

Written evidence submitted by Dr Maria Loades

# Response to Call for evidence: The impact of COVID-19 on education and children's services

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*I am herewith responding to the call for evidence regarding the impact of COVID-19 on education and children's services, specifically the support for pupils and families during closures, including children's and young people's mental health and safety outside of the structure and oversight of in-person education.*

We conducted a rapid systematic review of the literature (<https://www.sciencedirect.com/science/article/pii/S0890856720303373>) to establish what is known about how loneliness impacts on mental health in children and young people. We found evidence that loneliness is associated with both depression and anxiety. This is both when loneliness and mental health are assessed at the same point in time, and when loneliness is measured now, and depression and anxiety are measured subsequently, up to 9 years later. Of relevance to the COVID-19 context, we found some evidence that it is the duration of loneliness which is more strongly associated with later mental health problems. As school closures continue, playgrounds remain closed, and at best, young people can meet outdoors for a socially distanced walk, chances are that many are lonely, and continue to be so over time.

For many young people, loneliness will reduce as they are able to re-establish social contacts and connections as lockdown eases – for example, as they return to school or college. For some, though, and particularly for those who were more vulnerable to being socially isolated before lockdown ensued, and to those who may not be able to resume social activities due to shielding, for example, loneliness may be prolonged by their struggle to resume social life, and they are particularly likely to struggle.

In young people, there is some evidence (<https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/camh.12389>) that taking up a new hobby is a good way to combat loneliness. There is also evidence that building social skills can help to

overcome loneliness. More widely, we know that physical activity, getting a good nights' sleep, and doing things we enjoy and are important to us is good for our wellbeing.

It is key that children and young people are allowed to return to activities such as playing together, even if outdoors, as soon as possible, and that they are able to resume attending school, which gives them a structure for their day, and provides them with opportunities to see peers and to get support from adults outside of the nuclear family. Children's needs should be the utmost priority in the government's strategy for easing lockdown, with schools being enabled to remain open and rapid testing being made available so that those who have had close contact with COVID cases such that self-isolation time is minimised. Alongside this, the government could target children's wellbeing in public health messaging.

Meanwhile, we should also continue to embrace technology to keep in touch. When we have explored the experience of psychological therapy by videocalls, what young people and therapists have told us is that it is a different sense of connection to face-to-face therapy (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6312867/>). It is better than connecting via the phone (or not meeting at all), but not as good as meeting in person. So social networking and video calls can fill the human connection void to some extent, and they are certainly better than nothing, but not as good as seeing each other in person. And what really gets lost is opportunistic, informal meetings – that chat with someone in the corridor, or at a café. And those informal interactions which are unplanned have a feel-good factor, but also, crucially, for children and young people, help to build social skills and to develop their self-identity.

So whilst we do what we can to mitigate the effects of loneliness, and to re-establish social connections for children and young people as soon as we can, we also need to prepare for an increase in mental health problems, in part due to loneliness, and also due to the other unintended consequences of lockdown, such as a lack of structure, physical inactivity and social and/separation anxiety that might be triggered when resuming social interactions outside of the home. Specialist mental health services in the UK were struggling to meet demand even prior to the pandemic. There are several levels at which we can prepare for the heightened demand. The first of these is to take a universal approach to promoting wellbeing – by public messaging, and by schools doing activities to promote wellbeing in children and young people as they resume. The second of these is to seek to identify those who are struggling as early as possible, and to do targeted interventions to help them to overcome their struggle as soon as possible. This may be by providing them with extra support in schools, like helping them to overcome anxieties about returning to school or giving them an extra hand with reconnecting socially with peers. And by signposting them to evidence-based materials like ThinkNinja, a self-help programme based on Cognitive Behaviour Therapy (CBT) principles, which has been made freely available in the UK during lockdown. For those who continue to struggle over time, and can't get back to doing the things they normally do as a result of their struggles, we need to ensure that they are made aware that services are open, and properly resourced to provide specialist help in a timely way, and to make sure that they know how to access this help and are supported to do so.

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