Research and analysis 7. Children and young people

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Introduction

This is Chapter 7 of the COVID-19 mental health and wellbeing surveillance report. It presents emerging findings from 18 studies of the mental health and wellbeing of children and young people (CYP) in relation to the coronavirus (COVID-19) pandemic.

This chapter is composed of two main categories of information:

- weekly data from the CLOSER Study (Covid Life Study) and other sources up to Week 4 2021 (25 January)
- evidence from a range of emerging research projects up to Week 1 2021 (8 January)

The two categories of information have separate purposes.

Weekly data serves as an early warning system for potential large changes and trends. It is collected from a sample of children and young people and therefore, it should not be used to draw conclusions about national changes or differences between groups from week to week. This is because the data has not been analysed to control for any confounding factors or potential biases.

The analysis from academic research offers a good picture of change over time and potential reasons for change. This intelligence is the basis for more nuanced conclusions.

Note: Many of the findings presented below need to be considered as indicative and not conclusive given that analysis of the stage data from non-representative samples, is a lack of peer review, and other methodological concerns). Nevertheless, they provide an indication of the experience of children and young people in the recent period and the groups at greater risk of impacts on the mental health. Details of the method of searching and emerging evidence can be found in the Methodology annex.

Note: this chapter presents evidence on reported experiences, reported wellbeing and reported mental ill-health. Although some of the research in this chapter includes clinical samples and validated surveys and wellbeing reporting should not be automatically interpreted as an increase in mental illness or need for mental health services. This is a complex area of research and care, and short-term increases in psychological distress and anxiety are to be expected.

Important gaps in publicly available findings for this chapter include:

- changes in children's mental health against a recent pre COVID-19 baseline
- disproportionate impacts on children and young people from ethnic minority and other particular sub-groups, such as young people from gypsy, Roma and Traveller, transgender (LGBT) people
- experiences of important problems related risk such as illness or bereavement of close family relatives

Important findings so far

Changes in children and young people's mental health and wellbeing

Available evidence suggests that between March and September 2020, children and young people have coped well (references 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13) with satisfaction appears to have only slightly reduced and children and young people's wellbeing has improved (references 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13). However, other evidence suggests that children and young people with mental characteristics appear to be associated with worse effects to their mental health and wellbeing. This includes those who were diagnosed mental conditions, female and those with pre-existing mental illness.

Evidence from the Millennium Cohort Study suggests that the most common reasons for anxiety were keeping up with schoolwork, uncertainty around the future, getting enough exercise, exams or being worried that exams may be cancelled (references 14, 15). Some 15 to 16 year olds are also more likely to share their problems and more likely to confide with their friends or their parents than before the pandemic, which could be an early warning sign of vulnerability personal confiding (reference 16, 17).

There is also some evidence to suggest that the return to school in September 2020 was associated with a decline in children and young people's mental health and wellbeing, particularly primary school children.

Which population groups appear to be disproportionally affected?

Pre-existing mental health needs

There is evidence to suggest some young people with pre-existing mental health needs have been affected more than others during the pandemic. In a cohort study of around 57 to 240 with existing mental health needs reported that there was a disruption of access to their mental health support during June and July 2020 (references 20, 23). Some qualitative evidence suggests that for some, the lockdown period was a "respite" from traditional stressors and then they continued after the return to school (references 21, 22). There is qualitative evidence that the stress around going back to school was a trigger for some people who started to self-harm again or to attempt suicide.

Disadvantaged

During the pandemic, disadvantaged young people and children, such as children in care or those who are disadvantaged financially, may have experienced poorer mental health and wellbeing than their counterparts (references 2, 3, 4). There is evidence that with probable mental health disorders were more likely to live in a household that had taken benefit payments.

SEND

Young people aged 16 to 24 with disabilities have felt more anxious than their peers during the April to September period. However, measures of other emotional and behavioural difficulties do not show a worsening of their mental health years (references 2, 20, 21, 22, 24, 26).

LGBTQ

Some evidence suggests that children and young people from Black, Asian and Minority Ethnic (BAME) backgrounds have experienced a higher rate of mental health and wellbeing concerns (references 2, 27). Other research studies have not found differences in overall psychological wellbeing, subjective wellbeing and difficulties for children from ethnic minority groups (references 2, 3, 4). Some evidence suggests that LGBT people were more to small sample sizes and combining ethnic minority groups potentially masking differences between them.

Gender

There is some evidence of differing responses between male and female pupils. Secondary school female pupils are more inclined to hide and deflect their concerns in the context of a focus, making detection a challenge. Evidence also suggests that girls aged 16 to 24 have experienced an increase in mental health symptoms and psychological distress (references 2, 28).

Risks and experiences

Evidence from the first national lockdown could suggest what children and young people may experience during the pandemic. In a cohort study, qualitative evidence shows that children and young people struggled with the lack of access to formal and informal mental health support (references 2, 20, 29).

There was an increase in levels of loneliness which increased with age (references 2, 24, 25, 27, 30).

Catching and spreading COVID-19 was a concern for some children and young people during the lockdown and as they returned to school. The return increased anxiety and worry for children and young people who were concerned about their own risk or contact with others, catching the virus and their spreading it (references 31, 32, 33). This was especially felt by secondary pupils who had vulnerable family members or friends, who had underlying health conditions or who had family members in key workers, particularly those in open schools. Another activity which increased worry around COVID-19 was reading or watching the news and social media (references 32, 33).

Throughout the first lockdown and into the return to school, there was a lack of social connectedness, mainly for primary school children and those children with access to the Internet. This led to a lack of intimacy and closeness in communicating with friends and family, which was felt to be a key part of their mental health. This was felt to be the same as face-to-face interaction. Even after returning to school, some children and young people found it hard to reconnect with friendships (references 34, 35). Some children felt that their relationships with their family had improved during the lockdown (references 34, 35). Other relationships, such as that with teachers, were felt to be more common for children and young people with a probable mental health disorder to feel lonely.

Some children and young people have reported that accessing counselling at school was difficult during the lockdown. Some children felt that they had to be dressed to attend sessions if they were self-isolating and not being able to have regular appointments.

Primary school pupils generally felt that their family relationships were going well, more so than secondary school pupils. They felt that lockdown had positively impacted their relationships with their family, with more time together playing games and talking (31, 32). There also was concern that throughout the lockdown period and into the autumn term, however, children and young people with a probable mental disorder were also more likely to also have a parent with a higher level of psychological distress and this difference was larger than in 2017.

Weekly tracking data: adults who live with children and young people

Note: The UCL COVID-19 Social Study concentrates on the psychological and social experiences of adults living in the UK during the COVID-19 pandemic. This self-selected study sample is not representative of the UK population though was designed to have good stratification across a wide range of socio-demographic factors. Results were weighted to the national population.

Though respondents weren't specifically asked whether they were parents or carers, they were asked about their CYP living in their household. It is likely that some of the children can be considered to generally be parents or carers, though there will be some exceptions to this. Across most indicators of mental health and wellbeing examined, there was a worsening in the period from the last pre-lockdown data point in mid-March 2020. Psychological distress increased throughout the lockdown period and into the autumn term. However, children and young people with a probable mental disorder were also more likely to also have a parent with a higher level of psychological distress and this difference was larger than in 2017.

Telephone and online support service – children and young people

Both services providing data saw a significant drop off in contacts over the Christmas and New Year period. This is likely to occur each year.

Youth report: weekly steady engagement with their service across the pandemic period. Key presenting issues have been anxiety and relationships. There has been an increase in the proportion of users presenting with thoughts of self-harm or suicide since late 2019.

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

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