Mental health of children and young people since the start of the pandemic

Clinical Child Psychology and Psychiatry 2022, Vol. 27(1) 3–5 © The Author(s) 2021 Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/13591045211072721 journals.sagepub.com/home/ccp

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One of the few saving graces in the COVID-19 pandemic has been the very low proportion of children and young people (CYP) severely affected by actual infection (Naja et al., 2020). Even the post infectious syndrome (PIMS-TS) CYP has thankfully been rare (Whittaker et al., 2020). Yet CYP have been affected significantly by the pandemic, in many cases as "collateral damage" from the impact and public health measures introduced because of the pandemic (Crawley et al., 2020), and a major concern has been the impact on mental health.

In the first wave of the pandemic, data emerged from China suggesting increased levels of anxiety in CYP (Zhou et al., 2020). A larger pre-existing longitudinal study of CYP using data sets from 12 countries also found increased levels of depression through the first wave, but stable levels anxiety (Barendse et al., 2021). As time has progressed, increasing amounts of data have emerged describing changes in mental health in CYP since before the pandemic. One particularly important data set in the UK is the NHS Digital CYP survey which recurrently measures representative samples of CYP in the UK, with the primary aim being the measurement of prevalence of a likely mental health disorder (Vizard et al., 2020). In the most recent report in 2021, the proportion at high risk of problems rose from one in nine in 2017 to one in six by February 2021, with a doubling of the proportion of CYP at risk of eating problems over that same time period. Clinicians are also seeing this increase playing out in CYP presenting to mental health services. Though initially seeing reduced numbers of referrals in many places during the first lockdown, since then numbers have increased dramatically (Huang & Ougrin, 2021). Mental health crisis presentations also appear to have significantly increased including to general paediatric settings (Hudson et al., 2021) which present huge challenges for services and service users alike.

Whilst it now seems clear that there has been a deterioration in CYP mental health since the pandemic, an important next question is why – not least so that we can understand how to mitigate in this ongoing, or future pandemics. It is not difficult to make plausible hypotheses. Many countries initiated recurrent periods of lockdown which included closure of schools, and reduced access to family and friends; and isolation is known to be associated with depression in CYP (Loades et al., 2020). CYP, in particular those with mental health disorders, also reported reduced access to healthcare for support during the first lockdown (Crosby et al., 2020). Economic pressures on families are known to affect CYP mental health (Melchior et al., 2012) and the NHS digital data CYP health data described above reported that those with a likely mental health disorder were around twice as likely to live in a house fallen behind on housing payments such as a mortgage. The increase in the numbers of CYP presenting with eating disorders is still not well understood,

although it has been postulated that amongst other factors, disruption to routine and pressure to exercise have played a part (Solmi et al., 2021). Not all CYP of course have done badly and some thrived especially during the first wave (Ford et al., 2021) – so we need better research to understand why some did badly and some did not.

One key area opened up widely in the pandemic has been the impact of inequalities. In the UK NHS digital mental health data, black CYP were three times more likely to live in a household that had recently fallen behind with bills. The impact on education has also been worse in certain ethnic groups. From a cohort of 40,000 UK households, the National Foundation for Educational Research found that in the first wave of the pandemic, most children spent less than 3 hours per day on learning activities, and pupils from higher income households spent the most time on home school work (Eivers et al., 2020). Bayrakdar and colleagues reported from the Understanding Society Study that children who received free school meals, children from lower-educated and single- parent families and children with Pakistani or Bangladeshi backgrounds spent much less time on home schooling during the first wave (Bayrakdar & Guveli, 2020). Such disparities are concerning for the prospects of this young generation, in particular increasing existing disparities between socio-economic and ethnic groupings. This critically also includes mental health throughout the life course (Elliott, 2016).

It is upon this theme, the impact of the pandemic on CYP, that this edition of Clinical Child Psychology and Psychiatry focuses, with a wide range of papers on this topic. All of them speak to how and why CYP have been affected, and provide important information on the needs of these CYP, and how things might be done differently. At the time of writing, with the new Omicron variant spreading around the world, we are reminded that this pandemic may still have new surprises ahead, for example through new variants. The likelihood of repeat uses of public health interventions such as lockdowns seems unclear. In this context, we are unready for potential repeat disruptions for CYP's lives which appear to have been associated with worsened mental health for many. Solutions to the increase in need for care for mental health in CYP have not progressed since before the pandemic, and we knew that in many places it already was unfit for purpose. Couched as it is in an era of divisive politics, the COVID-19 pandemic has led to polarised views and antagonism about how the pandemic has and should been managed. Often however, the world, especially through science, challenges us to take and hold two contradictory positions in our minds simultaneously. It is entirely possible to appreciate the need for public health interventions to support one part of society, whilst simultaneously appreciating the needs of the impact of those interventions upon another. Whatever anyone's politics are, CYP are essential not only as current, vulnerable citizens requiring advocacy, but also as the citizens who will mould and deliver the future - they most certainly will be paying for the bill. We owe it to them to understand the impacts upon them better, make a clear voice for them, and to think outside the box to how we can protect and improve their well-being.

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