

COVID-19

UNMASKED



Report 1: Early findings and recommendations

Executive Summary

COVID-19 Unmasked (Young Children) is an online study launched in Australia to help understand the mental health impacts of the pandemic on young children aged one to five years and their families. Australia is leading a global collaboration with at least six other countries. Report 1 presents findings from Survey 1 completed during the easing of restrictions and before the second wave in (12 May – 17 July 2020). Surveys will be completed again at three, six and 12 months.

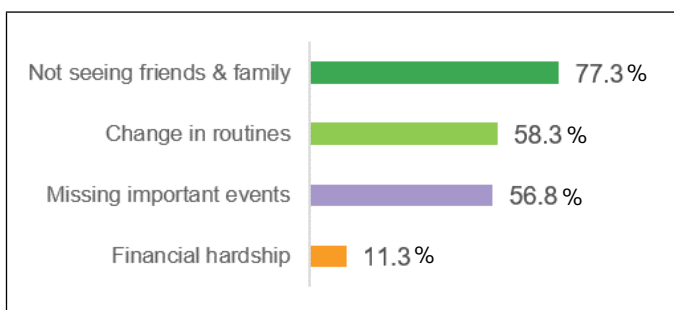
Participants

Nine hundred and ninety-eight caregivers started the survey and 776 completed all questions. Most respondents were mothers (93%). Families living in major cities, and university-educated parents with higher than average incomes, were overrepresented in the sample. The mean age of children was 3.7 years and 50.4% were girls.

COVID-19 experiences

Many families reported positive experiences during the first wave of lockdowns in Australia, including more quality family together, increased connection with friends and family, and more appreciation and gratitude. No children and only one caregiver was diagnosed with COVID-19. However, children and parents have been affected in many ways.

Young children were most affected by:



Parents were most affected by feeling isolated (61.3%), lonely (41.3%) or trapped (37.1%), loss of social support (47.9%), and working at home while looking after young children (47.5%).



Protective and risk factors for child mental health and emotional wellbeing during the pandemic



- Routine
- Warm, responsive caregiving
- Regularly doing things outside home
- Less confusion about COVID-19



- Frequent exposure to COVID-19 information
- Parent worries about the impact of COVID-19
- Parent mental health difficulties
- Child worries about the threat of COVID-19
- Avoidant or over-protective parenting
- Parent-child relationship difficulties

Key findings

80% of children had good mental health

including emotional well-being, strong relationships and developing emotion regulation skills.

15-20% of children had mild to moderate emotional or behavioural difficulties

Tantrums, fears, worries, clinginess, low mood and sleeping difficulties were common. With the right support and good family functioning, this is likely to be temporary and will reduce when things return to 'normal'. Some of these children may benefit from monitoring, assessment and targeted early psychological intervention.

5-10% of children may need specialised mental health support

This is more likely for children with pre-existing mental health difficulties, chronic health conditions or disabilities, exposure to adverse childhood experiences, and Aboriginal and/or Torres Strait Islander children.

1 in 5 parents struggling

18-25% reported moderate to severe anxiety, depression and/or stress symptoms. Parents were most worried about their ability to juggle multiple demands, their child's social and learning needs, and the mental health of family and friends.

Preferred child mental health support options

Educational websites, face-to-face therapy or telehealth via video, and structured online programs with or without therapist support were the preferred options.

Developed in collaboration with:



Queensland
Government

Developmental considerations



Fears and worries

Young children may be frightened, worried or confused about COVID-19. Listen, clarify their understanding and reassure them.



Relationships are key

The most important protective factor for young children is a warm, responsive and supportive caregiving relationship.



Mental health

Young children experiencing mental health difficulties may express them in different ways from older children and adults.



Skill development

Disruptive events can challenge skill development, but can also provide opportunities for developing important skills.



Brain development

Occurs at a rapid pace during early childhood, and early experiences shape the architecture of the developing brain.



Early intervention

Identify early signs of mental health problems and intervene early to prevent the escalation into mental health disorders.

Recommendations

1. Don't forget about the mental health needs of babies, toddlers and pre-schoolers.
2. Invest in service development and workforce development in perinatal and infant mental health across the continuum of care, from universal mental health promotion to intensive and specialised mental health care.
3. Increase access to evidence-based resources and services to better support parental wellbeing and parenting. This will help to buffer children from the negative effects of the pandemic as well as future disruptive events (e.g. natural disasters, family separation). It will also help parents learn the key skills that are needed for optimising brain development and building healthy relationships, emotional wellbeing and resilience. Parents also need to know how to identify and support young children who are showing the early signs of mental health difficulties.
4. Support and train early childcare educators and teachers so they can identify the early signs of mental health difficulties in babies and young children and learn the tools needed to build emotional literacy and promote coping, resilience and wellness. An early childhood centre-based implementation of a stepped cared framework is likely to have the greatest access and reach to the greatest number of young children and their families, and lead to more positive and sustainable outcomes when such services are embedded within them.
5. Workplaces need to prioritise the mental health and wellbeing of working parents through flexible working arrangements and programs and policies that create mentally healthy workplaces.
6. Work in collaboration to provide culturally sensitive and specialised mental health services for children who are most at risk. This includes children from Aboriginal and Torres Strait Islander families, or culturally and linguistically diverse backgrounds and children with disabilities, chronic health conditions and/or exposure to adverse childhood experiences (e.g., family violence, poverty, serious mental health issues, abuse and neglect).

