COVID-19

UNMASKED

Young Children

Report 1: Early findings and recommendations

Prepared by:

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*Queensland Centre
for Perinatal and Infant Mental Health*

Developed in collaboration with:

THE UNIVERSITY OF QUEENSLAND
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Acknowledgements

Acknowledgment of traditional owners

The COVID-19 Unmasked research team would like pay respect to the Traditional Owners of this land and acknowledge the spiritual connection to this land for all Aboriginal and Torres Strait Islander people. We acknowledge and pay respect to the Elders past, present and emerging. We acknowledge that culture and traditions are still important and central today to the wellbeing of Aboriginal and Torres Strait Islander people and recognise the importance of birthing traditions and culture in child rearing practices. We recognise the need for service design and delivery to be done differently and collaboratively with Aboriginal and Torres Strait Islander communities.

Acknowledgement of Lived Acknowledgement of Lived Experience

We acknowledge and value children, parents and families experiencing mental health difficulties during the perinatal and infant stage of life. We commend the resilience, courage and generosity of time and openness of people that are or who have experienced mental ill health in sharing their personal stories, experiences and views about what works and what needs to change to support the recovery journey of children and families. We are especially grateful to the families who have participated in the COVID-19 Unmasked Survey during a very stressful time. We recognise and believe that we can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and is able to focus on wellness and recovery and leading fulfilling contributing lives.

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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.
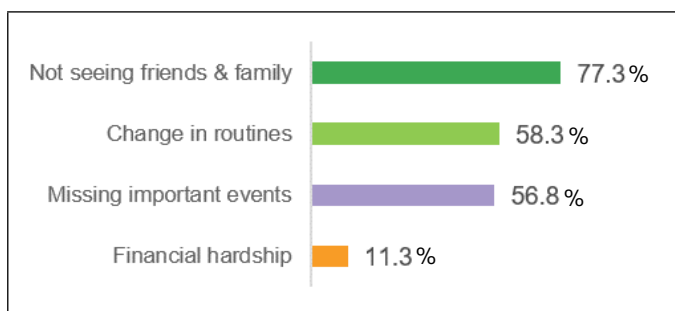
Participants

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:

Not seeing friends & family	77.3%
Change in routines	58.3%
Missing important events	56.8%
Financial hardship	11.3%

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%).

1 in 5 children

are experiencing **mild to moderate emotional or behavioural difficulties**

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.

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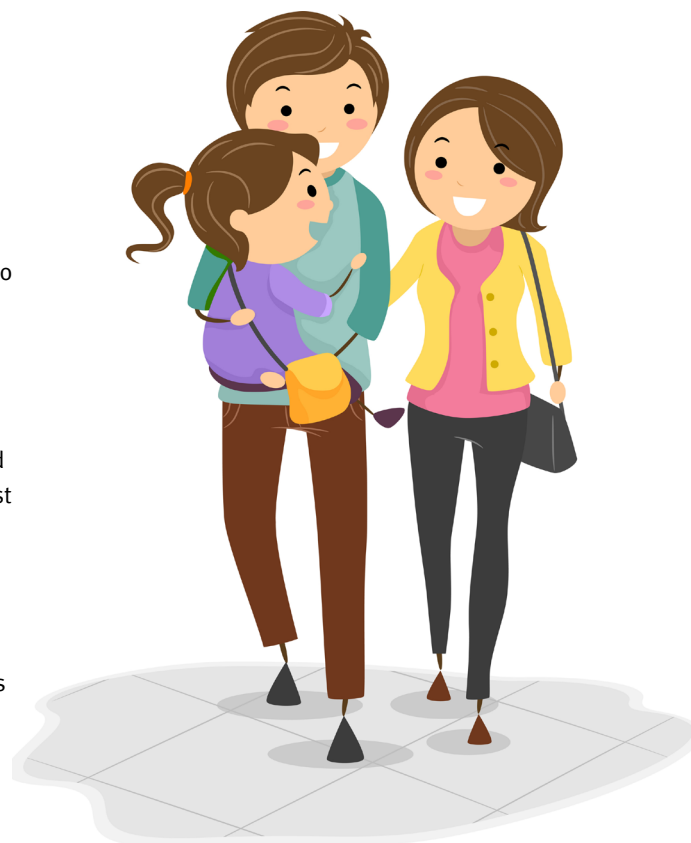
Early intervention
Identify early signs of mental health problems and intervene early to prevent the escalation into mental health disorders.

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).

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COVID-19 Unmasked: Young Child Project

Overview

The COVID-19 Unmasked: Young Child research project was launched in Australia on 12 May 2020 to help understand and track the impact of the COVID-19 pandemic on the mental health and wellbeing of young children (1-5 years) and their caregivers. This information will be used to promote positive wellbeing and resilience, and help prevent the development and exacerbation of mental health problems in this age group over the next 12 months. Survey 1 was completed during the easing of the Wave 1 lockdown restrictions in Australia (12 May-17 July 2020) and aimed to: Identify the challenging & positive experiences children and families have faced during this time.

1. Identify the challenging and positive experiences children and families have faced during this time

2. Understand how toddlers and young children are coping, and what impacts the pandemic is having on their emotional and behavioural wellbeing

3. Learn about the types of worries preschool children have typically experienced during this time and how these worries have affected their emotions, sleep and behaviour

4. Understand the pressures on parents and caregivers of young children, and how the pandemic is affecting their mental health and parenting practices

5. Identify key risk and protective factors that have influenced child and parent adjustment during this time

Background

COVID-19 has brought changes to every aspect of our lives, and affected families in many ways. For most of us, it's been challenging: health concerns, home schooling, isolation, financial stress, not being able to see family and friends, missing out on important events. Many parents are concerned about the long-term effects of the pandemic on their children's social and emotional wellbeing, as well as other social implications such as the impact on the economy. The situation continues to change rapidly, and this brings different pressures for families.

However, little is known about how disruptive community events like pandemics and natural disasters affect the mental health and emotional wellbeing of babies, toddlers and pre-schoolers, short and long-term. To address this knowledge gap, clinicians and researchers from the Queensland Centre for Perinatal and Infant Mental Health Children's Health Queensland, in collaboration with researchers from 4 Australian universities (University of Queensland, University of Melbourne, University of Southern Queensland, Griffith University), developed the COVID-19 Unmasked research project.

COVID-19 Unmasked is an online survey for caregivers of young children (1 – 5 years). Information from caregivers will help us understand (1) impacts of the pandemic on the social and emotional wellbeing of children, (2) impacts of the pandemic on parental mental health and parenting response, and (3) risk and protective factors for child and parent mental health outcomes.

Participating families complete the survey 4 times over a 12-month period. They provide information on the different types of experiences children and families are having, and how families are coping with these experiences. This information will help policy-makers and service providers develop better ways of supporting young families during and after pandemics and other disruptive events (e.g. natural disasters). Seven countries (USA, Spain, Poland, Netherlands, Scotland, Turkey, Greece) have joined Australia and formed an international collaboration to conduct the COVID-19 Unmasked Young Child survey: https://www.global-psychotrauma.net/corona

This report presents the findings from the COVID-19 Unmasked: Young Child Survey 1 in Australia.

Recruitment

The survey aimed to recruit as many families as possible from diverse socio-economic and cultural backgrounds over a 12-month period. Recruitment strategies included distributing the online survey through partner organisations, social media, professional networks and media interviews. The self-selecting nature of recruitment means that this is not a nationally representative sample. If parents had more than one child in the age range of 1-5 years, they were asked to choose one child to answer the questions about for the duration of study.

The Children's Health Queensland Hospital and Health Service Human Research Ethics Committee (HREC) has approved this study: HREC/2020/QCHQ/63632.

Measures used

- **COVID-19 Experiences Questionnaire:** Developed by research team to record the types of experiences, losses, and impacts (negative and positive) the COVID-19 pandemic has had on young children and families.

- **Preschooler Stressor-related Thoughts and Worries Questionnaire (only 3-5 years):** Questions identify the fears and worries that preschool children have about the COVID-19 pandemic. Developed for study.

- **PROMIS-Early Childhood**[1]**:** Parent-report measure of social, emotional and physical health in children aged 1-5 years. COVID-19 Unmasked is using the following domains: **Irritability** (angry mood and behaviour), **Anxiety** (fear, worry, separation anxiety), **Depression** (sad, withdrawn, loss of enjoyment), **Positive affect** (positive feelings and mood), **Self-regulation** (coping, frustration tolerance), **Sleep disturbance** (delayed sleep, poor quality), **Parent-child relationship** (positive interactions, connectedness, affection).

- **PTSD Scale for Young Children:** Developed by research team to assess exposure to potentially traumatic events, frequency of trauma symptoms and impairment, and probable PTSD diagnosis.

- **Depression Anxiety Stress Scale (DASS-21)**[2]**:** Parent-report measure of their own levels of depression, anxiety and stress symptoms.

- **Parent as a Social Context Questionnaire (PSCQ)**[3]**:** Provides a measure of parenting style. The following subscales are used in this study: warmth, rejection.

- **Parenting during COVID-19:** Developed for study to identify the typical parenting responses and what buffers or exacerbates child mental health outcomes during this time (e.g. empathy, overprotectiveness, avoidance, routine, active coping strategies).

- **Parent COVID-19 worries:** Developed for study to identify what parents worried about during the pandemic.

- **Mental health service provision preferences:** questions were adapted from an existing tool[4] to provide a measure of parents' preferences for mental health support if needed for their child.

Focus of this report

A total of 998 parents commenced Survey 1, with 776 completing all questions. The responses in this report were recorded between 12/5/2020 and 17/7/2020. At the time the study was launched, the government-imposed gathering restrictions, social distancing requirements and national border closures had been in place for approximately 8 weeks but were easing with children getting ready to transition back into childcare and school (see timeline on page 4). Roll out of the 3-month follow-up surveys began in mid-August 2020. Brief progress reports will be completed following each round of data collection (3, 6 and 12-months) and major findings published in peer-reviewed journals.

This report provides an overview of preliminary key findings from Survey 1. Focus areas include:

1. Families' experiences throughout the pandemic, both positive and challenging

2. Impact of the pandemic on young children's emotional and behavioural wellbeing

3. Effects of the pandemic on the parent's own mental health and parenting responses

4. Preferred options for accessing mental health support
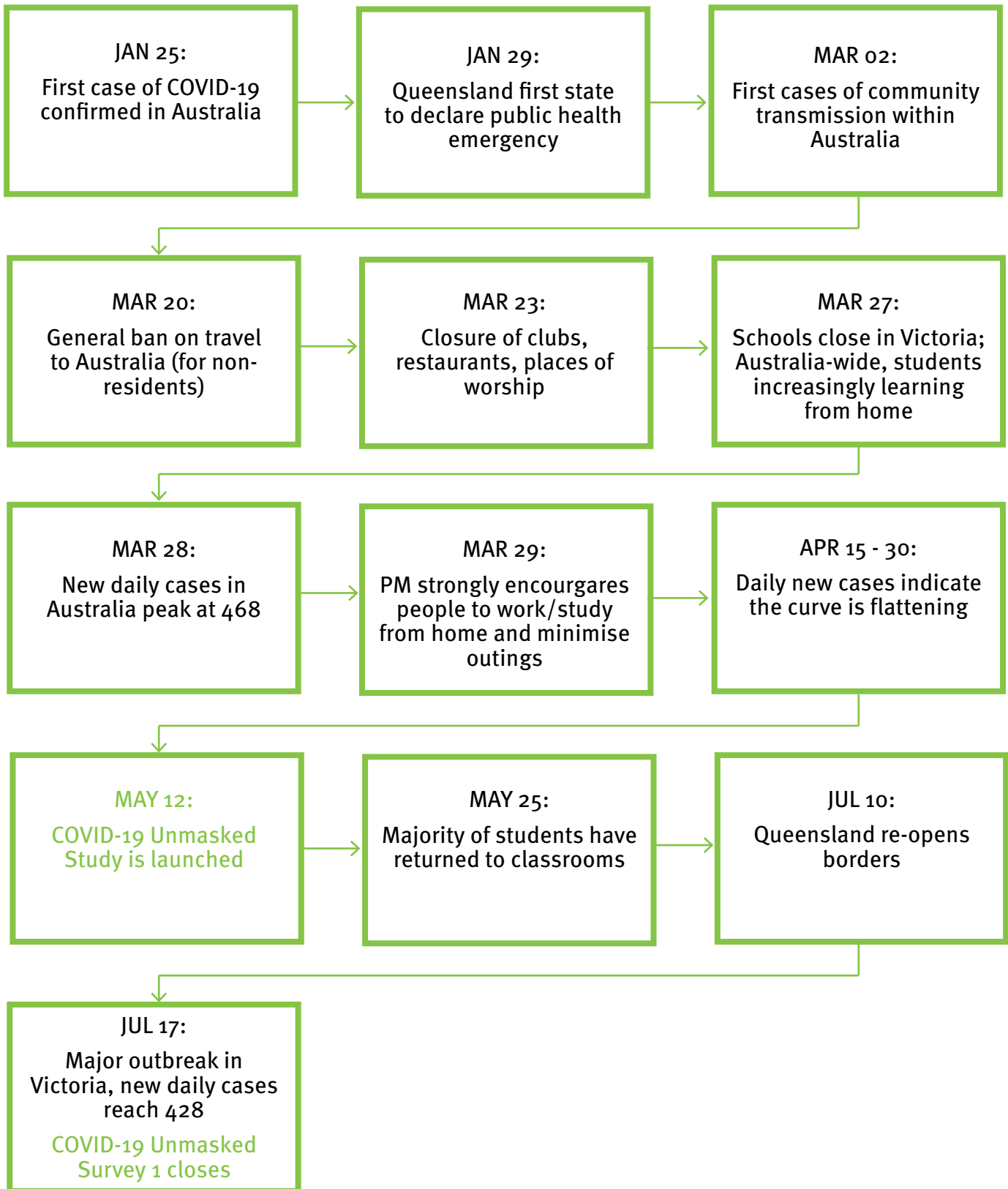
5. Implications and recommendation

1 Blackwell, C. K., Wakschlag, L., Krogh-Jespersen, S., Buss, K. A., Luby, J., Bevans, K., ... & Cella, D. (2020). Pragmatic Health Assessment in Early Childhood: The PROMIS® of Developmentally Based Measurement for Pediatric Psychology. *Journal of pediatric psychology,* 45(3), 311-318.

2 Lovibond, S. H., & Lovibond, P. F. (1996). Manual for the depression anxiety stress scales. Psychology Foundation of Australia.

3 Zimmer-Gembeck, M. J., Webb, H. J., Thomas, R., & Klag, S. (2015). A new measure of toddler parenting practices and associations with attachment and mothers' sensitivity, competence, and enjoyment of parenting. *Early Child Development and Care,* 185(9), 1422-1436

4 March S, Day J, Ritchie G, Rowe A, Gough J, Hall T, Yuen CYJ, Donovan CL, & Ireland M. Attitudes Toward e-Mental Health Services in a Community Sample of Adults: Online Survey. J Med Internet Res 2018;20(2):e59

Australia's Pandemic Timeline

JAN 25:	JAN 29:	MAR 02:
First case of COVID-19 confirmed in Australia	Queensland first state to declare public health emergency	First cases of community transmission within Australia

MAR 20:	MAR 23:	MAR 27:
General ban on travel to Australia (for non-residents)	Closure of clubs, restaurants, places of worship	Schools close in Victoria; Australia-wide, students increasingly learning from home

MAR 28:	MAR 29:	APR 15 - 30:
New daily cases in Australia peak at 468	PM strongly encourgares people to work/study from home and minimise outings	Daily new cases indicate the curve is flattening

MAY 12:	MAY 25:	JUL 10:
COVID-19 Unmasked Study is launched	Majority of students have returned to classrooms	Queensland re-opens borders

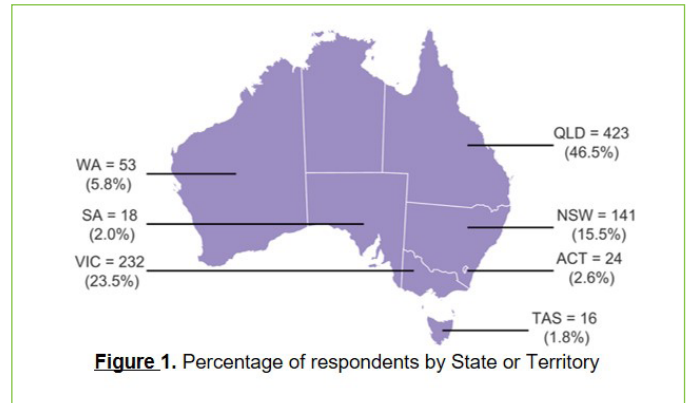| JUL 17: |
|---|
| Major outbreak in Victoria, new daily cases reach 428 |
| COVID-19 Unmasked Survey 1 closes |

Participant information

Overall, 998 families consented to participate with 776 completing most of the questions. Most respondents live in major cities in Queensland followed by Victoria and New South Wales (see Figure 1 and Table 1).

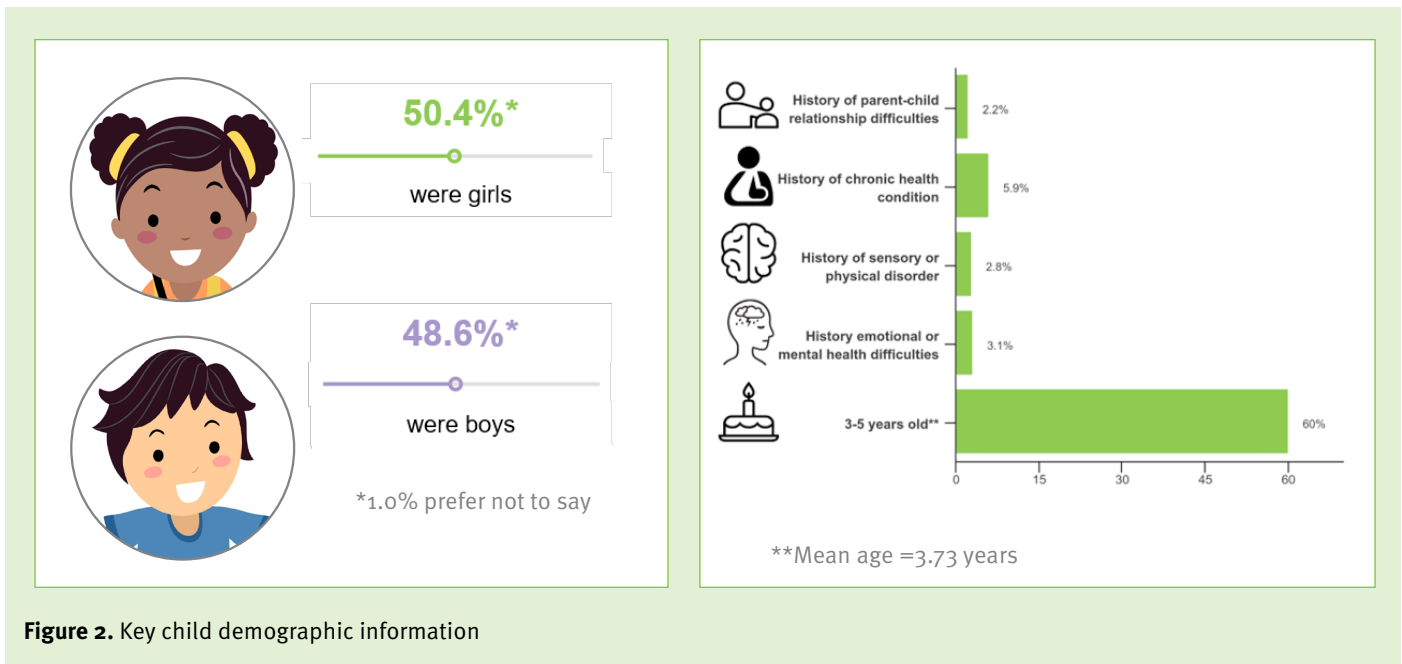| Table 1. Percentage of respondents according to ASGS Remoteness Categories	
Remoteness Category[4]	
Major Cities of Australia	77.96%
Inner Regional Australia	15.16%
Outer Regional Australia	5.65%
Remote Australia	0.78%
Very Remote Australia	0.55%

Figure 1. Percentage of respondents by State or Territory

WA = 53 (5.8%)
SA = 18 (2.0%)
VIC = 232 (23.5%)
QLD = 423 (46.5%)
NSW = 141 (15.5%)
ACT = 24 (2.6%)
TAS = 16 (1.8%)

Children

The mean age of children in Survey 1 was 3.73 years (range: 1-5 years), with the majority (60%) aged between 3-5 years. The percentage of children identified as Aboriginal and/or Torres Strait islander (2.6%). National estimates of the Aboriginal and Torres Strait Islander population is 3.3% . Most children were born in Australia (96.6%). A small number of children were reported to have a history of emotional or behavioural difficulties, a disability, or a chronic health condition (Figure 2).

Prior to the pandemic, the majority of children attended childcare or family day-care during the week (36%) or were looked after by their primary caregiver at home (24%). Across the sample, 22% of children were in kindergarten/preschool and 12% were attending school.


50.4%* were girls

48.6%* were boys

*1.0% prefer not to say

History of parent-child relationship difficulties 2.2%
History of chronic health condition 5.9%
History of sensory or physical disorder 2.8%
History emotional or mental health difficulties 3.1%
3-5 years old** 60%

**Mean age =3.73 years

Figure 2. Key child demographic information

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4 Classification in line with Australian Statistical Geography Standard (ASGS) Remoteness categories; ABS 2018. Postcode 2017 to Remoteness Area 2016, March 2018. ABS cat. no. 1270.0.55.005. Canberra: ABS. Viewed 24 August 2020.

5 ABS 2018. Estimates of Aboriginal and Torres Strait Islander Australians, June 2016. ABS cat. no. 3238.0.55.001. Canberra: ABS. Viewed 24 August 2020.

Caregivers
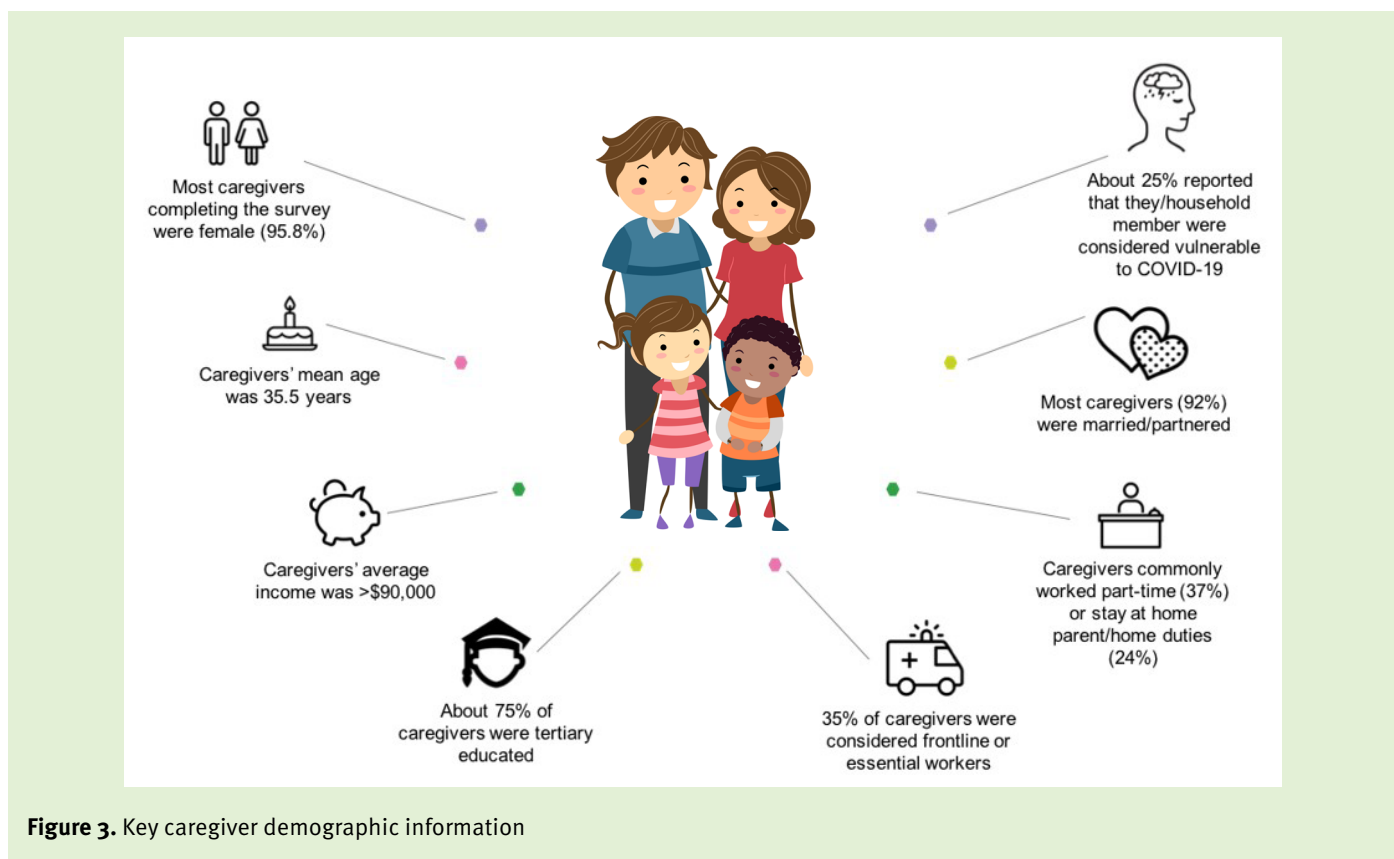
Figure 3. Key caregiver demographic information

Most **participating caregivers** were female (3.5% male; 0.2% trans/gender diverse; 0.4% non-specified) and 99% were the parent of the child they were reporting on (other respondents included grandparent or foster parent). The term, parent/s, will therefore be used throughout the rest of the report. Overall, 1.6% of participating parents identified as Aboriginal and/or Torres Strait Islander. The majority of participants were stay at home parents (23.6%) or employed full-time (20.4%), employed part-time (37.4%) or self-employed (6.6%). Of employed parents, 34.8% were working as front-line or essential workers during the pandemic, with the majority working as health care workers (e.g. medical practitioner, nurse) or education professionals. A high percentage of the sample were tertiary educated (74.6%) compared to the general Australian population (29.6% of Australians residing in capital cities and 16.3% of Australians residing in regional areas with tertiary qualifications)[6] .

In general, **families** had a relative lack of disadvantage and greater advantage (median decile = 8, IQR = 5-9) compared to the general population,[7] with an average household income of ›AU$90,000 (65.8%). The mean number of children living in the family household was 2 (range 1-7) and 54.8% of families had more than 1 child under the age of 5 years.

The majority of co-parents were male (94.9%) and employed full-time (61.2%), employed part-time (6.2%) or self-employed (9.7%). Of these, 22.8% were working as front-line or essential workers during the pandemic. A minority of co-parents identified as Aboriginal and/or Torres Strait Islander (1.2%).

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[6] ABS ,2017 'Australians pursuing higher education in record numbers'. Canberra: ABS. . https://www.abs.gov.au/AUSSTATS/abs@.nsf/mediareleasesbyReleaseDate/1533FE5A8541D66CCA2581BF00362D1D?OpenDocument. Viewed 24 August 2020

[7] According to the ABS Index of Relative Socio-economic Advantage and Disadvantage (IRSAD); ABS 2018. Socio-Economic Indexes for Australia (SEIFA), June ABS cat. no. 2033.0.55.001. Canberra: ABS. Viewed 24 August 2020

Families experiences of COVID-19

Social distancing and isolation during COVID-19

More than 90% of parents reported that they had either been following government physical distancing restrictions (65%) or voluntarily social distancing or self-isolating (29.2%).

Despite the high number of parents classified as essential workers, a very small group reported being required to self-quarantine due to risk of exposure to COVID-19 (1.3%) or to self-isolate due to COVID-19 symptoms or diagnosis (0.2%).

The **majority** (57%) of children **never or rarely did things outside of the home** (e.g. going to shops, parks, visited friends or family) during the month before the parent completed the survey.

'I would fear needing to leave house to buy essential items with my child as he would get near hysterical, warning strangers about avoiding germs and was scared his grandpa would die. He had fear beyond anything I had said.'

'It was very difficult at first with so much unknown and terror of someone getting ill or dying. I worried terribly about my child. And if something happened to my partner and I what would happen to them. We just did everything we could to stay away from other people while ensuring our child did not know any better.'

Testing, diagnosis and losses during COVID-19

Only a small number of children (6%) had been tested for COVID-19 and none had received a positive test result. 94 (10.5%) caregivers had been tested for COVID-19 and only 1 (1.0%) had been diagnosed with COVID-19 and treated in isolation in hospital. A few had had a family member or close friend die from COVID-19 (2.1%) or from something else (9.9%) during the pandemic.

Exposure to COVID-19-related information

A third of caregivers reported that their child was exposed to COVID-19 related information at least once a day. Approximately 80% of caregivers received COVID-19 related information at least once a day with 13% of caregivers exposed to this information several times a day for more than 1 hour.

Nearly 15% of children were exposed to COVID-19 related information **several times a day**

Other impacts

Home-based learning

On average, children had missed 14.94 days (SD = 15.71; range 0-120 days) of childcare or school. Typically, when applicable, **home-based learning was completed solely by the caregiver responding to the survey** (59.4%) or **shared with the caregiver's partner or another carer** (35%).

Employment

Nearly half (51.2%) reported working from home. For the majority of caregivers (72.3%) and co-parents (68.8%) employment status and workload had stayed the same. However, around 10% (9.3% participants; 8.2% co-parents) **had an increase in work hours or income** and **nearly one tenth of caregivers reported a decrease in their** (15.3%) or **their partner's** (20.7%) **hours or income, or that they had become unemployed or closed a business** (2.4-3.1%). Between 41-52% reported changes in work hours/income had **caused moderate to extreme levels of stress for the family.**

'My husband has been required to take a 25% pay decrease but is working over 50 hours. This has caused a lot of financial and emotional stree for him and our family.'

'My husband lost his job and has since started his own business. As a result of this unexpected change I have had to cancel my maternity leave and return to work 7 months earlier than expected.'

Positive Experiences during the COVID-19 pandemic

The majority of parents (70%) reported some positive experiences during the start of the pandemic, including:

- More quality family time (84.5%)
- Increased closeness amongst family members (71.2%)
- Increased gratefulness and appreciation for what they have (84.8%)
- Knowing the family can cope during difficult times (76.6%)
- Greater connection with other family and friends 32.6%)
- New opportunities were available that wouldn't have been otherwise (46.8%)
- A small group of parents (9.7%) reported experiencing a stronger religious faith.

'Family time-my husband travelled interstate fortnightly and now he's home. More shared responsibilities of household tasks. Family dinner every night-rarity before. New routines-at dinner asking everyone their "favourite part of the day" with both kids always saying family dinner was their favourite part.'

'Never seen my kids so happy, calm, relaxed, playing independently and getting along really well. I have felt the same most of the time - and there has been a shift towards peace and calm in myself. I think we will make some changes to our lifestyle because of the positive impacts it has had!'

'Overall, apart from the obvious negative and scary parts of the virus, we have found tremendous joy over the last couple of months. We have connected as a family like we never have before, my husband has been able to bond with the boys because he is home so much more and we are all taking good care of ourselves and our home. There have been so many wonderful positives to this experience that I often feel guilty about admitting because so many people are doing it really tough right now.'

'I've been working at home for nine weeks and greatly appreciate this flexibility. Being at home has meant my daughter can come into my home office and have a little chat with me, we can have lunch together etc. It has also meant I've been able to use some of my usual commute time for self-care.'

Negative Experiences of COVID-19

Negative experiences for young children

The majority of parents reported that their children were moderately to very much impacted by:

- Not being able to see, play with or show affection to close family members or friends (77.3%)
- Changes in routines or primary caregivers (58.3%)
- Missing events that were important to them (56.8%)

'Emotionally she has not coped with the change in routine. She started school this year and had an amazing 8 weeks of term one. Once she was removed from school due to COVID-19 she began to experience anxiety, sensory issues, clinginess and other similar issues.'

'We have noticed a distinct increase in poor behaviour in our son, as if we were going back 12 months developmentally, but we knew it was due to change in routine, boredom, missing his friends, and spending 24/7 with his 3-year-old brother.'

'My child lost the opportunity to visit mum and newborn sister in hospital, this upset my child very much, but she understood it was due to "the bug".'

'When do I get to see Grandma? It's not fair. Don't they want to see me anymore?'

Negative experiences for parents

Around 40-60% of parents reported being moderately to very much affected by **feeling isolated** (61.3%), **lonely** (41.3%) or **trapped** (37.1%), and **loss of usual social support** (47.9%) during the social distancing restrictions. Similarly, 20-30% of parents reported an increase in **tension or disconnection with their child/ren** (21.7%) or **with their partner** (29.6%), and 47.5% were impacted by having to **work from home and look after the children**.

About 6% of parents reported new or increased emotional or physical violence.

'[We're] still together however this time has strained our relationship.'

'As a single parent family this has been a stressful time mainly due to the isolation and loss of our support systems.'

Negative experiences for families

Up to 15% of parents reported that their family had moderate to high levels of **difficulty getting food, medication, treatment, or other necessities** during the COVID-19 pandemic. Overall, 11.3% of parents reported experiencing **financial hardship.** Around 18% were affected by not been able **to attend cultural, religious, or spiritual practices or events**. A small number of parents (2.3%) reported that their family experienced increased stigma or discrimination during the COVID-19 pandemic.

'We have been unable to have family come and stay from overseas (we don't have any locally) during the pandemic to provide support during my late pregnancy and upcoming birth of second child.'

'My daughter and I experienced a lot of discrimination towards us as she kept attending school and I kept working within an isolated community as a nurse. The discrimination came in the form of friends not wanting to play with my daughter as "your mummy has COVID because she's a nurse". I was abused verbally and had things thrown at me from strangers.'

'I gave birth during this time. Being late in pregnancy as everything shut down was very stressful for me and my partner. When I gave birth my son wasn't allowed to come visit me for my hospital stay (4 days) or meet his baby brother until we got home.'

Mothers of young children described the struggles of juggling multiple demands:

'I feel this pandemic has disproportionately impacted mothers (or primary care givers). It is mothers that are having to manage the house, cook, clean, emotionally regulate themselves and each family member, home school and possibly work, or in my case study.'

'It's been really difficult to manage huge workloads and trying to keep our young children safe and happy during this time.'

'I know I'm **running on autopilot and pushing through with blinkers** at the moment. I can **feel a breaking point coming** if our current arrangements and work pressure continues much longer at this pace. I am pushing through mostly to keep my job at both my child's and my own expense. I am **riddled with guilt and stress** because my child is not getting enough from me. I am **feeling emotionally exhausted** and not ready to return to a face to face work environment full time. I am too fearful of losing my job if I actually take a block of time off, we are also under enormous pressure at work and fast paced deadlines with no extra resources or consideration for how we are personally also experiencing this new environment.'

'I feel my biggest struggle was managing schooling, childcare and working from home. I found this particularly difficult when people without children or older children talked about how "bored" they were and how productive they were being in lockdown, e.g. home cooking, learning new skills, reading lots of books etc, when I felt like I was continuously running behind in everything and never had time to do anything other than work and kids.'

'**Juggling work and home schooling is very stressful** if you want to do a decent job of both. High expectations from both workplaces and schools amplified this situation. Friends and family all felt the same – failing at both!'

'I've felt that most of my parenting supports were taken away and that has made parenting a lot harder. It **made us rethink if we could have any more kids.**'

'Working from home with a toddler at home, I felt like I was ignoring my child to his face. When he was at daycare he was distracted and not trying to get my attention. **I worry about the impact on his emotional well-being** because he thinks I am ignoring him.'

'**I have felt stuck and burnt out** some days. Having to home-school and entertaining a toddler was up hill some days. Husband stuck at work 14hrs a day and unable to help. I think I have felt more housebound than the rest of the family, particularly so because I have felt "on" all the time with a day starting at 5.30am and ending at 9pm. Maybe feeling I had to live up to expectations from school and the world.'

COVID-19 UNMASKED

Child worries and thoughts about COVID-19*

This section is about 3- to 5-year-old children. N=602

Do young children understand what is happening?

Over half of parents (58%) rated their child's understanding about COVID-19 as moderate to high. Most parents (76%) believed their child understood why people needed to socially distance and wash their hands. However, many children (44%) were confused about why they couldn't do the things they normally did. Parents gave examples to show that preschool aged children were having difficulties understanding causality and overestimating the risk of getting COVID-19, as well as difficulties understanding that the level of risk can change.

Misunderstanding and confusion about COVID-19, and **worries and unhelpful thoughts** about the threat of catching the virus or making someone else sick during the pandemic **are linked to an increased sense of threat and a negative impact on child's wellbeing**.

'You can't come here cause you'll get my germs and I'll get your germs then I'll have to go to hospital and we won't be a family anymore. Said very matter-of-factly.' (girl, 3 years)

'When she feels a bit off, she tells me she thinks she has Coronavirus.' (girl, 4 year old)

'If we go outside at night will corona virus get us?' (girl, 5 years old)

'Everyone going out will get the virus. People going out are all naughty and the police will need to get them.' (girl, 4 years old)

Other children worried about when the pandemic would end or that things would never return to normal:

'Mr 4 asks often when the coronavirus is over can we go play, join soccer, see Nanna etc. He often asks "is the coronavirus still here today?"' (boy, 4 years)

'She has expressed that everything has changed/things won't be the same again.' (girl, 4 years old)

'He's … worried about how long it will be before he can see his friends again, not so much worried about the getting sick aspect.' (boy, 3 years old)

'More recently she had a big breakdown, when she cried and cried that "everything is GONE. There's no school, no park, no friends. There's only the shops and bushwalking, and kids can't even go to the shops!' (girl, 5 years old)

For some children, the easing of restrictions was also confusing or scary:

'With restrictions lifting she thinks the virus has gone but we keep having to stress that not as many people are sick so we still have to take care.' (girl, 3 years old)

'Unhappy that restrictions are easing as worried about virus spread… Concrete understanding of virus management without understanding that the risk can change or reduce.' (boy, 4 years)

Magical Thinking

Magical thinking is common at this age. Parents gave examples of children believing that they could make the virus go away to protect themselves and loved ones (e.g. becoming a superhero, doctor or scientist to fight the virus) or by thinking it was gone.

'This week she has decided that Rona has gone away and is very frustrated that she can't return to normal life. She has been getting mad at us when we tell her that unfortunately Rona is still here so we can't recommence her normal routine.' (girl, 3 years old)

'She has suggested we put hand sanitizer all over everything to get rid of the virus.' (girl, 4 years old)

'I'm going to be a superhero and fight the coronavirus.' (boy, 3 years old)

What are young children worried about?

Around 10-17% of children were moderately to very much worried that they or others would get sick and die and that things would never be all right again (e.g. 'I will never see my friends or go to kindy ever again'). Some parents also gave examples indicating that young children were worried about going back to childcare or school. Children were also worried about missing out on things (e.g. seeing friends and grandparents, holidays, going to the park).

'When his preschool started again he was worried he would get it if he went back. The morning we drove there for the first time he asked if I was sure there was no corona virus in the preschool waiting to get him.' (boy, 3 years old)

Fear and worry

Young children expressed concerns about getting sick with coronavirus, fear of dying and fear of the virus harming others.

'She talks about being worried her germs will make other people sick.' (girl, 3 years old)

'I don't want the Koalas to get coronavirus and die.' (boy, 3 years old)

'Worried nana and grandad would get sick or the elderly friends we know.' (boy, 5 years old)

'What happens if the doctors and scientist developing cures gets sick?' (boy, 4 years old)

Sometimes these fears were associated with repetitive or obsessional desires to wash their hands, needing to wear face masks, and concerns about being near other people.

'Saw a man at shops wearing a mask. Then noticed no one else had a mask and panicked. Rushed around trying to get others to put masks on frantically. Had to sit him down and do breathing together. We didn't have masks on either.' (boy, 4 years old)

'Now we are able to go to parks and shops again he gets worried if other people get too close to him and always asks if it's ok if he near people or if the virus is gone.' (boy, 4 years old)

'…she instantly just became obsessed with germs… always washing hands and displaying more physical hygiene than normal. cleaning toys up, making sure rubbish is it the bin and overly cautious of everything.' (girl, 3 years old)

Anger and frustration

For some young children the virus was a source of anger or frustration.

'He has been annoyed at coronavirus and the person who ate the bat! "Some adults are stupid!"' (boy, 5 years old)

'He tells me he hates the virus, it's a mean virus. He tells me he doesn't want us to get sick.' (boy, 3 years old)

Child COVID-19 related worries and unhelpful thoughts (e.g. things will never be ok again) were associated with experiencing **more stressors due to the COVID-19 outbreak,** more **frequent exposure to COVID-19 related information and their parents' own worries**.

How do young children express their worries?

Some children showed that they were worried about and/or trying to understand COVID-19 and social distancing in **conversations, drawings, and imaginary play**

'My son plays many imaginary games for example bookshops...His game has changed so now he has a pillow in front of the bookshelf and when we come in we have to either "click and collect" or tell him the book we want and he will give it to us.' (boy, 4 years old)

'Imaginary end of the world game with friend where everyone was dying.' (boy, 5 years old)

'Playing cars and one car was a "ne naw ambulance taking all the dead people to hospital because of the virus"

Playing doctors and replying "no I'm a corona virus doctor" when my daughter asked if she could see the doctor. Keeping toys separate while playing because of the virus so they don't get sick. Playing games with sister and saying "we can't go anywhere because of the virus"

Pretending toys and our dog have the virus.' (boy, 3 years old)

'Playing where her teddies/ dolls get in trouble for not washing their hands properly or coughing into their elbow. The toys also get told they can't go to kindy because it has coronavirus.' (girl, 4 years old)

Viruses or germs and themes associated with lockdown restrictions were also incorporated into their drawing.

'I'm a superhero fighting the coronavirus with punches, fire, ice and lasers. Now it's dead! I'm also going to throw it to the sharks to eat. I'll get you and make you gone.' – Drawing by 3-year-old boy

'Everything she draws (animals, buildings etc) she puts germs in them. She says I'm giving them the germ or I'm making them have the germ.' (girl, 3 years old)

'Drawing the coronavirus, drawing things he can't do like not being able to hug friends or go to the park...' (boy, 5 years old)

Behavioural expressions

Parents also reported more general behavioural expressions of their child being worried during the COVID-19 pandemic. Behaviours included complaining of an upset tummy, sleep disturbances, nightmares or night terrors, increased aggression or poor emotional regulation, and picking at skin or nose.

'I see them worry when I go to work, so many hugs and sometimes tears saying they don't want me to go.' (boy, 4 years old)

'She is quicker to get upset or angry at small inconveniences and has been having night terrors more frequently.' (girl, 3 years old)

'She is clingier to me and my husband, but can also push us away aggressively and hit, and not want to be touched when she is upset.' (girl, 3 years old)

'Biting his nails...Compulsively picking his nose...Stays up late can't get to sleep.' (boy, 5 years old))

'Her 'worry tummy' has been present more often...' (girl, 4 years old)

Parents also observed that their child had lost their confidence or regressed in previously acquired skills.

'He keeps asking if I love him/ like him. He was otherwise a very confident child before COVID-19.' (boy, 4 years old)

'He's been displaying regressive behaviours - lots of baby talk.' (boy, 4 years old)

'Stopped using the toilet for a number of weeks (recently toilet trained).' (girl, 3 years old)

Implications of child confusion, fears and worries

Child confusion about the pandemic, COVID-19 related worries, and unhelpful thoughts were associated with more emotional and behavioural difficulties as well as less positive emotions and emotion regulation (Figure 4).

Figure 4. Significant negative and positive associations between child COVID-19 related worries and thoughts and child wellbeing

It is important to talk to preschool aged children about what is happening and explain the situation in ways that are appropriate for their cognitive capacities and developmental level. Check to see if they have any worries and clarify any misunderstandings.
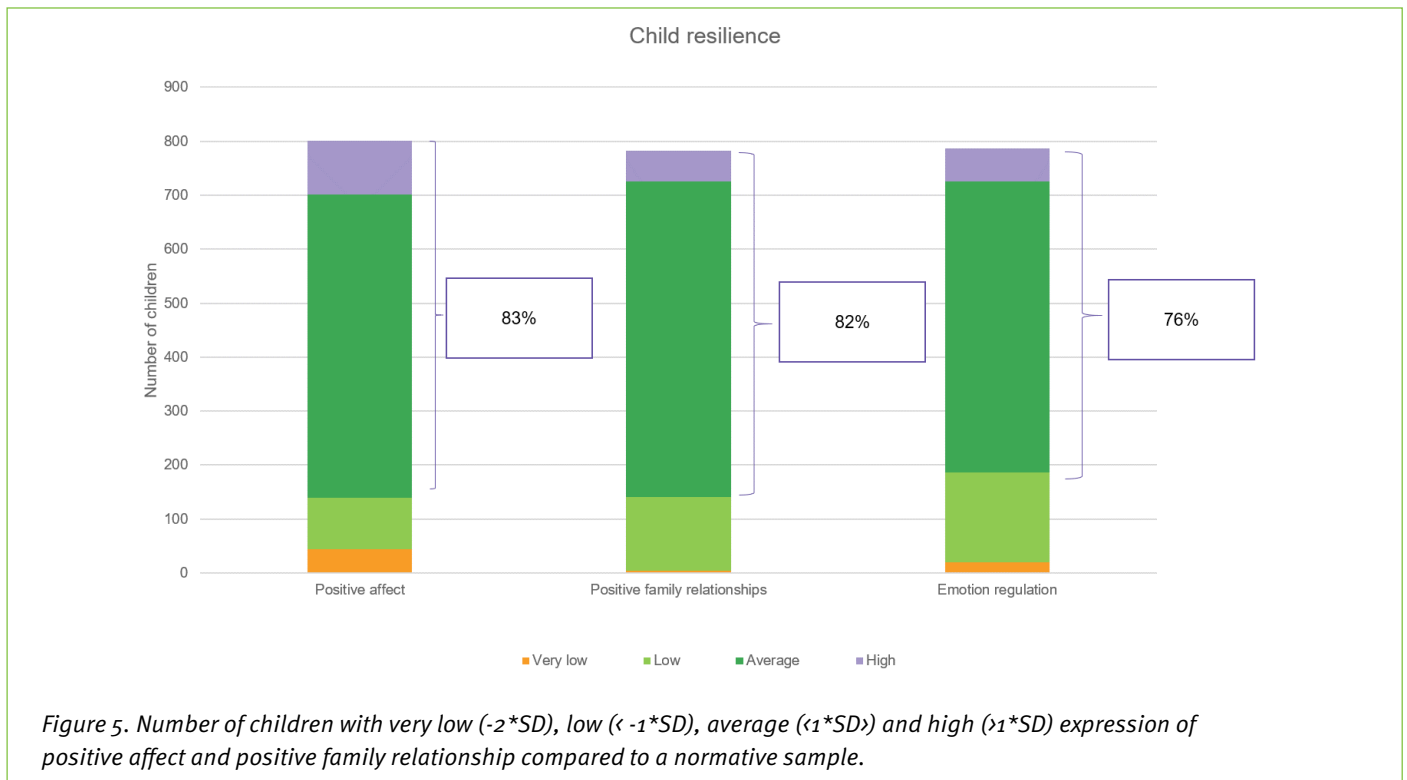
Child resilience & wellbeing

We defined child resilience and well-being as the child's ability to express positive emotions and regulate emotions, as well as having a positive relationship with their caregiver during the COVID-19 pandemic. Parents reported that most children (76%-83%) showed good resilience and positive emotional wellbeing (Figure 5).

Most common indicators of child resilience and wellbeing:

- Most children were often or always happy, joyful, playful and smiled a lot.

- Most children managed to often or always bounce back when things did not go their way.

- Most children were often or always affectionate with their caregivers, sought them out for comfort and were excited to spend time with them.

Most children are resilient, despite the potential negative impact of COVID-19.

Figure 5. Number of children with very low (-2*SD), low (< -1*SD), average (<1*SD>) and high (>1*SD) expression of positive affect and positive family relationship compared to a normative sample.

While parents reported that most children were resilient and coping well during this time, around 24% had higher levels of emotion dysregulation (i.e. more difficulties managing frustrations and staying calm) compared to a normative sample, and the quality of the parent-child relationship was rated very low to low for 18%.

Children who were able **to regularly do things outside the home** showed more positive emotions and higher levels of emotional regulation skills. A **warm caregiving style** (e.g. 'I do something special with my child', 'I talk about important things with my child') was associated with child positive affect, emotion regulation and positive parent-child relationships. Children with **parents working from home** during the pandemic showed better emotional regulation.

A higher frequency of **COVID-19 related negative experiences** was associated with children showing fewer positive emotions. Children with parents who experienced a **relationship breakdown or separation** during COVID-19 showed fewer positive emotions and fewer positive parent-child interactions. Parents with higher **mental health symptoms** had children who showed fewer positive emotions. The children of parents with more **COVID-19 related worries** had more difficulties with **emotion regulation.** Children of caregivers who scored higher on the parent **rejection** scale (e.g. 'Sometimes my child is hard to like') had lower scores on positive affect, relationship quality and emotion regulation.
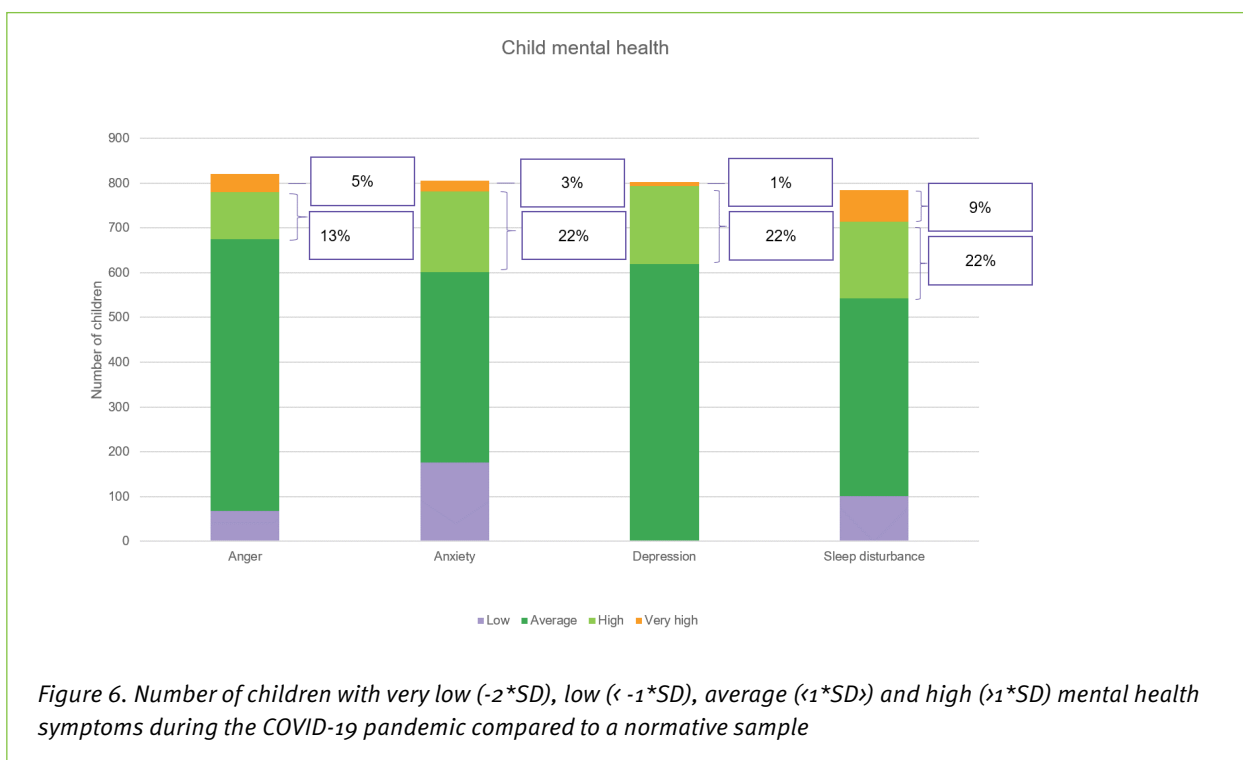
COVID-19 UNMASKED

Child mental health difficulties

Scores for children in the current sample were compared to a normative sample of children the same age. Between 1% and 9% of children in the current sample experienced very high mental health symptoms that would benefit from mental health support. Sleep disturbance was the most common behavioural disturbance.

Nearly 1 in 5 children experienced **disruptive behaviours, symptoms of anxiety or depression, or sleep disturbance** more frequently than a normative comparison sample.

Parents reported that between 13% and 22% of children in the sample had higher than average levels of angry or disruptive behaviours, anxiety, depressive symptoms and sleep disturbance. These children could benefit from further assessment and coping strategies to support their emotional, social and behavioural well-being (Figure 6).

Figure 6. Number of children with very low (-2*SD), low (< -1*SD), average (<1*SD>) and high (>1*SD) mental health symptoms during the COVID-19 pandemic compared to a normative sample

Most common mental health symptoms:

- **Anger**: Child became frustrated easily or had temper tantrums
- **Anxiety**: Child seemed fearful, worried or tense or was inconsolable when separating from a parent
- **Depression**: Child seemed sad or withdrawn
- **Sleep**: Child resisted bedtime, had difficulties falling asleep or tossed and turned at night.

Children **younger than 3 years** showed slightly more disruptive behaviours while children **older than 3 years** showed more anxious and depressive behaviours. Worries were especially more common for older children.

Children expressed fewer disruptive behaviours if they were able to regularly do things outside the home. Children in families who reported experiencing positive changes during wave one restrictions had fewer sleep problems.

COVID-19 related negative experiences were associated with a higher frequency of disruptive behaviour, anxiety and depression symptoms. Children who were exposed more frequently to COVID-19 related information experienced more anxiety and depression symptoms. Children whose parents scored higher on the rejecting caregiving style questions (e.g. 'I don't understand my child very well', 'my child is hard to like') were more likely to have higher scores on anger, anxiety, depression and sleep disturbance. Parent mental health symptoms were associated with higher levels of child anxiety and depression. Parent's COVID-19 related worries were associated with more anxiety and sleep disturbance.

Children's experiences of traumatic events

Almost 1 in 10 children (67, 8.6%) had experienced a potentially traumatic event prior to or during the pandemic.

The most common types of events experienced included:

serious illness or injury (e.g. cancer diagnosis, car accident), significant loss or separation from primary caregiver (e.g. mother died from cancer), and natural disasters (e.g. 2020 bushfires).

Aboriginal and/or Torres Strait Islander children were more likely to have experienced a traumatic event (26.3%) than non-Aboriginal and/or Torres Strait Islander children (8.2%).

Common symptoms included:

- **Thinking and talking** about what happened
- **Nightmares**
- **Distress** around reminders
- **Clinginess** or **difficulties separating**
- **Regression** in developmental milestones
- **Sleeping problems**

Of children who had experienced a traumatic event, around 33% had trauma symptoms that were interfering with their relationships or the child and family's ability to participate in everyday activities and routines. **Of the exposed children, 17% were presenting with a pattern of symptoms and impairment consistent with a possible posttraumatic stress disorder (PTSD) diagnosis.**

Impact on child mental health and functioning

Children who had experienced a potentially traumatic event were more likely to be in the high to very high range for anxiety and depression symptoms compared with children who had not experienced a trauma (Figure 8).
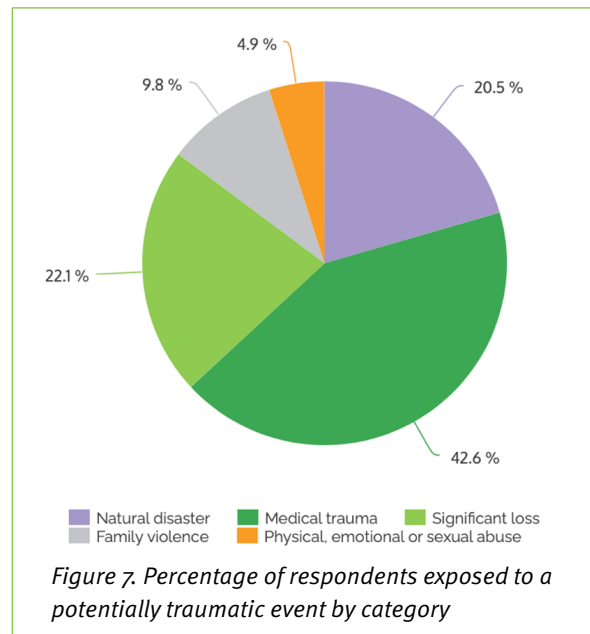

Figure 7. Percentage of respondents exposed to a potentially traumatic event by category

'[We had the] bushfire come right up to our house. We weren't allowed home for two days until safe. We had to keep running from the fire to safety, poor thing had no idea what was happening but she was so scared.'

'He still asks if the fires are all out and if the air is OK to go outside.'

'My son needs to talk out fears and thoughts at bedtime so going to sleep has been difficult.'

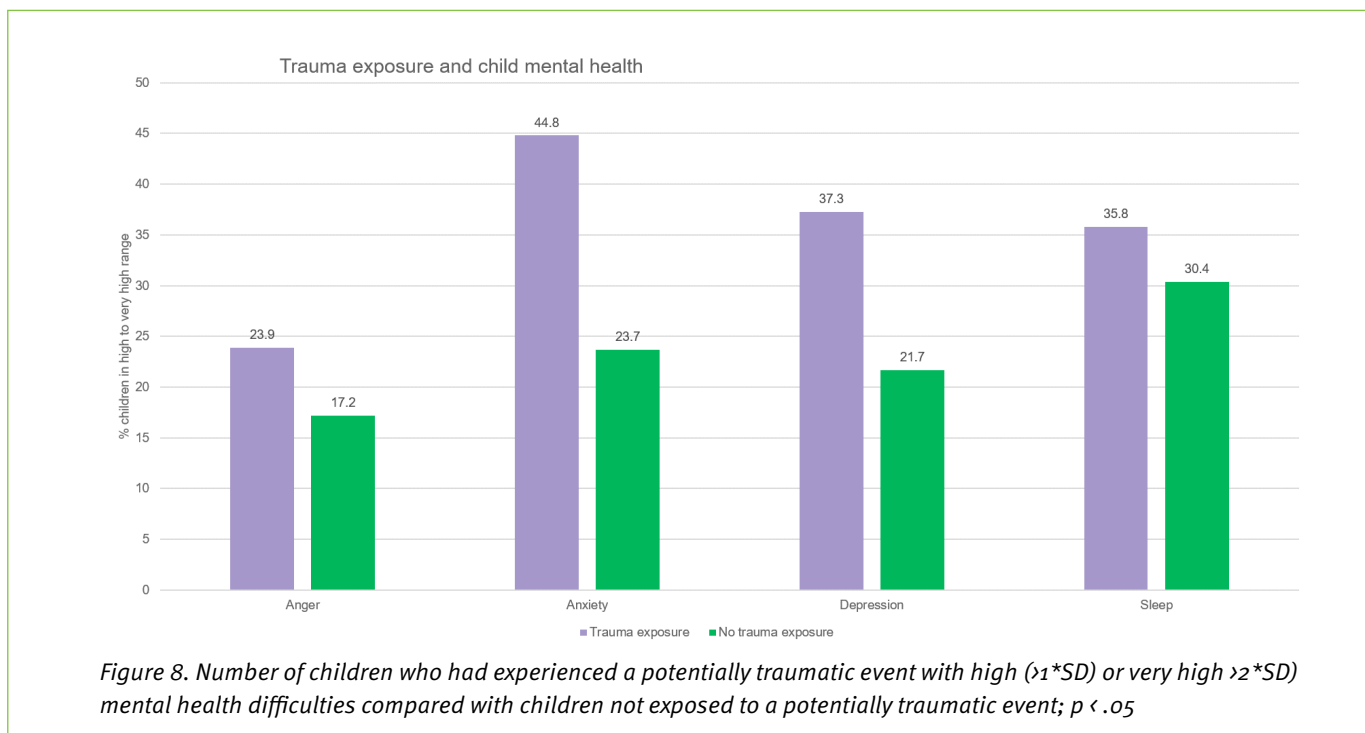*Figure 8. Number of children who had experienced a potentially traumatic event with high (>1*SD) or very high >2*SD) mental health difficulties compared with children not exposed to a potentially traumatic event; p < .05*

Child mental health and health conditions

Parents of children with a **sensory or physical disability** reported a higher frequency of disruptive or angry behaviours (i.e. temper tantrums, easily frustrated). Children with **chronic health conditions** had more problems with disturbed sleep compared to children without a disability or health condition (Figure 9). Given the small numbers, these findings need to be interpreted with caution.
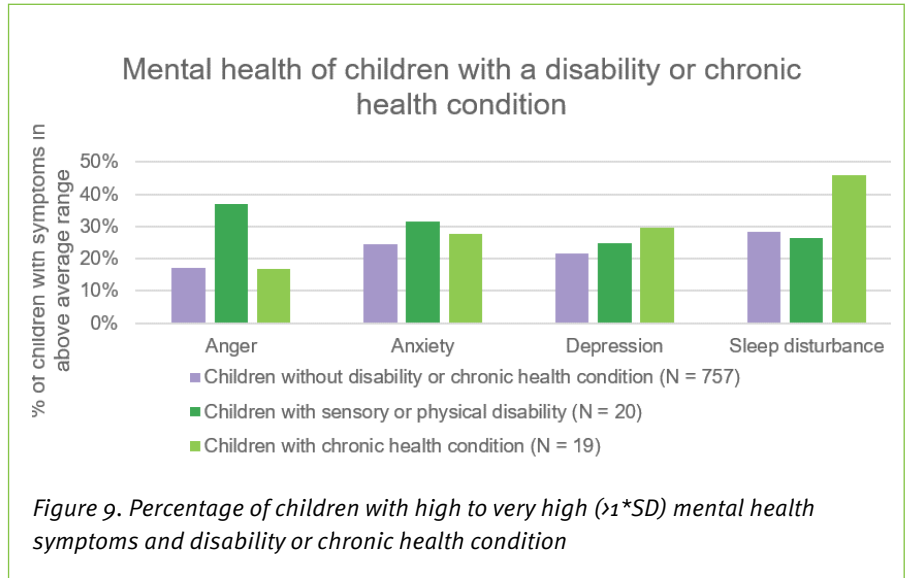
Mental health of children with a disability or chronic health condition

*Figure 9. Percentage of children with high to very high (>1*SD) mental health symptoms and disability or chronic health condition*

Child mental health and Aboriginal and/or Torres Strait Islander identity

Caregivers reported higher rates of angry behaviours in Aboriginal and/or Torres Strait Islander children (Figure 10). However, given the small numbers, these findings need to be interpreted with caution.
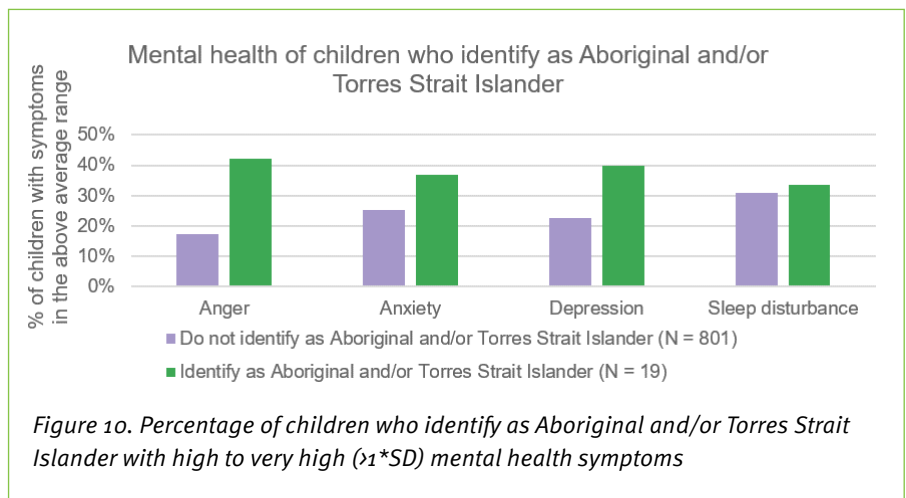
Mental health of children who identify as Aboriginal and/or Torres Strait Islander

*Figure 10. Percentage of children who identify as Aboriginal and/or Torres Strait Islander with high to very high (>1*SD) mental health symptoms*

Children who identified as **Aboriginal and/or Torres Strait Islander**, who had a **disability** or **chronic health condition**, or who had previously experienced a **potentially traumatic event**, were more vulnerable to mental health difficulties.

COVID-19 UNMASKED

Parent worries during the COVID-19 pandemic

Parents who had **more worries** also reported **more significant mental health difficulties**.

What are parents of young children worried about?

Parents were most commonly and frequently worried about?

1. their **ability to successfully juggle multiple demands**;
2. their **child's social and learning needs**; and
3. the **mental health and well-being of family members |and/or friends.**

'A very difficult and isolating period **as a parent to young children** and having lost my job just prior...Hard to feel positive...I'm concerned about how these few months of isolation will impact my child's confidence and interactions with others when life hopefully returns to normal.'
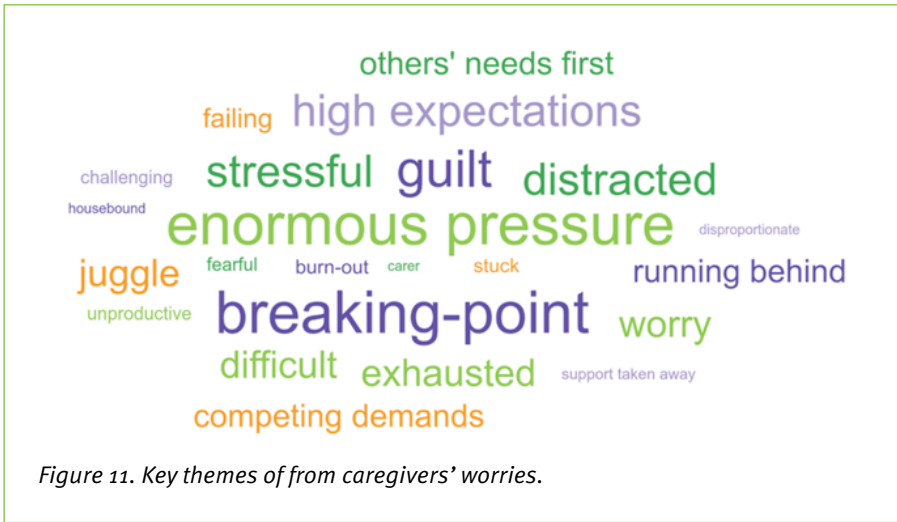

Figure 11. Key themes of from caregivers' worries.

Approximately 20-30% of parents were very worried about themselves their family or friends **getting sick or dying from COVID-19**
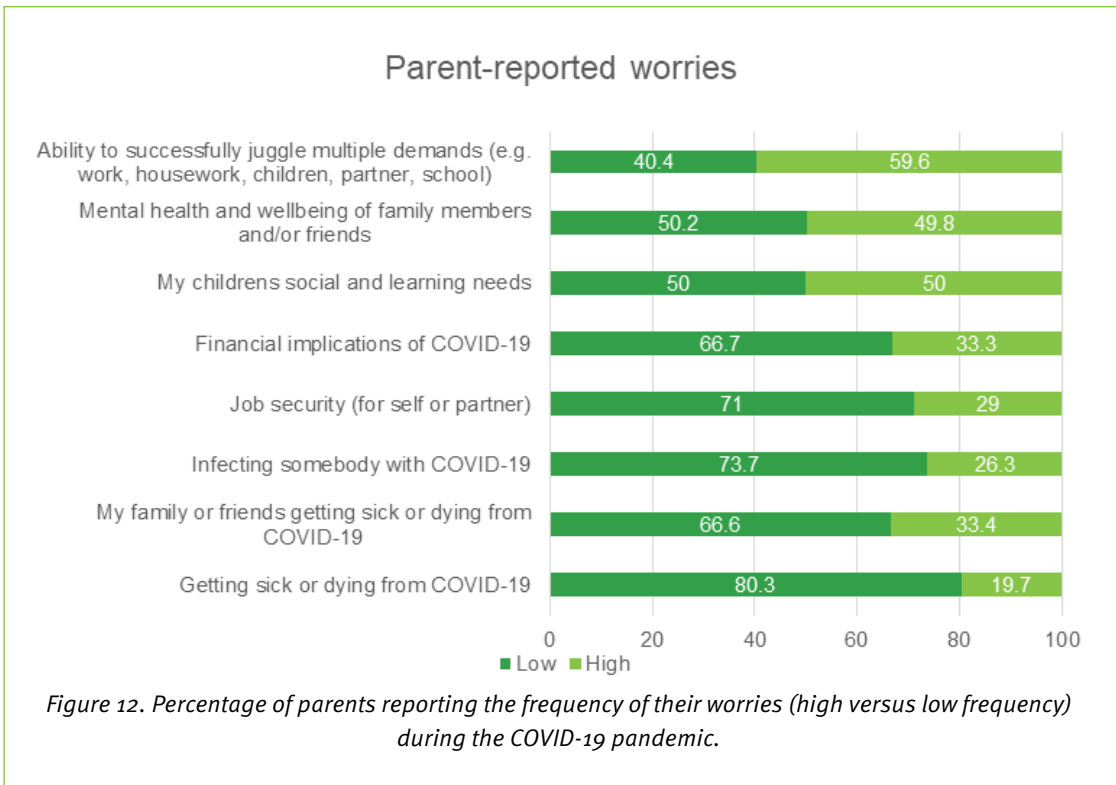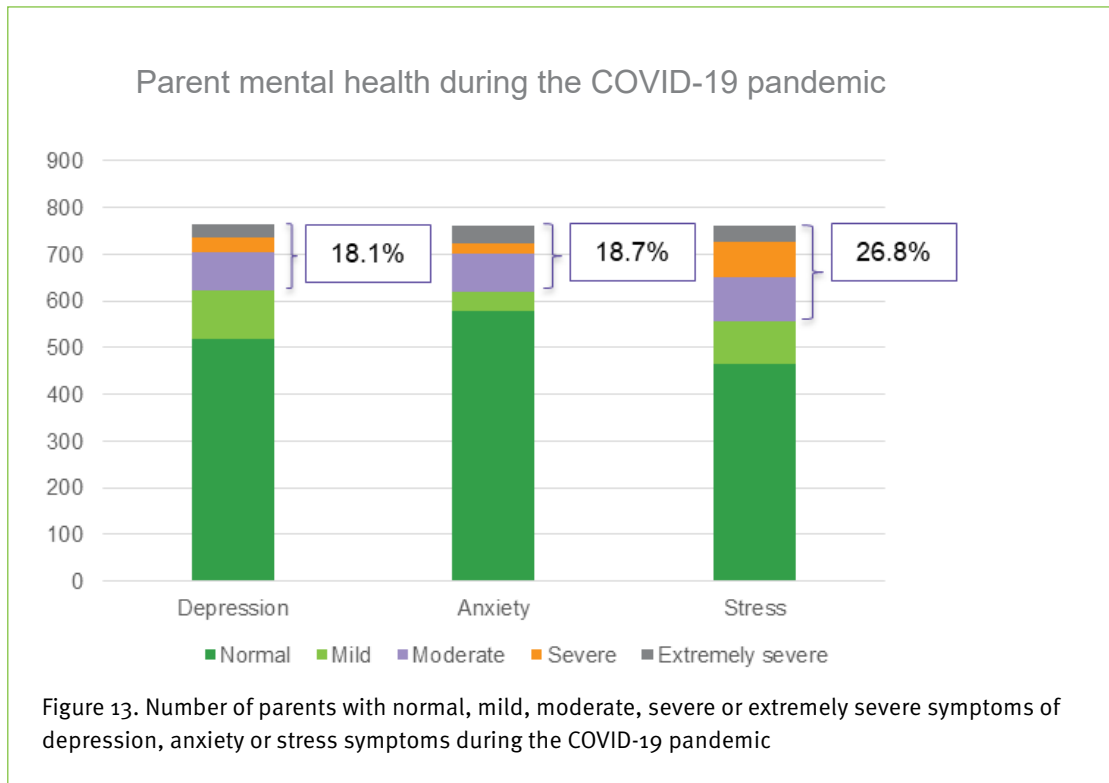

Figure 12. Percentage of parents reporting the frequency of their worries (high versus low frequency) during the COVID-19 pandemic.

Parent mental health

The majority of parents reported normal to mild levels of mental health difficulties during the COVID-19 pandemic (Figure 13).

Parent mental health during the COVID-19 pandemic

Figure 13. Number of parents with normal, mild, moderate, severe or extremely severe symptoms of depression, anxiety or stress symptoms during the COVID-19 pandemic

Who was most at risk of mental health difficulties?

Parents who had experienced **mental health difficulties** at some point **prior to COVID-19**, or who were **not tertiary educated**, were more vulnerable to moderate to extremely severe symptoms of **depression, anxiety and stress**. Parents who identified as **Aboriginal or Torres Strait Islander** were also more likely to have moderate to extremely severe levels of **anxiety**.

Approximately 18-27% of parents reported moderate to extremely severe symptoms of **depression, anxiety and stress**

Moderate to severe symptoms of depression, anxiety and stress were more likely in parents who had experienced any increase in emotional or physical violence; reported a loss of social support, feeling isolated, trapped or lonely; or had someone living in their household with a chronic health condition that makes them more vulnerable to the effects of COVID-19.

Parents who reported more positive experiences during the pandemic were less likely to have moderate to extremely severe symptoms of depression or stress.

'Being stuck at home with a newborn and a confused and socially starved 4-year-old child is not good for a mother's mental health.'

Common parenting responses during the COVID-19 pandemic

Most common things parents did during COVID to support their children were:

1. Trying to be **empathic** when their child was worried or upset (94.3%)

2. Sticking to or creating new **routines** (88.4%)

3. Encouraging their child to **connect with family & friends** (88.4%)

4. **Talking about thoughts & feelings** (87.3%)

5. Using **practical coping strategies** (78.5%)

Positive parenting responses, including sticking to **routines** and showing **empathy,** were associated with more positive affect and emotion regulation in children and more positive parent-child relationships. Sticking to routines was also associated with less anxiety, depression and angry behaviours in children.

Around 16% of parents reported that they avoided conversations about COVID-19 as they were unsure about the right way to talk about the event. Around 43% said they tried to avoid their child seeing or hearing any information about COVID-19. One in four parents reported that they were a lot more cautious or overprotective with their child during the pandemic.

'We are working on mindful breathing and calming activities. Up till recently she hasn't been interested in breathing exercises but is participating now and suggesting I do them if she notices me getting frustrated. She has also mirrored the breathing activities in her play.'

'Building a new routine at home with a visual aid we try and update each day - although this has faded a bit it was very helpful initially when the routine changed so dramatically.'

'We've started going for daily walks around our local area since we couldn't go to playgrounds. Acutely aware of needs to do movement, will take out bushwalking or bike riding so he can experience an element of normality.'

'Being more aware of her frustrations as they're probably just like mine about being stuck inside with the same people for long periods of time.'

'Being mindful of our conversations we have had with children present when discussing the virus. Speaking in a positive manner, about what we're doing to stay healthy/safe.'

'Answering questions honestly and in an age appropriate way. Trying understanding and empathy. Being calm as possible. Keeping as much routine as possible.'

'Explaining the virus situation in age appropriate ways and reading the kids a book written for children about the virus. We do not watch news on the TV and avoid the children being exposed the media coverage of the virus issues.'

Supporting children during the COVID-19 pandemic

How would parents prefer to access support?

Parents were given a list of options for mental health support, and asked whether they were likely to seek help if they had concerns about their child's emotional wellbeing.

Top 5 ways parents want to access support

1.	Information/educational website	**95%**
2.	Face-to-face therapy with a health professional	**93%**
3.	Therapy over a video call	**77%**
4.	Structured online programs with therapist support	**77%**
5.	Structured online programs on own	**75%**

Interestingly, whilst the majority of parents said they would consider accessing therapy over video conferencing, around 40% said they would be unlikely to access therapy over the telephone or via a helpline. Around 69% of parents would consider accessing support information via self-help books and podcasts. Other support options suggested by parents included: attending a group program with other parents, talking with their child's educators for advice, attending a presentation at their childcare service/school, or participating in a webinar.

Summary and Implications

The good news

- Families reported many positive experiences and learnings during the first lockdown. These included enjoying more quality family time together, feeling more connected with friends and family, increased appreciation and gratitude, and enjoying the flexibility of being able to work from home and be less busy with activities.

- Most young children are reported by their parents to have good mental health. Around 80% are reported to have high levels of positive emotional wellbeing and strong relationships with their primary caregivers, and to be developing their ability to manage big emotions such as fear, frustration and anger.

- Even with the additional burdens and challenges parents are currently navigating, they reported doing many positive things to help support their children's social, emotional and physical development.

- Positive mental health and wellbeing for children was associated with:

  - Routine (either continuing as normal, or adapting routines to suit the current situation)

  - Warm, responsive, affectionate caregiving

  - Doing things regularly outside the home (e.g. going for a walks around the block, picnics in the park)

  - Having an accurate understanding about COVID-19, hand hygiene and physical distancing

  - More positive family experiences during the first lockdown

The impact of COVID-19 on mental health

Many young children verbally or behaviourally expressed fears and worries about themselves or others getting sick or dying from COVID-19. They were also affected by changes in routine, missing out on regular activities, and not being able to see friends or family, especially grandparents.

15-20% of children had mild to moderate emotional or behavioural difficulties. Tantrums, fears, worries, clinginess, low mood and sleeping difficulties were commonly reported. With the right support and good family functioning, these problems are 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 intensive and specialised mental health support. This is more likely for children with pre-existing mental health difficulties, chronic health conditions or disabilities, or previous or ongoing exposure to adverse childhood experiences (ACEs). It is also more likely for Aboriginal and/or Torres Strait Islander children.

Other factors associated with higher levels of emotional and behavioural difficulties include:

- Frequent exposure to COVID-19 information (i.e. several times a day)

- Parents who are very worried about COVID-19 and its consequences

- Parental anxiety, depression and stress

- Avoidant or overprotective parenting (e.g. not talking about the pandemic at all)

- Children being confused or having misunderstandings about COVID-19

- Children worrying about the threat of COVD-19 making them, their family or animals sick

- Parent-child relationship difficulties

COVID-19 UNMASKED

1 in 5 parents are struggling: 18-25% reported experiencing moderate to severe anxiety, depression and/or stress symptoms. They 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.

Parents who reported higher levels of mental health difficulties were also more likely to report:

- Prior history of mental health problems
- Identifying as Aboriginal or Torres Strait Islander
- Experiencing new or increased emotional or physical violence during the pandemic
- Experiencing a loss of social support
- Feeling isolated, trapped or lonely
- Having a higher number of COVID-19 related worries
- Having a family member with a chronic health condition that makes them more vulnerable to COVID-19

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 mental health support options reported by parents.

What parents can do to support young children

1. Recognise, understand and respond to signs of emotional or behavioural distress. Given that some of these behaviours are 'normal' for each developmental level, and can be easily mistaken or misunderstood, it is particularly important to observe them closely to determine whether they are within normal limits for the child's age or are new and may indicate difficulties adjusting.

2. Connect and reassure through quality time, warmth and physical comfort. Focus on being close and doing special things together that the child enjoys or finds soothing. Through supportive relationships, babies and young children learn to 'self-regulate' (manage their own emotions and behaviours).

3. Talk openly about feelings, but stick to simple COVID-19 facts, to help young children understand and process what is happening and clarify any misunderstandings, unusual beliefs or worries. Reassure the child that the adults around them are doing everything possible to keep them safe. There are plenty of great resources available to help (e.g. Birdie's Tree).

4. Limit exposure to media coverage and adult conversations about COVID-19.

5. Maintain routines, expectations and boundaries. This will help children feel safe and 'held'.

6. Play and get active outside whenever possible.

7. Give children a sense of control, for example by allowing choice where appropriate. This is important for helping to reduce feelings of helplessness.

8. Children thrive when parents have the support they need. It is essential that parents prioritise looking after their own physical and mental health, and seek support if they are feeling stressed or overwhelmed.

9. Seek help and support from a health professional if the child's emotional or behavioural responses are occurring more than expected for their age, if they are affecting family and social relationships and the child's ability to participate in daily activities, or if the child is not reaching developmental milestones.

Birdie's Tree has been designed to support the mental health and emotional wellbeing of babies and young children following natural disasters and pandemics. The storybooks and games can help parents and children connect and talk about feelings and the disruptive event/s to help them process and understand what is happening. The stories also help with emotional literacy and expression: https://www.childrens.health.qld.gov.au/natural-disaster-recovery/ .

What educators can do to support young children

Outside the family, early childhood settings and schools are among the most important support systems for children. Positive experiences with educators help a child develop confidence, a strong sense of self, and a positive self-image. Educators usually have strong relationships with the children in their care and will play an important role in supporting them during and after the pandemic by helping them process and understand what is happening as well as teaching them skills to regulate their emotions. Maintaining or developing predictable and consistent routines and rituals helps promote feelings of safety and security. Educators are also in a good position to monitor how well children are coping during the pandemic and to discuss any concerns they may have with their team and the child's parents.

Five key things educators can do include:

Skills training
Undertake training programs on how to help support the needs of young children during and after disruptive events such as natural disasters and pandemics.

Monitor for signs
Look out for changes in a child's behaviour over time and for any signs they might be struggling. Speak to the tam and parents about any concerns you may have.

Encourage reflection and expression
Talk about, read books and do activities related to COVID-19 and how children can manage their big feelings.

Practise relaxation and regulation
Incorporate yoga and mindfulness activities into the daily routine to encourage relaxation and self-regulation skills.

Self-care
Practise regular self-care to look after your own emotion wellbeing and mental health during this stressful time.

Be You: Educators can find further information and resources about how to support young children at https://beyou.edu.au/resources/news/covid-19-supporting-early-learning-communities .

Birdie's Tree resources and activities can also be used by educators to help children understand and talk about the pandemic and other disruptive events such as natural disasters: www.childrens.health.qld.gov.au/natural-disaster-recovery .

What organisations and policy-makers can do to support young children

The data indicate that around 15-20% of children need be monitored by parents, educators and health care professionals to make sure their responses to the pandemic are only transient. If problematic emotions or behaviours continue, assessment and targeted early interventions may be needed. The survey shows that parents may benefit from support to manage their own anxieties, as well as their children's anxious behaviours, sleep difficulties, co-regulation skills, or disruptive behaviours. Such support may be provided via educational websites, online programs, parent groups or webinars, for example.

Around 5-10% of children are likely to require diagnostic assessment and intensive and specialised mental health support for mental health disorders and/or parent-child relationship difficulties.

Children's recovery from a traumatic or disruptive event occurs best in the context of healing relationships. The best predictor of child functioning following these types of events is caregiver functioning. Young children's sense of safety comes from relationships with caregivers, they regulate affect within relationships through co-regulation, and learn how to interpret and cope with events by watching how their parent or caregiver reacts. However, parents often do not realise how valuable they are in helping their children cope after a disruptive event and the importance of looking after their own emotional wellbeing to have the capacity to meet the emotional needs of their child and family.

In addition to managing the ongoing threat of COVID-19, many parents are also attending to practical issues (including employment, housing, finances, child-care) and are likely to prioritise these and their family's needs over their own self-care. Parents are more likely to look after themselves when they understand the benefits not just for themselves but for the family.

Key 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 most efficient 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 through programs and policies to 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 adverse childhood experiences (e.g., family violence, poverty, serious mental health issues, abuse and neglect).

Survey Participation

The COVID-19 Unmasked study aims to represent all young children and families in Australia. We would appreciate hearing from more families who:

- live in regional, rural or remote areas
- do not hold university qualifications
- are LGBTQI+
- have lived experience of mental health issues, chronic health conditions, neurodiversity or different abilities
- have lived experience of traumatic events such as recent natural disasters
- and/or
- have a low to medium annual family income

Parents and caregivers can join the study at any time, through the link below:

www.childrens.health.qld.gov.au/covid-19-unmasked

Further information

For further information about the study or for assistance promoting the survey, please contact Dr Alex De Young (Clinical Psychologist and Service Evaluation Research Coordinator: Queensland Centre for Perinatal and Infant Mental Health and University of Queensland) by phone 07 3266 3100 or email covid19unmasked@health.qld.gov.au.

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