

1. Home (<https://www.gov.uk/>)
 2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
 3. Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)
 4. COVID-19: mental health and wellbeing surveillance report
(<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report>)
- Public Health
England (<https://www.gov.uk/government/organisations/public-health-england>)

Research and analysis

7. Children and young people

Updated 25 February 2021

Contents

Introduction

Important findings so far

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

Telephone and online support service use – children and young people

References

Print this page



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Introduction

This is Chapter 7 of the COVID-19 mental health and wellbeing surveillance report (<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report>). It presents emerging findings from UK studies of the mental health and wellbeing of children and young people (CYP) in relation to the coronavirus (COVID-19) pandemic.

This chapter is composed of 2 main categories of information:

1. weekly data drawn from the UCL COVID-19 Social Study and other sources up to Week 4 2021 (25 January)
2. analysis from a range of ongoing academic research projects up to Week 1 2021 (6 January)

The 2 categories of information have separate purposes.

Weekly data serves as an early warning system for potential large changes and differences between groups in levels and trends in mental health and wellbeing. It should not be used to draw conclusions about smaller changes or differences between groups from week to week. This is because the data has not been analysed to control for any confounding factors or potential biases.

The analysis from academic research offers a good picture of change over time and differences between groups. This intelligence is the basis for more nuanced interpretation.

Note

Many of the findings presented below need to be considered as indicative and not conclusive evidence of impacts at this stage (due to non-representative sampling, a lack of peer review, and other methodological constraints). Nevertheless, they provide an indication of the experiences of children and young people in the recent period and the groups at greater risk of impacts on their mental health.

Details of the method of searching and compiling evidence can be found in the Methodology document (<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/methodology>).

Note

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

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

Important gaps in publicly available findings so far include:

- changes in children's mental health against a recent pre-COVID-19 baseline
- representative evidence on the experiences and mental health of children and young people from particular sub-groups, such as young lesbian, gay, bisexual, and transgender (LGBT) people
- experiences of important pandemic related risk such as illness or bereavement of close family relatives

Important findings so far

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

Available evidence suggests that between March and September 2020, children and young people have coped well (references 1 to 14). Life satisfaction appears to have only slightly reduced and children and young people's happiness appears to have been relatively stable (references 3, 5, 8, 11 to 14).

However, other evidence suggests that children and young people with certain characteristics appear to be associated with worse effects to their mental health and wellbeing. This includes those who are disadvantaged economically, females and those with pre-existing mental health problems (<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>).

Secondary students have been reporting that the most common reasons for anxiety were keeping up with schoolwork, uncertainty over the future, getting good grades in exams or being worried that exams may be cancelled (references 15, 16, 17). Some 11 to 16 year olds are also less likely to share their problems and more likely to deal with them on their own than before the pandemic, which could be an early warning sign of unhealthy personal control (references 18, 19).

There is also some evidence (<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/11/cco-some-sort-of-normal.pdf>) to suggest that the return to school in September 2020 has had a positive impact on some children and young people's mental health and wellbeing, particularly primary school children.

Which population groups appear to be disproportionately affected?

Pre-existing mental health needs

There is evidence to suggest some young people with pre-existing mental health needs have found access to care and the return to school difficult. Some young people (aged 13 to 24) with existing mental health needs reported there was a disruption of access to their mental health support during June and July 2020 (references 20, 25).

Some secondary aged pupils had struggled with pre-existing mental health issues during the first national lockdown and then this continued into the return to school (references 16, 25).

There is qualitative evidence (<https://learning.nspcc.org.uk/research-resources/2020/coronavirus-insight-briefing-schools>) that the stress around going back to school was a trigger for some young people who started to self-harm again or have suicidal thoughts.

Disadvantaged

During the pandemic, disadvantaged young people and children, such as children in care or those who are disadvantaged financially, may have experienced poorer mental health and wellbeing including anxiety and loneliness (references 2, 3, 8, 17).

There is evidence (<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>) that those with probable mental health disorders were more likely to live in a household that had fallen behind with payments.

SEND

Young people aged 16 to 24 with disabilities have felt more anxious (<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/adhocs/12287coronavirusandwellbeingofyoungpeoplethroughoutthepandemic>) than their peers during the April to September period. However, measures of other emotional and behavioural difficulties do not show a widening gap with their peers (references 3, 20, 21, 22, 23, 24).

BAME

Some evidence suggests that children and young people from Black, Asian and Minority Ethnic (BAME) backgrounds have experienced a higher rate of mental health and wellbeing concerns (references 5, 11).

Other studies have not found differences in overall psychological wellbeing, subjective wellbeing and difficulties for children from different ethnic groups (references 1, 8, 21). It is important to note that this may be due to small sample sizes and combining ethnic minority groups potentially masking differences between them.

Gender

There is some evidence of differing responses between male and female pupils. Secondary school female pupils are more inclined to hide and deflect their concerns (<https://steer.global/en/thought-leadership/research-2/Tracking%20and%20Mitigating%20the%20Psychological%20Impact%20of%20Lockdown%20on%20Y7-13%20Pupils%2010.01.2021.pdf>) in the context of school, making detection a challenge.

Evidence also suggests that females aged 16 to 24 have experienced an increase in mental health symptoms and psychological distress (references 1, 17).

Risks and experiences

Evidence from the first national lockdown could suggest what children and young people may experience in subsequent lockdowns. From the first national lockdown, evidence shows that children and young people struggled with the lack of access to formal and informal mental health support (references 2, 20, 25).

There was also an increase in levels of loneliness which increased with age (references 24, 25, 26, 27, 28).

Catching and spreading COVID-19 was a concern for some children and young people during the lockdown and as they returned to school. The return increased anxiety and stress for some children as they felt uncomfortable about widening their range of contact with others, catching the virus and then spreading it (references 15, 16, 29). This was especially felt by secondary pupils who had vulnerable family members at home (<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>).

Other secondary school pupils were worried about catching up with their schoolwork, particularly those in exam years (<https://learning.nspcc.org.uk/research-resources/2020/coronavirus-insight-briefing-schools>). Another activity which increased anxiety around COVID-19 was reading or watching the news and social media (references 29, 30).

Throughout the first lockdown and into the return to school, there was a lack of social connectedness, mainly for primary school children and those children without access to the internet. This led to a lack of intimacy and closeness in communicating with friends for some of the children. Virtual contact with their friends and family was felt to be not the same as face-to-face interaction.

Even after returning to school, some children and young people found it hard to reconnect with friendships groups (references 16, 29, 30). Pupils of both primary and secondary age have also felt like they sometimes do not have anyone to talk to or have felt left out (<https://learning.nspcc.org.uk/research-resources/2020/coronavirus-insight-briefing-schools>).

Other evidence (<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>) further suggests that it is more common for children and young people with a probable mental health disorder to feel lonely.

Some children and young people have reported (<https://learning.nspcc.org.uk/research-resources/2020/coronavirus-insight-briefing-schools>) that accessing counselling at school was more difficult after the first lockdown due to long waiting lists, being unable to attend sessions if they were self-isolating and not being able to have regular appointments.

Primary school pupils generally felt that their family relationships were going well, more so than secondary school pupils. They felt that lockdown had positively impacted their family relationships because they got to spend more time together (references 15, 17, 30).

Parents also reported

(https://www.understandingsociety.ac.uk/sites/default/files/downloads/general/ukhls_briefingnote_covid_family_final.pdf) this throughout the lockdown period and into the autumn term. However, children and young people with a probable mental disorder were also more likely to also have a parent with a higher level of psychological distress and this difference was larger than in 2017 (<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>).

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

Note

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

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

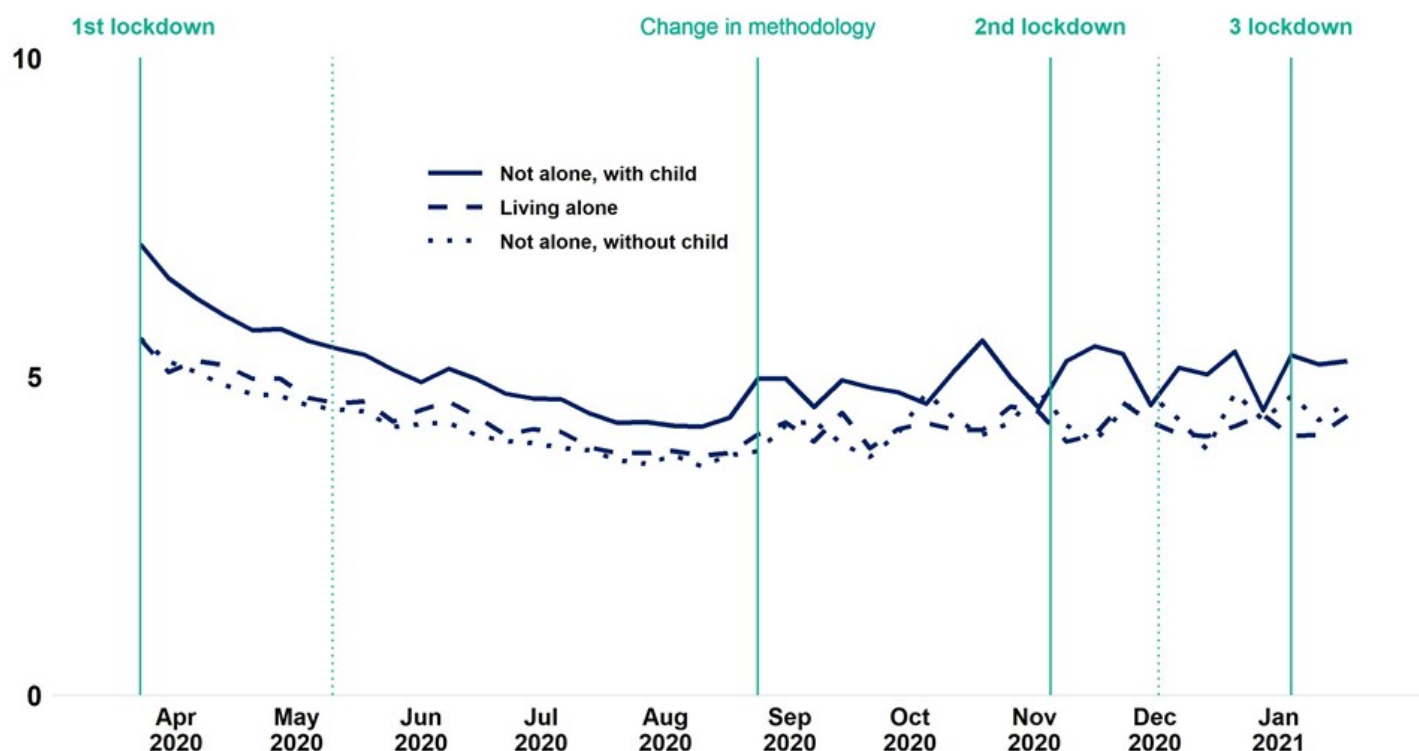
Across most indicators of mental health and wellbeing examined, this group had similar figures to others. For loneliness and thoughts of self-harm and death, it was better than for comparison groups (data not shown). However, levels of anxiety, and stress related to COVID-19, appeared to be worse for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

Overall, there is some early indication of a deterioration in measures since August, but this is not to the levels seen in April and May of this year.

Anxiety

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

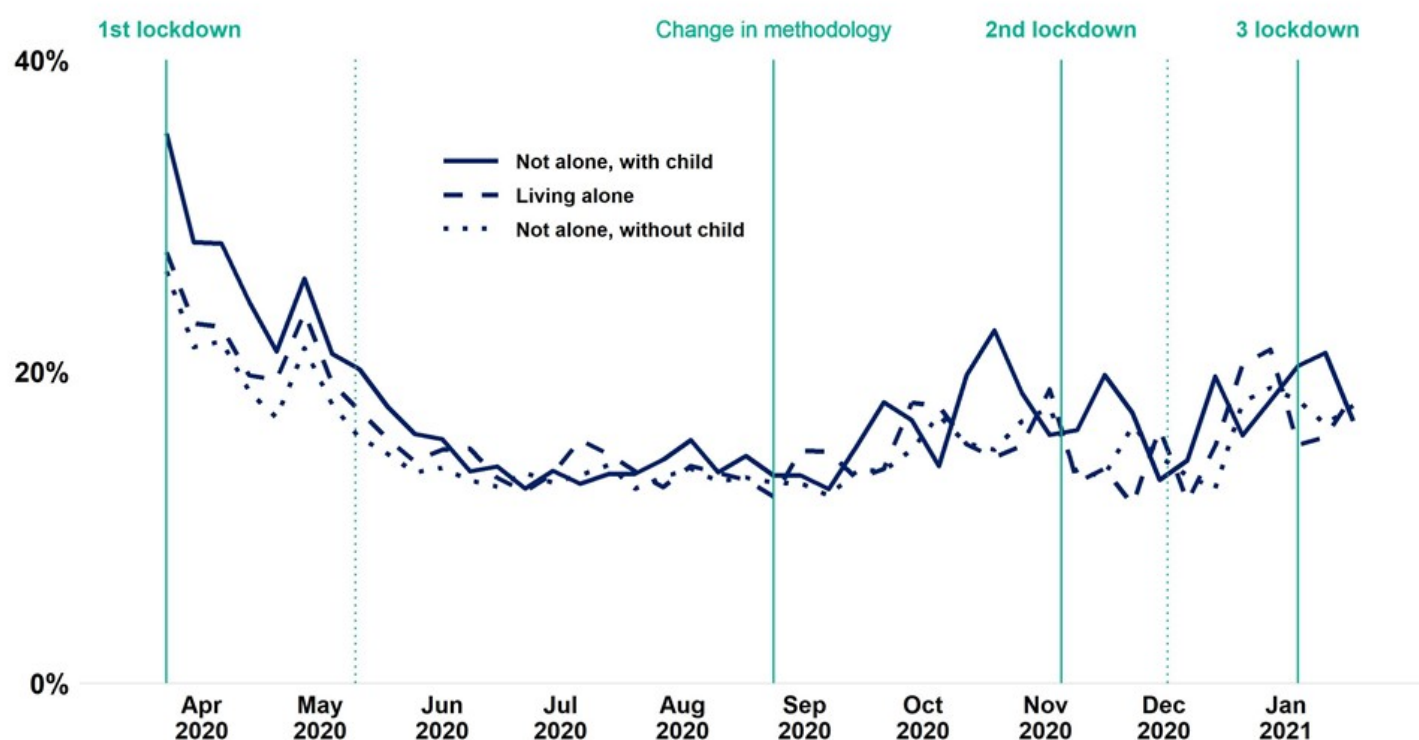
Dotted vertical lines indicating lockdown easing.



Major stress: COVID-19

UCL COVID-19 Social Study. Panel of 20,000 to 70,000 adults weighted to the national population.
Data provided by UCL and used with permission (% reporting).

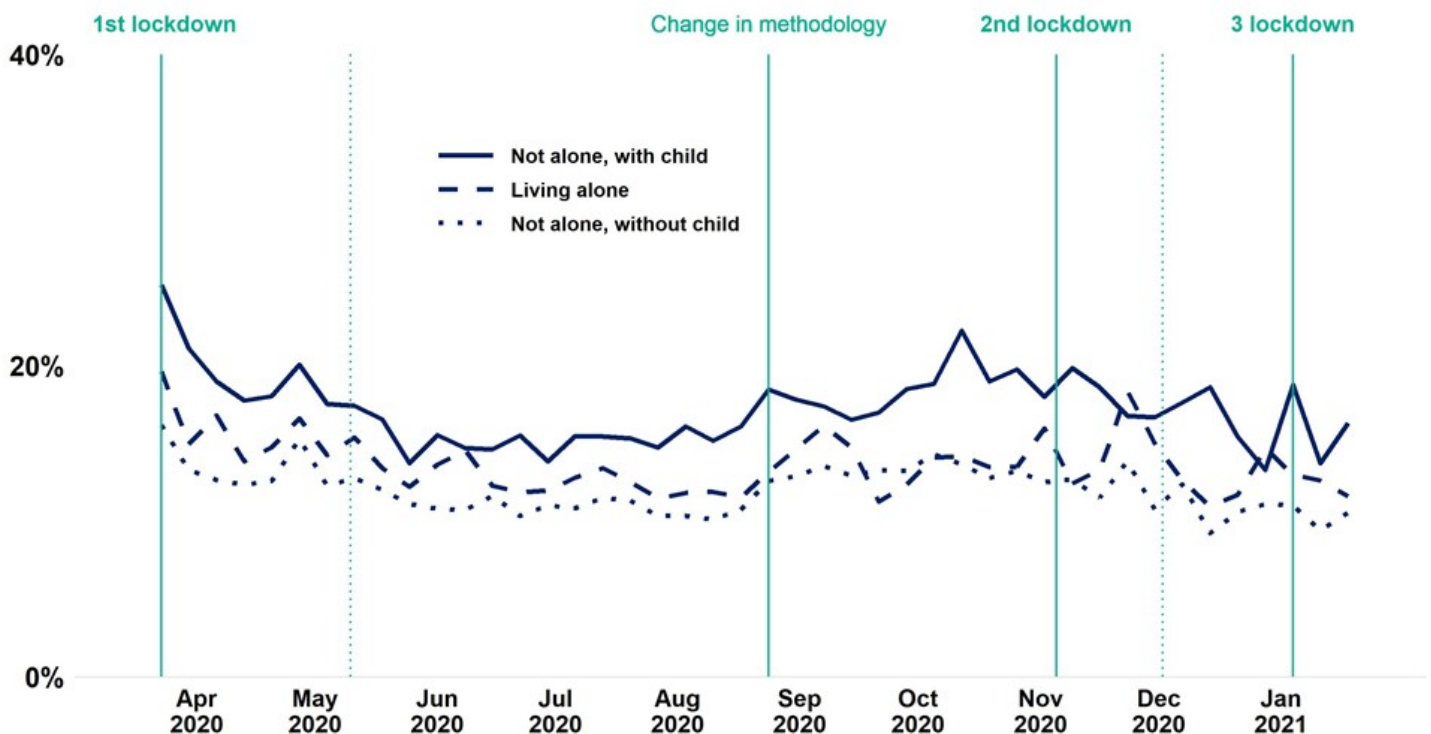
Dotted vertical lines indicating lockdown easing.



Major stress: Finance

UCL COVID-19 Social Study. Panel of 20,000 to 70,000 adults weighted to the national population. Data provided by UCL and used with permission (% reporting).

Dotted vertical lines indicating lockdown easing.



Telephone and online support service use – children and young people

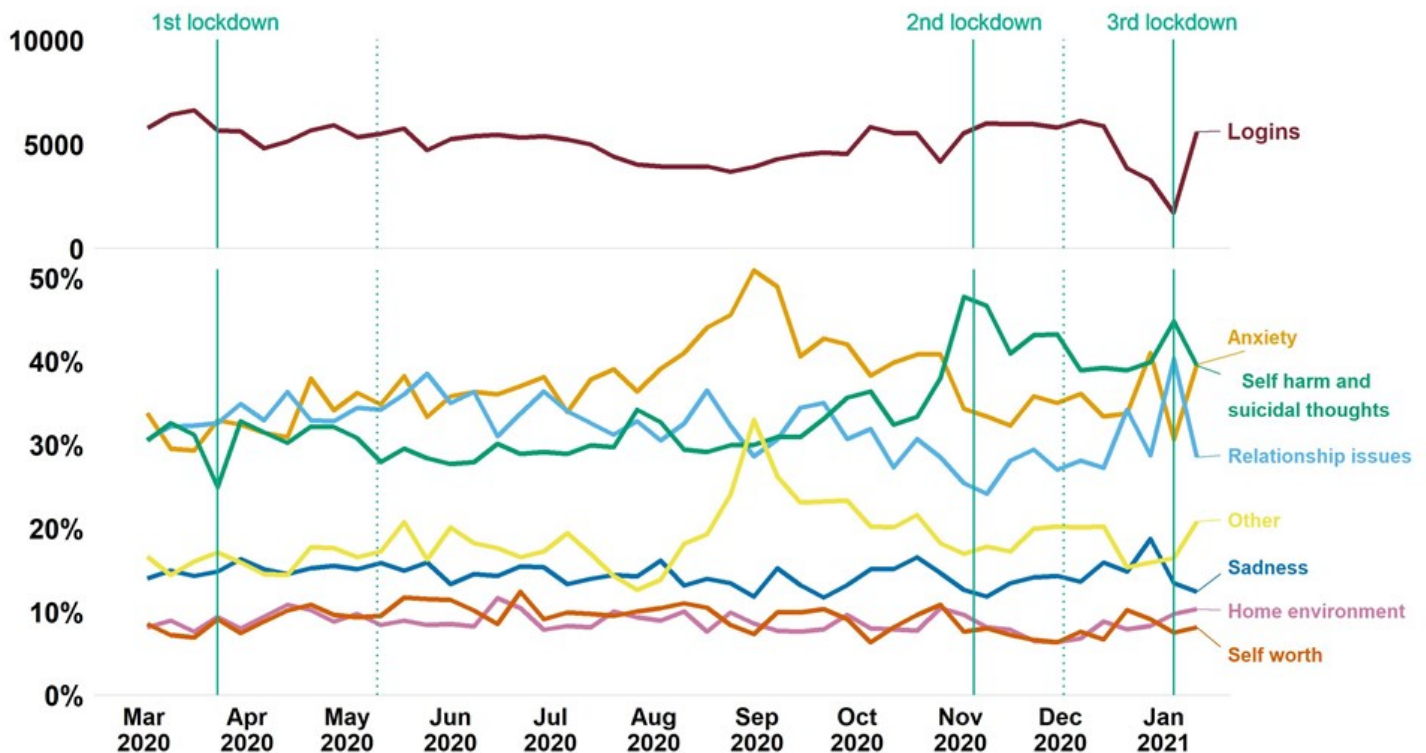
Both services providing data saw a significant drop off in contacts over the Christmas and New Year period. This is likely to occur each year.

Kooth report relatively steady engagement with their service across the pandemic period. Key presenting issues have been anxiety and relationships. There has been an ongoing increased rate of users presenting with thoughts of self-harm and suicide since late 2020.

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

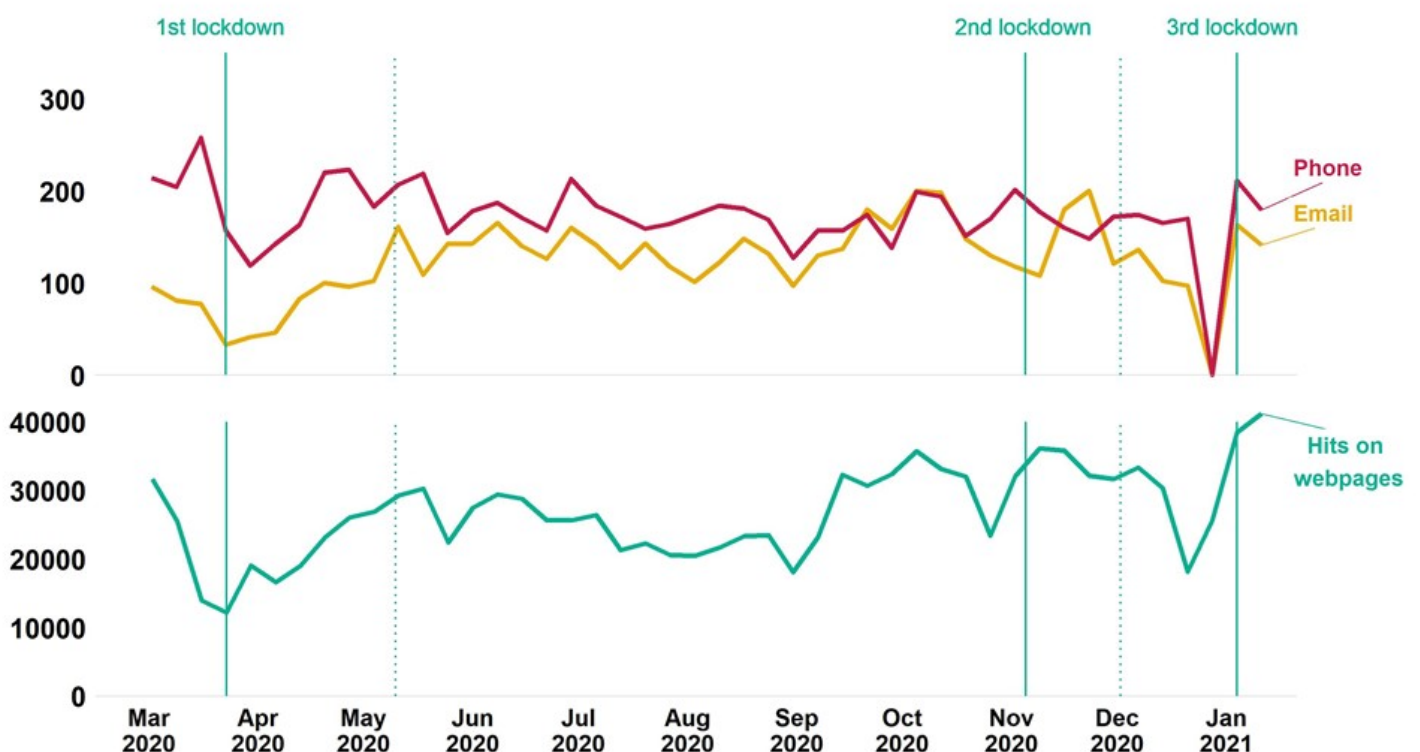
Kooth PLC “Kooth”

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



Young Minds

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



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