Children & Young People's Mental Health Coalition

COVID-19

Protecting Children & Young People's Mental Health

Version 1.0
23rd March 2020

This is a live briefing document from the Children's & Young People's Mental Health Coalition. We will issue new versions of this live briefing as more detail and clarity is available.

Background

COVID-19 (the coronavirus) is a new illness, which affects people's lungs and airways. Symptoms include a high temperature and a new, continuous cough. The World Health Organization (WHO) has declared the outbreak of a new coronavirus disease a Public Health Emergency of International Concern, and it is now designated as an international pandemic.

The UK is currently not actively testing for COVID-19, apart from in specific populations or settings. The Government has recently updated its action plan, calling on the public to:

- stay at home for 7 days if you have symptoms;
- if you live with other people, stay at home for 14 days from the day the first person displays symptoms.

Additionally, if someone has symptoms of the virus and lives with someone who is 70 or over, has a long-term condition, is pregnant or has a weakened immune system, the Government is asking people to try to find somewhere else for them to stay for 14 days. If you have to stay at home together, they suggest that you try to keep away from each other as much as possible.

The UK Government is continually issuing, and updating, its response and guidance over this time. Daily news conferences will be led by the Prime Minister or senior ministers, alongside Prof Chris Whitty (Chief Medical Adviser) and Sir Patrick Vallance (Chief Scientific Adviser).

New emergency legislation is being introduced to support the UK's response to COVID-19. The COVID-19 (Coronavirus) Bill 2020 will be time-limited for 2 years, and allows for the four UK Governments to introduce and withdraw new powers when they are required. The enactment of powers will be based on the advice of Chief Medical Officers across the four nations. The proposed legislation includes measures that would temporarily reform the Mental Health Act 1983 (as amended), Mental Health (Care and Treatment) (Scotland) Act 2003, and Mental Health (Northern Ireland) Order 1986, and the Mental Capacity Act (Northern Ireland) 2016. At present, the NHS guidance for professionals will also apply to NHS mental health workforces.

The Government has now implemented school closures for most pupils across the UK. A skeleton staff structure will be kept in place to provide educational support and childcare for the children of key workers, professionals and people working in industries deemed important for the response to COVID-19, including teachers, doctors, nurses, police officers, and delivery drivers. All student planned examinations have been postponed, and the majority of learning will be provided online, where possible. Children and young people deemed to be vulnerable (those who have a Special Education Need or Disability and on a Health Education and Care Plan or are in care) will be able to also attend schools. Schools and local authorities are expected to continue providing free school meals to eligible pupils during the school closure period. Our members tell us that concerns around food supply and shortages are fuelling feelings of concern and anxiety among children and young people with mental health needs.

Disclaimers

This is a short briefing considering the impact of COVID-19 on children and young people's mental health, and the services that support them.

The Coalition and its members are committed to supporting evidence-based approach in responding to COVID-19, and ensure we protect against a public health crisis during, and in the wave of the pandemic.

Given the changing nature of this public health crisis and response from the children and young people's mental health sector we have not had time to consult all members of the Coalition.

With this in mind, we are sharing this as a *live working document*, and have included *suggestions*, rather policy or practice changes, which would have required more time to refine with the members.

We hope this live briefing is useful in orienting what the impacts of COVID-19 might be on children and young people, and assist you in thinking through your own policy, advocacy, practical or operational responses.

This briefing was compiled by Kadra Abdinasir (CYPMHC and Centre for Mental Health), Marc Bush (YoungMinds), and we are grateful to those members who were able to provide their valuable insight into this briefing. We also appreciate the thoughts and working ideas shared by other colleagues in the wider charity, community and voluntary sectors. Special thanks to Tom Burke (Amplify) for compiling the safeguarding and personal safety sections.

All typos and errors are ours, and given the speed of writing I'm sure you'll forgive us!

If you, or your organisation, would like to contribute to future versions of this briefing please contact Kadra.Abdinasir@cypmhc.org.uk and we'll add you into the drafting group.

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1. Mental health support (including in schools)

1.1 Mental health contact is essential

The new measures call on the public to 'stop non-essential contact with others and to stop all unnecessary travel'. At present counselling and psychotherapy could be deemed 'non-essential contact'. Moreover, those self-isolating because they (or their families) have a symptom or confirmed diagnosis of COVID will not be able to attend face-to-face sessions.

This is especially problematic for children and young people in mental health crises. It also significantly impacts the experiences, and levels of distress, of young people whose mental health condition relates to concerns about feelings of; (*for example*) contamination in Obsessive Compulsive Disorder (OCD) or some Eating Disorders, isolation and negative self-worth in Depressive Disorders, contact and confinement with others in Anxiety, Panic, and Phobic Disorders. Further, if there is an escalation quarantine or social distancing measures in certain areas, the presence of police and/or the military on the street could heighten levels of distress.

Some member organisations will continue to provide remote support for parents, families, children and young people over this period. We are likely to experience heightened demand for these services.

Suggestion: counselling, psychology and psychotherapy be deemed 'essential contact', especially for children, young people and families who are at greater risk of mental health crisis or deterioration resulting from pre-existing conditions or the measures to restrict social contract. However, in order to comply with COVID-19 public health measures, services are strongly encouraged to move to telephone, video or virtual modes of delivery (if this is deemed safe and appropriate for staff and/or clients)[1]. Many of the professional bodies in psychology, counselling and psychotherapy are also advocating this. Those operating in a schools environment should continue to monitor Department for Education advice, in light of restrictions and school closures.

Suggestion: members signpost to both self-led support and content online, as well as promoting remote support for those in higher levels of need, who are in crisis, or are self-isolating. Members should continue to review and respond to the individual needs of young people where possible and determine what technology is most appropriate for the young person. For example, a young person may be concerned about privacy if they need to use services such as a Skype in a shared family space.

1.2 COVID-19 Bill will temporarily amend mental health detentions

An emergency piece of legislation (COVID-19 Bill) intends to make it easier to detain someone under the Mental Health Act (MHA) 1983 (as amended), Mental Health (Care and

[1] Our member, Youth Access, have developed a guide for services seeking to go digital to ensure they are compliant with safeguarding and data protection requirements. See here for further information - Go digital: A beginner's guide to adding online support to your young people's mental health and wellbeing service https://www.youthaccess.org.uk/downloads/going-digital--a-guide-for-services.pdf

Treatment) (Scotland) Act 2003, and Mental Health (Northern Ireland) Order 1986, and the Mental Capacity Act (Northern Ireland) 2016 by requiring just one (instead of two) qualified doctors, and an Approved Mental Health Professional (AMHP), to agree to this. In addition, there will be a temporary extension or removal of time limits under the Mental Health Act to allow for greater flexibility where services are less able to respond.

We anticipate that many of the alternative Places of Safety that people might have been taken for assessment under the Mental Health Act will not be available given the social distancing and isolation measure in place. Further, health-based Places of Safety are likely to be overwhelmed by the COVID-19 staffing and space pressures on the NHS. This might mean that school-based Places of Safety are used, however school closures make this less likely, and perhaps in emergency situations police cells could once again be used for children and young people.

The social distancing and isolation policies will mean that children and young people in mental health in-patients (who are not imminently discharged) will be unable to be physically visited by their families. This could heighten their levels of distress and sense of isolation.

These temporary legislative changes are likely to have a substantive impact on children and young people's protections under the Human Rights Act 1998. Whilst temporary switch on/off powers, they could endure for up to two years, with concerning consequences. For example, the amendments to the various pieces of mental health legislation across the four nations allows for longer detentions without protective time limits. This could well restrict, threaten or infringe children's (Article 5) rights to freedom of liberty, and (Article 8) rights to private and family life. Further, the prolonged detention and possible resulting increase in use of force (including seclusion, segregation, and forms of restraint) in mental health settings could contravene protections against (Article 3) rights to freedom from inhuman, degrading and torturous treatment. This would also run counter to the implementation of Seni's Law (Mental Health Units (Use of Force) Act 2018) - *notwithstanding and in addition to the existing restrictions imposed by the respective mental health laws.*

Suggestion: urgent consideration be given to the consequences of increased detentions of children and young people in mental health units, and/or the duration of detention on their recovery and therapeutic journey. It is important to note that individuals have a continued right to appeal detentions where there are concerns.

Suggestion: urgent consideration given to alternative Places of Safety that could be offered that would minimise psychological distress, which prevent the transmission of COVID-19.

Suggestion: wherever possible children and young people in in-patient units are offered virtual and phone-based visits and contacts with family.

Suggestion: urgent protocols to reduce and minimise use of force (including seclusion, segregation, and forms of restraint) are put in place in all mental health-related settings - along the lines intended for the implementation of Seni's Law.

Suggestion: The Government should provide clarity over the circumstances in which the emergency legislation will be enabled and applied.

1.3 COVID-19 Bill will temporarily deprioritise mental health

The Government is likely to temporarily amend the Care Act 2014 in England and the Social Services and Well-being (Wales) Act 2014. This would allow local authorities to prioritise the services they offer in order to ensure the most urgent and serious care needs are met, even if this means not meeting everyone's assessed needs in full or delaying some assessments. Based on previous reforms of social care and support it is likely that some social care-related support for mental health will be reduced, limited or withdrawn at this time.

Further, the proposed COVID-19 Bill is seeking to 'relax' the provisions for those with Special Educational Needs. Under the Children & Families Act 2014, an application could have been made for an Education, Health and Care Plan (EHCP) for children and/or young people with a diagnosed mental health condition (and/or autism, learning disability or other condition).

A relaxing of these provisions could mean a de-prioritising of psychological, social, emotional and behavioural support within schools, colleges and the local community. Some members are concerned that this may lead to increased use of seclusion, segregation, isolation or possibly restraint in schools and educational environments that remain open to students (for example children of key workers). If this were the case, it would likely escalate levels of distress children and young people are facing in understanding and making-sense of COVID-19.

Further, some parents and families are concerned (especially those who work in health and care professions) that they might be asked or have to withdraw their child from a school or college, which would impact on their own professional contribution to responding to COVID-19.

Suggestion: the Bill carefully considers definitions of prioritised services, and in the event mental health-related social care is excluded, Government and local authorities issue clear guidance on alternative ways of meeting urgent and crisis-related needs.

Suggestion: Given that schools and colleges remain open for children of key workers, the Bill and Department for Education urgently consider how to minimise avoidable school exclusions due to de-prioritised mental health support. Existing guidance on reducing use of seclusion, segregation, isolation and restraint be reinforced, and positive support plans be put in place.

1.4 Public mental health preparedness beyond COVID-19

Whilst significant attention is being given to the current public health response to COVID-19, members have suggested that more needs to be done to prepare mental health services, professionals, children, young people and their families for the mental health implications of current measures. This includes the possibilities of a. Future social reintegration, b. future reinforcement of social distancing and self- / familial-isolation measures, c. public health education around vaccinations for COVID-19.

Suggestion: members work with the NHS, local authorities and services to encourage them to prepare for the public mental health needs that will result from the next phases of the COVID-19 pandemic and responses (including for emotional and psychological support and therapeutic services).

2. Medicines and self-medicating

2.1 Supply of psychiatric medicines

The Department for Health and Social Care (DHSC) is coordinating medicines (including psychiatric) demand and supply through the National Supply Disruption Response (NSDR) system (founded for Brexit). This is an emergency response mechanism, which ensures a continuity of supply chains so that the NHS and other major distributors have access to essential medicines at a time of national crisis.

In terms of mental health, the main risk is that children and young people (their families or responsible and prescribing clinicians) request longer prescriptions than normal, especially if a. they are self-isolating, or b. there is an increase in the levels of social distancing or restrictions on movements. Likewise in-patient units and other residential mental health settings may request a higher level of prescriptions, or retain more of the supply on premises. This could lead to a massive increase in demand and resultant shortages within the supply-chain.

Suggestion: temporary guidance needs to be issued by the NHS to mental health units, GPs, community and hospital pharmacies on managing longer prescriptions, and safe practices around storing and providing higher volumes of psychiatric medicines.

2.2 Medicines-compliance and usage

Some members are concerned about medicines-compliance over the period of self-isolation and/or a policy of social distancing. Some children, and a smaller number of young adults, may rely on family members, friends or visiting health professionals to assist with medicines compliance.

Poor medicines-compliance, or withdrawing from medicines altogether, can induce significant alterations in thoughts, emotions, sensations, behaviours, moods and relationships with people around them, or their overall environment.

Some children or young people may already be experiencing high levels of distress, and changes in both medication and their social environment may heighten or exacerbate this. This is likely to depend and vary on levels of distress, diagnosis, type of medication, and/or the degrees of change in routine, environment and medicines usage.

Some psychiatric medicines can impact on lung and/or airways (respiratory) functioning or capacity, especially if there is an underlying long-term condition, or may have been a way of supporting people to regulate their breathing (i.e. in the case of panic and anxiety

conditions). COVID-19 impacts people's lungs and may cause coughs and/or breathing problems.

Suggestion: those children and young people in contact with mental health services of a prescribing clinician discuss safe ways of supporting, managing and ensuring medicine-compliance within agreed care, treatment or support plans. Brief support and guidance should be given for families and professionals who are continuing to support medicines-compliance in person or remotely. Members who offer advice, guidance or self-led resources online should signpost children, young people and parents to these as a supportive and interim measure. This suggestion is especially important for children and young people who also take medicines for other long-term conditions (especially if it relates to lung and/or airways condition, or a compromised immune system).

Suggestion: those taking psychiatric medicines that may impact on their lung functioning, capacity or breathing, should liaise with their prescribing clinician to agree what to do in the event they contract COVID-19. Members who have online resources or signposting to resources that support people with breathlessness, anxiety or panic symptoms should promote these as a more general preventative measure (*i.e. meditation, mindfulness, self-calming, self-soothing, and self-regulation techniques*).

2.3 Self-medication and COVID-19

Some children and young people are facing higher than usual levels of anxiety, stress or depression because of COVID-19, and public health policies of social distancing, and familial or self-isolation. Members are concerned that some may attempt to self-soothe and regulate through self-medication. This could be through the use of prescribed, non-prescribed, or illegal (recreational) drugs.

This significantly increases the risk of non-intentional and non-suicidal self-injury or self-harm. Furthermore, taking a higher than prescribed dose of a psychiatric medication, mixing it with non-prescribed medications, or taking alongside illegal (recreational) drugs can increase the risk of harm to the child or young person.

Suggestion: members, the NHS and wider organisations offering families, children or young people information or advice on medicines of self-medication should re-emphasise safety messaging, and proactively offering alternative strategies for self-soothing and self-regulating. This can include signposting to, or providing advice, on how to have high quality conversations with children and young people about their feelings, thoughts and emotions around COVID-19, and the measures being put in place.

3. Safeguarding children, and their personal safety

3.1 Working with Safeguarding Policies and Procedures

Members will have established Safeguarding Policies and Procedures detailing minimum expected standards for safeguarding the children, young people and families they work with. These may assume fully staffed HR teams, all team members being trained, opportunities to

apply for DBS certificates, and ratios of staff or volunteers to children, young people or families.

Your operations may be affected by staff contracting COVID-19, exacerbation of an underlying health condition, or compliance with the social distancing or self-isolation measures. Members have a responsibility to consider the impact of this on designated safeguarding leads / nominated child protection leads, and ensure contingency measures are in place for operations that continue to be delivered during the COVID-19 pandemic.

Suggestion: members should carefully consider which elements you may temporarily relax in this period, in line with the Government's volunteering guidance. Avoid relaxation wherever possible, and where there are relaxations, document this and your reason for it. Be led by the risks of not undertaking an activity due to safeguarding risks, as much as doing it with lower standards. Where relaxation occurs, for example of current safer recruitment policies and procedures, seek to increase risk mitigation measures in practice. If activities become too risky or unmanageable do not run them. Where possible, these decisions should have oversight of your trustees who remain ultimately legally responsible for the charities activities.

Suggestion: members should preserve named designated safeguarding leads, and have contingencies in place to ensure they are available at all times. Plan for how you would fill these responsibilities should your designated lead be unavailable. Check if you have trained deputy designated safeguarding leads who have covered these functions in the past. If not, check who else in your team has previously received training (including in other organisations) who could temporarily step in and fulfil these responsibilities. Aim for a briefing from the current designated lead to anyone who may need to fill this function temporarily. Remember to document the steps you are taking so that you can track how you are safeguarding children and vulnerable adults.

3.2 Working with volunteers during COVID-19

Across the UK, many people will be seeking to volunteer to support those affected by COVID-19. Some have / are considering offering this option to their own staff. The COVID-19 Bill will introduce compensation for loss of earnings to allow individuals to take Emergency Volunteer Leave to help with the response as an incentive for more people to step forward. Volunteers can also be included as key workers, which means their children may still be able to attend school.

The rapid onboarding of a large number of new volunteers could see current recruitment processes reduced and limit opportunity for screening, referencing, and criminal record checks. This should be balanced with the risk that those with an intent to cause harm are being opportunistic to gain access to children and vulnerable adults at risk at this time of crisis.

Suggestion: members should consider the activities volunteers will undertake (including remotely) and carefully consider which elements of current safer recruitment policies and procedures you temporarily dis-apply. Any relaxation should be balanced with increased mitigation measures in practice. This could include requiring no lone working; ensuring

supervision from existing & experienced team members; ensuring higher risk activities are only undertaken by experienced team members and always keeping a record of who was working when.

Suggestion: traditional safeguarding training may not be feasible for new volunteers. Always provide direction on your organisation's Code of Conduct and expected boundaries of behaviour (especially on information sharing) and where to report concerns about the behaviour of other members of the team or a safeguarding concern of a child or adult at risk. Local authorities and police retain their duty of care to children and young people who are at risk of harm and should be altered by any maltreatment experienced due to the actions of staff or volunteers. Similarly, charity trustees retain their responsibility to report to the Charity Commission an incident if it results in, or risks, significant harm to people who come into contact with your charity through its work.

3.3 Safeguarding and regulated activities during COVID-19

It is an offence to employ a staff member or allow a volunteer to do 'regulated activity' if they are barred from doing so. We anticipate that this provision will not be relaxed under any COVID-19 Bill. Ordinarily, organisations will seek an enhanced with barred list check DBS certificate to confirm whether an applicant has been barred. This is unlikely to be possible in the current circumstances.

Suggestion: Members should confirm whether your organisation has any on-going activity which would be defined as regulated activity. If you are unsure if you undertake regulated activity, see information from the Disclosure and Barring Service. For work with children and young people, temporarily changing who supervises this task and some of the remit of the activity may remove it from a definition of regulated activity.

3.4 Concerns over suspected risk and interpersonal trauma

COVID-19 public health measures rely on self- and/or familial- isolation. The reduction in social contact and focus on isolation will increase time children and young people spend in households where they may be subject to harm, such as childhood maltreatment (abuse and/or neglect), witness or experience domestic and/or intimate partner abuse.

For all children and young people, self-isolation within a family home, familial-isolation from the local community, and isolation within a shared house or accommodation all could heighten the risk of interpersonal stress, tension, conflict or aggression. The family may have only one room in which to isolate, some children may still share a bedroom with parents or siblings, and/or they may be confined in close proximity to others who pose a threat to their personal safety.

The Equality and Human Rights Commission has reminded the Government that, during periods of confinement, domestic abuse (and violence against girls and women) tends to increase, and they raise concerns about the withdrawal of contact from health, care, educational and other settings that may have been able to identify this. The Victims Commissioner for England and Wales has raised similar concerns to the Prime Minister.

Suggestion: local authorities retain their duty of care to children and young people who are at risk of harm. Members who are concerned about the safety of a child or young person using their services or in their care (in the context of the social distancing and self-isolation measures) should follow their safeguarding procedures including making safeguarding referrals for children and/or adults at risk of harm. The designated safeguarding lead should always record any referral made, including where the local authority indicates that they are not investigating, and explicitly flag to the local authority any repeat referrals about a young person and/or their family members.

Suggestion: consider proactively communicating to young people for whom you have contact details and/or via your social media channels. Share details of online and remote services which may be able to support them if they experience harm (for example, ChildLine, The Mix and the national domestic abuse helpline). Positively message that everyone has a right to be safe from harm, that there are services able to help and that friends and siblings should speak up about a concern of someone they know if they feel safe to do so.

3.5 Temporary changes to children's social care workforce

The COVID-19 Bill will allow social workers who have recently left the profession to return. In Scotland, trainee social workers may be asked to take on additional responsibilities. It is likely these provisions will evolve overtime. Expected standards of care may need to flex to meet demand and professional judgements applied to make the best decisions in the moment.

Suggestion: if your organisation employs registered social workers, follow the advice of your national regulator, such as Social Work England. Reassure staff that the regulators of health and social care bodies recognise that, in highly challenging circumstances, professionals may need to depart from established procedures and any concerns will be considered taking into account the factors relevant to the environment in which the professional is working.

3.6 Preventing bullying, harassment or victimisation

Any permitted gatherings of children and young people - such as in schools, places of worship, immigration detention - are anticipated to have lower levels of staff supervision. This could lead to a greater risk of experiencing greater levels of stress and there is a potential for bullying, harassment or victimisation which will be unnoticed by staff or volunteers.

There were also some media reports of students of a Chinese and South East Asian heritage experiencing prejudice because of the epidemiological origins of COVID-19 in mainland China.

Bullying, harassment or victimisation may also take place online in the form of cyberbullying and is likely to increase given that most communication between young people will take

place online. Signposting to helplines or places that young people can access online support might therefore be useful.

Suggestion: members still operating services, or supporting schools and/or statutory services should be extra vigilant in assessing the relationships between children and young people during this time. Responsible adults should clarify expected behaviours, challenge and appropriately clarify a non-ethnic specific origin of COVID-19, and seek to actively de-stigmatise those who have contracted the virus, or are engaged in social distancing or self-isolation. Positive public health messages explaining what COVID-19 is and why people are changing their behaviours should be communicated where possible, and adapted so they are accessible for the young person. For on-going or more serious concerns around bullying, harassment or victimisation, cases should be escalated using the interim or emergency protocols that have been put in place by you or the setting (also see above).

3.7 Safeguarding staff and volunteers

Members' staff and volunteers will likely be experiencing uncertainty, stress and concern for their physical and mental health, and that of their friends and families. You may have an increase in people seeking to volunteer who themselves have experienced harm in the past and proactively seek to help others at this time of need.

Suggestion: members should recognise and communicate that supporting people in distress can be emotionally demanding and bring up issues for anyone. Ensure that staff and volunteers consider their psychological and emotional state at the start of any activity. Be mindful of not unduly pressuring people to undertake work where they are not feeling resilient to meet the demands of the task. Allow people to share their worries, reflect on their experience and space for reassurance. Everyone should be able to take breaks and disclose if they believe the level of stress or demand is becoming overwhelming. If possible, consider how you might be able to offer virtual, phone and other forms of remote supervision, debriefing of reflexive practice. Staff or volunteers who are mental health professionals should seek additional advice and guidance from their regulating, accrediting, professional or training body for temporary supervision requirements.

Suggestion: Staff and volunteers should also adhere to government guidance on isolation and social distancing, this includes when working with individuals who fall under the vulnerable and high-risk health categories. Staff and volunteers should not be placed under any pressure to jeopardise their health. Where proximity to others is essential, members should take every step they can to minimise risk (e.g. clear processes around hygiene etc).

4. Youth isolation and loneliness

4.1 Promoting social connectivity

Members are concerned that the use of the term 'social distancing' in the public health response to COVID-19 is misleading. We know social connection is protective in situations where children, young people and families have to isolate. Many members are actively

encouraging their supporters and audiences to stay connected through virtual, phone and online platforms - where deemed appropriate and safe to do so.

Social connectivity (even when isolated) enables young people to retain a sense of commonality and belonging with others, and cultivate a wider network of support. From a public mental health approach, this should help to mitigate some of the mental health consequences of social distancing and isolation.

Suggestion: public health communications reframe 'social distancing' as being about 'physical distancing and contact', and actively promote alternative ways of staying in social contact with others. Members should continue to encourage children, young people and their families to maintain wider social networks through the use of virtual, phone and online platforms, whilst at the same time signposting to online advice and materials about staying safe online.

4.2 Protecting against misinformation

Many children and young people rely on the internet to receive and engage with public health campaigns, and to assess what sources of information are reliable and trustworthy. Limited access may heighten their distress, sense of isolation and disconnection from the wider public health measures.

Some young people who are digitally enabled are being exposed to distressing images, context and messages under the guise of peer and/or official footage relating to COVID-19 symptoms, spread, Government and public responses around the world. Specific search terms and hashtags are being dominated by scaremongering intended to increase levels of distress and disorientation during the COVID-19 response. Others are suggesting COVID-19 is a hoax and are encouraging young people not to comply with public health measures.

The Department for Digital, Culture, Media & Sport (DCMS) is setting up a unit to tackle misinformation related to COVID-19 and the response, and it will also create a public information campaign underpinned by evidence and trusted information.

Suggestion: members should communicate to audiences that they should not automatically trust information online and suggest reliable sources that they can fact chat against. Further offering advice on guidance on how to minimise exposure to distressing content and misinformation campaigns could act as a mitigation strategy for public mental health.

Suggestion: following in the steps of the Government's Online Harms White Paper and Data Protection Act 2018, social media companies should ensure that they are promoting evidence-based and accurate information about COVID-19 to children and young people. Government should further mandate social media companies and search engines to continue to promote authenticated, evidence-based trustworthy, and age-appropriate advice to young people.

4.3 Addressing digital exclusion

Some children, young people and families will be digitally excluded, and may have only been able to access virtual and online platforms primarily at school or college. Others will not have access to a means of connecting with their peers via phone or through an instant messenger. Furthermore, some households may only have one home computer, which a parent or sibling needs to use for remote working.

Children and young people living in rural areas may also face connectivity challenges due to poor broadband or 4G reach. The Government has recently pledged £5bn as part of the recent Budget towards providing fast broadband to 'the hardest to reach places'.

Suggestion: Government should consider a digital inclusion payment to families during COVID-19 to enable web-access or enhance existing mobile access to the internet in the household and/or should work with the telecommunications and digital industries to minimise overcharging for data-restriction payments for the duration of social distancing, and self- or familial-isolation.

4.3 Promoting connective and creative play

Children and young people can be supported to understand and explore their worlds and world events through the use of creative play. Members have told us that promoting play and creativity (drawing, colouring, lego, dancing, fantasy games, board games, etc) within homes will give children and young people space to make sense of the public health measures and changes they are witnessing in their daily routines. We do know and recognise that some families will have limited access to resources and may feel that they are unable to play or be creative with their children.

Suggestion: members actively promote free and low-cost creative play materials for different ages (age-appropriate) to their audiences. We would encourage virtual and digital games manufacturers (in particular) to remove additional charges for access to e-books, audiobooks, and family-based online games.

5. Young carers

There are more than 166,000 young carers aged 5-17 in the UK according to the 2011 Census. The true number is likely to be far higher as many young carers remain hidden from official data because they are not always identified by agencies.

Young carers are likely to be worried about the outbreak or may already be caring for a relative affected by the virus. It is vital they are provided access to the support and resources they need to continue to care for their family member and look after themselves.

We welcome measures to keep young carers in school during the closure period however there will be many young carers who will not qualify as they are not formally assessed as a young carer. Where local authorities and schools are aware of children and young people with caring responsibilities, additional support should be provided to support their learning, caring duties and overall wellbeing.

Suggestion: members and local agencies working with young carers should develop clear and accessible guidance on coronavirus and how it might affect young carers.

Suggestion: Health services should prioritise the testing of people with caring responsibilities, including young carers.

Suggestion: All young carers should be supported to create an emergency contingency plan should they have to forego their caring responsibilities.

Suggestion: Local authorities and schools should put in place strategies to ensure that young carers who remain at are home are able to continue their learning.

Suggestion: Where a young carer continues to attend school or college, a risk assessment should be undertaken to ensure the spread of coronavirus is mitigated, particularly if they are caring for a vulnerable or high-risk person.

Suggestion: it is estimated that around 2 in 5 young carers have a mental health problem (YoungMinds, 2017). Young carers are already an at-risk group and services should seek to prioritise their mental health and wellbeing during this time.

6. Advice and guidance for children, young people and their families

Below we have briefly signposted to some of the emerging resources for children, young people and their families on managing mental health through COVID-19 and the public health measures:

a) ACAMH podcast with Dr Jon Goldin on the coronavirus and child mental health: https://www.acamh.org/podcasts/dr-jon-goldin-on-the-coronavirus-and-child-mental-health/

b) Anna Freud Centre resources on COVID-19: https://www.annafreud.org/what-we-do/anna-freud-learning-network/coronavirus/

c) Beat: advice on Eating Disorders and COVID-19: https://www.beateatingdisorders.org.uk/coronavirus

d) British Psychological Society advice on talking to children about COVID-19: https://www.bps.org.uk/news-and-policy/bps-highlights-importance-talking-children-about-coronavirus

e) Carers UK guide on COVID-19: https://www.carersuk.org/help-and-advice/health/looking-after-your-health/coronavirus-covid-19

f) Mental Health Foundation - How to look after your mental health during the Coronavirus outbreak: https://mentalhealth.org.uk/coronavirus

g) NHS general advice on taking to children and teenagers about their mental health: https://www.nhs.uk/conditions/stress-anxiety-depression/talking-to-children-about-feelings/ and https://www.nhs.uk/conditions/stress-anxiety-depression/talking-to-your-teenager/

h) Scouts creativity activities for those self-isolating at home: https://www.scouts.org.uk/the-great-indoors/

i) UN blog on talking to children about COVID19: https://news.un.org/en/story/2020/03/1059622

j) UK Youth / National Youth Agency advice and guidance for youth organisations, youth workers and young people on COVID-19: https://nya.org.uk/reacting-to-covid-19-advice-to-youth-services

k) World Health Organisation leaflet on Helping children cope with stress during the COVID-19 outbreak: https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print.pdf?sfvrsn=f3a063ff_2

l) YoungMinds has created various youth-focused blogs on COVID-19 and managing anxiety and social isolation: https://youngminds.org.uk

Relevant government guidance and information

m) Department for Education ,Guidance for schools, childcare providers, colleges and local authorities in England on maintaining educational provision: https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision

n) Department for Education, Coronavirus (COVID-19): guidance on vulnerable children and young people: https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people

If members have published advice or guidance relating to mental health and COVID-19, please get in touch with the Coalition and we will include a reference to it in future versions of this briefing.