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## **SAMPLE: Dr Matthew Owens: Undoing the untold harms of COVID-19 on young people: a call to action**

POSTED [SEPTEMBER 10, 2020](#) ELLEN TOWNSEND



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The overall risk of harm from SARS-CoV-2 is extremely small, yet the *response* to COVID-19 has already had a devastating toll on the lives of children, a disease whose transmission they are unlikely to be driving,<sup>1 2</sup> and one they rarely suffer from. Some 80% of the 2000 young people with a history of mental health needs surveyed by the charity Young Minds agreed that the COVID-19 crisis had worsened their mental health<sup>3</sup>. A sense of proportion is now needed to help mitigate the negative impact of the 'lockdown' measures and encourage the healthy development and wellbeing of all young people.

Death resulting from COVID-19 is rare, with odds calculated somewhere in the region of 1 in 2 million<sup>4</sup>, with young people being rarely affected;

the risk of mortality is moderated sharply by advancing years such that, compared to young people (0-19), being 80 years old or over increases the odds of death more than 80-fold<sup>5</sup>. For young people, however, the risk is vanishingly small, smaller for example than death caused by unintentional injury<sup>6</sup>. A recent study on hospital admissions published in the *British Medical Journal* reported that in fact no healthy child had died from the disease and that there had been just six (1%) child deaths<sup>7</sup>. Deaths of children are, of course, always tragic and also traumatic for family and loved ones. However, it is important to note that the six children who sadly died were untypical in that they were suffering from profound and complex pre-existing morbidities.

It is also important to remind ourselves of some potentially good news (despite a daily bombardment of messages in the media to the contrary). That is, we are not currently living in a COVID-19 epidemic in the UK (defined as 20 cases per 10,000 or 0.2%). We are now seeing levels several times lower than this ( 0.05% and less than 0.1% since June) <sup>8</sup>. At the time of writing there were only 472 patients in hospital in England with COVID-19, compared with 17,172 at the height of the epidemic (12<sup>th</sup> of April 2020)<sup>9</sup>, a 97% reduction. This means that currently there is no ‘second wave’ of hospitalisation and deaths despite an uptick in cases, which may simply be a product of increased testing <sup>10</sup>. The history of respiratory illness epidemics suggests that whether further COVID-19 waves will materialise and how severe they might be is far from certain<sup>11</sup>. For now, we must recognise that increased positive test results for SARS-CoV-2 will not *necessarily* lead to new epidemic levels of hospitalisations and deaths.

Although the risk posed by SARS-CoV-2 is very low, there is unfortunately already a wealth of evidence suggesting that the lockdown is causing untold harms to children and young people. Compared to other age groups, children’s mental health has deteriorated the most during this time<sup>12 13 14</sup>, which may also cause long-term damage<sup>15</sup>. In addition, reported physical abuse to children rose by half during the lockdown<sup>16</sup>, children’s physical conditions have worsened through delayed presentation to services<sup>17</sup> and most pupils are thought by

teachers to be behind in their school learning (by an estimated 3 months)<sup>18</sup>.

We must ask ourselves whether future actions will in fact, 'help, or at least, do no harm'. For example, calls for shielding the vulnerable from some quarters seem sensible but wholesale closure of society is another matter. To prevent further damage to young people, urgent action is required; safeguarding young people is everyone's responsibility.