Impact of COVID-19 on children and young people’s mental health: results of survey with parents and carers

YoungMinds carried out a survey with 1,854 parents or carers between Thursday 9th April and Sunday 10th May. The survey was hosted on surveygizmo.eu and promoted through social media and charity mailing lists. [1]

The parents and carers who responded to the survey were more likely than the general population to have a child with existing mental health needs: 745 respondents said that their children had received some form of mental health support (including from the NHS, charities, schools or helplines) in the previous three months.

1. Most respondents were concerned about the long-term impact of the coronavirus on their child’s mental health

Most parents and carers who responded to the survey were concerned about the long-term impact of the coronavirus, and the restrictions on movement, on their child’s mental health.

Overall, 67% of parents agreed that they were concerned about the long-term impact of the coronavirus on their child’s mental health; 14% disagreed.

Among parents and carers whose children had received mental health support in the last three months 77% agreed they were concerned about the long-term impact on their child’s mental health; 8% disagreed.

Respondents reported a range of ways in which the crisis had impacted the children and young people in their care, including:

- Increased anxiety and depression
- Increased sense of loss and fear (e.g. about going out for exercise, or uncertainty about what would happen next)
- Increased mood swings or children becoming more emotional
- Lack of structure and routine having a negative impact
- Children and young people finding it difficult to sleep or having nightmares
- Children either becoming more attached to their parents, or becoming more introverted/isolated within the house
• Children missing face to face contact with friends – technology is only doing so much to help them feel connected.

2. **Mental health, education and safety are among top concerns for parents and carers**

When asked what the top concerns were for the children in their care, the most common answers included:

- Effect on their immediate mental health and recovery from existing mental health conditions, or long term impact on their mental health
- Impact on their education
- Impact on their future work prospects and finances
- Transitioning back into ‘normality’
- Children, or parents, becoming ill with the coronavirus
- Adapting to lockdown and change in their lives
- Impact of social isolation and not seeing friends
- Impact on physical health
- Access to services during and after the lockdown

3. **Many respondents do not know where to turn for support for their child’s mental health**

24% of respondents said that they would not know where to turn for advice and information on supporting their child’s mental health during this time.

Among those who had accessed mental health support in the last three months, 22% said that they would not know where to turn for advice and information.

29% of respondents disagreed that there is enough support (information, helplines and resources) available to help them and their child get through this time.

Among those whose children had accessed mental health support in the last three months, 33% disagreed that there was enough support available.

4. **A quarter of respondents whose children had been receiving mental health support in the run-up to the crisis said that their child was no longer accessing it**

Respondents whose children had received mental health support in the previous three months (from the NHS, private providers, school counsellors, helplines or charities) were asked what level of mental health support their child was currently able to access.

- 4% said their child was receiving the same level of support in the same way
• 63% said their child was receiving the same level of support in a different way (e.g. remotely) or reduced support
• 25% said their child was no longer able to access mental health support, but still needed it.
• 9% said their child was no longer accessing mental health support, and no longer need it

These answers correlate with the previous survey YoungMinds carried out with young people with mental health needs; in that survey, 26% of respondents who had been receiving mental health support in the run-up to the crisis said that they were no longer accessing mental health support. This was either because the services were no longer available or because they faced barriers to accessing remote support that had been offered.

5. **Respondents believe that music, TV, family time and video calls have helped children to cope**

When asked what, if anything, had been most helpful for their child’s mental health during the COVID-19 crisis, the answers that respondents were most likely to agree with were:

- Listening to / playing music 84% agreed that this had been helpful
- Watching TV/films 82% agreed that this had been helpful
- Exercise 82% agreed that this had been helpful
- Spending time with family 80% agreed that this had been helpful
- Face-to-face calls with friends 74% agreed that this had been helpful
- Face-to-face calls with family 71% agreed that this had been helpful

Learning new skills (58%), gaming (57%), reading books (56%), and school / university work (48%) were also thought to have been helpful by many parents.

The least helpful activity listed was reading or watching the news: only 14% believed that this had been helpful, while 55% believed that it had been unhelpful.

6. **Parents and carers need more support**

Respondents were asked what support would be most helpful for them during this time, in terms of their child’s mental health and wellbeing. Common answers included:

*Support for their child’s mental health and wellbeing*

Many parents – including those whose children had existing mental health needs – wanted more support for their child’s wellbeing or mental health.

Respondents said that the following would be helpful:
• Check-ins from mental health professionals or other trusted adults who were previously supporting their child
• Information on where to get mental health support
• Online counselling services, live-chat services, or access to a school counsellor
• Increased mental health support for their child – for example, full-length counselling sessions rather than quick catch-ups
• Advice on coping strategies
• Age-appropriate mindfulness activities
• Resources for young people from school or online to help with their mental wellbeing.

More support for parents and carers

66% of respondents said that the coronavirus crisis had had an impact on their own mental health.

Many respondents indicated that they would welcome support for themselves, including practical help, financial help, better access to amenities such as supermarkets, or more support for them in helping their child to adjust to situation.

Improved communication with their child’s school

Although some respondents indicated they had good communication with their school, many felt that they lacked enough contact on an individual basis or wanted more clarity around the school work that their children were being asked to complete.

Respondents told us that they wanted:

• Better communication with the school - e.g. a weekly call with parents or regular check-ins with their children
• Clarity around expectations in regards to school work, and less pressure from the school in regard to completing work
• Mental health advice from school
• Access to computers for their children, or better internet connection
• Advice on transitions back into school
• Adding arts and wellbeing to their school curriculum
• Clarity around exams including GCSEs and A Levels

Advice on coronavirus

A number of respondents believed that there needed to be clearer guidelines from the Government on the restrictions and particularly aimed at young people. Respondents said that the following would be helpful:

• Clarity on timelines for lockdown
• Advice for vulnerable people as restrictions change
• A personal address from Government to young people
• Guidance aimed at children and young people about COVID-19 and the rules around lockdown
7. Many parents and carers expressed concerns about supporting their child’s schooling

Many respondents expressed concerns about their ability to support their child with their education. This was for a number of reasons:

*Not having time to help*

Parents often mentioned not having time to help – either because of juggling a job with supporting their child or because they had more than one child in their care. This was exacerbated when one child, or more than one, had SEND or mental health needs.

*Not feeling qualified to help*

Many respondents stated that they did not feel qualified to help the young people in their care with school work. Reasons mentioned included not feeling they had the level of education to be able to help, not knowing the content that was being studied, or having no access to materials to be able to help. Some parents responded that this had led them to feel ‘overwhelmed’ or ‘way out of my depth’.

*Unrealistic demands from school*

Parents mentioned schools setting too much work, work that was too hard to complete without a teacher, or too hard to complete outside of a classroom setting. Several parents believed that they didn’t have the temperament to help.

*Focusing on mental health*

Some parents said that they were prioritising mental health instead of school work. The main reasons cited for this were to promote family harmony, because they believed that arguments would ensue if schoolwork was pushed too hard.

*Young people in exam years giving up studying as it won’t affect their grades*

Some parents with children in exam years mentioned that their children had stopped studying as they knew their work will not affect the outcome of their grades. Most parents who reported this were accepting of this.

[1] 91% of respondents lived in England; 4% in Scotland; 4% in Wales and 1% in Northern Ireland.

13% of respondents had children aged 0-5; 34% had children aged 6-10; 44% had children aged 11-14; 49% had children aged 15-18; 19% had children aged 19-22; 6% had children aged 22-25.