



Potential Harms of Face Coverings in Schools

This paper notes the potential harms of children wearing masks throughout the day, focusing on the following four aspects:

1. Impediment to children learning effectively

- Communication made more difficult, reducing empathy and understanding and increasing detachment and anxiety.
- Poor learning environment created by effects including increased irritability (60%), headaches (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school (44%), malaise (42%), impaired learning (38%) and drowsiness or fatigue (37%)
- No evidence presented to explain why Government changed its advice

2. Physical harms

- Eye problems
- Skin and ear problems
- Headaches
- Respiratory and heart problems

3. Increase in contamination

- Microbial contamination on masks, even when used correctly, increases when used by non-medical personnel.
- Risk goes up with the length of time a mask is worn

4. Psychological and social harms

- Rise in reports of anxiety, behavioural changes and sleep disorders in children – particularly acute in pupils with SEN
- Concerns about reduced social cohesion through issues around recognition and connections, stigmatisation

1. IMPEDIMENT TO CHILDREN LEARNING EFFECTIVELY

Peer-Reviewed Scientific Publications

Saunders, Jackson & Visram, 'Impacts of face coverings on communication: an indirect impact of COVID-19', *International Journal of Audiology*, 27 November 2020

Face coverings had “a profound impact on not only how we communicate, but on how connected we feel with someone, and how willing we are to **engage in conversation**...The face coverings increased anxiety and stress and made communication fatiguing, frustrating and embarrassing – both as a speaker wearing a face covering and when listening to someone else who is wearing one.” **This study has revealed that face coverings have far-reaching impacts on communication for all individuals.** As expected, they impact people with hearing loss significantly more than those with normal hearing.

<https://www.tandfonline.com/doi/full/10.1080/14992027.2020.1851401>

Spitzer M, 'Masked education? The benefits and burdens of wearing face masks in schools during the current Corona pandemic', *Trends in Neuroscience and Education*, 11 August 2020

The author highlights three main areas in which face mask wearing will impinge on teaching and communication:

- Face masks **impair face recognition and face identification**
- Face masks **impair verbal and non-verbal communication**
- Face masks **block emotional signalling** between teachers and students

The author says that “therefore, at the very least, all school professionals should be aware of the detrimental effects of face masks on face recognition and identification, communication, and social-emotional interaction.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7417296/#bib0059>

Wong et al., 'Effect of facemasks on empathy and relational continuity: a randomised controlled trial in primary care,' *BMC Family Practice*, 24 December 2013

“Facemasks offer limited protection in preventing infection and aerosol transmission through mucous membranes (i.e. conjunctiva). Meanwhile, a **negative impact on the patient’s perceived empathy and relational continuity can reduce potential therapeutic effects** such as decreased depression, improved immune response, improved quality of life and improved health outcomes.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3879648/>

Scientific Publications/Communication (Awaiting Review or Preprint or MedRxiv)

Schwartz S, Janetzky E, et al., 'Corona children studies "Co-Ki": First results of a Germany-wide registry on mouth and nose covering (mask) in children,' December 2020

German registry of parent-reported complaints in children and adolescents caused by wearing a mask, data on over 25k individuals. Average wearing time was 270mins per day so less than is being proposed for UK secondary school children. Impairments caused by mask-wearing were reported by 68% of the parents, including **irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%)**. This suggests that the wearing of face masks does not allow children to be at their best to learn.

<https://www.researchsquare.com/article/rs-124394/v1>

Governmental/Institutional Communication

Geoff Barton (General Secretary of the Association of School and College Leaders), Talk Radio interview, 24 February 2021

"I'm not sure that my ability to communicate and listen to and respond to those young people...possibly muttering behind their masks is going to be **conducive to educational standards.**"

<https://twitter.com/talkRADIO/status/1364505345402445826>

Department for Education, 'Guidance: Face Coverings in Education', 8 January 2021

"During national lockdown, in education settings where year 7 and above are educated, face coverings should be worn by adults (staff and visitors) and pupils when moving around indoors, such as in corridors and communal areas where social distancing is difficult to maintain. **As in the general approach, it will not usually be necessary to wear face coverings in the classroom, where protective measures already mean the risks are lower and they may inhibit teaching and learning.**

<https://www.gov.uk/government/publications/face-coverings-in-education/face-coverings-in-education>

What has changed these statements? Is there new evidence to suggest that learning is not inhibited by face coverings in classrooms?

‘Evidence for masks “not very strong in either direction” says Deputy Chief Medical Officer’, *Telegraph*, 28 August 2020

Prime Minister Boris Johnson insisted that he did not want to see face coverings in the classroom: “There's no need for it. **Indeed, there's a need not to have it because obviously, it's very, very difficult to teach or to learn with a face mask on.**

<https://www.telegraph.co.uk/news/2020/08/28/evidence-masks-not-strong-either-direction-says-deputy-chief/>

‘Boris Johnson calls face masks in classrooms “nonsensical” hours after latest U-turn’, *Independent*, 26 August 2020

“[Wearing masks in classrooms] is nonsensical – **you can’t teach with face coverings; you can’t expect people to learn with face coverings.**”

<https://www.independent.co.uk/news/uk/politics/boris-johnson-face-masks-school-classroom-children-covid-19-a9689741.html>

2. PHYSICAL HARMS

Peer-Reviewed Scientific Publications

Overall Harms

Kisielinski K, Paul Giboni P, Prescher A, Klosterhalfen B, et al, ‘Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?’, *Int. J. Environ. Res. Public Health*, 20 April 2021

A comprehensive study analysing scientifically proven side effects of wearing masks, spanning psychological and physical deterioration as well as multiple symptoms described because of their consistent, recurrent and uniform presentation from different disciplines as a Mask-Induced Exhaustion Syndrome (MIES).

The authors conclude that “further research is particularly desirable in the gynecological (fetal and embryonic) and pediatric fields, as **children are a vulnerable group that would face the longest and, thus, most profound consequences of a potentially risky mask use.**”

“Basic research at the cellular level regarding mask-induced triggering of the transcription factor HIF with potential promotion of immunosuppression and carcinogenicity also appears to be useful under this circumstance. Our scoping review shows the need for a systematic review. The described mask-related changes in respiratory physiology can have an adverse effect on the wearer’s blood gases sub-clinically and in some cases also clinically manifest and, therefore, have a negative effect on the basis of all aerobic life, external and internal respiration, with an influence on a wide variety of organ systems and metabolic processes with physical, psychological and social consequences for the individual human being.”

<https://www.mdpi.com/1660-4601/18/8/4344>

Bakhit M, Krzyzaniak N, Scott AM, et al., 'Downsides of face masks and possible mitigation strategies: a systematic review and meta-analysis,' *BMJ Open*, February 2021

A systematic review and meta-analysis of randomised controlled trials and observational studies comparing face mask use to any active intervention or to control.

They concluded that “currently, existing research does not allow firm conclusions as there are insufficient data to quantify all of the adverse effects that might reduce the acceptability, adherence and effectiveness of face masks.” They recommended that “**any new research on face masks should assess and report the harms and downsides, including behavioural issues (ie, risk compensation behaviour) and the psychological impact of mandated face mask wear.**”

There was an acknowledgment of downsides to face masks and an “**urgent need for priority funding for high-quality research on methods and designs to mitigate**” and find alternatives.

<https://bmjopen.bmj.com/content/bmjopen/11/2/e044364.full.pdf>

Eye Problems

Moshirfar M, West W, Marx D, 'Face Mask-Associated Ocular Irritation and Dryness', *Ophthalmology and Therapy*, September 2020

This study is an analysis of what has become known as 'Mask Eye'. Air blowing upward from the mask into eyes likely accelerates the evaporation of the tear film which, **with prolonged mask use, may result in ocular surface irritation or inflammation.** This together with increasing eye rubbing and face touching due to discomfort from dry eyes create an **increased concern for ocular infections secondary to prolonged mask wear.** This risk is particularly worrisome during the current pandemic due to a well-documented probability of the novel coronavirus spreading through contact with the eye.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7362770/>

Skin and Ear Problems

Matusiak, Szepietowska, et al., 'Inconveniences due to the use of face masks during the COVID-19 pandemic: a survey study of 876 young people', *Dermatologic Therapy*, 29 June 2020

“Out of 876 participants, only 27 people (3.1%) did not complain of any problems related to face mask-wearing. Out of all reported inconveniences, **difficulty in breathing appeared to be the most common one (35.9%), followed by warming/sweating (21.3%), misting up of the glasses (21.3%), and slurred speech (12.3%).** Interestingly, other skin bothersome reactions related to wearing of face masks were reported less often (itch–7.7%, skin irritation–0.9%).”

<https://onlinelibrary.wiley.com/doi/full/10.1111/dth.13567>

Zanotti B, Parodi PC, Riccio M, De Francesco F, & Zingaretti N, 'Can the Elastic of Surgical Face Masks Stimulate Ear Protrusion in Children?', *Aesthetic Plastic Surgery*, 18 June 2020

The use of surgical masks with ear loops in growing children for many hours a day not only leads to intolerance and decubitus of the retroauricular skin (as for adults), but can also influence the correct growth and angulation of the outer ear with the **consequent increase in the incidence of protrusion of the outer auricle.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7302120/>

Yu, Li and Yang, 'A case of goggle-mask-related impetigo at the time of the COVID-19 pandemic', *Dermatologic Therapy*, May 2020

“Face coverings may also be associated with an **increased risk of bacterial skin infections, including impetigo, around the mouth.** This may be particularly distressing for children and teenagers, affecting their confidence and self-image.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7280724/>

Headaches

Ong J, C. Bharatendu C, et al., 'Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19', *Headache Journal*, March 2020

This study looked at health care workers using PPE and their experience of headaches. Whilst wearing PPE “most healthcare workers develop de novo PPE-associated headaches or exacerbation of their pre-existing headache disorders.”

There was a **correlation between length of time in PPE and number of headaches** and it was recommended to look at “reducing the exposure time by healthcare workers.”

<https://headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.13811>

Respiratory and Heart Problems

Borovoy B, Huber C, Makeeta Q., 'Masks, false safety and real dangers, Part 1: Friable mask particulate and lung vulnerability,' *Primary Doctor Medical Journal*, September 2020

“If widespread masking continues, then the potential for inhaling mask fibers and environmental and biological debris continues on a daily basis for hundreds of millions of people. This should be alarming for physicians and epidemiologists knowledgeable in occupational hazards.”

Mask fibre friability has potential to cause **long-term detriment and short-term irritation.**

https://pdmj.org/papers/masks_false_safety_and_real_dangers_part1/

Fikenzer, Uhe, et al., 'Effects of surgical and FFP2/N95 face masks on cardiopulmonary exercise capacity', *Clinical Research in Cardiology*, July 2020

Ventilation, cardiopulmonary exercise capacity and comfort are reduced by surgical masks and highly impaired by FFP2/N95 face masks in healthy individuals.

<https://link.springer.com/article/10.1007/s00392-020-01704-y>

Chandrasekaran, Fernandes, 'Exercise with facemask: are we handling a devil's sword – a physiological hypothesis', *Med Hypotheses*, 22 June 2020

Researchers are concerned about the possible burden of facemasks during physical activity on pulmonary, circulatory, and immune systems due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, **there may be cardiac overload, renal overload, and a shift to metabolic acidosis.**

<https://pubmed.ncbi.nlm.nih.gov/32590322/>

Person E, Lemercier C, et al, 'Effect of a surgical mask on six-minute walking distance', *Rev Mal Respir*, March 2018

Surgical mask wearers had **significantly increased dyspnea (shortness of breath)** after a six-minute walk than non-wearers.

<https://pubmed.ncbi.nlm.nih.gov/29395560>

Tong, Kale, et al., 'Respiratory consequences of N95-type mask usage in pregnant healthcare workers—a controlled clinical study, *Antimicrobial Resistance and Infection Control*, April 2015

Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers, and this needs to be taken into consideration in guidelines for respirator use.

<https://aricjournal.biomedcentral.com/articles/10.1186/s13756-015-0086-z>

Li, Tokura, et al., 'Effects of wearing N95 and surgical facemasks on heart rate, thermal stress and subjective sensations', *International Archives of Occupational and Environmental Health*, May 2005

"It can be concluded that N95 and surgical facemasks **can induce significantly different temperatures and humidity in the microclimates of facemasks, which have profound influences on heart rate and thermal stress and subjective perception of discomfort.**"

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7087880/>

Scientific Publications/Communication (Awaiting Review or Preprint or MedRxiv)

Prof. Carl Heneghan and Dr. Tom Jefferson, 'COVID 19 – Masks on or off?', Oxford Centre for Evidence-Based Medicine, 23 July 2020

“Evidence from 14 trials on the use of masks vs. no masks was disappointing: it showed no effect in either healthcare workers or in community settings...It is often more difficult to breathe while wearing masks (particularly the respirator masks), which can exacerbate other health issues.

An overview of 84 articles found that protective face masks also **negatively impact respiratory and dermal mechanisms of human thermoregulation**, making it hard for many to wear constantly. Thinking you're protected, means you may put yourself at higher risk...A mask can become **dirty with excessive moisture, and contaminated with airborne pathogens**. And because **your voice is muffled; individuals may have to get closer to people**, particularly the elderly, to hear from you.”

<https://www.cebm.net/covid-19/covid-19-masks-on-or-off/>

Government/Institutional Communication

'N95 Respirators, Surgical Masks, and Face Masks', US FDA website, accessed 22 Feb 2021

“Surgical masks are made in different thicknesses and with different ability to protect you from contact with liquids. These properties **may also affect how easily you can breathe** through the face mask.”

<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks#s7>

World Health Organization, 'Mask use in the context of Covid-19, Interim Guidance', 1 December 2020

“Evidence on the protective effect of mask use in community settings: **At present there is only limited and inconsistent scientific evidence to support the effectiveness** of masking of healthy people in the community to prevent infection with respiratory viruses, including SARS-CoV-2.”

“The potential disadvantages of mask use by healthy people in the general public include:

- headache and/or breathing difficulties, depending on type of mask used;
- development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours;
- difficulty with communicating clearly, especially for persons who are deaf or have poor hearing or use lip reading;
- discomfort;
- a false sense of security leading to potentially lower adherence to other critical preventive measures such as physical distancing and hand hygiene;

- poor compliance with mask wearing, in particular by young children;
 - waste management issues; improper mask disposal leading to increased litter in public places and environmental hazards.
 - disadvantages for or difficulty wearing masks, especially for children, developmentally challenged persons, those with mental illness, persons with cognitive impairment, those with asthma or chronic respiratory or breathing problems, those who have had facial trauma or recent oral maxillofacial surgery and those living in hot and humid environments.”
- https://apps.who.int/iris/bitstream/handle/10665/337199/WHO-2019-nCov-IPC_Masks-2020.5-eng.pdf?sequence=1&isAllowed=y

Norwegian Institute of Public Health, ‘Should individuals in the community without respiratory symptoms wear facemasks to reduce the spread of COVID-19?’, June 2020

“Undesirable effects – How substantial are the undesirable anticipated effects?”

The undesirable effects of facemasks include the risks of incorrect use, a false sense of security (leading to relaxation of other interventions), and masks’ contamination. Also, some people experience problems breathing, discomfort, and problems with communication. The proportion of people who experience these undesirable effects is uncertain. However, with a low prevalence of COVID-19, the number of people who experience unwanted effects is likely to be much larger than the number of infections prevented.”

<https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2020/should-individuals-in-the-community-without-respiratory-symptoms-wear-facemasks-to-reduce-the-spread-of-covid-19-report-2020.pdf>

3. INCREASE IN CONTAMINATION

Peer-Reviewed Scientific Publications

Chughtai, Stelker-Braid, et al, ‘Contamination by respiratory viruses on outer surface of medical masks used by hospital healthcare workers’, *BMC Infectious Diseases*, June 2019

Respiratory pathogens on the outer surface of the used medical masks may result in self-contamination. The risk is higher with longer duration of mask use (> 6 h) and with higher rates of clinical contact. Protocols on duration of mask use should specify a maximum time of continuous use, and should consider guidance in high contact settings. Viruses were isolated from the upper sections of around 10% samples, but other sections of masks may also be contaminated. HCWs should be aware of these risks in order to protect themselves and people around them. Most of the participants (83.8%) reported at least one problem associated with mask use. Commonly reported problems were pressure on face, breathing difficulty, discomfort, trouble communicating with the patient and headache.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6547584/>

Zhiqing, Yongyun, et al, 'Surgical masks as source of bacterial contamination during operative procedures', *J Orthop Translat*, 27 June 2018

Surgical masks were found to be a repository of bacterial contamination. The source of the bacteria was the body surface of the surgeons rather than the operating room environment. Given that surgeons are gowned from head to foot for surgery, this should be especially concerning for lay people who wear masks. Without surgeons' protective garb, laypeople generally have even more exposed body surface to serve as sources for bacteria to collect on their masks. **The length of time a person is wearing a mask increases the bacterial load and risk of infection.**

<https://pubmed.ncbi.nlm.nih.gov/30035033/>

Luksamijarulkul, Aiempraditt, et al, 'Microbial Contamination on Used Surgical Masks among Hospital Personnel and Microbial Air Quality in their Working Wards: A Hospital in Bangkok', *Oman Medical Journal*, September 2014

Masks pick up the bacterial load present in the air around them. "For its relationship, results found that bacterial and fungal counts in air samples showed significantly positive correlation with the bacterial contamination load on the outside area of the used masks."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4202234/>

Governmental/Institutional Communication

Swedish Public Health Agency website, accessed 4 December 2020

"The scientific evidence around the effectiveness of face masks in combatting the spread of infection is weak, which is why different countries have arrived at different recommendations....The Public Health Agency of Sweden does not recommend the general use of face masks, as a face mask that itches or slips down below the nose may mean a **person is regularly touching their mouth, eyes or nose with their hands, which can increase the risk of the infection spreading.** Use of a facemask may also encourage people with mild symptoms to go out into the community, which might increase the spread of infection."

<https://www.folkhalsomyndigheten.se>

Concerns Expressed by Medical Professionals

"**'Clear direction'** needed on face coverings in schools, teaching union says', *ITV News*, 25 August 2020 (reporting about BBC Newsnight episode televised 24 August)

SAGE member Professor Russell Viner said there was concern about younger children wearing face coverings. He told BBC2's Newsnight: "The evidence on masks is very unclear. And, actually, I think that's in one sense, potentially going beyond the evidence we have. There are lots of concerns about mask-wearing for children, particularly younger children. **Because they touch their**

face, they are constantly worried about the mask, it actually could, potentially, spread the virus more. I think for young children it (would be) clear it is not a good idea. For teenagers, again, I think, we don't have the evidence this is useful."

<https://www.itv.com/news/2020-08-24/keep-masks-in-schools-option-under-review-urges-education-union>

Oxford University Professor of Evidence-Based Medicine Carl Heneghan, Special Committee on Covid-19 Response Debate, 13 August 2020

Heneghan says that the **evidence shows that cloth masks may actually increase your risk of infection**, and that uncertainty surrounding masks has divided opinion: "That is why we end up with people proposing them more and more. They say people should put them on in schools, pubs and shops. **However, there is no clear evidence. They use observational data to inform their decision.** If one looks at what has happened in the UK, for instance, it put masks in on 24 July. They were supposed to reduce the risk of infection by 40% over the next two weeks. In fact, infections detected have gone up. In effect, people are not looking at the evidence."

https://www.oireachtas.ie/en/debates/debate/special_committee_on_covid_19_response/2020-08-13/4/

'Coronavirus: Face masks could increase risk of infection, medical chief warns', *Independent*, 12 March 2020

Jenny Harries, deputy CMO told BBC News: "For the average member of the public walking down a street, it is not a good idea" to wear a face mask in the hope of preventing infection. "What tends to happen is people will have one mask. They won't wear it all the time; they will take it off when they get home, they will put it down on a surface they haven't cleaned. Or they will be out and they haven't washed their hands, they will have a cup of coffee somewhere, they half hook it off, they wipe something over it. **In fact, you can actually trap the virus in the mask and start breathing it in.** Because of these behavioural issues, **people can adversely put themselves at more risk than less.**"

<https://www.independent.co.uk/news/health/coronavirus-news-face-masks-increase-risk-infection-doctor-jenny-harries-a9396811.html>

Where is the evidence to change from the concern about increasing infection rates through misuse?

4. PSYCHOLOGICAL AND SOCIAL HARMS

Peer-Reviewed Scientific Publications

Carragher, Hancock, ‘Surgical face masks impair human face matching performance for familiar and unfamiliar faces’, *Cogn. Research*, 19 November 2020

“Our study shows that human performance on face matching tasks is significantly worse for faces wearing surgical masks, regardless of whether one, or both faces, are masked. Surprisingly, face masks caused a similar decrease in matching performance for familiar and unfamiliar faces...In conclusion, our study shows that both humans and naïve face recognition systems have difficulty accurately matching faces that have been covered by surgical masks.”

<https://www.stir.ac.uk/news/2020/november-2020/new-study-reveals-impact-of-face-masks-on-person-identification/>

McCartney M, ‘We need better evidence on non-drug interventions for covid-19’, *BMJ*, 28 August 2020

“There are large gaps in our knowledge and without clear evidence on the use of cloth masks in the community we may be wearing, false reassurance. Observation of the use of face coverings, in real life, finds that they are commonly worn incorrectly. Nor have we considered enough about the **broader societal impact**. People with histories of trauma, or who have hearing difficulties, are placed at disadvantage. Yet **those who do not wear face coverings are categorised, by proponents of face coverings, as ‘deviants from the new norm.’** Societal cohesion is risked by dividing, rather than understanding behaviour. These are all harms. Nor do we have a clear ‘end’ strategy. We need less panic and more practical, pragmatic research.”

<https://blogs.bmj.com/bmj/2020/08/28/margaret-mccartney-we-need-better-evidence-on-non-drug-interventions-for-covid-19/>

Martin GP, Hanna E, McCartney M & Dingwall D, ‘Science, society, and policy in the face of uncertainty: reflections on the debate around face coverings for the public during COVID-19’, *Critical Public Health*, 10 August 2020

in the face of strong arguments that face coverings are a commonsense intervention, with negligible downsides, that can only do good, we make the case for caution in changing policy. Many seemingly benign public health interventions have the potential to cause harm, and that harm is often socially differentiated.

The social dynamics of widespread face-covering are also difficult to anticipate but potentially adverse, particularly where coverings are mandated or enforced. **As a highly visible symbol of virtuous behaviour, those who fail to comply may be subject to stigmatisation or worse.**

<https://www.tandfonline.com/doi/full/10.1080/09581596.2020.1797997>

Government/Institutional Communication

Sick Kids, The Hospital for Sick Children (Canada), 'COVID-19: Guidance for School Reopening', 29 July 2020

“Non-medical masks may reduce transmission from individuals who are shedding the virus. However, the extent of this benefit is unknown (especially in children) and would only be potentially beneficial if done properly. In fact, if worn incorrectly, it could lead to increased risk of infection and it is **not practical for a child to wear a mask properly for the duration of a school day...The addition of NMMs may increase anxiety, interfere with the therapeutic learning environment, and increase inattention or distraction in children and youth, particularly for those who may already struggle with attention, such as those with attention deficit hyperactivity disorder (ADHD) or other developmental disorders.**”

<https://www.sickkids.ca/PDFs/About-SickKids/81407-COVID19-Recommendations-for-School-Reopening-SickKids.pdf>

Concerns Expressed by Experts

MIND, 'Mask anxiety, face coverings and mental health', accessed 26 February 2021

“**Masks are not easy for everyone.** Some of us may find covering our face very hard, or even impossible to cope with. Others may find it hard to interact with people who are wearing masks, or not wearing them. And for those of us with existing mental health problems, masks may pose extra challenges. Some challenges of wearing masks:

- You might feel **anxious or panicky**, as covering your mouth and nose might affect the air you breathe. This can cause symptoms like feeling **dizzy or sick**, which you may then associate with your mask.
- You might feel **trapped or claustrophobic**.
- Covering your face changes the way you look, which may cause **negative feelings around your identity or body image**.
- Certain materials touching your skin might feel very hard to cope with (which may create **sensory overload**).
- If you wear glasses, they might steam up so **you can't see clearly**. This might add to feeling **overwhelmed**.
- Seeing people with covered faces might make you feel **uneasy or scared of others**. They might seem threatening, sinister or dehumanised.
- Masks are a **visual reminder of the virus**, so seeing masks might make you feel **on edge or unable to relax**. It might seem like danger is everywhere.
- Wearing or seeing people wear masks might **trigger a memory of a traumatic event.**”

<https://www.mind.org.uk/information-support/coronavirus/mask-anxiety-face-coverings-and-mental-health/>

‘Mandatory masks in school are a “major threat” to children's development, doctors warn’, *Brussels Times*, 9 September 2020

The school face mask requirement is bad for children’s general well-being and should be abolished, 70 doctors wrote in an open letter to the Flemish Education Minister. “In recent months, the general well-being of children and young people has come under severe pressure. **We see in our practices an increasing number of children and young people with complaints due to the rules of conduct that have been imposed on them.**” Doctors mentioned **anxiety and sleep problems as well as behavioural disorders and germaphobia, a pathological fear of germs.** Mandatory face masks in schools are a major threat to their development. It ignores the essential needs of the growing child. The well-being of children and young people is highly dependent on emotional attachment to others,” they wrote. According to them, **“the face mask requirement makes school a threatening and unsafe environment, where emotional closeness becomes difficult.”**
<https://www.brusselstimes.com/news/belgium-all-news/health/130480/face-mask-obligation-in-school-major-threat-to-childrens-development-doctors-say/>

‘Rape survivors say they are being stigmatised for not wearing masks’, *Guardian*, 10 Aug. 2020

“A significant proportion of rape survivors had their mouths or noses covered, or were choked or smothered, as part of the abuse and violence they experienced,” said Kate Russell, the national spokesperson for Rape Crisis England and Wales. “Covering their face and nose now can **trigger flashbacks, panic attacks and severe anxiety.**”
<https://www.theguardian.com/society/2020/aug/10/survivors-say-they-are-being-stigmatised-for-not-wearing-masks>

‘Opinion: Domestic abuse survivors might be triggered by wearing a mask. They are allowed not to wear one’, *Independent*, 19 July 2020

Masks can cause distress in victims of domestic and sexual violence.
<https://www.independent.co.uk/voices/face-mask-coronavirus-domestic-abuse-survivors-distress-mental-health-a9626766.html>

About UsforThem

UsforThem believe children and young people are the pandemic's forgotten victims. We are people from all walks of life who care about children.

We are parents, grandparents, teachers, paediatricians, psychologists, lawyers – and many more besides. We have tens of thousands of members across the UK. We are independent, apolitical, keen to work with others who have the same concerns and only interested in putting the needs of children first.

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