

Caroline Nokes MP
Committee Chair,
Women & Equalities Committee
Houses of Parliament,
London,
SW1A 0AA

Thursday 30th April 2020

Dear Ms Caroline Nokes MP,

- 1.0) I am writing on behalf of YoungMinds to provide a written submission to your Committee's inquiry into coronavirus and the impact on people with protected characteristics.
- 1.1) YoungMinds is the leading children and young people's mental health charity in the UK, and we put the experiences of children, young people and families at the heart of everything we do. This submission will draw on the insights and lived experiences of the children, young people, parents, carers and professionals that we work and wider research.
- 2.0) The COVID-19 coronavirus pandemic is the biggest health crisis for generations, and it is having a devastating impact on the lives of people across the world. The measures that the UK Government is taking to address the crisis, including restrictions on movement and the closure of schools to most students, are necessary to save lives. However, the pandemic is also a mental health risk, with the impact of this likely to be higher for those with protected characteristics including young people with long term mental health conditions.
- 2.1) Disability is defined in the Equality Act 2010 as a 'physical or mental impairment which has a substantial effect on the ability to carry out normal day to day activities'. It is estimated that one in eight children and young people has a diagnosable mental health condition, which roughly equates to three children in every classroom¹. Therefore, young people with mental health conditions represent an important group for your committee to consider throughout the inquiry.

¹ NHS Digital (2018) 'Mental Health of Children and Young People in England, 2017' Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>. Based on 12.8% of 5 to 19 year olds being identified as having a diagnosable mental health condition.

Summary

- 3.1) The COVID-19 pandemic is having a negative impact on young people's mental health and their access to support. Digital support has been a lifeline for many young people that we work with but for the reasons outlined in our submission, it is not always appropriate or accessible.
- 3.2) Schools also play an important role in supporting young people with their mental health. We are concerned that the extra difficulties of young people with mental health conditions are not considered adequately in the proposed grading system. Many parents, including those whose children have EHCPs, have told us that they do not feel supported with how to help their child with their learning and with their mental health.
- 3.3) The COVID-19 crisis is likely to have a long lasting impact on young people's mental health and the services that support them. The Government must consider this throughout its emergency response and policies to recover from the crisis.

Impact on young people's mental health & access to support

- 4.0) To investigate the impact that the crisis is having on young people's mental health, we surveyed 2,111 young people with a history of mental health needs². Whilst the restrictions on movement are necessary to limit the spread of COVID-19, the results show that the measures are having a significant impact on young people with existing mental health conditions.
- 4.1) The findings suggest that the coronavirus is having a negative impact on young people's mental health, with 83% of respondents agreeing that the pandemic was making their mental health worse. The key factors that young people said had affected their mental health were concerns about their family, school and university closures, loss of routine and loss of social connection. Furthermore, risk factors associated with mental health conditions, including domestic violence³ and risk-taking behaviour such as increased alcohol consumption, are also increasing because of the pandemic.
- 4.2) During this time when we expect young people's mental health to be getting worse, our research suggests that not all young people who need to be receiving support for their mental health are doing so. Given the Equality Act 2010 outlines that people with protected characteristics should be able to access goods and services, we recommend that the committee considers the impact of this as part of the inquiry.

² The survey was conducted between Friday 20th March, the day on which schools closed to most students and Wednesday 25th March, when further restrictive measures had been put in place. Full details can be found in the report: https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf

³ <https://www.refuge.org.uk/refuge-sees-700-increase-in-website-visits/>

- 4.3) Children and young people's mental health services have historically been disjointed and inconsistent across the country. Waiting times and access criteria vary considerably between local areas. While recent initiatives, including those outlined in the NHS Long Term Plan, aim to improve access to young people's mental health services, only around one-third of children and young people with a diagnosable mental health problem receive NHS support⁴. Access to other forms of support, including that provided through schools or the voluntary sector, also varies considerably across the country.
- 5.0) In our survey with young people, among the respondents who were accessing mental health support in the lead-up to the crisis, 26% said that they were no longer able to do so. Some young people had experienced cancellations due to a disruption in NHS support, schools closing, not being able to attend peer support groups or because services that had been delivered face-to-face could not be provided online or by phone.
- 5.1) This has also been reflected in our work with parents and carers of young people with mental health difficulties. We conducted a survey with 1,679 parents and carers⁵ to find out what impact the pandemic and the restrictions on movement were having on the mental health of the children and young people in their care. A significant issue for the respondents to our survey was the lack of continuity in the contact and care that their child had received from mental health services.
- 5.2) The risk of disengagement from services has been demonstrated in the literature concerning transitions from CAMHS to AMHS. As Singh (2009)⁶ writes, those that 'slip through the care net' are likely to present to adult services later, where they may have developed severe and enduring mental health problems. Given the impact that a disruption in care can have on a young person's mental health, the reduction in support for young people with mental health conditions throughout the lockdown period is particularly concerning.
- 6.0) 74% of the young people who had previously been accessing support indicated that they were still getting some level of mental health support, and mental health professionals deserve enormous credit for continuing to provide help where they can. However, for many young people, the quality of support and frequency of support appeared to have reduced. A young person that responded to the survey told us:

⁴ National Audit Office (2018) 'Improving children and young people's mental health services'. Available at: <https://www.nao.org.uk/wp-content/uploads/2018/10/Improving-children-and-young-peoples-mental-health-services.pdf>

⁵ The survey took place between Thursday 9th April and to Monday 20th April. We will be publishing findings wider findings from the survey in due course.

⁶ Singh et al (2010) Transition from CAMHS to Adult Mental Health Services (TRACK): A Study of Service Organisation, Policies, Process and User and Carer Perspectives. Available at: http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1613-117_V01.pdf

“I can’t have face to face contact with the mental health nurse I work with so we can only have short phone conversations, which don’t provide as much support and my mental health including anxiety and paranoia has deteriorated.”

- 6.1) Given the need to maintain social distancing, the most prominent medium of delivering mental health support during the coronavirus pandemic is digital support. This can be a lifeline for some young people and allows them to continue the treatment that they need for their mental health. However, our research and that of others have found that this is not always appropriate or accessible, which ultimately reduces their equality of access to the services that are instrumental to their mental health care. In 2019, it was estimated that 60,000 11-18-year olds do not have any form of internet connectivity at home, with a further 700,000 lacking a desktop, laptop or tablet at home⁷. As the Children’s Commissioner highlights, ‘while some connectivity is better than none, these children are still very limited in what they can do online⁸.
- 6.2) Additionally, even when young people have access to technology, our research has found that the quality of their care may still be reduced. This may be due to a lack of privacy at home or a fear of their family overhearing the session. In some cases, family relationships are at the centre of young people’s therapy, and so it would be difficult to discuss concerns while at home. In other cases, young people said that their families did not know that they were receiving mental health support and they did not want them to find out.
- 7.0) To address the reduction in support available to young people, NHS England has rapidly introduced urgent 24/7 mental health helplines to provide mental health support, including to children, young people and parents, across England. These helplines are very welcome, but their availability has not yet been well publicised in some areas so many young people, parents and professionals looking for support will not know about them. Equally, the helplines are only intended for use by young people that are experiencing a mental health crisis as opposed to a long term and sustained mental health intervention.
- 8.0) Community and voluntary organisations are also important for supporting young people with their mental health. VCSE organisations are facing particular challenges in response to the coronavirus crisis. Charity sector bodies have made initial estimates that there be a minimum reduction of £4.3bn of income over the coming 12 weeks, though the figure could be far higher⁹.

⁷ https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/CDI-2019-report-11-18yrs.pdf

⁸ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/04/cco-tackling-the-disadvantage-gap-during-the-covid-19-crisis.pdf>

⁹ <https://www.ncvo.org.uk/about-us/media-centre/press-releases/2748-every-day-counts-as-charities-still-wait-for-government-support>

- 8.1) In some areas this had already led to the closure of local community organisations that provide mental health support for young people at the local level. Therefore, many young people are being left without the appropriate support for their mental health. The Government must take urgent action to invest in support for young people and their mental health.
- 9.0) **To address young people's access to mental health support, we recommend that the following are immediately implemented to expand the frequency and quality of care that young people are receiving for their mental health:**
- **Offer an immediate financial emergency support package to increase young people's access to mental health support** throughout the pandemic, through youth groups, charities and helplines. This will ensure that the organisations have the resources to support young people with their mental health throughout the COVID-19 pandemic.
 - **Launch a national campaign to reach 10 million children and young people to promote positive approaches for maintaining mental wellbeing**, during the pandemic and as restrictions are lifted, working alongside the voluntary sector to do so. This should be co-produced with young people with lived experience of mental health problems.
 - **Ensure that clear guidance is made available to young people, families and professionals** about how young people can access local mental health services during the pandemic. This should include ensuring that services that are running are well publicised to young people and their support networks.
 - **Circulate best practice guidance on providing digital support to mental health professionals across all sectors including voluntary and community organisations.** Much of the existing guidance is not tailored to children and young people specifically or does not sufficiently cover issues like safeguarding or issues around privacy. Additionally, guidance should include how professionals can still support young people that lack access to the appropriate technology to engage with digital support.
 - **Create an action plan to support the growth and continuity of support as restrictions begin to lift**, alongside a contingency plan in case further restrictions are introduced in future.
 - **Support the resourcing of helplines and online advice for parents and carers** who are concerned about their children's mental health

Impact of changes to education

- 10.0) Schools play an important role in supporting young people with their mental health. As well as providing stability, routine and consistency to many young people, schools provide protective factors for young people's mental health and notably a connection with trusted adults such as teachers and pastoral support. In our surveys with both young people with established mental health needs, and parents and carers, significant concerns arose about education and schooling and

how the measures implemented in response to the coronavirus crisis would affect their mental health.

- 10.1) Some children experience extreme school-based anxiety which prevents them from attending school full time or impacts on their schoolwork. This may be the result of a variety of issues including social anxieties, an undiagnosed or unsupported Special Educational Need or Disability (SEND), bullying or previous adversity or trauma. The difficulties faced by these young people may have impacted on their past schoolwork and their ability to learn. Additionally, there are a multitude of other factors that can impact on young people's ability to learn outside of a school environment. These can have a significant effect on schoolwork and, it is crucial to view these from a perspective of equalities. Examples of such factors include overcrowding, parents not speaking fluent English, parents and carers not educated to a level where they feel they can confidently assist their children and experience of an unsuitable home environment.
- 10.2) The Government recently published their consultation on the 'Exceptional arrangements for exam grading and assessment in 2020'¹⁰ where they outlined their planned approach to awarding the grade for educational qualifications, given the cancellations of all exams in response to the COVID-19 pandemic. Here, they outline that the calculated grade will be based on information provided by the school, including the grade they believe you were most likely to get if teaching, learning and exams had happened as planned, based on classwork and homework; previous assignments and any mock exams; any non-exam assessment or coursework you might have done; and your general progress during your course.
- 10.3) The corresponding equality impact assessment¹¹ to the consultation provides a review of the literature and concedes that students 'studies of potential bias in teacher assessment suggest that differences between teacher assessment and exam assessment results can sometimes be linked to student characteristics like gender, special educational needs, ethnicity and age' (p4). They outline that the effects of this are small. However, the evidence suggests that there is an impact on assessments of students with special education needs, which may include young people with mental health conditions. Therefore, we are concerned about

¹⁰https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879627/Exceptional_arrangements_for_exam_grading_and_assessment_in_2020.pdf

¹¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879605/Equality_impact_assessment_literature_review_15_April_2020.pdf

the negative impact that the procedure for determining grades and ultimately on educational outcomes. As one parent told us:

‘My son has an EHCP in place & was mostly studying through virtual learning (vle) which has only recently (6 months) been put in place. Before this he missed a huge amount of school. He was due to take GCSEs this year & I feel that the huge progress he has made through vle will not be taken into account for his GCSE grades’.

11.0) A further point that was highlighted in our survey with parents and carers is the impact of the coronavirus on young people that have Education, Health and Care Plans (EHCPs). Following the Children and Families Act 2014, EHCPs were introduced to support young people with special educational needs and disabilities (as defined by the Equality Act 2010) who find it harder to learn than other children or where methods of teaching are not accessible to them.

11.1) Whilst educational settings remain open and safe for vulnerable children and young people, the majority of vulnerable children are remaining at home. Data that has been published by the Department for Education indicates that only 5% of all children that are classified as ‘children in need’ or who have an ECHP are attending school¹². Throughout the coronavirus pandemic, the duty remains on local authorities to consider the need of young people with EHCPs, where they were instructed to make a risk assessment, consult educational settings and parents or carers, to determine whether children and young people with SEND will be able to have their needs met at home, and be safer there than attending an educational setting¹³.

11.2) Many of the parents that responded to our survey said that they have felt unsupported with their children’s educational and wellbeing needs, and therefore unable to uphold the measures outlined in their EHC plan. As one parent told us:

‘I am not a qualified teacher. I am not a qualified occupational therapist. I am not a qualified speech and language therapist. I am

¹²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881663/COVID19_attendance_in_education_settings_170420.pdf

¹³ Currently, there remains an absolute duty upon local authorities to secure and deliver special educational provision contained within an EHC Plan. The Coronavirus Act 2020 makes two key amendments to the law related to this if the Secretary of State for Education makes an order to that effect. These are temporary amendments for local authorities to make ‘reasonable endeavours’ to uphold that plans, but that has as yet not been defined. Additionally, the duty on schools to admit a child where the EHC plan names that school (section 43 of the Children and Families Act 2014) can be temporarily disapplied.

not a qualified MH therapist. I am not a qualified physiotherapist. I am not a qualified Educational psychologist... I am their mother, for which I am qualified but I will be unable to provide the provisions listed in their EHCPs’.

- 12.0) However, there are also a number of young people with mental health conditions that do not have EHCPs and the corresponding additional support. The parents and carers of those young people also highlighted a lack of communication from the agencies that support their children, including schools and mental health services. Parents reported that they think their child would benefit from regular communications or ‘check-ins’ to enable them to get advice about how to best support their children with their mental health and with their education.
- 12.1) Our work also indicated that the responsibility to educate children since the coronavirus crisis is increasingly falling on parents and carers, and this could exacerbate inequalities and particularly for young people with EHC plan and those with mental health conditions. For a variety of reasons, some parents will be better able to support their child's home-schooling than others. This includes whether they are working themselves; their own educational background; access to technology; and whether they have multiple children with different needs that they are supporting.
- 12.2) Whilst we understand that these are difficult circumstances, for the reasons outlined above, we are concerned about the impact that the lack of support for some young people and their parents and carers will have on their ability to continue to engage with their education through the COVID-19 pandemic, as well as the negative implications that the reduced support could have on their mental health. All children have a right to a continuity of education, and without putting the appropriate support in place, this may lead to negative outcomes for children and young people with alternative needs.
- 12.3) The Welsh Government has already recognised the need to provide additional support to schools and have announced funding to local authorities to deliver counselling services in schools alongside new guidance and online resources for mental health to help deal with additional issues created by the coronavirus¹⁴.
- 13.0) Therefore, we recommend that the UK Government delivers the following immediately and over the next six months;**

¹⁴ <https://gov.wales/increased-support-childrens-mental-health-following-covid-19-outbreak>

- **Deliver a wellbeing support package for schools**, enabling them to support young people during restrictions and providing guidance and resources for schools on how to manage transitions and implications as students return to school including;
 1. **Clear best practice guidance for teachers and school staff** on when and how to stay in touch with children and families including those with mental health conditions and EHCPs, whilst restrictions are in place, and how to refer for further support if needed
 2. **Additional funding for any work schools are expected to carry out to support young people** and especially if this happens over Summer holidays
 3. **Support through Local Authorities for schools to access Kooth or other online counselling platforms now and as restrictions lift** to meet the expected increase in young people that are looking for mental health support in schools
 4. **Guidance and resources to manage transitions back to school** to support young people
 5. **Make wellbeing a priority in the education system** into the next academic year, through clear Government directives and the adaptation or reduction of accountability measures.
- Amplify the Public Health England guidance for parents and carers through a national campaign delivered through the voluntary sector and by schools

Reducing the long-term impacts of the pandemic on young people's mental health

- 14.0) Whilst your inquiry is considering the needs of young people that currently have protected characteristics, we recommend that you also consider measures to prevent young people's mental health from getting worse during and after the lockdown period. Thus, reducing the number of young people whose mental health needs deteriorate to the point where they are considered to have protected characteristics under the Equality Act 2010 in the future.
- 14.1) As we have already outlined in our submission, the coronavirus pandemic is having a significant impact on the mental health of young people and their access to mental health services. Importantly, during the lockdown period, referrals to young people's mental health services have significantly reduced. Some areas, including Birmingham Women's and Children's Foundation Trust, have reported that there has been 'a 50 per cent reduction in referrals since the COVID-19 crisis first struck in March'¹⁵. This means that many young people with emerging

¹⁵ <https://www.hsj.co.uk/coronavirus/major-drop-off-in-referrals-to-childrens-mental-health-services/7027373.article>

mental health needs are not currently able to access the mental health support that they need.

- 14.2) This is likely to be because the key routes for referral to NHS mental health services, notably schools and youth groups, are now far less able to identify children and young people who are struggling with their mental health. Additionally, since the coronavirus pandemic, access to primary care has been significantly reduced with the closure of GP surgeries or a transition to primarily telephone only appointments. There may also be a perception that the NHS is overstretched as a result of the coronavirus pandemic and they decide not to reach out for support.
- 14.3) Young people's mental health services were already overstretched before the pandemic. Given the amount of young people that are experiencing a disruption in their care during the lockdown and the expected increase in young people with emerging mental health conditions, it is likely that services will be overwhelmed by the numbers of young people that are looking for support as we transition back to normal life.
- 15.0) We have already outlined the important role that community and voluntary organisations play in the mental health system. They also have a crucial role at intervening early and supporting young people with emerging mental health needs with their mental health. The financial pressures on VCSE organisations are likely to lead to a reduction in the support available to young people including those that support vulnerable young people with issues such as drug or alcohol abuse, domestic violence, as well as youth organisations that provide the protective factors that help young people to build the resilience that is needed to help them overcome life's obstacles¹⁶.
- 15.1) It is clear that to meet the needs of young people as we recover from the vast economic and social repercussions of the COVID-19 pandemic, we need a new and systematic approach to mental health support. This must strengthen mental health support in the NHS and prioritise early intervention in our communities.
- 15.2) **In order to mitigate for the long term impact of the coronavirus on the mental health of young people and the available support, over the next six months the Government must:**
- **Create an action plan to support the growth and continuity of support as restrictions begin to lift**, alongside a contingency plan in case further restrictions are introduced in future.
 - **Prioritise early intervention services in local communities**, including a network of open access Mental Health Hubs to provide support to those

¹⁶ <https://nya.org.uk/wp-content/uploads/2020/04/Out-of-Sight-COVID-19-report-Web-version.pdf>

with emerging needs, alongside advice on employment, housing and education.

- **Launch a cross-government strategy for young people’s mental health, taking a ‘young people’s wellbeing in all policies’ approach** to future policy-making.
- **Re-commit to funding and delivering the young people’s mental health plan outlined in the NHS Long Term Plan in full**, including the ambition to ensure that all children who need specialist mental health support will receive it, and that funding for children’s mental health services will grow faster than overall NHS spending and mental health spending.
- **Introduce a national commitment to address childhood adversity and trauma**, with dedicated training for professionals who work with children and young people.

If you would like to discuss any of the points raised in this submission, then please do not hesitate to get in contact. Additionally, if you are holding any evidence sessions with people with that have lived experience of the impact of coronavirus on those with protected characteristics, we would be happy to discuss involvement from YoungMinds’ Youth Activists.

Yours sincerely,

Emily Dobson,
Policy and Parliamentary Officer,
YoungMinds