



Recovery planning for Covid-19

Children and young people's mental health

Introduction

The coronavirus pandemic will have far-reaching consequences babies', children and young people's mental health. Before the pandemic, one in eight children and young people aged 5-19 in England had a diagnosable mental health condition.¹ The pandemic will have posed serious challenges to the mental health of these young people but there is also growing evidence that lockdown has had a much wider impact on children's mental health that could have long term implications.

As we look towards recovery, it is crucial that children's mental health and well-being is put at the forefront of Government policy. But, recovery must not mean going back to how things were before, it is an opportunity to do more, and to support children more effectively.

Any recovery planning that takes place must encourage integrated, local approaches, working across early years settings, schools, NHS Children and Young People's Mental Health Services (CYPMHS) and the voluntary and community sector. At the centre of this response should be the experiences and voices of children, young people and their families.

This briefing outlines the key challenges Covid-19 has presented in relation to babies', children and young people's mental health and what changes need to be implemented during the recovery process to ensure the needs of children and young people are met.

This briefing is not exhaustive and should be read in conjunction with other briefings on recovery from the Coronavirus pandemic produced by the children's sector.

Pre-birth to 4 years of age

Short-term recovery

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

The mental health of the pre-birth to 4 years age group is often overlooked. There is clear evidence that early years' experiences play a unique role in shaping a child's brain, with long-term consequences for health and well-being. The physical and emotional needs of the youngest children must be explicitly addressed in the recovery period.

Early mental health and development relies on secure, responsive parent-infant relationships. Whilst most families can provide the care their babies need to thrive, some families may need additional support to facilitate this in normal circumstances, even before the considerable additional stressors posed by COVID-19. What is more, mothers and fathers who have faced birth and new parenthood under lockdown have also experienced particular stress at a key transitional point in their life, with reduced support available such as from health visitor services and children's centres.

There is also a particularly vulnerable group of families who will already have been experiencing multiple adversities before this crisis. These families are likely to have found their problems intensified during the pandemic and their support reduced. For young children, this is happening at a critical time in their development where they are particularly vulnerable to family stress and anxiety. This could have a negative effect on the social and emotional development and wellbeing of young children which could have an impact across their lifetime.

It is crucial that services that support the development of infants, such as health visiting and children centres, are reinstated as soon as possible. Early years professionals are commendably adapting their practice to ensure families continue to receive support, but factors such as staff shortages, lack of access to digital technology, personal protective equipment shortages, as well as privacy concerns, hinder the ability of frontline staff to adequately identify risk and provide an effective response. This is particularly the case for assessing infant mental health given that cues will likely be non-verbal and concerns cannot be readily identified digitally. Families who are struggling, where babies, toddlers and young children's' emotional development is at significant risk, need support from specialist mental health services with the specific expertise required to work with these young children and their families.

Long-term recovery

As we emerge from this pandemic, we predict there will be an increased level of need and we are concerned current support is unlikely to meet demand. Significant reductions in children's centres and cuts to the numbers of health visitors over the past decade mean that the early years sector was already struggling before this crisis.² There will now be significant challenges associated with resuming full face-to-face health and social care services due to the inevitable backlog of missed contacts and the contacts that must be repeated because full assessments could not take place digitally. It is therefore more important than ever that post-Covid19 we reset our priorities and ensure our existing early years' services are sufficiently resourced to enable all families to give their young children the foundations to thrive.

Recommendations

Short term

- DfE, DHSC, Public Health England and the NHS should work together to urgently publish and update guidance and resources which equips parents and practitioners with the knowledge, skills and confidence to support emotional well-being and mental health in children under five
- The priority focus for babies and young children starting or returning to education and childcare settings must be their personal, social and emotional development above all else.
- The Government should ensure that early years settings, children's centres and specialist mental health services are adequately resourced to support children returning after lockdown with gaps in their development, and wellbeing needs. Furthermore, financial support is needed for parenting advice

² <https://parentinfantfoundation.org.uk/our-work/campaigning/rare-jewels/>

providers to expand and adapt their services to meet rising demand for information and resources to improve children's home learning environments and wellbeing.

- All routine health visiting contacts with families should be reinstated as soon as possible to enable contact with families and assessment of children's needs. These must involve personal contact.
- Social work, health visiting, perinatal and parent-infant teams and other core services should be equipped with sufficient PPE for face-to-face visits.

Long term

- The Government must take concerted, cross-system action with clear leadership, to protect and promote the emotional health and wellbeing of young children, underpinned by sufficient resources. We urge the Government to develop a Recovery Strategy for Children that fully addresses the mental health needs of children starting from pregnancy, and supports their parents now and in the coming years of hardship.
- UK Governments should develop and deliver an impactful public awareness campaign to dispel common myths about infant mental health that is culturally responsive and sensitive, and which promotes the use of a common and accessible language.
- The Government should include a mandatory assessment of emotional wellbeing at the 2-2.5 year health visitor review and review ways to streamline measurement across the four nations, with all health visitor contacts having an increased focus on social-emotional development.
- Increase the knowledge, confidence and skills of universal early years' practitioners, including health visitors, GPs, midwives and early education and childcare practitioners by including a mandatory training module in social and emotional development. This should also include improving specialist expertise and skills within the mental health workforce to work with babies, toddlers and young children.
- Health commissioners and local authorities should conduct a review of the range of services available in local areas – by level of need, target population, mode of delivery, etc. and work towards the provision of varied local support offers with all services committed to integrated, collaborative working with clear pathways of care. This should include urgently increasing access to specialist mental health support via perinatal and infant mental health specialist health visitors, Child and Adolescent Mental Health Services for parents with children under age 5 as well as Specialised Parent-Infant Relationship Teams that can work with families during pregnancy and the first years of life.

Primary and secondary school

Short-term recovery

Schools play an important role providing therapeutic and pastoral care to their pupils, both directly and by hosting third sector support. As a result of school closures, school staff have been much less able to play their crucial role in spotting early mental health needs, as well as emerging communication and language needs. Moreover, many mental health and well-being services schools provide have been suspended during the pandemic. These services as well as school based support for children with learning disabilities, counselling, speech and language therapy, and a range of other support must be restarted as quickly as possible and schools should provide safe, COVID-secure environments for this to take place.

As children return to school, the primary focus of the recovery curriculum should be on promoting well-being and successful re-integration, rather than solely focusing on academic achievement. Adopting a whole school approach to mental health and wellbeing will be more important than ever in this context. There will need to be a period of adjustment for schools to manage the emotional and mental distress of both pupils and staff. Schools should be allowed the flexibility in the curriculum so alongside 'catching pupils up' academically, there is sufficient time and space for play, exercise, extra-curricular activities, and socialising. More information can be found in the 'Back to School' Recovery Briefing.

We therefore welcome the recent Government package of support that will include online resources to help school staff to speak to children about their concerns and anxieties following the pandemic.³ Schools should also make sure that their staff access the new training module on Relationships, Sex and Health education before the return to school.

Support will be particularly important for children who have missed exams, or do not know what exams look like for next year, and are concerned about what this means for the future – schools should pay particular attention to these pupils to ensure they are supported.

Pupils must be given time to re-integrate. Pre lockdown, there were sector-wide concerns that approaches to behaviour were focused on exclusions and a low tolerance approach. There were calls for a trauma informed approach to behaviour, which is strongly backed by evidence. This approach will be even more important post lockdown, as children return from an unprecedented situation, with the effects on their well-being unknown. Changes in behaviour can be an indication of underlying need and should therefore be handled therapeutically, not punitively.

Consideration needs to be given to the support that will be provided to children and young people over the summer. Details of the summer catch-up plan for all pupils have not yet been released, but the Government has set out its ambition that this will include holiday clubs and activities for children over the summer. It is crucial that these plans include a focus on mental health and well-being alongside activities to support students catching up academically.

School staff are also feeling the effects of a pandemic and lockdown- if they are expected to support children more on reopening, they will need to themselves be supported. We welcome the recent Government announcement on a new package of support focused on teacher well-being. This must be properly resourced and promoted to school leadership to drive take-up.

Long-term recovery

As schools welcome back more children, they will be facing the impact of trauma and adversity on their pupils during lockdown. Schools will be dealing with a range of needs. They could be dealing with heightened anxiety and stress amongst a larger number of pupils, this will be especially pertinent to those who have upcoming exams, as well as children and young people who have experienced bereavement. On the other hand, some children will have seen their mental health improve during lockdown and may find it difficult to return to school after such a long period at home. Schools should be enabled to have the flexibility to blend face-to-face and online learning to help those struggling in mainstream settings who need a period of time to adjust to the return to the physical classroom. The back to school briefing outlines plans for pastoral support and national well-being measurement as pupils return in order to identify children in need of additional support.

It is crucial that schools are supported to respond to these needs. In order to do this, the Government must rapidly scale up the capacity of early help and well-being support available through/to schools, such as group based and 1:1 support. Children and young people have told us that mental health support in schools is varied across the country and we are concerned that at a time when this support is more important than ever, there is significant disparity in the availability of support. In addition, the Government should take this opportunity to review the role of the wider education system on pupil and staff well-being.

³ <https://www.gov.uk/government/news/extra-mental-health-support-for-pupils-and-teachers>

There has been a welcome increase in focus on mental health and wellbeing in schools in recent years. However, the proposals set out in the Government's Green Paper will take many more years to provide universal coverage.⁴ The Department for Education should therefore look to urgently accelerate the roll-out of both Mental Health Support Teams and the training for the Designated Mental Health Lead. The pre-existing proposal to strengthen the role of Designated Safeguarding Leads should also be pushed through, to allow further trauma-informed support and intervention opportunity for the most vulnerable children.⁵

There is widespread recognition of the mental health challenges faced by looked after children and care leavers, and for some of these young people the disruption of lockdown will have exacerbated these issues. Therefore the Government must ensure the mental health and wellbeing needs of this group are prioritised within recovery plans. The Government should consider the full recommendations of the Social Care Institute for Excellence's Expert Working Group on the mental health and emotional wellbeing needs of children in care and care leavers and embrace the findings and recommendations to ensure the particular needs of this group are being properly considered.

Furthermore, it can be difficult for schools to know what services are available in their local area to support children's mental health and well-being. Local authorities and Clinical Commissioning Groups (CCGs) should work together to provide comprehensive information about local services to schools so that they can direct children to the appropriate services to meet their needs.

Recommendations

Short term

- In the immediate future, the Government must allow schools flexibility with the curriculum to ensure schools can focus on the mental health and wellbeing of their pupils.
- Remote support should continue to be improved alongside school reopening, to support the many children not returning initially.
- Schools must be given the resources to prioritise staff wellbeing, including the provision of training and wellbeing support, in turn increasing pupil wellbeing.
- Mental health and well-being services schools provide, school based support for children with learning disabilities, counselling, speech and language therapy, and a range of other support must be restarted as quickly as possible and schools should provide safe, COVID-secure environments for this to take place.
- The summer catch up scheme must include a focus on mental health and well-being, alongside activities to support students catching up academically.

Long term

- The Government must work towards adopting a trauma-informed approach to policy making, and supporting schools to become trauma informed.
- The Government should take this opportunity to review the role of the wider education system on staff and pupil wellbeing.

⁴ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

⁵ <https://www.gov.uk/government/news/new-push-to-improve-outcomes-for-vulnerable-children>

- The Government should ensure that all children and young people benefit as soon as possible from the aims of the Transforming Mental Health Green Paper - not just those living in the trailblazer pilot areas. They should guarantee faster roll out of the trailblazers to achieve greater geographical coverage sooner.
- The Government must ensure the mental health and wellbeing needs of children in care and care leavers are prioritised within recovery plans, including embracing the findings and recommendations of the Social Care Institute for Excellence's Expert Working Group on the mental health and emotional wellbeing needs of children in care and care leavers.
- The Government must prioritise children and young people's mental health and wellbeing in the aftermath of this pandemic, and provide additional ring-fenced funding to schools and local authorities to rapidly scale up the capacity of early mental health and wellbeing support to meet the expected increase in demand

Post-16 support

Short-term recovery

For those young people aged 16 and over, transitions are a major feature in their lives whether it's transitioning into college, university, employment or into adult mental health services. We know that transitions for this age group can be particularly tricky and that existing support mechanisms are not always effective. During the pandemic, issues around transitions have been exacerbated.

As Year 12 and equivalent students return to Sixth Form or College, and second/third year student's return to University, it is crucial that appropriate mental health and well-being support is in place.

Higher and Further Education Institutions should review the support they have on offer, for example, pastoral support, counsellors, form tutors, and look at whether these support systems need expanding as students return. A lot of good work has taken place in relation to the mental health and well-being of university students through the Whole University Approach and the University Mental Health Charter⁶, and it is crucial these continue to be promoted. Local areas should also encourage partnership working between support services and schools, colleges and universities.

Long-term recovery

In some parts of the country, where NHS Children and Young People's Mental Health Services (CYPMHS) drop off at 16, young people at this transition point may be experiencing significant worry and concern. Transition planning in the current context poses challenges. It may need to be carried out remotely, and typical techniques to support transition, like joint sessions with therapists from CAMHS and Adult Mental Health Services (AMHS) may not be possible. Uncertainty in other areas of young people's lives – around college transitions for example, may also exacerbate the situation.

We recommend that NHS Trusts exercise high levels of discretion in any transitions at this time. Wherever possible transitions should be delayed for the next 12 months. Young people themselves should in all but exceptional circumstances, choose the date of their transition and the usual age boundaries should not be enforced, especially for those under the age of 22.

For young people who will not meet AMHS thresholds and will therefore no longer be receiving support, equal care must be taken. If appropriate local community support is not available, CCGs should consider commissioning a sub-threshold service that can meet their needs over the next 12 months as it is likely that restrictions and changes due to Covid-19 will continue for some time and may pose a risk to mental health.

⁶ <https://www.studentminds.org.uk/charter.html>

Despite the ambition for NHS CYPMHS to continue services for children and young people up to the age of 25 as set out in the NHS Long Term Plan, many services continue to have a cliff-edge at age 18, leaving those young people without support. We strongly urge that the ambition for NHS CYPMHS to support young people up to the age of 25 is progressed with urgency across the country, and that implementation is monitored.

Recommendations

Short term

- NHS CYPMHS services should continue to provide support to those young people who should be transitioning to AMHS until the recovery period is over and face to face assessments and planning can take place.
- Appropriate mental health and well-being support should be put in place for young people returning to sixth form or college. Higher and Further Education Institutions should also review the support they have on offer.

Long term

- Commissioners should consider commissioning a sub-threshold service to provide additional support who require mental health support as a result of the pandemic but do not meet NHS CYPMHS or AMHS thresholds.
- We strongly urge that the ambition for NHS CYPMHS to support young people up to the age of 25 is progressed with urgency across the country, and that implementation is monitored.

The wider mental health support system

Short-term recovery

There is a wide mental health system that supports children and young people's mental health including schools, NHS Children and Young People's Mental Health Services (CYPMHS) and the voluntary and community sector.

Following the announcement of lockdown, many services had to adapt their delivery model to either providing support digitally or via the telephone, allowing young people and professionals to attend appointments from home. For some young people, this remote form of support might be preferable than face to face appointments, whilst for others it is less effective because of a lack of access to digital devices or concerns regarding privacy. As lockdown eases, young people should be given a choice over their treatment – would they like to remain receiving virtual support or would they prefer face to face?

Delivering mental health support remotely has significant consequences for practitioners. We know that some practitioners are finding it hard to work digitally and provide support in the absence of providing face-to-face support. Many are not trained to deliver support online and many do not have the skills to deal with high levels of disinhibition or the confidence to safeguard effectively online. Going forward, it is crucial that free training on online therapeutic counselling is provided in order to the support the thousands of employed, casual and volunteer counsellors and therapists who provide crucial mental health support to children and young people.

As it stands, it is not yet clear when all NHS and community mental health services will be able to re-open to provide face to face support. Although guidance has been issued by NHS England there will be a considerable amount of work required before services can open safely as they risk assess, adapt processes and procure PPE. CCGs and NHS Trusts must work closely with these services to support them to re-open as quickly as possible.

Additional information and resources should be provided to help young people to look after their own mental health, including emotional literacy, helping young people recognise mental health concerns, coping strategies and information on how to reach out for support. This could be in the form of a national, age-appropriate campaign aimed at children and young people, delivered by the Voluntary and Community Sectors, alongside Public Health England, building on the Every Mind Matters platform.

Long-term recovery

As a result of lockdown, mental health services have experienced decreased referrals, despite an anticipated increase in mental health needs during this time. Identifying children and young people with mental health difficulties has become more challenging as young people's contact with professionals such as GP's and schools, two key referrers to NHS CYPMHS, has been reduced. This has already become apparent with some areas seeing a reduction in referrals to NHS CYPMHS. For example, there has been a 50% reduction in referrals to NHS CYPMHS in Birmingham since Covid-19 measures were first introduced in March.¹⁰

With the recovery process underway, we are concerned there may be a spike in referrals as young people's contact with professionals re-starts. Yet, we know that - even before this crisis - mental health services for children and young people were already stretched, with long waiting times to access services and a high rate of rejected referrals to NHS CYPMHS.

In its recovery planning, the Government should ensure extra resource and funding is provided to ensure the rise in demand can be met. The "front door" to NHS CYPMHS should be reviewed to ensure it is accessible to all and guidelines issued to partners about when to refer, how to work with Covid-19 related issues, any changes to thresholds, and what other services and support are available. The commitments in the NHS Long Term Plan to expand access to NHS CYPMHS must be reaffirmed and the Government must clearly set out how it will achieve those targets.

Support provided by the voluntary and community sector in the community and by schools are essential in providing early help, and reducing demand on specialist services. Essential to the recovery will be reopening community-level support and increasing its capacity, building upon many of the positive community initiatives that have been developed through the pandemic. We welcome the announcements from Government providing more financial support to the voluntary and community sector to support mental health needs. Whilst this has been beneficial in the short-term, over the long term, sustainable funding needs to be provided through a clear and well-funded community prevention and early intervention strategy for children's emotional well-being and mental health.

Recommendations

Short term

- Staff working in mental health support services should be provided with PPE in order to carry out their roles safely.
- CCGs and NHS Trusts must support local community mental health services to re-open as quickly as possible.
- Public Health England should work with the Voluntary and Community Sector to develop and promote a national, age-appropriate campaign on mental health for children and young people.

Long term

- Community based support services should be given additional funding and support to increase capacity over the long-term to not only deal with the likely influx of young people with mental health needs, but to also prevent additional pressure being placed on NHS mental health services. Silos between community based and clinical support should also be broken down.

- To prepare for the rise in referrals, the front door to NHS CYPMHS should be reviewed and guidelines issued to partners about when to refer and how to work with Covid-19 related issues, for example, what is the threshold, and what other services and support are available.
- The Government must urgently set out more detailed plans about how it will meet the target in the NHS Long Term Plan for 100% of children and young people who need specialist mental health care to be able to access it in the coming decade.