



The COVID Generation: A Mental Health Pandemic in the Making; The recommendations, developments since publication and abridged report

Prepared by MQ Mental Health Research
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An APPG Report Sponsored by MQ Mental Health Research

In April 2021, 41 academics, charity sector and children's play specialists developed a report entitled ***The COVID Generation: A Mental Health Pandemic in the Making***. Sponsored by MQ Mental Health Research the report was designed to bring together the most up to date research and the voice of young people to layout recommendations for policy makers to ensure that as the COVID Pandemic moves into its next chapter; the mental health of children and young people is at the forefront of recovery.

'The most vulnerable in our society are the ones who will be carrying the heaviest burden post-pandemic. The increase in mental illness in the UK was already an alarming trend before COVID struck. Now it is an emergency.'

The Government has a 'once in a lifetime' opportunity. By implementing this Report's recommendations, they can help create a resilient generation, able to cope with the uncertainties of the future. Without action, many of our children could face a lifetime of depression, anxiety, and other mental illnesses.

Our response to this crisis our children face must be proportional; we must work together, across all nations in the UK and across sectors. Most importantly, we must invest.

It is vital that we get our response right to protect our children's futures. It is up to us to give the COVID generation a voice.'

Lea Milligan CEO, MQ Mental Health Research

The Government has talked a lot about a post-pandemic need to 'level-up' so Ministers should subject the mental health provision and services that we are offering our children and young people to some serious scrutiny.

Far from 'levelling up', the pandemic has exposed the UK as a patchwork of mental health disparity, with a fluctuating standard of provision, courtesy of factors ranging from individual family circumstance and socioeconomic status to deep-rooted and stubborn funding failings; both at service and research levels – and even dependent upon which UK country you happen to live in!

What the best available research shows, is that mental illness is common in even our youngest children; that one child in every seven in primary school class will have a diagnosable mental illness and that a shocking 75% of mental illnesses begin before the age of eighteen. According to the Royal College of Paediatrics and Child Health, the greatest challenge facing children in 20 years' time will be mental health problems.

Unless the Government uses all the information thrown up by the pandemic about the state of children and young people's mental health and then discerns, learns and acts – we will be walking, 'eyes wide-shut' into the type of long-lasting communal health disaster that will not be capable of a fix via 'two jabs in the arm,' a mask and a booster.'

APPG Chair, Steve McCabe MP

Introduction

Mental illness is common even in the youngest members of society. Among children of primary school age (5 to 10-year olds), 14.4% had a probable mental disorder in 2020, an increase from 9.4% in 2017.ⁱ So, in 2020, one in seven, up from about one in ten in 2017. Seventy-five percent of mental illness begins before the age of eighteen.ⁱⁱ

Mental health disorders are more common in certain groups of children and young people. Those at particular risk include those living with parental mental illness, poverty or adversity, neurodevelopmental/Special Educational Needs, and from Communities of Colour (COC).

Parliamentary debates and press conferences led by the Prime Minister, Cabinet Ministers and government Scientific Advisors are streamed into our homes and evolving strategies reported minute by minute. As weeks and months tread pathways to years, national media outlets have carried ever more severe warnings about the adverse effect of COVID-19 on the mental health and wellbeing of children and young people. COVID-19 has placed immense pressures on us all, but as an increasing body of research is beginning to show, the long-term effects on mental health will be profound with many variants; all of them immune to a vaccine.

The COVID-19 pandemic has had a stark impact on children and young people's mental health. In the main, children are relatively spared severe physical symptoms in response to infection with the SARS-COV-2 virus, although a small but significant number have had serious Kawasaki-type sequelae. However pandemic containment measures have had substantial impact on children and young people's daily lives, significantly interrupting the normal activities essential for healthy development.

There is increasing concern about the impact of the COVID-19 pandemic on children and young people's mental health. Data now conclusively indicates a substantial overall worsening of mental health in children and young people.

This has not impacted all groups equally. Those whose mental health has been worse affected by the pandemic include those from precarious families and those with parental mental illness.

Conversely, there have been notable exceptions, with a group of children and young people showing improved mental health at certain points in the pandemic. These are mostly those for whom normal life includes stressors detrimental to their mental health, for whom their removal has been beneficial. Important lessons need to be learnt about how to maintain these improvements, and how to extrapolate to apply their benefit to other children and young people.

The report by the APPG sponsored by MQ Mental Health Research laid out recommendations for the UK government to take a holistic approach to recovery

Developments since the publication of the report

The report released in April gained widespread coverage in its week of release with The Daily Telegraph ran an exclusive feature on the report on page 4 on Monday 19th April's paper and also online on the website behind a paywall, written by the Health Editor, Laura Donnelly. The article was also featured in Telegraph Online.

The report was also covered by sector publications, Nursery World, Nursery Management Today, National Counselling Society, Child in the City, API online, Clear Sky Children's Charity, Children and Young People Now, Physical Activity Facilities.

In addition, Lea Milligan Chief Executive of MQ was interviewed about the report by Al Jazeera who are preparing a long lead series for the autumn on mental health. BACP Young People magazine has commissioned an article for their September issue featuring the highlights of the report.

Thanks to the campaigning efforts of the contributors and media coverage of this report the following developments have occurred, many of which were highlighted as necessary policy advances in the full report.

1. Meeting with Patrick Spencer: Head of Children and Families Policy, Department of Education
 - Lead Author, Helen Clark was invited to speak to Patrick Spencer about the Government's proposals for a network of Family Hubs.
2. Mental Health Awareness Week: 10th-16th May 2021
 - The Government has boosted spending on mental health services for children and young people in schools and colleges. Secretary of State for Education, Gavin Williamson announced a further £17 million in funding for pupils and students to help them recover from the devastating and ongoing impact of the COVID-19 pandemic. The package has been publicised as part of the Government's strategy to 'build back better' and includes:
 - i. £9.5 million to train a 'senior Mental Health Lead' from existing staff in up to 7,800 schools and colleges
 - ii. A £7 million 'Wellbeing for Education Recovery' programme providing free, expert training, support and resources for staff dealing with children and young people experiencing additional problems arising from the pandemic including trauma, anxiety, or grief
 - iii. The Department of Education will also fund a 'Link' programme; designed to improve partnerships between health and education leaders in local areas, raise awareness of mental health concerns and improve referrals to specialist help when needed
 - iv. An Education Staff Wellbeing Charter launched with a cross sector commitment to protect and promote the wellbeing of all staff working in schools and colleges
 - v. A Suicide Safer Universities framework will be established to 'promote good practice in the sector, ensuring that university students are supported during their time at university.'
 - The Queen's Speech 11th May 2021 included a commitment to reform the Mental Health Act and a Government timescale states that a Bill will be introduced to Parliament in 2022.
 - Matt Hancock MP, Secretary of State for Health and Social Care confirmed the schedule in the debate on the Queen's Speech. A key aim is to give people greater

control over their treatment and in particular, people with a disability and autistic people. Sir David Amess MP (Con) welcomed the new legislation: 'I am pleased that there is an emphasis on early detection and coping strategies,' and Dean Russell (Con) stressed the need for 'an integrated approach,' to the serious mental health issues that had been: 'An absolute focus in my constituency over the past few years.'

- Other key contributions welcoming the proposed Mental Health Reform Bill came from Jonathan Ashworth MP (Lab) Shadow Secretary of State for Health and Social Care, Dr Ben Spencer MP (Con) a former NHS consultant psychiatrist and Darren Henry MP (Con) who had previously raised the mental health crisis in his constituency as a direct result of the pandemic via an Oral Question to the Prime Minister.
- Dr Lisa Cameron MP (SNP) herself a psychologist (and in concert with the Royal College of Psychiatrists) called for: 'Parity of esteem for mental health services. In December 2020, there was an 11% increase in referrals, and the UK household longitudinal study found that during the peak of COVID, average mental distress was 8.1% higher than normal levels, so we cannot underestimate the potential tsunami of mental health issues that will require to be treated as a consequence of this pandemic.' Dr Cameron also made specific reference to the need for mental health services not being 'side-lined yet again,' and in specific reference to the needs to children saying: 'Our children have coped in their young lifetimes with one of the biggest adjustments and crises we have ever seen. We must be cognisant of their resilience but also the impact because they have been dealing with a killer disease that they know can take away their loved ones and have had their educational and social lives turned upside down. Ensuring that the mental health concerns of children are identified, referred, and treated is of paramount importance. The Royal College of Psychiatrists found that 1.5 million children are predicted to need new or extra mental health support because of the pandemic.'
- Meetings with Ministers and officials for further discussion are planned to ensure that the first big reform of mental health services in the UK for 38 years will be a milestone in the society that we want to make after the COVID-19 pandemic and not just another testimony to a lost generation.

The APPG and MQ Mental Health Research report demonstrates the devastating effect on children and young people's mental health and wellbeing of ingrained disadvantage, social exclusion, and poverty.

By bringing together experts in mental health to work with APPG members and associates, MQ has helped the APPG to share expert voices directly with the decision-makers in government. Our work in this report and others is essential.

It is only with accurate data, generated through research and illustrated by lived experience that policymakers can take informed and fair decisions in the best interests of the whole population.

Recommendations of the Report

The APPG report sponsored by MQ Mental Health Research called for a holistic approach to the mental health and wellbeing of children and young people as a necessity. Post pandemic, there is an opportunity to 'build back better.'

The present Government and its successors must rectify the systemic historic underfunding of services; thereby stopping in its tracks the pervasive life-long impact that mental illness, beginning in childhood, is likely to have upon the individual, their family and wider society.

Yet there is no 'quick fix'. Progress will be steady rather than immediate but the firm foundation for lasting change will be a new level of integration, encompassing expertise and service delivery across departments, nations, statutory services and the third sector, schools, and parents.

The following summarises the recommendations from the full report.

1. **Cross-departmental** strategy, encompassing the Department for Health and Social Care, and the Department for Education, Public Health England, and the Ministry of Communities and Local Government (housing the Troubled Families programme). The Government must adopt a cross-departmental and intensive early intervention approach to the treatment of mental health problems in children and young people.
2. **Cross-national** strategy, bringing together the best of approaches across the four nations, involving the four Children's Commissioners with their powers of holding to account.
 - a. A collegiate approach between the home nations is required in this policy area.
 - b. This should be initiated by a joint strategy statement exploring common ground from the four Children's Commissioners.
 - c. A permanent global standing 'Post Covid Forum' with representation and membership across the international spectrum (possibly convened initially by the World Health Organisation and the United Nations). The aim would be to draw lessons from this pandemic and advise necessary precautionary/preparatory action in case of future such catastrophes. The emotional and mental health and wellbeing of children and young people should be central to all actions taken and decisions made.
3. **Investment: New funding** of substantial amounts for children and young people's mental health that brings funding amounts in line with need, levelling up historic underfunding. Importantly this must be ring-fenced investment.
 - a. Increased provision must be made for children, young people, and families to access evidence-based mental health support in ways that overcome common barriersⁱⁱⁱ
4. **Integration** of third sector and lived experience into statutory support, schools, and health services.
 - a. A multi-sector approach should be adopted as a matter of urgency to improve the mental health and wellbeing of the current cohort of children and young people, with all practitioners working with children taking a participatory role
 - b. It will be critical that the voices of children and young people themselves are heard and that they are at the centre of strategies concerning their welfare rather than observing from the side-lines. Children's voices to be empowered and placed at the centre of decision-making regardless of developmental ability or chronological age.
5. **Data prioritised:** Improved access of regularly collected and survey data to present relevant, representative recommendations for policies that impact mental health. This must include
 - a. High quality data collected about all children, including key demographics

- b. Regular, high-quality national data collection via household surveys that focus on children and young people and their circumstances
 - c. Accelerated access for researchers to the administrative and survey data and linkage between them. This is essential to support policy evaluation
 - d. Data from surveys to be presented age, gender and socioeconomically disaggregated and include monitoring of changes over time
 - e. The research governance infrastructure to be improved to remove the barriers to data access and linkage
6. **Identification:** Ensure that no-child is left behind by introducing routine screening for mental health problems. The children most at risk of mental health problems are often missed and fall through gaps in provision, despite the presence of risk factors. Conversely, those who receive the care they need are often those whose parents are middle-class with sharp elbows.
- a. Routine screening should be given to all children and young people, with particular attention to ensure it is accessed by:
 - i. People of Colour
 - ii. Children whose parents have mental illness
 - iii. Children receiving free school meals (as a proxy for adversity and financial insecurity)
 - iv. Children with a social worker and/ or have unsafe/ abusive homes
 - v. Children with neurodevelopmental problems and/ or in receipt of SEN provision
 - vi. LGBTQ+ communities
 - vii. Migrant families
 - b. Effective identification of emerging mental health disorders is particularly important at this point of increasing economic adversity, as historically such times are followed by substantial increases in mental illness and death by suicide.
7. **Named Pathway Coordinator** for all children found to have a mental health need of any severity. All such children should have a named professional responsible for ensuring that they are directed to appropriate services and receive the care they need. Currently 80% children referred to CAMHS are turned away with no alternative support signposted
8. **Parents and carers must be at the centre of plans to work out how best to help them and their children.** Parents have reported high levels of stress throughout the pandemic that appear to have been exacerbated by particular restrictions such as school closures and specific difficulties in managing the demands of work and childcare including home-schooling^{iv} Parents and carers have expressed concerns about their children's wellbeing and behaviour throughout the pandemic and are central to the recovery process
9. **Universal** support for all children
- a. Public health and education working together with 'whole school' approaches to be prioritised in the promotion of mental health.
 - b. This should include promotion of activities and initiatives that will enable children and young people to connect with peers, re-establish routines, engage in positive activities beyond the home and access widespread opportunities for education, development, and inspiration.
 - c. It should focus on psychoeducation regarding socio-emotional skills and resilience and be attachment-informed.
 - d. Safeguarded opportunities for the essential activities of healthy childhood including play and access to outdoor spaces

- i. The reduction in the number of playgrounds needs to be halted and reversed. The current trend is particularly devastating for the one in eight UK households without outside space^v
 - ii. The National Curriculum should include mention of outdoor play
 - e. Schools-based support
 - i. The best of provision currently occurring must be rolled out to all the devolved nations of the UK
 - ii. A Senior Leadership Team member appointed in every school with responsibility for pupil, teacher, and family wellbeing
 - iii. All schools should have a post of Mental Health Lead that is fully remunerated
 - iv. Teachers equipped to deliver universal support to all children, supported by specialists such as Education Wellbeing Practitioners
 - v. Annual CPD for all teachers on mental health support and well-being awareness, and integration into Initial Teacher Training (ITT)
 - vi. All schools must be allocated the resources and facilities to move this service to an online platform when necessary.
 - f. Increased investment in Children’s Centres, Sure Start and Health Visitors, reversing the cuts of recent years that have left increasing numbers of families without vital support
 - g. Parenting support that is attachment-informed, focussed on increasing parental sensitivity including through early caregiver attachments.
 - i. Attempts to enhance early caregiving and to support parents who are struggling should be a focused public health target for prevention and early intervention
 - ii. The UK has a wealth of experts in parenting and mother-infant attachment; shown to be a cornerstone of healthy relationships. Policy design for new parents should draw on this rich research base
 - h. The Government to prioritise strategies to ensure the widest availability of and access to healthy and nutritious food for all children over the continued duration of the pandemic and beyond.
- 10. **Targeted** support for children who need it most, such as those exhibiting mental distress and/or mild mental health problems, or known to be at risk
 - a. This should incorporate a trauma-informed approach
 - b. Expansion of the Education Wellbeing Practitioner programme, such that all schools have on-site qualified, paid mental health practitioner (e.g. therapist or counsellor). The announcement on March 5th, 2021 accelerates the EWP roll-out but falls far short of provision for all children. Importantly EWPs need to be an important part of the matrix, but **additional investment for more severe mental health needs is essential.**
 - c. Mentors, chaplains, or other pastoral support to be available in all schools, including through Third Sector provision
 - d. Parents routinely at the centre of targeted provision
 - e. Social prescribing recognises that medication may not necessarily be appropriate as a treatment for some problems (especially the case for adolescents who have become socially excluded and are living in deprivation). Opportunities for young people to meet and socialise through community-based activities such as sport are now being offered by Local Authorities and charities. Social prescribing can be a successful way of using resources that are already available and highlights the importance of giving

young people in particular, the type of opportunities that will increase their sense of belonging within a community.

- f. The recent increase in online treatment options must be accompanied by the understanding that this is not a suitable treatment modality for all but should be one of a suite of delivery options supported by co-produced guidelines for best practice in remote mental health assessment and intervention (Researchers in Education and Adolescent Child Health and Wellbeing (Reach well) Ford, T, July 2020. 'Challenges for children's services as Lockdown eases,' <https://reachwell.org/2020/07/16/prof-tamsin-ford-challenges-for-childrens-services-as-lockdown-eases/>).

11. Specialist interventions for children with severe or chronic mental illness

- a. Substantial additional investment is required to provide professional support for the many children with such mental health needs
- b. Waiting time limits for **entering treatment** to be imposed
- c. Particular attention needs to be given to provision for children not currently meeting CAMHS criteria with significant mental health needs
- d. All geographical areas must be able to provide support for all mental health problems. Currently children in neighbouring boroughs can receive support for eating disorders but not OCD, and vice versa across the geographical boundary.

12. Economic support for disadvantaged families. This should include

- a. Increasing Universal Credit to financially viable levels
- b. Provision of healthy meal packages during school holidays for children in receipt of free school meals
- c. Effective economic support is a vital component in children and young people's mental health and wellbeing. Studies have consistently shown particularly elevated rates of mental health difficulties among families (children and parents) who are living on low incomes^{vi}

13. Schools prioritised during pandemic management

- a. Keeping children in schools is a priority and schools must be made safe. School closures have brought great strain to many families. While infection rates may make school closures inevitable at certain points in the pandemic, keeping all children in schools where possible should be a priority; recognising the broader functions of schools beyond the provision of educational content (e.g. social, emotional, creative, safeguarding, access to technology, access to services etc).
- b. Rather than focusing solely on whether children should be at school or learning from home, planning must invest in how to make schools safe to be open to all and how to mitigate the impacts when children and young people cannot attend. This has the advantage of bringing ongoing benefits to children and young people who are unable to attend school for a range of reasons including and beyond the pandemic.
- c. In the event of future lockdowns, a robust strategy for remote education to be implemented, to include enabling access to all needful devices and internet provision.
- d. Future policies designed to address issues related to the current pandemic must take into account and make special provision for children and young people with special educational needs, disabilities, those with existing mental health condition, those from marginalised (culturally and ethnically diverse, migrants, asylum seekers and refugees) and socioeconomically deprived communities as well as those in Local Authority Care, in custodial accommodation, or living in violent or abusive home environments.

14. **Equitable technology** access

- a. Ensuring access to technology is important to support learning and for social interaction but policy guidance must accompany usage. Abnormally high discretionary screen time can displace other key activities (such as physical activity, social interaction, exposure to nature and sleep) which are important to the development of good mental health and wellbeing. Policymakers should adopt a public health position on children's age of initiation to discretionary screen time (DST) along with the amount and time of day for DST. In 2019, the World Health Organisation (WHO) issued age-related screen time recommendations and the US and Australian Departments of Health have also issued recommendations. Parental monitoring along with government advice and families establishing DST limits can alter long-term screen use habits and may prove to be a major preventer of screen dependency disorders. The effects of social media on children's mental health are of concern (Viner R et al, 2019 'Roles of cyber-bullying ,sleep and physical activity in mediating the effects of social media use on mental health and wellbeing among young people,' The Lancet Child and Adolescent Mental Health, August 2019) and a Government Internet Safety Strategy (currently under consideration in England) should be accompanied by advice and guidance to parents in managing children's access to social media

15. **Research**-base expanded. Priority research needs include:

- a. Interventions: what works for whom, when, and why
- b. How best to identify and support children from disadvantaged or minority groups, including People of Colour
- c. Why have some children shown improvements in their mental health during the pandemic? What helps them maintain these, and how can these same benefits be achieved once the "new normal" arrives?
- d. Barriers to access to effective care
- e. Research into the ways in which Covid-19 affects children and young people (to include Long Covid) to be prioritised. Now the knowledge base about this disease is limited because its effects on the under 30 age group are not widely analysed
- f. Resources allocated to facilitate regular research of vulnerable subgroups so that all proposed policy measures are appropriate, accessible and win the trust of the population that it is hoped to learn more about.

Abridged Report - The COVID Generation: A Mental Health Pandemic in the Making

The full report by the APPG, sponsored by MQ Mental Health Research was a collaboration of over 40 experts and organisations. The publication is housed on the MQ Mental Health Research Website.

The following abridged version of the publication represents the full findings of the report while reducing it in length by half.

Pre-covid-19: an underfunded research and service landscape for children and young people

Less than six months prior to the outbreak of COVID-19 children and young people's mental health services were starkly undervalued and underfunded. In October 2019, they accounted for less than 1% of all NHS spending. Yet the 'real' cost of observing traditional patterns of under-spend may be incalculable. Those whose capacity to function is impeded by adverse mental health risk disruption to family, peer and other relationships and an impaired ability to cope with the activities of daily life. The trajectory into adulthood is poorer health, educational, occupational, and social disadvantage, and an accompanying bill to services inclusive of (but not exclusive to) the NHS. This is a profligate rather than prudent use of limited resources.

Current arguments for 'parity of resource, access and outcome for mental health in England' ^{vii} do not presuppose a level playing field and those making that case for children's mental health services might indeed feel that they have been 'hamstrung' by history. In England, prior to the pandemic, a House of Commons Select Committee report found that just under a third of children with mental health problems can access the care they need ^{viii}

Between 2013/14 and 2014/15, referral rates increased five times faster than the CAMHS workforce and in 2015, nearly 19,000 children received admission to hospital after self-harming: a 14% rise over three years. The Local Government Association found that: ^{ix}

- In 2017, more than 338,000 children were referred to CAMHS and less than a third received treatment within the year
- One in four children referred for treatment to specialist services by GPs or teachers are turned away
- Around 75% of young people experiencing a mental health problem are compelled to wait for so long that their condition deteriorates, or they are unable to access any treatment at all.

The NHS Long Term Plan assurance that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending ^x is therefore welcome - but of an additional £1.7 billion pledged until the end of 2020, much still needs to be spent on the children in need of it. All too often, there is national and local government failure to assess the impact that the wider direction of decision-making will have on mental health.

UK strategies steered by austerity have had a particularly adverse effect on children and lone parents/carers. Support hubs such as children's centres have been closed due to a reduction in local government budgets – with the likely consequence that the burden on specialist services will be increased.

As children spend so much time there, schools have been identified as appropriate, much-needed sites for mental health promotion ^{xi} with teachers considered to be ideally situated to identify issues concerning the social and emotional health and wellbeing of their pupils ^{xii}

Successive studies show teachers to be enthusiastic about this responsibility but also expose the existence of barriers including a reduction in the services available to which they can signpost and refer. ^{xiii} Research on Initial Teacher Training (ITT) and Children’s Mental Health is sparse; particularly in the Primary phase and very little specific mention is made of Children’s Mental Health in the Teacher Standards, the 2016 Framework for ITT in the 2017 Green Paper on Transforming Children and Young People’s Mental Health Provision.

A 2018 study of Post Graduate Certificate in Education (PGCE) trainees found that participants had a creditable understanding of their role as teachers in supporting children’s mental health ^{xiv} and felt well served by their course in this respect. However, this does not pertain to all teaching courses and it is not a mandatory component of the ITT Core Content Framework.

An article published in The Lancet connected a reduction in play-space available to children at home to increased stress and found that more free, outdoor play directly correlates with reduced stress in children, dramatically improving their mental health. ^{xv}

Additionally, for the last decade only around £9 per person affected by mental illness has been spent year on year. ^{xvi} By contrast, total spending on cancer research equates to £288 per person affected. ^{xvii} It is unsurprising therefore, to conclude that the funding scenario for children’s mental health and emotional wellbeing is bleak and reasons for this may include:

- Traditional and persistent patterns of stigma and lack of understanding around mental health leading to a lower prioritisation of CAMHS; today’s spending choices constrained by historic models
- Until recently, there has been little or no data about children’s mental health and no national targets for CAMHS affording clinical commissioning groups less incentive to invest in these services
- Lobbyists for spend on new technologies and drugs prevailing over those who make the case for resources devoted to treatments that are labour intensive such as talking therapies
- Spending decisions weighted towards ‘the rule of rescue’; predicting that resources will go towards immediate, life-threatening cases and away from preventative strategies or early intervention – such as resolving incipient mental disorders at an early age

In 2016, the then Secretary of State for Health, Jeremy Hunt said:

‘I think we are letting down too many families and not intervening early enough when there is a curable mental health condition which we can do something about when a child is eight or nine..... I think this is possibly the biggest single area of weakness in NHS provision now. There are too many tragedies because children develop eating disorders or psychosis or chronic depression, which is then very difficult to put right as they get older’. ^{xviii}

Post-pandemic, these comments offer a good standpoint from which to address the research and service landscape for children and young people’s mental health - starting with funding.

Research findings in the UK and elsewhere: implications for children and young people’s mental health

It is difficult to establish direct mental health impacts of the pandemic on children and young people because we cannot know how this cohort would be faring right now if we were not in the throes of COVID-19. Conjecture should be qualified by the caveat that more longitudinal and methodologically

stronger studies are needed before conclusive statements about the effect of the pandemic on children and young people's mental health can be made.

Current findings are reflective of diverse observation windows (whether the baseline was in the pre-Covid era or the first lockdown) and potentially imperfect sampling strategies (likely over-sampling affluent parents and under-sampling the most deprived young people).

While findings are mixed, one early longitudinal examination of changes in childhood mental health 'Longitudinal increases in childhood depression symptoms during the COVID-19 lockdown', Giacomo Bignardi et al, infers that during the UK lockdown (April-June 2020) there was a significant increase in children's depressive symptoms relative to pre-lockdown^{xxix} and other studies suggest similar patterns globally.^{xx}

The scale of this is expected to emerge (together with the true extent of exposure to risk factors) when combined with outcomes from larger scale epidemiological studies. Numerous surveys to date have found the mental health of young people to be disproportionately affected in comparison with that of older adults and the National Child Mortality Database identified the possibility of an under-18s suicide growth during the first period of UK lockdown.^{xxi}

Recent data from Japan showed a rise in female, adolescent and child suicide at variance with earlier findings from high-income countries.^{xxii} It is uncertain that this pattern will be replicated in the UK during the course of the pandemic, but the likelihood is that existing known risk factors (including depression, hopelessness, feelings of entrapment and burdensomeness, substance misuse, loneliness, exposure to domestic violence, child neglect or abuse and socio-economic deprivation) will become entrenched. Suicide is the leading cause of death in England and Wales for the 5-19 age group and self-harm is rising.^{xxiii} Appropriate services should therefore be made available for children and young people in crisis (and those with new or existing mental health problems) in tandem with the provision/strengthening of safety nets for families and children facing financial hardship.

The strongest evidence on the prevalence of mental health problems in children and young people during the pandemic comes from the 2020 NHS Digital Survey.^{xxiv} The national probability sample includes 3,570 children and young people (5-22 years) in England who participated in the 2017 wave of the study. This wave was conducted via an online survey of parents, children, and young people in July 2020 when England was not in full lockdown, but undergoing many pandemics prompted restrictions. 16% of children (aged 5-16 years) were identified as having a 'probable' mental disorder in July 2020; an increase from 10.8% in 2017 in all children across the age span.

In the Co-SPACE study, data was amassed from a convenience (not representative of the UK population) sample on monthly changes. A recent report produced 18 during the project displayed monthly variance in mental health symptoms amongst participating families from March to October.^{xxv} The latest Co-SPACE report includes data up to February 2021.^{xxvi} This updated report showed that mental health symptoms increased again when lockdown restrictions were tightened (with most children learning from home) in January and February 2021.

Based on parent report data, behavioural and restless/attentional difficulties increased during lockdown from March to June; especially in primary school aged children (4-10 years old). In secondary school-aged children (11-17 years old) emotional difficulties lessened slightly at the beginning of lockdown (March April). There was an overall reduction in emotional, behavioural, and restless/attention difficulties after lockdown eased from July, continuing throughout the summer holidays, and opening of schools in September (especially in primary-aged children). However, those

with special educational needs or neurodevelopmental disorders and those from lower income households. (<£16,000 pa) had elevated levels of difficulty throughout the March-October period.

Lockdown and enforced proximity to adult behaviour has had other, perhaps less well-publicised, outcomes for children. There is substantial evidence that children's future relationship with alcohol is shaped by the way their parents drink at home and new research indicates that during COVID-19 lockdown, British parents are drinking significantly more and in different ways. A new study of 83 countries including the UK reports that: 'The impact of the burden of home schooling and childcare on parents appears to enhance drinking behaviours'^{xxvii}

The Royal College of Psychiatrists' analysis of the indirect effects of COVID-19 on drinking habits found that in England the number now drinking at a 'higher risk' level almost doubled in 4 months 'over 8.4 million people are now drinking at higher risk, up from just 4.8 million' (Royal College of Psychiatrists (RCP),¹⁹ 'Addiction services not equipped to treat the 8 million people drinking at high risk during pandemic').^{xxviii} The key point is that 'regardless of whether parents drink more alcohol in COVID19 lockdown, their children are far more likely to see them drink simply because they are at home. And this is happening at a time when substantial evidence indicates the intergenerational transmission of alcohol habits and alcohol misuse through parental role modelling.'^{xxix}

COVID-19 circumstances have served to highlight the wider scenario of children, parental drinking, and next generation alcohol problems. There are now new concerns that the research focus on children of parents with formal alcohol use disorders has eclipsed the potentially wider-reaching effects of the far greater number of parents who may not have an actual alcohol use disorder but drink at 'subclinical' level on the development of depression and anxiety in their children.^{xxx}

One study found that many younger children displayed clinginess, fluctuating sleep patterns, nightmares, and fear.^{xxxi} However, it is possible that the impacts on pre-school age children will be seen more fully at a later stage considering the developmental implications.

The categories below contain risk factors with the potential for adverse impact upon the mental health of children and young people during the pandemic.

- Children with a probable mental health disorder were more than twice as likely (16.3%) to live in a household in payment arrears than those unlikely to have a mental health problem (6.4%),
- Children with a parent who had experienced psychological distress had a higher probability of mental disorder (30.2%) compared with those who did not (9.3%),
- Children with a probable mental disorder were more likely to be living in a family who reported problems with functioning as a unit (23.8%) compared with those who were unlikely to have a mental health disorder (11.7%),
- Children with a probable mental health disorder were around five times more likely not to have eaten a family meal all week (4.8%) and not to have spent family time together (6.0%) than those unlikely to have a mental health disorder (1% and 1% respectively)
- Increase in levels of domestic violence and reported child abuse during the pandemic.^{xxxii}
- Children and young people from minoritized ethnic backgrounds experiencing racism during the pandemic have poorer mental health, notably Chinese children.^{xxxiii}
- Increasing evidence that LGBTQ+ children and young people are experiencing greater mental health impacts during the pandemic than the general population.^{xxxiv}

In a survey of school children by Young Minds^{xxxv} 23% of respondents said that there was less mental health support in their school than before the pandemic. The reduction of readily accessible school-

based counselling has significantly lessened the child/young person's sense of autonomy and privacy when accessing these services.

For some young people with Autism Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) additional time at home and spent on leisure activities has been pleasurable

^{xxxvi} Although many children in Spain reported feeling sad, scared, bored, lonely, nervous and angry, they also recorded feeling calm, safe and happy with their families during the lockdown, furthering existing evidence that supportive families can promote positive mental health and reduce loneliness.

^{xxxvii}

In summary, the best evidence that is available to date suggests that the mental health of a significant proportion of children and young people had deteriorated by July 2020. Further high-quality data is needed to assess how they are faring currently, but the impacts appear to be worst for those living in socioeconomically deprived circumstances (with parents who are also struggling) and who are at risk of abuse or neglect. Additionally, access to remote education is poor for a sizeable proportion of children and young people, suggesting that it should be a policy priority to keep schools open where possible.

Findings from the historic impact of socioeconomic policies and the need to level up

Poverty is among the most powerful risk factors for child development and the negative effects of early-life socioeconomic disadvantage are well reported. ^{xxxviii} Children living in socioeconomic deprivation have poorer cognitive outcomes and school performance and are at a higher risk for antisocial behaviours and mental ill health. Developmental problems connected with poverty have been detected as early as infancy. ^{xxxix}

Socioeconomic gradients are evident in children and adolescents for mental health issues, in accessing care, in recognition of diagnosable illness, being referred, treatment and management and those from socio-economically deprived communities are seen to be in receipt of high levels of antidepressant prescribing. ^{xi}

The adverse effects of poverty are prevalent world-wide. A systematic review based on evidence from 23 countries indicated that children and adolescents experiencing socioeconomic hardship were two to three times more likely to develop mental health difficulties: particularly those under 12^{xii}.

In addition, 'The Good Childhood' report 2020 ^{xliii} showed that UK children at age 15 have relatively low subjective wellbeing in comparison with other European countries included in the survey and also the largest rise in relative child poverty (around 4%) whereas the average increase across the 20 countries was around 2%. The report clarifies that this finding is correlational (and does not infer causation) but states that:

'It is possible that changes in child poverty over time may explain changes in life satisfaction. As children make comparisons with their peers, increases in inequality could lead to drops in children's life satisfaction. While this could particularly affect poorer children, it can affect all children to some extent.'

Some children, however, have been shown to do well, despite exposure to financially insecure circumstances. Research has identified factors which can moderate the link between socioeconomic disadvantage and child mental health. A survey based on the Millennium Cohort Study reveals that persistent financial disadvantage in early life predicted poorer outcomes in cognitive ability,

behavioural adjustment and pro-social behaviours in five-year-old children but these effects could be moderated variously by protective factors such as warm relationships with parents and maternal psychological wellbeing.^{xliii}

There is an increased recognition of the significance of parenting quality in optimal child development and a growing realisation that this may be the vital mediating factor between childhood adversity, childhood poverty and child emotional, cognitive and health outcomes.

Luby et al (as above) demonstrated that exposure to adverse life events and poverty in early childhood materially affected the brains of 3 to 6-year-olds. Of greater relevance to policy formation and service delivery, these effects on the brain were mediated by the quality of parenting as well as stressful life events.

Within this rubric, the relationship with early caregivers becomes the template for attachments in all future relationships^{xliiv} and opinion is coalescing around the notion that early interventions aimed at improving maternal sensitivity (as opposed to support of an educational and practical nature alone) are significant in improving children's prospects.^{xliv}

Sensitive maternal care predicts social and cognitive outcomes during childhood and beyond such as the development of emotional self-regulation, pro-social behaviour, language facility and school academic achievement. Conversely, it is now widely held that adverse childhood experiences (including abuse or neglect) bear direct relevance to higher rates of adolescent delinquency, teen pregnancy, substance misuse and mental illness in addition to adult criminality, poorer mental and physical health^{xlvi} and ultimately suicide. Mental health problems originating in childhood rarely end there. They can become embedded and strengthen during the life course, exerting attendant negative effects on a vast spectrum of health and wellbeing indicators including education, relationships, employment, income, and social mobility. It is therefore logical that a socioeconomic policy context has, for many years been crucial in effecting change.

Addressing child socioeconomic deprivation in modern times with the object of protecting them (in the main) from destitution began with the post war Beveridge report and family allowances.

From 1977-79, the then Labour Government replaced the family allowance with child benefit, paid directly to the mother for each individual child in the family; thereby establishing the tradition of a universal payment per child. The 1999 Labour Government pledged to end child poverty in a generation and focused on a range of policy instruments including employment programmes, tax credits, childcare tax credits and child benefit to boost income for families living in poverty. Progress on this policy set slowed as the 2008 economic recession loomed; although successive governments have acknowledged that early intervention for struggling parents is key to improving the lives of current and future generations.^{xlvii}

Particularly effective public health strategies have included the Family Nurse Partnership programme (based on an original US model) and the 1997 Labour Government's flagship Sure Start initiative; focusing on guiding vulnerable parents throughout pregnancy and the early years and especially on supporting parenting in poverty and coping as a single parent.

In a less auspicious programme, the Coalition Government's CanParent initiative offered classes for every parent/carer of children up to age five in the local authorities of Middlesbrough, Camden and High Peak between June 2012 and March 2014 at a cost of £2m. The initiative attracted poor sign-up (only 4% of eligible parents) and most participants were white middle-class mothers, thus exacerbating existing inequalities of access to available supports and failing to reach under-served parents. Austerity

policies of both the Coalition and Conservative Governments have entailed huge benefit cuts (including a cap on the total sum that any family could receive irrespective of family size) reductions in tax credits, housing benefit and for higher earning families, progressively higher levels of taxation on child benefit. Child poverty has been rising since 2015 and the trend is expected to persist for some time yet. In 2016, the Conservative Government abolished the child poverty targets.

All the above modifications have had a disproportionate impact on families with children. Universal Credit was designed to simplify the system and to ensure that working families are better off than those who do not have working members. However, it has proved to be extremely controversial; generating high levels of unpopularity and (because of the cuts) leaving many claimants worse off when moving onto it than they were under legacy benefits.

In 2017, Theresa May's Conservative Government published a Green Paper 'Transforming children and young people's mental health provision', promising additional funding to incentivise schools and colleges to employ specialist mental health support staff.

However, it is unlikely to so compensate for the reduction in other supports for children and young people, due to austerity: youth clubs, youth workers, after school provision and the loss of many grass roots organisations that were formerly funded by local authorities.

With the onset of the COVID-19 pandemic, the importance of the parenting role both to individuals and society has never been clearer. During the pandemic, high quality longitudinal populations sampling (as opposed to convenience surveys) shows that parents are struggling; especially parents of pre-school aged children and those living in poverty.^{xlviii} Other data suggest a notable increase in possible child abuse during the pandemic.^{xlix}

Social problems have increased and: 'by the coronavirus pandemic, the police recorded 259,324 offences (excluding fraud) flagged as domestic abuse-related in the period March to June 2020. This represents a 7% increase from 242,413 in the same period in 2019 and an 18% increase from 218,968 in 2018. (Office of National Statistics, 2020).ⁱ

Among 11 to 16-year-old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder (NHS, 2020).ⁱⁱ

The final key element of parenting in poverty is the link with parental mental illness. Currently, 1 in 4 children are exposed to maternal mental illness and this number appears to increase with child age. The cumulative risk is such that by the time a child is aged 16 there is a 53% chance they will have experienced maternal mental illness.ⁱⁱⁱ Recent research has found that children with lived experience of parental mental illness have markedly higher risk of broad socioeconomic adversity than other children.^{liii}

There is an urgent need to understand how socioeconomic adversity and parental mental illness influence vulnerability to poor life outcomes in these children.

Findings of the impact of pandemic policies on children with disability, from migrant, refugee, culturally and ethnically diverse and socioeconomically deprived communities

Current evidence on the impact of COVID-19 on the mental health of children and young people with pre-existing disabilities (and those from disadvantaged or marginalised groups as above) is sparse and often methodologically weak. More rigorous studies are required to prepare policies that will better support them now and in future pandemics.

The limited available evidence suggests that COVID-19 specific policy should be cognisant of, and make special provision for, the particular requirements of children and young people with special educational needs and/or disabilities, those with existing mental health conditions, those from marginalised and socioeconomically deprived communities and those in Local Authority Care, in custodial accommodation or living in violent or abusive home circumstances. Only then will the wellbeing of all the UK's children and young people be properly safeguarded and supported so that no one is left behind.

The consequences of COVID-19 are not the same for all children. It is well understood that poverty and income inequality are strongly associated with mental health risk in children.^{liv} Policies designed to curtail the spread of the virus have brought periods of school closure, meaning remote learning for most children. Those impacted most severely have been the children living in poorer families without good internet access and lacking conditions at home that are conducive to study.^{lv}

Although the evidence base to date is insufficient (national data collections have failed to recognise that children's experiences in the pandemic were both distinctive and worthy of measurement) a useful resource is a follow-up of the national probability sample 'Mental Health of Children and Young People Survey' funded by the Department of Health and Social Care and commissioned by NHS Digital.^{lvi}

First sample interviews in 2017 were succeeded by an online survey in July 2020, enabling life to be profiled during the first five months of lockdown.^{lvii}

Findings included:

- 19% of children lacked quiet 'learning space' at home
- 27% had no study desk or table
- 12% were without a computer or tablet
- 12% had no reliable internet service
- 26% lacked contact with someone at school
- 15% had no support with their home study from a parent.

Access to each of these learning supports was linked to the state of mental health and children with a probable mental disorder had least access to them. Findings from an online survey of the parents of school-aged children from England, Wales and Northern Ireland showed that on average, those living in households with an annual income £16,000.^{lviii}

In addition, a study in current preparation^{lix} using data from a sample of 1,000 secondary school children in South London, who were surveyed before and during the pandemic, found that those living in precarious households (e.g. income reduction or 3+ housing problems during the pandemic) were at greater risk of mental health problems between May-August 2020.

‘Stay at home, stay safe’ does not work for everyone and for some children and young people, ‘home’ is a place of risk not safety. School/college closures and social distancing have led to some children being as good as imprisoned indoors and unable to evade ‘the toxic trio’ of domestic violence, substance abuse and poor parental mental health.^{lx} Before the onset of COVID-19, the Children’s Commissioner estimated that 2.2 million children had been affected in some way by threats to their security^{lxi} increasing the likelihood of adverse outcomes such as depression and anxiety, physical and sexual violence and unintended pregnancies in young people.^{lxii}

One of the effects of COVID-19 has been to exacerbate existing threats to the safety of vulnerable children and young people. In pre-COVID times, the NSPCC found that 1 in 5 UK children were exposed to domestic abuse^{lxiii} and reported an all-time peak increase of 32% in distress calls to their helpline during the first UK national lockdown.^{lxiv}

During interim Ofsted school visits in England in November 2020, school leaders reported safeguarding concerns about pupils already identified as vulnerable due to a new deterioration in already difficult family circumstances.^{lxv} It is highly probable that a toxic mix of heightened susceptibility to being exposed to abuse and reduced access to protective services is likely to have disastrous and far-reaching effects on the mental health of children and young people.

The National Youth Agency has suggested that vulnerable children are at increased risk from exploitation from gangs^{lxvi} especially via the use of popular social media platforms such as TikTok, Snapchat and Houseparty.^{lxvii} The disastrous effect on children and young people’s mental health of exposure to violence, exploitation and abuse is unlikely to be short-term.

Research conducted prior to the pandemic has consistently shown that those who have experienced direct maltreatment or exposure to violence between adults are more likely to develop a wide range of mental health issues not just at the time of the incident – but also during their own adulthood.^{lxviii}

Children and young people in other vulnerable predicaments may also have been adversely impacted during the pandemic, including those in residential care and foster families.^{lxix} Available data is again limited, but a survey of care-experienced young people found half reporting feeling lonely more often during the first lockdown and nearly a quarter having less contact with their social worker than beforehand. A tenth had no contact at all.^{lxx}

In Autumn 2020, Ofsted inspectors raised concerns about young people moving into secure children’s homes during the pandemic. The required isolation period of 14 days resembled punitive solitary confinement and led to some children displaying increased anxiety, self-harming or behaving violently.^{lxxi} Feelings of fear, sadness, anger, hopelessness and worry about the virus were also common in young people in the care system who were now living apart from family and friends.^{lxxii}

Again, data is limited but from a study in the USA, nearly two thirds of LGBTQ+ young people experienced increased psychological distress, anxiety and depression^{lxxiii} and some registered concern about being ‘stuck at home with unsupportive parents’, due to the pandemic.^{lxxiv}

Young Minds published their findings on the impact of the pandemic on young people with mental health needs in the summer of 2020 and found that a number of LGBTQ+ respondents said that their dysphoria had worsened because they felt they were unable to be their ‘real selves’ at home. Overall, 83% of respondents believed that their mental health had worsened because of COVID-19; citing a rise in loneliness and anxiety and those with eating disorders and history of self-harm increased these destructive behaviours.^{lxxv}

In the Co-SPACE study, children, and young people with special educational needs (SEN) and neurodevelopmental differences were found to have consistently high levels of emotional, behavioural, and attentional difficulties throughout the pandemic.^{lxxvi}

Initial findings in that study that some SEND children experienced a decrease in emotional difficulties during the early stage of the first UK lockdown (end of March to end of May 2020) were qualified by later reports from the same study that followed children monthly between March 2020 to October 2020, finding that school-aged children with SEND had consistently higher levels of emotional, behavioural and attentional difficulties than their non-SEND peers. Unlike non-SEND children, the problems they were experiencing did not lessen between July and October 2020.

However, some children with significant anxiety disorders and others with neurodevelopmental disorders including Autism Spectrum Conditions or ADHD are known to cope well with remote learning and there is some evidence of an improvement in their mental health during the early part of the first lockdown. Despite this, these children are likely to struggle more than their peers when schools re-open and will need extra support to negotiate the inevitable disruptions to, and differences in, the school environment as the pandemic progresses.^{lxxvii}

It has been suggested that the impact of closing special schools and day-care centres may trigger behavioural regression in children with SEND as they 'lose an anchor' in life. Their lack of understanding about the reasons for the sudden change in their trusted social patterns and supports may lead to angry outbursts and conflicts with parents and other adults in caring roles.^{lxxviii}

Prior to the pandemic, research indicated that people from Black, Asian, and Minority Ethnic groups (BAME) in the UK were significantly more likely to experience mental health difficulties and have problems accessing care.^{lxxix}

There are very few studies from the pandemic relating specifically to young people from these communities, but children in Black British, Black African and Black Caribbean families in the UK are more likely to be living with lone-parents and potentially experiencing heightened stress due to socioeconomic insecurity. Data from a limited number of studies show that children and young people from BAME backgrounds were more likely to report negative experiences of the lockdown^{lxxx} have felt that they were not 'heard'^{lxxxii} and worried about being at increased risk themselves of catching the virus.^{lxxxii}

The British Society of Paediatric Dentistry has noted that children from BAME backgrounds (already at a high risk from caries or periodontal disease) may be less likely to be taken to visit a dentist during the pandemic, therefore increasing their risk of the physical and mental distress of tooth decay).^{lxxxiii}

Racism and racial discrimination are associated with poor mental health in children and young people.^{lxxxiv} Types listed in the study taken since the onset of COVID-19, include online direct discrimination, online vicarious discrimination, health-related Sinophobia and media Sinophobia. The same study found that anxiety symptoms and internalising problems were associated with all types of racial discrimination and Sinophobia.

There is very little evidence or mention of the impact of COVID-19 on migrants, asylum seekers or refugees and this is extremely worrying but it has been argued that restrictions imposed during the pandemic and the resulting economic fallout were likely to disproportionately affect the mental health of immigrants worldwide.^{lxxxv} The current dispersal policies see families being relocated far from support networks with cultural differences and unfamiliar environments compounding feelings of isolation.^{lxxxvi} Moreover, given that pre-pandemic research suggested that child migrants and those

seeking asylum or who are refugees are at increased risk of developing mental health problems it is extremely probable that they will fare even worse during the pandemic.^{lxxxvii}

As expected, robust research is required to understand the mental health impacts of policies related to COVID-19 on these already incredibly vulnerable groups of children and young people.

The potential socio-economic and intra-generational fall-out

Early-onset mental health disorders can affect children and young people for many years to come with severe outcomes for their educational development, employment, income, lifestyle choices and physical health. As planning for life beyond the pandemic gathers pace, the extent of the damage will emerge. There is already a wealth of evidence demonstrating that school closures cause widespread harm to children and young people. Educational attainment is an obvious casualty, but the devastation to their physical and mental wellbeing is both insidious and tenacious.

A UNESCO report found 1-5 billion pupils and students to be subject to unforeseen school and university closure programmes courtesy of the pandemic entailing disruption to their education that is expected to have long-term consequences.^{lxxxviii} In the UK, The London School of Economics calculated that pupils had lost 105 days of education by October 2020 as a result of lockdown with figures set to rise following the January 2021 move to digital learning and subsequent cancellation of A and GCSE Level examinations.^{lxxxix}

The UK Government's school closure programme has had the unfortunate effect of emphasising inequalities and promoting socioeconomic disparity to the disadvantage of children from poorer families. They may have neither the necessary equipment to make a success of online learning, nor the benefit of 'hands on' guidance from parents who may themselves be hampered by their own educational short-comings or time-related pressures if they are key workers.

Meeting the requisite qualification for a free school meal (FSM) is one of the ways in which children's various experiences of lockdown may be gauged. One survey shows that 20% of FSM recipients have no computer at home compared to 7% of those not receiving FSMs.^{xc} From the same source, 15% of those taking FSMs were recorded as receiving 4+ pieces of offline schoolwork during the first lockdown compared with 21% of children who were not receiving FSMs. In addition, a substantial body of evidence⁴⁰ supports the theory that children living in low-income households are more disadvantaged by the annual long summer holiday than those from more affluent homes.^{xcii} For poorer families, such lengthy home-bound breaks mean more financial worries, food precarity and the absence of the health-promoting or culturally enriching activities that are available for children in school during term time.

However, school closures affect poorer pupils in another way too because the school is an integral fount of healthy and reliable food. In 2014, a study found the UK ranked as the 8th worst-performing of 41 economically developed nations at ending hunger, improving nutrition, and achieving food security.^{xciii}

UNICEF has said:

'Children who are exposed to food insecurity are more likely to face adverse health outcomes and developmental risk...Food hardship among children also predicts impaired academic performance and is positively associated with experiencing shame at being out of food, and behavioural problems.'

‘Healthy parenting, engaging in interactive play activities, practising mental health hygiene, maintain consistent routine, (promote) healthy behaviour.’^{xcciii}

Data from the Active Lives Children and Young People’s Survey^{xcciv} have revealed a steep decline in physical activity during the first UK lockdown. 43% of children under 16 were reported to have been engaging in less than 30 minutes of physical activity a day. Meanwhile, 7% of children aged 7-16 reported no attempts to stay active at all.^{xccv}

It has been estimated that, prior to the pandemic, the Government was losing approximately £2.9 billion from a single cohort of individuals with depressive disorder between the ages of 16 and 40.^{xccvi} The fiscal loss to the Government following COVID19 is likely to be higher, due to the increased prevalence and severity of mental health disorders among young people during the pandemic.

A growing body of research has shown that mental health disorders can trigger behavioural and cognitive change, which, if experienced during significant stages of developmental transition, can influence educational attainment and employment outcomes throughout the life course.

One study^{xccvii} investigated how different patterns of depressive symptoms might influence socioeconomic outcomes using data on the lives of individuals born between 1991 and 1992 in Avon, UK. The results demonstrated that those who had experienced high-level depressive symptoms in childhood adolescence and/or early adulthood were less likely to have obtained a university degree by age 24 and more likely to be not in education, employment or training (NEET).

The worst outcomes were shown in those who had experienced depression since childhood; suggesting that children dealing with longstanding mental health issues are most at risk of struggling to find employment or training in later life. The years between 11-13 were identified as a turning point, because experiencing depressive symptoms at that point increased the likelihood of becoming NEET.

Individuals who experience persistent depression since childhood are 5.17 times likelier to be NEET by age 24 than someone who has never had depression. Also, the probability of becoming NEET for children who had high levels of depression throughout adolescence (but whose symptoms improve in adulthood) is 1.73 times higher than the probability for someone who had never had depression. Low motivation, impaired concentration and long-term absence during school have been identified as key explanations for these outcomes.

Other research findings suggest that such patterns also apply to mental health disorders more generally. A recent study by the National Centre for Social Research showed individuals with the most serious mental health problems aged 11-14 to be three times more likely not to achieve five A*-C grades at GCSE level.^{xccviii} There are predictable implications for future income. A study using data on 11 countries from the World Health Organisation^{xccix} found that those who had experienced mental illness in youth were more likely to be unemployed, to be low-paid when working and less likely to be married; all of which helped to account for lower levels of household income among this group. Girls experiencing mental illness were found to be particularly at risk of lower incomes in later life.

Another important issue is life-expectancy. Findings from a meta-analysis of the literature estimated that mortality rates amongst individuals with mental health disorders are 2.22 times higher than the general population.^c Only 17.5% of deaths were attributed to unnatural causes (including suicide) as opposed to 67.3% from natural causes. Due to their high prevalence, disorders such as anxiety and depression (often manifest in early life) are responsible for most deaths overall.

The link between mental health, lifestyle choices and physical health is related to some of these trends. Smoking, excessive alcohol consumption, sleep disturbance, physical inactivity and dietary risk triggered by mental ill health can make a significant contribution to the acceleration of physical decline.

^{ci} The disruptions to everyday life occasioned by the pandemic are likely to have lowered the resilience of children and young people to mental ill health.

As mentioned above, they are now more likely to have undergone change such as the development of unhealthy lifestyle behaviours, reduced physical activity, low motivation and loss of confidence and new discomfort and anxiety courtesy of the sudden imposition of an unfamiliar and alien school closure programme. If allowed to persist and take hold unchecked, early-onset mental ill-health can have disastrous long-term outcomes on educational attainment, income, employment prospects, personal and family choices and life expectancy.

The COVID-19 pandemic is a ‘once in a generation’ transformative event and will have widespread socioeconomic fall-out; from the damage to children whose problems may originate from their lack of access to good quality food and quality teaching through to the adult they may become whose life chances will be narrowed at incalculable cost to themselves, their families and the society that they will shape for future generations

[Lessons from illustrative case studies; the voice of the covid generation](#)

Specialist opinion is starting to coalesce around the view that children and young people are likely to bear the brunt of it and their experiences will prove to be definitive.

Their generation has been hugely reshaped by COVID-19 but right now is not at the forefront. Children and young people do not address the nation at the regular press conferences or as interviewees (apart from a small, carefully-picked cohort, discussing the Secretary of State for Education’s proposals for public examinations during the pandemic) and there is as yet no body of research featuring them as a primary source.

We therefore thank the young people who have shared their experience; it is extremely valuable and will become more so when researchers can consider the events of today with the perspective that distance brings.

On December 2nd, 2020, The Emerging Minds Network partnered with Didcot Girls School and the Debating Mental Health charity to host an online discussion with a group of young people aged 13-14 years. The topic was ‘Can we build a mentally healthy world for young people post-COVID-19?’ and the event was the subject of a blog by Jawwad Mustafa. ^{cii}

The snapshot below from the Didcot discussion shows the participants presenting nuanced opinions about the present - and their envisaged future world.

‘It’s been blow after blow. When there’s so much going on at once it can be demotivating.’

‘Will we go into another lockdown? When will I see my friends again, am I going to be able to do my tests? All that sort of uncertainty.’

‘I think after lockdown it was like a new beginning and we’ve all changed quite a bit on how we do things. It has had a positive impact as well.’

‘It’s the fact of having to rebuild your daily routine...after six months, it’s definitely hard to get back into that routine and that affected mental health.’

Social media: pros and cons

'During lockdown, through social media I've met some of the closest friends that I've had, and I believe that's helped my mental health a lot.'

'You can talk to your friends and you can play games which can calm you down quite a lot.'

'It's really important to stay controlled on platforms like social media because there can be some really horrible things going on, like bullying, and also your self-image because there is some online-verse reality, and I think it's really important then to control how long you're going on for.'

Mental health

'Mental health (support) needs to be made more available, I know some people who've had their appointments pushed back and not given the support.'

'The effects of COVID-19 have caused people to have more complications, so if every single person has someone they can rely on, I believe everybody could increase their mental health.'

'The schools and governments have a strong stereotype on the subject (mental health) like breath for a couple of seconds and it'll be fine.'

'We shouldn't define mentally healthy. We just need to find our definition.'

'What I feel most optimistic about is how we all feel passionate and how serious we are on the subject of mental health, and how we really want to see change and make sure it's better for future generations.'

The future

'We're going to have to be thinking about challenges that we've never thought of before because we've never lived in a time like this, so it's going to take a lot of work, but we'll get there.'

'A lot more people higher up, in government, need to understand how it feels for people who have been in lockdown by themselves.'

'We have to think of those developing countries as well and how their mental health will be affected and how their coronavirus situation will be handled so I think we need to take into account the UK, but we also need to think about it globally.'

Frances Simpson, a parent of two young children said: *'There are an increasing number of children who have been overlooked in this pandemic...the child becoming very ill with the Kawasaki-like disease known as PIMS or MISC. And for many children there is a new way of life with the ongoing symptoms caused by Long Covid.'*

Frances' own children became ill in March 2020 but then did not 'shake off' the disease. For Frances:

'I was left feeling confused and frightened. My children exhibited many of the strange and fluctuating symptoms that often follow COVID and in the face of a lack of medical knowledge and experience ... I sent out a survey and quickly received 162 responses that told me I was not alone, and I wrote up a call to arms to the BMJ Blog'.^{ciii}

Frances and Sammie McFarland (who set up LongCovidKids following a negative experience at a medical appointment when she was told that her daughter was ‘mimicking’ her symptoms) produced a film showing children’s experience of Long Covid ^{civ} in order to raise awareness. They also started a Facebook group. ^{cv}

The group now has over 570 members and many parents have more than one child who is unwell.

The comments below are reflective of the parents’ ongoing isolation and helplessness in face of a perceived lack of medical interest and support. Some have even felt that they cannot return to their own doctor for fear of disbelief and possible accusations of inappropriate parenting or even Munchausen’s-type behaviour.

‘Terrible, terrible medical support. Disbelief, gas-lighting, difficulty in getting referrals, lack of holistic care. Our illness has been ascribed to anxiety, on the basis that the blood tests show nothing untoward. We finally got a referral to chronic fatigue services in March 2021, one year after we first fell ill. The promised Long Covid clinics do not exist. We manage this at home on our own.’

‘It’s been extremely difficult. Not only because we have had to watch our child suffer with no one seeming willing to help or take it seriously, but also because Long Covid isn’t really recognised as a condition yet. And yet we see it with our own eyes every single day. Our lives have been turned upside down. We don’t know what to do. It’s heart breaking to see your once happy children shrink down further and further into a condition that no-one believes in.’

Joe Lowther is the Chief Executive of KICK, a national organisation set up to provide ^{cvi} Professional coaches to schools to deliver values-driven physical education, street dance, mentoring, and chaplaincy in schools and by training volunteers to deliver community-based KICK Academies to impact young people. The case histories below are taken directly from KICK schools and include reflections by KICK and school staff. Learner names in the research have been changed or omitted for safeguarding purposes.

- Case study: learner took their own life during lockdown Tom Rutter works as a KICK Chaplain to two schools in Richmond and speaks here about a tragedy occurring during lockdown:

‘Very sadly back in April 2020 during the first lockdown, as Chaplain, I received the tragic news that a 6th form student had taken their own life. This clearly was a terrible shock for students and staff. The isolation and disconnection that the young people and adults have experienced during COVID-19 lockdowns will continue to create environments sadly where young people who are suffering will see them taking their own lives as the only option.....This bereavement had a major effect upon those closest to the student, particularly affecting those in her closest friendship group. When feeling isolated already, the impact of compounding that loneliness was too much for her.

Suicide is known to be the third leading cause of death in young people aged 15- 19. ^{cvii}

Tom Rutter’s reactions as Chaplain offered support to pupils, parents and teachers at this difficult time and the role caters holistically to the three diverse groups as well as head teachers as they combat a myriad of challenges. It is a unique role and seen as a complement to the presence of a counsellor and existing year-based traditional pastoral structures because it encompasses the provision of support to staff and parents as well as pupil guidance.

- Case study: lockdown KICK Mentor, Davey writes about how the experience of lockdown resulted in a child self-harming:

'Since lockdown when mentoring in a Primary School I was met with a quite shocking scenario.... I was working with an 8-year-old boy whose dad had beaten his mother and been very aggressive. He always said he was fine with this, and while hating his dad, accepting nothing would change. He had accepted seeing a close family friend, an older 9-year-old girl die suddenly.

Upon me asking about her he said her name and immediately began biting himself. He said he had to inflict pain upon himself as he was cursed by the gods every time, he said her name. He bit, scratched, and hit himself over the next 15 minutes while I tried to calm him down. He didn't see any of this as self-harm but had created a scenario where this was all totally rational as it was required by the gods otherwise, he would be cursed.'

The examples and case histories above give a unique glimpse of how children, young people and those who work with them professionally have found the experience of this pandemic.

In the aftermath, it is essential that children are heard as well as seen and that their collective and individual voices resonate with those who will make decisions that will affect their life outcomes.

--- END ---

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- ^{cvi} WHO, 2020 World Health Organisation): <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>