

# WEBINAR SERIES

## COVID-19 and Children's Rights

*2<sup>nd</sup> edition: "Children's Mental Health"*



**SUMMARY REPORT**  
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# COVID-19 and Children's Rights

Webinar series of the Steering Committee for the Rights of the Child

2<sup>nd</sup> edition – “Children's Mental Health”

22 November 2021

## **Summary report**

*Prepared on behalf of the Children's Rights Division*

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Council of Europe

## Summary Report

*“As we consider investing in a strong recovery, support for children’s mental well-being must be a priority (...) I also urge those in authority to take children’s views and experiences into account”*

[Antonio Guterres, UN Secretary General, 8 July 2021]

### I. Background

Following a thorough exchange of views on the [challenges posed by COVID-19](#) to children’s rights in June 2020, the Steering Committee for the Rights of the Child ([CDENF](#)) entrusted the Secretariat to organise a webinar series on the most urgent issues threatening children’s enjoyment of their rights in the context of the current pandemic. Each webinar is dedicated to a specific children’s rights challenge: education, mental health and intra-family violence. While the first responses to these issues have been identified in a number of member states, implementing policies effectively remains a challenge for all countries. This is where the CDENF webinars seek to make a contribution.

The aim of the webinar series on COVID-19 and children’s rights is three-fold: (1) providing for a platform for exchanges on the most urgent challenges to children’s rights; (2) enabling a focused exchange on national practices implemented in response to these challenges during the pandemic by governments and other organisations; and (3) increasing awareness of relevant stakeholders on specific children’s rights issues and the management of the pandemic situation, bearing in mind the indivisible nature of human rights.

Over 600 days have now passed since the first lockdowns began in March 2020, and many European countries are still struggling to come to terms with the pandemic on the one hand (in terms of variants, new “waves” of contamination, and the necessity to ensure vaccination and potential further lockdowns) as well as its implications for policies and services across the board (disruptions of access to rights and services) on the other. The fundamental rights of children in particular have been affected in serious and multiple ways.

First and foremost, lockdowns have had a significant impact in terms of education, which is a crucial right of the children, recognised by article 28 of the UN Convention on the Rights of the Child (UNCRC) and made central to the fourth of the UN’s Sustainable Development Goals. Therefore, the first of the three-webinar series tackled the difficulties concerning the implementation of appropriate policies in the area of [education](#).

Over time, health has come to the fore as another major concern for the welfare of children throughout the various lockdowns, and more specifically mental health, since relatively recent European reports and statements (by [ENOC](#) and by the [Regional office for Europe of WHO](#)) had already underlined the lack of available services and policies. The highest attainable standard of health is a right enshrined in article 24 of the UNCRC as well as by article 11 of the European social charter, *inter alia*. Good health and well-being are also covered by the third UN Sustainable Development Goal. Considering the importance of the right to health, especially mental health, for children's enjoyment of all of their rights, the second of the three-webinar series tackled the emerging trends and difficulties concerning the implementation of appropriate policies to promote the well-being of all children.

## II. Main features of the seminar

On Monday 22 November 2021, the Council of Europe held the 2<sup>nd</sup> edition of the CDENF webinar series on COVID-19 and children's rights focused on "Children's Mental Health". The event was aimed at reflecting on the following themes in a series of interactive discussions: **access and care** of children with mental disorders before the pandemic, and **continuity of services; new disorders** that emerged during the pandemic, particularly as a result of containment measures; the **increase in suicides and self-harm**; and the effects of replacing certain activities with **greater exposure to screens**.

The event was moderated by Ms Regina Jensdottir, Head of the Children's Rights Division, and Maren Lambrecht-Feigl, Programme Officer, on behalf of the CDENF, and involved contributions made by a number of speakers, including Mr Dainius Pūras, Former UN Special Rapporteur on the Right to Health (2014 - 2020); Mr David Anthony, Chief of Strategic Planning, Convening and Emerging Issues for the UNICEF Office of Research - Innocenti; as representatives from international NGOs, Ms Ally Dunhill, Head of Advocacy for Eurochild and Ms Kristen Hope Burchill, Research, Advocacy and Participation Advisor at Terre des Hommes; as well as members of two French organisations, Ms Virginie Halley des Fontaines, from the High Council for Public Health and Mr Michael Stora, from the Observatory of the Digital World in Human Sciences. The voice of young people was represented by 18-year-old Ms Vio Fisanda, #CovidUnder19 Youth Advisor and Peer Mentor for Terre des Hommes, who detailed the process and outcomes of the consultation carried out by the organisation with 26,258 girls and boys from 137 countries aged 8-17, the largest global survey of children during COVID-19 using the participatory methodology.

The event was also broadcasted live and the video recording can be found on the [website](#) of the Children's Rights Division (CRD). CRD's social media also covered the event.

The event gave all participants the possibility to take stock and reflect with various stakeholders on the increasing needs created by the pandemic; as well as to develop guidance on how to address the **different ways in which children's mental health has been affected by the COVID-19 pandemic**;

to highlight **good practices** established by states for the management and prevention of adverse mental health effects in children and suggest **guidelines for respecting children’s right to access to mental health**.

### **III. Mapping out the impact, the challenges and opportunities posed by COVID-19 as regards children’s mental health**

The right to “the best attainable level of health”, as already mentioned, covers all aspects of health which includes mental health and well-being. This right is also at the intersection of many other rights of the child recognised by the UN Convention on the Rights of the Child that apply here, as Mr Dainius Pūras explained in his introduction to the first session of the webinar: the right to life, survival and (holistic) development (article 6), the right to non-discrimination on any ground (article 2), the right to be heard (article 12), and the need to ensure the best interests of the child (article 3). Conversely, the various standards that concern mental health and human rights are also at play here, with an emphasis on how they relate to children, most notably the UN Human Rights Council Resolutions on mental health and human rights ([2016](#), [2017](#), [2020](#)) and the [Council of Europe Resolution \(2019\) on ending coercion in mental healthcare](#). All the principles that are central to these approaches make up a broad range of imperatives that need to be taken together to propose a human-rights and children’s-rights approach to understanding the challenges and opportunities the pandemic has presented regarding children’s mental health.

#### *a. Impacts and challenges of the pandemic on children’s mental health*

It is important to take into account that, even before the pandemic, “*another pandemic was brewing*” as UNICEF Office of Research - Innocenti’s Chief of Strategic Planning, Convening and Emerging Issues, Mr David Anthony, put it: **mental health conditions already affected about 1 in 8 children and adolescents aged 6-18 years**. It was also estimated pre-pandemic that around 50 per cent of mental health conditions arise before age 14, and 75 per cent by the mid-20s. These conditions become apparent early in life, which means the need for support and care is very much present for children and young people – and addressing it at younger ages also has better overall outcomes. Yet, mental health services and facilities for children and young adults are woefully underdeveloped in most countries, as highlighted by the ENOC and WHO reports of 2018. Children themselves know how prevalent mental health conditions can be and express significant concern over being able to find assistance:

As Eurochild's Ally Dunhill put it, drawing on the *Our Europe Our Rights Our Future* and *Growing Up in Lockdown* Reports, "Mental health is a widespread and a significant concern for children. Almost 1 in 10 children from the EU identifies as living with mental health problems or symptoms such as depression or anxiety, with girls far more at risk than boys. 1 in 5 children said they felt sad or unhappy most of the time. And yet again, children from minority groups fare far worse. For example, nearly half of LGBTQ+ children and a third of children with disabilities say they feel sad or unhappy most of the time."

On top of this pre-existing situation, **the COVID-19 pandemic has increased factors known to negatively affect well-being**: isolation, fear, school closures, lack of socialisation, illness or bereavement of family members, parental fatigue and stress, lack of physical activity, uncertainty about the future... Feeling deprived of agency as the family experiences hardship was particularly hard for one 17-year old living in the UK speaking in the #CovidUnder19 survey : "Please consider that while parents suffer a lot under the weight of tax, furlough and the loss of jobs, we as their kids almost feel more helpless in witnessing these problems because we can't do anything to help our family members out whereas we might be able to if we were able to go out and work or volunteer."

Lockdown has also exacerbated situations of intra-family violence, as well as other situations of violence against children. As reliance on ICT and time spent on screens increased, so have cyberbullying, online sexual abuse and the circulation of images of abuse. In addition, health and social services follow-up was severely disrupted, as well as all the services catering to children that play a role in detecting mental health disorders and easing children's access to services.

**The increased reliance on screens** for many aspects of studying, playing, and communicating with others is another aspect that was of concern for many experts during the pandemic. Ms Virginie Halley des Fontaines, from the French High Council for Public Health, underlined that a vast scientific literature has been developed in the past 20 years on this topic, with the number of peer-reviewed articles published on the effects of exposure to screens on children going from 982 in 2005 to 1,646,500 in 2018. The methodology, concerns and interpretations have been quite different in various national contexts. The French High Council for Public Health had completed a first meta-analysis in 2019, leading to a Recommendation on the exposure of children and young people to screens on 8 November 2019: this Recommendation highlights a number of negative physiological outcomes (in terms of sleep, diet, weight and eyesight), but is mostly concerned about the **decreased mental health and quality of life** that has been observed on teenagers who use screens more than 2 or 3 hours per day. With the lockdown measures and online schooling, the overall use of screens by teenagers has been estimated at over 30 hours a week, raising concern among mental health professionals.



To better understand the impact of the pandemic on children’s mental health, the UNICEF Office of Research - Innocenti has compiled a meta-analysis of 84 peer-reviewed sources that covered more than 130,000 children across 22 countries. The results were published as a report titled [Life in Lockdown](#), whose findings point to **increased negative outcomes in terms of depression, fear and anxiety, trauma and post-traumatic stress, alcohol and substance misuse, sedentary or aggressive behaviours**. This negative impact of the pandemic on mental health does not affect all children equally: there are **risks and protective factors linked to different socio-demographic factors and life experiences** (figure 1).



Figure 1: Risk and protective factors: findings from the *Life in Lockdown* report, UNICEF et al. (2021)

*b. Turning challenges into opportunities: the unexpected positive outcomes*

It’s important to note, however, that **not all outcomes of the pandemic on children’s mental health are negative**. This is one of the findings of the *Life in Lockdown* report: the lockdowns also increased **quality family time** in many situations, helped some children feel **less exam stress** and **bullying**, and let them **engage with positive activities at home**. A lot of stress is experienced by children and young people with regard to timetables and finding time: the lockdowns helped those children who were most impacted by this concern. Being cooped up together at home also improved parent’s availability to children, which was positive, especially for young children, as exemplified by an 8-year-old girl from the Netherlands consulted in the #CovidUnder19 survey: *“It is much nicer now. My parents are home, they do work but it is nice to know that they are home more and that you know that they are there. Meeting online with friends is easy and fun and you actually talk to them more than before Corona.”*

This was confirmed by Mr Michael Stora, a psychologist and psychoanalyst from the Observatory of the Digital World in Human Sciences in France: children and parents took the opportunity created by lockdowns to play together online, to **communicate with one another**, frequently using ICT (by sharing and commenting contents they liked, for instance).

Teenagers in particular also need to be in contact with their peers, outside of their family, as their developing self-image and psyche during adolescence relies on **recognition by their peers**: being able to stay in touch via social media and web-based audio and video communication apps has been very positive for them. Finally, Michael Stora insisted on the necessity for teenagers to have an outlet for self-expression and negative emotions. Being able to make ironic videos on being in lockdown, or cover videos of famous songs, has been a strong bolster for many teenagers, and has helped them develop in spite of the pandemic.

Overall, the most positive outcomes stem from the **resilience shown by children** and their adaptation to make the most of very constrained circumstances during the pandemic.

But other positive outcomes were highlighted by the speakers, and they point to the best practices developed in this framework for policy and practice: they relate to the way mental health has come to the fore as a priority and how mental health services, as well as other counseling and help resources, have stepped up their efforts to become accessible to all. In this framework, the voice of children has been crucial to identify their priorities and hopes for building back better.

#### **IV. Good practices in fulfilling children's mental health needs during the pandemic**

##### *a. Using the possibilities of ICT to promote well-being*

In most countries, helplines for children have reported a rapid increase in the number of calls from children about problems connected to their mental health and family violence, as well as about suicide.

In order to step up the response to these situations of distress and emergency, multiple initiatives have been created using the possibilities given by ICT.

In France, during the lockdown period, the efficiency of online initiatives has been evaluated with very positive results for persons experiencing mental distress, and this includes **online tools, self-help apps and contents, teleconsultation, escape games, short initiations to wellness techniques, immersive or virtual reality programmes...**

This knowledge can be useful beyond the pandemic situation and not only for children, but also for other populations for whom access to mental health services is difficult or impossible, particularly for some types of disabilities.



*b. Breaking the silence around mental health, ending stigmatisation*

Another positive trend that emerged out of necessity in this tumultuous period is the **renewed emphasis on the mental health and well-being of children**. To get parents on board and empower them to protect their children as best as possible, **guidance and awareness-raising tools** were created, which helped **destigmatize children's mental health**. Public health campaigns have been carried out, such as WHO's #HealthyAtHome, that includes a whole series of understandable advice for parents, as well as for people with mental health problems.

*c. Listening to children to build back better*

But the main good practice to come from this period is to be found in the way children themselves have made their voices heard in the pandemic, through a variety of initiatives aimed at assessing their needs and wants in terms of mental health.

*"The question of agency is critical for us"*, pointed out Ms Vio Fisanda, who was involved as a peer researcher by Terre des Hommes on the #CovidUnder19 survey, under the supervision of Queen's University Belfast. As such, she was part of the team designing the questions and methodology for the survey, which therefore was partially made by children for children. 270 children aged 8 to 17, from 28 countries, were involved in **co-creating a questionnaire with experts**. The questionnaire was translated into 28 languages and also came in easy-read versions; it was disseminated online but also, through frontline workers, to the children who are most frequently overlooked: refugee and migrant children, for instance. **Retrieving agency** in this pandemic through participation was a way to put children's voices front and center in a crisis that affected them strongly, yet where they didn't feel heard: **overall, 38% of children globally did not feel that their governments were listening to them**. This number is particularly high for the Eastern Europe and Western Europe regions, the only world regions where more than 50% of children reported feeling this way. Participation helps children regain a sense of hope, control, and connectedness, and it recognizes them for what they are: **agents of change whose needs should drive a profound change in the way mental health is seen and organised**.

## V. Main takeaways and lessons learned

The event has produced an excellent pool of recommendations for future crisis management and recovery strategies, with the UNICEF Office of Research - Innocenti producing a whole model for articulating evidence-based policies for children and young people on research in key areas of children's development (Figure 2):

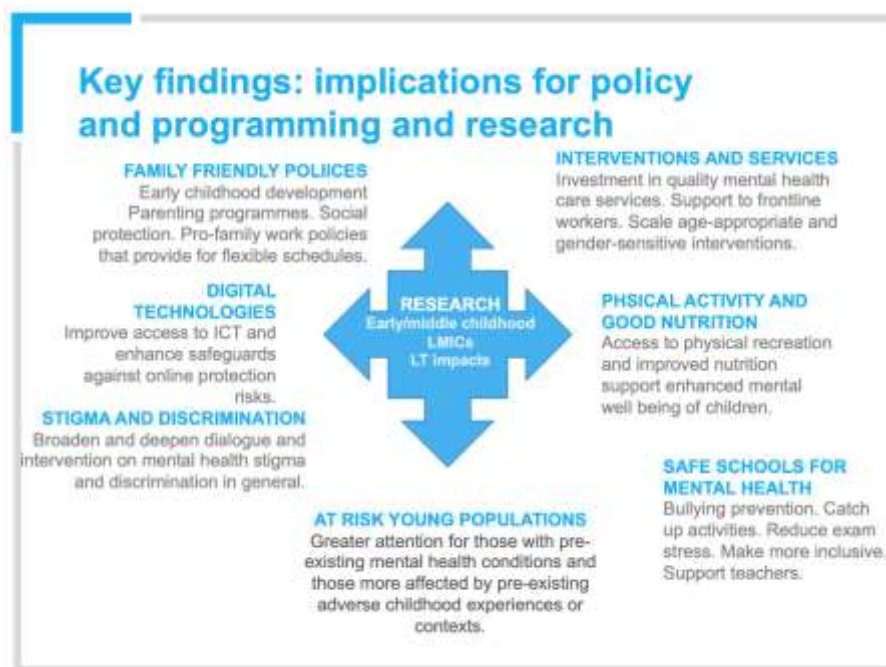


Figure 2: Implications for policy, programming and research of the findings from the *Life in Lockdown* report (UNICEF et al., 2021)

The following main points are retained from the different presentations and correspond to a consensus among all participants:

- **Children need to be involved in the response to their mental health needs** - they should be asked what they need, where and when they need it;
- States should ensure all children are **aware of mental health services** and know **their rights**. This requires **age-appropriate, reliable information** for children about how to seek support.
- **Investment** in child and adolescent mental health is urgently needed, and it needs to be **across sectors**, not just in health, to support a **whole-of-society approach** to prevention, promotion and care; we need to develop **integrated, contextual mainstreamed mental health and psychosocial intervention support for children & caregivers**, online and offline, including in schools, primary healthcare settings, relying on adequate training.

- **Evidence-based interventions** need to be integrated and scaled up across health, education and social protection sectors - including parenting programmes that promote **responsive, nurturing caregiving and support parent and caregiver mental health**; and ensuring schools support mental health through quality services and positive relationships.
- For children in particular, it is important to **break the silence surrounding mental illness**, to address the stigma and promote a better understanding of mental health. This involves improving the respect of human rights and dignity in all settings of mental health services. Good practices that we need to replicate are those that provide non-discriminatory and non-coercive mental health services; investments in segregated psychiatric and “correctional” institutions that do not meet human rights standards should be discontinued.

## List of resources

### Surveys and position papers

Council of Europe: [Covid-19 factsheet \(2020\)](#)

Council of Europe: [Protecting and empowering children during the COVID-19 pandemic](#) (internet portal)

ENOC: [Position Statement on “Child Mental Health in Europe”](#) (2018)

Eurochild: [Growing Up in Lockdown](#) Report (2020)

Eurochild: Report [Our Europe, Our Rights, Our Future](#) (2021)

Haut Conseil de la Santé publique : [Analyse des données scientifiques : effets de l'exposition des enfants et des jeunes aux écrans](#) (2020)

Haut Conseil de la Santé publique : [Effets de l'exposition des enfants et des jeunes aux écrans \(seconde partie\) : de l'usage excessif à la dépendance.](#) (2021)

Terre des Hommes/ Queen's University Belfast : [#CovidUnder19. Children's Rights during Coronavirus : Children's Views and Experiences.](#) (2020)

UNICEF: [The State of the World's Children 2021](#) (2021)

UNICEF Office of Research - Innocenti: [Mind Matters: Lessons from past crises for child and Adolescent Mental Health during COVID- 19](#) (2021)

UNICEF Office of Research - Innocenti (et al.): [Life in Lockdown. Child and adolescent mental health and well-being in the time of COVID-19](#) (2021)

WHO-Europe: [Factsheet: Adolescent Mental health in the WHO European region](#) (2018)

WHO-Europe: [Situation of child and adolescent health in Europe](#) (2018)

### News articles

Bayam.tv: [Interview Michael Stora : Pourquoi accuser l'écran est un faux débat ?](#) (2020)

Euronews: [Younger people subject to mental health issues amid COVID pandemic](#) (2021)

Franceinter.fr: [Pour les enfants, les écrans peuvent être aussi nocifs qu'enrichissants](#) (2018)

UN News: [Mental health alert for 332 million children linked to COVID-19 lockdown policies: UNICEF](#) (2021).

UN News: [COVID-19 disrupting critical mental health services, WHO warns](#) (2020)

## Annex

### Programme - Monday 22 November 2021 - 10:30-12:00 (CET)

10:30	<b>Welcome by the Secretariat</b>
10:35	<b>Opening by the moderator</b> <ul style="list-style-type: none"><li>- <b>Ms Regina Jensdottir</b>, Head of the Children's Rights Division, Council of Europe</li></ul>
10:40	<b>COVID-19 and children's mental health: the main challenges</b> <ul style="list-style-type: none"><li>- <b>Mr Dainius Pūras</b>, Former UN Special Rapporteur on the Right to Health (2014 - 2020)</li><li>- <b>Mr David Anthony</b>, Chief of Strategic Planning, Convening and Emerging Issues, UNICEF Office of Research - Innocenti</li></ul>
11:00	<b>When the virtual takes precedence over the real: new screen-related pathologies</b> <ul style="list-style-type: none"><li>- <b>Ms Virginie Halley des Fontaines</b>, High Council of Public Health, France</li><li>- <b>Mr Michael Stora</b>, Observatory of the Digital World in Human Sciences, France</li></ul>
11:15	<b>Children's voices during the pandemic</b> <ul style="list-style-type: none"><li>- <b>Ms Ally Dunhill</b>, Head of Advocacy, Eurochild</li><li>- <b>Ms Kristen Hope Burchill</b>, Research, Advocacy and Participation Advisor, Terre des Hommes</li></ul>
11:35	<b>Round table (questions and answers)</b>
11:55	<b>Closing remarks by the moderator</b>

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