

## **COVID-19**

### **Children & Young People's Mental Health Restoration & Recovery Planning**

#### **Summary of Relevant Literature & Emerging Evidence**

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## Overview

This paper collates key literature and findings in relation to the current and predicted psychological/mental health impact of the COVID-19 pandemic and associated safety measures on Children and Young People (CYP). It is intended to be used alongside the Public Health England (PHE) Evidence Pack and local data/intelligence to support predictive modelling, and restoration and recovery planning, in CYP MH and emotional wellbeing services.

The review is not fully exhaustive, nor has it been possible to employ the robust methodology of a meta-analysis or systematic review. However, it has attempted to identify key findings from relevant literature and emerging studies, whilst acknowledging any limitations in representativeness or generalizability. The current crisis is unprecedented and ongoing, and there is likely to be a longer term societal impact, so we cannot reliably make forecasts on the overall impact on CYP psychological wellbeing and mental health at this point. However, the literature reviewed in this paper may help inform thinking and planning, and identify specific groups or types of emerging difficulties to be aware of.

The literature base is rapidly evolving and many others are undertaking similar reviews at present. The paper will therefore be updated as new findings or literature emerges. If you are aware of any other key reviews, reports, research, or data please send these to [Gavin.Lockhart1@nhs.net](mailto:Gavin.Lockhart1@nhs.net).

**An overall synthesis and summary of the findings can be found on pages 8-9, with suggested next steps on pages 10-11.** Full references and web-links/DOIs are provided at the end of the paper. An annex document containing a table with more detailed description of studies is available as a separate document.

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This paper does not include an in-depth consideration of the impact of current educational access/remote learning on CYP MH, which is also likely to be significant.

*\* CYP affected by potential COVID-19 generated psychological/mental health issues are likely to include both those already known to, and those new to, MH and emotional wellbeing services*

## Pre-COVID prevalence data

The most up to date prevalence figures for England (NHS Digital, 2018) suggest:

- 12.8% (1 in 8) 5-19 year-olds have at least one MH disorder - this is 11.7% in the South East
- Emotional disorders are most prevalent (8.1%) and have risen from previous figures
  - 7.2% experience an anxiety-based disorder; 2.1% a depressive disorder
  - 22.4% girls aged 17-19 have an emotional disorder
- 4.6% have a behavioural or conduct disorder
- Rates of MH disorders were 3-4 times higher in CYP with special educational needs, poor general health, parents experiencing MH difficulties, and in less healthy functioning families. Rates were slightly elevated in CYP in low-income households (figures on the number of CYP falling into these categories can be found on the DfE or Children's Commissioner websites)

### *A note on PTSD*

- The baseline prevalence rate for PTSD in the UK is approximately 3-4% - comorbidity with common MH difficulties is high (Fisher et al. 2015; Royal College of Psychiatry, 2013)
- Approximately 16% of CYP exposed to a traumatic event develop PTSD, rising to 25.2% for those experiencing an interpersonal trauma such as physical or sexual abuse/attack (Alisic et al. 2014)
- CYP with lower levels of social support, peri-trauma fear, social withdrawal, and poor family functioning post-trauma are at greater risk of developing PTSD (Trickey et al. 2012)

## Potential Impact of COVID-19 on psychological/mental health in CYP

### Research from Prior Pandemics

There is surprisingly little research regarding the impact of prior pandemics on CYP MH. Sprang and Silman (2013) studied 398 parents and CYP in the worst affected areas of the US during the Avian Flu Pandemic. This was a self-selecting sample and based on parental report only.

- **1/3 CYP in social isolation or quarantine required MH services during or after the pandemic**
- **30% CYP in social isolation or quarantine scored above cut-off on PTSD measures** - average scores were four times higher than those not in isolation/quarantine
- Parent and CYP PTSD symptoms were significantly associated with one another

### Research into the Impact of Social Isolation

Loades and colleagues (2020) have undertaken a rapid review of 63 studies into social isolation, quarantine, and loneliness, covering 51,576 CYP. Conditions of social isolation/quarantine varied.

- **At the time of isolation and loneliness**
  - CYP were **5.8-40 times more likely to score over clinical cut-offs for depression** and **1.63-5.49 times more likely to score over clinical cut-offs for anxiety** - rates were higher for females and older CYP
  - Isolation/loneliness was also associated with **suicidal ideation, self-harm, and eating disorder-related risk behaviours**
- **Longer-term**
  - **There is a clear association between social isolation/loneliness and MH up to nine years later - strongest association with depression**
  - Length of isolation was a predictor of later MH difficulties in one of the studies
  - **CYP in enforced isolation/quarantine were up to 5 times more likely to require a MH service**

There is some tentative evidence that sleep moderates the link between social isolation and general anxiety, social anxiety and depression (Richardson et al. 2019), and that family connectedness

reduces suicidal risk in socially isolated CYP (Hall-Lande et al. 2007). However, these studies were during "normal times" and the way social isolation was measured was limited.

## Research into Natural or Man-Made Disasters

Whilst not entirely generalizable to the current context, there may be some learning from studies into natural or man-made disasters.

- **Risk factors for poorer MH outcomes in CYP following a natural disaster include poor MH prior to the crisis, bereavement, injury to self/family, threat to life, and separation from family** (Lazarus, Jimerson & Brock, 2002)
- **Rates of PTSD may vary between around 35-55% following natural or man-made disasters** (e.g. Goenjian et al. 2020; McDermott, Duffy & McGuiness, 2004)
- For adolescents exposed to the Spitak earthquake in Armenia, 14.3-28.3% of those who did not receive treatment at the time experienced PTSD 25 years on, depending on the level of destruction their home area was categorised as experiencing (Goenjian et al. 2020)
- In a 6-month follow-up study of 1696 school-aged children bereaved as a result of the 9/11 disaster **bereavement was associated with PTSD and depression but not once grief was controlled for** - authors suggest heightened grief reactions should be targeted through tailored interventions to reduce risk of subsequent depression or PTSD (Geronazzo-Alman et al. 2019)

## Research into Bereavement

At present we do not have figures on the number of CYP likely to have been affected by bereavement during the current pandemic. Social distancing measures are likely to have affected CYP experiencing bereavements of any kind, not solely those related to COVID-19 (see Winston's Wish website).

- A large-scale longitudinal study in the Netherlands found the **majority of CYP experiencing a family bereavement (parent/sibling) showed acute grief reactions including sleep problems, anger, irritability, and behavior problems - however, 75-80% did not go on to develop MH problems** (Stikkebroek et al. 2016)
- In the above study, there were **22% new cases of internalizing disorder post-bereavement** compared to 5.5% in the non-bereaved group
- A study comparing CYP experiencing the **sudden death of a parent** with non-bereaved CYP found **high rates of PTSD and depression two-years post-bereavement even when pre-death factors were controlled for - no effect was found on anxiety** (Pham, Porta & Beismesser, 2018)
- Interestingly, a small-scale study of CYP who had experienced parental death around three-months prior to the study found that **CYP experiencing a sudden death showed lower levels of post-traumatic stress or maladaptive grief than those where the death was expected** (Kaplow, Howell & Layne, 2014)

## Research Post-ICU

There are currently no figures on the number of young people who have been in hospital or ICU as a result of COVID-19, although these may be relatively low. There have been 2486 confirmed cases in 0-18 year-olds in England, with 8 deaths across England and Wales (HM Government COVID-19 Dashboard, May 2020).

- A review by Nelson & Gold (2012) of 9 articles suggested **rates of PTSD symptoms** (not diagnosis) in CYP post-ICU was **between 35-62%**
- A small scale study suggested around **26% of CYP developed post-traumatic stress** (Stowman, Kearney & Daphtary, 2015)
- **Prevalence rates of PTSD itself may be around 5-28%** in CYP post-ICU (Nelson & Gold, 2012)
- There is some preliminary association between CYP and parent PTSD symptoms (Nelson & Gold, 2012)

## Emerging COVID-19 Findings

Studies below are taken from the UK, Europe, and Asia, although it is acknowledged that there will be cultural and geographical differences in the impact and safety measures related to COVID-19. Most use self-selected samples so are unlikely to represent or capture the experience of many vulnerable groups. They usually employ self-report or parental report. Where validated measures of MH are utilized, symptoms are only reported over a short period of time. The emerging findings therefore cannot be taken as evidence of longer-lasting or diagnosable MH difficulty that would require intervention. The synthesis and summary on page 8-9 will consider these findings in the context of the pre-existing literature and findings noted above.

### Referral Rates

Referral rates to specialist CAMHS services have largely reduced during the current pandemic, likely representing "suppressed demand". As examples:

- Sussex Partnership NHS Foundation Trust (SPFT) reports a **53% reduction in referrals to Hampshire CAMHS between March & April 2020**
- Lancashire and South Cumbria NHS Foundation Trust report an **88% reduction in referrals to CAMHS since the start of lockdown**

Anecdotal reports from **voluntary and community sector organisations** (ARC-KSS, May 2020) are mixed.

- **Some report reductions in referrals, whilst others report a significant increase in general referrals (e.g. 30% uplift) and an increase in safeguarding referrals.** This is mirrored in data from Kooth (2020) in relation to **increased use of their online platform.**

There are significant concerns over continued funding streams for many VCS organisations at present, particularly those reliant on charity contributions.

### Altered MH Support & Access

Many services have rapidly mobilized around remote provision of care but anecdotal reports suggest take up has been variable and not all families/CYP have been able to access this medium of service delivery. There is emerging evidence of a reduction in the support CYP with pre-existing MH difficulties and their families may have been able to access through the current pandemic.

- In a Young Minds (2020) survey of 2111 CYP with **pre-existing MH difficulties, 26% reported they were no longer able to access support** - this was not exclusive to CAMHS support
- Similarly, in a survey of 2531 parents of **CYP with disabilities or serious illness, 60% reported their CAMHS support had declined** (Family Fund, 2020)
- Initial findings from the UK based Co-Space Study (Waite, 2020; Waite & Creswell, 2020) with 5000 parents of 4-13 year-olds also note **80% of those whose child received educational, social care, or MH support reported this has stopped**
- A Royal College of Psychiatry survey of 1300 psychiatrists (all-age) found **45% reported a reduction in their routine caseload** (although urgent caseloads had increased)

### Worsening of Pre-Existing MH Difficulties

Emerging evidence from several surveys suggests the MH of CYP with pre-existing MH concerns may have worsened. It is unclear if this represents worsening of existing symptoms or emergence of new symptoms, nor whether this will be a sustained deterioration.

- **83% of CYP** in the Young Minds (2020) survey noted above **reported their MH symptoms had worsened (32% "much worse")**

- **89% parents of CYP with disabilities or serious health concerns** reported COVID-19 and social distancing measures had **impacted negatively on their child's behavior and emotions - 82% reported negative impact on their child's MH** (Family Fund, 2020)
- In the Co-Space study noted above (Waite, 2020; Waite & Creswell, 2020), **CYP behavior or wellbeing was the highest stressor for parents of CYP with pre-existing MH or neurodevelopmental difficulties** and **50% parents of CYP with SEN reported CYP behavior as a frequent stressor**
- Thematic analysis of recent suicides in one SE CYP MH service identified breakdown of family relationships in CYP with learning disabilities or neurodevelopmental disorders as a key theme

### ***COVID-19 Related Anxiety, Somatic Symptoms & Health Anxiety***

Studies in the UK, Europe, and Asia evidence COVID-19 related anxiety and somatic symptoms in CYP, although these have not been compared against pre-COVID baselines nor tracked over time. It is therefore not possible to say whether these are normative.

- **20-50% CYP are reported to experience worries about themselves, friends or family catching COVID-19** (Liu, Liu & Liu, 2020; Orgiles et al. 2020; Waite, 2020; Waite & Creswell, 2020)
- **8-10% CYP have moderate to high somatic symptoms** (Levita, 2020; Liu, Liu & Liu, 2020)
- A UK based axillary study of 1001 13-18 year-olds by the COVID-19 Psychological Research Consortium (C19PRC - Levita, 2020) found **rates of somatic symptoms are highest in the children of keyworkers** - of note, DfE data shows only 5% of school-aged children of keyworkers have attended school during the lockdown period
- Kooth (2020) report a **164% increase in self-reports of health anxiety**
- European and Asian studies identify dependence, clinginess, and fear of others leaving the house as amongst the highest reported symptoms (Jiao et al. 2020; Orgiles et al. 2020)

### ***Common Mental Health Difficulties***

In reviewing the emerging evidence below, it is of note that a **UK-based survey of 90,000 adults** being undertaken by UCL has found a **decrease in reported anxiety over time**, whilst **depression symptoms have remained stable**

#### ***Anxiety***

- In the C19PRC study noted above (Levita, 2020), **47% females and 60% males aged 13-18 had anxiety scores over clinical cut-off**
- Rates in European and Asian studies are somewhat lower, ranging between 10-30% (Orgiles et al. 2020; Xie et al. 2020; Zhou et al. 2020), although not all used standardized MH measures

#### ***Depression***

- Kooth (2020) report that **self-reports of depression and sleep problems have shown the sharpest rise, with reports of depression rising by 170%**
- In the C19PRC study (Levita, 2020), **20% of 13-18 year olds had depression scores over clinical cut-off - CYP of black or mixed ethnicity scored significantly higher**
- Rates of reported sadness or depression are similar in European and Asian studies (Orgiles et al. 2020; Xie et al. 2020; Zhou et al. 2020)

### ***Other Mental Health Difficulties***

#### ***PTSD***

The C19PRC study noted above (Levita, 2020) utilized the CRIES-8, a validated screening tool for PTSD. Questions were worded to assess for COVID-19 related trauma, although this wording was in generic terms rather than specific to an indexed COVID-19 related traumatic incident. The CRIES-8 is not diagnostic in its own right.

- **53% females and 44% males aged 13-18 scored over the clinical cut-off for COVID-related PTSD - this was highest in females and the children of keyworkers** - of note, DfE data shows only 5% of school-aged children of keyworkers have attended school during the lockdown period

#### *Eating Disorders*

Very little is known about any current impact on eating disorder symptoms, although anecdotal evidence from CEDS identifies concerns over worsening of symptoms and challenges in physical health and mealtime monitoring, and Kooth (2020) report a **49% increase in self-reports relating to eating difficulties (including ARFID)**.

#### *Psychosis*

Very little is known about current impact on psychosis, although Kooth (2020) report a **13% increase in self-reports of psychotic symptoms**.

#### *Behavioural Difficulties, Irritability & Anger*

- As noted above, parents in the Co-Space study reported their **child's behavior was a frequent stressor, and this was highest for parents of CYP with a SEN** (50% vs. 2% - Waite, 2020; Waite & Creswell, 2020), mirroring the Family Fund (2020) survey
- In a study investigating the immediate effects of quarantine with 1143 parents of 3-18 year olds in Spain and Italy, **85.7% parents report changes in their child's emotional state and behavior** (Orgiles et al. 2020)
- **30-40% report irritability** (mirrored in a small-scale study in Asia by Jiao et al 2020), whilst **20-30% report their child is angrier** (Orgiles et al. 2020)

#### *Adverse Experiences, Parental Wellbeing & Family Functioning*

To contextualize some of the emerging evidence below, DfE data shows **only 14% of school-aged children classed as "children in need" have been attending school** during lockdown, and **attendance at SEN schools has been 8%**.

#### *Adverse Experiences*

- Kooth (2020) report child **sexual abuse as amongst three issues showing the sharpest rise** in self-reports

#### *Work & Finances*

- **Work and finances are reported as the most frequent stressor** by many parents in UK surveys (Family Fund, 2020; Waite, 2020; Waite & Creswell, 2020) and the Family Fund (2020) survey of **parents of CYP with disabilities or serious illness** found **50% reported loss of income** due to unemployment or having to give up work, with **77% reporting household costs have increased**

#### *Family Functioning*

- Kooth (2020) found a **51% increase in self-reports of CYP being the victim of violence in the home**
- Orgiles et al (2020) found that parental perception of how easy it is for the family to live together predicted some CYP emotional wellbeing symptoms and parents perceiving the COVID-19 situation as more serious rated their CYP more anxious, sad and lonely (Orgiles et al. 2020)

#### *Support Requests*

In the Co-Space study many parents reported that they would like support and advice around managing their child's emotions, behaviours and education via online written or video material, or personalized online contact with a professional (Waite, 2020; Waite & Creswell, 2020)

## Synthesis & Summary

Evidence from previous studies into pandemics and social isolation or quarantine has indicated an **increase in demand for CYP MH services**. Figures showed a third of CYP required MH services, or CYP were five times more likely to require MH services, following a pandemic and/or social isolation or quarantine. We might therefore reasonably anticipate an increase in overall demand for CYP MH support.

However, emerging data shows a significant reduction in referrals to CAMHS since the start of lockdown. We might assume this "**suppressed demand**" will also emerge in time. Data on whether referrals to VCS or online support have increased is mixed. However, many VCS services are reporting concern over financial stability.

There is evidence to suggest that **a number of CYP with pre-existing MH difficulties** have seen **formal support for them or their families reduce or stop**. Both CYP and parent-report suggest that the **MH of CYP with pre-existing MH difficulties may have worsened** since the start of the pandemic. It is unclear at this stage whether any worsening of symptoms is temporary, nor whether it represents worsening of existing symptoms or emergence of additional/new difficulties and symptoms. However, this **may impact on throughput of CYP already open to MH services/support**.

There is compelling evidence that **family functioning is crucial as both a risk and protective factor**. Pre-COVID prevalence studies show 3-4 times higher rates of MH difficulties in CYP living in less healthy functioning households and with a parent experiencing their own MH problems. There is emerging evidence that incidents of family/parental stress (particularly work & financial), domestic violence, and child abuse during the lockdown period may have increased, along with reductions in family income. Evidence from previous studies has suggested that family functioning reduces risk of CYP developing MH difficulties following a disaster; PTSD following trauma or loss; and suicide risk during social isolation. **Parents in UK surveys are requesting support and advice via online mediums despite this already being available**.

There is evidence that social isolation can increase concurrent anxiety. Emerging evidence indicates that **anxiety in CYP is elevated at present** (e.g. COVID-related, somatic, health & separation anxiety) and may be particularly high in children of keyworkers. However, there is **less clear evidence this will be long-lasting** from either current or previous studies. We **might reasonably anticipate a spike in anxiety-related difficulties and need for support at the point of lockdown measures easing and CYP returning to school**. In adults based in the UK there is some evidence that anxiety has reduced over the duration of lockdown.

Evidence from prior studies of social isolation, quarantine and bereavement all suggest a **likely increase in depression that will be longer lasting**. An ongoing current study of older adolescents has suggested those of black or mixed ethnicities are reporting significantly higher depression symptoms.

There is some evidence that sleep difficulties have increased for CYP at present, and there is **some very tentative evidence that sleep may moderate the impact of social isolation on other MH difficulties** although this might not be directly translatable to the current context.

The **majority (approximately ¾) of CYP experiencing a family bereavement show grief reactions but do not go on to develop MH difficulties**. However, CYP who have experienced family bereavement **are more likely to develop internalizing MH difficulties than peers (particularly depression, which may be up to four times more likely)**. They are also **more likely to develop PTSD, particularly where grief reactions are heightened**.

CYP experiencing disasters, interpersonal trauma, and ICU are at **increased risk of developing PTSD (potentially between 25-50%), which is often comorbid with other MH difficulties**. Reports of current COVID-19 related PTSD symptoms are at similar levels, and children of keyworkers may be particularly vulnerable.

Ongoing studies across the UK, Europe and Asia suggest **potential increases in irritability, anger and behavioural difficulties** in children, with particularly **high levels in CYP with SEN**.

There is **some evidence that social isolation or quarantine increases risk of self-harm, suicidal ideation/attempts and eating disorder risk behavior**.

There is **very little currently reported or known regarding vulnerable groups or those with severe mental illness**, beyond those with SEN. 86% CYP classed as a "child in need" are not currently attending school.

## Suggested Next Steps

Suggested next steps are outlined below and have been organized under headings from the THRIVE model. These are not intended to be definitive nor absolute and they should be considered alongside local data, intelligence, and other national evidence/guidance (e.g. PHE evidence pack).

### Advice & Getting Help

The role of professionals in education, social care, school nursing, primary care and the VCS is likely to be crucial in restoration and recovery. They will have a critical role in identifying CYP who may be experiencing emerging MH difficulties, signposting or referring to appropriate support and advice, and providing some aspects of early intervention:

1. Additional training and support may be required to help professionals in these settings: a) identify potential signs and symptoms of MH difficulties in CYP, particularly heightened grief reactions, depression, acute stress disorder, and PTSD; b) understand when watchful waiting or active monitoring is, and is not, recommended; c) know how and when to refer on and what the evidence-based/ NICE recommended treatment would be for specific difficulties.
2. Effective mechanisms for monitoring the emotional wellbeing and MH of vulnerable groups will be crucial, particularly those not returning to school. This should include CYP with SEN or health concerns, whose parents have MH difficulties, in less healthy functioning families, in the care system, and asylum seekers/refugees. Evidence would also suggest that monitoring of recently bereaved CYP, those from BAME, and children of keyworkers is important at present.
3. Activities that increase CYP's experience of "connectedness" may well serve a protective or moderating function on their MH, for both those returning to school and those not. Wider peer and community support may serve an important role with this.
4. Support and advice to families is likely to improve MH outcomes of CYP. This may include:
  - Signposting to existing online support and advice on managing CYP emotions and behavior, for example
    - Anna Freud (<https://www.annafreud.org/coronavirus-support/>)
    - Schools in Mind (Anna Freud) advice for parents and carers (<https://www.annafreud.org/what-we-do/schools-in-mind/resources-for-schools/>)
    - MindEd for families (<https://mindedforfamilies.org.uk/>)
  - Signposting to personalized online advice (e.g. Family Lives) and existing local formal and informal parenting support
  - Support and onward referral of parents experiencing their own mental health difficulties
  - Financial support and advice
  - Community and peer support
  - Specialist support to families of CYP with SEN
5. Provision of education and support to CYP/families around sleep hygiene and other lifestyle factors (exercise & diet) conducive to emotional wellbeing and MH is likely to be beneficial.
6. Raising awareness that VCS and specialist CYPMH services remain "open for business" and facilitating referrals to appropriate evidence-based MH support where needed.
7. Training in psychologically-informed practice with regards to managing and supporting CYP experiencing acute grief reactions may be beneficial as this can moderate development of later MH difficulties.

### Getting Help, Getting More Help & Risk Support

1. Predictive modelling, and restoration and recovery planning in specialist MH services would benefit from including consideration of: a) suppressed demand; b) impact of worsening symptoms or altered care on throughput of existing CYP known to services; c) potential increased demand (as outlined in synthesis & summary section); d) impact of staff who are unwell, shielding, or with caring responsibilities on service capacity.
2. It may be beneficial to review robustness of systems to monitor and review the MH and risk of CYP and families already open to services that have been uncontactable or unable to continue with care/support, and those with higher risk presentations or life circumstances.
3. Given the potential increased risk of PTSD, it would be advisable for CYP to be screened for acute stress reactions and PTSD when presenting with other MH difficulties or sleep problems (see box below). Staff training may be required to support this.
4. It will be important to identify the number of staff trained to an appropriate level of competency in the therapy modalities outlined in the box below, taking into account the potential for increased demand for these therapies. All guidelines emphasize the importance of working with and supporting families, and sufficient numbers of staff trained in adaptations/augmentations for CYP with LD or neurodevelopmental disorders appears particularly important given emerging evidence around this group. This review of skill mix may highlight workforce training needs.
5. It would be useful for professionals providing psychological wellbeing support for keyworkers to be aware of the potential heightened vulnerability of the children of keyworkers to MH difficulties. It would be beneficial to include enquiry as to the emotional wellbeing or MH of children of keyworkers as a standard part of psychological support provided to these workers.

The literature reviewed for this paper suggests that there may be a particular, but not exclusive, rise in depression and PTSD in CYP.

NICE guidelines for depression in CYP (<https://www.nice.org.uk/guidance/ng134>) recommend:

- Watchful waiting for two weeks in CYP presenting with symptoms of mild depression
- Digital CBT (see NICE website for suggested packages), group CBT, group non-directive supportive therapy or group interpersonal therapy (IPT) as a first-line intervention for mild depression
  - Delivered in schools, colleges or primary care
  - Delivered by professionals trained in child and adolescent MH and with an appropriate level of competency in the specific therapeutic modality
- After two months, or for moderate to severe depression, referral to CAMHS and first line treatment with individual CBT for 5-18 year-olds, or family based IPT, family therapy (see website for specific approaches), or psychodynamic psychotherapy for 5-11 year-olds. Where individual CBT is not preferred or deemed suitable for 12-18 year-olds, IPT-A, family therapy, brief psychosocial intervention or psychodynamic psychotherapy.
- Conceptual models underpinning behavioural activation (a subset of CBT for depression) and IPT may be particularly applicable and helpful in the current circumstances.

NICE guidelines for PTSD (<https://www.nice.org.uk/guidance/ng116>) recommend:

- Active monitoring within one month of the traumatic event
- Trauma-focused CBT as the first line treatment if CYP are showing symptoms of PTSD or acute stress disorder, which could be group TF-CBT for CYP 7-17 years following a large scale shared trauma
- Individual Eye Movement De-sensitization Reprocessing (EMDR) as a second line treatment. Of note, University College London are currently compiling a competency framework for EMDR, including prerequisites to undertake EMDR training (due September 2020)

NICE guidelines for anxiety-based disorders recommend group or individual CBT for CYP

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