everyday life occasioned by the pandemic are likely to have lowered the resilience of children and young people to mental ill health.

As mentioned above, they are now more likely to have undergone change such as the development of unhealthy lifestyle behaviours, reduced physical activity, low motivation and loss of confidence and new discomfort and anxiety courtesy of the sudden imposition of an unfamiliar and alien school closure programme. If allowed to persist and take hold unchecked, early-onset mental ill-health can have disastrous long-term outcomes on educational attainment, income, employment prospects, personal and family choices and life expectancy.

The COVID-19 pandemic is a 'once in a generation' transformative event and will have widespread socioeconomic fall-out; from the damage to children whose problems may originate from their lack of access to good quality food and quality teaching through to the adult they may become whose life chances will be narrowed at incalculable cost to themselves, their families and the society that they will shape for future generations.

Recommendations:

- 5.1 The Government to adopt a cross-departmental and intensive early intervention approach to the treatment of mental health problems in children and young people
- 5.2 The Government to prioritise strategies to ensure the widest availability of and access to healthy and nutritious food for all children over the continued duration of the pandemic and beyond.

## 6. THE PRESENT SITUATION IN THE DEVOLVED UK: GOOD PRACTICE AND SHORTCOMINGS

Within the four home nations, responsibility for health and social care is devolved in accordance with NHS principles: <https://www.nhs.uk/>

Although a case for consistency across the board during the pandemic has gained ground, mental health and wellbeing policy for children and young people continues to be demarcated in line with national boundaries. The approaches taken are listed by country.

### England

Almost a year into the pandemic, the Government has yet to make a statement about how it is proposed to protect children's mental health. The issue has never been featured at a national press conference or a Statement to the House and is absent from the Covid Recovery Strategy.

What information there is in the public domain has largely been obtained via written or oral response to parliamentary questions as below; taken from the 5<sup>th</sup> February 2021 answer of Children's Minister, Vicky Ford MP to Stephanie Peacock MP who had requested clarification about the amount of funding available to support the mental health of pupils and staff during the pandemic.

The points made by Ms Ford included:

- Schools already support the mental health of pupils courtesy of ongoing curriculum provision and pastoral support
- Some money may be available from the £1 billion COVID 'catch-up' package with £650 million shared across early years, schools and 16-19 providers over the 2020/21 academic year
- Schools may access support in directing this funding from the Education Endowment Foundation and the EEF has further information about interventions to support pupils' mental health and wellbeing
- A £95,000 pilot led by the Education Support charity provides online peer support and telephone counselling from experts to around 250 school leaders. The outcome of the pilot (ending in March 21) will inform any future mental health and wellbeing initiatives for staff
- The Departments of Health and Social Care and Education have worked on a wellbeing and mental health support plan for COVID-19, setting out support available for individuals during the winter and a second wave of the virus. It is intended to convene a 'mental health action group' to look at the effects on children, young people and staff in the education system

- An additional investment of £3 billion a year by the 2023/4 financial year will be made available through the NHS Long Term Plan
- £79 million will be allocated (from a £500 million overall pot for mental health) to support the mental health of children in school and in the community including providing eating disorder treatment for around 2,000 more children and young people; affording access to community mental health services for an additional 22,500 and increasing the number of mental health support teams in schools and colleges from 59 at present to a projected 400 by April 2023 (information provided subsequent to the response to Ms Peacock)
- £9 billion in funding is being given to some mental health charities including Mind, Young Mind, the Samaritans and Bipolar UK
- Long term commitment has been given to continue the pilot strategies outlined in the 2017 Green Paper 'Transforming children and young people's mental health provision'.

However, the measures are widely judged as 'too little, too late' characterised in the main by reference to pre-pandemic 'toolkits', pilot strategies and assurances that monies may be taken from funding sources primarily designed for other purposes.

The £79 million share of the wider mental health funding allocation has received a cautious response from The Children's Society:

'Only about a third of children will receive support this way by April 2023....that still leaves millions of children without help which they need right now. Young people have been through so much in this last year and the government must explain what it is providing for the millions of children left behind':

<https://www.bbc.co.uk/news/health-56294782>

The £650 million 'catch-up' premium for schools, for example, is often cited but monies from the modest sum are not ring-fenced for mental health needs and the publicity about its usage has been largely devoted to the purchase of academic tutoring resources to enable pupils to repair lost study time.

During Mental Health Week, the Prime Minister announced the appointment of Dr Alex George as 'Youth Mental Health Ambassador.' The unpaid advisory role is situated within the Department of Education and Dr George will be playing:

'An important role in shaping children's mental health education and support in schools, as part of government plans to build back fairer from the pandemic and ensure all children and young people are supported with their mental health and wellbeing':

<https://www.gov.uk/government/news/new-action-group-to-boost-mental-health-education>

Meanwhile, a very different 'reality' is conveyed on an almost daily basis by media outlets; suggesting that the current strategy in England is failing some of the most vulnerable people.

'Children's mental health problems up 50% in lockdown' ('The Daily Mail', 23<sup>rd</sup> October 2020).

'Lonely, stressed and despondent youngsters could be heading for severe mental health issues, experts warn' ('The Observer', 8<sup>th</sup> November 2020).

'Second wave is bringing a mental health crisis: Fear and uncertainty abound while ministers pay too little attention to the alarm bells sounded by hospitals and charities' ('The Times', 21<sup>st</sup> October 2020).

'The COVID-19 crisis poses the greatest threat to mental health since the second world war...Dr Adrian James, President of the Royal College of Psychiatrists said...1.5 million children are predicted to need new or additional health support as a result of this crisis' ('The Guardian', 28<sup>th</sup> December 2020).

## Northern Ireland

Prior to the pandemic, the mental health of children and young people in Northern Ireland was a growing concern.

In 2018, it was reported that 35,000 children had been referred to Child and Adolescent Mental Health Services (CAMHS) and by February 2019, one in 10 schoolchildren were said to have been diagnosed with a mental illness:

<https://www.bbc.co.uk/news/uk-northern-ireland-47136979>

Belfast Trust consultant psychiatrist Dr Phil Anderson attributed a 50% increase in the emotional difficulties of children to a number of factors including socioeconomic family pressure and social media cyber bullying. Some online tools can be accessed at Action Mental Health:

[www.amh.org.uk](http://www.amh.org.uk)

On the 19<sup>th</sup> October 2020, the BBC reported a disproportionate rise in children and young people's mental ill health in Northern Ireland compared with the rest of the United Kingdom:

'Anxiety and depression is 25% more common in children and young people in Northern Ireland compared to other parts of the UK, according to a major new study.' (Lesley-Anne McKeown, Mental Health; Major study finds higher levels of anxiety in NI children 19<sup>th</sup> October 2020).

The devolved government has responded to the crisis by issuing an action plan to improve mental health services with policies referencing pandemic-related issues.

Health Minister, Robin Swann has predicted that mental health problems will be 'one of the biggest fall-outs' from COVID-19 and the plan (consisting of 38 'actions') includes the provision of specialist mental health services for pregnant women and new mothers and a review of mental health crisis services, a review of suicide and homicide, increased support for mental health issues in GP surgeries and the development of 'managed care networks' for child and adolescent mental health services:

<https://www.bbc.co.uk/news/uk-northern-ireland-52735736>

Other components of the Theme 5 component of the plan entitled 'Child and Adolescent Mental Health Services specific issues' include:

- Creation of a sub cell to the Mental Health and Emotional Wellbeing Silver Cell to focus on the mental health needs of children and young people during and after the pandemic to support recovery and raise issues for resolution with the Department. The aim is to ensure that children and young people-specific issues are not forgotten and are dealt with quickly
- Transition from CAMHS to adult mental health services for 18-year-olds temporarily suspended to facilitate continuity of care for patients and families; to enable safe management of risk and ease pressure on mental health beds. The suspension to be reviewed every 4 weeks
- Promote use of electronic platforms in appointments and communications with young people to ensure that services are provided in line with social distancing guidelines
- Promotion of signposts to helplines, online resources and continued use of family support hubs to ensure awareness of the guidance and services available.

In June 2020, Professor Siobhan O'Neill was appointed as interim Mental Health Champion for Northern Ireland. Professor O'Neill (currently Professor of Mental Health Sciences at Ulster University) has said that mental health should be a key priority for Northern Ireland throughout the pandemic and beyond:

<https://www.bbc.co.uk/news/uk-northern-ireland-53168684>

In January 2021, she was among more than 50 signatories to a letter proclaiming children's welfare 'a national emergency' in 'The Observer.'

Professor O'Neill also called for children to be offered mental health assessments in summer 2021 as part of a comprehensive wellbeing scheme.

In a briefing to Members of the Legislative Assembly, she advised that the programme be offered to all children and young people in Northern Ireland; run jointly between the Departments of Health, Communities and Education and should include:

- A full medical and dental assessment to identify children requiring treatments and referrals (via GPs)
- Physical activity and a daily healthy balanced meal and snack
- Training in age-appropriate emotional regulation and problem-solving
- Creative pursuits including options for music, drama and art/crafts
- Mental health assessments with referrals for brief interventions and treatment as required.

The Mental Health Champion suggested that re-opened schools should renovate the curriculum to address children's worries about COVID-19; introducing less structured activities including outdoor exercise and activity; prioritising psychological safety and re-connecting with the wider school community before resuming the usual curriculum. Only in this context would pupils be ready to learn again.

In January 2021, Koulla Yiasouma, the Commissioner for Children and Young People in Northern Ireland, welcomed the publication of a new Northern Ireland Executive strategy as the 'perfect opportunity' to focus minds and opportunity on improving the lives of children and young people.

Education Minister, Peter Weir launched the Executive's Children and Young People's Strategy (CYPS) 2020-2030 for Northern Ireland; a strategic framework through which departments will collaborate to improve the wellbeing of all children and young people:

<https://www.belfasttelegraph.co.uk/news/northern-ireland/eight-goals-for-improving-lives-of-children-identified-by-stormont-40010394.html>

In common with the devolved governments of Scotland and Wales (but not England) Northern Ireland has statutory funded school counselling services in the form of a paid counsellor in every school thus affording access to early intervention support for children with resultant short and long-term benefit for their families and the NHS.

## Scotland

The mental health of children and young people is not a new priority for the Scottish Government and its pandemic-related initiatives build upon existing foundations.

On the 4<sup>th</sup> July 2019, the Independent Children and Young People's Mental Health Task Force; jointly commissioned by the Scottish Government and the Convention of Scottish Local Authorities (COSLA) issued a mission statement, pledging to provide:

'Recommendations and advice to support the redesign and rapid expansion of the service response to mental health problems from birth to 25 years.....the Taskforce recommendations recognise the need to prioritise preventative approaches to support children and young people's mental health and wellbeing':

<https://www.gov.scot/publications/children-young-peoples-mental-health-task-force-recommendations/>

The direction of policy is informed by adherence to the United Nations Convention on the Rights of the Child, and the Scottish Government:

'Respects and protects the United Nations Convention on the Rights of the Child (UNCRC). These rights state that children and young people must grow up loved, safe and respected to reach their full potential. Fulfilling children's rights is fundamental to protecting and improving children's mental health and wellbeing':

<http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing/children-and-young-peoples-mental-health>

and Scotland's Mental Health Strategy 2017–2027:

<https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

is underpinned by a commitment to early intervention and inter-departmental policy working:

'The policy map below illustrates how children's mental wellbeing cuts across a wide range of policy and legislation' (as above):

[www.healthscotland](http://www.healthscotland)

In her address to MSPs after the 2020 summer recess, Scotland's First Minister, Nicola Sturgeon, emphasised that pandemic-related policies for mental health would maintain an existing trajectory:

'A central commitment in last year's programme for government was major reform and expansion of mental health services. This year's programme continues that journey. Again, we will build on the approaches that were adopted during the

pandemic .....we will deliver the major expansion of mental health support for children and young people that was announced in last year's programme for government.'

On 8<sup>th</sup> October 2020, the Minister for Mental Health, Clare Haughey, announced a 'Transition and Recovery Plan' outlining the Scottish Government's response to the mental health impacts of COVID-19.

The Plan outlines a 'population response' to issues affecting the mental health and wellbeing of children and young people and recognises that 'evidence suggests children and young people's mental health and wellbeing as well as that of their parents or carers may be particularly affected by the impact of COVID-19.':

<https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/>

Main features of the Plan are:

- A wider package of COVID-19 related family support measures building on existing work and renewed efforts to signpost children and their families to appropriate sources of help and support including digital platforms
- Building on the ongoing work of the Perinatal and Infant Mental Health Programme Board; considering longer-term impacts on young children and family of COVID-19; establishing perinatal mental health services as a priority for roll-out of 'Near Me' services; increasing access for people with protected characteristics and building COVID-19 responsiveness into the applications for the newly launched Perinatal and Infant Mental Health Third Sector Fund
- A new mental health training and learning resource available to all school staff by summer 2021 including learning for school staff to respond to the impact of COVID-19 on children and young people's mental wellbeing
- All schools to have access to a counselling service by the end of October 2020
- Driving a 'whole school approach' to mental health and wellbeing in the context of COVID-19
- By autumn 2021 announcement of a national policy to support children's mental health and wellbeing for all sectors of the children and families' workforce (including third sector and social services etc)
- Recognition of the impact COVID-19 has had on children and young people either in care or on the edge of care via 'The Promise' to include a £4 million investment in the Promise Partnership focusing on holistic family support and advocating early intervention and prevention
- By March 2021 improvement to increase CAMHS access will have restarted in Scotland with a focus on enhancing the quality and accessibility of the services.

On 2<sup>nd</sup> November 2020, the Scottish Government allocated an additional £15 million to support children and young people's mental health issues with a specific

focus on problems occasioned by the pandemic. The funding was directed to local authorities to foster a local response for 5 to 24-year-olds, their families and carers.

£11.25 million of the funding was ring fenced for services in response to the pandemic such as support for children who are struggling emotionally due to returning to school under new restrictions. The remaining £3.75 million forms the first instalment of an annual £15 million fund to provide new and enhanced community mental health and wellbeing services, focusing on early intervention, prevention and the treatment of distress.

Presenting the package, Scottish Mental Health Minister, Clare Haughey summed up the proactive approach:

‘The pandemic has been very hard for everyone but for many children and young people it has been particularly difficult .....This funding is in addition to supporting the recruitment of an additional 80 mental health professionals to work with children and young people, and our recent announcement of a further £3.6 million to help provide more than 80 additional counsellors in every college and university in Scotland over the next four years. We are also ensuring that every secondary school has access to a counsellor.’

## Wales

Welsh Government Ministers have stressed that supporting children and young people with mental and emotional health and wellbeing problems (both existing and resulting from the COVID-19 pandemic) is a key priority.

On 8<sup>th</sup> September 2021, Health Minister Vaughan Gething announced an additional mental health support package backed by £1.3m Welsh Government funding:

‘Aimed at helping low level mental health issues; they are not a replacement for more specialist services but we hope by providing instant access to support they will help reduce pressure on primary care and other more specialist services’:

<https://gov.wales/ps13m-support-package-mental-health-services-all-wales>

The services include an online Cognitive Behaviour Therapy course and a Young Person’s Mental Health Toolkit for the 11-25 age group, linking them to websites, apps and helplines designed to build resilience.

On 5<sup>th</sup> January, 2021, the Minister outlined the main aspects of the Welsh Government’s approach including:

- Mental health policy for children and young people will continue to be characterised by prevention and early intervention strategies
- All mental health services positioned as 'essential' services; meaning that whilst services are affected and service models have had to adapt, the Welsh Government have expected a safe and sustainable service for those who have needed to access mental health support during the pandemic
- The Government has collaborated with localised health boards to develop a recovery plan for 'all-age' mental health services. It is hoped that this will enable lessons to be learned from the pandemic and appropriate preparation made for children and young people's mental health needs during the post-pandemic phase
- The 'Together for Mental Health Delivery Plan' 2019-20 has been reviewed in light of COVID-19 so that policy for children and young people can be adapted as circumstances require. There is a version for young people and also an 'easy read' version:  
<https://gov.wales/mental-health-delivery-plan-2019-to-2022>
- A range of support for learners has been announced for 2021 including an additional £1.252m of funding for school counselling, £600,000 to deliver universal and targeted wellbeing intervention for learners; £450,000 to train teachers and other school staff in mental health issues and £466,500 to provide age-appropriate support for younger people
- A total package of £5m has been agreed by the Minister for Education and the Minister for Health as part of a 'whole school' approach to 'emotional and mental wellbeing'.

The CAMHS 'in-reach' pilot project involves CAMHS professionals going into schools to provide 'hands on' help, advice, training and guidance. After the final evaluation of the pilot is published in March 2021, it will be determined how best to roll out the pilots across Wales.

Efforts are also being made to ensure that improved and local primary mental health support services (LPMHSS) have been developed across Wales which provide help for people with low level mental health problems including those with anxiety and depression and can offer assessment, intervention and signposting. Referrals can be made to CAMHS in the case of those with problems of increased complexity.

Children's neuro developmental services are now in place in every health board with a diagnostic role for conditions including autism for young people and children under age 18.

On 21<sup>st</sup> January 2021 the Welsh Government's Children, Young People and Education Committee held evidence relating to their Inquiry into the impact of the COVID-19 outbreak on children and young people in Wales:

<https://business.senedd.wales/mglIssueHistoryHome.aspx?Ild=28348>

In answer to the Committee, The Minister for Education, Kirsty Williams MS demonstrated the inter-departmental approach adopted by the Welsh Government in its response to the pandemic:

'I'm very grateful to my colleague the Minister for Mental Health, Wellbeing and Welsh language for providing an additional £4 million to support that work. That additional funding builds on the £5 million that we made available in 2020-21 previously, and that will go to support our response to COVID-19.....we're moving from a whole-school approach to a whole system approach to supporting mental health. Children and young people's mental health needs don't necessarily stop when they finish school.'

As can be seen, the devolved nations of the United Kingdom are pursuing very different paths in their policy to support the mental health of children and young people during the pandemic.

Right at the outset, when informing the House about the extent of a 'new coronavirus', Secretary of State for Health and Social Care in the UK Government the Rt Hon Matt Hancock said:

'We are working closely with our counterparts in the devolved Administrations' (Hansard, 6<sup>th</sup> Series: Vol. 670 col 432).

At this early stage, the Institute for Government observed:

'The four governments must work together, sharing information, considering the implications of their decisions for one another and, where they consider necessary, agreeing common elements of their approach.'

Unfortunately, in this policy field, that is not happening.

Recommendation:

- 6.1 A collegiate approach between the home nations in this policy area; initiated by a joint strategy statement exploring common ground from the four Children's Commissioners.

## 7. THE INTERNATIONAL PERSPECTIVE: FINDINGS AND RESPONSES

The COVID-19 pandemic is neither a hurricane, terrorist outrage nor a war but it is a disaster. Disaster psychologist, Dr George Everly (Everly G, 2020, 'The Mental Health Burden of COVID-19', John Hopkins Centre for Humanitarian Health, 6<sup>th</sup> August 2020) has spent four decades responding to the mental health needs of calamities worldwide and has concluded that the psychological casualties of a disaster always outnumber the physical casualties.

The certainty is that the long-term burden and psychological cost will fall to the next generation – today's children.

Robson (Robson D. 2020 'How COVID-19 is changing the world's children') identified children and adolescents as a 'lost generation' and reported data from UNESCO showing that nearly 1.6 billion pupils in 190 countries have been impacted so far by COVID-19. He argued that those from socioeconomically disadvantaged backgrounds will take longer to catch up and that greater inequalities will become manifest worldwide:

<https://www.bbc.com/future/article/20200603-how-covid-19-is-changing-the-worlds-children>

Singh et al (Singh S et al, 2020, 'Impact of COVID-19 and lockdown on mental health of children and adolescents; A narrative review with recommendations', Psychiatry Res 293:113429 doi: 10. 1016/j.psychres.2020.113429) systematically reviewed the impact of COVID-19 on mental health of children and adolescents globally and found schools and school structure to be of great benefit as sources of security and guidance. This was particularly important for children with special educational needs.

Singh (as above) also identified that social inequalities are linked to developmental mental health difficulties; citing the fact that in India, lockdowns have impacted 40 million children from poor families; increasing their risk of exploitation as victims of violence and abuse and vulnerability to depression, anxiety and suicide. Within India, there has been a 50% increase in helpline calls to India's Childline since lockdown began.

The study affirmed that social media and technology were vital components in social connectedness but also warned against excessive usage; specifying the dangers of 'doom scrolling' (online news of a negative frightening nature) because of its potentially traumatic impact on mental health and equilibrium.

In Britain and across the world, research has found that children's discretionary (recreational/non-school-related) screen time has increased sharply during the

pandemic; far in excess of health guidelines. Ofcom has reported that 'Lockdown leads to surge in TV screen time and streaming':

<https://www.ofcom.org.uk/about-ofcom/latest/features-and-news/lockdown-leads-to-surge-in-tv-screen-time-and-streaming>

and a German study has revealed a worldwide trend of sports activity declining whereas 'recreational screen time increased' (Schmidt SCE et al, 'Physical activity and screen-time of children and adolescents before and during the COVID-19 lockdown in Germany: a natural experiment', Sci Rep 10, 21780, 2020):

<https://doi.org/10.1038/s41598-020-78438-4>

By contrast, an OPAL (Outdoor Play and Learning) report on the outcome of pre-pandemic play provision pilot schemes in Canada after three years' development found that:

'More students found friends at school after OPAL implementation than before, and more students were happy when playing outdoors':

<http://transformlab.ryerson.ca/portfolio-item/opal2020/>

During the pandemic, the influence of 'outdoors' has been significant by its relative absence for many children and young people and the curtailing of the outdoor freedom to play (combined with the physical closure of playgrounds and outdoor space) means that one legacy of COVID-19 will be that children lose the essential development of resilience and fine motor skills to sustain them throughout the life-course.

The potential impact on children of COVID-19-enforced quarantine has been explored with researchers understanding that such measures might have adverse long-term psychological effects ('Mental health considerations for children quarantined because of COVID-19'):

[https://www.thelancet.com/journals/lanchi/issue/vol4no5/PIIS2352-4642\(20\)X0005-8](https://www.thelancet.com/journals/lanchi/issue/vol4no5/PIIS2352-4642(20)X0005-8)

Children isolated or quarantined during pandemic diseases were found to be more likely to develop acute stress disorder, adjustment disorder and grief. 30% were found to meet criteria for post traumatic stress disorder and separation from parents or parental loss during childhood has long-term adverse effects on mental health, including a higher incidence of developing mood disorders and psychosis - and death by suicide in adulthood.

The Chinese government has implemented strategies aimed to prevent the occurrence of potential mental health problems due to child quarantine during the COVID-19 pandemic.

For example, in many Chinese tier 1 cities (typically the largest and wealthiest like Shanghai, Guangzhou and Hangzhou) nurses are guaranteed to be available 24 hours per day in the children's isolation ward. Nutritionists are invited to give professional guidance for children's diets according to their medical conditions and needs and most recently, the National Health Commission of China issued guidelines and listed specific intervention strategies for those who are quarantined in collective medical population; particularly children and young people. More evidence-based research is needed on the impact of these interventions in children and adolescents over longer periods of follow-up (Torales J, 2020, 'The Outbreak of COVID-19 and its impact on Global Mental Health', International Journal of Social Psychiatry 2020. Vol 66(4). 317-321).

Prior to COVID-19, the World Health Organisation warned about 'problematic social media use' and 'disordered game use' among children in England with significant implications for mental health (WHO 2020 'Health Behaviour in School-Aged Children (HBSC) World Health Organisation Collaborative Cross National Study):

<http://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

A global review in the American Journal of Ophthalmology has concluded:

'While school closures may be short-lived, increased access, adoption and dependence on digital devices could have a long-term negative impact on childhood development ...that may become entrenched during this period'

(Wong CW et al, 2020, 'Digital Screen Time During COVID-19 Pandemic: Risk for a Further Myopia Boom?' American Journal of Ophthalmology, S0002-9394(20)30392-5).

The COVID-19 generation are now at a greater risk of developing screen dependency disorders such as Gaming Disorder; recently classified in the World Health Organisation's International Classification of Diseases as disease '6C51'. A paper on the impact of the pandemic on gaming disorder (Ko C & Yen J, 2020, 'Impact of COVID-19 on gaming disorder; monitoring and prevention', Journal of Behavioural Addictions J Behav Addict, 9(2), 187-189) notes that game download volume has scaled a record high in Europe and a Chinese study has advised that post pandemic it will be:

'Necessary to provide preventive measures and strengthen education on Internet Addiction for children and adolescents in countries experiencing or recovering from the pandemic' (Dong H et al, 'Internet Addiction and Related Psychological Factors Among Children and Adolescents in China During the Coronavirus Disease 2019 (COVID-19), Epidemic Frontiers in Psychiatry, 11, 00751):

<https://doi.org/10.3389/fpsy.2020.00751>

Post-pandemic, it is therefore important that the world learns the lesson that children and young people's increased reliance on screen usage and associated technology should be accompanied by commensurate education and supervision from parents and carers.

A global study by Shah et al (Shah K et al, 'Impact of COVID-19 on the Mental Health of Children and Adolescents', *Cureus* 12(8):310051.DOI 10.7759/ cureus.100051) reports that COVID-19 has caused a tremendous stress level among children and adolescents due to the closure of their schools. Anxiety issues were identified in China (Singh et al, as above) when examinations were cancelled or postponed and of the interviewed students, 20% considered themselves to be at a 10/10 stress level and felt helpless over the position in which they found themselves. More transparency was recommended to allow students to emotionally prepare and cope with the ways in which their academic testing had changed.

Singh et al also found that young children (3-6 years) were more likely to display clinginess and older children and young people (6-18 years) reported nightmares, poor appetite, separation anxiety and a constant need to talk about the virus.

In March 2020, the World Health Organisation (WHO) issued guidance for carers of children to support them in helping children deal with the impact of COVID-19. This included helping children to find positive ways in which to express feelings such as fear and sadness. Also, the WHO issued a new story book called 'My Hero is You. How kids can fight COVID-19':

<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/my-hero-you-storybook-children-covid-19>

explaining how children can protect themselves, their families and friends from coronavirus and how to manage difficult emotions when confronted with a new and rapidly changing reality. The book is a project of the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings; a unique agency and non-governmental organisations collaboration.

Recommendation:

- 7.1 A permanent global standing 'Post Covid Forum' with representation and membership across the international spectrum (possibly convened initially by the World Health Organisation and the United Nations). The aim would be to draw lessons from this pandemic and advise necessary precautionary /preparatory action in case of future such catastrophes. The emotional and mental health and wellbeing of children and young people should be central to all actions taken and decisions made.

## 8. LESSONS FROM ILLUSTRATIVE CASE STUDIES; THE VOICE OF THE COVID GENERATION

'People talk about the return to normality and I don't think that is going to happen':

<https://www.theguardian.com/world/2020/dec/13/covid-19-rewired-our-brains-pandemic-mental-health>

Frank Snowden, a historian of pandemics at Yale sees a second pandemic on its way 'in the train of the COVID-19 first pandemic...a psychological pandemic'.

Specialist opinion is starting to coalesce around the view that children and young people are likely to bear the brunt of it and their experiences will prove to be definitive.

Their generation has been hugely reshaped by COVID-19 but right now is not at the forefront. Children and young people do not address the nation at the regular press conferences or as interviewees (apart from a small, carefully-picked cohort, discussing the Secretary of State for Education's proposals for public examinations during the pandemic) and there is as yet no body of research featuring them as a primary source.

We therefore thank the young people who have shared their experience; it is extremely valuable and will become more so when researchers can consider the events of today with the perspective that distance brings.

On December 2<sup>nd</sup> 2020, The Emerging Minds Network partnered with Didcot Girls School and the Debating Mental Health charity to host an online discussion with a group of young people aged 13-14 years. The topic was 'Can we build a mentally healthy world for young people post-COVID-19?' and the event was the subject of a blog by Jawwad Mustafa:

<https://emergingminds.org.uk/debating-mental-health-project-report/>

An Ipsos MORI study (Ipsos MORI'S Veracity Index (July 2018), 'Generation Z- Beyond Binary: new insights into the next generation'):

<https://www.ipsos.com/ipsos-mori/en-uk/generation-z-beyond-binary-new-insights-next-generation>

found 'Gen-Z' to have higher levels of social activism than the previous Millennial generation and in December 2020, TIME Magazine celebrated its new 'Kid of the Year' award (TIME, December 2020). Meet TIME'S First-Ever Kid of the Year':

<https://time.com/5916772/kid-of-the-year-2020/>

The snapshot below from the Didcot discussion shows the participants presenting nuanced opinions about the present - and their envisaged future world.

### The experience of COVID

'It's been blow after blow. When there's so much going on at once it can be demotivating.'

'Will we go into another lockdown? When will I see my friends again, am I going to be able to do my tests? All that sort of uncertainty.'

'I think after lockdown it was like a new beginning and we've all changed quite a bit on how we do things. It has had a positive impact as well.'

'It's the fact of having to rebuild your daily routine...after six months, it's definitely hard to get back into that routine and that affected mental health.'

### Social media: pros and cons

'During lockdown, through social media I've met some of the closest friends that I've had, and I believe that's helped my mental health a lot.'

'You can talk to your friends and you can play games which can calm you down quite a lot.'

'It's really important to stay controlled on platforms like social media because there can be some really horrible things going on, like bullying, and also your self-image because there is some online-verse reality, and I think it's really important then to control how long you're going on for.'

### Mental health

'Mental health (support) needs to be made more available, I know some people who've had their appointments pushed back and not given the support.'

'The effects of COVID-19 have caused people to have more complications, so if every single person has someone they can rely on, I believe everybody could increase their mental health.'

'The schools and governments have a strong stereotype on the subject (mental health) like breathe for a couple of seconds and it'll be fine.'

'We shouldn't define mentally healthy. We just need to find our definition.'

'What I feel most optimistic about is how we all feel passionate and how serious we are on the subject of mental health, and how we really want to see change and make sure it's better for future generations.'

### The future

'We're going to have to be thinking about challenges that we've never thought of before because we've never lived in a time like this, so it's going to take a lot of work but we'll get there.'

'A lot more people higher up, in government, need to understand how it feels for people who have been in lockdown by themselves.'

'We have to think of those developing countries as well and how their mental health will be affected and how their coronavirus situation will be handled so I think we need to take into account the UK, but we also need to think about it globally.'

Kathryn Salt is a researcher, specialising in emotional education. The groups of people she spoke to catalogued a plethora of experiences; any one of which would have been significant in a single year.

Louise Springfield Horsfall, parent: Grantham:

'Being off school has affected both of my children in very different ways. My daughter has definitely missed the social interaction of school... my son who isn't as socially confident as his sister has enjoyed online communication with his smaller group of friends and I think he has actually been happier not being at school.'

Lee Steptoe, teacher: Grantham:

'In September with the return to school, I saw demotivation and complacency about their education from a large number. They expected to have teacher-assessed grades in 2021 and were flippant or cynical about the government saying there would definitely be exams.....anxiety and depression has been rising among 14 to 19-year-olds for years but for some it is becoming toxic. As we moved into October and November, more and more students were having to isolate and at one stage 50 students out of 220 in Year 11 were isolating and around 40 out of 220 sixth form students. Attendance for non-COVID-19 reasons continued to dip. Stress and anxiety continued to climb.

We are now back into fully remote learning and my inbox is full of anxious sixth form students asking what will happen next. And for clarity on teacher assessment which of course I can't give them.'

University student, anonymous: Sheffield

'Living in a small university room has made me feel very claustrophobic as this is the place I ate, studied, relaxed and slept. I was in a bubble with my flatmates who I did not know and it felt like I didn't have anybody as I couldn't see any of the significant people in my life.'

Young person, anonymous

'I had struggled with PTSD due to a traumatic event from a few years ago. COVID-19 brought about parasomnia (sleep texting and messaging) bringing the anger back to the surface of the PTSD. I also discovered I had bruxism (teeth grinding) in my sleep due to the anxiety.'

The received 'wisdom' about COVID-19 is that very young children are extremely unlikely to contract it or to be seriously affected subsequently if they do. As with many early assumptions about COVID-19, this one is becoming increasingly subject to question.

Frances Simpson, a parent of two young children said:

'There are an increasing number of children who have been overlooked in this pandemic...the child becoming very ill with the Kawasaki-like disease known as PIMS or MISC. And for many children there is a new way of life with the ongoing symptoms caused by Long Covid.'

Frances' own children became ill in March 2020 but then did not 'shake off' the disease. For Frances:

'I was left feeling confused and frightened. My children exhibited many of the strange and fluctuating symptoms that often follow COVID and in the face of a lack of medical knowledge and experience ... I sent out a survey and quickly received 162 responses that told me I was not alone and I wrote up a call to arms to the BMJ Blog':

<https://blogs.bmj.com/bmj/2020/1016/counting-long-covid-in-children/>

Frances and Sammie McFarland (who set up LongCovidKids following a negative experience at a medical appointment when she was told that her daughter was 'mimicking' her symptoms) produced a film showing children's experience of Long Covid:

<https://www.youtube.com/watch?v=RilambG8vs0>

in order to raise awareness. They also started a Facebook group:

[www.longcovidkids.org](http://www.longcovidkids.org)

The group now has over 570 members and many parents have more than one child who is unwell. Some of the symptoms that parents have noticed in their children are listed here:

- Fatigue
- Headache
- Stomach pain
- Dizziness and muscle pain
- Paralysis
- Electric shocks to the eyes and head
- Nerve pain
- Testicular pain
- Liver damage
- New-onset seizures
- Anxiety
- OCD
- Volatile mood changes.

Many of the children have now been unwell for over nine months and no child to date has recaptured their former state of good health.

The comments below are reflective of the parents' ongoing isolation and helplessness in face of a perceived lack of medical interest and support. Some have even felt that they cannot return to their own doctor for fear of disbelief and possible accusations of inappropriate parenting or even Munchausen's-type behaviour.

'Terrible, terrible medical support. Disbelief, gas-lighting, difficulty in getting referrals, lack of holistic care. Our illness has been ascribed to anxiety, on the basis that the blood tests show nothing untoward. We finally got a referral to chronic fatigue services in March 2021, one year after we first fell ill. The promised Long Covid clinics do not exist. We manage this at home on our own.'

'It's been extremely difficult. Not only because we have had to watch our child suffer with no one seeming willing to help or take it seriously, but also because Long Covid isn't really recognised as a condition yet. And yet we see it with our own eyes every single day. Our lives have been turned upside down. We don't know what to do. It's heartbreaking to see your once happy children shrink down further and further into a condition that no-one believes in.'

Frances says:

'If we are to attempt to consider and rectify the damage to children's mental health during the pandemic we must start with these children, who now face an uncertain future with ongoing health problems.'

Joe Lowther is the Chief Executive of KICK, a national organisation set up to provide: <https://kick.org.uk>

'Professional coaches to schools to deliver values-driven physical education, street dance, mentoring, and chaplaincy in schools and by training volunteers to deliver community-based KICK Academies to impact young people.'

It is expanding rapidly and employs a staff team of 62 coaches and 69 volunteers:

'engaging 12,500 children and young people a week, in over 60 schools and 25 community-based KICK Academies.'

The case histories below are taken directly from KICK schools and include reflections by KICK and school staff. Learner names in the research have been changed or omitted for safeguarding purposes.

#### Case study: learner took their own life during lockdown

Tom Rutter works as a KICK Chaplain to two schools in Richmond and speaks here about a tragedy occurring during lockdown:

'Very sadly back in April 2020 during the first lockdown, as Chaplain, I received the tragic news that a 6<sup>th</sup> form student had taken their own life. This clearly was a terrible shock for students and staff. The isolation and disconnection that the young people and adults have experienced during COVID-19 lockdowns will continue to create environments sadly where young people who are suffering will see them taking their own lives as the only option.....This bereavement had a major effect upon those closest to the student, particularly affecting those in her closest friendship group. When feeling isolated already, the impact of compounding that loneliness was too much for her.'

Suicide is known to be the third leading cause of death in young people aged 15-19 (WHO, 2020 World Health Organisation):

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

Tom Rutter's reactions as Chaplain offered support to pupils, parents and teachers at this difficult time and the role caters holistically to the three diverse groups as well as head teachers as they combat a myriad of challenges. It is a unique role and seen as a complement to the presence of a counsellor and existing year-based traditional pastoral structures because it encompasses the provision of support to staff and parents as well as pupil guidance.

### Case study: lockdown

KICK Mentor, Davey Murphy (Murphy, Davey, 2021, 'Case Study of KICK Mentor') writes about how the experience of lockdown resulted in a child self-harming:

'Since lockdown when mentoring in a Primary School I was met with a quite shocking scenario....I was working with an 8 year-old boy whose dad had beaten his mother and been very aggressive. He always said he was fine with this, and while hating his dad, accepting nothing would change. He had accepted seeing a close family friend, an older 9-year-old girl die suddenly.

Upon me asking about her he said her name and immediately began biting himself. He said he had to inflict pain upon himself as he was cursed by the gods every time he said her name. He bit, scratched and hit himself over the next 15 minutes while I tried to calm him down. He didn't see any of this as self-harm but had created a scenario where this was all totally rational as it was required by the gods otherwise, he would be cursed.'

Davey Murphy has said that although the 8-year-old is still self-harming at home, the sessions have allowed him to talk more about the issues that distress him and that he had been concealing from himself.

### Case study: exam anxiety

Head of Mentoring, Simon James (James, Simon, 2021, 'Case Study of Head of Mentoring at KICK') speaks about a learner who struggled with exam anxiety:

'Jared, a high achieving student....during lockdown had difficulties at home where school had become a welcome break for him. Jared started not to attend his online lessons and became anxious; he would become unable to complete work set. Fear of the outside world seeing into his volatile home life was a concern for Jared which impacted his learning...The added complexity of the thought of potentially cancelled exams was causing him stress and led him to not be able to engage at a crucial stage.'

KICK began remote mentoring for Jared, starting with phone calls and email contact. After lockdown, face to face mentoring began and Jared was able to engage because he was building on the base of the remote connections that had been made.

Simon said:

'He has been able to get back to concentrate on his work and had a very successful time completing his mocks.'

The mentoring activity is seen by KICK and the schools it serves, to be key to helping children and young people to process anxiety and this has had a beneficial effect on their academic progress as well as their overall sense of wellbeing and self esteem.

The examples and case histories above give a unique glimpse of how children, young people and those who work with them professionally have found the experience of this pandemic. In the aftermath, it is essential that children are heard as well as seen and that their collective and individual voices resonate with those who will make decisions that will affect their life outcomes.

#### Recommendations:

- 8.1 A rapid expansion of the research base into the direct experience of children and young people to improve the quality of decision-making on matters concerning them by policymakers and to ensure that all policy-making will be child-centric
- 8.2 Research into the ways in which COVID-19 affects children and young people (to include Long Covid) to be prioritised. At the moment the knowledge base about this disease is limited because its effects on the under 30 age group are not widely analysed
- 8.3 A restructuring of pastoral provision within school; appointment of a Senior Leadership Team member in every school with responsibility for pupil, teacher and family wellbeing. The post should be remunerated on the salary spine and co-exist alongside Mental Health Leads and a paid counsellor/therapist in every school.

## 9. THE WAY FORWARD FOR CHILD MENTAL HEALTH AND WELLBEING IN A POST-PANDEMIC WORLD

A holistic approach to the mental health and wellbeing of children and young people is now a necessity and post pandemic, there is an opportunity to 'build back better.'

The present Government and its successors must rectify the systemic historic underfunding of services; thereby stopping in its tracks the pervasive life-long impact that mental illness, beginning in childhood, is likely to have upon the individual, their family and wider society.

Yet there is no 'quick fix'. Progress will be steady rather than immediate but the firm foundation for lasting change will be a new level of integration, encompassing expertise and service delivery across departments, nations, statutory services and the third sector, schools and parents.

What follows is a suggested way forward, enabling policymakers to invest in children's long-term future by strengthening their mental health.

1. Cross-departmental strategy, involving the Department for Health and Social Care, the Department for Education, the Department for Communities and Local Government, the Department for Work and Pensions, the Department for Digital, Culture, Media and Sport, and other Departments and agencies as appropriate. The Government should adopt a cross-departmental and intensive early intervention approach to the mental health and wellbeing of children and young people.
2. Cross-national strategy, uniting the best policy initiatives of the devolved UK with a stronger role for the Children's Commissioners. This would include:
  - A collegiate approach on behalf of the home nations
  - A joint Strategy Statement from the four Children's Commissioners
  - A permanent global standing 'Post COVID-19 Forum' with representation and membership across the international spectrum (possibly convened initially by the World Health Organisation and the United Nations). The aim would be to draw common lessons from the present pandemic and propose necessary precautionary/preparatory action in case of future such catastrophes. The mental health and wellbeing of children and young people should be paramount in all actions taken and decisions made.

3. Investment: New and substantial finance that is ring-fenced for children and young people's mental health; marrying resourcing with need, levelling up historic-under-funding and prioritising:
  - Increased provision for children, young people and families to access evidence-based mental health support with the aim of overcoming traditional barriers (Radez, J. Reardon, T., Creswell, C et al 2020 'Why do children and adolescents (not) seek and access professional help for their mental health problems?' A systematic review of quantitative and qualitative studies, *European Child & Adolescent Psychiatry*, 1-19, <https://link.springer.com/article/10.1007/s008787-019-01469-4>); Reardon, T et al, 2017 'What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children and adolescents? A systematic review of qualitative and quantitative studies,' (*European Child & Adolescent Psychiatry*, 26(6), 623-647 <https://link.springer.com/content/pdf/10.1007/s00787-016-1930-6.pdf>).
4. Integration of third sector and lived experience into statutory support, schools and health services involving:
  - The swift adoption of a multi-sector approach to improve the mental health and wellbeing of the current cohort of children and young people, with a commitment to evidence-based approaches and with the active participation of all practitioners working with them
  - The voices of children and young people themselves (regardless of their chronological age or developmental ability) empowered and placed at the centre of strategies designed to improve their welfare
5. Data prioritised: Improved access of regularly collected and survey data to ensure that policy recommendations that impact mental health will be both relevant and representative. This would include:
  - The collection of high-quality data about all children including key demographics
  - Regular, high-quality national data collection via household surveys focusing on children and young people and their particular circumstances
  - Researchers afforded accelerated access to administrative and survey data and linkage between them for the purposes of policy evaluation

- Survey data presented in a way that is age, gender and socioeconomically disaggregated including the monitoring of changes over time
  - Improvement of the research governance infrastructure in order to eliminate barriers to data access and linkage.
6. A 'root and branch' revision of the role of CAMHS in particular:
- Provision of broad approaches to promote wellbeing and access early support for mental health, in addition to accessible specialist services for those that need them
  - Appointment of a Named Pathway Coordinator for all children found to have a mental health need of any severity. The NPC would be responsible for ensuring that they are directed to appropriate services to receive the care that they need. Currently, 80% of children referred to CAMHS are turned away with no alternative support signposted.
7. Parents and carers must be at the centre of plans to work out how best to help them and their children. Parents have reported high levels of stress throughout the pandemic that appear to have been exacerbated by particular restrictions such as school closures and specific difficulties in managing the demands of work and childcare including home-schooling (Co-SPACE Study April 2020 'Parent stress & child activity,' [https://cospaceoxford.org/wp-content/uploads/2021/03/Report\\_09\\_15march2021.pdf](https://cospaceoxford.org/wp-content/uploads/2021/03/Report_09_15march2021.pdf)). Parents and carers have expressed concerns about their children's wellbeing and behaviour throughout the pandemic and are central to the recovery process.
8. Universal support for all children ensuring that:
- Public health and education services work together and adopt a 'whole school' ethos in the promotion of mental health
  - Activities and initiatives are adopted that will enable children and young people to connect with peers, re-establish routines, engage in positive activities beyond the home and access widespread opportunities for education, development and inspiration
  - The integral aspects of a healthy childhood are enjoyed by all including play and access to outdoor spaces. The reduction in the number of playgrounds must be halted and reversed and outdoor play included in the National Curriculum

- The best of current provision within school is rolled out to all the devolved nations of the UK
  - All schools have a fully remunerated post of Mental Health Lead and a Senior Leadership Team member with salaried responsibility for pupil, teacher and family wellbeing
  - Initial Teacher Training must contain training in mental health support and wellbeing awareness; regularly updated as part of CPD for qualified teachers
  - There is a programme of systematic, increased investment in Children's Centres, Sure Starts and Health Visitors; reversing the cuts of recent years
  - Prevention and early intervention is a public health target, focusing on sensitive and respectful parenting support including early care giving and attachment and help for parents who are struggling
9. Targeted support for children who need it most (such as those known to be at risk or experiencing mental distress/mild mental health problems) including:
- A trauma-informed approach
  - An expansion of the Education Wellbeing Practitioner programme so that all schools and Early Years Centres have an on-site, paid Education Wellbeing practitioner registered through an independent government-approved agency and subject to annual reassessment for safeguarding purposes. This would be in tandem with and not instead of in-school counselling service staffed only by paid professional counsellors who are accredited by an organisation that holds a PSA Accredited Register
  - Mentors, chaplains or other pastoral support to be made available and remunerated in all schools, including via Third Sector provision
  - Parents at the centre of all targeted provision
  - Social prescribing may be an effective use of available resources whilst giving young people in particular access to opportunities that will enhance their sense of belonging within a community
  - Accompanying the recent increase in online treatments by the understanding that this is not a suitable treatment modality for all but should be one of a suite of delivery options supported by co-produced

guidelines for best practice in remote mental health assessment and intervention (Researchers in Education and Adolescent Child Health and Wellbeing (Reachwell) Ford, T, July 2020. 'Challenges for children's services as Lockdown eases,' <https://www.cambridge.org/core/journals/bjpsych-open/article/survey-of-camhs-clinicians-about-their-experience-of-remote-consultation-brief-report/D72566D81750193FEF2C3FF7D55B5ECA> )

10. Effective economic support for disadvantaged families to include a Strategic Review of benefit systems and school meal provision as a recognised vital component in children's mental health and wellbeing. Studies have consistently shown particularly elevated rates of mental health difficulties amongst families (children and parents) who are living on low incomes (Co-SPACE Study, October 2020 'Changes in children mental health symptoms from March to October 2020,' <https://cospaceoxford.org/findings/changes-in-children-mental-health-symptoms-from-march-to-october-2020/>
11. Schools prioritised and made safe during pandemic management. School closures have imposed great strain on many families and whilst infection rates may make closure inevitable at certain points in the pandemic, keeping all children in schools where possible should be a priority; recognising schools' broader function beyond the provision of educational content (e.g. social, emotional, creative, safeguarding, access to technology, access to services etc). Prioritisation will mean that:
  - Rather than focusing solely on whether children should be at school or learning from home, planning must invest in how to make schools safe to be open to all and how to mitigate the impacts when children and young people cannot attend. This has the advantage of bringing ongoing benefits to children and young people who are unable to attend school for a range of reasons including and beyond the pandemic
  - In the event of future lockdowns, a robust strategy for remote education is implemented, including enabling every child access to all needful devices and internet provision
  - Future policies designed to address issues related to the current pandemic must take into account (and make special provision for) the needs of children and young people with special educational needs, disabilities, those with existing mental health conditions, those from marginalised (culturally and ethnically diverse, migrants, asylum seekers and refugees) and socioeconomically deprived communities as well as those in Local Authority Care, in custodial accommodation, or living in violent or abusive home environments.

12. Equitable technology access is important to support learning and for social interaction but policy guidance must accompany usage. Abnormally high discretionary screen time can displace other key activities (such as physical activity, social interaction, exposure to nature and sleep) which are important to the development of good mental health and wellbeing. Policy-makers should:

- Adopt a public health position on children's age of initiation to discretionary screen time (DST) along with the amount and time of day for DST. In 2019, the World Health Organisation (WHO) issued age-related screen time recommendations and the US and Australian Departments of Health have also issued recommendations.
- Recognise that parental monitoring along with government advice and families establishing DST limits is best placed to alter long term screen use habits and may prove to be a major preventer of screen dependency disorders
- Acknowledge that high levels of social media use may impact on children's mental health, for example, by disrupting sleep and reducing physical activity. (Viner R et al, 2019 'Roles of cyber-bullying, sleep and physical activity in mediating the effects of social media use on mental health and wellbeing among young people,' The Lancet Child and Adolescent Mental Health, August 2019)
- Accompany a Government Internet Safety Strategy (currently under consideration in England) by advice and guidance to parents in managing children's access to social media

13. Research-base expanded. Priority research needs include:

- Interventions: what works for whom, when and why?
- How best to identify and support children from disadvantaged or minority groups as above
- Why some children have shown improvements in their mental health during the pandemic. What helps them to maintain these and how can these same benefits be achieved once what is termed 'the new normal' has arrived?
- Barriers to access to effective care

- Research into the ways in which COVID-19 affects children and young people (to include Long Covid) to be prioritised. At the moment, the knowledge base about this disease is limited because its effects on the under 30 age group are not widely analysed
- Resources allocated to facilitate regular research of vulnerable subgroups so that any and all proposed policy measures are appropriate, accessible and win the trust of the population that it is hoped to learn more about.

**Recommendation:**

- 9.1 A radical overhaul of our national approach to wellbeing and mental health for children, young people, and families incorporating promotion of wellbeing and good mental health, and prevention and treatment of mental health problems.**