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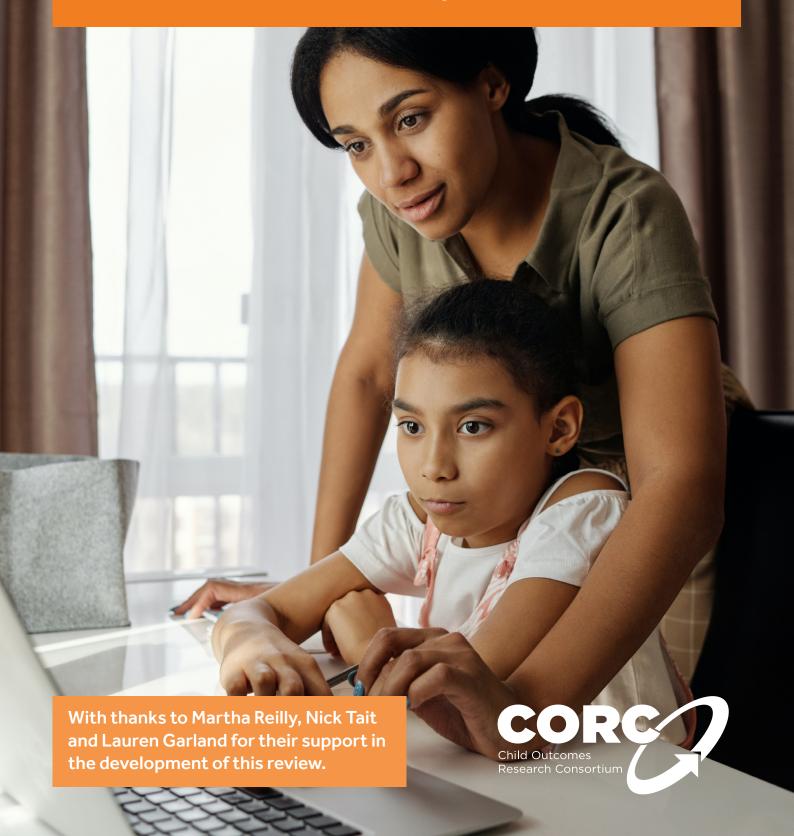**National Centre for Children and Families**

Emerging evidence

Coronavirus and children and young people's mental health

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CORC
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Brief summary

Background

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

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

The first issue[i] covered research evidence published between 1st January and 4th May 2020. This review (Issue 2) captures research published between 5th May 2020 and 24th May 2020. We will continue to provide regular updates through future issues to ensure we share the evidence with as wide an audience as possibly in a timely fashion.

Key Findings

Key mental health challenges for children and young people during the pandemic:

- The nature and duration of the pandemic and lockdown measures are having significant impacts on children and young people's mental health, contributing to the onset as well as exacerbation of worry, fear, anxiety, depression, and post-traumatic stress.
- There are significant mental health challenges for those who have been hospitalised with the coronavirus. Mental health monitoring should be incorporated into acute care for these young people. Ongoing monitoring will be crucial over the next few years to better understand this impact in terms of children's mental health and development.

- While children and young people are finding the stay-at-home measures and lack of social interaction increasingly challenging as the pandemic continues, many are also enjoying time at home with their parents or carers and families.

Vulnerable groups:

- Children with pre-existing mental health and neurodevelopmental conditions are at risk of mental health problems during the pandemic. Particular attention should be paid to supporting these children.
- The reconfiguration of services as a result of the pandemic means that many vulnerable children and young people with existing mental health conditions are struggling to maintain the level of support they had previously.
- Children from minority ethnic groups are more likely to experience poor health outcomes and, therefore, are more likely to experience mental health difficulties during the pandemic. In England, death rates from the coronavirus are also higher among people of Black and Asian ethnic groups. In this sense, the evidence emerging indicates that the coronavirus is amplifying the inequalities associated with social determinants of mental and physical health.
- Several social and economic factors (e.g. poverty and separation from parents and carers) make some young people more vulnerable to the mental health challenges of the pandemic.
- Children and young people from homes where domestic violence is a concern are at increased risk of mental health difficulties.

Support for children and young people's mental health and wellbeing:

- Positive steps are being taken to ensure that children and young people's mental health is at the forefront during the coronavirus pandemic. Researchers are emphasising the importance of monitoring the impact of the pandemic on children and young people's mental health.
- As stresses and conflicting responsibilities increase, those supporting children and young people should also prioritise their own self-care in order to support the mental health and wellbeing of their families.

i. https://www.annafreud.org/media/11643/coronavirus-emerging-evidence-1-final.pdf

Brief summary (continued)

- Taking a public health approach to meet the mental health needs of children and young people is recommended. This should involve joint working between formal and informal systems of support.
- Involving children and young people in discussions and decisions can be empowering and ensures their voices are heard, which is especially important during uncertain times when there are many aspects of life that young people may feel are beyond their control.

Positive steps towards supporting children and young people's mental health

As we begin to build a picture of the emerging evidence on coronavirus and children and young people's mental health, it is crucially important that children and young people themselves, from all parts of society, are involved in these research efforts, and in conversations and decision-making about their care during the pandemic.

"These extraordinary times require a coordinated, holistic public health approach that carefully balances costs and benefits to ensure the health and well-being of the population"[17] (p.1)

Background

The coronavirus is having an impact on the lives of children and young people globally. Educators, practitioners, families and young people themselves have been raising concerns about the mental health impact of the coronavirus, associated periods of lockdown and isolation, and uncertainty about the future.

Researchers across the world have started to investigate what the psychological impact of the pandemic might be. We are therefore carrying out rapid reviews of what we are learning from emerging evidence about the impact of the coronavirus on children and young people's mental health. The aim of our rapid reviews is to provide accessible summaries about the key mental health challenges for children and young people during the pandemic and how parents, carers, and professionals can help them to manage and to minimise these challenges. These summaries will be published monthly.

This review is the second in the series and covers evidence found from 5th May 2020 to 24th May 2020.

Methods

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

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

To answer these questions, we carried out a rapid review of research published in academic articles or 'grey literature'[ii] that were identified in searches over the period 5th May – 24th May 2020.

As this was a rapid search, a small number of search terms were used that were about coronavirus, children and young people, and mental health. We limited searches to reports available in the existing literature on the topic. English-language only articles were chosen for efficiency. No evidence was quality assessed and no studies were excluded on the basis of quality.

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

Findings

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

As the pandemic continues, and in some areas worsens, there is much uncertainty about how long disruptions to daily life will be necessary and what things may look like for children and young people in the future. Amidst home quarantine, the closure of nurseries, schools, colleges, social and arts facilities, as well as the postponement of key events such as graduations, children and young people are continually having to find ways to adapt and adjust to new kinds of "normal."[16,17]

New mental health challenges

The full mental health impact of lockdown measures for children and young people is not yet known, but research to date suggests that children and young people are experiencing anxiety, fear and stress as a direct or indirect result of the pandemic.[1] Generalised feelings of stress and anxiety symptoms have been self-reported in children and young people across the world. In Australia, 47% of those surveyed reported that coronavirus has negatively impacted their levels of stress and anxiety and a further 14% of young people said that they have been very negatively impacted.[5]

A coronavirus research group led by the University of Sheffield[1] carried out a study on the impact of the pandemic on young people in the UK in mid-April, with findings suggesting that the stress of living through the pandemic is having an immediate impact on children and young people. Among the 13-24 year olds surveyed, 40-50% reported feeling significantly more anxious than before the pandemic and 50-60% reported feeling worried about their parents or family. Some may have suffered loss or separation from family members and caregivers.[6] Others may experience worries and lasting impacts from financial difficulties such as reductions in household income and parental job loss, meaning families have to cut back on essential food and household expenditures and there may be restricted access to technology or resources for distance learning and support.[6,7]

One study in Australia found that the proportion of young people who feel they are coping well has dropped since the pandemic took hold – 81% said they were coping well in January 2020 compared with 45% in April.[5] Geographical location may play a role in young people's ability to cope; a larger decline in coping was observed in young people in rural areas (84% down to 43% in April) than in young people in city areas.[5] Geographical isolation might elevate feelings of social isolation,[5] perhaps implying the importance of extending digital infrastructure to reach all young people, including those in remote areas.[8]
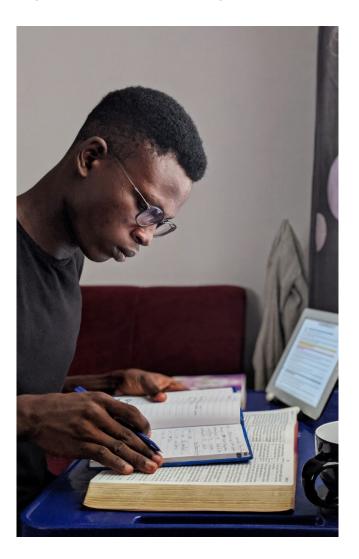
Stress and worries may culminate into physical effects such as poor sleeping,[9,10] sleeping more than usual,[11] or going to bed later and waking up later.[12] Poor sleep may also be connected to contracting the virus, as 22% of 2,144 young patients in a children's hospital in China who had contracted the virus reported having some level of insomnia[iii].[7]

In addition, although it is too early to conclude that there are increased mental health difficulties related to bereavement due to coronavirus, there are concerns that this is likely to constitute a new area of clinical activity for mental health professionals. Grief is likely to be even more complex owing to physical limits on visiting loved ones while they were in hospital and disruptions to typical grieving processes in light of uncertainties about the conduct of funerals and gathering restrictions.[3,4]

A study looking at anxiety and depression across China[iv] during the coronavirus outbreak found rates of 43.7% for depression and 37.4% for anxiety in adolescents; with 31.3% having both anxiety and depression in self-report measures of symptom severity. These are markedly higher than rates before coronavirus, with females and older adolescents being at greater risk.[14] Most commonly, these young people reported little interest or pleasure in doing things (53.9%), feeling tired or having little energy (48.4%), poor appetite or overeating (45.6%), feeling nervous, anxious or on edge (53.6%), worrying too much about different things (47.3%), and becoming easily annoyed or irritable (47.0%).

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iii. Insomnia in this more general sense refers to difficulty with sleeping (Roth, 2007)
iv. Data collected from 8-15 March 2020

On the other hand, being informed about the coronavirus was a protective factor; those who had more knowledge and awareness of the disease reported fewer psychological problems.[14] This study also showed that children and young people in centrally affected areas (such as Hubei province) were more at risk of mental health problems.

In another Chinese sample, all respondents reported some degree of psychological difficulty..[15] For under 18s, severe obsessive-compulsive symptoms, interpersonal sensitivity issues and phobic anxiety symptoms were the most common problems.[15] Across adults and children and young people, the primary symptoms were obsessive compulsive behaviours, heightened sensitivity to others and phobic anxiety. This might look like repeated handwashing and worrying more about cleanliness or being more fearful of using public transport and feeling uncomfortable in crowds or public spaces. This suggests that even those without a history of mental health concerns may experience some degree of mental health challenge.[15]

Age differences

Other manifestations of stress in children and young people that have been reported include irritability and distractibility.[9] A preliminary study conducted in February 2020 in China noted that the most common psychological and behavioural problems reported by parents of 3-18 year-olds were clinginess, distraction, and fear of asking questions about the epidemic.[9] This was influenced by age: on one hand, younger children (3-6 years) were more likely than older children (6-18 years) to display clinginess and fear that family members would contract the infection; on the other hand, older children were more likely to display inattention and ask questions about the epidemic.[9]

Adolescence is usually a time for young people to gain independence and relationships with peers tend to become more prominent. In Australia, 88% of young people reported that, as a consequence of the pandemic, they had to stop seeing their friends.[5] Disruption to these kinds of social and developmental growth can be very challenging for wellbeing.[8] In one study, older children and adolescents in home confinement were more likely to not enjoy being at home at all than younger children.[1]

Virus exposure and related mental health challenges

There are significant mental health challenges for those who have experienced hospitalisation as a result of contracting the coronavirus. This can be an incredibly stressful, scary experience for a child or young person. Invasive procedures, the perception of threats and prolonged exposure to the often stressful environment of an Intensive Care Unit (ICU) have been found to pose psychological risks for those undergoing hospital stays.[2] Some authors argue that this suggests screening for mental health conditions is necessary as part of coronavirus care.[7]

Acute stress reactions have also been reported among university student populations. Of 1,442 undergraduate students involved in a Chinese study, 26.63% reported clinically high levels of psychological distress in February 2020 and 11.1% of the students met a criteria for probable acute stress reaction.[13] Whilst acute stress reactions may be experienced by those who have contracted the virus, some evidence suggests that more young people have been impacted by containment measures than by the coronavirus itself. [5]

Short and long-term mental health consequences of stay-at-home measures

Consistent with findings from Issue 1 of this series, the impact of prolonged school closures and disrupted education on the mental health of children and young people has been reported in the emerging literature.[5,17] Missed academic and extracurricular milestones, difficulties with transitioning to distance learning and adjustment to off-campus settings can have a knock-on impact on mental health and wellbeing.[17] Indeed, when 14-23 year olds in the US were asked what mattered most when the outbreak is reduced, the singular response was "if possible, getting back all/or most of my missed opportunities"[17] (p.1). Parents too have picked up on their children's worries relating to school; around a third of parents and carers in the UK reported that their child was worried about missing school.[19]

However, it is important to note that the precise nature and duration of the impact of school closures is difficult to predict because previous data is based on shorter closures and smaller scale epidemics and pandemics.[18] As a result, it is too early to elucidate what the long-lasting effects on development may be. Instead, most of the current data focuses on the reported immediate effects of stay-at-home measures.

As well as educational and social challenges to mental health, extensive periods of home confinement can reduce outdoor activity and the physical space young people have access to, which can create mental health challenges for children and young people.[10] Not only can this cause frustration and boredom but for many, it compromises personal space which can elevate stress.[7] Staying at home has also increased screen time among young people.[11, 8] This might be problematic as young people are exposed to high levels of contradictory information which can induce fear and stress.[3] Online gaming can serve as a healthy coping strategy for the majority of young people; however, large amounts of time spent gaming online may trigger unhealthy dependency or even addiction in some vulnerable individuals.[20]

The stay-at-home measures can also impact on physical health by reducing the amount of exercise taken[10] and prompting changes to diet[11]. These physical health effects could exacerbate mental health difficulties.[10] In addition, some articles have expressed concerns that increased time on social media and time spent alone coupled with increased concerns about health and fitness during confinement may precipitate the development of an eating disorder in vulnerable individuals.[21]

On the other hand, there are other children and young people who appear to be enjoying the time away from school and spending more at home. One study in the UK reported 30% of 13-15 year olds enjoyed being at home during the lockdown period and 30-40% of young people across all age groups enjoyed the additional time they were spending with parents or carers at this time.[1]

2. Are there any particularly vulnerable groups?

Challenges for children and young people with existing mental health and neurodevelopmental conditions

Research is beginning to shed light on the ways in which those with different existing mental and neurodevelopmental conditions may have specific needs in relation to the mental health challenges brought about by the pandemic.[23] This might be linked to a number of factors, including neurological vulnerabilities to the physical effects of the virus itself, worsening of symptoms of pre-existing conditions, and compromised access to care and support for the existing condition(s).

Children with multiple conditions may be particularly vulnerable to mental health difficulties during the coronavirus pandemic, so it is important that parents, carers and professionals monitor the mental health and wellbeing of these young people closely. Children and young people with neurodisabilities such as epilepsy, cerebral palsy and special learning needs face additional challenges as a result of changes to their daily routine.[28] Physical distancing is not easily achievable for carers and parents of children and young people with neurodisabilities and/or psychiatric disorders who need daily assistance and therapy,[28] and managing their children's needs at home without support from respite or day services is challenging for parents.[3] The pandemic might amplify experiences of stigma and discrimination for these vulnerable young people. There is also a concern that those from economically disadvantaged families may have a particularly increased risk of suicide due to isolation.[28,29] Among young people with epilepsy, psychological distress was higher in those who spent more time following coronavirus-related information.[24]

Those who have been infected with the coronavirus may be particularly vulnerable in the immediate and longer term, experiencing the consequences of fear and isolation for example, as well as longer term consequences of viral infection such as emotional and behavioural problems and developmental delays.[25] It is therefore particularly important to closely monitor the mental health and wellbeing of infants and young children who have had the coronavirus.[25]

Consistent with previous findings (see Issue 1), research identified for the current issue highlighted that changes to normal routines and structures can be particularly challenging for young people with conditions for whom consistent structure is an important part of managing sensory and communication needs, such as Autism Spectrum Condition (ASC)[26]. In addition, studies highlighted other vulnerable groups including those with existing conditions such as Obsessive-Compulsive Disorder (OCD) and Gilles de la Tourette Syndrome (GTS), whose symptoms may be worsened by the pandemic.[23,27]

It may be difficult to disentangle symptoms of OCD-related cleaning and checking behaviours from behaviours in response to the virus reduction measures. Physical distancing can increase symptoms of anxiety and depression in children and young people with all subtypes of OCD. These children may also feel confused and worried as engaging with therapeutic interventions for washing or cleaning symptoms can be contradictory to the coronavirus measures of safe hand-washing.[27] Children and young people with GTS may need additional support, particularly around the transition back to school which might create challenges in terms of managing symptoms and adjustment to the changes.[23]

Preliminary pilot findings show elevated difficulties with eating disorder symptoms and anxiety, as well as stress, in young adults with existing eating disorders.[22, 21] For example, increased control over what we can and cannot do in public may result in increased weight and food control. More focus on video calls can trigger heightened awareness of bodily self and result in greater self-criticism which can negatively impact on recovery.[21, 22]
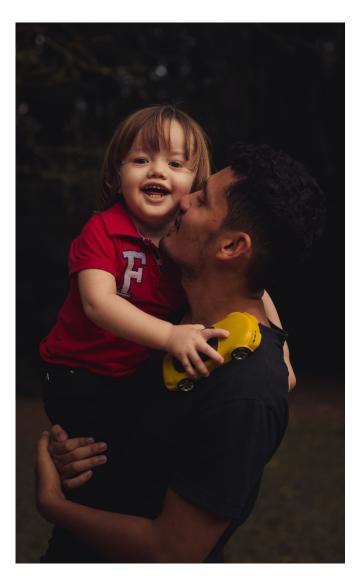
Mental health service reconfiguration and associated challenges

Some children and young people who rely on regular support from clinical teams may have concerns about sudden reduction in this contact[21] or about accessing necessary medications.[7] These fears are understandable given that many outpatient clinics across the world have limited appointments, including home visits, to only the most urgent cases.[3,22] Of 5,028 surveyed young people, 80% of mental health service users have had the support from their service stopped or postponed during the pandemic.[19] Limited access to these vital

services in and of itself is likely to have detrimental consequences for patients' wellbeing.[3] In Italy, residential facility service users and inpatients have had to be confined to the facilities with very limited or no leave, where usually they have some degree of freedom. This has caused considerable stresses for young people with severe mental disorders.[3]

On the other hand, some users of child and adolescent mental health services may choose to reduce contact themselves due to concerns about virus transmission, and may therefore be less inclined to make hospital appointments.[7, 13, 22] This might be linked with increased health anxiety for young people accessing eating disorder services.[22]

The uncertainty around the precise impact this period will have on children and young people's mental health means that ongoing monitoring of children and young peoples' mental health will be essential, as problems may emerge over the years to come.

Children from minority ethnic groups

Ethnic minority communities are disproportionately affected by the physical health consequences of the coronavirus[44] and in England, death rates from the coronavirus are higher among people of Black and Asian ethnic groups.[46] Therefore, there is an increased likelihood that children and young people from these communities will experience the known mental health impacts of the virus, such as anxiety, depression and PTSD symptoms.[30] Institutional racism, discrimination and health and economic inequalities make accessing quality care both for physical coronavirus symptoms and for mental health support particularly difficult.[31] In this sense, evidence is emerging to show that the coronavirus is amplifying the inequalities associated with social determinants of mental health, to which children and young people are especially vulnerable.[30]

Social and economic factors

There are several known social risk factors which generally make young people more likely to experience mental health challenges and these are likely to be elevated during the pandemic. These risk factors include poverty,[32] long-term physical health conditions, separation from parents and carers (e.g. children of key workers or parents and carers who are unwell)[33] and previous adverse experiences.

As with most infectious disease outbreaks, economic disadvantage may exacerbate health outcomes associated with coronavirus.[4] This is particularly true of children.[v] Maternal and child health services may be disrupted; routine health visits, for example, may be reduced due to disrupted supply chains or limited human and financial resources.

This has particular risks for mothers and children in low- and middle-income countries where routine health visits are a vital part of social and health protection and communities may be more fearful of infection.[6] Without these routine health visits, the only opportunity for early identification of parental mental health difficulties and child developmental difficulties for some may be missed. A greater proportion of these populations live in smaller housing or shelters that are exposed to overcrowding, making physical distancing virtually impossible and therefore placing greater stress and risk of infection on these communities.[10] Constrained access to clinics, schools, water and sanitation, as well as a lack of child protection and broader social service support are particular threats to the most vulnerable groups. This includes women

v. Children from the poorest 20% of households are four times as likely to have mental health difficulties by 11 years old as those from the wealthiest 20% of households[34]

and children in poverty and those fleeing conflict situations.[6]

Children across the world who have lived through recent natural disasters or traumas of war and displacement and who are still living with the aftermath of those experiences are particularly vulnerable to the mental health consequences of the coronavirus.[30] For example, those living in a general climate of fear face conflicting messages about virus safety measures. Children and families living in crowded and low resource settings such as refugee camps may be unable to follow the measures that they are being told will keep them safe.[30] These conditions can have a significant mental health impact on children and young people.[35] Conversely, in some instances, past traumatic experiences may also provide protective factors for children and young people, insofar as they may have already developed their own coping strategies and a history of resilience during previous stressful situations.[35]

Domestic violence and risk of abuse

Young people living in high risk home environments, for example with a history of domestic violence, may be forced to stay at home during the lockdown with those who present a risk. Increased parental stress and having more time at home away from social safeguards such as teachers and other family members may increase the risk of domestic abuse, jeopardising the safety of these children as well as increasing the likelihood of severe psychological distress.[3,12]

Increasing levels of family and domestic violence have been reported worldwide.[3,36] Evidence of this is seen in the rising number of calls to child support helplines in the UK[12] and in other countries, as well as in increased rates of police attendance at domestic abuse incidents in the UK.[12] Kids Help Phone in Canada have reported a 112% increase in service volumes compared with this time last year (April-May). Conversations with callers have increased by 400% since 12th March.[37] Child abuse and domestic violence – with or without additional social risk factors such as economic disadvantage – will amplify the negative impacts of the pandemic on child development and mental health.[31] Interaction with professionals such as teachers, GPs, health visitors, social workers and youth workers normally provide routine opportunities to spot signs of safeguarding concerns, and without regular access to these individuals, vulnerable children may not be identified.[12]

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

Consistent with Issue 1 of this series, research identified here in Issue 2 highlights the importance of the following approaches to supporting children and young people's mental health and wellbeing:

- Maintaining structure in a child's daily life and continuing to provide schooling as best as is feasible.[4]
- Parents and carers should give children and young people honest, practical guidance and model healthy behaviours.[4]
- Being mindful that children and young people will be having a range of experiences and reactions to the coronavirus pandemic. Openly discussing these experiences will help normalise and validate difficult feelings.[38]

However, new or more detailed guidance about supporting children and young people also emerged from research identified for Issue 2. This is outlined below.

Recommendations for parents, carers and families

Some parents and carers are experiencing a huge amount of stress as a result of balancing work and childcare during the pandemic, and are greatly concerned about their children's wellbeing now and as we move out of social isolation.[1, 16] Parents and carers are taking on dual roles as caregiver and teacher during home quarantine and there can be conflicts and changes to family dynamics.[7] It may be helpful to remember that a school day at home will probably look very different from typical day in school.[16] Rather than replicating the school day, the focus should be on balancing educational, social, familial and recreational needs specific to one's family.[16]

Parents and carers play a critical role in supporting children's mental health and can help cultivate coping skills in children and young people.[7] Promoting healthy behaviours through encouraging regular sleep, maintaining a balanced diet, appropriate exercise and active play, and parental help to finish homework[32] can all contribute to the management of anxiety and promotion of good mental health.[11, 27, 10] However, it is crucial for parents and carers to practice self-care[vi] and flexibility in order to support the mental health and wellbeing of their families.[32] Parents and carers need to manage their own emotions, which can be difficult to do

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vi. A self-care resource is available on the Anna Freud Centre website. This was designed for young people, but may provide some self-care ideas for parents, carers and families: https://www.annafreud.org/on-my-mind/self-care/

during stressful circumstances. Feelings of rage, anger, frustration, and guilt are common during lockdown and can complicate home life.[26] However, managing these difficult emotions is particularly important for helping children to manage their own feelings, in terms of illustrating more healthy ways to process emotions and providing a safe space to discuss their feelings.[7] Mindfulness and acceptance, following through with commitments that are valued, and self-care and compassion may be useful tools in supporting family mental health.[32]

In order to address gaps in knowledge about mental health issues,[7] It might be advised that parents and carers develop their understanding of potential mental health difficulties faced by young people at this time, in order to help identify and address challenges their children encounter as they arise.[7] Sleep hygiene is particularly important for those affected by mood disorders (e.g. bipolar disorder, depression) so parents and carers of children and young people with these difficulties should pay particular attention to maintaining healthy sleep routines during this period, as this will help maintain a stable mood.[39] Limiting stress exposure and managing stress for young people with mood disorders during the day will encourage healthy sleeping behaviour and promote better mental health.[39]

Recommendations for professionals working with children and young people

The research reviewed points to several pragmatic recommendations which may help professionals to support the mental health of the children and young people they work with and mitigate the challenges young people are facing.

For health professionals, many of the recommendations come from learning in clinical settings and are based on what clinicians have found effective for the young people they support.[7,22,40] Where clinical settings have faced structural reconfigurations, innovative alternatives have been rapidly implemented at scale.[21, 41] For example, the substantial uptake of online models of mental health support both in primary care and also in community and secondary care services.[7,22,41,42] Online models might be the most suitable for young coronavirus patients, for whom psychological aid may be pertinent to their recovery and to mitigating mental health challenges such as trauma further down the line.[4,7,9] There is emerging evidence that online models may be safe when delivered with

sufficient training and preparation.[7] Such models are being tested for effectiveness in specific conditions such as anxiety.[40] Furthermore, free online services can help reduce barriers to care for particularly vulnerable groups.[43] Some areas in the UK and other parts of the world are making online counselling freely available which helps to improve access.[35]

Clinicians supporting young people should review and risk assess patient care plans, including medication status for existing conditions, taking into consideration national health and safety guidance for the pandemic.[27] Many kinds of therapeutic interventions should be tailored to take into account guidance from governing bodies. In OCD treatment for example, avoidance and accommodation behaviours should be assessed carefully to determine if it is proportional to the current pandemic situation.[27] As well as tailoring existing interventions, this period is an opportunity to explore effective creative and community-led models of support;[17] for example, integrating music and creative arts into community mental health support. There are many novel ways we can support young people to access the arts and engage in "creative isolation." [vii]

Maintaining these mental health supports for young people will not only help with managing immediate mental health challenges but will provide continued lines of communication for traditionally underserved groups. This is particularly important for children and young people quarantined as "shielded groups" such as those with physical and neurodisabilities,[28] those who are more physically isolated,[3] and others particularly vulnerable to mental health challenges during the pandemic.

These lines of communication must firmly be embedded in a community approach.[22,44] In the UK, there are estimated to be over 448,000 young people from vulnerable families who are unknown to services, and only 5% of vulnerable young children who are known by social services were in school before Easter 2020.[44] This means there are a significant number of young people who may not be identified by these formalised systems of support, and instead are more likely to be known by youth and community workers. Youth and community groups are a vital lifeline for vulnerable young people. They should be supported by clear government guidance and funding, including wrap-around support, outreach and digitalised youth work.[44] School space repurposing may be useful for widening access to youth work and it is an evidenced protective factor for young people's mental health.[35]

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vii. For a range of home-based creative ways to support children and young people's wellbeing visit:
https://www.marchnetwork.org/creative-isolation

Recommendations for a community response

A public health approach to supporting the mental health and wellbeing of children and young people during the pandemic may be helpful, meaning that all members of the public are encouraged and supported to look after children and young people's mental health and wellbeing. A comprehensive public health response must include (a) attention to psychological consequences of hospitalisation for those with the virus, (b) planning for emergency/acute psychiatric care, and (c) innovative mental health support during stay-at-home measures.[2, 26,45] This might mean more of a focus on teleconsultations and developing rapid telephone-based triage services[45] and mental health home care, both of which are resources that could be maintained as we have moved out of the acute phase of the pandemic to increase the accessibility of mental healthcare in general.[26] Public health programmes can help nurture resilience in children and young people living in areas affected by the pandemic.[9]

Communication between health, community and youth groups and education, and the immediate supports from family and friends, are crucial to this public mental health response.[4] Already, clinical services are leveraging partnerships with school teams and other community workers,[22] which is paramount to ensuring all children and young people are reached[44] and harmful mental health consequences of the pandemic are mitigated.[3] Coordinated joint working between multidisciplinary

support professionals is the best way to ensure the individual mental health needs of young people are met,[2, 15, 45] taking into account the psychosocial factors that present particular vulnerabilities.[36]

Regional and national authorities should support these coordinated efforts to protect the mental health and wellbeing of children and young people,[12] prioritising child mental health and providing a sense of what the future may look like for young people.[44] It is also important to recognise and support services, schools, community and youth agencies that play a central role in supporting children and young people's mental health and developmental potential, both now and in the future.[12,44]

It is crucially important that children and young people themselves, from all parts of society, are involved in conversations and decision-making about their care during the pandemic, and that they are also involved in corresponding research efforts.[12, 44] Despite the considerable impact the containment measures have had on children and young people, there have been limited platforms allowing young people a voice or a role in shaping these decisions.[17] Children and young people are not solely beneficiaries of programmes and policies but are "essential partners."[17] Their voices should be heard and their concerns validated if we are to meaningfully contribute to sustainable long-term solutions to managing the mental health challenges of the coronavirus pandemic.[17,44]

Positive steps towards supporting children and young people's mental health

As evidenced by this review series, the surge in the coronavirus has been closely following by a surge of research attempting to identify and respond to needs created by the virus and associated measures. The mental health research community is no exception, with concerted efforts to better understand and respond to the mental health challenges of children and young people across the globe.[9,31]

The emerging literature shows that coordinated work across communities is important in our mental health response to the pandemic. This should involve increased use of technology and novel ways of accessing support to ensure that more young people are reached in ways that are meaningful in different contexts. For example, using mobile networks in some settings and community health workers in others. Additionally, an awareness of the mental health impact of the pandemic is critical to providing ongoing care to children and young people. It is important to constantly evaluate the changing needs of children and young people across all social and demographic groups, in all parts of the world. A strong foundation in joint working across communities[22] and with young people themselves is critical in an effective public health response to the mental health challenges of the pandemic.[17, 22] Meaningfully engaging with these voices can be seen as an extension of the social responsibility that the pandemic has reminded us is paramount.[4]

Resources

Anna Freud Centre resources: https://www.annafreud.org/coronavirus-support/

NSPCC resources: https://www.nspcc.org.uk/keeping-children-safe/coronavirus-advice-suppport-children-families-parents/

WHO Healthy Parenting resources: https://www.who.int/news-room/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---healthy-parenting

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