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Protecting the mental wellbeing of our future generations: learning from COVID-19 for the long term

A Mental Wellbeing Impact Assessment Approach

Executive Summary



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Young People's Top Tips for Coping with Lockdown

We asked the young people who participated in the MWIA to tell us what they would advise another young person to do in the future to cope and look after their mental wellbeing in a lockdown. Here is what they told us along with key findings from studies with young people.

Keeping in touch with family and friends



"Provides support around you and keeps you going"

"Zoom as much as possible with friends"

Leisure activities and hobbies



"Find time to spend with yourself and develop a hobby. Take time to yourself and turn that into a positive."

"Have something to keep you busy to keep you happy."

Maintaining a routine and structure to the day

"Write up a schedule ... and keep a routine."



Keeping physically active

"Try to keep as active as possible within the rules."



Seeking help and support when needed



"Don't be afraid to say how you are feeling, don't 'bottle' things up, and talk to others."

School work activities



"Don't stress about assignments, take a day off, go for a walk or spread your workload out over the week and maybe even on weekends to take the pressure off."

Connecting with a pet



Creative and arts activities



Learning new skills

"Make yourself do something that you haven't done before, this gives you a sense of control."



"Do stuff you have not done before, use the time to do something to help your future, don't waste all the time."

Going outdoors and contact with nature

"Get out and appreciate green space every day, find something meaningful."



Thinking strategies



"Believing in yourself is very important in this difficult time, and if you are self-isolating you need to have your back more than anybody else."

"set a goal for the day."

Cooking healthy meals



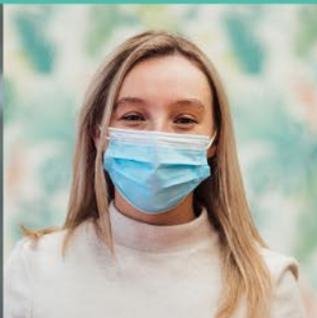
Following infection control guidelines





“It wasn’t just me, but others going through it all around the world ... Reflecting on the message ‘we are all in this together’ helped me.”

(Young person who participated in a MWIA workshop in spring 2021)



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1 Introduction

This comprehensive Mental Wellbeing Impact Assessment (MWIA)¹ has been carried out to identify the impacts of the COVID-19 pandemic, and associated policy responses, on the mental wellbeing of young people aged 10-24 in Wales.

At an early stage of the first 'lockdown' in spring 2020, it was understood there were likely to be major impacts on the mental health and wellbeing of young people, but there was a lack of evidence to inform policy (Welsh Parliament Children, Young People and Education Committee, 5th May 2020).

This MWIA aims to address this gap and to provide evidence and learning to inform cross-sector policy and practice directed at pandemic recovery, future emergencies and improving population mental wellbeing for the long term.



2 Sources of Evidence

This Executive Summary draws on evidence contained in the Main Findings Report, which includes:

- **Population Mental Health and Wellbeing Profile** – from pre-pandemic indicators of the mental health and wellbeing of young people,
- **Stakeholder evidence** - from teachers and young people,
- **Literature review** – from peer reviewed, preprint and grey literature.

A Technical Report provides a detailed account of the methods.

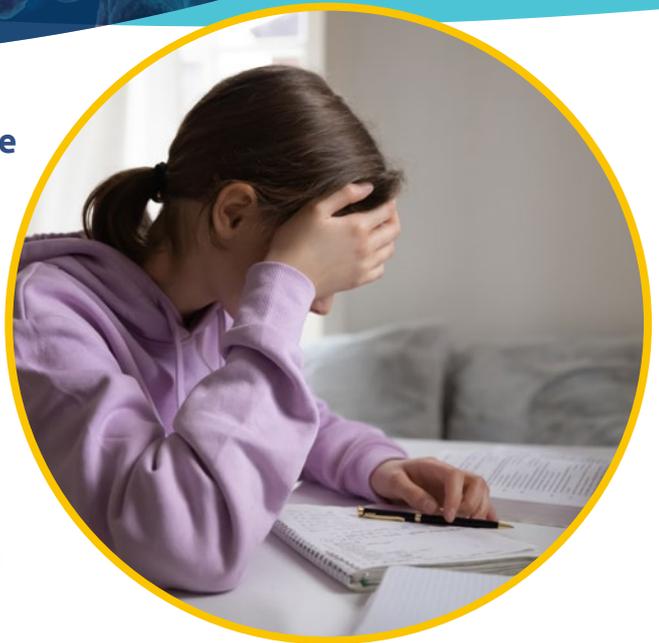
¹ See Appendix 1 for an overview of MWIA

3 Key Findings

In this section the key findings of the MWIA are summarised on:

- Population groups at higher risk of negative impacts on mental wellbeing
- Impacts on the social determinants of mental wellbeing
- Impacts on the protective factors for mental wellbeing

Next to each key finding is a signpost to the relevant section in the Main Findings report where the detailed evidence can be referred to.



3.1 Population Groups

Some young people are more negatively impacted than others.

The COVID-19 pandemic has undoubtedly impacted the life of every young person in Wales via whole of society health protection measures such as lockdowns, school closures, social distancing and the requirement to self-isolate. As a result, many of the impacts identified are relevant to young people across the whole population; however, evidence is currently lacking to estimate the scale, intensity and duration of most impacts at population level.

There is strong evidence that a number of **population groups have been at a higher risk of negative impacts** on both mental wellbeing outcomes and the protective factors for mental wellbeing (control, resilience and participation) during the pandemic. This is **summarised in Table 1**. See Section 3 of the Main Findings Report.

Table 1: Population groups with strong evidence of a higher risk of negative impacts on outcome measures of mental wellbeing and protective factors

Young adults aged 16-24
Young women aged 16-24
Young people living in low-income families
Young people with Additional Learning Needs (ALN)
Young people advised to shield
Young people with mental health problems

There is evidence of a **higher risk of negative impacts on the protective factors for mental wellbeing** (such as access to social and emotional support or being more likely to not feel safe) for a number of groups, many of whom were at greater risk of poor mental wellbeing prior to COVID-19 (Table 2). See Section 3 of Main Findings Report.

Table 2: Population groups with evidence of a higher risk of negative impacts on the protective factors and /or some evidence of impact on outcome measures of mental wellbeing
Black, Asian and other minority ethnic groups
Lesbian, gay, bisexual and transgender and questioning + (LGBTQ+)
Young people experiencing Adverse Childhood Experiences (ACEs)
Young people not in Education, Employment or Training (NEET)
Young carers
Care experienced young people
Young people at risk of offending or within the criminal justice system
Young people affected by, or at risk of homelessness
Young people affected by bereavement
Young people living in lone parent families
Young people with parents who are key workers
Young people in areas of higher rates of infections / severity of outbreak and longer periods of lockdown
Newly arrived foreign nationals (such as international students) and refugee and asylum seekers

The **pandemic has potentially created new vulnerabilities for some groups**, including **young people who were advised to shield**; those with **parents as key workers**; those who have **been bereaved**, and those living in areas of **higher rates of infections** and longer periods of lockdown See Section 3 of Main Findings Report.

3.2 Social determinants of mental wellbeing

The social determinants of mental wellbeing, such as education and employment, have been negatively impacted which has longer term implications for population mental health.

There is strong evidence of **direct negative impacts** on **key social determinants of mental wellbeing** including **educational access and outcomes, economic security**, access to **transport** and good **quality food**. These are vital building blocks for mental wellbeing and **significant** for **longer term** population mental health and wellbeing outcomes and **inequalities**. See Section 4 of the Main Findings Report.

Economic insecurity is likely to **increase the number of young people at higher risk of poor mental wellbeing**, such as those in low-income families; young people who are unemployed, and young people who are homeless. See Sections 3 and 4 of the Main Findings Report.

Socioeconomic inequalities have been **magnified** as a result of the COVID-19 pandemic, and this is likely to impact on **young people’s mental wellbeing in the longer term**. See Sections 3 and 4 of the Main Findings Report.

Other social determinants have acted as important mediators of the impact of the pandemic. For example, having **good quality, secure housing** with space to study, access to private or local outdoor space, and access to **internet connectivity** and **digital devices** have been necessary for participation in education, maintaining physical and mental wellbeing and social contact. See Sections 4.4 and 4.13 of the Main Findings Report.

“It is important to ensure that people are actually listening to the issues young people reach out to them to tell them and they are given a response that makes them feel your comments have been valued”.

Young person (Spring 2021)

Representation of **children’s views, experiences, needs and rights in pandemic decision making and democratic processes** are important mediators of the impacts of the pandemic response on young people’s mental wellbeing. Having **opportunities to express views**, and **have their views valued** is identified by young people as beneficial for mental wellbeing and can lead to more effective policy responses. See Sections 4.10 and 5.8 of the Main Findings Report.

3.3 Protective factors for mental wellbeing

There are negative impacts across the protective factors for mental wellbeing

The MWIA has identified **negative impacts across the protective factors for mental wellbeing**, such as participation and resilience, some of which have impacted the whole population. For the majority of impacts, evidence is not available to assess the scale, intensity and duration of impacts.

Whilst **some positive impacts have been identified, these tend to be factors that mitigate the impact of the pandemic** such as having access to accurate information or developing coping skills. Most of the evidence on positive impacts comes from a few studies in the first lockdown in 2020, and so may not reflect the situation two years into the pandemic. See Section 6.3 of Main Findings Report.

Mental wellbeing outcome measures have fluctuated over the course of the pandemic, and are associated with the level of restrictions in place during different phases of the pandemic, including school closures. It is **too early to establish the causal pathways** and **duration of impacts**, particularly given the unpredictable nature of the pandemic.

Individual sense of control and resilience

Younger adults reported **feeling less in control** compared to other adult age groups during the pandemic. See Section 5.3.1 of Main Findings Report.

“Initially I felt all the days merged into one. I gained a sense of control by putting structure back into the day”.

Young person (Spring 2021)

Young people have demonstrated resilience and adaptation during the challenging conditions of the pandemic and disruptions to their lives and education. Many used existing, or developed new, **coping and thinking strategies to help themselves**, and some became more independent and developed digital, time management and independent learning skills. Young people also express a belief that **they can change the future for the better**. See Section 5.3.1, 5.4 and 6.7 of the Main Findings Report.

Health behaviours and information

“There was limited information, and what was there was not always understandable and the format seemed to ignore certain people”.

Young person (Spring 2021)

Routines, resources, and the social contexts that influence healthy behaviours have been disrupted during the pandemic. Overall, a **decrease in physical activity and an increase in sedentary behaviour** were identified during school closures, and **screen time and social media use increased**, with implications for safety, and physical and mental wellbeing. See Sections 5.5 and 6.6 of the Main Findings Report.

A good level of accurate **knowledge about the pandemic**, and what **skills and behaviours are needed** to prevent infection, has been associated with better mental wellbeing related outcomes. However, stakeholders and young people identified **gaps in accessible, relevant and tailored information** for young people. See Section 5.5 of the Main Findings Report.

Maintaining a routine was found to be a **protective factor** for mental wellbeing during lockdown. See Section 5.3.1 and 5.5 of Main Findings Report.

Family wellbeing and relationships

Family relationships and parental wellbeing have been highly important for the mental wellbeing of young people during the pandemic. Whereas parental stress has had a negative impact on young people’s wellbeing, more family time, close relationships with parents and time talking with parents have been identified as protective factors. See Sections 5.3.2 and 6.9.2 of the Main Findings Report.

The working life of parents has changed significantly as the pandemic has developed, with a rapid move to working from home for some, and others being more exposed to risk from COVID-19 as frontline workers, with **implications for young people’s mental wellbeing**. See Section 3.19 and 5.3.2 of Main Findings Report.



Social skills, relationships and belonging

Missing contact with friends and family was the **major factor influencing how young people were feeling** during lockdowns. There were low levels of contact with peers and a slow recovery to face to face meeting in 2020, particularly for primary school aged children. See Section 6.4 and 6.9.1 of the Main Findings Report.

"You need to remember who your friends are. You feel part of something, if you're still connecting with them even a little bit, that helps you feel a little less tense, and know that when we're out of this, one day, you'll have a place, you'll be able to slot back in".

Young person (Spring 2021)

Enabling young people to **maintain a sense of belonging and connection** to their families, friendships, sport and youth groups, schools and communities is an important protective factor during emergencies and mass disruptions. See Section 6.9.1 and 7.3 of Main Findings Report.

Negative impacts on social skills and reduced confidence in engaging with people in new situations after lockdowns have been identified. However, it is not known how widespread or persistent these impacts are. See Section 6.4 of the Main Findings Report.

Young people with high levels of loneliness or greater stress from social isolation are likely to have had **more adverse impacts** on their mental health and wellbeing in the pandemic. See Section 6.9.1 of Main Findings Report.

Using **social media and digital tools to maintain social relationships** has been important in the pandemic, but young people identify that **virtual communication cannot fully replace the value of in person contact**. The longer-term impacts of these methods of sustaining social relationships e.g. on emotional connection is unknown. See Section 6.9.1 of Main Findings Report.

"Lots of the children .. for the last couple of months, ... the only place they have belonged is within the four walls of their home".

Teacher (Spring 2021)

Learning and development

"A lot of stress now in respect of grades and how that will affect my future further education".

Young person (Spring 2021)

The closure of schools, shift to remote learning and exam disruption has been a key pathway of impact on mental wellbeing during the pandemic, with a reduction in confidence in learning and stress and worry linked to exam uncertainties. However, some young people have enjoyed learning at home, and some felt a relief in release from social

and work pressures when schools closed in March 2020. See Section 6.3 and 6.5 of the Main Findings Report.

Trust and Safety

There has been a profound change to the societal environment that young people are growing up in with regards to what it means to be "safe". New risks have been attached to daily life, and young people have demonstrated a strong awareness and anxiety about risks to their own and loved ones' health and safety. See Section 6.8 of Main Findings Report.

Young people's safety has been impacted by **increases in incidence of a range of ACEs, and changing patterns of youth violence**. The pandemic has also **disrupted access** to key **resources for resilience** including informal **emotional support, trusted adults** and **safeguarding systems**. See Section 3.8, 6.8.1 and 6.10 of the Main Findings Report.

Access to services and support

Schools and educational settings have a vital role in promoting mental wellbeing through providing a sense of belonging and connection; facilitating the development of social and collaborative working skills; enabling access to services; providing informal emotional support; and giving opportunities for taking responsibility and feeling valued. There are many examples of how **schools have adapted and responded to the need for more emotional support** for young people and families. See Section 6.4, 6.5, 6.10, 7.2, 7.3, 7.4 and 7.5 of the Main Findings Report.

There has been a negative impact on access to a range of health and support services, for example longer waiting times for specialist mental health services (See Section 7.5). Whilst investment in online self-help resources has increased, surveys with young people identify a **reduction in confidence in accessing mental health information** and support online, and important psychological and knowledge barriers to accessing help remain. See Sections 5.4 and 7.5 of the Main Findings Report.



The **closure and disruption to other services**, for example youth and community groups, have had **negative impacts on important components of resilience and participation**. See Section 6.5.2 and 7.4 of Main Findings Report.

Between 2020 and 2021 the proportion of 12-18 year olds who said they would be confident accessing help for mental health via a website or social media reduced from 53% to 42% (Children's Commissioner for Wales 2020a, 2021).

Community participation, relationships and assets

Young adults have **helped others** through volunteering and around half intend to volunteer in the next 12 months, in order to support the COVID-19 response, sport or another cause. See Section 7.2 of the Main Findings Report.

There is some evidence that **community cohesion** has acted as a protective factor for mental wellbeing in the COVID-19 pandemic and is important for recovery from disasters. See Section 7.6 of the Main Findings Report.

The loss of access to **safe, shared public spaces**, such as being able to meet in cafes or parks, has impacted on young people's independence and social relationships See Section 6.12 of the Main Findings Report.

4 The mental wellbeing of future generations: looking to the longer term

In the context of the Well-being of Future Generations (Wales) Act (2015), a long term, preventative and collaborative approach is needed with action across the seven Wellbeing Goals to create robust system wide approaches to protecting the mental wellbeing and resilience of current and future generations of young people.

Learning from COVID-19 pandemic impacts on mental wellbeing is important not only for future pandemic planning, but also for the climate emergency and longer term population mental health. Longer term impacts requiring consideration beyond short term mitigation and health services responses include:

- Inequalities in family employment and incomes, educational attainment, access to fair work and economic security for young people as they become adults. See Section 4 of Main Findings Report.
- Changes to the working conditions of parents, including a rapid move to more parents working remotely.
- Disruption to education is highlighted as a new risk in the latest climate change risk assessment for the UK (Kovats and Brisley 2021), making investment, co-design, and evaluation of models of education that are resilient for the long term important.
- The rapid growth in use and influence of digital technology, online communication, gaming platforms and social media as result of the COVID-19 pandemic has implications for the mental and social wellbeing of young people. See Sections 6.6.2 and 6.9 of the Main Findings Report.



5 Areas for action

“It is clear that no single service, and certainly not the NHS alone, can meet our children’s mental health needs” The Children’s Commissioner for Wales (2018)

It is anticipated that the areas for action will be relevant to a range of organisations and programmes at local, regional and national levels who have a role in promoting the mental wellbeing of young people in Wales including:

- Implementation of the commitments in the new **Children and Young People’s Plan** (Welsh Government 2022).
- **Implementation of the NEST/NYST²** model (NHS Wales Health Collaborative 2021) and integrated preventative and early help strategies by **Regional Partnership Boards**.
- Implementation of the **“No Wrong Door” recommendations** (Children’s Commissioner for Wales 2020b).
- The development of **Wellbeing and Population Needs Assessments**.
- The **Whole School Approach to Emotional and Mental Wellbeing**
- Development of **trauma informed approaches** in schools and child and youth services as part of pandemic recovery.
- Implementation of the **Youth Work Strategy** and recommendations of the Interim Youth Work Board for Wales particularly with regard to strengthening voice and participation of young people.

With a very wide and complex range of factors having impacted the mental wellbeing of young people during the COVID-19 pandemic, **a cross governmental and whole of society approach is needed to address the social, environmental and economic contributing factors**. This is supported by 19 National Indicators being identified as relevant to monitoring the long term impacts of the pandemic on the mental wellbeing of young people (See Technical Report).

Promoting mental wellbeing and recovery from the pandemic **cannot be addressed by clinical models of mental health services alone**, but requires the engagement of young people and the care, resources, assets, and opportunities available within schools, families and communities (Fazel and Hoagwood 2021).

It is beyond the scope of this MWIA to appraise and recommend specific interventions, although recent reviews have identified very limited **evidence for specific mitigation strategies** for young people’s educational and mental wellbeing recovery in the **context of the COVID-19** pandemic (Wales Covid Evidence Centre, 2021, 2021a; Williams 2020) indicating a need for further investment in research and development.

2 The [NEST/NYST](#) Framework is a planning tool for Regional Partnership Boards that aims to ensure a ‘whole system’ approach for developing mental health, wellbeing and support services for babies, children, young people, parents, carers and their wider families across Wales.

Area for Action 1

Listen to young people and ensure that they have the opportunity to inform policy and recovery measures

- **Listen to and value the views, priorities, and experiences of young people** and give young people the opportunity to share their stories and experiences of the pandemic. Ensure active participation and engagement of young people in the design and delivery of the ongoing pandemic response, education, and interventions to support recovery.
- In future emergencies strengthen the identification and mitigation of impacts on mental health and wellbeing and children and young people, using tools such as MWIA and Children's Right Impact Assessments (CRIA).
- In future emergencies provide mechanisms to ensure that the **voice and views of young people on how the emergency situation is impacting their lives** is heard and that young people are actively engaged in the development of policy, interventions, information and communications.



Area for Action 2

Address long term impacts and inequalities in mental health and wellbeing

- Action to alleviate **child poverty**, support families, narrow the attainment gap, and enable access to **fair work for young people** are important in the recovery phase of the pandemic.
- **Robust, longitudinal studies and improved population level routine data** collection on the mental health and wellbeing of young people in Wales would help with monitoring and understanding the longer-term impacts of the pandemic; enable specific population groups at risk of adverse impacts to be identified; and **inform effective responses**.
- **The population groups and inequalities identified in this report** can inform plans for further integration of health and social care services to improve emotional wellbeing led by Regional Partnership Boards, along with a robust assessment of **population mental health and wellbeing needs and assets**.
- Utilise the proposed **young people's mental wellbeing indicator framework** developed as part of the MWIA (See Technical Report) to monitor the ongoing impacts of the pandemic on the mental wellbeing of young people and enable responsive preventative action.

Area for Action 3

Enhance the protective factors for mental wellbeing

- **Consider how impacts** on the following factors can be **mitigated in recovery planning and future investments**: social skills and relationships; collaborative working; opportunities for valued roles; building self-belief, self-efficacy and confidence; a sense of belonging; community cohesion; physical activity.
- Stakeholders have identified that the **systematic application of MWIA** across health, education and social care could enable a **refocusing of systems and services** towards approaches that **promote wellbeing and resilience**.
- Explore how **young people's development of coping skills** during the pandemic can be harnessed to help inform recovery interventions and communications in future emergencies.
- Provide access to **affordable transport and active travel as an important enabler of recovery** to support young people's participation and inclusion in education, employment, and social life.



Research Gaps

- **Evidence of effective interventions** to mitigate impacts of the COVID-19 pandemic on **education** and **mental wellbeing** and for **different population groups**.
- How to enhance young people's **self-belief and self-efficacy** during periods of mass disruption and home schooling.
- Impacts on **emotional wellbeing, self-regulation, social skills** and their **relationship to youth violence** is an area that requires further monitoring and exploration.
- For future emergencies explore the potential **benefits of participation in community-based arts** as a mitigation.

Area for Action 4

Strengthen action on mental health and wellbeing in education

- Ensure that **mental wellbeing and equity** are central outcomes in the design of **educational recovery initiatives**.
- Engage young people in the **future design of digital learning platforms** and the home learning environment including home–school communication, parental engagement, and the availability of hardware and internet connectivity.
- For future emergencies create pre-agreed **principles and contingency plans on examinations and formal assessments**, along **with early communication**, in order to **reduce anxiety** for young people.
- Develop **independent and resilient learners**, increase **emphasis on mental health and wellbeing** in schools and further develop the **role of outdoor learning** (Hwb 2021).
- During any future school closures, ensure active mitigation is in place to **safeguard vulnerable children** and to ensure there is an **ongoing identification and support system for children at risk of ACEs**. Provide **early intervention** with families who require extra support.



Research Gaps

- **Evaluation of the outcomes of new approaches developed by schools** to “*check in*” with young people about their emotional wellbeing and provide emotional support during the pandemic.
- The **optimum model of blended learning** (mixing face to face and online learning) for different ages and learners, and including mental wellbeing as a central outcome in the design and evaluation of these models.
- The comparative impacts on mental wellbeing of young people and families of **alternative models of delivering education** to inform future pandemic and emergency planning³.

³ For example see Petri-Romao et al. (n.d.). https://www.gla.ac.uk/media/Media_736441_smxx.pdf

Area for Action 5

Support parents and family relationships

- Support the **wellbeing of parents** and address key sources of stress for families such as financial problems, poverty and working conditions and provide **guidance and information for parents** to help them with maintenance and promotion of mental health and wellbeing in the family.
- Provide **enhanced support for parents and families** and enable families and young people to **maintain healthy routines**, for example, via flexible working policies and approaches to home learning.
- Ensure young people who are **separated from their families** through shared care arrangements or in residential care are supported to maintain contact with families during emergencies.



Research gaps

- The emerging and long-term impact on young people's mental wellbeing of **changes to parents working life**.

Area for Action 6

Communications and information provision

- Consider the **language used** when discussing the impacts of the pandemic on young people. **Young people would like to see more positive messaging**.
- Ensure the provision of **accessible, relevant and tailored information** and guidance for young people about **pandemic** and emergency situations, restrictions and any **decisions about education** and exams. Ensure it is **coproduced** with young people and their families and takes account of different living situations.

"I think this (messaging) could be more positive instead of focusing on the need to catch up, make up for lost time etc. they could focus on the positives from the situation that students did keep going and doing well".

Young person (Spring 2021)

Area for Action 7

Use and access to digital tools and internet connectivity

- Ensure **digital inclusion and equity of access** to online information and services.
- Provide clear information and advice about the **risks and benefits of social media, online networking** and **screen time** to parents who may be unclear about the relative impacts of increased screen time versus the benefits of maintaining social contact during periods of self-isolation or restrictions.



Research gaps

- The **impacts on mental wellbeing of social relationships and education being conducted largely online**, via screens, and the differential impacts of various methods such as text / video call / gaming and different social media platforms for **maintaining social relationships, body image, mental wellbeing** and **emotional connections**.

Area for Action 8

Improve access to mental health and wellbeing support

- Improve the **provision of information** to young people on how to seek help for emotional and mental wellbeing issues and **increase confidence in accessing help**.
- **Engage young people** directly in the **design and evaluation** of mental health and wellbeing information, online self-help resources and digital and face to face mental health services to ensure that these investments **overcome barriers to access** identified by young people.
- Expand **accessible mental health support**, in particular for young adults aged 16-24, Black and minority ethnic groups, speakers of languages other than English, and those who are not in contact with educational settings.

“Making sure people know where to find services. Even before the pandemic, the main issue was that no one knew where to go to for help, or who was there to help”.

Young person (Spring 2021)

Area for Action 9

Communities, housing, and the built and natural environment

- Consider how spatial planning policies, plans and developments can support **access to places and spaces that support young people's physical and social development** e.g. in the design of neighbourhoods.
- Actively consider the role of **housing quality, adequate space, access to safe outdoor space, access to outdoor physical activity, play and green and natural spaces** in maintaining and protecting mental wellbeing for young people in emergency planning and response measures.
- Actively build and strengthen **community resilience, participation and cohesion**.



Research gaps

- How young people have experienced **community cohesion and solidarity** during the COVID-19 pandemic and the resulting impacts on mental wellbeing.
- Comparative analysis **of mental wellbeing outcomes** of those **with and without access to green space** in the **COVID-19 pandemic**.

Area for Action 10

Build the evidence base on the impact of health protection measures on mental wellbeing

Research gaps:

- The impacts on the **mental wellbeing of young people** living in a **high risk area during an outbreak** and / or areas subject to higher levels of restrictions.
- **International comparisons** of the impact of the pandemic on young people's mental health outcomes between countries with **different models of health protection measures** during the pandemic e.g. UK, New Zealand, Taiwan, Sweden.

Conclusion

The COVID-19 pandemic, and response measures to control the transmission of the virus have majorly impacted and disrupted the familial, social, economic and educational lives of children and young people in Wales and through these the key protective factors for mental wellbeing. A number of groups have been identified as being at higher risk of negative impacts.

This MWIA provides an evidence-based picture of the nature of the impacts and who is most affected in the population, and areas where further research is needed to fully understand ongoing impacts. Ten areas for action are identified for policy and decision makers across a range of sectors, organisations and settings. These can be utilised to support children and young people in the immediate pandemic recovery period, and also ensure appropriate policies, plans and tangible actions are developed to protect and promote mental wellbeing and resilience in the future.

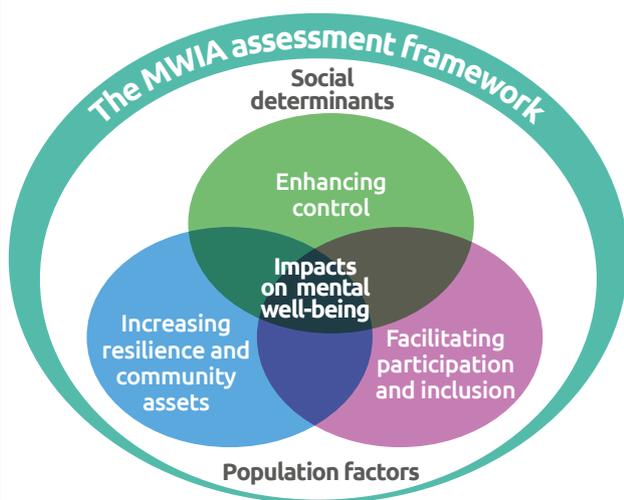
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Appendix 1: Overview of Mental Wellbeing Impact Assessment

Mental Wellbeing Impact Assessment (MWIA):

is a tool used to assess the impacts of policies, services and projects on the mental wellbeing of different groups of people and on factors that promote and protect mental wellbeing.



The protective factors:

Control: how much choice and control individuals and communities have over their lives and decisions that affect them.

Resilience and community assets: the resources, skills, environments, and relationships that enable individuals and communities to thrive, cope, and recover from adversity.

Participation and inclusion: a sense of belonging, being able to access and take part in activities and services outside of the home.

Summary of the MWIA assessment framework

MWIA provides a structured and systematic process to identify impacts on mental wellbeing of policies, programmes, services and projects (Cooke and Stansfield, 2009). It is focused on assessing impacts on factors that promote and protect mental wellbeing at an individual, community and structural level (See figure above) and also identifies population groups who are at greater risk of poor mental wellbeing (Cooke et al. 2011). The process aims to ensure that policies and programmes have a “*maximum equitable impact on people’s mental wellbeing*” (Cooke et al. 2011, p.1), by strengthening positive impacts, preventing or mitigating harmful impacts, and reducing inequalities.

Our Priorities 2018-2030

Building and mobilising knowledge and skills to improve health and well-being across Wales

Influencing the wider determinants of health

Improving mental well-being and resilience

Supporting the development of a sustainable **health and care system focused on prevention** and early intervention

Working to Achieve a Healthier Future for Wales

Promoting healthy behaviours

Protecting the public from infection and environmental threats to health

Securing a **healthy future** for the next generation

Our Values:

Working together with trust and respect to make a difference



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