

Impacts of lockdown on the mental health and wellbeing of children and young people

Considering evidence within the context of the individual, the family and education



Summary



Introduction – one of the most significant public health measures implemented during the COVID-19 pandemic has been extended periods of ‘lockdown’, and associated school closures.

There have been increasing calls to understand the mental health and wellbeing impacts of the lockdown and school closures for children and young people. Such an understanding will help to inform how children and young people can be best supported as lockdown measures are eased over the coming months.

This overview of evidence considers empirical studies of the mental health and wellbeing impacts of lockdown during both the COVID-19 pandemic and during similar health-related disasters in the past. We consider the empirical evidence of impacts across three areas: (1) direct impacts on children and young people’s mental health and wellbeing; (2) impacts within the family context; and (3) impacts within the context of education.

Approach - the focus was on providing an overview of empirical research and therefore we include both primary research articles and articles analysing secondary data or conducting systematic/rapid reviews of empirical literature.

We used indicative search terms relating to health disasters (e.g. pandemic,

epidemic), lockdown, and mental health and wellbeing to search the Web of Science and PsychInfo databases. We also considered emerging findings from several large-scale surveys on mental health impacts being undertaken during the COVID-19 pandemic.

Findings

1. **Direct impacts on children and young people’s mental health and wellbeing** – the evidence on the direct impact of lockdown on mental health and wellbeing of children and young people yields mixed findings, with some studies indicating an increased likelihood of PTSD symptoms in quarantined children. Overall, studies point to increased levels of distress, worry and anxiety. Some likely reasons include increased feelings of loneliness and worries about school and the future.
2. **Impacts within the family context** – the evidence on the mental health and wellbeing impacts for parents/carers points to family contexts where the experiences of lockdown may have been particularly difficult for children and young people. These groups include families where parents/carers are key workers, are younger, and have a history of mental health/physical health conditions. More generally, those families within disadvantaged communities, BAME groups, and those affected by violence are more likely to be negatively affected by lockdown.



3. Impacts within the context of education – the evidence reviewed suggests that many of the worries and anxieties children and young people have been experiencing relate to returning to school, missing school, and the future. Moreover, some evidence suggests that engagement with the curriculum has been disrupted for many children and young people, including those without sufficient digital access, physical space, and other resources to support their learning.

Implications – this evidence overview has helped contextualise some of the challenges that children and young people have been and continue to face with respect to their mental health.

Going forward, support should pay attention to those for whom lockdown has been particularly challenging. Moreover, children and young people may benefit from the opportunity to validate their experiences of lockdown with their peers and should continue to receive clear communication about the pandemic, including on the return to school.

Given the emerging nature of the pandemic, research should continue to longitudinally track the mental health impacts not only on children and young people, but also the impacts within the familial context and within the context of education. Research should pay careful attention to evaluating the effectiveness of support developed for children and young people.





 **Mental Health Foundation Scotland**
30 George Square
Glasgow G2 1EG

 **0141 572 0125**

 **scotland@mentalhealth**

 **@MHFScot**

 **mentalhealth.org.uk**

Authors: Robyn Millar, Mental Health Foundation and Department of Management Science, University of Strathclyde, Neil Quinn, Centre for Health Policy, University of Strathclyde, Julie Cameron, Mental Health Foundation, and Abigail Colson, Department of Management Science, University of Strathclyde.

Acknowledgements: This work has been commissioned as part of Barnardo's Mental Health and Wellbeing Core Priority Programme. We would like to thank the team for their input, feedback on, and support for this work.

