Young people, Mental Health and Covid-19

Welcome

This report draws upon the lived experience of young people in the City of London and surrounding boroughs during the coronavirus (Covid-19) pandemic.

Their insights demonstrate the kind of support needed to help process their lockdown experiences. The research also shows us the resilience and resourcefulness of young people in the face of adversity and the depth of their emotional literacy.

The rise in mental health problems among children and teens was already a serious cause for concern before the pandemic unfolded. This report illustrates the link between poverty and inequality and the risk of young people developing a mental health illness. The great economic disparity of London's inhabitants, particularly in inner city boroughs is an issue that demands a meaningful, proactive and sustained response.

St Paul's stands as an iconic symbol of Christian worship at the heart of our vibrant and diverse city. However, beyond the symbolism, is a vision for social justice and inclusion. We hope this report allows the voices of young people to motivate us towards that goal.

Executive Summary

Any programme that seeks to offer support to young people must start with a concerted effort to listen.

So, between February and May 2021 young people were asked to take part in an online survey and focus groups to tell us about

- Their experiences during the Covid-19 pandemic
- What self-care approaches they found helpful
- Reflections on what they had learnt
- Ideas about what kind of support could be helpful

The findings tell us that every young person's experience has been unique but as one focus group participant said: *"people talking about the challenges they faced in lockdown and not being scared or embarrassed"* is a helpful indicator of the attitude that needs to be taken in talking to young people about the issues they faced.

Many young people conveyed the need to talk to someone trusted one on one. Some said they felt as if they were not being heard, not being listened to. Young people express a readiness to talk about their mental health and so we must ask ourselves whether we are prepared to listen meaningfully to what they have to say about it.

"More funding for the services and just spaces to talk and be listened to."

"Talking to someone so I can destress."

"I think a lot of people don't talk to their parents or the people close to them about the things that are troubling them, or they don't feel like they can trust those people"

Youth participation requires a shift in power away from the implicit hierarchy that exists in schools, the church and the cathedral. This research highlighted the challenge of running focus groups in both LBDS schools and churches. This is no doubt partly due to the third lockdown and time constraints on the research. Legitimate questions were raised about the logistics of running focus groups in schools, whether it was the right time to conduct the research and whether young people would benefit from being involved.

There is no doubt that given the opportunity to do this kind of research again, young people's involvement in developing the research methodology would be highly beneficial.

The findings broadly support publicly available data. The decline in young people's wellbeing and mental health during the pandemic is clear across all demographics.

"In the first lockdown I was quite lonely because you don't really talk to that many people in your life. I don't have social media or anything. I started texting a friend and she wasn't doing well and it wasn't great for my mental health. A lot of people weren't OK in lockdown."

Contrary to statistics on poverty and inequality in London, research participants did not mention their family using a foodbank. Lack of access to a computer for schoolwork and financial worries were an issue only for a small minority. This challenges us about how effective we are in engaging the most vulnerable young people.

NHS data provides evidence that the prevalence of mental health disorders among young people aged 5-16 in London is actually lower than national average (16%) standing at 10%. It could be that there are protective factors about living in London; its more probable that many young people in London either lack a diagnosis or do not seek support at all.

Many young people are finding ways to support their own wellbeing. Music is evidently a popular and positive way for young people to cope with overwhelming feelings. Young people expressed many ways in which music helped them, providing relaxation, an outlet, an escape, energy.

"Listening to music as it is just a way to escape for a while and not think about anything else."

"Listening to music because I can forget everything else and focus solely on the melody and relate to the words."

It is interesting to note that although young people missed friends and benefit so much from peer support, they also value time alone. Solitude after all, is about retreat and sanctuary.

Peer support online, particularly through chat groups and Tik Tok was deemed to have been helpful by focus group participants.

London has beautiful and accessible parks and green spaces. The positive change associated with the amount of time spent outdoors might be because it is recognised by young people to be beneficial to their mental health. Some young people in focus groups also expressed concern that parks were unsafe and that it would be preferable to have youth centres or better youth services in their area.

Good mental wellbeing enables young people to recognise their potential, to build resilience, to work well, to celebrate their successes, to hope, to aspire and to have positive relationships.

There is an opportunity now to build a culture in the church where mental wellbeing is openly talked about. Every young person needs someone they can trust to talk to and access to mental health advice and support when they need it.

Key Findings

- Survey results show there was a general decline in mental health reported between March 2020 and March 2021. **The top 5 factors that increased stress were: not seeing friends, boredom, lack of motivation, missing schoolwork/exam and not seeing wider family.**

- 'Worrying about the future' is more important than not seeing wider family for: Other sexualities, 15-17 year olds and young people of colour

- Asked what support could be helpful, **39% of survey respondents suggested that having someone trusted they could talk to, either in person or anonymously is needed.**

- The top 4 coping strategies that respondents across all demographics said that they would try again are: listening to music, watching TV or playing on games console, talking to friends and being alone. **Across all demographics, the number one coping strategy is 'listening to music', cited by 69% of the sample.**

- The greatest positive changes noted in the survey were **the amount of time spent outdoors/in nature, the community where they live, changes to daily routines and the amount of time for relaxing at home.** In contrast focus groups identified the main positives as **time to do hobbies, relaxing at home, time with family and social media.**

- Although Christians seemed to have better mental health, **there is very little evidence that prayer is commonly used as a coping strategy.** 20% of respondents of all faiths used prayer as a coping strategy and the majority of those respondents were young people of colour.

- The **findings did not highlight the use of food banks, financial worries or access to a computer as areas of concern for the majority of research participants.**

Background

In 2018 NHS digital[1] evidence showed that **one in eight (12.8%) children and young people had a diagnosable mental health condition**.

Between the ages of 5 and 10 the split between boys and girls is even. However, **by age 17 a quarter of young women have a mental health disorder** (more than twice the number of young men) and half of them have self-harmed or attempted to take their own life.

Emotional disorders, particularly anxiety and depression have also become more prevalent in 5- to 15-year-olds in recent years.[2]

Risk Factors

Over half of all **lifetime** mental health disorders start **before the age of fourteen.** [3]

NHS data shows that there are certain social inequalities that mean some children and young people are more at risk of developing a mental health disorder. These include

- Childhood poverty
- Having a parent in receipt of disability benefit
- Having a parent with poor mental health
- Family conflict

Evidence also shows that other groups of young people are more at risk including

- Young people who are LGBQT
- Looked after children
- Young people in the youth justice system
- Children with a physical health condition or developmental problem

Mental health conditions of **most relevance to children and young people are**

- **Conduct disorders** e.g. *persistent/pervasive defiance, physical/verbal aggression, vandalism*
- **Emotional disorders** e.g. *phobias, anxiety, depression or obsessive compulsive disorder (OCD)* Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%) [4]
- **Neuro-developmental disorders** e.g. *attention deficit hyperactivity disorder (ADHD) or autistic spectrum disorder (ASD)*
- **Substance misuse problems**
- **Eating disorders** e.g. *anorexia nervosa/ bulimia nervosa*

Impact of the Covid-19 Pandemic on child and adolescent mental health

The full impact of the pandemic is not yet known, but the available evidence shows that the pandemic has further intensified existing mental health problems for young people.
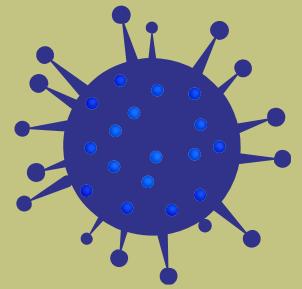
The 2020 follow up to NHS digital Mental Health of Children and Young People (MHCYP) survey found that

- Rates of probable mental disorders had further increased with **one in six (16%)** children aged 5 to 16 identified as **having a probable mental disorder - (that's four children in every classroom)**

- Children and young people **with a probable mental disorder were more likely to say that lockdown had made their life worse** (54.1% of 11 to 16 year olds)

- Children **aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments** (16.3%)

- Among **11 to 16 year old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household**

Research carried out during the Covid-19 pandemic in 2020 provided additional evidence that young people were being disproportionately affected by lockdown. The Children's Society's *Good Childhood Report 2020*[5] highlighted that the Coronavirus pandemic has left many children feeling they lack choices in life.18% of young respondents were deemed to have low well-being.

A Barnardo's study found that at least a third of children and young people had experienced an increase in mental health and wellbeing issues including stress, loneliness and worry.[6]

Research carried out by Girlguiding also revealed a significant impact on the wellbeing of girls and young women with a quarter of girls aged 11 to 14 (24%) and half of girls aged 15 to 18 (54%) reporting that coronavirus and lockdown have had a negative impact on their mental health.[7]

Kooth[8], a digital mental health service for children and young people commissioned by the NHS, has released a report based on data from over 75,000 users aged 11–25 years. The report shows **an increase in sleep issues (161%), loneliness (63%) and self-harm (27%) compared with the same period last year.** There has been a 133% increase in health anxiety, with many children and young people worried about contracting COVID-19 or passing the virus on to others.

Kooth also reported **mental health issues were exacerbated in young people in black and minority ethnic groups compared with their peers.**[9]

Young people did also express **positive experiences** during the pandemic. The Children's Society reported that children surveyed during lockdown had enjoyed having a time to reflect, to learn new hobbies or restart old ones and have found gratitude for things in their life pre-lockdown.

Poverty in London: a critical issue

In London, poverty is the most critical issue relating to young peoples' mental health. Children who grow up in poverty have worse physical and mental health, do less well in school and have fewer opportunities in the future. [10]

London has the highest child poverty rate in the UK. In 2018, **37% of children were living in poverty after housing costs were taken into account.** [11] There has been a marked increase in the concentration of child poverty, and the increases are larger among more deprived local authorities.

The BME poverty rate is 38% in London - twice that of white groups (21%) young people who are black are 1.3x more likely to report low life satisfaction compared to young people who are white. [12]

The nature of child poverty in London is particularly striking, in that **76% of children in poverty in London are in a household where at least one parent works.** It used to be that a child living in poverty in London would be more likely to live in council or social housing – but at the present time they are more likely to live in private rented sector accommodation.

Single parents with children are more likely to be in poverty than any other type of household. Over half of single parents in London (53%) were in poverty, more than four times the proportion of couples without children.

In *Views From The Frontline*, a joint CPAG and Royal College of Paediatrics and Child Health report published in May 2017, doctors in London were more likely than those in any other region to say that poverty, and all its associated dimensions (bad housing or homelessness, food insecurity, inability to say warm at home and financial stress or worry) were contributing 'very much' to the ill-health of children.

Children in receipt of Free School Meals have consistently lower Average 8 attainment (measure of how well pupils have performed across all GCSEs). With two-thirds of children living in poverty now living in a working family in the UK, many families who are not eligible for FSMs may still struggle with the cost of meals. School also brings other costs such as trips, uniforms and equipment for courses.

Overview of boroughs surrounding St Paul's

The London boroughs surrounding St Paul's cathedral are City of London, Camden, Hackney, Islington, Tower Hamlets and Westminster.

The boroughs all have a relatively young population, have high child poverty rates and are demographically diverse.

Three of the boroughs that are the focus of this research are in the top 20 child poverty 'hotspots' in the UK - Tower Hamlets (1) Hackney (4) and Islington (7). The most recent research suggests that close to **six in ten children (57%) in Tower Hamlets live in households in poverty.** Hackney is one of four London boroughs where over 40% of households are now reliant on benefits – such as the housing element of universal credit – to meet part of their housing costs. [13]

CAMDEN

39.92% children in poverty
2nd highest pay inequality in London.
7.5% of working-age adults are claiming out-of-work benefits in Camden.
Some of **least affordable homes**
BME: 38%
Main language not English 23%
Largest migrant population: United States

CITY OF LONDON

19.67% children in poverty
Lowest rate of working-age adults claiming out-of-work benefits in London at 3.1%.
No new social housing was built in the City in recent years.
BME: 27%
Main language not English: 17%
Largest migrant population: United States

HACKNEY

41.3% children in poverty
10.3% of the working age population claim out-of-work benefit (highest rate in London.)
10.8% of working-age adults do not have any qualifications in Hackney, (highest rate in London.)
BME: 49%
Main language not English 24%
Largest migrant population: Turkey

ISLINGTON

47% of children live in poverty
Pay inequality in Islington is high
BME: 30%
Main language not English: 20%
Largest migrant population: Ireland

TOWER HAMLETS

57% of children live in poverty
the highest rate in London.
6% unemployment rate in Tower Hamlets.
680 new affordable, social and othered housing completed over three years, the highest figure of all London boroughs.
BME: 54% Main language not English: 34%
Largest migrant population: Bangladesh
9% white British and the rest are BAME

WESTMINSTER

41% of children live in poverty
Pay inequality for those in Westminster is the highest in London.
10 times higher numbers of people sleeping rough in Westminster than the London borough average.
BME: 42% Main language not English: 31%
Largest migrant population: United States

Prevalence of mental health illness

NHS data provides evidence that the prevalence of mental health disorders among young people aged 5-16 in London is lower than national average (16%) standing at 10%.

Local CAMHS data on the prevalence of mental health illness is estimated and there is evidently a need for more research to identify those children and young people who express need but do not access support, or who do not express their need at all. While ten per cent of children nationally have a mental health condition requiring access to mental health services, only three per cent are able to do so. Most referrals to CAMHS are for emotional disorders.

The most common disorder among boys is conduct disorder, which is estimated to affect around two-thirds of all boys with one or more mental health condition. The most common disorders among girls are emotional, conduct and anxiety disorders, each of which affect around half of all girls with one or more mental health condition.

Conduct disorders in childhood are also associated with a significantly increased rate of mental health problems in adult life, including antisocial personality disorder - up to 50% of children and young people with a conduct disorder go on to develop antisocial personality disorder. The prevalence of conduct disorders in the UK varies across ethnic groups; for example, their prevalence is lower than average in children and young people of south Asian family origin and higher than average in children and young people of African-Caribbean family origin. [15]

Protective factors

A range of protective factors in the individual, family and community influence whether a child or young person will either not experience problems or will not be significantly affected by them, particularly **if receiving consistent support from an adult whom they trust.**

Protective factors include:

- Good communication skills
- A positive attitude
- Experiences of success and achievement
- Capacity to reflect
- Family harmony and stability
- Strong family values
- Positive school climate
- Good housing
- Range of sport/leisure activities

There are some opportunities in London that, when compared with opportunities in other parts of the UK, provide low-income Londoners with greater chances to avoid or reduce the impacts of poverty.

For example, London schools serve pupils from all backgrounds better than is the case in the rest of England. While schools rated as outstanding by Ofsted are still more likely to be located in areas with lower income deprivation rankings, these deprivation scores are significantly higher than in the rest of England.

State-educated students in Westminster, Hackney, Tower Hamlets and Camden have higher GCSE attainment rates than those in England as a whole. However, this strong performance is not always carried through to A level and, while disadvantaged young Londoners are more likely than those in other regions to go to university, they are also more likely to drop out.

Poorer areas of London also have better access to green spaces than wealthier areas. A focus on outdoor time and exercise is an acknowledged means of improving mental health.

Factors such as family and social cohesion and connectedness may serve to reduce the prevalence of mental ill-health in areas with a high population density.

Faith, hope and spirituality and a belief that life has meaning are important individual protective factors in helping young people to build resilience.

Promoting positive mental health

The CYPMHC 2020 report argues that policy and research too often has a focus on managing crises rather than on building the strengths children and young people possess and implementing effective preventative approaches.

"Promotion is also about building resilience and equipping young people with the skills and knowledge they need around mental health…It should enable young people to feel confident and comfortable in talking about their mental health and being able to ask for help so that they don't feel stigmatised."

The Children's Society

Self care approaches

Self care approaches adopted by young people are important in helping to build a picture of the benefits which could be shared with young people who do not or cannot access professional help. The increasing prevalence of mental disorders among the young, also make self care approaches that can be accessed on a wider scale even more significant.

In 2019 Anna Freud conducted research on self-care approaches. The approaches most young people said they had used and would use again included listening to music, reading or watching TV, personal hygiene, talking to someone you know and trust, going outside, laughter and crying. [16]

One of the key findings of the Children's Society report on the impact of Covid-19 on young people's wellbeing was that the self-care strategies described by children are reminiscent of the Five Ways to Wellbeing, with their main focus being on connecting with others followed by being active and creative.

Peer Support

Peer support can also empower children and young people to look after themselves and each other. Young people have the knowledge, skills and experience to talk about mental health with peers who may not have as much confidence to talk about these things. Young Minds reported that among the thousands of children and young people they surveyed, the person they were most likely to speak to about mental health was their peers.

Key data findings

Dr Genny Dixon

Sample demographics

Respondents were evenly divided across the age range of 13 to 17, however, there are not enough individual responses in any one category to draw statistically sound inferences related to these 5 ages. By dividing into 2 groups, 13-14 and 15-17, with 43 and 42 responses, some variation between 'younger' and 'older' teenagers emerges which will be investigated further below.

Responses were evenly distributed across the 5 London Boroughs surveyed (except only one from City of London). A further 18 respondents were from further afield.

75% of the sample gave their sexual orientation as 'Heterosexual' – there was no question to record gender. Further analysis will divide the sample into two groups – 'heterosexual' or LGBQT+.

58% of the sample gave their ethnicity as 'White'. The remaining 42% (Black, Asian, mixed or other) will be grouped as 'Young People of Colour'.

73% of the sample are Christian. The remaining 27% (Jewish, Agnostic, Hindu, Muslim, none) will be grouped as 'Other faith or no faith'.

State of mental health

General state of mental health
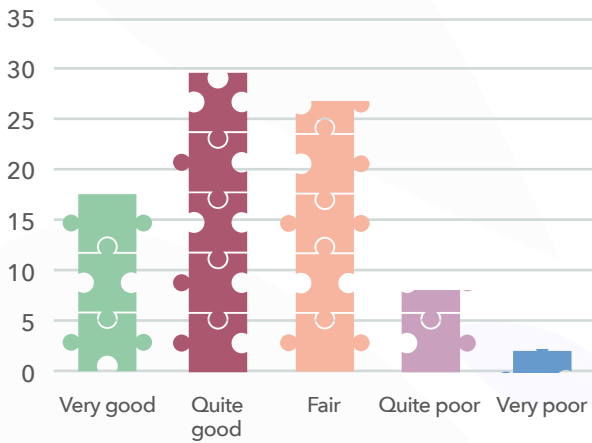
There was a general decline in mental health reported between March 2020 and March 2021.

Comparing state of mental health in March 2020 and March 2021:

- 36% reported no change.
- 19% reported improvement
- 45% reported a decline.

The correlation between general state of mental health and that reported in the last seven days is 0.72. 50 respondents had not indicated a decline.

5=very good
4=quite good
3=fair
2=quite poor
1=very poor

March 2020 **September 2020** **Current**
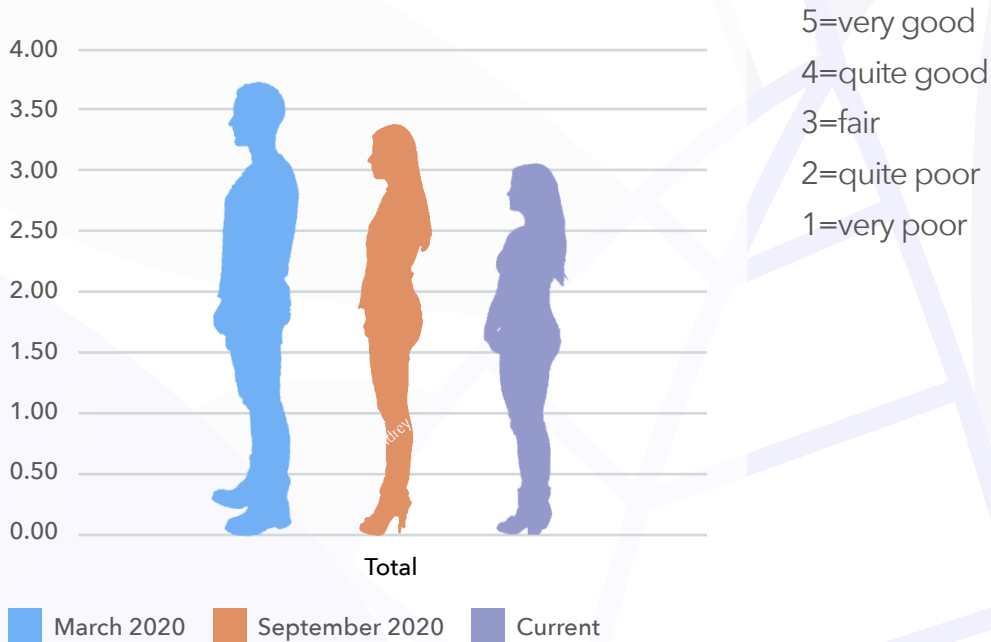
The decline was most pronounced in older teenagers, but the difference is not statistically significant.

Changing state of mental health

	March 2020	September 2020	March 2021

■ 13 - 14   ■ 15 - 17

Although there was a small decline in average score from March 20 to March 21, there was no significant difference between those of heterosexual or other sexual orientation, or between those of different ethnicity or religion.

Satisfaction with aspects of current life

Respondents were asked to rate each aspect of life on a scale of 0-10, where 0 indicates it was much worse than before COVID, 10 that it is much better.

The top four items on the list below are those that people record the greatest positive change. The bottom four indicate areas of greatest negative change.

Aspect	Average Score
Amount of time spend outdoors/in nature	7.13
The community where you live	5.80
Changes to your daily routine	5.73
Amount of time for relaxing at home	5.67
Workload/ pressure from school	5.07
Time for learning new skills or being creative	4.93
Your family's financial situation	4.87
Your hopes for the future	4.87
Time spent with your immediate family	4.60
Quality of time spent with friends	4.60
Your family having to use a Food Bank	4.40
Changes to your participation in social activities	4.27
Access to mental health support	3.93
Access to a computer for schoolwork	3.87
Time spent with wider family (grandparents etc.)	3.67
Your relationship with parents/carers	3.40

Issues emerge from this analysis around access to support, home schooling and family relationships. Interestingly there is little change in family finance, workload or hope for the future.

Satisfaction with life

Legend: 13 - 14 | 15 - 17

Scale: 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00

Categories:
- Time spent with your immeadiate family
- Time spent with wider family (eg..)
- Amount of time for relaxing at home
- Amount of time spent outdoors/in nature
- Workload/pressure from school work
- Quality of time spent with friends
- Changes to your daily routine
- Changes to your participation in social…
- Time for learning new skills or being creative
- The community where you live
- Your realtionship with your parents/carers
- Access to mental health support
- Access to a computer for school work
- Your family having to use a Food Bank
- Your family's financial situation
- Your hopes for the future (ie. career,…)

Differences between age groups were not significant, although the above chart indicates greater differences for the negative factors. Further analysis of ethnicity, sexual orientation and religion does not indicate significant differences across these demographic groups.

Factors that have caused stress.

The top 5 factors that have increased stress are:

1 **Not seeing friends**
2 **Boredom**
3 **Lack of motivation**
4 **Missing schoolwork/exams**
5 **Not seeing wider family**

	Count	% of sample	Rank
Not seeing friends	50	59%	1
Boredom	47	55%	2
Lack of motivation	46	54%	3
Missing school work/exams	41	48%	4
Not seeing wider family (grandparents, cousins etc.)	39	46%	5
Worrying about the future	38	45%	6
Not able to go to usual activities eg. football, swimming	32	38%	7
Feeling lonely	26	31%	8
Lack of routine	25	29%	9
Frustration	23	27%	10
Settling back into school	19	22%	11
My Family not having enough money	6	7%	12
Parents arguing	5	6%	13
No access to computer/laptop for school work	4	5%	14
My Family having to use a Food Bank	0	0%	15

Comparing the demographic groups indicates very strong positive rank correlation, indicating that the difference between these groups is not significant.

For example, there is only one other factor in addition to the top five factors listed above that appears in the top 5 ranked choices:

'Worrying about the future' is more important than not seeing wider family for:
• LGBTQ young people
• 15-17 year olds
• Young People of Colour

And more important than 'Missing school work' for people of other faiths or no faith.
The top 6 ranks are consistent across all groups.

Coping strategies

The top 4 coping strategies that respondents across all demographics take that they would try again are:

1   Listening to music
2   Watching TV or playing on games console
3   Talking to friends
4   Being alone

Across all demographics, the Number One coping strategy was 'listening to music', cited by 69% of the sample.

Some differences emerge across different demographic groups (those with greater than 15% difference)- these have not been tested for statistical significance.

Strategy	Christian	other/ no faith	Heterosexual	Other	White	Young People of Colour	13-14	15-17
Listening to music	68%	52%	73%	55%	61%	81%	63%	76%
Making music	29%	9%						
Mindfulness					2%	19%		
Prayer					12%	31%		
Reading books			23%	40%			37%	21%
Talking to friends	40%	24%					26%	52%
Having a bath			17%	35%				
Exercise			38%	15%				
Social media					14%	33%		

Coping strategies listed in rank order of importance:	Would try this again		Would NOT try this again	
	No. people	% of sample	% of sample	Rank
Listening to music	59	69%	4%	20
Watching TV or playing on games console like an X Box	40	47%	5%	14
Talking to friends	33	39%	4%	20
Being alone	28	33%	8%	7
Exercising	27	32%	8%	7
Reading a book	25	29%	5%	14
Having a cry	25	29%	13%	3
Going for a walk in nature	24	28%	1%	23
Sleeping more	22	26%	8%	7
Making music (singing or playing an instrument)	21	25%	1%	23
Spending time on social media	19	22%	18%	2
Talking to a trusted family member	18	21%	5%	14
Having a bath	18	21%	1%	23
Prayer	17	20%	5%	14
Positive self talk	15	18%	5%	14
Eating more	12	14%	22%	1
Breathing exercises	11	13%	7%	11
Meditation	10	12%	8%	7
Taking a break from social media	9	11%	7%	11
Mindfulness	8	9%	11%	4
Writing things down	8	9%	5%	14
Smoking	4	5%	7%	11
Aromatherapy	4	5%	0%	26
Drinking alcohol	3	4%	11%	4
Self harm	3	4%	11%	4
Talking to an agency like Childline	2	2%	4%	20

One would expect that the lowest ranking strategies will be those listed in Question 7 - factors that they would not try again. However, fewer answers were obtained in this question and most strategies were cited by fewer than 10% of the sample. The highest scoring factors (highlighted yellow in table above) that respondents have tried and would NOT try again are:

1 Eating more (22%)
2 Spending time on social media (18%)
3 Having a cry (13%)

Responses to open ended questions

Q Which self-coping strategy helps you the most and why?

The majority of respondents said that the most helpful self coping strategy is listening to music. Talking to friends or family and outdoor activities were the next most popular choices. Other examples were given, including being alone, online games and social media, breathing, prayer, meditation and yoga.

Listening to music

"Listening to music because I can forget everything else and focus solely on the melody and relate to the words."

"Listening to music as it is just a way to escape for a while and not think about anything else."

"Listening to music because it's an escape from reality temporarily"

"Music because it helps me disconnect and relax for a bit."

"Music because it helps me zone out of whatever I'm worrying about."

Talking to friends or family

"I think talking to my parents helps because they are very good at listening and acting on my feelings. I think also spending time with my cat helps because I can tell him anything and he will listen."

"Going on social media as it takes stuff off my mind and I forget it eventually. Also, talking to close friends as they understand me more."

"Spending time with friends because it cheers me up and distracts me from my own worries."

"Talking to friends/family - breaking any problems down and talking about them"

Outdoor activities/exercise

"Exercising as it releases stress and its healthy"

"Going for a walk or being in nature because it feels refreshing even though sometimes I refuse."

"Going for a walk, break from everything"

Q Since the Coronavirus pandemic started, what is the biggest challenge you've faced or overcome?

Responses were wide-ranging. The broad themes that emerged were around the difficulties associated with social isolation and missing friends, school related issues and the deterioration in mental health for those with existing mental health issues.

Missing friends and friendship issues

"Not being with friends and feeling lonely as u can't go out"

"Not feeling socially connected, being worried that I have no friends"

"Lack of social interaction with friends"

"boredom and losing my friends"

"It's been really hard to not see any friends or family. I've had hardly any interactions and I miss going out to places to make me happy."

School

"Going back to school over past lockdowns."

"Loss of school"

"The switch to online learning."

"Completing school work"

"Dealing with not being in school, it's such a big part of my life and not being able to have that face to face interaction and all the disruptions to learning has been tough."

"School. I am really worried that I'm not going to get my GCSEs. Because I want to study history and politics a vocational route is not even a possibility for me."

Mental health

"Spending more time alone and struggling with my mental health"

"My mental health"
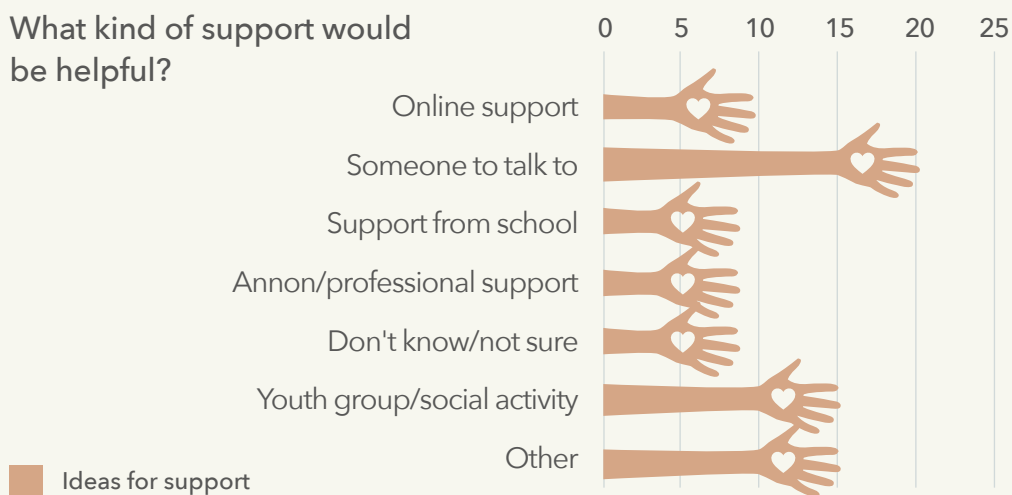
"My worries and anxieties got worse."

"I'm bored and frustrated and really really worried about my future."

Q **What kind of support do you think could be helpful for young people's mental health?**

Responses were wide-ranging. The broad themes that emerged were around the difficulties associated with social isolation and missing friends, school related issues and the deterioration in mental health for those with existing mental health issues.

What kind of support would be helpful?

	0	5	10	15	20	25
Online support						
Someone to talk to						
Support from school						
Annon/professional support						
Don't know/not sure						
Youth group/social activity						
Other						

■ Ideas for support

Feeling safe to talk and being listened to

"I think a lot of people don't talk to their parents or the people close to them about the things that are troubling them, or they don't feel like they can trust those people. I know a lot of people who have been struggling with their sexualities or genders in lockdown and they've become further and further away from their parents or their household because they now have secrets from the people they are forced to spend all their time with. I think loads of people need someone to talk to other than their family or their friends who can't necessarily help."

"I want somebody to actually listen to us. They always talk about children on the news. But they don't listen to us."

Acknowledgement of mental health issues

"Having someone acknowledge their mental health problems instead of blaming it on other things."

"Being more in tune with their feelings rather than ignoring them"

"I think just space to express themselves and their feelings helps and also a break from other people and work really helps."

Help with thinking about the future

"Somebody/people that can help us stay on track when it comes to our future. When we have something to look forward to, it makes us want to do better."

"Real support. Like what's going to happen to my future. Nobody is talking to us. Only about us."

Advice and support

"Advice on ways to deal with stress"

"Telling them coping techniques."

"Easy access to professionals, which can be anonymous."

Q   What are you looking forward to this year?

There were a diverse range of responses but the majority mentioned going back to school, seeing friends and family again and the Summer holidays.

"Going back to school and football"

"Going back to school and seeing my friends in the flesh."

"Going back to school and things being open again"

"Being able to see people in person and move forward with what I've learnt about myself during this period."

"The end of the pandemic and being able to go back to seeing my friends more and not having too much time to dwell on my worries as that makes them worse."

Q What do you hope will change when the pandemic is over?

Again, there were a variety of responses to this question but the majority made reference either to seeing friends and family again, going back to normal and a general kindness and appreciation for others.

"People's appreciation for things like being out because we now know what it's like to not have that."

"That everyone will appreciate each other more"

"I hope more events will open around the community and I miss the youth clubs I used to attend"

"I want things to go back to normal but I don't think they will."

"I hope my stress goes away and that my future is secure instead of always changing."

"We are all a little bit more kind and tolerant towards each other."

"That the NHS is fully funded and systematic racism ends!!!"

"People will be more aware of the importance of the NHS and saving the environment"

"Time with the family and maybe a less busy city"

Focus Group findings

28 young people took part in focus groups. Two focus groups took place in Hackney, one in Islington and one in Tower Hamlets. 3 of the 4 focus groups were held in April and May - after schools had returned in March and face to face meetings were possible again.

Positive lockdown experiences

The timing of the focus groups or the different demographics of the young people who participated may explain the difference in the main areas of positive change. In focus groups, the top 5 most positive aspects of lockdown were:

1   More time to do hobbies
2   Relaxing at home
3   Got on better with family/felt supported by family
4   More time online
5   Being less stressed/anxious about school

Although there was a sense that increased time at home had left some feeling lazy or unmotivated the positives of having more time were largely related to hobbies or creative activities:

"Cooking with my mum, watching TV and being with my mum, playing on the computer. I also thought what I wanted to be when I grow up."

"Motivated to cook, bake. Motivated to draw/colour in"

"More time to do creative activities that I wouldn't normally do."

"I had more time to do fun hobbies"

"We had way more time to do whatever we wanted to do"

Negatives

Focus group participants were given case studies about a young person struggling during the pandemic. They were asked to identify the issues and give suggestions about what could be done to improve the situation. It is interesting to note that the things that were seen to be helpful were all around positive self coping strategies as opposed to seeking support from a professional or someone at school.

For example, in a case study which described an isolated young person, a group of research participants suggested:

- *She should make friends in her area.*
- *Her parents should speak and spend time with her.*
- *Do things to help her hobbies*
- *Spend time with her sister like watching a TV series together*
- *Get a dog/pet*
- *Start a new hobby or begin to work out*
- *Go outside*
- *God*

In a case study which described a young person whose mum (single) was a key worker and who had lost motivation around school work, the focus group suggested

- *Getting outside (convincing mum)*
- *Wearing a mask (to aide getting outside)*
- *Rewarding himself*
- *Breaking things up into life chunks*
- *Doing school work with friends*

Self coping strategies

Focus groups identified a wide range of self coping strategies. Listening to music was the most popular self coping strategy with TV, creative activities and social media being seen as particularly helpful.

In contrast to the survey findings, social media was seen as something that had been one of the most helpful coping strategies during lockdown and had provided an opportunity to connect with others:

"Going on social media helped"

"Talking to new people on social media"

"On Tik Tok you can see others that are going through the same thing as you. You can be yourself-there's no criticism."

Ideas for Support

Focus group findings did not differ significantly from the survey results but there were some ideas that are of particular interest

- **School based support should foster a culture of openness in schools around mental health and well being.**

"At school we talk about it but no one actually listens. There needs to be more of a culture of talking about it in every day life, not just in lessons."

- **Safe spaces for young people with adults present to stop bad things happening e.g. drugs and drinking**

" We need more youth things in this area. It needs to be mixed, not girls only groups. Girls can't go out as much, people are more strict on their daughters."

"Buses with games and stuff. We should have one of them."

- **Helplines for mental and sexual health**

"If you feel like you are going to top yourself, you are not likely to ask for help if your mum is in the next room. You need to be able to do it privately like on a text".

Young people went on to speak about a texting/live chat that is free and doesn't appear on the phone bill. For mental health and sexual health. Young people explained this is because some questions are embarrassing to ask people you know, even if you trust them so asking anonymously from somewhere trusted is good.

Conclusion and Recommendations

The pandemic and ensuring lockdown put into sharp focus pre-existing issues around adolescent mental health. It has also created an opportunity to promote the voices of young people as a means of addressing their mental health needs.

In the publication *Equal Opportunity for Mission and Ministry* Dr Mark Scanlan argues that to achieve equal opportunity for young people we are required to *"adopt an ethnographic posture in our work with young people – one that seeks to listen and learn, to be open and humble, to understand and to stand back in order to value the contexts and the lives of the young people themselves."*

Young people's engagement with the survey and focus groups enables us to listen and learn from them. Young people have said that having a safe space to be listened to is by far the best means of support. It is important for young people to know that their feelings are being acknowledged and validated.

A continued focus on the positive aspects of lockdown would be a good way to enhance their wellbeing. If hobbies and creative activities, time outdoors and time to be alone are all positives, then it is important to preserve these things. It would seem natural to build on the strengths children and young people possess in order to implement effective forms of ministry - rather than see this as a crisis needing solving.

If music is a helpful way for young people to cope with overwhelming feelings, then it could be deemed obvious to utilise music in outreach.

London has huge inequality but much of this is hidden, the lack of responses around economic difficulties is an issue for further thought. It could be that poverty and inequality might not be so readily talked about.

Whilst the immediate threat of the pandemic may be receding at present, the consequences of this so-called 'lost' year will long be felt by young people. We have yet to see the long-term socio-economic effects on the emerging generations but we suspect they will be felt most acutely by those making their initial life choices.

The opportunity for the Cathedral - and the wider church - is to be ahead of the curve and recognise the zeitgeist in its future ministry and mission to these young people. It's not about locating a quick fix to accommodate and mitigate for a lost year but seeking out whole new opportunities to minister amidst a changed cultural landscape.

Thank you to all the young people who participated in this research

Recommendations

Listening to music is a key self coping strategy and music is an obvious route for St Paul's to take. Young people like wide ranging styles of music, music from different genres. Vinyl club, swapping songs, intergenerational music sharing. Playlists from St Paul's for energy, calm, exercise etc. Explore what it might look like to "expand the musical palette" of St Paul's Cathedral to support young people with more music they will be drawn to – possibly partnering with local Christian artists or setting up new avenues for young people to share the music they create, either through exhibitions, events, workshops or ongoing work.

Solitude - linking to prayer and meditation. St Paul's is uniquely positioned to offer something around spiritual practice and sacred space. Could an online mindfulness group in school (or online mindfulness classes) be used to introduce those practices? Christian spiritual practice that can be taught and practiced in a bedroom/or in a group. Use icons as GIFs that help young people to breathe - integrate some iconography into that through really nice visual images with words to say. This would be about giving the tools to young people to lead their own quiet times.

Pre/after school activities for students in disadvantaged areas or holiday workshops could support parents who cannot afford childcare. Any provision should include checking in on how young people are. Explore what might be set up or supported to provide listening ears for young people who need emotional support.

Creative activities. St Paul's has commissioned amazing pieces of modern religious art. Communicating hearing to young people through art. Provide young people with opportunities to shape and lead on space/art/music in the space.

Continue to partner with and listen to organisations who work with vulnerable young people. Could new forums for conversations and collaboration be established to keep gaining greater insight on how to support those who are marginalised.

Appendix

1. NHS National Children and Young Peoples Mental Health Survey 2017

2. Increase from 4.3% in 1999 to 5.8% in 2017.

3. (Kessler, et al., 2005).

4. NHS National Children and Young Peoples Mental Health Survey 2017

5. The Children's Society Good Childhood Report 2020 https://www.childrenssociety.org.uk/good-childhood

6. Barnados poll https://www.barnardos.org.uk/news/generation-lockdown-third-children-and-young-people-experience-increased-mental-health

7. Girlguiding research briefing: Early findings on the impact of Covid-19 on girls and young women

8. https://www.kooth.com/

9. https://post.parliament.uk/child-and-adolescent-mental-health-during-covid-19/

10. CPAG Child poverty in London A briefing for London's councillors Autumn 2018

11. Household Below Average Income (HBAI) 1994/95 to 2016/17, DWP (March 2018)

12. BME Health Forum. (2017).Emotional Wellbeing Project

13. Guardian article on research from Tory think tank Bright Blue https://www.theguardian.com/society/2021/mar/22/40-of-households-in-four-london-boroughs-claiming-housing-costs-report?CMP=Share_AndroidApp_Other

14. https://data.london.gov.uk/london-area-profiles/

15. London: National Institute for Health and Care Excellence (UK); 2017 Apr.

16. https://www.annafreud.org/media/9891/helpingushelpothers_booklet-final.pdf