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Emerging Evidence: Coronavirus and children and young people's mental health

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The mental health implications of the coronavirus pandemic continue to emerge. In issues 1-6 of this series, we presented the evidence about the impact of the pandemic on children and young people's mental health emerging between January and November 2020. In the current issue, we summarise key findings from a rapid review of evidence emerging between November 2020 and January 2021.^a This review concludes our regular series for the time being. Our next issue will synthesise learning across all issues to date and will make recommendations based on our learning. Further issues of the Emerging Evidence series may be available later in the year.

Mairi Jeffery, Tanya Lereya, Julian Edbrooke-Childs, Jess Deighton, Nick Tait, Melissa A. Cortina



^a. This bulletin outlines results of a rapid review of research identified in literature searches between 2nd November 2020 and 3rd January 2021. Search terms included words associated with COVID-19, children and young people, and mental health. We limited searches to reports available in the existing literature on the topic, and only articles published in English. A quality assessment of papers was not carried out.

1. What is the mental health impact on the general population?

Research continues to unpack the mental health impacts of the coronavirus pandemic on children and young people in general.

- Among primary school children (age 4-10) there was an increase in behavioural and restless/attentional difficulties during the coronavirus lockdown between March and June 2020 (UK).¹
- During the pandemic, the prevalence of suicidal ideation among Bangladeshi students aged 18-28 was 12.8%, but it is not possible to ascertain whether this is an increase, as the prevalence of suicidal ideation pre-pandemic varies greatly by study. Significant risk factors include getting too much or too little sleep, past suicidal behaviour, depression, anxiety and stress (Bangladesh).²
- More time spent in lockdown was associated with increases in the problematic "all or nothing" thinking style and a greater likelihood of experiencing post-traumatic stress disorder (PTSD) symptoms among university students. Depressive symptoms and severity of symptoms were associated with catastrophising (thinking about the worst case scenario) and optimistic thinking patterns were correlated with wellbeing (Italy).³

2. What is the impact on children with pre-existing health and education needs?

As identified in previous issues of the Emerging Evidence series, the impact of the coronavirus pandemic on the mental health of children and young people with pre-existing health and education needs has been mixed.

- In the early months of the pandemic, a longitudinal study with children with cancer aged 8-18 found no increase in psychosocial stress (Netherlands).⁴
- Among children with migraine, anxiety symptoms were significantly associated with more frequent migraine frequency, but not intensity (Italy).⁵
- Children and young people with multiple sclerosis had significantly higher state-anxiety scores than a group without long-term health conditions, but there were no significant differences in trait-anxiety (Turkey).⁶
- Children with special education needs and/or acute or chronic diseases had more psychosocial problems (including hyperactivity/inattention, emotion symptoms and conduct problems) than their peers (Hong Kong).⁷
- 70% of young people with an eating disorder (ED) indicated that ED cognitions (e.g. fear of gaining weight and drive for physical activity) increased during lockdown, but 50% reported that behaviours such as restrictive eating or binge eating were unchanged or actually less frequent during this period (Germany).⁸
- Between March and May 2020, the coronavirus pandemic was found to be a primary contributing factor to the psychiatric hospitalisation of 24% of young patients (71% of whom had a previous psychiatric diagnosis). The authors suggest this could be due to the associated effects of coronavirus lockdowns such as isolation from friends and family, stress from online schooling, family conflict, anxiety about quarantine and loss of usual coping mechanisms (USA).⁹



3. Are any other groups of children and young people disproportionately affected?

There is evidence that some groups of children and young people have experienced a disproportionate impact on their mental health during the pandemic. The current issue has found that girls and young people of colour may be particularly impacted. Unlike previous issues, screening did not identify any new studies on the impact on lesbian, gay, bisexual, trans, non-binary, and queer (LGBTQ+) children and young people.

Impact on girls versus boys

- Girls had a greater increase in anxiety symptoms and decrease in life satisfaction during the pandemic, compared to boys. While there were significant increases in depressive symptoms for boys and girls (age 13-16), the effect was greater in girls (Australia).¹⁰
- Among adolescents aged 13-19, there was a statistically significant difference in the prevalence of obsessive-compulsive disorder (OCD) symptoms in young women compared to young men (72.1% and 60.3% respectively) during the coronavirus pandemic (Iran), which appears to be higher for both women and men than the 20% prevalence found in a previous meta-analysis.¹¹
- Girls aged 11-17 had higher emotional difficulties than boys during the school closure period and experienced an increase in symptoms in the summer before schools reopened after the first lockdown (UK).¹

Children and young people of colour

- During the pandemic, young people aged 18–25 who identified as Black/African American experienced greater stress severity than those who identified as White or Hispanic/Latinx in one study (USA).¹³
- A longitudinal study found that within a majority Hispanic/Latinx (72.7%) sample of school children, those who had mental health problems prior to the pandemic experienced a significant reduction in symptoms during the pandemic (USA).¹⁴
- A longitudinal study found that Hispanic/Latinx young people had higher levels of reported loneliness than White young people during the pandemic. There was no significant association found between race and depression or anxiety symptoms among young people (USA).¹⁵



4. What is the impact of behaviour change during the coronavirus pandemic?

Changing behaviours during the coronavirus pandemic, including decreased physical activity, parenting distress, and increased social media use, were generally associated with negative mental health outcomes. However, some forms of social support and coping mechanisms have been found to be protective.

Physical activity

- Among university students, vigorous and moderate-intensity physical activity was associated with lower levels of depressive symptoms compared to walking and sedentary levels of activity during the pandemic (China).¹⁶
- The prevalence of depression and anxiety among student athletes was found to be highest in those in team sports, and lowest among students participating in individual sports. Those involved in team sports also reported lower levels of physical activity and worse quality of life. This may be due to individual sports athletes being able to continue their usual activities during coronavirus restrictions, while team sports were affected by social distancing to a greater extent (USA).¹⁷
- The impact of lockdown measures is not uniform. For student athletes, the impact appears to be influenced by how much they feel lockdowns have influenced different spheres of their life (studies, sport, social life, health and wellbeing, and rest and training recovery). Almost half of student athletes surveyed/reported little impact on these spheres of their lives and on their mental health, 30% had experienced a medium impact on these life spheres and medium mental health issues, and 15% showed a high negative impact on these life spheres, with high mental health issues (Spain).¹⁸



Social media and internet use

- Young people's social media use was associated with worse mental health outcomes during the pandemic.^{19,20} A higher number of hours per day spent on social media predicted moderate-to-severe depression and anxiety in April to July 2020 (USA).¹⁹
- During the coronavirus pandemic, the prevalence of Internet Addiction (IA) among high school students was 24.4%, and was significantly negatively associated with subjective wellbeing (Taiwan).²¹
- Young people reported using social media as a coping mechanism during the coronavirus lockdown. For those experiencing loneliness, social media was a way to keep in touch with family and peers, but it was not associated with increased happiness. However, for young people with anxiety, social media use as an active coping strategy was found to be associated with increased happiness (Belgium).²²
- Depression, anxiety and stress were found to be significant mediators in the relationship between internet gaming disorder (characterised by the persistent or recurrent use of internet games, leading to significant impairment or distress over a 12 month period²³) and adolescent-reported quality of life in 13–18 year-olds during the pandemic (Iran).²⁴

Parenting

- A longitudinal study found that increased interpersonal conflict with fathers during the coronavirus pandemic - but not with mothers, siblings, or friends – was associated with a statistically significant increase in depressive symptoms among 13-16 year olds. Conflict with both mothers and fathers was associated with a larger decline in life satisfaction compared to those with lower parental conflict (Australia).¹⁰
- Parental psychological distress during the pandemic negatively impacted the emotional regulation of children and was associated with children's negativity. However, this impact was mediated by parents' ability to manage their own negative emotions, and their ability to manage the everyday demands of parenting (Italy).²⁵

- Parent-child discussion about the coronavirus was a protective factor against depression, anxiety, and stress symptoms in children (China).²⁶

Coping strategies and support

- Student athletes who perceived greater teammate social support and social connectedness experienced less identity dissolution and greater psychological wellbeing during coronavirus than those who perceived less support (USA).²⁷
- Perceived family and friend support were protective factors against anxiety symptoms among university students (France).²⁸
- Young people who had a good relationship with their family and friends during the pandemic were found to have significantly lower scores in depression, anxiety, and irritability than young people with poor relationships with their family/peers (China).²⁹
- Young people (aged 18–25) with no mental healthcare needs, or the same mental healthcare needs compared to pre-pandemic, were found to have spent an increased amount of time with friends

during the lockdown compared to those whose mental healthcare needs increased during the pandemic. This suggests that spending time with friends may have produced a protective effect on their mental health (Belgium and Italy).³⁰

- Government support during the pandemic, such as financial aid, regional travel arrangements, and a mobile internet allowance were associated with lower anxiety and stress scores and greater mental wellbeing among university students (Malaysia).²⁵

5. Has there been a change in access to services?

Some children and young people have experienced a change in access to mental health services during the coronavirus pandemic, including a decrease in admissions.

- In one hospital, there was a significant decrease in admissions for suicidal behaviour among children aged 7-17 during the coronavirus lockdown (France).³¹
- In the USA, Black children and adolescents significantly reduced the amount they accessed paediatric emergency departments (PED) for mental health during the coronavirus pandemic. They are now less likely than White children and adolescents to present to PED (USA).³²
- The number of children's emergency department admissions for mental health decreased substantially during the early period of the coronavirus outbreak (mid-March 2020 to early April), but steadily increased to October 2020 (USA).^{33,34}

A 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. If you have any feedback on our use of language that would help us refine our approach, please get in touch at ebpu@annafreud.org. This reflects an ongoing area of enquiry and concern for us. Please see *Our commitment to equity, diversity and taking an anti-racist stance* which is available online at:

https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence-based-practice-unit/files/ebpu_equity_and_diversity_statement_august_2020_0.pdf

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Evidence Based Practice Unit (EBPU)

4-8 Rodney Street, London N1 9JH
Tel: 020 7794 2313

www.ucl.ac.uk/ebpu

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