Public Health England

Research and analysis

7. Children and young people

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This chapter is part of the COVID-19: mental health and wellbeing surveillance report. The report is about population mental health and wellbeing in England during the COVID-19 pandemic. It includes up to date information to inform policy, planning and commissioning in health and social care. It is designed to assist stakeholders at national and local level, in both government and non-government sectors.

The report is regularly updated with the most recent information available. It currently reflects information up to week 30 of 2020. The report follows a standard structure, to enable regular and easy use. This is chapter 7: Children and young people.

This section presents emerging findings from UK studies on the mental health (MH) and well-being of children and young people (CYP) in relation to the coronavirus (COVID-19) pandemic and includes published studies found up to 10 July. For this report CYP is considered to be those aged 4 to 19, however some reporting for young adults has been drawn upon where findings include 16 to19 year olds.

Findings presented below need to be considered as indicative and not conclusive evidence of impacts at this stage (due to non-representative sampling, a lack of peer review, and other methodological constraints). Nevertheless, they provide us with an indication of the experiences of children and young people in the current period and the groups at greater risk of impacts on their mental health. Details of the method of searching and compiling evidence can be found in the Methodology document.

This version is based on emerging data found by a combination of rapid and informal searching.

Important gaps in publicly available findings so far include:

- measures of mental health in younger children
- changes in children's mental health against a recent pre-COVID-19 baseline
- representative evidence on the experiences and mental health of children and young people from particular sub-groups, such as those living in areas of deprivation or with protected equalities characteristics
- access to or change in protective factors
- experiences of important pandemic related risk such as the experience of illness, bereavement or multiple parental stresses

1. Important findings so far

There is growing indicative evidence that coronavirus (COVID-19) and associated interventions, such as social distancing and stay at home guidance including school closures, have likely had an adverse effect on the mental health and wellbeing of children and young people (CYP).

Loneliness has been a challenge for some CYP, although some have reported benefits for their mental health.

While many children and young people have retained some access to mental health support during this period, a lack of access to mental health support has been associated with worse mental health and wellbeing for some CYP.

There are indications that these experiences may vary by CYP characteristics.

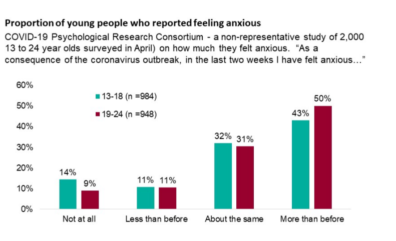
1. There is mixed evidence on whether mental wellbeing varies by ethnicity during COVID-19. Some evidence suggests that young people from Black, Asian and Minority Ethnic (BAME) backgrounds have experienced a higher rate of mental health and wellbeing concerns, though other studies have not found this to be the case.
2. Emerging evidence on young people with existing mental health conditions suggests that the pandemic has negatively affected the mental health and wellbeing of many of these young people, but there are no robust comparisons.
3. Parents have reported that CYP with Special Educational Needs and Disabilities (SEN(D)) have been negatively affected by the pandemic, but measures of emotional and behavioural difficulties do not show a widening gap with their peers.
4. There is limited evidence available on the experiences of young people in low income areas - what evidence there is highlights the possible effects of their situation, for example having lower access to technology to communicate with friends, a protective factor in CYP wellbeing.

The latest evidence reviewed here suggests that vulnerable children and other CYP with challenging home environments, are more likely than others to have had experiences during the pandemic associated with a risk to mental health and wellbeing such as:

- loneliness
- disruption to access to support
- difficult relationships within the home
- parental stress or poor mental health
- a lack of access to the outside or natural environment

2. COVID-19 impact on children and young people's mental health

Across multiple studies many young people report that coronavirus and lockdown have had a negative impact on their mental health and wellbeing. However, not all young people report a change in their mental health and some CYP report an improvement in their mental health.[1] [2] [3] [4] [5] [6] [7] [8] [9] For example, the graph below from the COVID-19 Psychological Research Consortium (C19PRC)[4] (a non-representative study of 2,000 13 to 24 year olds surveyed in April) shows that over half of 13 to 18 year olds felt no more anxious than prior to lock down.



Some of the same studies[2] [3] [7] [8] suggest that a majority of children and young people report that they are coping with changes due to the pandemic.

3. Suicidal thoughts and self-harm

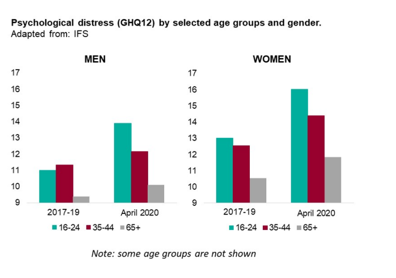
As suicidal thoughts and self-harm are sensitive topics, most studies in CYP during the pandemic do not raise this subject with young people. However, there is emerging evidence in this area from other data sources. These do not offer a full and representative picture and would not ordinarily be routinely monitored, however in the absence of current official statistics for this period these can give an indication of the current situation. There is evidence of increased help seeking for suicidal thoughts from MeeTwo at the beginning of the lockdown cited by Inkster and others. [10] and Kooth active user data from early July 2020 [11]. 'Suicidal thoughts' accounted for 19% of all issues raised on the Kooth platform at this time, and the number of issues was 40% higher than the previous year. A review of likely child suicides in England during the COVID-19 pandemic raised a concerning signal that child suicide deaths may have increased during the first 56 days of lockdown, but that the risk remained low and the numbers were too small to reach definitive conclusions[12]. Kooth user data showed increased proportions of CYP with self-harm related contact over several weeks compared to the same times last year[11] [13]. It is important to acknowledge the complex reasons underlying cases of likely suicide and self-harm, and there is no evidence of a simple link between the pandemic and the increased reporting of suicidal thoughts or self-harm related contact.

4. Reported symptoms of mental ill health

Data from C19PRC[4] from April showed abnormal levels of anxiety were more common than depression; 64% of Young People (YP), had high scores on an anxiety scale and 34% of YP scored in the abnormal range for depression. Previous reporting of the same study[3] also found that 50% to 60% of CYP showed trauma-like symptoms related to COVID-19 with higher rates for females and older YP (aged 19 to 24). COVID-19 related trauma was examined using the Revised Child Impact Events Scale and relate to response to intrusive thoughts relating to experiences or concerns.

Analysis of mental health measures collected prior to and during the COVID-19 lockdown by the UK Household Longitudinal Study[1] [14] shows that for young adults' (aged 16 to 24) mental health had deteriorated more than any other adult age group. In April 2020, nearly half of 16 to 24 year olds self-reported symptoms which passed a threshold suggesting a possible 'common mental disorder', where they had been below this threshold previously. We do not have a pre COVID-19 baseline for this age group, however it is reported that 14% of all adults in the pre COVID-19 data had newly reported symptoms which showed them to be at or above this threshold. While reaching this threshold suggests a possible 'common mental disorder' it does not necessarily mean the individual has a clinically diagnosable mental health disorder. People self-reporting symptoms which pass this threshold may later report fewer symptoms if the causes of their distress are removed. There are also indications that the deterioration for young adults may be spread across a wider range of dimensions of psychological distress than for older adults.

In the Institute for Fiscal Studies (IFS) analysis[1] (graph below) young women (aged 16 to 24) are shown to have reported the largest deterioration in mental health, whilst separate findings from C19PRC[4] show higher anxiety reported by younger males, suggesting the pattern of impact is not yet clear.

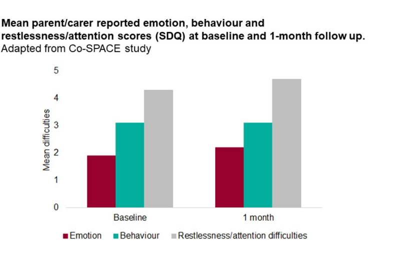


5. Changes in reported symptoms over the period of lockdown

Findings on changes in the self-reported symptoms of mental ill health within the lockdown period are mixed, with some evidence of an increase in emotional difficulties, including anxiety and depression[6] [15] and some reports by young people themselves of there being no change in their emotional difficulties[15] [16].

Few studies have so far specifically asked about behavioural issues. In a convenience sample Co-SPACE[15] showed that parents of primary aged children reported a significant increase in behavioural difficulties over a one-month period in lockdown, but secondary school aged young people (non-representative sample of 1,000 young people), as well as parents of young people, reported no change in behavioural issues over the same time.

The same Co-SPACE survey showed that parents reported a significant increase in hyperactivity difficulties over a one month period in lockdown for both primary and secondary aged children, but secondary school aged young people themselves reported no change.



6. How mental health and wellbeing may vary by characteristics

6.1 Ethnicity

The emerging findings on outcomes associated with ethnic background are mixed and are complicated by the simultaneous increased profile of racism and anti-racism in the media and community. Some studies found no differences between White British CYP and those with other ethnicities[1] [15]. However, recent Kooth data on active users (CYP aged 11 to 18. 42,000 active users between 1 March 2020 to 30 May 2020, of which 21% were from BAME backgrounds) suggest increased reporting of depression, anxiety, self-harm and suicidal thoughts amongst CYP from BAME backgrounds since lockdown and that the increase is higher than any among CYP from White ethnic background[13]. The C19PRC study[3] [4] (a non-representative study of 2,000 CYP) found that Black and Mixed ethnic background respondents had higher levels of anxiety and depression compared to White and Asian respondents. On all other measures, similar scores were found across ethnic groups (well-being, somatic symptoms. COVID-19 Trauma, COVID-19 anxiety). It should be noted that there is also variation within CYP from the same ethnic background.

6.2 Special educational needs and disability

Children and young people with SEN(D), and existing mental health issues, and their parents, have reported that COVID-19 has negatively affected their mental health [17] [18] [19]. Most studies do not compare their experiences with the wider population. Those that do, find evidence that children with SEN(D) have experienced poorer mental wellbeing during lockdown than other children[2] [15]. For example, in the Co-Space study, parents of children with SEN reported their children to have higher emotional and behavioural difficulties (as measured by parent completed Strengths and Difficulties questionnaire) than parents of children without SEN did. Parents of children with SEN(D) also reported that their children's levels of emotional difficulties had reduced over the course of a month in lockdown. The Co-Space study also found that children with Autistic Spectrum Disorders and their parents expressed more worry about catching COVID-19 than others, though they reported a reduction in emotional and conduct difficulties through the lockdown.[20] No pre COVID-19 measures are available for comparison in this study.

6.3 Other characteristics

There is also emerging evidence on poorer mental wellbeing, including anxiety and loneliness, during the pandemic for vulnerable children and young people, such as children with experience of being in care, as well as children and young people in economically disadvantaged families or areas.[2] [21] [22]

7. Experiences, risk and protective factors associated with coronavirus (COVID-19) mental health outcomes

7.1 Access to existing support

Estimates of the proportion of young people with existing mental health issues who were not able to access their existing mental health or other support vary from around 25%[17] [19] to 80%[23]. This range is likely to be due to the nature of support included by the question. Another study found 58% of young adults (including 16 – 19 year olds) reported some disruption to their mental health care[24]. Children with pre-existing mental health conditions and those already receiving school or social services support appeared more likely to use specialist services for their COVID-19 related 'isolation and relationship' needs than other children who also had a need for COVID-19 related 'isolation and relationship' support.[25]

There are reports of increasing use of online support options, although data is not scrutinised for differences in the characteristics of the CYP to whom the services have been made available.[10] [26]

7.2 Loneliness and social isolation

As seen in many studies, most young people reported increased levels of loneliness, in part attributed to not being able to see and socialise with friends. Experiences of loneliness appear to increase with age and young people themselves associate feelings of loneliness with feeling anxious.[6] [11] [17] [16] [24] [27] [28] [29] [30] The proportion of young people with medium/high level of loneliness appears to have increased between end April and mid May[6]. The Office for National Statistics (ONS) reports that young adults (aged 16 to 29) are more likely than older adults to be concerned about the impact of the pandemic on their relationships, particularly friendships.[29]

Although loneliness and social isolation have been a challenge for CYP, many can keep in touch with friends to some extent, for example through technology and social media[6] [8] [31] [21] [27]. However, some of these studies and others also indicate a digital divide, with some young people, including those in 'low-income' areas, who report not having access to or not using devices to communicate with friends [17] [21] [22] [26] [32].

7.3 Worries

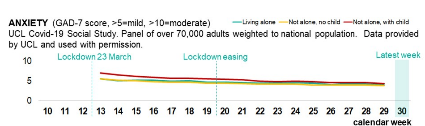
A range of surveys asked children and young people about specific worries at this time. Common worries were about other people (for example, family members) being at risk (more so than themselves being at risk), education (for example, school work, learning from home, exams), and worries about the future[6] [7] [8] [11] [17] [22] [28] [29] [33] [34]. There is also emerging evidence of disrupted sleep patterns for CYP during the pandemic. [7] [9] [16] [19] [22] [26] [28]

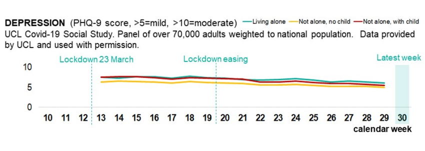
7.4 Home Environment

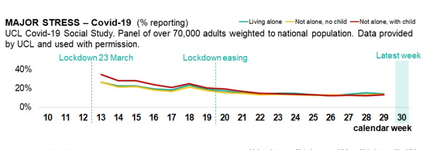
There is evidence that many CYP have experienced changes within their home environment, some of which could be either a risk to or protective of their mental health. There are indications of strains in some family relationships during the pandemic[8] [11] [23] [29] [35] [36] at the extreme cases including likely abuse within the home environment[11] [26]. Many CYP have, on the other hand, enjoyed more time with family or caregivers[8] [16] [19] [30] [35]. There are indications that some CYP's parents may have had increased stress or experienced worse mental health[14] [18] [19] [20] [27] [37] [38] [39]. With the introduction of support bubbles for lone parents, many families have started using these for childcare[40]. Most CYP have been able to spend time outside and/or in the natural environment, but for some CYP access to outside spaces is limited[2] [31] [32] [41].

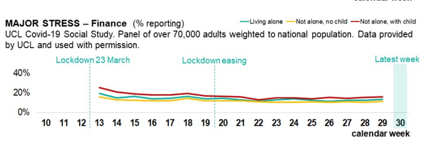
8. Weekly tracking data – children and young people

Data relating to people who live with children can be considered as a proxy for parents. Across most indicators of mental health and wellbeing examined, this group had similar figures to others. For loneliness and thoughts of self-harm and death, it was better than for comparison groups (data not shown). However, levels of anxiety, and stress related to COVID-19 and finance, appeared to be worse among parents – particularly at the start of lockdown.





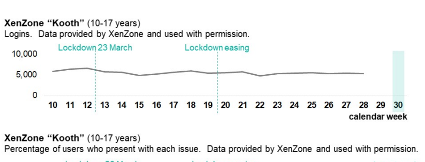


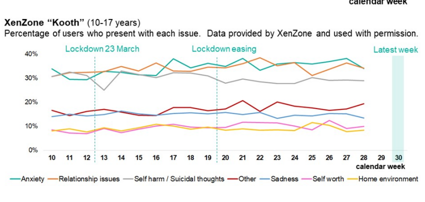


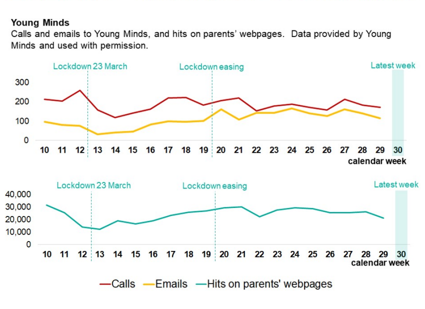
9. Remote services – children and young people

Xenzone Kooth report relatively steady engagement with their service across the pandemic period. Key presenting issues continue to be anxiety and relationship issues.

The most recent data from Young Minds shows a continued trend of more parents seeking information and advice via email and online during the pandemic. They report that parents have been most likely to call about anxiety, anger, behaviour problems and self-harm.







1. IFS. The mental health effects of the first two months of lockdown and social distancing during the COVID-19 pandemic in the UK. 2020. Analysis of UKHLS Adult sample including over 1,300 young adults aged 16-24 with 16/17 year old less well represented in the analysis, collected April.
2. ImpactEd. Interim data summary: May-June 2020. 2020. Non-representative sample of 7,350 pupils from 6 to 18 years old. New
3. Levita L, Gibson Miller J, Hartman TK, Murphy J, Shevlin M, McBride O, and others. Report 1: Initial research findings on the impact of COVID-19 on the well-being of young people aged 13 to 24 in the UK. PsyArXiv [Pre-print];2020. Non-representative sample of 2,000 children and young people aged 13 to 24, collected 21 to 29 April 2020.
4. Levita L, Gibson Miller J, Hartman TK, Murphy J, Shevlin M, McBride O, and others. Report 2: Impact of COVID-19 on young people aged 13-24 in the UK-preliminary findings. PsyArXiv. Pre-print. 2020. Non-representative sample of 2,000 children and young people aged 13 to 24, collected 21 to 29 April 2020. New
5. Roberts CH, Lees S. LSHTM Coronavirus and Health Survey - Dashboard. London School of Hygiene and Tropical Medicine; 2020. [Non-representative sample of Appr. 580 young people aged 13 to 19, collected 7 April to 7 May 2020.]
6. Oxford ARC. Achieving Resilience during COVID-19 Summary Report 1. University of Oxford; 2020. [Non-representative sample of 321 young people aged 13 to 18 and 233 parents collected from April 2020.]
7. Duke of Edinburgh. The impact of lockdown on young people. 2020. [Non-representative sample of 9,900 Duke of Edinburgh participants age 14-25 in April 2020.]
8. Girlguiding. Early findings on the impact of COVID-19 on girls and young women. 2020. [Non-representative sample of 7,000 girls and young women aged 4 - 18, collected May 2020.]
9. Prince's Trust. Young People in Lockdown. 2020.[Online panel sample of 1,022 young people aged 16-25, weighted to be representative, collected 24 April – 4 May 2020.]
10. Inkster, Bekky, Ross O'Brien, Emma Selby, Smriti Joshi, Vinod Subramanian, Madhura Kadaba, Knut Schroeder, Suzi Godson, Kerstyn Comley, Sebastian J. Volmer, Bilal A. Mateen. Digital health management during and beyond the COVID-19 pandemic: Opportunities, barriers, and recommendations. [Pre-print] JMIR Mental Health. New
11. Kooth. Week 16: How COVID-19 is Affecting The Mental Health of Children and Young People (CYP). 2020. [Service user data.] New
12. National Child Mortality Database (NCMD) Programme. Child Suicide Rates during the COVID-19 Pandemic in England: Real-time Surveillance. 2020. [Based on very small numbers of likely suicide cases (51 in 2020).] New
13. Kooth. BAME service use data. 2020. [Service user data reported in week 14.](https://xenzone.com/)
14. Chandola T, Kumari M, Booker CL, Benzeval MJ. The mental health impact of COVID-19 and pandemic related stressors among adults in the UK. MedRXiv [Pre-print];2020. New
15. Pearcey S, Shum A, Waite P, Patalay P, Creswell C. Report 04: Changes in children and young people's emotional and behavioural difficulties trough lockdown. Emerging Minds; 2020. [Non-representative sample of 2,890 parents, and 572 young people aged 11-16, collected from 30 March 2020.]
16. Children's Commissioner for Wales. Coronavirus and me. 2020. [Non-representative sample of 2,000 CYP from a wider consultation with over 23,000 CYP, collected 13-27 May 2020.]
17. YoungMinds. Coronavirus: Impact on young people with mental health needs. 2020. [Non-representative sample of 2,111 young people aged 13-25, more likely to have existing mental health issues, collected 20 - 25 March 2020]
18. Asbury K, Fox L, Deniz E, Code A, Toseeb U. How is COVID-19 affecting the mental health of children with Special Educational Needs and Disabilities and their families? PsyArXiv [Pre-print]; 2020. [Non-representative sample of 214 parents of children with SEN/D, collected 22 March-22 April 2020.]

2020.] ↩ ↩2

19. YoungMinds. Impact of COVID-19 on children and young people's mental health: results of a survey with parents and carers. 2020. [Non-representative sample of 1,854 parents or carers of children and young people aged 0-25, collected 9 April - 10 May 2020.] ↩ ↩2 ↩3 ↩4 ↩5
20. Pearcey S, Shum A, Waite P, Creswell C. Supplementary Report 03. Emerging Minds; 2020. [Non-representative sample of 7,227 parents/carers, of which 671 had a child with ASD, collected from 30 March 2020.] New ↩ ↩2
21. National Youth Advocacy Service. Young Lives in Lockdown. 2020. [Non-representative sample of 230 care-experienced CYP across England and Wales, collected 15 April - 7 May 2020.] New ↩ ↩2 ↩3
22. StreetGames. The Experience of the Coronavirus Lockdown in low-income areas of England and Wales. 2020. [Non-representative sample of 270 local organisations and 250 Young People, collected in April and May 2020.] ↩ ↩2 ↩3 ↩4
23. Waite P, Patalay P, Moltrecht B, McElroy E, Creswell C. Report 02: Covid-19 worries, parent/carer stress and support needs, by child special educational needs and parent/carer work status. Emerging Minds; 2020. [Non-representative sample of 5,000 parents/carers, collected 30 March – 29 April 2020.] ↩ ↩2
24. Crosby L, McCloud T, Hudson L, Nicholls D, De Stavola B, Fowler D, Viner R, Patalay P. Disruptions experienced by young people aged 16-24 during first months of the COVID-19 lockdown. University College London; 2020. [Non-representative sample of 1,274 YP aged 16-24, collected between 1-31 May 2020.] New ↩ ↩2
25. Shum A, Pearcey S, Waite P, Creswell C. Supplementary Report 2. Emerging Minds; 2020. [Non-representative sample of 2565 parents/carers, collected from 30 March.] ↩
26. Kooth. How has COVID-19 Affected the Mental Health of Children and Young People in the United Kingdom?. 2020. [Service user data, collected week 10 to week 16.] ↩ ↩2 ↩3 ↩4
27. Waite P, Creswell C. Report 01: Findings from the first 1500 participants on parent/carer stress and child activity. Emerging Minds; 2020. [Non-representative sample of 1,500 parents/carers, collected from 30 March.] ↩ ↩2 ↩3
28. Barnardo's. Generation lockdown: a third of children and young people experience increased mental health difficulties. 2020. [Sample of 4,283 CYP weighted to be representative of GB, collected 15 May-2 June 2020.] New ↩ ↩2 ↩3
29. Office for National Statistics. Coronavirus and the social impacts on young people in Great Britain. 2020. [Randomly sampled survey of adults, including Appr. 1,500 young adults 16-29 years old, some results relate to 16-19 year olds, collected 3 April – 10 May 2020.] ↩ ↩2 ↩3 ↩4
30. Scottish Children's Parliament. How are you doing? Survey report. 2020. [Non-representative sample of Appr. 7,500 CYP in Scotland aged 8-14, collected April – May 2020.] ↩ ↩2
31. HAPPEN. Happen at home survey. 2020. [Non-representative sample of 1,000 children aged 8-11, collected May 2020.] ↩ ↩2
32. Shum A, Pearcey S, Waite P, Creswell C. Supplementary Report 1. Emerging Minds; 2020. [Non-representative sample of 6,744 parents/carers, collected 30 March - 17 June 2020.] New ↩ ↩2
33. Disabled Children's Partnership. #LeftInLockdown - Parent carers' experiences of lockdown. 2020. [Non-representative sample of 4,000 parents of disabled children in the UK, collected 1-17 May.] New ↩
34. Scottish Youth Parliament. Lockdown Lowdown. 2020 [Non-representative sample of Appr. 2,400 young people aged 11-25, collected April 2020.] ↩
35. Yeeles P, Baars S, Mulcahy E, Shield W, Mountford-Zimdars A: Assessing the early impact of school and college closures on students in England. CFEY; 2020. [Non-representative sample of 230 young people aged 16+ in England, collected 28 March – 20 April 2020.] New ↩ ↩2
36. Smith LE, Amlôt R, Lambert H, Oliver I, Robin C, Yardley L, Rubin GJ. Factors associated with self-reported anxiety, depression, and general health during the UK lockdown: a cross-sectional survey. medRxiv [Pre-print]; 2020. [Analysis of UKHLS Adult sample, collected April 2020] New ↩
37. Fancourt D, Bu F, Mak HW, Steptoe A. COVID 19 Social Study Results Release 15. UCL; 2020. [Non-representative sample of 90,000 respondents, collected 31 March – 28 June 2020.] New ↩
38. Reaching Families. Coronavirus Survey. 2020. [Non-representative sample of Appr. 400 parents of children with a disability, collected 21-28 April 2020.] New ↩
39. Zhou M, Hertog E, Kolpashnikova K, Kan MY. Gender inequalities: Changes in income, time use and well-being before and during the UK COVID-19 lockdown. SocArXiv [Pre-print]; 2020. [Analysis of UKHLS Adult sample, collected April 2020] New ↩
40. Office for National Statistics. Coronavirus and the social impacts on Great Britain: 10 July 2020. 2020. [Randomly sampled survey of 1,788 adults, collected 2-5 July 2020.] New ↩
41. Natural England. The People and Nature Survey for England: Monthly interim indicators for May 2020 (Experimental Statistics). 2020. [Representative sample of 2,083 adults including 264 parents, collected May 2020.] New ↩

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