



Responding to COVID-19: Issues affecting mental health support for children and young people

This is the third in a series of briefings to share findings from our ongoing intelligence-gathering on the impact of COVID-19 on the children's sector, based on issues that professionals are seeing in the course of their work. A number of organisations from across the children's sector are working in partnership on this, – including The Children's Society, Action for Children, Barnardo's, Children England, UNICEF UK, Become, Family Rights Group, Children's Rights Alliance England, British Association of Social Workers, Just for Kids Law and the Children and Young People's Mental Health Coalition.

This briefing will specifically focus on the concerns raised by practitioners in relation to the mental health and well-being of children and young people and the support available to them during the pandemic. There were 108 respondents at the time of analysis and the insight shared in this briefing is based upon those who specifically shared their views about mental health provision.

1. The changing mental health needs of children and young people

Many issues have been raised in relation to the mental health and well-being of children and young people during the pandemic, with growing concern that their mental health is declining. Emerging evidence is beginning to show this impact, for example, a recent survey from YoungMinds highlights that 83 percent of surveyed children and young people with pre-existing mental health problems have had their problems worsened.¹ The NSPCC has also reported a sharp rise in calls to Childline since the outbreak, with over 2,200 counselling sessions delivered to children and young people who expressed concerns about coronavirus between January and April 2020.² In the majority of these sessions, children spoke about their mental health, including struggles with increased feelings of depression and anxiety, more frequent panic attacks, having difficulties sleeping and feeling lonely or isolated.³

Practitioners highlighted specific concerns relating to vulnerable groups of young people. For example, domestic violence has increased during lockdown, and this directly impacts on the mental health of children within the home. The safety net of support many of these families require has been weakened at a time where they need help the most. One respondent said: 'Not being able to visit the families worries me as a lot of the children will be living in homes where there is domestic violence'.

In addition, young carers are an already at-risk group with an estimated 2 in 5 young carers currently experiencing a mental health problem.⁴ Young carers are likely facing significant challenges at this time, including caring for a relative affected by the virus and struggling to keep up with their learning during the lockdown. One practitioner also raised concerns about isolation faced by young carers, they noted that 'currently young carers are being supported remotely by the team but have no relief from their caring role and very limited interaction with their peers.'

We know that for many NHS Children and Adolescent Mental Health Services (CAMHS) it is still business as usual, with services providing support over the phone or via digital platforms. Face to face interventions are also still on offer for those from whom digital may not work and for acute mental health patients. However, emerging evidence shows that there are fewer referrals being made to CAMHS in some areas, meaning developing issues are less likely to be picked up, and early intervention is made impossible. For example, it has

been reported that referrals to CAMHS in Birmingham have seen a 50% reduction since Covid-19 measures were first introduced in March.⁵ Children and young people in can struggle to access existing services at the best of times and it is clear that lockdown measures have challenged this further: 'we find some of our young people decline their support (from services) through previous negative experiences. This puts pressure on practitioners, as they feel responsible for mental health support over the phone.'

2. Education

Currently, it is clear from practitioner responses that school closure has greatly disrupted their practices. For practitioners delivering mental health services within schools, they are no longer delivering interventions to children and young people such as counselling. As one practitioner noted, this means that children are not receiving a service that they have been identified as needing to support their mental health.

We advise on digital migration below, but there is a separate issue surrounding services that cannot be migrated, or whose effectiveness is depleted. The unique role schools play can be difficult to replicate for practitioners. One response said – 'it is clear that in a situation like we have with schools closed we do not have community structures to reach those most in need of support, particularly young people'. One respondent said 'My work is done on a one-to-one basis in schools supporting children and young people who have witnessed domestic abuse - at present my work is severely affected by the crisis.'

- **The Department for Education (DfE) needs to be clearer about the support that should be put in place for pupils to prevent deterioration of mental health during this time, and should offer specific guidance to schools and colleges on this.**

School places are available for 500,000 vulnerable children, however so far, a small proportion have taken the offering up, meaning they may be missing vital interventions that support their mental health. Though it would not cover all children, **schools, colleges and local authorities should work together to ensure that children who are able to attend school do so, by identifying specific barriers and addressing them.**

With regards to the immediate future and educational services, respondents are already concerned about children and young people returning to school, due to factors including a pressure to catch up and the abnormality of a transition back to schooling and structure. One practitioner said 'Seriously concerned about the future for children retiring back to schools and settings and the pressure that will be on them to catch up. Transition needs to be very carefully planned'.

- **DfE should plan now for a re-entry programme for schools that prioritises children and young people's wellbeing, working out how a whole school and trauma-informed approach can best be used to tackle the long term effects of the pandemic and associated lockdown measures. This must consider children who find school anxiety inducing, and how re-entry can be aided.**

3. Mental health Information and support aimed at children and young people

It is vital that children and young people have access to the information and advice they need about looking after their mental health and when or where to seek support, including during this pandemic. There is ample public health messaging around staying indoors across

communication channels. However, one practitioner raised the point that '...there are adverts on tv/social media around staying home, but I feel there could also be adverts around keeping sane and safe - giving advice lines and options of how to keep yourself mentally healthy.' Public messaging could also be used to spread digestible tips and information on mental health, particularly tailored to children and young people, who may need helpful information delivered to them more than adults, who are more likely to find it themselves.

- **The government should build on and enhance awareness of campaigns such as Public Health England's 'Rise Above' programme through widely used accessible channels and ensure no one is left behind by considering complex communication needs and disabilities.**

Charities and government have been fast to respond and produce a range of materials on how to protect young people's mental health and wellbeing during the pandemic. However, it is evident that this information may not always be reaching the frontline. Practitioners raised concerns about the lack of coordination about the information and resources available to children and their families. In reference to a Health and Wellbeing Portal developed by Welsh Government, one practitioner states; 'I believe a key opportunity has been missed to provide a network of support services from mental health, physical health and allied organisations like mine to continue to support children or at least ensure schools offer a co-ordinated offer.'

- **Ensure coordination among government departments and charities for information and guidance releases, for maximum impact, and that gaps are identified and filled. Coordination gives said information the best chance of effectively reaching frontline practitioners and families.**

Parents and carers are being asked to do so much to support and protect their children during lockdown, such as using resources and strategies, without professional input. This may in some instances do more harm than good for some children and young people. For example, one practitioner is concerned that 'we sign post parents to resources or talk them through helpful strategies. I wonder how this is then interpreted by the parent to the child, often there can be systemic family issues that are exacerbating the child's 'symptoms' of mental health issues'.

- **Information and resource should be quality controlled and produced with full consideration of diverse family circumstances. These resources should have clear and consistent signposting information to ensure parents and carers can seek further support should they need do.**

4. Adapting to digital support

Digital infrastructure

Many services have to adapt their delivery model to either providing support digitally or via the telephone as a result of lockdown measures, allowing young people and professionals to attend from their home. Practitioners have reported challenges in relation to this digital migration. Practical issues were reported with infrastructure within organisations to make this transition. For example, IT systems not being set up for staff to work from home, slow systems and issues with internet access.

Comments were raised about the use of digital platforms within mental health services, and how different services and areas are using differing platforms based on the specifications of local commissioners. For example, one service cited conflicting advice from commissioners from different areas on which online platforms meet GDPR, safety and security conditions suitable for safe working. As a result, different platforms were being used in different areas of the country, which to run these multiple platforms had come at a cost to the organisation. It was also highlighted that it has been difficult to find a platform for under 13's to use.

- **There is a need for centralised guidance on what platforms are appropriate to use within services providing mental health support to children and young people to ensure less local variation. This could be developed by NICE, for example.**

Practitioners also reported concerns around training on how to use these digital platforms. Delivering support online may result in high levels of disinhibition and will raise new challenges in relation to safeguarding effectively online, particularly where self-harm or suicidal ideation are a concern. It was noted that not all staff are trained to provide support through e-health/tele-health platforms. One service stated that they had made significant investment in upskilling their workers to be able provide support online.

- **The Department of Health and Social Care should therefore look to provide free basic training on online therapeutic counselling and mental health in order to support the thousands of self-employed, casual and volunteer counsellors and therapists in this country who provide crucial community support for children and young people.**

Challenges in providing support online

In addition to the challenges faced in establishing the infrastructure to go digital, practitioners also reported challenges in engaging young in these new forms of online support. As noted by one practitioner, 'many feel unable to take up the phone or online services we are offering during the lockdown period.' Another service reported a drop in numbers accessing their new phone service compared to their face to face drop-in service. As a result, they noted that commissioners are considering suspending services during this time.

- **It is crucial that services are supported by commissioners and that they do not take the decision to suspend or reduce services as a result of adaptations being made in order, in order to not leave young people without the support they need.**

It was highlighted in many responses that some young people do not have the resources to support working digitally or to find out the alternate support that is on offer to them. Young people do not always have internet access or the devices to support video calling or use of digital platforms. We know that those who are digitally excluded are already at risk and poor access to digital services are likely to worsen their health outcomes. The government has recently committed to providing laptops and 4G routers to vulnerable groups of children and young people while schools are closed – this is a welcome first step. The Secretary of State for Education has stated that the majority of said 200,000 laptops will not be delivered until June, leaving a long gap for those who need digital support.

- **It should be considered by the Department for Digital, Culture, Media and Sport how this digital support package can be**

extended to other groups of vulnerable children and young people, including those who are currently receiving mental health support but are unable to access digital support during the crisis.

Privacy and confidentiality

Practitioners also raised concerns about the availability of safe spaces for young people to access telephone and online support and how 'they may not have the necessary privacy to have a session on the phone in their home.' It was noted that young people may feel less likely to talk about issues that are concerning them if they are at home. One practitioner noted that the 'ability to read young people and respond to body language etc. and be trauma informed when sharing resources is more difficult during phone support.'

- Pragmatic solutions should be considered for providing a safe space for children and young people who do not have one, for conducting their therapy and treatment online. These can obey social distancing, especially as restriction levels ease, such as using school and library space for this purpose.

There have been reports of professionals being unable to access information about children and young people they have previously worked with in educational settings due to confidentiality and data protection concerns. For example, one practitioner noted that 'school is not allowing any face to face (remotely) counselling. Students are struggling being at home and not able to access counselling due to confidentiality'.

- Commissioners should ensure that service providers are aware of encrypted data sharing platforms, and that guidance shows that confidential remote counselling is possible.

5. Funding mental health provision

There are significant financial repercussions of moving support online for mental health support services, for example, having to upgrade technology and upskilling staff. There were calls from practitioners for more funding to be provided to services in order to make the transition to digital working and to ensure that staff have the equipment they need so that available support can be improved. This should also be extended to children and young people.

Where funding has been made available and allocated specifically for mental health services, it has been reported that this can be difficult to access, especially where support staff have been furloughed who would normally deal with this.

- **During this time, funding applications for emergency funding for mental health services should be streamlined and simplified to ensure they are accessible to all services and can be completed quickly.**
- **Existing community structures, such as the VCS and statutory services, that work with children, young people and their families should be supported by funding and clear guidelines, allowing them to deliver crucial support to vulnerable children and young people, and pick up emerging issues.**

The Children and Young People’s Mental Health Coalition: Who are we?

The Children and Young People’s Mental Health Coalition brings together over 200 organisations to campaign and influence policy, with and on behalf of children and young people in relation to their mental health and wellbeing. We do not represent any one organisation, approach, or professional group, but come together to provide a strong unified voice speaking out about children and young people’s mental health.

For any questions, please contact Oliver Glick, Policy and Public Affairs Officer, at oliver.glick@cypmhc.org.uk

¹ <https://youngminds.org.uk/about-us/media-centre/press-releases/coronavirus-having-major-impact-on-young-people-with-mental-health-needs-new-survey/>

² <https://learning.nspcc.org.uk/media/2195/what-children-are-saying-to-childline-about-coronavirus.pdf>

³ Ibid.

⁴ <https://youngminds.org.uk/media/1241/report - beyond adversity.pdf>

⁵ <https://www.hsj.co.uk/coronavirus/major-drop-off-in-referrals-to-childrens-mental-health-services/7027373.article>