Covid policies and harms to children

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> **In all actions concerning children, the best interests of the child should be a primary consideration (Article 3 UN Convention on the Rights of the Child).[1] We should put children first in all that we do.**

Children and young people are the future of any society.

A recent BMJ editorial published on 23 February 2021 states that '*Closing schools is not evidence based and harms children*'[2], going on to say that '*keeping schools open should be the UK's top priority*'. This is the most critical message to convey here and it is an indisputable one.

Frontline clinicians and experts are alerting policy makers to an impending mental health catastrophe in children and young people.

Government actions in response to the pandemic have created a 'perfect storm' for the emergence and exacerbation of mental health problems in addition to creating significant barriers to effective treatment.

The following evidence outlines the myriad reasons why **schools should never again close to mitigate the spread of COVID-19**.

- Children are at extremely low risk from COVID-19, with not a single death of a previously healthy child.[3]
- They are also much less likely than adults to transmit the virus, indeed living or working with young children reduces the risk of severe disease.[4,5]
- The impact of the harms of public health measures and school closures is thus disproportionate to any benefits to children themselves or to wider society.[6,7]
- Children and young people are facing an unprecedented mental health crisis, the scale of which is yet unknown.[8,9]
- Half of young people aged 16-25 reported deteriorating mental health, with 1 in 4 feeling 'unable to cope'.[10]
- Self-harm, eating disorders and suicidal ideation have all increased.[11,12] Eating disorder units have reported a 3-fold increase in referrals.[13] More young children, as young as 10 years old, are self-harming.[14]

- The pandemic has taken a 'devastating toll' on the mental health of the young which will impact on their lives for years to come.[15]

- Services were not able to meet pre-pandemic needs.[16,17] They are most certainly not equipped to meet the needs of children and young people post-COVID-19.

- Throughout extended lockdowns, at-risk children engaging in self-harm and other harmful behaviours (e.g. skin picking and OCD rituals) are less able to escape difficult situations and to engage in protective interests and behaviours.

- Face-to-face therapy has been restricted to only the most at risk young people. Since March 2020, most children that access therapy do so virtually. Many questions remain about the efficacy and desirability of existing digital interventions for children's mental health problems, especially at a time in which children are socially isolated.[18,19,20,21]

- Issues around availability of electronic devices to children in crisis, privacy whilst taking part in therapy sessions as well as individual clinical issues and preference for face-to-face appointments may restrict access to therapy by children, especially for the most vulnerable. Where face-to-face interventions are offered, PPE is worn and a 'COVID-safe' environment diminishes the therapeutic 'space'. The impact of PPE and other measures including strict social distancing on therapy engagement and outcomes is not known.[22]

- Government messaging and public response has created an overarching climate of anxiety in society,[23] which is detrimental to the mental health of the young, and which contributes to the development and maintenance of mental health problems.

- Other damage from restrictions includes increased child poverty, hunger and homelessness,[24] delayed cancer diagnoses and treatments,[25] loss of sport and music, deteriorating physical health[26] and eyesight problems including myopia resulting from increased screen time and loss of outdoor activity.[27,28]

- The pandemic and resulting policies have put families under enormous strain.[29,30,31] Family members' anxiety and response to Government messaging may be detrimental to children's mental health and prolong their difficulties.[32] Families will require psychological support too, in order to help their children.

- Child abuse has risen. NSPCC child abuse referrals have risen by 43%.[33] For many children, school is a place of safety and it is often teachers who identify abuse.[34] School closures have removed this vital safe-guarding access.

Educational Concerns

PHE has acknowledged the huge mental health and educational impacts of lockdowns and school closures and also that schools play only a small part in viral transmission.[35] It is thus imperative that schools stay open. Professor Russell Viner, President, Royal College of Paediatrics and member of SAGE said: *"When we close schools we close their lives - not to benefit them but to benefit the rest of society."*

There has been an emphasis by the DfE on academic 'catch-up,' now 'recovery,' and 'lost learning,' with little mention of mental health recovery.[36,37] It is vital that any 'recovery' strategy takes account of trauma suffered by young people, with trauma-informed policy provided to teachers alongside adequate pastoral time equipping them to support their students.[38]

Learning will not happen without good mental health and recognition of ongoing multi-cause anxiety for some young people. Transitioning back to school, exams, masks, testing, social distancing and family stress will continue to impact wellbeing and the ability to learn.

Those with special educational needs will face additional challenges which should be considered. Anxiety will commonly be expressed through challenging behaviour, or withdrawal, and the underlying causes need to be addressed and supported.[39]

The Institute for Health Promotion and Education recommend a 'settings-based' approach to well-being, including schools, and there needs to be a move towards a trauma-informed approach across these community settings, with the input of expert psychologists.[40,41]

Given the minimal transmission of SARS-CoV-2 outdoors, and the essential role of sunlight and outdoor activity for well-being, outdoor activity and a return of amateur sport is an integral part of mental health and well-being recovery.[42] There needs to be balanced access to creative arts, alongside academic learning, as a vital component of mental health recovery.[43]

As leading Developmental Neuroscientist Professor Uta Frith writing for 'Researchers in Education and Adolescent Child Health and Wellbeing'[44] put it in July 2020, "*Children and young people need to know that the state cares about them.*"[45]

Endnotes

1. Article 3 UN Convention on the Rights of the Child
2. Closing schools is not evidence based and harms children
3. Deaths registered weekly in England and Wales, provisional
4. Enhanced surveillance of COVID-19 in education settings: Overview of enhanced surveillance of COVID-19 in education settings
5. Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020
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10. Young people "unable to cope with life" since pandemic, warns Prince's Trust
11. Prof Ellen Townsend: The impact of lockdown on self-harm in young people
12. Rise in self-harming pupils, exclusions concern and heads 'firefighting' – Ofsted's latest 'visits' analysis
13. Paediatricians warn parents to be alert to signs of eating disorders over holidays
14. Dr Maria Loades: Lockdown loneliness in children and young people may continue to impact on mental health for years to come
15. The Prince's Trust Tesco Youth Index Report (January 2021)
16. Education Policy Institute (EPI) Report (2018). Access to Children and Young People's Mental Health Services.
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24. Poverty in the pandemic: The impact of coronavirus on low-income families and children
25. Lockdown measures reduced the risk of COVID-19, but had unintended consequences for children
26. Reopening of schools vital to boost children's activity levels
27. Lockdown screen time having negative effect on nation's eye health
28. Progression of Myopia in School-Aged Children After COVID-19 Home Confinement
29. Daly, M., Sutin, A., & Robinson, E. (2020). Longitudinal changes in mental health and the COVID-19 pandemic: Evidence from the UK Household Longitudinal Study. Psychological Medicine, 1-10.
30. Bradbury-Jones, C. & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. Journal of Clinical Medicine, 29 (13-14), pp. 2047-2049.
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32. Spinelli M. et al (2020). Parents' Stress and Children's Psychological Problems in Families Facing the COVID-19 Outbreak in Italy. Frontiers in Psychology, 11, p. 1713.
33. Christmas warning as child abuse contacts to NSPCC helpline rises 43%
34. Toxic lockdown' sees huge rise in babies harmed or killed