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Public Health England

Research and analysis

# 7. Children and young people

Updated 8 April 2021

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## Introduction

This is Chapter 7 of the COVID-19 mental health and wellbeing surveillance report. It presents emerging findings from UK 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 2 main categories of information:

1. weekly data drawn from the UCL COVID-19 Social Study and other sources up to Week 8 2021 (22 February)
2. analysis from a range of ongoing academic research projects up to Week 7 2021 (15 February)

The 2 categories of information have separate purposes.

Weekly data serves as an early warning system for potential large changes and differences between groups in levels and trends in mental health and wellbeing. It should not be used to draw conclusions about smaller 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 differences between groups. This intelligence is the basis for more nuanced interpretation.

**Note**

Many of the 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 an indication of the experiences of children and young people in the recent 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.

**Note**

This chapter presents evidence on reported experiences, wellbeing and the symptoms of mental health. Any deterioration of mental health captured in studies and self-reported surveys and weekly reporting should not be automatically interpreted as an increase in mental illness or need for mental health services.

This is a difficult and stressful time for many, and short term increases in psychological distress and anxiety are to be expected.

Important gaps in publicly available findings so far include:

- changes in children's mental health compared to 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 young lesbian, gay, bisexual, and transgender (LGBT) people
- experiences of important pandemic 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 generally coped well (references 1,2 , 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,14). Life satisfaction appears to have only slightly reduced and children and young people's happiness appears to have been relatively stable (references 3, 5, 8, 11, 12, 13, 14). Other evidence suggests that some children and young people, especially those with certain characteristics, appear to have experienced greater negative impacts on their mental health and wellbeing. This includes those who are disadvantaged economically, females and those with pre-existing mental health needs.

From the return to school in September 2020 up until January 2021, there seems to be some decline in wellbeing (references 15,16,17). Common reasons for anxiety, as reported by secondary students, include keeping up with schoolwork, uncertainty over the future, getting good grades in exams or being worried that exams may be cancelled (references 18,19,20). Some 11 to 16 year olds are also less likely to share their problems and more likely to deal with them on their own than before the pandemic (references 21,22). Evidence suggests that behavioural and restless/attentional difficulties have increased throughout the pandemic up until February 2021, particularly for primary school children (4 to 10 years old). However, secondary pupils (aged 11 to 17) had a higher rate of emotional difficulties than primary pupils.

There is also some evidence to suggest that the return to school in September 2020 has had a positive impact on some children and young people's mental health and wellbeing, particularly primary school children and pupils where English was an additional language (references 15,18). Evidence collected between end of May and November 2020 reported that primary school pupils were more excited about returning to school than secondary school pupils.

### Which population groups appear to be disproportionately affected?

**Gender**

From May to November 2020, female pupils aged 6 to 18 (reported) higher anxiety and poorer wellbeing than males. In the older age group (17 to 22 years old) more young women than young men were identified as having a (probable mental disorder) in July 2020. On average, from October 2020 to January 2021, secondary school aged girls (aged 11 to 17 years old) had higher levels of emotional difficulties than secondary school aged boys. Males aged 4 to 17 years old had higher levels of behavioural and restless/attentional difficulties than female pupils of the same age group between October 2020 and January 2021. Evidence from April 2020 also suggests that females aged 16 to 24 have experienced an increase in mental health symptoms and psychological distress since levels reported between January 2017 and May 2019.

There is limited evidence on how males and females differ in their approach to dealing with their feelings during the pandemic. Some secondary school female pupils are more inclined to hide and deflect their concerns in the context of school, making detection a challenge. Also, during the first lockdown, evidence from interviews found that some males let feelings build up without seeking help.

**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 including anxiety and loneliness (references 2,3,8,15,20). In January 2021, survey data from parents suggests that a larger proportion of children from households with lower annual incomes were identified as having possible/probable mental disorders, such as emotion and hyperactivity problems, than those children from households with higher annual incomes. During the first lockdown, students eligible for Pupil Premium were less likely to say they had developed a routine for learning, got help from their family and say they understood the schoolwork that they have been set. There is evidence that those with a probable mental health disorder were more likely to live in a household that had fallen behind with payments.

**Special Educational Needs (and Disabilities) (SEND)**

Children and young people (aged 6 to 18) with SEND have shown elevated mental health symptoms and higher levels of behavioural, emotional, and restless/attentional difficulties throughout the pandemic. In January 2021, more children with SEND than children without were identified as having possible/probable mental disorders. Young people aged 16 to 24 with disabilities have felt more anxious than their peers during the April to September 2020 period. However, measures of emotional and behavioural difficulties do not show a widening gap with their peers (references 3, 24, 25,26,27).

**Pre-existing mental health needs**

There is evidence to suggest that some young people with pre-existing mental health needs have found access to care and the return to school difficult. Some young people (aged 13 to 24) with existing mental health needs reported there was a disruption of access to their mental health support during June and July 2020 (references 28,29. Some secondary aged pupils had struggled with pre-existing mental health issues during the lockdown and then this continued into the return to school in Autumn 2020 (references 19,29).

There is qualitative evidence that the stress around going back to school was a trigger for some young people who started to self-harm again or have suicidal thoughts.

**Black, Asian, and Minority Ethnic (BAME)**

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 5,11). Other studies have not found differences in overall psychological wellbeing, subjective wellbeing and difficulties for children from different ethnic groups (references 1, 8, 24). It is important to note that this may be due to small sample sizes and combining ethnic minority groups potentially masking differences between them.

### Risks and experiences

**Family Relationships**

Between August and October 2020, some primary school pupils reported generally feeling that their family relationships were going well, more so than secondary school pupils. They felt that lockdown had positively impacted their family relationships because they got to spend more time together (references 18,20 ,30). Parents also reported this throughout the lockdown period and into the autumn term (references15,31,32). Some pupils reported that the lockdown helped communication with some of their family members as they were able to have deeper conversations about mental health and reflect on shared challenges.

However, children and young people with a probable mental disorder were also more likely to have a parent with a higher level of psychological distress and this difference was larger than in 2017. Caregivers with higher psychological distress were significantly more likely to report that their children experienced psychological distress, more likely to argue with the rest of the family and be more dependent on their caregiver. The link between parent's mental health and children's mental health is well established and it is not always clear which factor causes the other. Parents/carers from single adult households reported higher levels of all behavioural, emotional, and restless/attentional symptoms than parents/carers from non-single parent households throughout the pandemic.

**Anxiety**

From the first lockdown and during the return to school in September 2020, there was an increase in reported anxiety and stress for some children who were worried about contracting and spreading COVID-19 (references 15,18,19 ,34).This was especially felt by secondary pupils who had vulnerable family members at home. Some children and young people were worried and anxious about catching up with their schoolwork and uncertainty about the plans for exams (references 15,19). Another activity which increased anxiety around COVID-19 was reading or watching the news and social media (references 30,34).

**Loneliness**

From March to November 2020, there were reports of a lack of social connectedness, mainly for primary school children and those children without access to the internet. Even after returning to school, some children and young people found it hard to reconnect with friendships groups (references 19, 30,34). Pupils of both primary and secondary age have also felt like they sometimes do not have anyone to talk to or have felt left out. Other evidence further suggests that it is more common for children and young people with a probable mental health disorder to feel lonely however there is no comparison for this prior to the pandemic.

**Mental Health Services**

Some children and young people have reported that accessing counselling at school was more difficult after the first lockdown due to long waiting lists, being unable to attend sessions if they were self-isolating and not being able to have regular appointments. One voluntary sector mental health telephone and online support service (who serve users up to age 45) found that between May 2018 and November 2020, children aged 13 or under who have used their service were the age group most likely to discuss self-harm and bullying. This evidence does not separate the extent to which this may have differed before and during the current pandemic.

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

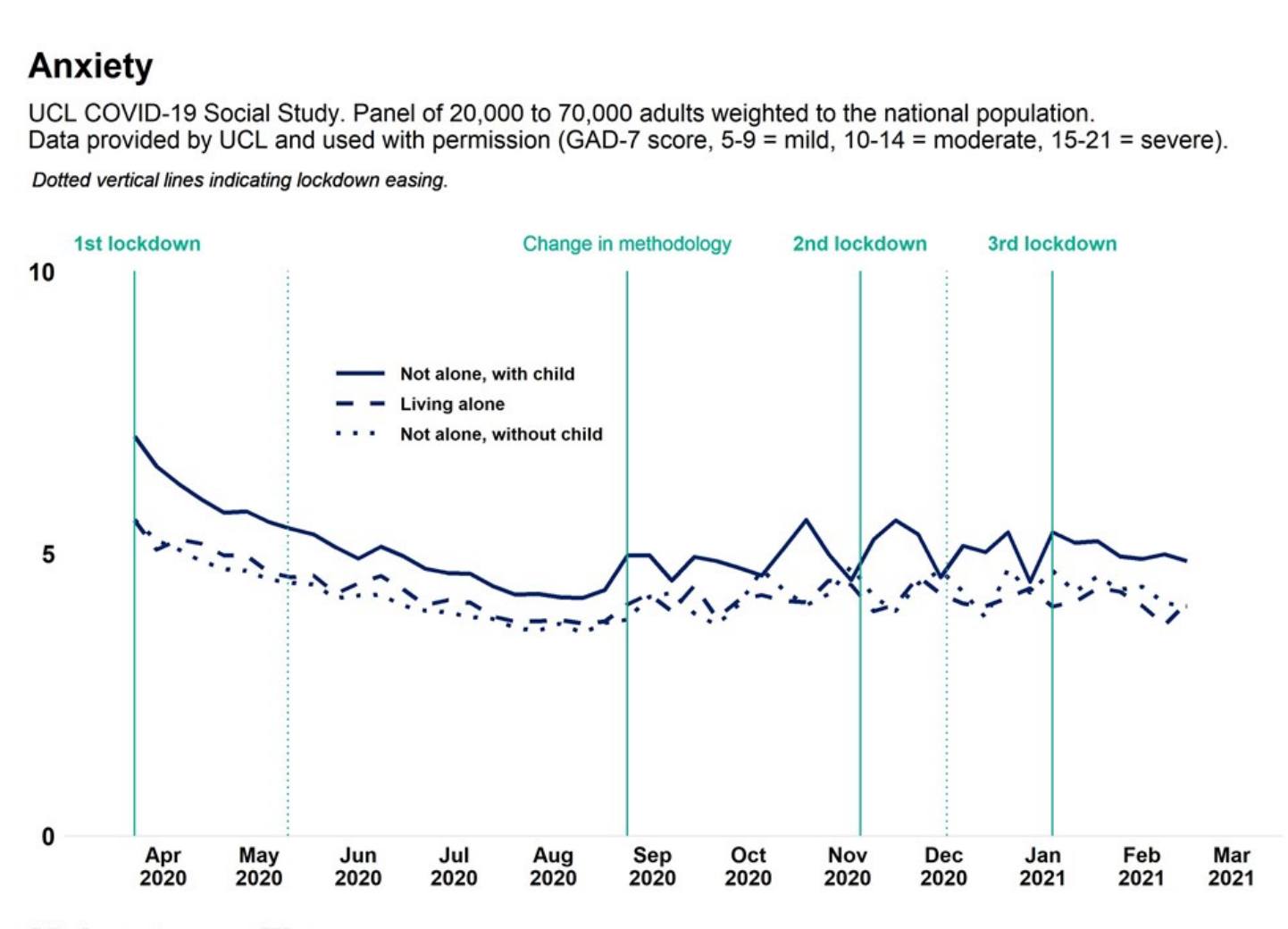
**Note**

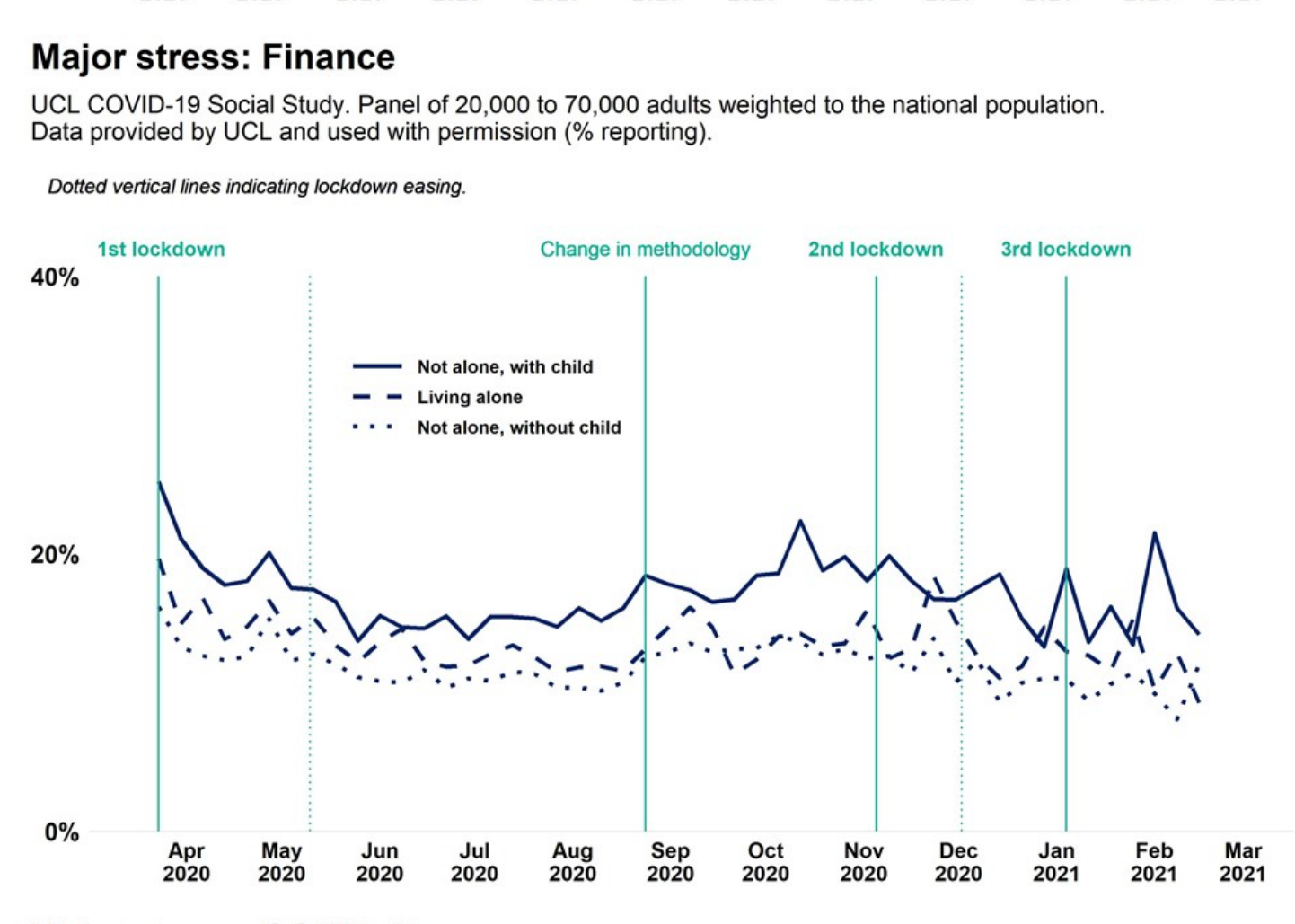
The UCL COVID-19 Social Study concentrates on the psychological and social experiences of adults living in the UK during the COVID-19 pandemic. This self-selected study sample is not representative of the UK population though was designed to have good stratification across a wide range of socio-demographic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

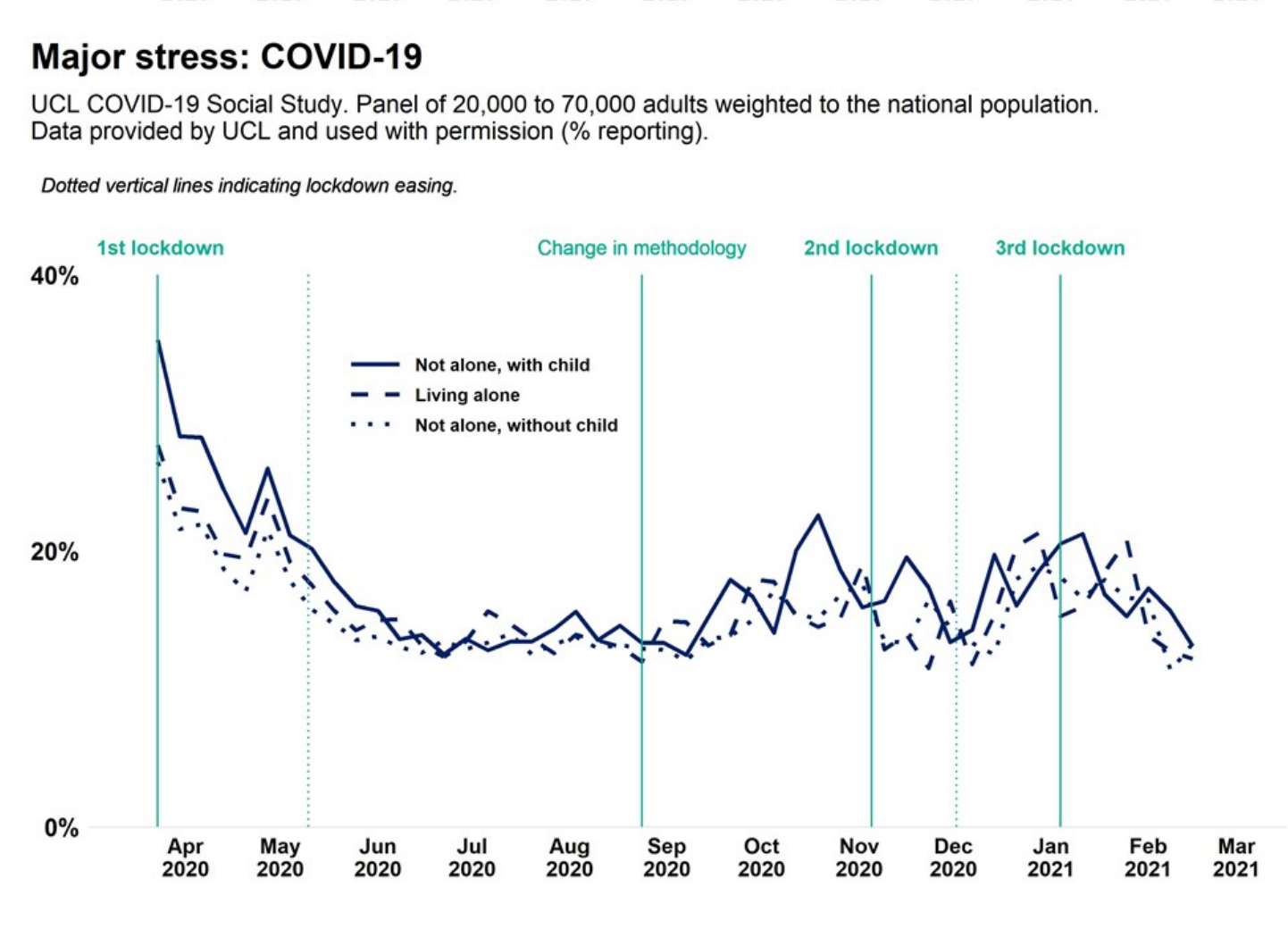
Though respondents weren't specifically asked whether they were parents or carers, they were asked if they live alone, with children, or with others. Adults who live with children can be considered to generally be parents or carers, though there will be some exceptions to this.

Across most indicators of mental health and wellbeing examined, adults who live with children had similar figures to others. For loneliness and thoughts of self-harm and death, indicators were better than for comparison groups (data not shown). However, levels of anxiety, and stress related to COVID-19, appeared to be worse for adults who live with children – particularly at the start of the first national lockdown.

Overall, there is some early indication of a deterioration in measures since August, but this is not to the levels seen in April and May 2020. There are recent indications of some possible recovery since January 2021.


Anxiety
UCL COVID-19 Social Study. Panel of 20,000 to 70,000 adults weighted to the national population.
Data provided by UCL and used with permission (GAD-7 score, 5-9 = mild, 10-14 = moderate, 15-21 = severe).
Dotted vertical lines indicating lockdown easing.


Major stress: Finance
UCL COVID-19 Social Study. Panel of 20,000 to 70,000 adults weighted to the national population.
Data provided by UCL and used with permission (% reporting).
Dotted vertical lines indicating lockdown easing.

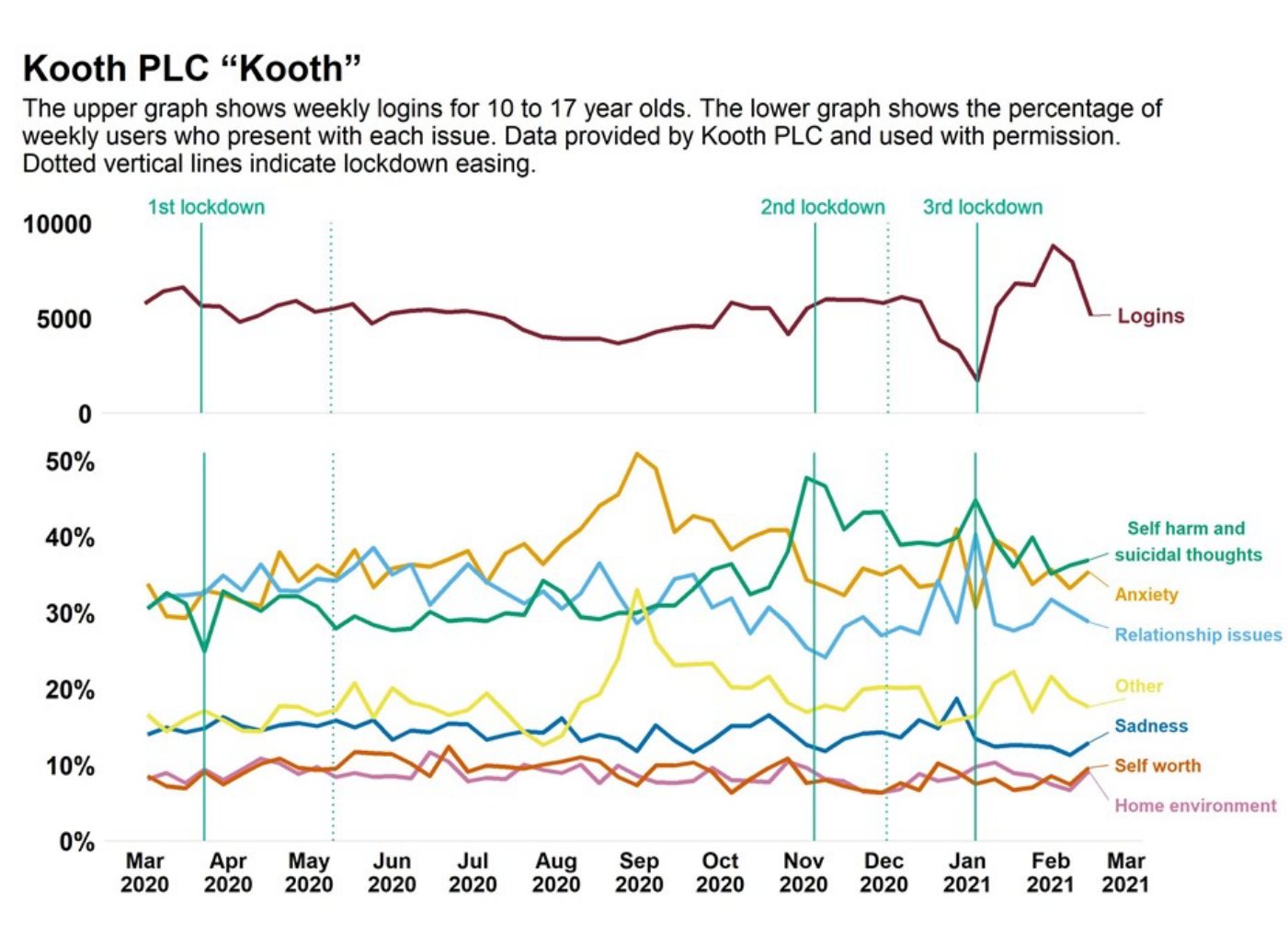

Major stress: COVID-19
UCL COVID-19 Social Study. Panel of 20,000 to 70,000 adults weighted to the national population.
Data provided by UCL and used with permission (% reporting).
Dotted vertical lines indicating lockdown easing.

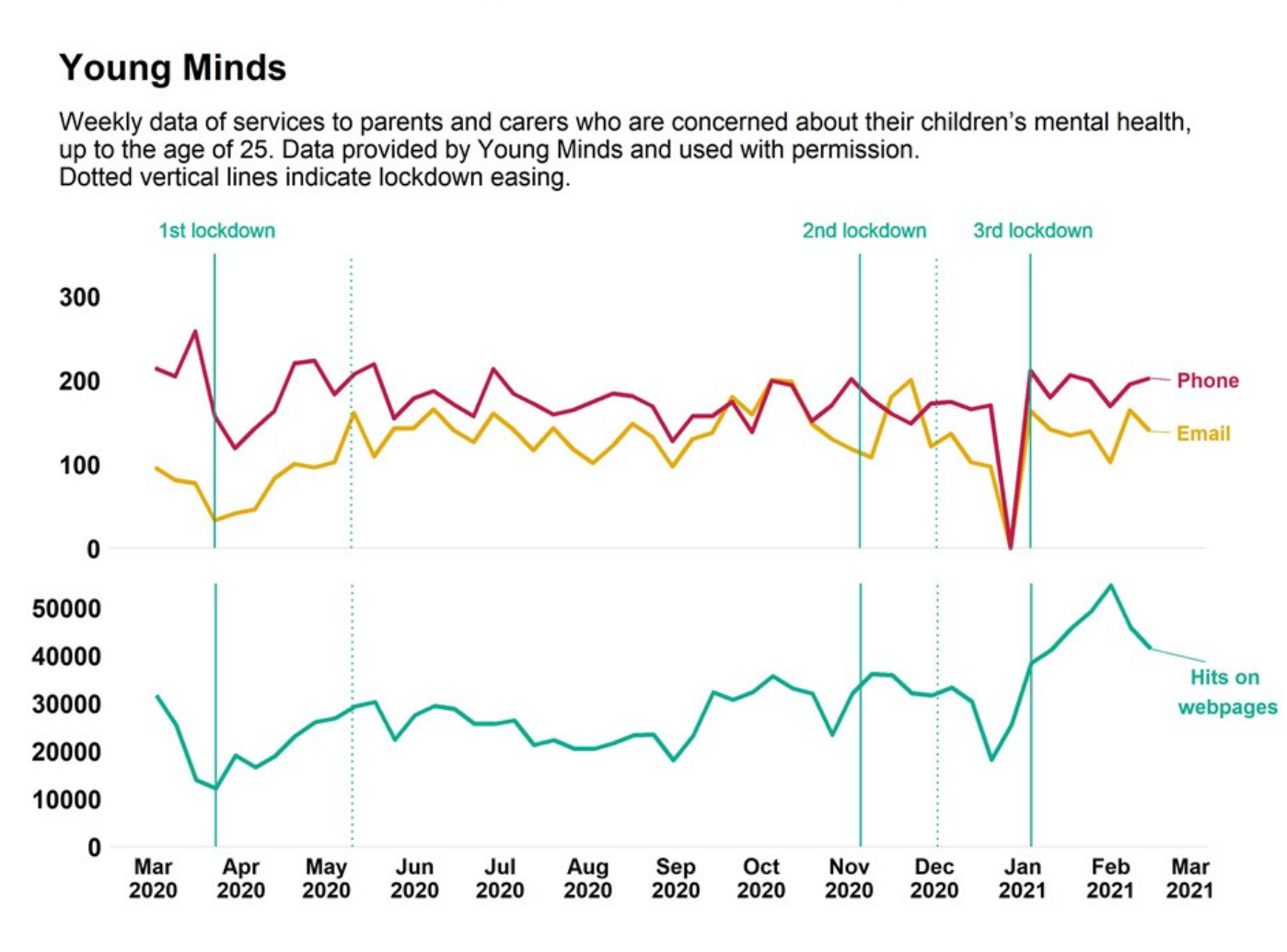
## Telephone and online support service use – children and young people

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.

Kooth reported consistent levels of engagement with their service across the first months of the pandemic. Since September 2020 there is evidence of increasing use, other than across the Christmas and New Near period. Key presenting issues have been anxiety, relationships and thoughts of self-harm and suicide.

The data from Young Minds shows a trend of increasing numbers of parents and carers seeking information via the website during the pandemic. Numbers seeking advice via email and phone are steady. Parents have been most likely to call about anxiety, anger, behaviour problems and self-harm.


Kooth PLC "Kooth"
The upper graph shows weekly logins for 10 to 17 year olds. The lower graph shows the percentage of weekly users who present with each issue. Data provided by Kooth PLC and used with permission.
Dotted vertical lines indicate lockdown easing.


Young Minds
Weekly data of services to parents and carers who are concerned about their children's mental health, up to the age of 25. Data provided by Young Minds and used with permission.
Dotted vertical lines indicate lockdown easing.

## References

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 to 24 with 16 and 17 year olds less well represented in the analysis), collected April]
2. NHS Digital, Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. 2020 [Longitudinal sample of 3,570 children and young people aged 5 to 22 weighted for improved representativeness, collected between 6 July to 4 August 2020]
3. ImpactEd. Interim data summary: May to June 2020. 2020. [Non-representative sample of 7,350 pupils from 6 to 18 years old.]
4. 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.]
5. 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 to 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]
6. Prince's Trust. Young People in Lockdown. 2020.[Online panel sample of 1,022 young people aged 16 to 25, weighted to be representative, collected 24 April to 4 May 2020.]
7. Bignardi G, Dalimaijer E, Anwyl-Irvine A, Smith T, Siugzdaite R, Uh S, Astle D. Longitudinal increases in childhood depression during the COVID-19 lockdown in a UK cohort. OSF Preprints; 2020. [Pre-covid and during lockdown measurements of mental health and wellbeing from a non-representative sample of 168 children aged 7 to 11, collected 4 April to 6 June 2020]
8. The Children's Society. Life on Hold. 2020. [Representative household survey of just over 2,000 parents and their child aged 10 to 17 in the UK, collected 28 April to 8 June 2020]
9. 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. [Analysis of UKHLS Adult sample including over 1,300 young adults (aged 16 to 24 with 16 and 17 year olds less well represented in the analysis), collected April.]
10. Pearcey S, Raw J, Shum A, Waite P, Cresswell C. Supplementary Report 08: Parent and child concerns about attending school. 2020. [Non-representative sample of 843 parents/carers, collected between 1 to 30 September]
11. Department for Education. The State of the Nation 2020: children and young people's wellbeing. 2020. [Non-systematic review of recently published analysis].
12. The Children's Society. The Good Childhood Report 2020. 2020 [Representative household survey of just over 2,000 parents and their child aged 10 to 17 in the UK, collected 28 April to 8 June 2020.]
13. Office for National Statistics. Coronavirus and well-being of young people throughout the pandemic. 2020 [Randomly sampled survey of adults 16 to 24, pooled results with sample of 200 to 500 young people for each statistic, collected April to September 2020]
14. Widnall, E., Winstone, L., Mars, B., Haworth, C., and Kidger, J., (2020). Young People's Mental Health during the COVID-19 Pandemic: Initial findings from a secondary school 130 survey study in South West England. NIHR School for Public Health Research; 2020.
15. ImpactEd. Lockdown Lessons Pupil learning and wellbeing during the Covid-19 pandemic Final report from ImpactEd's longitudinal study of over 60,000 pupils in England. 2021 [ 62,254 pupils aged 6 to18 responded learning and wellbeing surveys from May to November 2020, with some independent cases studies including a focus group of 2000 students from Outwood Grange Academy] * new *
16. Morgül E, Kallitsoglou A, Essau CA. Psychological effects of the COVID-19 lockdown on children and families in the UK. Revista de Psicología Clínica con Niños y Adolescentes. 2020;7(3):42-8. [Non representative survey of 927 caregivers between 14th July 2020 and 14th August 2020 using a snowball sampling strategy] * new *
17. Skripkauskaite.S, Shum.A, Pearcey.S, Raw.J, Waite.P, Creswell.C. Report 08: Changes in children's and young people's mental health symptoms: March 2020 to January 2021. Co-Space. 2021. [Survey response from 8,225 parents/carers between March 2020 and January 2021] * new *
18. Children's Commissioner, Some sort of normal What children want from schools now (2020)[a representative survey of 1,500 children who had been back to school in some way since the start of the September term. The survey ran between the 5th and 11th October 2020]
19. NSPCC (2020) The impact of the coronavirus pandemic on child welfare: school. Insight briefing. London: NSPCC.
20. ParentZone Left behind in lockdown How financial and digital divides are affecting family life during COVID-19 restrictions 2020 [over 1,000 UK parents of children aged 17 and under surveyed in October 2020]
21. Walker S, Walker J. Tracking and mitigating the psychological impact of lockdown on Y7 to 13 pupils. 2020. [Non-representative sample of 4,300 children and young people aged 11 to 16, collected between March and October 2020]
22. Walker S, Walker J. Tracking and mitigating the psychological impact of lockdown on Y7 to 13 pupils Report 2. 2020. [Non-representative sample of 4,300 children and young people aged 11 to 16, collected between March and December 2020]
23. Shum A, Skripkauskaite S, Pearcey S, Walte P and Creswell C. Report 09: Update on children's & parents/carers' mental health; Changes in parents/carers' ability to balance childcare and work: March 2020 to February 2021. 2021 [Non-representative sample of 8,386 parents/carers, collected between 30 March 2020 and 31 January 2021] * new *
24. Skripkauskaite S, Pearcey S, Raw J, Shum A, Waite P and Creswell C. Report 06: Changes in children and young people's mental health symptoms from March to October 2020. 2020 [Non-representative sample of 7,192 parents/carers, collected between 30 March and 31 October 2020]
25. 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 to 29 April 2020.]
26. 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.]
27. Barnardo's. Generation lockdown: a third of children and young people experience increased mental health difficulties. 2020. [Sample of 4,283 children and young people aged 8 to 24 weighted to be representative of GB, collected 15 May to 2 June 2020.]
28. Crosby L, McCloud T, Hudson L, Nicholls D, De Stavola B, Fowler D, Viner R, Patalay P. Disruptions experienced by young people aged 16 to 24 during first months of the COVID-19 lockdown. University College London; 2020. [Non-representative sample of 1,274 YP aged 16 to 24, collected 1 to 31 May 2020.]
29. YoungMinds. Coronavirus: Impact on young people with mental health needs. 2020. [Non-representative sample of 2,111 young people aged 13 to 25, more likely to have existing mental health issues, collected 20 to 25 March 2020].
30. Lockyer B, Sheard L, Smith H, Dickerson J, Kelly B, McEachan R, Pickett KE, Sheldon T and Wright J. Her whole little life has changed dramatically' Findings of a qualitative study into children's mental wellbeing in Bradford during Covid-19. 2020 [Sample of 21 families: 21 parents and 22 children aged 10 to 13 between August and September 2020]
31. Understanding Society COVID-19 Survey Briefing Note Wave 2: May 2020 Family Relationships; 2020 [14,607 participants completed the web survey and 3,500 participants were included in the first telephone survey aged 16 and over, collected at the end of May 2020]
32. Children Commissioner The state of children's mental health services 2020/21 Children's Commissioner for England
33. Patalay, P., Fitzsimons, E. Development and predictors of mental ill-health and wellbeing from childhood to adolescence. Soc Psychiatry Psychiatr Epidemiol 53, 1311–1323 (2018) * new *
34. Cowie H and Myers A, The impact of the COVID-19 pandemic on the mental health and well-being of children and young people, Nov 2020 [analysis of recent multiple sources internationally and UK based from a UK perspective]
35. SHOUT. Half a million conversations through a pandemic: the power of text for providing 24/7 digital mental health support, February 2021 [analysis of their first 500,000 conversations, took place between 23rd May 2018 and 22nd November 2020] * new *

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