



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Child mental health in England before and during the COVID-19 lockdown



Although evidence has emerged of the effect of COVID-19 on adult mental health,¹ few studies around the world cover children.² Given the importance of probability sampling and similar prepandemic baseline measures,³ the follow-up of England's Mental Health of Children and Young People (MHCYP) survey provides a rare resource on what the pandemic has meant for children.⁴ We consider the clinical and policy implications of the initial study results.

The study showed that the increase in probable mental health problems reported in adults also affected 5–16 year olds in England, with the incidence rising from 10.8% in 2017 to 16.0% in July 2020 across age, gender, and ethnic groups. As in 2017, during the pandemic young women had the highest prevalence of probable mental health problems (27.2%), indicating they should remain a group of particular policy concern.⁴

More than a quarter of children (aged 5–16 years) and young people (aged 17–22) reported disrupted sleep and one in ten (5.4% of children and 13.8% of young people) often or always felt lonely. Both problems were more common in those with probable mental health problems, of whom 18.0% felt fearful of leaving the house because of COVID-19. Children with a parent in psychological distress were more likely to have a probable mental health problem. This is particularly concerning because parents, compared with working age adults without young children, have experienced larger than average increases in mental distress during the pandemic, which suggests that support for parents at this time matters for child mental health.¹

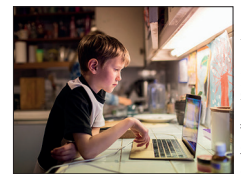
The results highlight how social protection systems must respond to the socioeconomic challenges facing families. Children with probable mental health problems were more than twice as likely to live in households newly falling behind with their bills, rent, or mortgage payments compared with those whose families were able to pay their bills. One in ten children and younger people reported that during the pandemic their family did not have enough to eat or had increased reliance on foodbanks compared with before the pandemic. These stark conditions matter more when schools close, highlighting the unequal effect of lockdown on learning. 12.0% of children had no reliable

internet access at home, 19.1% no quiet space to work, and 26.9% did not have a desk at which they could study. Such socioeconomic information provides crucial context for schools planning pupils' home-based learning, and emphasises the need, where possible, to prioritise schools remaining open.

Our findings reveal disrupted access to health care: 44.6% of 17–22 year olds with probable mental health problems reported not seeking help because of the pandemic. Clinicians have raised similar concerns about timely access to services, and a sharp decrease in Child and Adolescent Mental Health Services referrals has been observed.⁵ Children and young people have been physically distanced from adults outside their family who might monitor their wellbeing and intervene: 21.6% of children and 29.0% of young people with probable mental health problems reported having no adult at school or work to whom they could turn during lockdown. Even after schools reopened, 16.1% children who could have attended stayed at home during the 2020 summer term. Academic practitioners anticipate that the cumulative effects of not intervening will result in widening health and education inequalities.⁶

Sound policy derives from strong evidence, with quality rather than quantity of data being crucial.³ The living systematic review² on the mental health effect of COVID-19 screened more than 33 000 abstracts, only 19 of which were identified as sufficiently rigorous to measure change in mental health (accurate as of Dec 21, 2020). None included children.

The few other studies in children with prepandemic data provide conflicting findings, which might relate to the age and circumstances of participants. A small study of 168 children (mean age 10.1 [SD 0.9] years during lockdown) in the east of England found an increase in depressive symptoms,⁷ while another of approximately 1000 13–14 year olds in south west England found little overall change in anxiety, depression, or wellbeing.⁸ In the study by Widnall and colleagues,⁸ mental health in those who were struggling in October 2019 improved on all three measures in Spring 2020. Although parents responding to the CoSPACE survey⁹ reported deteriorating mental health in children early in



Paul Bradbury/Corbis Image/Science Photo Library

Published Online
January 11, 2021
[https://doi.org/10.1016/S2215-0366\(20\)30570-8](https://doi.org/10.1016/S2215-0366(20)30570-8)

See Online for appendix

lockdown, young people reported no deterioration during this time, and parents of those with special educational needs and disabilities or pre-existing mental health conditions reported fewer emotional difficulties. In MHCYP,⁴ 54.2% of 11–16 year olds with probable mental health problems said lockdown had made their lives worse, but 27.2% said it had made their lives better.

The 2020 MHCYP survey benefits from a large, national, longitudinal probability sample spanning childhood, adolescence, and emerging adulthood, using detailed, validated, and consistent measures. These initial descriptive results compare cross-sections of 5–16 year olds before and during the pandemic, analysed at pace to meet the urgent need to understand the circumstances of children.

Our job is far from complete. Additional data collections and a range of longitudinal analyses are planned to improve understanding of the differential effects of the pandemic and inform the policy, commissioning, and practice response. Linkage of the survey responses to administrative records—such as the National Pupil Dataset—must proceed as fast as governance permits to enhance the ability to understand the effect of the pandemic on children’s mental health and access to education and services over time. An enormous amount of work and engagement from children and young people underpinned the initial survey and this first follow up; therefore, there is a moral imperative to maximise the potential of the resulting data to improve the health and wellbeing of the next generation.¹⁰

We conducted the study and wrote the report discussed in this Comment: *Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey*. We declare no competing interests. The 2017 survey was funded by England’s Department of Health and Social Care, commissioned by NHS Digital and done by a consortium from National Centre for Social Research (NatCen), Office of National Statistics, University of Exeter, and Youthmind. The 2020 survey was similarly funded by England’s Department of Health and Social Care, commissioned by NHS Digital and done by a consortium from National Centre for Social Research

(NatCen), Office of National Statistics, the University of Cambridge, and the University Exeter. The views expressed are those of the authors and not necessarily those of NHS Digital or the Department of Health and Social Care. The Mental Health of Children and Young People group collaborators are listed in the appendix.

*Tamsin Newlove-Delgado, Sally McManus, Katharine Sadler, Sharon Thandi, Tim Vizard, Cher Cartwright, *Tamsin Ford, on behalf of the Mental Health of Children and Young People group*
tjf52@medschl.cam.ac.uk

Institute of Health Research, University of Exeter, Exeter, UK (TN-D); Health and Social Care (SM), Health and Biomedical Team (KS), National Centre for Social Research, London, UK; Department of Sociology, City University of London, London, UK (SM); Policy, Evidence and Analysis Division, Office of National Statistics, Newport, UK (TV); Health surveys and data linkage section (CC), Analytical Section (ST) NHS Digital, Leeds, UK; Department of Psychiatry, Cambridge University, Cambridge, UK (TF)

- Pierce M, Hope H, Ford T, et al. Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. *Lancet Psychiatry* 2020; 7: 883–92.
- DEPRESSD. The DEPRESSD Project. 2020. <https://www.depressd.ca/covid-19-mental-health> (accessed Dec 21, 2020).
- Pierce M, McManus S, Jessop C, et al. Says who? The significance of sampling in mental health surveys during COVID-19. *Lancet Psychiatry* 2020; 7: 567–68.
- Vizard T, Sadler K, Ford T, et al. Mental Health of Children and Young People in England 2020, Wave 1 follow-up to the 2017 survey. 2020. https://files.digital.nhs.uk/CB/C41981/mhcpy_2020_rep.pdf (accessed Dec 18, 2020).
- Royal College of Psychiatrists. Royal College of Psychiatrists’ briefing: analysis of second COVID-19 RCPsych member survey – other key themes. 2020. https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/second-rcpsych-covid-member-survey-summary---other-key-themes.pdf?sfvrsn=95c259cc_4 (accessed Oct 28, 2020).
- Cambridge University’s Cross-Disciplinary Special Interest Group for Policy Related to Children and Young People. Written evidence to the education select committee reviewing the impact of COVID-19 on education and children’s services. 2020. <https://committees.parliament.uk/writtenevidence/9078/pdf/> (accessed Oct 19, 2020).
- Bignardi G, Dalmaier ES, Anwyll-Irvine AL, et al. Longitudinal increases in childhood depression during the COVID-19 lockdown in a UK cohort. 2020. <https://doi.org/10.31219/osf.io/v7f3q> (accessed Dec 18, 2020).
- Widnall E, Winstone L, Mars B, Haworth CMA, Kidger J. Young people’s mental health during the COVID-19 pandemic: initial findings from a secondary school survey study in south west England. 2020. <https://sphr.nihr.ac.uk/wp-content/uploads/2020/08/Young-Peoples-Mental-Health-during-the-COVID-19-Pandemic-Report.pdf> (accessed Oct 28, 2020).
- Waite P, Pearcey S, Shum A, Raw JAL, Patalay P, Cresswell C. How did the mental health of children and adolescents change during early lockdown during the COVID-19 pandemic in the UK? *PsyArXiv* 2020; published online Dec 8. <https://doi.org/10.31234/osf.io/t8rfx> (preprint).
- The Lancet Psychiatry. Smorgasbord or Smaug’s hoard? *Lancet Psychiatry* 2019; 6: 631.



Modernising measurement in psychiatry: item banks and computerised adaptive testing

Published Online
February 17, 2021
[https://doi.org/10.1016/S2215-0366\(21\)00041-9](https://doi.org/10.1016/S2215-0366(21)00041-9)

Many of the questionnaires and rating scales used in psychiatry for research and clinical practice claim to measure the same constructs. For instance, there are at least 280 instruments to identify the construct of depression alone.¹ First, this variety limits

comparability and linkage between studies, replications, and meta-analyses, because each instrument has its own scoring.^{2,3} Second, limited overlap in symptoms (items) across different instruments for the same construct leads to ambiguity and vagueness in the definition and