Annex: Children & Young People's Restoration & Recovery Planning Table of Literature

Research from prior pandemics

Author(s), date & context	Sample Size	Specific (reliable/ validated) MH measures used	Symptoms measured at ≥6 months post disaster	Key findings
Sprang & Silman (2013). Parents of children during the Spring 2009 H1N1 influenza pandemic across 5 US States. Targeted states with particularly high rates of paediatric illness and mortality. 20.9% of sample reported that they were ordered to isolate, 3.8% reported being quarantined, and 75% had no quarantine or isolation experience. https://doi.org/10.1017/dmp.2013.22	586 parents	Yes	No	33.4% of parents who had experienced quarantine or isolation said that their child/ children had started using mental health services either during or after the pandemic. Most common diagnoses: acute stress disorder (16.7%), adjustment disorder (16.7%), and grief (16.7%). 6.2% were diagnosed with PTSD. Children's PTSD scores were significantly different between those with quarantine or isolation experience, and those without. 30% of children in the isolation or quarantine group met the clinical cut-off score for PTSD. In particular, children met PTSD criteria at high rates in these subscales: avoidance/ numbing (57.8%), re-experiencing (57.8%) and arousal (62.5%). Significant relationship between PTSD symptoms in parents and child within the same family. For parents that met PTSD cut-offs, 85.7% also had children which met cut-offs. If parent did not meet cut-off, only 14.3% had a child with PTSD symptoms.

Research into the impact of social isolation/ quarantine

Author(s), date & context	Sample Size	Specific (reliable/ validated) MH measures used	Symptoms measured at ≥6 months	Key findings
Hall-Lande et al. (2007). Investigated the relationship between social isolation and psychological health, and if there were any protective factors. https://scholar.googleusercontent.com/scholar?q=cache:-iGbKMqyMTQJ:scholar.google.com/&hl=en&as_sdt=0,5	4,746 adolescents, (mean age 14.9 years, range 11-18 years)	Yes – Rosenberg's self-esteem questionnaire	N/A	Social isolation was found to be significantly associated with higher depressive scores, lower self-esteem scores, and an increased risk of suicide attempts, regardless of gender. Family connectedness was found to be a protective factor, for both boys and girls, between social isolation and suicide attempts only. For boys only, academic achievement and school connectedness were also found to be protective factors between social isolation and suicide attempts. Concluded there are some gender differences in protective factors for suicide attempts in adolescents. Family connectedness was found to be the only protective factor for girls, whilst family connectedness, academic achievement, and school connectedness all demonstrated a protective influence for boys. Neither family connectedness, academic achievement, or school connectedness demonstrated a significant protective influence on self-esteem or depression scores, regardless of gender.
Loades et al. (2020) Rapid systematic review of social isolation and loneliness on mental health of children and young people https://osf.io/qh5fp/	65 articles (based on 63 studies)	Yes	Yes for 18 studies	45 studies investigated the relationship between depressive symptoms and loneliness and/ or social isolation. Majority reported moderate to large correlations, and these associations were stronger for older youths, and for females. 2 studies reported odds ratios – finding that youth who were lonely were 5.8 to 40 times more likely to score above the clinical cut-offs for depression.

				23 studies investigated the relationship between anxiety symptoms and loneliness and/ or social isolation. A small to moderate association was often reported, with social anxiety found to be moderately to strongly associated with loneliness/ social isolation. There was also a moderate association found between generalized anxiety and loneliness/ social isolation. But one study only found a small association between panic and loneliness. One study reported odds ratios for anxiety symptoms – found that lonely youth were 1.63-5.49 times more likely to report being anxious. Also found positive associations between social isolation/ loneliness and suicidal ideation, self-harm, and eating disorder risk behaviour. Longitudinal studies – 18 studies. 12 studies found that loneliness predicted depression at a later date, whilst 1 study (n=3,088) found that loneliness did not significantly predict depression at a 1 year follow up. Another study found that the duration of peer loneliness, but not family loneliness, predicted depression at an 8 year follow up. Three longitudinal studies found that loneliness predicted anxiety at a later date, with one study finding a gender difference, with loneliness found to predict social anxiety at follow up in males, but not females.
Richardson et al. (2019) Investigated the role of sleep in moderating social isolation and internalizing problems https://doi.org/10.1007/s10578-019-00901-9	528 early adolescents (mean age 11.18 years, range 10-12 years)	Yes	N/A	Authors found medium to large associations between early adolescents social isolation and symptoms of generalized anxiety, social anxiety, separation anxiety and depression. Sleep duration was found to significantly moderate the relationship between social isolation and generalized anxiety,

				social anxiety, and depression symptoms, but not between social isolation and separation anxiety symptoms. Concluded that a longer sleep duration may be a protective factor for early adolescents for symptoms of generalized anxiety, social anxiety and depression. Daytime sleepiness was found to moderate the relationship between social isolation and symptoms of depression only. Concluded that daytime sleepiness may be a disorder specific risk factor for depression in early adolescents.

Research into natural or man-made disasters

Author(s), date & context	Sample Size	Specific (reliable/ validated) MH measures used	Symptoms measured at ≥6 months post disaster	Key findings
Brown et al. (2017) A meta-analysis of psychosocial interventions for CYP after man-made and natural disasters. 17 studies targeted children who had experienced war or terrorism, 15 studies were post-natural disasters, and 4 were post major public accidents. The majority of the literature was from Asia and the Middle East. Interventions - 10 studies investigated the efficacy of eye movement desensitisation and reprocessing (EMDR), 9 studies used classroom-interventions, 8 studies used CBT, and 2 studies administered KIDNET.	36 studies included in review – total of N=3541 children and adolescents, mean age of 11.9 years	Not specified whether measures had to validated	Yes – but not clear for which specific studies	Pre and post PTSD symptoms - Found a large overall effect size for interventions across studies. Found no significant differences in pre and post PTSD symptoms between the types of therapy. Although KIDNET did display the highest average effect size, followed by EMDR. Classroom-based interventions showed an average effect size. Found the profession of treatment providers, the measure of PTSD symptoms, and whether the therapy was individual or group based, each significantly moderated the results, when all studies were included. Effect sizes were lower if teachers performed the interventions. There was no difference in effect sizes between the other professions (e.g. psychologists/ therapists, other health care professionals (i.e. nurses),

Delivery of therapy - 17 studies used trained psychologists/therapists, whilst teachers performed interventions in 10 studies. 28 studies were group interventions, and 8 reported individual interventions. https://doi.org/10.1017/s0033291717000496				and volunteers. Found effect sizes were also lower when interventions were group-based compared to individual settings. Found higher effect sizes if used general impairment as a PTSD measure as opposed to questionnaires assessing all PTSD symptoms. But note that these moderating variables (profession of treatment providers, measure of PTSD symptoms, and whether the therapy was individual or group based) became non-significant when only RCTs analysed.
Geronazzo-Alman et al. (2019) Distinguishing grief, depression and PTSD post 9/11 https://doi.org/10.1016/j.jaac.2018.12.012	8,236 New York School children, of which 1,696 bereaved	Unknown	Yes	Bereavement was found to be significantly associated with grief, independent of PTSD and MDD. Bereavement was not found to be associated with PTSD and MDD after adjusting for grief. Non-loss related trauma was associated primarily with PTSD. In the context of a disaster, grief reactions are independent from other child and adolescent related psychopathologies. These heightened grief reactions should be targeted with tailored interventions.
Goenjian et al. (2020) Longitudinal 25 year follow up with adolescents after the Spitak earthquake. https://doi.org/10.1017/S0033291719003891	142 early adolescents aged 12-14 years old from two cities exposed to the Spitak earthquake. Gumri city adolescents (moderate-	Yes	Yes	At the 25 year follow up, 9.1-22.4% met DSM-5 PTSD criteria. **Comparison of non-treated adolescents:** PTSD rates decreased significantly between 1 ½ years post-disaster and 25 years post-disaster for both the non-treated groups. At the 25 year follow up, the very severe exposure group had higher PTSD rates compared to the moderate to severe exposure group, (28.3% and 14.3% respectively), although this difference was non-significant.

	severe exposure) and Spitak city adolescents (very severe exposure). The Gumri group was divided into treated adolescents and non-treated adolescents. Treated adolescents received school-based trauma/ grief focused brief psychotherapy. At 25 year follow up, Gumri treatment group (N=33), and non-treatment group (N=42). Spitak group (N=67). Total of 142 (87% of original cohort).			Found that depression scores were significantly higher for the very severe exposure group, compared to the moderate to severe exposure group, at 1 ½ years post-disaster. But at the 25 year follow up, the opposite was found – the moderate to severe exposure group had significantly higher depression scores compared to the very severe exposure group. **Comparison of Gumri non-treated and Gumri treated groups:** Found a significant decrease in PTSD rates for both groups between 1 ½ years post disaster and 25 year follow up. There was no significant difference in PTSD rates between the two groups at both time points. But at the 25 year follow up, the treated group did have a significantly lower mean PTSD-RI score compared to the non-treated group. Found that depression scores were not significantly different between the two groups at 1 ½ years post-disaster. But at 25 years follow up, the mean depression score was significantly lower for the treated group compared to the not treated group. Summary: Adolescents who received school-based treatment after an earthquake demonstrated lower mean PTSD and depression scale scores, compared to adolescents who received no treatment, at a 25 year follow up. Predictors of lower PTSD-RI scores at 25 years: • Treatment at baseline • Higher current social support scores Predictors of higher PTSD-RI scores at 25 years: • Experiencing home destruction • Higher PTSD-RI scores at 1 ½ years post-disaster • Greater number of chronic illnesses • Worsening adversities Predictors of lower PCL scores at 25 years:

				• Higher social support scores • Treatment Predictors of higher PCL scores at 25 years: • Higher number of chronic illnesses • Worsening adversities Predictors of lower CES-D scores at 25 years: • Higher social support Predictors of higher CES-D scores at 25 years: • Home destruction • Worsening adversities • Higher number of chronic illnesses • Higher SAD symptom count at 1 ½ years post disaster
Gordon-Hollingsworth et al. (2018). Meta-analysis of psychological outcomes post natural disasters in Mainland China. https://doi.org/10.1007/s40653-015-0051-2	59 studies included, with 88, 045 young people aged 6-18 years old.	Yes	Yes – but not specified how many studies met this criterion etc.	Risk factors for PTSD that were found to have a small to medium effect sizes: • older age • female gender • rural locale • previous trauma • having a family member or knowing someone other than a family member who was injured or killed during the natural disaster • witnessing another's death or injury • sustaining a personal injury oneself • high subjective trauma severity • greater perceived fear/threat related to the trauma Risk factors for PTSD that were found to have a medium to large effect size: • endorsement of negative life events • greater use of negative coping • the presence of anxiety post-trauma • the presence of depression post-trauma

				• PTSD at a prior evaluative time point following the natural disaster Protective factors for PTSD that were found to have a small to medium effect size: • father having a higher level of education • greater use of positive coping • higher levels of perceived social support Moderation results suggested that the relationship found between older age and PTSD post-disaster are potentially moderated by the time point at which young person's PTSD symptoms are first evaluated.
Lazarus et al. (2003) Information for school crisis teams on responding to natural disasters http://ww.georgiadisaster.info/General%20Public/GP09%20ChildResponse/Responding%20to%20Natural%20Disasters.pdf	Unknown	N/A	N/A	Risk factors for poor MH outcomes: • MH prior to crisis • Bereavement • Injury to self/family • Threat to life • Separation from family (esp. younger children)
McDermott et al. (2004) Psychological needs of CYP after Omagh bomb in Northern Ireland 1998. http://doi.org/10.1080/13575270410001693367	130 CYP referrals, aged under 18 years old	Not specified – but did use ICD 10 diagnostic criteria	Only referral rates post 6 months	Between August 1998 (time of disaster) and May 2001, there were 130 CYP referrals to the Community Trauma and Recovery Team (CTRT). Majority of the referrals were within 6 months- 1 year of the disaster. Only 18% of referrals were received > 1-year post disaster. 83/ 130 referrals were female, and 47 were male. More boys were referred later compared to females. There was an even spread of age ranges for boys, whereas girls tended to be older. In the 0-8-year age group, 60% of referrals were male, and 40% female. In the 8-14 age group, similar numbers of males and females. In the 14-18-year age group, 77% were female, and 23% were male.

				Adolescents made up 60% of referrals. 17.6% of CYP referrals were bereaved as a result of disaster. Major diagnostic category was PTSD (47%) – of which 63.9% female and 44.7% male. 8 of 23 bereaved CYP received PTSD diagnosis. Found a significant association between being bereaved by the disaster and a diagnosis of PTSD. 13.3% had a diagnosis of clinical depression – 17/18 of these were female. 3% had a diagnosis of anxiety. 15% had more than one diagnosis. Most common interventions were psychodynamically informed psychotherapy and CBT.

Research into bereavement

Author(s), date & context	Sample Size	Specific (reliable/ validated) MH measures used	Symptoms measured at ≥6 months	Key findings
Kaplow et al. (2014) Investigated whether circumstances of death in bereaved youth matter. Average time since death	63 children who had suffered a caregiver bereavement	Yes	No	Compared children who had experienced an anticipated death of a caregiver due to illness, with children who had experienced a sudden natural death of a caregiver. Found a significant difference in children's maladaptive grief reactions

of primary caregiver was 88.9 days. 79.4% of children had experienced death of biological father. https://doi.org/10.1002/jts.21877	(mean age 7.76 years, range 3-13 years) and 38 surviving caregivers took part in overall study But only 41 children (aged 7 years+) completed MH measures			between the two groups. Children who lost a caregiver due to an anticipated death displayed higher levels of maladaptive grief reactions compared to children who lost a caregiver due to sudden natural death. Also found a significant difference in children's self-reported PTSS scores between the two groups. Children who lost a caregiver due to an anticipated death displayed higher levels of PTSS scores compared to those who lost a caregiver due to a sudden natural death. No significant differences were found in the child's depressive symptoms between the two groups. Children who lost a caregiver due to anticipated death displayed similar levels of depressive symptoms compared to children who lost a caregiver due to a sudden natural death. Results challenge the preconceived notion that anticipated deaths are less traumatic than sudden deaths. Suggest that more predictable deaths arising from natural causes may be a risk factor.
Pham et al. (2018) 7-year longitudinal study investigating early-onset depression and impairment in youths who experienced sudden parental death https://doi.org/10.1176/appi.ajp.2018.17070792	216 youths from 143 families who suffered parental bereavement to suicide, accident or sudden natural death, and 172 youths from 98 families who were not bereaved Youths were aged between 7-17 years and	Yes	Yes	Bereaved youth had a higher incidence of depression during the first 2 years after parental death. Bereavement was associated with an increased prevalence of depression, PTSD, and functional impairment, even when pre-death risk factors controlled. Found a significant interaction between incident depression and age – when controlling for pre-death risk factors, risk of developing incident depression increased in youth who were aged 12 or younger at the time of parental death. Found bereaved youth had an increased rate of PTSD, and risk of PTSD continued to increase in the first 2 years post death. This increased risk of developing PTSD remained even after pre-death risk factors were controlled for. Bereaved youths had a higher rate of clinically significant suicidal ideation (defined as a Suicidal Ideation Questionnaire score of 31 or above). But this was not significant when pre-death risk factors were controlled for.

	11 months when lost parent.			No significant effects of bereavement on rate of anxiety, alcohol or drug abuse, bipolar disorder, or behaviour disorders (conduct disorder, oppositional defiant disorder). Found an increased prevalence of depression in the early stages post-parental death – but over time depression rates converged to similar levels of to those of non-bereaved youth. Suicidal ideation was elevated in bereaved youth at 4 out of the 5 time points, but this was accounted for by pre-death risk factors. The sex of the deceased parent was not found to affect the prevalence of depression or other disorders. Bereaved youth had an increased rate of impairment even after controlling for demographic and pre-death risk factors. Impairment increased in bereaved youth over time.
Stikkelbroek et al. (2016). Mental health of adolescents before and after the death of a parent or sibling. https://doi.org/10.1007/s00787-015-0695-3	2,230 Dutch adolescents, with a mean age of 11.09 years at baseline. At Time 4, 131 (5.9%) adolescents had experienced the loss of at least one parent or sibling. Time since bereavement	Yes	Yes	Internalizing problems in bereaved adolescents increased significantly from pre loss to post loss compared to non-bereaved adolescents. Bereaved adolescents demonstrated a significantly greater increase in cases that met the clinical cut off for internalizing problems, compared to non-bereaved adolescents over the same time frame. Internalizing problems increased significantly when the family bereavement had occurred within the past 2 years. There was no significant difference found in externalizing problems from pre loss to post loss across both groups. There was also no significant difference in the number of cases meeting the clinical cut off for externalizing problems between the two groups. Pre-loss scores on internalizing problems predicted post-loss scores on internalizing problems for both bereaved and non-bereaved adolescents. Pre-loss scores on externalizing problems did not predict externalizing

	ranged from within last 2 months to more than 12 months ago.			problems after bereavement for bereaved adolescents.

Research Post-ICU

Author(s), date & context	Sample Size	Specific (reliable/ validated) MH measures used	Symptoms measured at ≥6 months	Key findings
Nelson & Gold (2012) Review of PTSD in CYP and parents following PICU https://doi.org/10.1097/PCC.0b013e3182196a8f	9 articles	Yes – but not all studies met these criteria	Yes – but not all studies met these criteria	PTSD prevalence rates for children after PICU admission ranged between 5-28%. Prevalence rates of PTSD symptoms were much higher – ranged between 35-62%. Risk factors – inconsistent across studies. Age and gender have not yet (as of this paper) been found to significantly predict PTSD in PICU children. Some studies have found a positive association between objective (e.g. number of medical procedures) and subjective measures (e.g. child and parent perceived severity of illness) of disease severity and child's PTSD symptoms. But not yet enough research to conclude with any certainty. Preliminary positive relationship between child's PTSD symptoms and parents' symptoms at follow up. Parents of children admitted to PICU - PTSD prevalence rates ranged between 10.5-21%. PTSD symptoms rates ranged between 17.9- 84%. Mothers may be at an increased risk compared to fathers.

				Protective factors may include education or discussion of parent's feelings during admission.
Stowman et al. (2015) Youth and their parents completed measures in PICU and then 4-7 weeks post discharge https://doi.org/10.1097/PCC.0b013e31822f1916	50 youths aged 9-17 years old and their parents. 30% admitted for respiratory illness/ asthma, 26% for trauma, 20% for surgery and post-surgery recovery, 8% for infections and viral illness, 6% for neurologic disorder, and 10% for other reason.	Unknown	No	26% of youth (aged 9-17 years) developed substantial posttraumatic stress symptoms. 24% of parents developed substantial posttraumatic stress symptoms. Youths acute stress disorder symptoms in the PICU predicted later youth PTSD symptoms. Parents acute stress disorder symptoms in the PICU, as well as youths acute stress disorder symptoms, predicted later parent PTSD symptoms. Youth anxiety, negative affect and hospital fear were found to mediate initial youth acute stress disorder symptoms.

Emerging findings from ongoing COVID-19 CYP MH studies

Author(s), date & context	Sample Size	Specific (reliable/ validated) MH measures used	Key findings

Applied Research Collaboration: Kent Surrey Sussex (ARC-KSS). (2020).
 	
Thematic analysis based on feedback from service providers
 	
[Word document]
	Feedback from 49 service providers across Sussex STP	N/A	Overarching themes:
			• Impact on CYP- access to services
			  ○ Access to services
			  ○ Risk of exclusion of certain groups
			  ○ Drop out
			• Impact on CYP – symptoms
			  ○ Isolation
			  ○ Impact on MH
			  ○ Anxiety/depression/stress issues escalating
			• Impact on CYP – aggravating factors
			  ○ Closure of schools
			  ○ Difficult family situations/ no safe space to receive counselling
			• Impact on CYP -families/care support network
			  ○ Family/ carers/ parents
			  ○ Parents' MH impact/ feeling overwhelmed/ needing support

Family Fund (2020) UK based sample https://www.familyfund.org.uk/Handlers/Download.ashx?IDMF=0dcffffe-f803-41de-9a4a-ccc8fef282d4	2,531 families of 3,279 disabled or seriously ill children	Yes – Wellbeing scale	50% reported reduce income due to lost employment or having to give up work and 77% reported their household costs have increased 65% report their formal support has declined (60% reported CAMHS support declined; 63% reported psychiatry support declined) 89% reported COVID-19 and lock down has impacted negatively on their child's behaviours/emotions and 82% reported it had impacted negatively on their mental health 72% worry about managing their child's emotions/behaviours

			60% worry about their own MH 65% stated information on mental health and wellbeing would be most helpful currently (highest of all options)
Jiao et al. (2020) Preliminary study conducted in Shaanxi province during the second week of February 2020. Several children confined at home at the time. Parents completed questionnaire. https://doi.org/10.1016/j.jpeds.2020.03.013	320 parents of 3-18-year olds.	Not specified– but did incorporate DSM-5 criteria	Most commonly reported symptoms: clinginess, distraction, irritability CYP aged 3-6 years more likely to show clinginess and fear for family members
Kooth (2020) Anonymous Digital Mental Health Platform in the UK. Compared number of young people presenting issues during the COVID-19 outbreak, with the same time period in 2019. https://about.kooth.com/covid19-data/	Not known.	N/A	34% increase in demand for MH support 2,849% increase in family argument issues 170% rise in sadness and depression issues 51% increase in domestic violence issues 31% increase in loneliness issues 121% increase in sleep problems 13% increase in suicidal thoughts 49% increase in eating difficulties 164% increase in health anxiety issues 13% increase in psychotic symptom issues
Lancashire & South Cumbria NHS Foundation Trust (LSCNFT) Data from Lancashire & South Cumbria CAMHS	N/A	N/A	83% reduction in referrals since lock down (1380 less to date)

[PowerPoint slides]			
Levita (2020) COVID-19 Psychological Research Consortium (C19PRC) in partnership with PHE UK based sample recruited via Qualtrics [PDF document]	2,002 13-24-year-olds (1,001 aged 13-18) Good gender and ethnicity distribution SES data unknown - unlikely to include most vulnerable groups	Yes	47-60% (females/males) 13-18-year olds had anxiety scores (HADS) over clinical cut-off - males more at risk 20% of 13-18-year olds had depression scores (HADS) over the clinical cut off - CYP of black/mixed race significantly higher 44-53% (females/males) of 13-18-year olds scored over the clinical cut-off on CRIES-8 PTSD measure for COVID-related trauma - highest in CYP of keyworkers and females 10% of 13-18-year olds had very high somatic symptoms - highest in CYP of keyworkers (around 25% for the whole sample) COVID-19 related anxiety significantly higher in CYP of keyworkers, and general wellbeing lower
Liu et al. (2020) Conducted from February to March in Sichuan Province, China. https://doi.org/10.1016/j.psychres.2020.113070	209 primary school students (in grades 5 and 6) completed questionnaire. 93 boys and 116 girls. 198 college students (ranging from freshmen to seniors) completed the questionnaire – 68 boys and 130 girls.	Yes – Somatic Self-rating Scale	Significant differences between primary students and college students regarding COVID-19 concerns. Total concern score was higher for college students compared to primary school students. College students reported 34.85% prevalence rate of somatic symptoms (mild symptoms 26.26%, moderate 8.59%). Only 2.39% of primary school students reported somatic symptoms, and all were mild. For both primary and college students, there was a significant relationship between concerns score and total somatic symptoms score. For college students, the likelihood of reporting somatic symptoms was increased when the student had greater COVID-19 concern, particularly when concerned about necessities of daily life. For primary school students, concern about the threat to life and health predicted somatic symptoms.
Orgiles et al. (2020)	1,143 parents	No	85.7% of parents reported changes in their child's emotional state and behaviour:

Looked at the immediate effects of quarantine in Spain and Italy. Recruited via social media. https://doi.org/10.31234/osf.io/5bpfz	of 3-18-year olds		77% concentration difficulties 52% boredom 30-40% irritability, restlessness, nervousness, loneliness, uneasiness, worries, arguing with family 20-30% more dependent on parents, more anxious, angrier, more reluctant, sadder, afraid of COVID-19, more afraid when someone leaves the house, ate more than usual Parents' perception of how easy it is for the family to live together predicted some of the child's symptoms Parents' who perceived the COVID-19 situation as more serious rated their children more anxious, sad, nervous, lonely
Wait & Creswell (April 2020) Waite et al. (May 2020) Co-Space Study UK based self-selecting parental report sample. April report: https://emergingminds.org.uk/wp-content/uploads/2020/04/Co-SPACE-initial-report-first-1500-participants-06-04-20.pdf May report: https://emergingminds.org.uk/wp-content/uploads/2020/05/Co-SPACE-report-02_03-05-20.pdf	5,000 parents of 4-13-year-olds	No	80% of those whose child received educational, social services, or MH support (N=583/729) reported this had stopped Highest stressor for parents of CYP with pre-existing common MH/ neurodevelopmental disorder was their child's behaviour or wellbeing CYP behaviour a frequent stressor for parents of CYP with a SEN (over 50% vs. 2% in those whose CYP do not have a SEN) 1/2 reported their CYP was concerned family or friends would catch COVID-19 1/3 reported their CYP was worried about missing school Just under 1/3 reported CYP worried about catching COVID-19 themselves 67-75% felt their CYP would benefit from support, advice or help regarding response to COVID-19 and isolation Many parents reported they would like help via online written/video material or personalized online contact with a professional regarding managing their CYPs

			emotions, behaviour, and educational demands
Xie et al. (2020) Conducted in Hubei province. Children had experienced an average of 33.7 days home isolation when completed study. https://doi.org/10.1001/jamapediatrics.2020.1619	1,784 primary school children (equivalent of UK Years 3-7)	Yes	23% reported depressive symptoms (study of everyday prevalence 17%) 29% reported anxiety symptoms
Young Minds (2020) UK based sample https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf	2,111 adolescents with pre-existing MH difficulties (average age between 16-17, range 13-25 years).	No	1/3 report their MH being much worse 1/2 report their MH being a bit worse
Zhou et al. (2020) Conducted in China from March 8- March 15th 2020. Across 21 provinces. https://doi.org/10.1007/s00787-020-01541-4	8,079 Chinese students aged 12-18 years via online survey, median age of 16.	Yes	Differences in symptoms depended on region. The proportion of depressive symptoms was lower for students in cities (37.7%) compared to rural areas (47.5%). Similar for anxiety symptoms– students in cities (32.5%), compared to students in rural areas (40.4%). Depression and anxiety symptoms were less prevalent in males (41.7% and 36.2%) compared to females (45.4% and 38.4%). As school grade increased, so did the proportion of students with depressive and anxiety symptoms. 26.4% of the sample had mild depressive symptoms, whilst 10.1% had moderate symptoms. 27% of the sample had mild anxiety symptoms, whilst 7.4% had moderate symptoms. 43.7% of the sample had mild to severe depressive symptoms, and 37.4% of the sample had mild to severe anxiety symptoms.

			31.3% had comorbid depression and anxiety symptoms. Prevalence of depressive symptoms ranged between 39.6%-64%. In particular: • 53.9% reported little interest or pleasure in doing things • 48.4% reporting feeling tired or having little energy • 45.6% reported poor appetite or overeating Prevalence of anxiety symptoms ranged between 34.1%-50%. In particular: • 53.6% reported feeling nervous anxious or on edge • 47.3% reported worrying too much about different things • 47% reported becoming easily annoyed or irritable Being female was a risk factor for both depressive and anxiety symptoms. Living in Hubei province was found to be a risk factor for both depressive and anxiety symptoms. Age was also a factor for the majority of school grades, with higher school grade students having a higher risk of depressive or anxiety symptoms. Protective factors – awareness of COVID-19 was cited as a protective factor against depression and anxiety symptoms.