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Emerging evidence

Coronavirus and children and young people's mental health

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Overview

Background

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

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

The last issue[b] covered research evidence published between 5th May 2020 and 24th May 2020. This review (Issue 3) captures research identified between 25th May and 14th June 2020. We will continue to provide regular updates through future issues to ensure we share the evidence with as wide an audience as possible in a timely fashion.

Key Findings

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

- Mental health difficulties such as anxiety and depression have markedly increased.
- Feelings of panic, stress, fear and fatigue amid uncertainty and a lack of control among young people are also widespread.
- Disruption to young people's 'sense of control' and 'sense of meaning' has contributed to growing stress and anxiety.
- Concerns about returning to schools and colleges are also common.

- Family dynamics, learning and education, financial stressors, social isolation and loneliness are all stressors contributing to poor mental health during the pandemic
- For some, the pandemic has had positive mental health impacts due to a sense of support and potentially reduced stressors, such as social pressures at school.

a. In this issue, we have changed the wording of this question from "particularly vulnerable groups" to "disproportionately affected groups." This is due to our current reflection on how we use language around risk and vulnerability especially in relation to the disproportionate impacts of the pandemic on certain groups of young people. Our aim is to place the emphasis on the conditions that some groups are exposed to, which lead them to being disproportionately affected, rather than suggesting that these groups are inherently vulnerable.
b. Emerging Evidence Issue 2: https://www.annafreud.org/media/11643/coronavirus-emerging-evidence-2-final.pdf

Overview (continued)

Key mental health challenges for disproportionately affected groups:[c]

- Children and young people with pre-existing health and education needs, such as anxiety, Attention Deficit Hyperactivity Disorder (ADHD), and special educational needs are experiencing an increase in symptoms and compromised access to support due to limited capacity of a range of services.

- Children and young people with pre-existing social care needs, such as young people experiencing homelessness, children in care, young carers, and young people experiencing poverty are, on the whole, struggling more due to reduced support systems and further financial impacts of the pandemic.

- Children and young people of colour are disproportionately affected by the coronavirus as they and their parents and carers are both more likely to be key workers, and more likely to work in shut-down sectors.[d] They therefore have greater likelihood of exposure to the virus while also being more likely to experience loss of household income. As a result, the mental health impact for these young people is exacerbated.

Helping children and young people to manage these challenges:

- Parents and carers play a key role in helping children and young people to manage their stress during the pandemic and to develop healthy habits such as good sleeping habits, play, and exercise, to promote positive mental health.

- Given the likely extended period of social distancing, professionals supporting young people should continue to be receptive to the needs of young people and continue to adapt their ways of working to include digital and remote services.

- Education professionals need to be sensitive to the mental health needs of young people during lockdown and offer support, but also plan additional support and ways of working as many prepare to transition back to schools and colleges.

- Financial and logistical support for new and existing local systems from health, education and social support agencies can help improve the support available for all young people .

- Multisector and collaborative working is particularly crucial at this time, to provide a joined-up response to supporting young people.

c. For this review, we drew on available research published during a specified period. In addition to those groups discussed in this review, there may be other groups who have been disproportionally affected by the mental health impacts of the coronavirus, but who were not identified in the research literature during this period.
d. Shut-down sectors refers to all sectors that have been closed as a result of the coronavirus, either temporarily during lockdowns or permanently, for example restaurants, hairdressers, shops, leisure facilities, public transport.

Background

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

Researchers across the world are investigating what the psychological impact of the pandemic might be. We have therefore been carrying out rapid reviews of the emerging evidence about the impact of the coronavirus on children and young people's mental health.

The aim of our rapid reviews is to provide accessible summaries about the key mental health challenges for children and young people during the pandemic and how parents, carers, and professionals can help them to manage and to minimise these challenges. These summaries will be published monthly. This review is the third in the series and covers evidence found from 25th May 2020 to 14th June 2020.

or 'grey literature'[e] that were identified in searches over the period 24th May – 14th June 2020. As this was a rapid search, a small number of search terms were used that were about coronavirus, children and young people, and mental health. We limited searches to reports available in the existing literature on the topic. English-language only articles were chosen for efficiency. No evidence was quality assessed and no studies were excluded on the basis of quality.

However, it is important to note that there are a range of methodological limitations that should be considered when interpreting these findings. These include the heterogeneity of samples across the included papers, opportunity sampling employed by many of the studies and the lack of detail in some of the more concise reports. As the evidence base is rapidly growing each week, this issue focuses on describing newly emerging topics in more detail rather than recurrent themes covered in previous issues.[f]

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. What are the key mental health challenges for the following groups that have been disproportionately affected by the coronavirus:
    »   children and young people with pre-existing health and education needs;
    »   children and young people with pre-existing social care needs;
    »   children and young people of colour.
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

Findings

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

In the last few months, the pandemic has given rise to high and enduring levels of psychosocial distress for children and young people.[1] Across the world, the virus and local public health responses to it have differed drastically. Many children, young people, parents and carers and educators are still juggling the continued challenges of school closures as well as the challenges of reduced access to essential health and social welfare supports.[2–4] In other countries, the tentative return to schools and workplaces has sparked new concerns for those working with and caring for children and young people.[5]

Adaptations to new conditions imposed by coronavirus-related restrictions have created

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e. Grey literature refers to research that is either unpublished or has been published in non-commercial form e.g. government reports, policy statements and issues papers.   f. See supporting spreadsheet for all relevant research outputs identified.

extreme pressures on already at-capacity health and social care systems.[6] For many children and young people this has caused undue pressure on their existing systems of support, whether informal or formal.[7] Meanwhile, for others the changes have been a manageable or even a welcome shift of focus toward spending time with family at home.[8] Research has been monitoring the evolution of these mental health effects in the general population and increasingly, the disparate effects on those most affected.

1.1 Stress, worries and mental health difficulties

Across the world, there have been consistently high rates of self-reported anxiety and depression throughout the pandemic. However, due to a need to rapidly provide evidence to support policy, service adaptations, and to provide a snapshot of the current landscape of children and young people's mental health, many researchers are relying on convenience samples. These are samples that are readily available but may not necessarily represent the population. Therefore, the rates presented here may not be accurate and could be either too high or too low.

In the UK, the Prince's Trust's survey of 1,022 children and young people in April/May 2020 found that 43% reported increased anxiety as a result of the pandemic, and 32% are overwhelmed by feelings of panic and anxiety on a daily basis.[9] Increased feelings of fear are widely reported among young people.[10,11] In April, Save the Children reported that 1 in 3 US children and young people described feeling scared during the pandemic.[12] Children calling into Childline (UK) have also been talking about having more panic attacks and feeling fearful in relation to the coronavirus.[13] In addition, young people are displaying increased fear in response to fake news, as this makes it hard to determine what information is true and what is false.[14]

Save the Children explored the mental health impacts of the pandemic on almost 6,000 children and parents and carers through surveys and interviews across North America, European countries and in parts of Asia. They found that of 1,500 children studied in the US, 1 in 4 reported feeling anxious, confused and/or unhappy in April, when the lockdown measures were firmly in place. Furthermore, 49% of these children said they were worried and 34% stated they felt scared for the future.[12] The same study assessed 68 children in

Indonesia, 66% of whom described feeling worried about the coronavirus pandemic, particularly about falling ill with the virus. Similar findings are noted in Europe. For example, 1,121 children were assessed in Finland; 70% of these reported feelings of anxiety and 55% said they felt fatigued. Concerns about the health and wellbeing of family and caregivers are also widely reported by young people. In the same study by Save the Children, 60% of children in the UK reported feeling worried that a relative might fall sick. These worries are shared by children in Nicaragua and in Spain, where young people said they were struggling with fear, anguish and concern about their family's situation.[12]

Ongoing monitoring shows that the children and young people's generalised feelings of anxiousness and low mood have not abated throughout the pandemic. Furthermore, emerging evidence indicates that older children and young people's mental health is particularly adversely affected. For example, compared with 6-8 year olds, adolescents aged 13-15 years have been found to display higher self-reported depressive scores.[15] Young women aged 15-18 years report being more worried, stressed and overwhelmed than those aged under 15.[8] This may be due to the substantial changes to these critical years of education, social interactions and independence, which are particularly important in this age group.[8] In an April 2020 survey of 2,086 US undergraduate students, 80% reported that their mental health had been impacted negatively, with 1 in 5 reporting worsened mental health during the pandemic.[16] Over 2 in 3 (70%) of 18-24 year olds in the UK[17] and 45% of college students in China report feeling more anxious about the future during the pandemic.[18] One study of adults found that young adults (age 18-29) showed the highest levels of anxiety and depression as compared with older age groups, highlighting that young people's mental health may be particularly adversely affected.[19]

1.2 Sense of control and meaning

As highlighted in previous issues of this series, disruptions to routine have contributed to poor mental health in young people. Much of the worry and stress children and young people are experiencing has been in regards to difficulties around managing work or study time and uncertainties about their academic future from primary through to college and university age.[8,20–22] Difficulty balancing studies with rest and time for oneself has been highlighted as a key reason for the self-reported mental health difficulties in undergraduates.[16] Similarly, for primary school children, the lack of study routine and social, rest and play times have been found to predict levels of self-reported social anxiety and depression.[23]

The dismantling of both formal and informal structures that education and recreation provide can disrupt young people's sense of self and meaning. The Prince's Trust found a significant increase in the proportion of young people (47%) who do not feel in control of their lives, as compared with five months ago (38%) and a total of 69% of the young people surveyed felt like their life is on hold in the pandemic.[9] This is even higher for those young people who are not in education, employment or training; 65% of whom said they do not feel in control of their lives in lockdown.[9] Hobbies and skills such as drama, team sports, dance and other arts and leisure opportunities which have been impacted by physical lockdown and distancing measures are often heavily involved in a young person's identity and sense of meaning.[24]

In comparison with older age groups, young adults appear to be particularly affected, as 18-29 year olds in the UK consistently report the lowest 'sense of meaning' ratings compared with older age groups.[24] For these young adults of working age, work that may have previously provided a sense of meaning and purpose has now been compromised by the pandemic, since young workers are more likely to work in shut-down sectors.

1.3 Stressors

Family dynamics

Rising levels of family conflict can be difficult for many children, young people and their families who are struggling to adjust to the rapidly evolving situation.[25] Witnessing family or parental arguments about financial difficulties, constant close proximity with other family members, and not being able to see separated parents or other caregiver figures have all been reported in the increased calls to Childline, a UK based telephone counselling service for children and young people up to their 19th birthday.[13] For many children and young people, home difficulties have put pressure on their relationships with their parents and caregivers, with notable mental health consequences for the young person. One study in China found that those who reported 'deteriorating parent-child relationships' (determined by conflicts and activity together) during the pandemic were over five times more likely to self-report depressive symptoms than those with no change in their parent-child relationship.[23]

Some young people have the additional responsibility of caring for relatives or caregivers since the outbreak of the coronavirus. Almost one in ten young people say they have new or increased caring responsibilities and more than half (53%) said that since the outbreak began, they have supported their friends, family and the community more than ever before.[9] This has substantial impacts on young people's mental health in the pandemic. As well as the additional responsibility, there is a detraction from attention given to them, reduced access to their own physical space and less time for themselves, and reduced contact with sources of relief such as peers, which could all impact on mental health.[26] Seventy five percent of parents and carers with caring responsibilities for a child with additional needs reported that the mental health of their sibling child (the child without additional care needs) had worsened during lockdown.[26]

Learning and Education

Many children and young people have reported difficulties with home learning. Some have described difficulties with having their parents organise their school days and with finding a quiet space to study.[13] Others have reported their frustration about not being able to go to school and worries about not being able to complete their studies or about the academic year ahead.[27] In one study of young people aged 12-18 in Wales, 89% (n=9,660) expressed some worries about their education in May of this year. Of these young people, 54% were concerned about falling behind, 53% were sad about missing school experiences they had been looking forward to, and 52% were worried about exam results.[28]

School stresses have been linked with the availability of resources to support home learning; this includes the kinds of physical resources available (e.g. home learning packs, online lessons), the learning environment itself, and the kind of parent support the child receives with their home learning.[29] For example, lack of access to suitable technology combined with heavy assignment workload is a particular stressor for many children and families.[21] Among 4,157 surveyed parents in England, almost 60% of parents of primary school children and nearly half of parents of secondary school children in England report they are finding it hard to support their child's home learning.[30]

School staff share similar concerns: Barnardo's surveyed 112 school staff members in the UK in early May. Of these school staff, 88% reported that the coronavirus outbreak would have an impact on the mental health and wellbeing of their pupils and 82% reported that the pandemic had impacted upon the staff and their school's ability to support pupils with their emotional wellbeing. Consequently, staff are worried that pupil emotional wellbeing will not be sufficiently supported when the pupils return to school.[31]

Ongoing research continues to explore the complexities of the educational and psychosocial impacts of disrupted school and college routines during the coronavirus pandemic. Recent modelling studies support the use of national school closure as part of a package of social distancing measures, because combined measures that also take into account social or peer contact out of school are likely to be most effective at reducing virus transmission.[32] However, it is becoming increasingly apparent that the resulting reduction in social contact carries mental health ramifications which are exacerbated by social inequalities (see section on social isolation and loneliness on page 9).

The growing socioeconomic disparities emerging from the period of extended school closure demonstrate that the coronavirus pandemic is widening existing educational gaps in terms of access to adequate learning materials. Children in the highest-income (5th quintile) families are spending 30% more time on home learning than those from poorer families – that is over 75 minutes more per day than their peers in the lowest-income (1st quintile) of households.[30] This means that over the minimum of 34 days that schools were closed in the UK, students from higher-income households will have completed more than seven full school days' worth of extra learning time.[30] The potential for stress and anxiety about meeting academic demands, and concerns about children and young people's academic futures,[21] may therefore be heightened for those from the lowest-income families.

Financial stressors

Both family and personal financial difficulties are causing children and young people a substantial amount of stress. Across the world, children and young people are attributing their current worries, feelings of helplessness and fear to the loss of the primary source of household income and subsequent difficulties with accessing basic resources.[33] Research from Sierra Leone highlights that children and young people from rural areas may be particularly hard hit by the pandemic; communities that rely on tourism or small businesses (e.g. market stalls) are facing severe economic consequences which threaten livelihoods and may subsequently leave children and young people more stressed or worried.

Some researchers have attempted to map how children exposed to stress from parents or caregivers, for example those who are frontline workers, may experience "stress contagion".[1] Job losses and witnessing family arguments about financial difficulties are contributing factors to children and young people's stress, as these are the current themes that frequently emerge in calls to youth helplines.[13] Young people of working age are also directly affected by financial consequences of the virus; they report the highest levels of financial stress when compared to older age groups.[19] Moreover, 8% say they have struggled to pay for basic living needs such as food, rent or bills as a consequence of the pandemic.[9]

Social isolation and loneliness

Surveys from young people and their parents demonstrate how feelings of isolation and loneliness as a result of social distancing and virus containment measures have become persistent stressors for children and young people during the pandemic.[25] This has been observed in terms of social contact with peers and family members both inside and outside of the home. Adolescents who are left at home alone on parental working days (i.e. while schools have been closed but parents and caregivers are still going out to work) are more likely to experience symptoms of depression and anxiety during the pandemic than adolescents who are not left home alone on parental working days.[15]

Containment measures also mean that there are fewer opportunities to draw upon valuable interpersonal relationships. This is due to the reduction or absence of social activities and of contact with friends and close family members such as grandparents.[25] Among undergraduate students in the US (surveyed in April 2020), 63% said they had struggled to stay connected with others.[16] The support from these relationships would normally help would normally help to combat feelings of isolation and loneliness, but their absence has led to high levels of self-reported loneliness among young people,[17,19,24] and this is reflected in parental concerns.[4,26] Many children and young people are simply missing companionship and contact with these important figures in their lives.[28]

1.4 Positive mental health impacts

The coronavirus presents substantial challenges for all young people living through the pandemic. However, some research points to a noteworthy proportion of adolescents who have met these challenges with a considerable degree of resilience[34] and even to those who have felt their wellbeing has improved during this period. Many young people have been able to resume or continue their hobbies and rebuild or maintain social networks while in lockdown.[34] Some younger girls have reported feeling happy at least some of the time during their period of home confinement, as they have been able to enjoy fun activities and continue to learn in new ways.[8] There may be a positive effect on wellbeing for those who can find ways to continue to learn and pursue academic goals.

In another study, 79% of UK college students surveyed in April 2020 reported feeling hopeful about achieving their school-related goals. This may be related to their feeling of being supported, as 55% also said they know where to go if they find themselves struggling with their mental health[16] and 77% of 7-11 year olds knew where to seek help; mostly through family and friends.[28] This suggests that for children and young people who are able to seek support from those close to them, perhaps those with whom they have been residing at home during the pandemic, this can increase their confidence in responding to their own mental health needs and so actually help their mental health and wellbeing.

As well as a sense of support, there appear to be other aspects of the pandemic that may improve wellbeing for some young people or act as protective factors. Those who are able to cultivate new skills such as arts and cooking have

reported these as positive learning experiences during the pandemic.[4,8,28] This appears to be closely related to a young person's ability to engage in self-directed learning[28] and their current socio-economic circumstances, such as economic and family situations.[30] Although caring responsibilities for some are an added stress at this time, there is now some evidence that some young carers have reported feeling relief from previous pressures, such as caring duties for other family members as well as reduced social pressures connected with school including social anxiety and bullying.[28]

In one UK survey of 1,022 young people aged between 16-25 years, 52% said they felt optimistic about the future and that the pandemic will make their generation more strong and resilient.[9] When asked about which aspects of life in lockdown have had positive effects on girls' feelings, the most frequently reported (61%) positive aspect has been reduced carbon and pollution emissions.[8] This suggests a propensity for seeing the wider picture and a feeling of connection with the natural world may have served as a protective factor for helping some children and young people to manage the challenges of the pandemic.

In one study of college students in China, the severity of the local virus outbreak (measured according to the death count) was found to be directly related to a reduction in college students' externalising difficulties (measured according to self-reported incidences of anger, hostility, physical and verbal aggression). However, the same was not true for negative internalising such as stress, anxiety and depression. These appeared to be aggravated by the severity of the virus outbreak and also mediated by the students' levels of physical activity and sleep quality.[18]

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

2.1 Children and young people with pre-existing health and education needs

In line with evidence in the previous two issues of this series, children and young people with pre-existing health and mental health needs are particularly vulnerable to mental health difficulties as a result of the coronavirus. Impacts can range from sleep disruption to a worsening of mental health symptoms, both in young people and their families. Children and young people with anxiety or depression may be especially prone to coronavirus-related worries and rumination which may further interfere with sleep quality.[35] In a Barnardo's survey, half of practitioners said they are supporting a child or young person experiencing an increase in mental health issues due to the coronavirus. This includes symptoms of anxiety, stress, sleep dysregulation, depression, reduced self-esteem, Obsessive Compulsive Disorder (OCD) behaviours, paranoia and self-harm.[31]

While children and young people with existing mental health difficulties are themselves at higher risk for further difficulties, their parents, carers and siblings are also likely to worry considerably about them. A high proportion of parents and carers whose child had received mental health support in the last three months expressed concerns about the long-term impact of the coronavirus on their child's mental health (e.g. feelings of increased anxiety and depression, increased mood swings/emotionality, increased sense of loss and fear, uncertainty).[4] This may have been exacerbated by the fact that regular sources of support may be compromised for young people. One survey of 1,854 parents and carers in the UK found that 25% reported their children are no longer accessing their usual support during the pandemic, even though it was needed.[4] Similarly, a survey of 2,111 young people (aged 13-25) found that 26% reported that they were no longer accessing the mental health support they had used previously.[4] Parents and carers had particular concerns about the effect on their child's immediate mental health and recovery from existing mental conditions or the longer-term impact of the current circumstances on their child's mental health. They also described concerns regarding the impact on education, future work prospects and finances, as well as challenges in transitioning back to normality, and access to services both during and after the lockdown.[4]

While a gradual easing of restrictions and return to some sense of normalcy may be beneficial for some, it may also exacerbate stress in others. For example, while for many the transition back to school may be positive, it may also pose considerable challenges. Schools are anticipating significant and necessary changes to their day-to-day operation in order to minimise the risk for their pupils and staff (e.g. staggering lesson timings and breaks, smaller classes, more rigorous cleaning, managing narrow corridors, use of personal protective equipment). These changes may be upsetting for some students and may be particularly difficult for those living with anxiety and those with special educational needs.[31]

In line with the previous two issues of this series, evidence continues to show that the containment measures may be particularly detrimental to young people with Autism Spectrum Condition (ASC). Children and young people with ASC are more likely than neuro-typical children and young people to suffer from anxiety.[36] This is often accompanied by other conditions that may cause further mental health impacts such learning disabilities, epilepsy, and immune system alterations.[37] Young people with neurodevelopmental disorders (e.g. ADHD or ASC) are more likely to experience worsened sleep in the pandemic for a number of reasons.[35] One reason may be the impacted effectiveness of sleep medications thought to be a result of increased stress, disrupted routines and increased screen time during home confinement.[38]

The current situation has reduced access to regular support services, with many children and young people receiving fewer hours of crucial therapy (speech, behavioural, occupational therapy) and classroom time than normal.[37] Indeed, a noteworthy proportion of parents of children with ASC have reported that they and their children have been receiving no direct school contact through the pandemic (29.9% , n=146).[39] As well as reduced school support for some, 41.5% of parents are observing more frequent challenging behaviours in their children than before the pandemic. However, this is more likely to be an exacerbation of behaviours that were already present, rather than new behaviours developed during the current crisis.[39] There may therefore be a substantial number of families having to manage their children's growing care needs at home without some degree of their regular formal supports. However, for some children and young people with ASC, reduced face-to-face social interaction (with friends and family) may provide welcome respite, as they may find socialising over the phone or through avatars in video games to be more comfortable than socialising physically.[36]

The pandemic presents complex challenges for mental health systems. Alongside an increased profile for children and young people's mental health, there has been increased pressure globally on already strained, and often under-resourced, mental health services for children and young people. Considerable reorganisation and redeployment have put additional pressure on services, which may negatively impact on the support that children and young people routinely receive. Child and Adolescent Mental Health Services (CAMHS), community mental health teams and school counsellors were under pressure even before the pandemic.[40] Young people are experiencing changes to the essential mental health support they are used to receiving as necessary adaptations have been put in place. For example, some are experiencing difficulties accessing services, reduced support, and with many structural changes, sessions may be postponed or conducted remotely.[13,41] These changes can lead to concerns about the confidentiality of such sessions, given the close proximity of family in many instances.[13] Many young people have reported that their mental health has become worse as a result. For example, those who have received support in hospitals said that they were distressed because they were no longer allowed to have visitors or that they had been moved to make space for patients with coronavirus.[13]

2.2 Children and young people with pre-existing social care needs and children and young people experiencing poverty

Child abuse and domestic violence

Due to the lockdown, closure of childcare settings such as schools and nurseries, limited access to play spaces, and interruption in social services (e.g. home visitation programs), support systems for children and families diminished. The erosion of support systems together with the additional contextual stressors means that tens of thousands of children face an increased risk of violence, abuse, and neglect.[42] During quarantine, lockdowns and self-isolation, increases in child maltreatment and intimate partner violence have been reported worldwide.[6]

The UK National Domestic Abuse Helpline has seen a 25% increase in calls and online requests for help since the lockdown started[43] and 16% of Barnardo's frontline staff reported an increase in issues around domestic abuse among the children and young people they support. One study suggested that the pandemic is triggering family and home stress, emotional disappointment, economic stress, and drug and alcohol abuse which are all known to precipitate domestic abuse.[44] Additionally, poor and cramped housing, the lack of opportunities to escape abuse, and a reduction in contacts with outsiders may contribute to increased domestic violence.[44]

According to a UK study, domestic abuse was higher in households with children and young people compared to households of only adults.[24] However, despite there being more children who are at risk, there may be a decrease in reporting domestic violence and child abuse or neglect cases. This has already been observed in the UK; 45% of Barnardo's frontline staff report a decrease in referrals to their support services.[45] This may be due to personal restriction measures (i.e. not finding a safe space at home),[44] having fewer protective structures like schools[45] and/or loss of contact with community figures who would normally report potential child abuse or neglect cases such as teachers or doctors.[44] Additionally, when child abuse reports are made, the investigations may need take place virtually or be socially distanced due to shortage of safety clothing and equipment which means that there may be fewer opportunities to monitor and assess services and at risk homes.[46]

Young people experiencing homelessness

There is a group of children and young people who are either visibly homeless or are in a 'hidden' homeless situation – staying with friends, acquaintances and sometimes strangers prior to the coronavirus pandemic. Due to lockdown measures these arrangements may have broken down.[47] Additionally, factors such as abusive households, financial instability and mental health difficulties may increase the risk of homelessness for children and young people. National youth homelessness helplines such as Centrepoint and Llamau have reported a doubling in call volume during lockdown.[47] However, disruption to traditional safeguards such as schools, care systems and youth services mean that many young people at risk of homelessness will not be identified, or may be unable to access the support they need, even if they are identified.[47]

Children in care

Research has also begun to shed light on the impact of the pandemic on vulnerable children and young people who are known to the social care system.[46,48,49] The health and financial implications of the pandemic in combination with the current physical distancing measures have substantial implications for the stability of many residential settings and fostering households in an already stretched system.[43,45] There is also evidence of a strain on kinship carers[g] in Australia and the UK who are providing more care for children during periods of school closure.[46]

Many young people have had their regular wrap-around supports affected by the pandemic, support that would normally be received through face-to-face contact with carers and social workers. For young people whose care is undergoing court assessment, there have been closures and virtual hearings causing delays to placements and family contact.[46] Young people on the edge of care and care leavers have faced their own housing and financial difficulties, evidenced in the rapid demand for young people applying for coronavirus crisis funding. This is already taking a toll on the mental health of these vulnerable young people; 40% of crisis fund applicants in Canada requested additional assistance to pay for mental health counselling and therapy attributed to the pandemic.[49] Many of these young people are experiencing fear, isolation and anxiety on top of pre-existing mental health needs, which may relate to issues such as childhood trauma.[49]

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g. Kinship care arrangements (US and UK) are those in which the care of the children is taken by relatives or close family friends (either formally or informally) and is an alternative care arrangement to adoption and fostering.

Exacerbating existing socioeconomic inequalities
Research continues to reveal how children, young people and their communities are not fighting the pandemic on an equal playing field. Children and young people living in economically vulnerable communities without the financial supports to protect their health and wellbeing suffer considerably from the physical and mental health consequences of the coronavirus and its containment measures.[21,42,50] Means of protecting oneself from the virus are strongly connected with financial and material supports which many children and young people in low-resource settings live without. These financial and material supports include access to running water and sanitation facilities, money to pay for testing and personal protective equipment, well-resourced schools in the community, technology access, and the freedom to physically distance.[29,51] This can lead to barriers in accessing support, particularly for young people in more rural or isolated settings[52] and those with refugee and/or migrant status.[48,53] Current survey data from the US has found that lower-income families and children are displaying higher levels of distress through the pandemic and that they may be struggling with fear, anguish and worry about their family's situation.[27]

Some authors have also projected the likely impact that school and social service closures will have on exacerbating food insecurity for young people experiencing poverty.[50,51] According to Save the Children, more than 30 million children in the US alone depend on school for one or more of their meals.[42] Therefore, school closures coupled with loss of family household income will mean the rates of food insecurity increase. Food insecurity has both direct and indirect effects on mental health of young people. These are direct insofar as young people affected experience fear and shame associated with not being able to access regular meals, as well as difficulty concentrating and managing mood that can follow severe or prolonged poor nutrition. Mental health impacts are also indirect in the sense that children experience second-hand the stress and burden of parents and carers struggling to provide for their family.[51]

2.3 Children and young people of colour[h]

Systemic racism across much of the world hinders opportunities for people of colour, and this has been exacerbated by the pandemic. In the UK as well as the US, the impact of the coronavirus crisis is not uniform across racial or ethnic groups, especially in terms of exposure to infection, health risk, mortality, and exposure to loss of income.[54,48] The latest UK government figures indicate that, while controlling for age, people who are Black British, Black African and Black Caribbean are at approximately four times greater risk of mortality due to the coronavirus than those from White ethnic groups.[55] In addition, those of Bangladeshi, Pakistani, Indian and Mixed ethnic backgrounds have significantly increased risk of death related to coronavirus compared to those

h. Please see the section 'Note on our use of language' at the end of this report, where we discuss our use of language in addressing issues relating to race and ethnicity.

of White ethnic backgrounds.[55] This may explain why children and young people from some ethnic backgrounds are thought to be at greater risk of suffering bereavement, caring for a relative (who may have fallen ill due to the coronavirus) or experiencing increased anxiety around catching the coronavirus.[31]

As highlighted above, factors linked to socioeconomic status such as employment type, household structure and amount of savings play a considerable role in the impact of the coronavirus, and these vary immensely across different ethnic groups.[54] Workplaces and job roles are also likely to be important factors for the risk of infection. Key workers have worked throughout the pandemic thereby facing a high risk of infection. Many key worker roles, such as caring positions, may involve exposure to the coronavirus due to the nature of the work requiring close physical proximity with service users. In the UK, evidence points to disproportionate representation of people of colour from a range of minority ethnic backgrounds in these key worker roles. This includes Pakistani, Black African and Black Caribbean people.[54] This is particularly pronounced for working-age Black African individuals, who are 50% more likely to be a key worker and nearly three times as likely to be a health and social care worker as White British individuals.[54]

In the UK, apart from infection risk at work, some people of colour may be more at risk of community transmission due to different family and household structures. Compared with White British households in the UK, Bangladeshi, Pakistani and Black African households are considerably more likely to live in overcrowded accommodation, meaning households that have more residents than rooms. This was found to be true even after controlling for region of the country.[54] These living conditions are not only likely to make physical distancing more difficult for young people, but also mean less physical space for studying, play and respite on their own to support mental health and wellbeing.[42]

Families from some racial and ethnic backgrounds are also disproportionately impacted in terms of loss of income. In the UK for example, 29% of young Bangladeshi workers are employed in shut-down sectors such as hospitality and retail, whereas 24% of young White British workers are employed in shut-down sectors. While this is likely to have impacted young people of working age who were employed in affected sectors, it is also likely that their families and children will have been particularly hard hit by the occupational and economic consequences of the pandemic.[54] Furthermore, Black British, Black African and Black Caribbean individuals living in the UK are more likely to be living in lone-parent families with dependent children,[54] potentially requiring home schooling. Together, these factors result in a substantially elevated strain on the mental health and overall wellbeing of these families and their children.[54]

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

3.1 Parents and caregivers

Evidence continues to demonstrate that parents and caregivers can act as important buffers against the mental health and psychosocial impacts of the pandemic for children and young people. Integrating responsive parenting practices into the day-to-day life of young people during home confinement is helpful. This includes ensuring that young children under seven years have plenty of opportunities to learn through play,[56] that conflicts are resolved responsively and as early on as possible, and that the mental health of parents and carers is also protected to support a positive home environment.[1]

More targeted practices at home can improve general wellbeing and resilience. For example, encouraging young people to maintain regular physical activity and healthy sleeping habits[18, i] which will help support physical and psychological health.[57] Parents and caregivers can also help their children develop healthy coping strategies to manage stress levels[6] by monitoring children's exposure to pandemic coverage, daily screen time and supporting regular contact with family and friends remotely.[58]

Children and young people with increased caring responsibilities during the pandemic require respite where possible, including entertainment, play and exercise opportunities as well as physical space . Access to resources like outdoor leisure facilities such playgrounds, school gardens and outdoor play equipment is complex. In addition to traditional barriers such as accessibility, cost and travel, now young people with caring responsibilities will face additional barriers linked to virus transmission. Giving children and young people with caring responsibilities priority as the opening of these

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i. For practical guidance on how parents and caregivers can help support healthy sleep during the pandemic:
https://www.annafreud.org/media/12122/coronavirus-research-bite-4-sleep-final.pdf

resources is staggered may help minimise this issue. Parents and caregivers have also recognised the importance of giving their children recognition and rewards for the hard work involved in caring for their family members. Explicit reminders of the value of this work are helpful, as well as providing space to talk about the difficulties they may currently be facing.[26,j]

3.2 Professionals working with children and young people

The importance of strong systems of support continues to hold salience in the literature on supporting children and young people through the pandemic. It is important for professionals supporting young people to recognise that the pandemic will have long-term impacts on the mental health of children and young people from many different backgrounds. Consequently, the mental health support required will need to be made available for the months and years to come. There are several recommendations that may help practitioners and professionals working with children and young people to provide effective and responsive services.

Digital and remote services
As well as adapting to the new and emerging needs of young clients requiring support, it is also important to adapt to the new formats of service provision necessitated in the pandemic.[25,40] The crisis has driven many service providers to rapidly adapt traditionally face-to-face models so that vital services can continue.[53,59] Digital and remote services may be more accommodating of different communication needs, including the needs of young people on the autism spectrum.[37] To support others who do not have reliable or accessible internet or who have limited technology proficiency, utilising alternative means is advised.

For example, phones and radio have bridged communication gaps across many parts of the world.[48] These approaches extend the reach of community support to more communities, including those who are geographically isolated, in temporary accommodation or in low-resource settings.[48,52,53]

Evidence suggests that digital and remote therapies may require different strategies to achieve the same treatment goals.[59] Early evidence of remote therapy and telephone counselling services delivered during the pandemic has already shown their effectiveness in improving outcomes for children and young people.[60] Adequate training, continual monitoring and expanded assessment of service users' needs will be important to support the use of these services through the pandemic.[60] Previous evidence of already established digital interventions supports this. In one systematic review of 116 virtual and digital programmes aimed at young people under 15 years, about half were found to show evidence of improved patient outcomes.[59] Past evidence suggests that even practitioners with limited experience are able to quickly adapt their behaviour and communication styles to virtual and digital mediums. For example, providing more deliberate and overt non-verbal responses and asking more questions than normal to avoid misunderstandings during video or telephone calls.[59] However, digital and remote therapies may not have exactly the same effects as their face-to-face equivalents so consideration may need to be given to how face-to face treatments might be adapted.[59]

Education professionals

Many educational professionals have been under enormous pressure to support ongoing learning and the wellbeing of their pupils during school, college and university closures.[22] As well as providing ongoing educational support, schools, colleges and higher education institutions are well positioned to support the wellbeing of their pupils and students through the next stages of the pandemic, whether that be through face-to-face contact or remotely.[31] Drawing upon a range of expertise both within the school and with external support agencies, there are several measures that may help educators to achieve this.

Studies suggest that addressing the psychosocial impacts of school closures will require more than simply reopening schools.[30] Similarly, a role is suggested for universities in scaffolding mental health support for students by providing clear and up-to-date guidelines and strategies for managing academic stress, as well as providing internal support services.[22] For several months now, children and young people may not have been in places where people with the appropriate skills and training have been able to assess and address their needs. This means that schools, youth clubs, leisure and outdoor activity groups need to be sensitive and responsive when they return to these spaces.

Another important aspect of school wellbeing support is the provision of school-based food and nutritional support. The continuation of school-provided meals is important to ensure food provisions reach quarantined children and families and prevent the very real threat of widespread food insecurity.[50,51] This can be done in many ways, for example through coordinated home delivery of food packages and meals to the most vulnerable children and families where movement is particularly restricted.[51] Distributing food packages at multiple collection points and providing cash or voucher transfers as a school meal replacement may also constitute viable alternatives in some localities. Such measures may help alleviate fears, concerns and the indirect mental health consequences associated with compromised educational outcomes that food scarcity can create for children and young people.

In terms of supporting pupil wellbeing through the transition back to schools and colleges, parents and carers have reported that a gentle, phased approach with smaller classes would be helpful

for their children. Placing emotional support and wellbeing at the fore will be particularly encouraging for parents and carers worried about their children's stress and anxiety levels through this time.[21] Emotional support to ensure that children and young people feel safe and are not overwhelmed, and the provision of space for reflection and reassurance for pupils when difficulties arise, have been requested by parents and carers. As far as possible, maintaining the continuity of the staff teaching pupils could help children and young people rebuild trust which may have been lost when physical contact ended abruptly as a result of the pandemic.[21] This is particularly important for vulnerable pupils such as those with child protection concerns or those who have been bereaved while away from school.[31]

For staff that support children and young people who are experiencing difficulties at home, for example those caring for relatives, parents and carers have voiced the need for schools and colleges to acknowledge that for these young people completing schoolwork can be challenging. For these pupils, it may be beneficial to provide additional pastoral and academic support over the transition back to school, for example working together to develop realistic plans for managing schoolwork as well as integrating sufficient space for respite and psychological support, which may have been difficult to maintain while in home confinement.[26]

3.3 Wider society

Local communities can play an important role in supporting some of the most vulnerable groups of young people,[47] but many rely on local and national authorities to make this possible.[21] For example, by supporting the continuity of social protection delivery and reviewing existing programmes, health and social care commissioning bodies can ensure they are scaled up to meet emerging mental health needs through the next stages of the pandemic.[56] In this way, mental health services will be able to continue providing and monitoring essential mental health support remotely so that challenges around stress, anxiety,[12] depression, and existing symptoms are managed.[4]

Authorities that are responsive to the needs of services and the people they serve throughout the pandemic can help offset some of the potential detrimental outcomes to young people's mental health and wellbeing.[44] Against the backdrop of businesses struggling in the pandemic, stagnant economic growth and debt, many governments will be under enormous fiscal pressure and some may be unable to support children's most basic needs such as health, water, sanitation, and education. In many ways, the current circumstances have presented an opportunity to reshape the health and education systems into ones that place the wellbeing of children and young people at their heart.[31]

It is vital to support the provision of continued access to essential mental health, food and nutrition, education, and child protection services for children and young people. This includes supporting equitable provisions for young people disproportionately impacted by the health and economic impacts of the coronavirus. The stress and grief suffered as a result of systemic racial and ethnic inequalities during the pandemic may exacerbate trauma for children and young people of colour . This trauma is likely to be felt on both a personal and collective level that the younger generation will carry through the coming months and years. Health and economic relief should work in conjunction, in order to support multiple domains of children's health and development.[53]

3.4 Joint working

Coordinated, joint action between regional and national authorities as well as between local leaders will facilitate access to vital supports and help to ensure that no young person falls between the gaps in services.[48,52] This includes local indigenous leaders, religious figures, as well as youth and peer networks and community groups, who are often the best positioned to understand local needs of young people.[52] As well as this, coordinated action with schools and education staff will be necessary to understand specific needs of young people[48] and to help provide vital wrap-around supports.[46] Policymakers should continue to draw upon the emerging multidisciplinary evidence about what kinds of support work best in order to implement effective rapid response systems that address the needs of young people from all backgrounds.

3.5 Community and youth engagement

Mental health response plans should include community engagement.[56] Where in-person health and social care services have been suspended, clinicians and other professionals working with young people should initiate frequent check-ins with families to assess wellbeing and ask what these young people need.[48] Proactive outreach efforts with young people via their sports and arts clubs and school and community groups would help encourage collective decision making, with children, young people and families at the centre. Involving children, young people and families in this way should run throughout the response plan, from policy making and funding allocation, to research and partnership working with young people on the ground.[51,56]

Conclusion

Children and young people are facing continued challenges to their mental health, wellbeing and development as a result of the coronavirus, particularly in regard to anxiety, stress, and depression. They are experiencing a range of increased stressors, including pressures on family dynamics, challenges for learning and education, financial stressors, and social isolation and loneliness. Evidence that sheds light on the mental health impact of the pandemic will continue to emerge, and the lasting effects will likely be observed for years to come.

There are a number of groups disproportionately affected by the coronavirus pandemic, including children and young people with pre-existing health, education, and social care needs; children and young people experiencing abuse and/or domestic violence; young people experiencing poverty or homelessness; young carers, and children and young people of colour. However, there are also some groups of young people who are less affected or appear to be benefitting from the current circumstances.

In continuing to develop and facilitate support as schools and society begin to reopen, it is crucial to ensure that the support available does not exacerbate existing inequalities which have been amplified during the pandemic and which risk being amplified by inequitable support provision. Therefore, it is particularly important that care is taken in designing and developing support systems that are equitable and accessible to all. Collaborative working across agencies, and the provision of government support, will be crucial to meeting the level of care required by children and young people through these next stages of the pandemic.

Resources

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

The Anna Freud Centre's resources, information and advice for young people:
https://www.annafreud.org/on-my-mind/

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

Mentally Healthy Schools offers free, quality-assured resources, information and guidance on mental health and wellbeing for primary school staff, parents and carers:
https://www.mentallyhealthyschools.org.uk/

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

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

Note on our use of language

This review discusses emerging evidence of the impacts of the coronavirus pandemic by race and ethnicity. We have referred to children and young people of colour as a broad category however we recognise there are difficulties with this categorisation. Where possible, we have further specified racial and ethnic groups according to the terms given in the source literature. We have discussed as a unit as to how to carefully and consciously use language in addressing issues relating to race and ethnicity. This reflects an ongoing area of enquiry and concern for us: please see *Our commitment to equity, diversity and taking an anti-racist stance* which is available online at: https://www.ucl.ac.uk/evidence-based-practice-unit/about

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* Articles that met inclusion criteria

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