

EBPU

**Evidence Based
Practice Unit**

A partnership of



Anna Freud
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Children and Families

Emerging evidence

Coronavirus and children and
young people's mental health

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Overview

There are concerns about the potential impact of the coronavirus pandemic on children's mental health. Researchers are trying to use existing evidence to understand what this potential impact is and how best to support young people at this time, but the conditions are so unique that it is hard to find past research that feels relevant enough to the current context. In the Emerging Evidence series, we search for evidence from around the world during the current coronavirus pandemic that might help us begin to explore some specific questions:

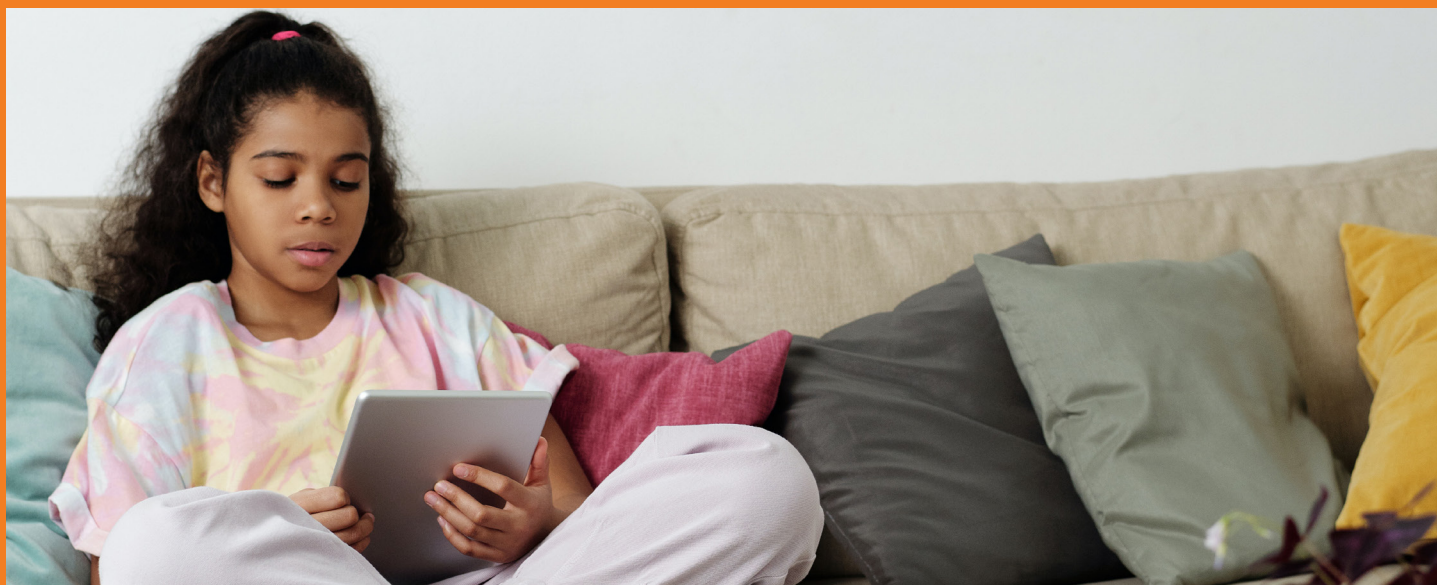
- 1. What are the key mental health challenges for children and young people during the coronavirus pandemic?**
- 2. What are the key mental health challenges for disproportionately affected groups?^a**
- 3. What might help children and young people to manage these challenges?**

The last issue^b covered research evidence published between 25th May 2020 and 14 June 2020. This issue captures research identified between 15th June and 5th July 2020. Moving forwards, we will continue to provide updates on the emerging evidence through brief, research round-ups. This will ensure we share the key research highlights with as wide an audience as possible in a timely fashion.

Key Findings

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

- During the extended periods of local lockdowns and home confinement, children and young people have displayed a range of psychological distress.
- Lack of outdoor activities, poor social support, close family members contracting the virus and gender may all be contributing factors in the development of these mental health challenges.
- Other young people have been enjoying more time at home, more time and flexibility to take part in leisure activities, and developing routines at home. This also applies to some young people with Autism Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD).
- Outdoor access and optimal housing conditions may help young people manage the negative mental health effects of the pandemic, and is especially important with young people with ADHD and epilepsy.



^a In this issue, we have changed the wording of this question from "particularly vulnerable groups" to "disproportionately affected groups." This is due to our current reflection on how we use language around risk and vulnerability especially in relation to the disproportionate impacts of the pandemic on certain groups of young people. Our aim is to place the emphasis on the conditions that some groups are exposed to, which lead them to being disproportionately affected, rather than suggesting that these groups are inherently vulnerable.

^b Emerging Evidence Issue 3 <https://www.annafreud.org/media/12234/coronavirus-emerging-evidence-3-final.pdf>

Overview (continued)

2. What are the key mental health challenges for disproportionately affected groups?

- Children and young people receiving mental health care, such as for PTSD and other trauma-related disorders have experienced substantial restructuring of their support in the context of the pandemic.
- Parents and caregivers have expressed concern about the health and wellbeing of children and young people who are living with complex health conditions such as epilepsy and cystic fibrosis.
- The pandemic has amplified many of the existing risk factors for poor mental health in children and young people experiencing socio-economic disadvantage; including poor health, social isolation, uncertainty, financial stability and job loss.
- Structural inequalities are resulting in disproportionate mental health impacts for young people from minority ethnic backgrounds in the UK and the USA, seen in levels of anxiety, stress and sleeping difficulties and overt racial discrimination
- LGBTQI+ youth may be disproportionately affected by mental health challenges associated with the pandemic owing to the loss of safe spaces and difficulties accessing health and psychosocial support services.
- Non-binary and gender queer young people may be more likely to report high levels of PTSD symptoms and suffer losses of peer support.

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

- Parents and carers can support access to healthy, stimulating activities and to accurate, age-appropriate health information.
- Alternative provisions, such as online counselling, are vital in providing urgent care to those who may be struggling the most during the pandemic, for example with self-harm and suicidal thoughts.
- Increasing capacity in early years and community-based interventions will help identify those who may be experiencing abuses “out of sight” to virtual services.
- Efforts to upskill teachers in the mental health challenges of pupils and to reinforce referral pathways to available supports will enable school staff to signpost appropriately. Equally parents and carers should be made aware of the signs of difficulties and available support.



Background

The coronavirus is having an impact on the lives of children and young people globally. Educators, practitioners, families, and young people themselves have been raising concerns about the mental health impact of the coronavirus, associated periods of lockdown and isolation, and uncertainty about the future. Researchers across the world are investigating what the psychological impact of the pandemic might be. We have therefore been carrying out rapid reviews of the emerging evidence about the impact of the coronavirus on children and young people's mental health. The aim of our rapid reviews is to provide accessible summaries about the key mental health challenges for children and young people during the pandemic and how parents, carers, and professionals can help them to manage and to minimise these challenges. These summaries will be published monthly. This review is the fourth in the series and covers evidence found from 15th June 2020 to 5th July 2020. Subsequent issues will just focus on the emerging research highlights and will be shared as research round-ups.

To answer these questions, we carried out a rapid review of research published in academic articles or 'grey literature'^c that were identified in searches over the period 15th June 2020 to 5th July 2020. As this was a rapid search, a small number of search terms were used that were about coronavirus, children and young people, and mental health. We limited searches to reports available in the existing literature on the topic. English-language only articles were chosen for efficiency. No evidence was quality assessed and no studies were excluded on the basis of quality. However, it is important to note that there are a range of methodological limitations that should be considered when interpreting these findings. These include the heterogeneity of samples across the included papers, opportunity sampling employed by many of the studies and the lack of detail in some of the more concise reports. As the evidence base is rapidly growing each week, this issue focuses on describing newly emerging topics in more detail rather than recurrent themes covered in previous issues^d.

Methods

Throughout this series, we are interested in evidence that answers the following three key questions:

1. What are the key mental health challenges for children and young people during the coronavirus pandemic?
2. What are the key mental health challenges for the following groups that have been disproportionately affected by the coronavirus:
 - a. Children and young people with pre-existing health and education needs
 - b. Children and young people experiencing socio-economic disadvantage and social care needs
 - c. Children and young people of colour
3. What might help children and young people to manage these challenges?

Findings

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

The mental health landscape for children and young people in the pandemic is a complex one. The ripple effects of the initial lockdown period, combined with the staggered reintroduction of personal freedoms continue to present mental health challenges for the youth of today's world. Young people's experiences of government-imposed lockdowns have been varied. For some it has created more valuable time with family, whereas for others it has caused additional stress and taken away valuable time with other support networks.

^c Grey literature refers to research that is either unpublished or has been published in non-commercial form. For example, government reports, policy statements and issues papers.

^d [See supporting spreadsheet for all relevant research outputs identified.](#)

1a Overall mental health and wellbeing

Cross-sectional samples of children and young people across the world indicate a widespread decrease in overall wellbeing. From as early as the first week of confinement in Spain¹ to after the first two months of lockdown in the UK² young people have consistently presented as particularly vulnerable to the psychological impact of lockdown.¹

Studies of young adults have shown that they are experiencing bigger impacts on their overall psychosocial wellbeing compared with older adults. Elevated stress levels, in particular, have been self-reported amongst various groups of young adults, including: 19-29 year old healthcare workers in China;³ undergraduate students in the USA⁴ and in India (Rehman et al. 2020); 10 to 30 year olds in South Korea;⁵ and 18-24 year olds in Australia.⁶

Amongst 116 young people (18 - 27 years) in Italy, 25.8% reported experiencing mild distress and one third (33.3%) reported moderate to severe distress, soon after Italy's lockdown in April.⁷ In Australia, 18 to 24-year olds showed large increases in severe psychological distress from 14% in 2017 to 22.3% in April 2020. Psychological distress was determined by self-reported feelings of hopelessness, restlessness, worthlessness, and anxiousness about coronavirus safety.⁶ In one study of over 18s (n=898) in the USA, the coronavirus was associated with low distress tolerance in 74.1% of the sample.⁸ This may add to the rising levels of psychological distress observed in the emerging research. Panel data from the UK Household Longitudinal Study (n=11,980) reports that the proportion of 16 to 24-year olds reporting a "severe problem" on a questionnaire of general health doubled from 17.6% in 2017-19 to 35.2% in 2020. This was accompanied by a marked deterioration in measures of happiness such as enjoyment of day-to-day activities and challenges with managing these problems.²

Some research has also started to unpack the more specific difficulties that may be contributing to these generalised levels of distress. For example, in Saudi Arabia undergraduate medical students reported feelings of hopelessness, physical and emotional exhaustion (38.11%), as well as feeling disheartened (23.5%).⁹ In Italy and Spain, parents of 3 to 18-year olds (n=1,143) reported a range of emotional and behavioural changes in their children

during quarantine. These included high levels of irritability (39%), restlessness (38.8%), nervousness (38%) and worries (30.1%).¹⁰

High levels of loneliness in young people under 25 have also been reported across the general youth population in the UK¹¹ and in the USA,⁸ compared with the previous year.¹²

Further research has begun to explore potential psychological impacts for those at the start of life. Research on postpartum women during the pandemic in Japan (n=132) found that they had poorer bonding with their one-month-old newborns, compared with a group of mothers whose babies were born in 2019, before the pandemic.¹³ This raises the question of whether poorer bonding will be a transient effect of the pandemic or manifest as further mental health challenges for the developing child. Large-scale research and early screening will be needed at later intervals after birth to examine these longer term effects.¹³



Factors at play?

Having a close family member, friend or co-worker contract the virus has been associated with higher psychological stress scores in young people, compared to those without afflicted friends and/or family.¹⁴ Engaging in solo leisure activities based in the home, rather than outdoors or with others, has also been associated with more negative psychosocial wellbeing.⁵ This may be exacerbated if these leisure activities involved excessive smartphone and/or social media use, which have both been found to predict psychological distress for primary school children in China during the pandemic.¹⁵

There is evidence of fewer parent-reported emotional problems in children in countries which allowed some degree of outdoor access and/or physical activity throughout lockdown (e.g. Italy) compared with countries which did not grant these permissions (e.g. Spain).¹⁰ This highlights the important role that outdoor physical activity has played in supporting the mental health of children and young people during containment periods. Indeed, 58% of 9 to 15 year olds in a Canadian study (n=356) reported not spending enough time outside and 56% reported spending not enough time connecting with nature.¹⁶ Similar challenges have been reported in 19 to 27 year old students.¹⁷ Compared to the last two years (2018 & 2019), Australian undergraduate students (n=159) displayed poorer psychological outcomes during the coronavirus. This may be a result of reduced physical activity and social contacts combined with an increase in sedentary behaviour.¹⁷

Other research suggests certain psychological characteristics may be associated with some adolescent engagement in behaviours that negatively impact mental health during the pandemic, like news monitoring and other virus-safety measures. For example, greater social trust and the extent to which adolescents value social responsibility is positively correlated with engagement in hoarding, disinfecting and social distancing in March of the pandemic.¹⁸ Other research has suggested that certain subclinical psychological traits such as difficulties identifying and describing one's emotions may mediate the potential mental health challenges of the pandemic.

These types of difficulties were twice as common in undergraduate students with symptoms of depression and Post Traumatic Stress Disorder (PTSD) than those without these symptoms.¹⁹ Further evidence highlights gender differences in the impact of the pandemic; young women consistently appear to experience more the psychological impact than young males across countries like China, Spain and UK.^{1,2,20,21} It has been suggested that this is not likely to be solely the result of differential economic and health impacts of the pandemic on women but may also reflect the reportedly lower pre-virus mental health that young women displayed in comparison to men.^{2,20}

1b Levels of specific, new mental health issues: anxiety, depression, PTSD

In many instances, stressors caused by the pandemic have culminated in high proportions of young people reaching clinical thresholds for depression^{2,8}, anxiety²² and PTSD.¹⁹ In the USA (April-May 2020) at least one third of sampled young adults (n=898) displayed clinically elevated levels of depression (43.3%), anxiety (45%), and PTSD symptoms (31.8%).⁸ Similarly, healthcare workers aged 19 to 29 years (n=2,030) in China have reportedly experienced symptoms of depression (13.5%), and anxiety (24.1%).³ Possible predictors for the observed clinical levels of mental health problems in certain groups of young people may be loneliness, worries specific to contracting coronavirus⁸ and presence/absence of family support.³ For those young people who are in work, perhaps undergoing tenuous or high-risk key-work, it may be their experience of logistical support in the workplace, direct experience of coronavirus and their level of work satisfaction that mediates potential depressive symptoms.³



Positive mental health effects

A number of studies found reports of positive mental health effects attributed to changes in daily life during the pandemic or more generally. A survey of parents and carers of children with Attention-Deficit Hyperactivity Disorder (ADHD) found that 30.96% of parents and carers reported that their children were doing better three weeks into France's lockdown (Bobo et al., 2020). Improvement was attributed to reduced anxiety due to a lack of school stressors and the flexibility of structuring daily schedules to young people's needs; improved self-esteem was also noted due to reduced exposure to negative feedback. Similarly, in a survey of parents and carers of children with Autism Spectrum Conditions (ASC), although a range of challenges were reported as discussed elsewhere, some also noted a lack of school stressors, more time to invest in leisure activities, building low arousal routines at home, and the flexibility of not having to work to the expectations of teachers and peers as all having positive mental health effects.²³ However, it is noteworthy that housing conditions are likely to be a factor in such positive effects. For example, optimal living conditions (e.g. sufficient space, having a garden at home) seemed to compensate for any negative impacts on ADHD symptoms that were reported by parents, for example, inattention and hyperactivity/impulsivity.²⁴

A survey of children and young people aged 8 to 14 years found many aspects of positive general wellbeing in this group, with for example high proportions reporting that they feel cheerful and in a good mood (65%) and that they have fun things to do in their day (75%).²¹ In terms of relationships in the home, large proportions reported feeling safe at home (97%), having positive family relationships (80%), and that they enjoyed being with their family (92%). A survey of children and young people found that 28% reported being happier during than before the pandemic and 29% reported being calmer, with one of the most commonly reported positive effects being increased time with the family.¹⁶

For some young people with caring responsibilities, the extended periods spent at home may have brought about some benefits. One survey conducted in the UK found that 42% of young carers and 25% of young adult carers reported having built

a stronger relationship with the person they care for during the pandemic and 40% of young carers and 28% of young adult carers reported having learnt a new skill during this time.²⁵

2. What are the key mental health challenges for the following groups that have been disproportionately affected by the coronavirus?

The coronavirus pandemic continues to expose existing inequalities, including the impact of structural and institutional inequalities of race and ethnicity, income and education. Others, like the sudden levels of food insecurity in previously secure communities, have been created by the new conditions of the pandemic. The emerging evidence shows how patterns of disadvantage that can be seen across the world give rise to a myriad of mental health challenges for the youngest members of society.



2a Children and young people with pre-existing health and education needs

Existing mental health needs

Elevated symptoms of existing mental health conditions continue to be reported in the changing pandemic climate due to additional stressors and changes to services and available support. Children and young people receiving mental health care, such as for PTSD and other trauma-related disorders have experienced substantial restructuring to these provisions in the context of the pandemic.²⁶ Amongst 193 young people (16 to 24 years) in the UK, 58% reported disruption to the mental health services they were receiving before the pandemic.²⁷ Accessing therapy sessions and required medications was found to be particularly difficult due to reduction and/or termination of these treatments. Additionally, those who had pre-existing mental health difficulties such as anxiety and depression were more likely to report changes in their general living situation during the pandemic than those without these difficulties.²⁷ There may be multiple reasons for this, relating to living adjustments around their care such as needing to move back in with caregivers or financial pressures driving these young people to move back in with family.²⁷ In some cases, there may be urgent concerns around the immediate health and safety of young people with pre-existing mental health challenges in the pandemic. A rapid content analysis of over 30,000 online counselling sessions in 2019 and 2020 found that young people's reports of self harm and suicidal thoughts were up by 27% and 16-18%, respectively.^{12,28}

Autism spectrum conditions (ASC)

The difficulties with routine disruption and access to specialist support for children and young people on the autism spectrum have been widely reported.^e Parents and carers have expressed concern over the negative impact of the pandemic on services. Many families of children and young people with ASC feel they are a group whose needs are not being adequately responded to during the pandemic.²³



Physical health conditions

Parents and caregivers have expressed concern about children and young people who are living with complex health conditions such as epilepsy and cystic fibrosis. Caregivers (n=277) of children and young people (mean age 12.4 years) with genetic epilepsy conditions have reported increases in epileptic seizure frequency and negative behavioural impacts during the lockdown in Spain. Several factors were found to be associated with these behavioural changes such as the type of epilepsy, living in a home without any outdoor space (e.g. terrace or yard) and caregiver's own symptoms of new onset anxiety.²⁹ Parents and caregivers' own anxiety is likely connected with widespread fear of the health risks of the coronavirus. This may be of particular concern to parents worrying about their children's health. One study of mothers of children with cystic fibrosis (n=45) in Turkey found that the coronavirus pandemic had increased the mothers' trait anxiety scores compared with mothers of healthy children (n=30).³⁰ Interestingly, the same effect was not found for the children with cystic fibrosis. These children (13-18 years) showed lower state anxiety scores than age-matched children and young people without cystic fibrosis. The researchers suggested this may be because these children already experience ongoing disease anxiety, whereas healthy children will display increased anxiety during the pandemic as they have not encountered disease fear before.³⁰

^e See Emerging Evidence, Issue 3: <https://www.annafreud.org/media/12234/coronavirus-emerging-evidence-3-final.pdf>

2b Children and young people experiencing socio-economic disadvantage and social care needs

Socio-economic disadvantage

The pandemic has amplified many of the existing risk factors for poor mental health in children and young people experiencing socio-economic disadvantage; including poor health, social isolation, uncertainty, financial and job loss.

Undergraduate students (n=725) who had received financial aid for college were more concerned not only about the economic impacts but also about the emotional impacts of the coronavirus pandemic, than those who did not receive financial aid.⁴ This suggests that worries and fears attributable to the economic and emotional consequences of the crisis may be felt more greatly by young people in lower income brackets. Indeed, there is evidence to suggest financial instability can contribute to concerns about contracting the virus.³¹

Research from India also suggests mental health impacts (depression, anxiety and stress) associated with the pandemic may be experienced disproportionately by young people who have fewer financial resources than those who are financially affluent.³² Authors attributed this also to the confluence of financial stability and access to material supplies. Students who had reliable access to material resources to sustain them during lockdown, such as digital technology, education resources, good quality food and medicines, were less affected by stress, anxiety and depression in the second week of India's lockdown (April, 2020).³² In addition, young people may be spending lockdown in poorer housing conditions than older adult generations. Existing housing data in the UK found that 16-24 year olds are almost 3 times as likely to live in a damp home as those over 65 years.³³ Data from the height of the pandemic (April, 2020) found that social renters were 6% more likely to show signs of poor mental health than home owners, even when controlling for confounding characteristics such as sex, weekly pay, education level.³³

Given that under 25s occupy an increasing proportion of those who rent new social housing,³⁴ the mental health of this age group is particularly at risk.

Much of this growing mental health need attributed to social and economic factors has been documented through the services on the frontline. Those that have been providing immediate relief such as mental health crisis support, food and essential medical aid have been the first to witness this rising need amongst the most vulnerable families and children. In a sample of family resource centres^f in Ireland, 51% reported a rise in demand for mental health support for the most vulnerable and isolated members of local communities during the pandemic.³⁵ The increased demand was most evident for those who provide whole family support, food provisions and counselling and mental health support.

Emerging social care needs

The rise in reported domestic violence against children and young people during the pandemic has been widely documented¹² (see also Emerging Evidence Issue 3). Professionals working with young people have been the first to raise concerns about the cumulative mental health impact this is having. Professionals working in early years education settings in the UK raised concerns during the height of the outbreak (March - May) of the difficulties with identifying children who have become vulnerable to abuse. Those who were more "out of sight" may have been harder to identify in terms of more subtle signs of abuse that virtual services would find difficult to pick up. This, coupled with low take-up by these children of early help services in this period, has amplified the challenges vulnerable young people are experiencing. For example taking on secondary worries from their parents as well as logistical issues with accessing care if mobility is impaired and, in extreme cases, where abuses have been hidden at home.³⁷



^f Family Resource Centres are charity-led services in Ireland that focus on supporting families in communities experiencing poverty and disadvantage.



2c Children and young people of colour

Whilst much of the research identifies substantial challenges created by the coronavirus, these challenges are not uniform across racial or ethnic groups. For example, a study by the UK-based organisation, Kooth, investigating the use of their online wellbeing community showed an increase in use by children and young people from Black, Asian and minority ethnic backgrounds⁹ in the UK. Furthermore, they found that the mental health of children and young people from these ethnic backgrounds had deteriorated more than that of White children.³⁶ The total frequency of reported anxiety and stress had increased from the previous year to the time of the pandemic by 11.4% for service users from Black, Asian and minority ethnic backgrounds, as compared with a 3% increase for White users. Similarly, suicidal thoughts increased 26.6% for service users from Black, Asian and minority ethnic backgrounds, compared to 18.1% increase for White users during the lockdown. Issues around family relationships, sleeping difficulties, and school and college concerns had all increased by 27%, 200%, and 159% respectively for young people of Black, Asian and minority ethnic backgrounds.³⁶

The sharper increase of mental health difficulties among the Black, Asian and Minority ethnic communities might be a result of youth's raised awareness of the disproportionate impact of coronavirus.

On the other hand, Liu et al., (2020) found that Asian American young adults, aged 18 to 30, were less likely to report high levels depression and PTSD, and Hispanic/Latino young people were less likely to report high levels of anxiety compared to White young people. It is important to note that although ethnic identity, social networking and family cohesion might contribute to the lower rates of mental health difficulties among these young communities, under-recognition of psychological distress symptoms may also be the reason.^{8,38} Cohen et al., (2020) identified that out of 725 college students (18-22-year olds), 9.2% (n=67) reported experiencing discrimination related to the coronavirus outbreak, such as verbal harassment. The majority of those who reported experiencing discrimination were Asian or Asian-American (65.7%) and the majority (62.7%) suspected it was because of their race/ethnicity. The remaining attributed the discrimination to their face mask or clothing (16.4%), or to other socio-demographic factors such as sex, language, or religion.

2d Additional disproportionately affected groups

Young carers

The research on young people with existing caring responsibilities at home suggests that despite some of the beneficial opportunities to deepen relationships at home, by and large, they have experienced additional mental health challenges under the pandemic. The Carers Trust conducted a survey in June 2020 which reported that 58% of young carers (n=961) felt that the amount of time they spend caring had increased, and 11% quantified this increase as more than 30 hours per week.²⁵ Many of the respondents described feeling overwhelmed by current pressures (52%) pertaining to increase in family members they are now caring for (30%), lack of respite from caring (42%) and difficulties accessing basic goods such as food and medicines (11%). These pressures had led to stress and worsened mental health for younger carers (40%) and even more so for young adult carers under 25 years (59%). The coping mechanisms employed by these young carers were mixed. Some had found that their education had suffered and they were less connected to friends, however others found that their education and talking to friends helped them cope.²⁵

⁹ Although, this emerging evidence tries to distinguish all the ethnic groups that are affected, the Kooth study did not identify individual ethnic groups affected. As no further data was available, the Black, Asian, and Minority ethnic groups language used in the original report has been retained.



LGBTQI+ youth

Emerging evidence is also beginning to highlight how the mental health challenges of the pandemic may be disproportionately affecting Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQI+) youth. Whilst many pandemic stressors appear to be shared with the general youth population, content analysis of an online support forum found that there were unique challenges experienced by LGBTQI+ youth (n=159).³⁹ These young people reported notable intrapersonal (e.g. feelings of isolation, more time spent ruminating on sexuality and/or gender), interpersonal (e.g. feeling stuck at home with unsupportive parents) and structural challenges (e.g. reduced access to in-person support services). Many of these young people grieved the loss of safe spaces and LGBTQI+ youth support organisations, which may have made this group more vulnerable to the current crisis.³⁹ Impacted access to vital supports may be particularly felt by younger LGBTQI+ communities. Compared with older men from the LGBTQI+ communities in the USA, those aged 15-24 years were more likely to report difficulties with finances and with accessing sexual health services. This is already having a tangible impact on the mental health of this community. An online survey of 1,051 young gay and bisexual men^h conducted in April found that 71% reported decreases to their quality of life and 70.1% reported increased anxiety.⁴⁰ These adverse mental health impacts are likely a cumulative effect of the widespread economic disruptions particularly felt by younger men who may be engaged in more short-term or casual work, reduced social supports and reduced access to vital sexual health and HIV prevention services.⁴⁰

Non-binary or gender queer identities

There is some evidence that young people who identify as transgender and gender queer may be disproportionately impacted by the mental health challenges of the pandemic. In an online study of 898 US young adults, men who identified as transgender were more likely to report high levels of PTSD symptoms than other genders. Notably, no such difference was observed between cis-gendered women and men.⁸ This may be in part due to being more isolated from peer networks that would normally provide more support to gender minority groups, rather than the immediate family with whom they are in lockdown.³⁹ Family support and loneliness have both been identified as strong mediating factors in the presentation of PTSD symptoms.⁸ Amongst young people (11-25 years) who access online mental health support from Kooth in the UK, many have reported issues with their gender identity under lockdown. Gender identity struggles reported in the online support platform have gone up by 74% in March – May of this year compared to the same time in last year. Issues around sexuality are the most prevalent identity-based presenting issues, but these young people appear to be increasingly looking for support around gender identity.²⁸

^h The paper uses the term "men who sleep with men" but we have used our preferred terms. For rationale, please see Young and Meyer⁴¹.



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

3a Parents and caregivers

As highlighted in previous issues of this emerging evidence report, the role of parents and caregivers in providing consistency, routine and reassurance remains crucial. As cases rise and increasing local and potential national lockdowns are forecast for many countries in the coming months, the likelihood of continued disruption to children and young people's normal way of life is likely.

Some key themes recur across the literature about ways to support wellbeing, including: maintaining physical exercise¹⁷ and access to outdoor time where possible;¹⁶ accessing social, creative or cultural activities⁹; and maintaining routines for any periods where attending schools is not possible. Promoting these kinds of healthy behaviours can be supplemented with accurate, age-appropriate health information.³¹ All of these may positively influence psycho-social health and decrease negative feelings of having to spend long periods at home.⁵

A particular challenge in the current circumstances is that it can be hard for parents and caregivers to distinguish between normal responses to unprecedented and difficult circumstances and reactions that might indicate a child or young person's mental health is beginning to suffer significantly. Parents and caregivers might want to make use of existing materialsⁱ to learn more about this but if concerned should speak to their child's doctor.

This emerging evidence issue has also highlighted the importance of family support for particular groups of young people. For example, emotional support from family is instrumental in mitigating immediate mental health impacts such as depression and stresses of finances, unemployment, relocation for young transgender men.⁸

3b Professionals

The lockdown period has rendered many young people's challenges in this period 'invisible' from view of the professionals that usually work with them. As children and young people begin to return to schools and other services, it is important that those working with them directly have the skills to recognise those whose mental health has been significantly undermined during this period. Developing the skills of school staff, youth workers and other professionals is crucial to providing timely support.

In the UK as in many other countries, the expectation is that at least some restrictions and social distancing may need to be in place for at least a further six months. At the beginning of the initial lockdown period many services and support systems were diminished, restricted or completely halted. However, the continuing and potentially rising challenges for children and young people highlight the need for the adaptation and reinstatement of these supports as a matter of priority.^{23,24,39} In many instances this will require significant adaptation to usual practices, such as moving sessions to video calls,¹ conducting community activities such as music classes online, or distributing activity packs and essential items (food vouchers, bedding) to families by post.³⁵ Already there have been examples of promising practices, including moving to online interactions²⁶ and outdoor/socially distanced play activities.³⁵

Additional consideration of how to meet the challenges of particularly affected groups should also be considered. For example, in the case of young carers who may have been under additional pressures, respite, support with self-care (eating, sleeping, exercise) and more practical advice on emergency contingency plans and ideas for home coping strategies would support young carers to cope.²⁵

ⁱ The UK Trauma Council has guidance on identifying signs of poor mental health: For further coronavirus advice for families supporting children and young people see: <https://www.annafreud.org/media/11260/option-3-covid-advice-families2.pdf>

For parents and carers of children in early years: <https://www.annafreud.org/media/11655/early-years-pc-2205.pdf>

3c Wider system

Research described here highlights a number of young people for whom support might be prioritised. These include; young people whose family members have contracted the virus, young carers and young people in contact with social care services. The research also highlights young people from families experiencing economic pressures, young people of colour and LGBTQI+ young people as potentially more likely to experience adverse effects of coronavirus and, as a result, greater impacts on their mental health. Consideration of how to ensure sufficient support is available to these groups of young people is crucial. This requires a supportive response across multiple sectors²³ including those that may not have a primary focus on the mental health of young people. For example, research has highlighted the important role of social and cultural activities to positively influence psycho-social health and decrease negative feelings of having to spend long periods at home. These activities may include arts programmes, sports, social clubs and faith and religious activities, all of which offer informal supports that should be adapted to adhere to coronavirus guidelines. Extra educational support for socio-economically disadvantaged children (e.g. extra teaching/school time during transition back to school, rigorous early assessment of needs) might help minimise the disadvantage gap on return to school or early years provision, potentially alleviating anxieties of young people and their families.

Increased capacity in social care and early intervention services to manage the spike in referrals as lockdown measures ease and provisions reopen will support positive mental health.³⁵ Furthermore, research described in this report highlights that sexual health services are a vital part of supporting the mental health of young men who sleep with men, insofar as they factor into a broader package of wellbeing (that emphasises equitable support for sexual wellbeing and healthy relationships).⁴⁰

The overarching theme, therefore, is the prioritisation of mental health and wellbeing of young people in all sectors that have close contact with them. This means, where possible, reducing any additional sources of stress, promoting opportunities to support wellbeing, identifying those who have mental health needs and providing appropriate interventions. Practically, this will require strong pastoral support, including increased access to therapeutic support in schools, colleges, and universities as well as wider support networks through social groups and families. Open communication with young people will help in identifying needs and better understanding the stressors impacting them. Efforts to upskill teachers in the mental health challenges of pupils and to reinforce referral pathways to available support will enable school staff to signpost appropriately, but equipping parents to recognise signs of acute distress is also important. Prioritising the mental health of young people at this time is vital to ensuring that this generation of young people are able to thrive and meet their developmental potential.





Resources

The Anna Freud Centre's coronavirus resources:

<https://www.annafreud.org/coronavirus-support/>

The Anna Freud Centre's resources, information and advice for young people:

<https://www.annafreud.org/on-my-mind/>

The Anna Freud Centre's Schools in Mind network and resources for education professionals: <https://www.annafreud.org/what-we-do/schools-in-mind/>

<https://www.annafreud.org/what-we-do/schools-in-mind/>

Mentally Healthy Schools offers free, quality-assured resources, information and guidance on mental health and wellbeing for primary school staff, parents and carers:

<https://www.mentallyhealthyschools.org.uk/>

WHO Healthy Parenting resources:

<https://www.who.int/news-room/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---healthy-parenting>

NSPCC resources:

<https://www.nspcc.org.uk/keeping-children-safe/coronavirus-advice-support-children-families-parents/>

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. 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_equity_and_diversity_statement_august_2020_0.pdf

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* Articles that met inclusion criteria

EBPU Evidence Based Practice Unit

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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.

<https://www.corc.uk.net/>

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