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# Emerging Evidence: Coronavirus and children and young people's mental health

## Issue 8 Research Overview

**EBPU**  
Evidence Based  
Practice Unit

A partnership of



**Anna Freud**  
National Centre for  
Children and Families



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### Introduction

When we published the first issue of the Emerging Evidence series in May 2020, the impact of the coronavirus on children and young people's mental health was only just starting to become apparent. Since then, across seven issues between May 2020 and March 2021, we have collated evidence on the varied mental health impacts of the pandemic. Through rapid reviews of the literature, this series originally set out to answer three main questions:

1. What are the key mental health challenges for children and young people during the coronavirus pandemic?
2. Are there any disproportionately affected groups?
3. What might help children and young people to manage these challenges?

<sup>a</sup>. A rapid review of research identified in weekly literature searches, of papers published between 1st January 2020 and 3rd January 2021. Search terms included words associated with the coronavirus pandemic, children and young people, and mental health. We limited searches to reports available in the existing literature on the topic, and only articles published in English. A quality assessment of papers was not carried out. It includes peer-reviewed and grey literature. In the shortened Bulletin issues 5-7, literature was also excluded to minimise repetition of similar findings we had already reported, such as prevalence of mental health problems among University students.

Over the course of this series, publications identified through literature searches have broadened from commentaries that were highlighting projected or anticipated impacts on mental health and preliminary research, to a greater number of large cross-sectional or longitudinal studies using empirical data. This final concluding issue aims to reiterate what we have learned, emphasising some of the key studies and setting out recommendations for supporting children and young people's mental health as the pandemic continues and beyond.



## 1. What are the key mental health challenges for children and young people during the coronavirus pandemic?

Over the course of the pandemic, not all young people have been uniformly impacted. Numerous studies have shown increases in worry, low mood, grief, and feelings of hopelessness among children and young people, which may be considered normal responses to the range of challenges the past year has presented in terms of the pandemic and associated lockdowns. A few studies have also noted that some children and young people have experienced improved mental health during this period, with a reduction in existing symptoms or increases in happiness and calmness.<sup>1,2</sup> It is possible that for some young people, the reduced social contact or time at home and away from school has offered respite from a number of stressors.<sup>3</sup>

In terms of significant mental health problems, research has consistently shown increased rates of depression, anxiety, post-traumatic stress disorder (PTSD) and other forms of psychological distress among some children and young people during the coronavirus pandemic.

### Psychological distress, anxiety, and depression

A study by NHS Digital found that during the coronavirus pandemic there has been an increase in mental health difficulties in children and young people, with one in six children aged 5-16 identified as having a probable mental health disorder, compared to one in nine in 2017.<sup>4</sup> Additional cross-sectional studies highlighted in *Issues 4* and *5* have found increases in the prevalence of anxiety and depression among young people during the pandemic.<sup>5,6</sup> Longitudinal studies discussed in *Issues 5* and *6* showed increases in children and young people's mental distress compared to pre-pandemic.<sup>6,7</sup>



### Symptoms associated with Post-Traumatic Stress Disorder (PTSD)

There is also evidence of an increase in the prevalence of PTSD symptoms. In *Issue 1*, we highlighted a study of 584 young people in China that found 14.4% of young people had PTSD symptoms two weeks after coronavirus was first declared an emergency,<sup>8</sup> while *Issue 7* presented a paper that found that young people in Italy who spent longer in lockdown were three times as likely to experience PTSD symptoms.<sup>9</sup>

### Suicide

There is currently no strong evidence to suggest that the coronavirus pandemic has increased suicide rates among young people, but there is some evidence that suicidal thoughts have increased. A study highlighted in *Issue 5* found that suicide rates were not associated with school closures in Japan.<sup>6</sup> In the US, 25.5% of young people surveyed in June 2020 had seriously considered suicide in the previous 30 days which is markedly higher than older age groups and seems to be an increase from 2018.<sup>10</sup> *Issue 7* included a study in Bangladesh which found that the prevalence of suicidal ideation among students was 12.8%, but the study did not determine whether this was higher or lower than pre-pandemic levels.<sup>11</sup>



## 2. Are there any particularly disproportionately affected groups?

### Girls and young women

*Issues 4 and 7* highlighted that girls and young women may have been disproportionately affected by the coronavirus pandemic.<sup>5</sup> Girls have been found to have higher emotional difficulties scores and a higher prevalence of obsessive disorder (OCD) symptoms than boys during the school closure period, and experienced a greater increase in anxiety symptoms and decrease in life satisfaction compared to pre-pandemic, than boys did.<sup>12–14</sup>

### Children and young people of colour

Evidence presented in the majority of *Issues* in this series has emphasised the disproportionate mental health impact of the coronavirus pandemic on children and young people of colour. *Issues 2 and 3* highlighted that people of colour have an increased vulnerability to the impacts of the pandemic due to institutional racism, discrimination, and health and economic inequalities, which make it harder to access care for both coronavirus and mental health support.<sup>15</sup> Children and young people of colour are more likely to have parents or carers in key worker roles.<sup>16</sup> These factors increase the likelihood that children and young people of colour will experience

negative mental health impacts of the coronavirus pandemic.<sup>17</sup>

A study by the UK charity Kooth, highlighted in *Issue 4*, found that there was an increase in suicidal thought among children from Black, Asian and minority ethnic backgrounds compared to White children (26.6% compared to 18.1%).<sup>5</sup>

In *Issue 6*, a study by the Children's Commissioner for Wales found that children and young people of colour were significantly less likely than White children to say they felt happy or safe "most of the time" during the pandemic.<sup>18</sup> *Issue 4* found that there was an increase in suicidal thought among children from Black, Asian and minority ethnic backgrounds compared to White children (26.6% compared to 18.1%).<sup>5</sup> *Issues 1 and 6* also highlighted the mental health impacts of pandemic-related discrimination towards Chinese American children and Chinese international students.<sup>7,19</sup>

### LGBTQ+ Children and young people

Lesbian, gay, bisexual, trans, non-binary, and queer (LGBTQ+) children and young people have also been disproportionately affected by the pandemic, with relevant studies highlighted in *Issues 4, 5, and 6*. *Issue 4* discussed some of the pressures faced by LGBTQ+ young people including intrapersonal challenges (e.g. feelings of isolation), interpersonal challenges (e.g. feeling stuck at home with unsupportive parents or carers) and structural challenges (e.g. reduced access to in-person support services).<sup>5</sup> *Issue 6* highlighted a study that found transgender university students had a higher prevalence of anxiety, depression and mental distress during the coronavirus pandemic than cisgender young people and were more likely to report frequent psychological distress.<sup>20</sup>

### Children with pre-existing health and education needs

A wide range of studies have emerged across *Issues 1–7* discussing the mixed impact on the mental health of children and



young people with pre-existing health and education needs. Some children and young people with attention deficit hyperactivity disorder (ADHD),<sup>21</sup> obsessive-compulsive disorder (OCD)<sup>22</sup> and autistic children and young people<sup>23</sup> have experienced increased mental health challenges. Similarly, children and young people with previous mental health concerns also experienced a negative impact on their mental health during lockdown.<sup>24</sup> However, some studies of children and young people with pre-existing health conditions such as HIV, cancer and cystic fibrosis did not find a disproportionately negative impact on their mental health, compared to their peers without these conditions, which was examined in *Issues 4* and *5*.<sup>5,6</sup>

### Children and young people experiencing poverty

Children and young people experiencing poverty<sup>25–27</sup> or homelessness<sup>28</sup> during the coronavirus pandemic have also emerged as groups who are disproportionately impacted. *Issue 5* presented some of the mental health impacts surrounding children and young people's living conditions.<sup>6</sup> During the pandemic, loneliness, anxiety and sleep problems were common among young people experiencing homelessness,<sup>28</sup> and children in poor-quality living conditions were more likely to have moderate to severe depressive symptoms.<sup>29</sup>

### Domestic violence, abuse, and maltreatment

Children and young people have been more vulnerable to domestic abuse and maltreatment during the pandemic. *Issues 2* and *3* flagged the concern that children and young people were at an increased risk of violence, abuse and neglect due to the erosion of normal support systems and additional stressors.<sup>15,16</sup> *Issue 3* also highlighted that in the first lockdown, the UK National Domestic Abuse Helpline saw a 25% increase in calls and online requests for help.<sup>30</sup>

### Children in residential care

Children and young people in care have also emerged as a group that has been disproportionately impacted. *Issue 5* highlighted a study in Scotland that found young people with experience in the care system reported feeling low, more anxious and more stressed since lockdown began, while others reported having significantly disrupted sleep.<sup>6</sup> *Issue 6* also examined two studies on the impact of the pandemic on children in care.<sup>7</sup>

## 3. What might help children and young people to manage these challenges?

Evidence suggests a number of lifestyle and behavioural factors that can help improve children and young people's mental health during the pandemic.

### Lifestyle and behaviours

#### Physical activity

Physical activity has been found to play a role in children and young people's mental health during the coronavirus pandemic, with lower levels of physical activity associated with higher rates of depression and anxiety.<sup>31,32</sup> Parents and carers can help by encouraging children to maintain physical activity during lockdowns.<sup>7</sup>

#### Reduced screen time

Excessive social media and internet use has been associated with negative mental health consequences for children and young people. *Issue 7* highlighted several studies which found that a higher number of hours spent on social media was associated with depression and anxiety symptoms.<sup>33</sup> However, reducing screen time has been a challenge during lockdowns with many children and young people attending school online and therefore being unable to access education other than through a screen.

On the other hand, lack of access to suitable technology has made remote learning a challenge for some young people and has been a source of stress.<sup>34–35</sup> This may be particularly

true for young people from low-income families who are less likely to have internet access. Therefore improving internet access and considering equity in education planning could help reduce stress for young people from lower income families and avoid widening the existing education gap and digital divide.<sup>36–38</sup>

### Physical space

Children in city areas were found to experience more mental health impacts, including depression, anxiety, and sleeping disorders, than children in rural areas.<sup>40</sup> During lockdown, children's mental health has been significantly related to the size of their home, number of children in the family, their mother's qualifications and family's socio-economic status.<sup>39</sup> *Issue 4* presented evidence that access to outdoor spaces can reduce the mental health impact of the pandemic.<sup>5</sup>

### Sleeping

The pandemic was shown to disrupt children and young people's sleeping patterns and behaviours from the very beginning.<sup>7,16</sup> *Issue 3*, in particular, discussed the positive effect of maintaining good sleeping habits during lockdowns.<sup>16</sup>

### Parents and carers

Evidence has emerged on the impact of parental distress during the pandemic on children's mental health. One study in *Issue 7* found that parental psychological distress negatively impacted the emotional regulation of children, but that this effect was mediated by parents and carers' ability to manage their own emotions.<sup>41</sup> This is unsurprising given the high level of stress parents and carers have been under during the pandemic, which may have impacted their own mental health negatively and subsequently affected their ability to support their children's mental health. This highlights the importance of support for parents and carers for their own wellbeing as well as for their children's wellbeing.

Research has suggested that parents and carers can support their children by encouraging healthy behaviours such as regular physical activity, maintaining good sleeping routines and reducing time spent online.<sup>7,15,19</sup> In addition, open and age-appropriate parent-child discussion about the pandemic has been shown to be a protective factor against anxiety, depression and stress among children.<sup>42</sup>

## 4. Conclusion

Between May 2020 and March 2021, the Emerging Evidence series has presented the evidence regarding the impact of the coronavirus pandemic on children and young people's mental health as it has come to light. It has become clear that, while the effect has been far from uniform across the population of children and young people, on the whole the pandemic has had an extremely negative effect on the mental health and wellbeing of large numbers of children and young people. We have seen increasing prevalence of anxiety, depression and PTSD, and some mental health impacts will continue to emerge over the coming months and years.

Some groups of children and young people, including children and young people of colour, LGBTQ+ young people, children with pre-existing physical or mental health conditions and those experiencing other forms of social and economic disadvantage, may be experiencing a disproportionate mental health impact.

However, not all children have been negatively affected by the coronavirus. Some children have done well during school closures, finding online lessons helpful for learning at their own pace. Some children who struggle at school, for example due to bullying or academic stress, may have benefitted from time spent at home.

The pandemic seems to have increased awareness of the importance of mental health and wellbeing and encouraged people to talk about their mental health. It may also have helped to further break down some of the stigma around discussing and seeking support for mental health.

## 5. Recommendations

### General recommendations

- **The mental health of children and young people must be given sufficient attention and resources, even as lockdowns are lifted and children return to school.** The pandemic has exacerbated known factors that place young people at greater risk for poor mental health, such as economic uncertainty, familial or parental conflict, and increased rates of domestic violence and social isolation, which will have lasting mental health consequences for many. The full extent of the mental health and developmental impacts of the coronavirus pandemic may not be clear for many years.
- **The responsibility for children and young people's mental health should lie with everyone.** Schools, Further Education (FE) colleges and universities, children and young people's mental health services (CYPMHS), local and national government, social services and other organisations need to consider how they work together to ensure that young people are well-supported.
- **It is important to consider the range of sources of support children and young people might draw on.** The ongoing demand for mental health support will be at a level beyond that which CYPMHS can address in isolation. As well as CYPMHS, school or community-based interventions and help from parents and carers may be important aspects of the picture of support for children and young people.
- **Increasing opportunities for play, socialisation, and social learning experiences for children is vital.** Time for play and socialisation is necessary for children's development, but many children and young people have been forced to grow up quickly during the pandemic. For instance, some children have had to help parents and carers with household tasks or the care of siblings, take responsibility for their own learning, or have had access to worrying information about the pandemic or experienced bereavement. As we move on from lockdown conditions, increasing play and fun experiences for children is extremely important.





## Recommendations for young people

- **Play, socialise, and seek out activities you enjoy.** You can find lots of ideas for activities to try on [On My Mind](#), an online resource from the Anna Freud Centre.
- **Get enough rest and exercise.** You may find you need more rest than usual to keep up your energy.
- **Try and spend some time each day away from screens such as your phone, video game or TV.** Getting outside for a walk can help if you are feeling down.
- **Be kind to yourself.** It has been a difficult time and doing the best you can is a real achievement.
- **Talk to a trusted adult if you are worried, feeling down, or unsure.** This could be a parent or carer, teacher, or someone in your community.
- **Talk to your friends about how you are feeling.** You may find that some of your friends have felt similar to how you are feeling.
- **Do not be afraid to seek help.** There are many online resources, hotlines, and professionals you can access. For example, your GP, local community centres, Mental Health Support Teams (MHSTs), the [Youth Wellbeing Directory](#), and even teachers can help you find support.

## Recommendations for parents and carers

- **Look after your own mental health and wellbeing.** Evidence has shown that parental distress during the pandemic has impacted children's wellbeing, so by improving your own mental health, you will also be benefitting your children.
- **Make time for discussion with your children about how they are feeling and concerns they may have.** You can help your children deal with ongoing changes, worries and uncertainty by talking about concerns they have and discussing ways to deal with change. This will help to provide a safe space for them to voice their concerns.

- **Learn how to recognise signs that your child may be struggling with their mental health.** These may include changes in behaviour, eating or sleeping, or mood. The effect of the coronavirus pandemic on children and young people's mental health may continue to be felt even though children have returned to school in the UK, given potential ongoing disruption. You can find resources to help with this on the Anna Freud Centre website: <https://www.annafreud.org/parents-and-carers/>



## Recommendations for schools and FE colleges

- **Mental health and wellbeing should have a high priority in schools and FE colleges in the coming months and years.** While there has been an obvious disruption to children and young people's education, the return to school needs to appropriately balance wellbeing and educational outcomes. Evidence has shown that educational attainment is affected by mental health and wellbeing, so improving young people's mental health will support educational attainment. Staff mental health and wellbeing is also crucial to supporting students and being able to teach effectively.
- **Adopting a 'whole school' or community approach is fundamental to supporting young people.** This involves ensuring that staff are equipped with relevant skills and knowledge to support young people, that mental health is part of the curriculum, that parents and carers as well as the wider community are engaged, and that staff mental health is supported. Schools may find the 5 Steps to Mental Health and Wellbeing Framework useful for developing a whole school or college approach: <https://www.annafreud.org/schools-and-colleges/5-steps-to-mental-health-and-wellbeing/>
- **Take steps to actively identify pupils who are struggling with their mental health.** This can be done by implementing a regular needs assessment to understand specific areas where pupils need support. Schools and colleges should be systematic about checking in with students who may be vulnerable. Some tools for doing so, including the Wellbeing Measurement Framework, can be found here: <https://www.corc.uk.net/resource-hub/wellbeing-measurement-framework-wmf/>
- **Be aware that some groups of children have been disproportionately affected by the pandemic.** Education staff should

be alert to the differential experiences of children and young people over the last year and recognise that some may need additional support. However, staff should also be aware that recent research may not have identified all groups of children who are particularly vulnerable at this time, which is why it is important to regularly assess the needs of all children. Schools can find more advice and resources from Mentally Healthy Schools: <https://www.mentallyhealthyschools.org.uk/>

## Recommendations for future research

- **Future research should examine the unprecedented risk-factors presented by the pandemic and resulting lockdowns.** Prolonged school closures, social isolation, anxiety surrounding contracting the coronavirus and loss of loved ones are risk-factors for poor mental health.
- **Studies looking at the long-term impact of coronavirus on children and young people's mental health and development are necessary.** Pre-existing cohort studies and other longitudinal samples will be particularly crucial to understanding the extent and nature of these impacts over time.
- **Research should focus on the widening social and economic inequalities exacerbated by the pandemic.** Reports such as the Build Back Fairer: The COVID-19 Marmot Review<sup>43</sup> have begun to highlight issues related to inequality. Future research should focus on identifying real-world interventions which reduce social and economic inequalities.





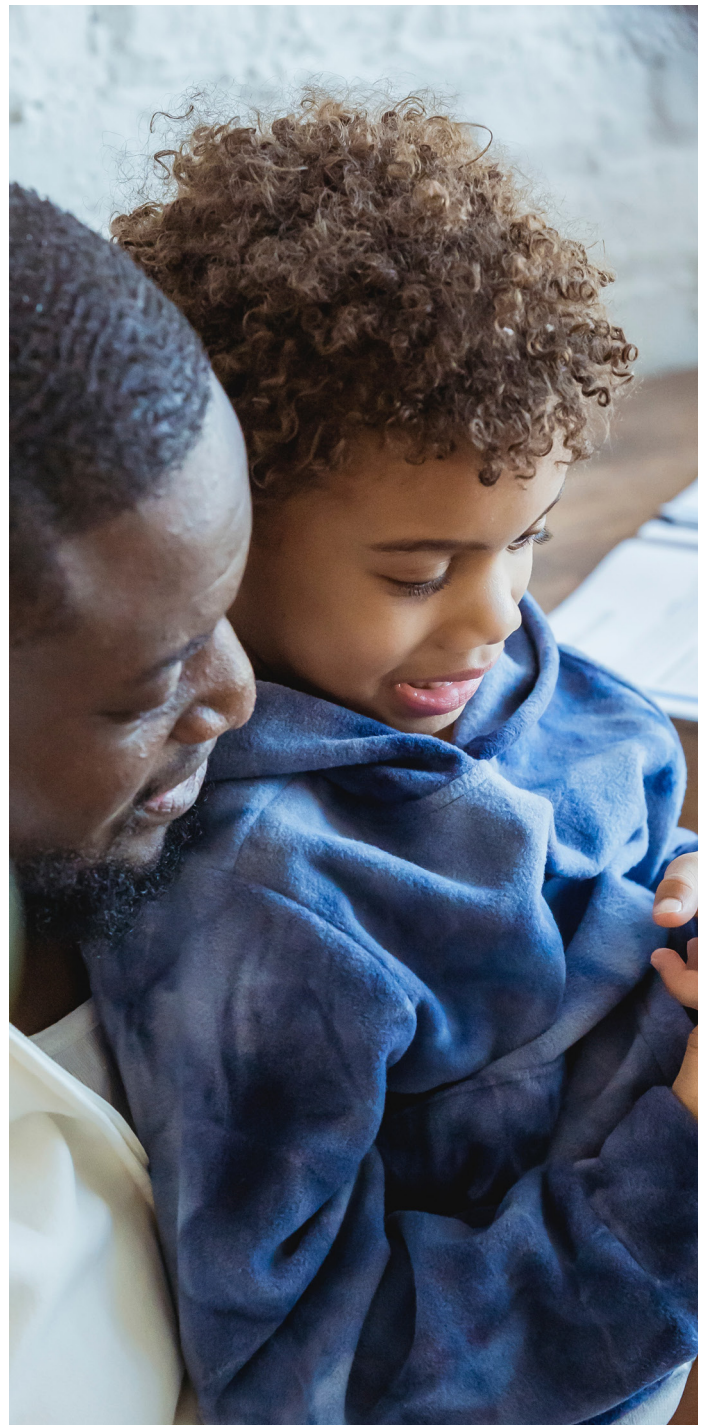
## A note on our use of language

This review discusses emerging evidence of the impacts of the coronavirus pandemic by race and ethnicity. We have referred to children and young people of colour as a broad category however we recognise there are difficulties with this categorisation. Where possible, we have further specified racial and ethnic groups according to the terms given in the source literature. We have discussed as a unit as to how to carefully and consciously use language in addressing issues relating to race and ethnicity. If you have any feedback on our use of language that would help us refine our approach, please get in touch at [ebpu@annafreud.org](mailto:ebpu@annafreud.org). This reflects an ongoing area of enquiry and concern for us. Please see *Our commitment to equity, diversity and taking an anti-racist stance* which is available online at: [https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence-based-practice-unit/files/ebpu\\_equality\\_and\\_diversity\\_statement\\_august\\_2020\\_0.pdf](https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence-based-practice-unit/files/ebpu_equality_and_diversity_statement_august_2020_0.pdf)

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# EBPU

## Evidence Based Practice Unit

A partnership of



**Anna Freud**  
National Centre for  
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Child Outcomes  
Research Consortium

The Evidence Based Practice Unit (EBPU) is a child and youth mental health research and innovation unit based at UCL Faculty of Brain Sciences and the Anna Freud Centre. Founded in 2006, this collaboration bridges cutting-edge research and innovative practice in children's mental health. We conduct research, develop tools, provide training, evaluate interventions and disseminate evidence across four themes: **Risk | Resilience | Change | Choice**

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The Child Outcomes Research Consortium (CORC) is the UK's leading membership organisation that collects and uses evidence to enable more effective child-centred support, services and systems to improve children and young people's mental health and wellbeing. We have over 15 years' experience in bringing together theoretical knowledge on outcome measurement and relating this to the insights and expertise developed by practitioners working with children and young people on the ground.

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Jeffery, M., Lereya, T., Edbrooke-Childs, J., Deighton, J., Tait, N. & Cortina, M. A. (2021). Emerging evidence (Issue 8): coronavirus and children and young people's mental health. Evidence Based Practice Unit, London.

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