

Queensland Centre for Perinatal and Infant Mental Health

COVID-19 UNMASKED

Report 2: Impact of the second wave in Australia on the mental health of young children and parents

Prepared by:

Dr Alexandra De Young,
Dr Rebecca Paterson,
Dr Tahlia Gash, and
Dr Mira Vasileva



Developed in collaboration with:



Acknowledgements

Acknowledgement 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 collaboratively with Aboriginal and Torres Strait Islander communities.



Acknowledgement of Lived Experience

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Research investigators

- **Dr Alexandra De Young:** Queensland Centre for Perinatal and Infant Mental Health (QCPIMH), Children's Health Queensland Hospital and Health Service (CHQ HHS) and Child Health Research Centre; School of Psychology, University of Queensland (UQ)
- **Dr Mira Vasileva:** Child and Community Wellbeing Unit, Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne (UoM)
- **Professor Sonja March:** Centre for Health Research and School of Psychology and Counselling, University of Southern Queensland (USQ)
- **Dr Elisabeth Hoehn:** Queensland Centre for Perinatal and Infant Mental Health, CHQ HHS
- **A/Prof Eva Alisic:** Child and Community Wellbeing Unit, Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne (UoM)
- **A/Prof Vanessa Cobham:** School of Psychology, University of Queensland (UQ) and Child and Youth Mental Health Service (CYMHS), Children's Health Queensland Hospital and Health Service (CHQ HHS)
- **A/Prof Caroline Donovan:** Griffith University
- **Prof Christel Middeldorp:** Child and Youth Mental Health Service Health (CYMHS), CHQ HHS and Child Health Research Centre, University of Queensland (UQ)

Research support team

- Dr Tahlia Gash, Dr Rebecca Paterson, Susan Kinsella, Dr Andrea Baldwin, Beverly Burr

Further information

For further information about the study, please contact **Dr Alex De Young** (Clinical Psychologist and Service Evaluation and Research Coordinator: Queensland Centre for Perinatal and Infant Mental Health and University of Queensland) at: covid19unmasked@health.qld.gov.au or (07) 3266 0300.

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Executive Summary

COVID-19 Unmasked is an online study launched in Australia to help understand the mental health impacts of the pandemic on young children (1-5 years) and their families. **Report 2** focuses on changes in mental health outcomes over 3-months. The survey so far includes two time points. The first was completed between May and July 2020, and the second between August and November 2020. During this period, Victoria experienced a second and stricter ('Stage 4') lockdown, including enforced home confinement (apart from 1hr/day of exercise outdoors), travel restrictions, mandatory mask wearing, and closing stores and restaurants. Each state and territory maintained local COVID-19 social restrictions and border closures.

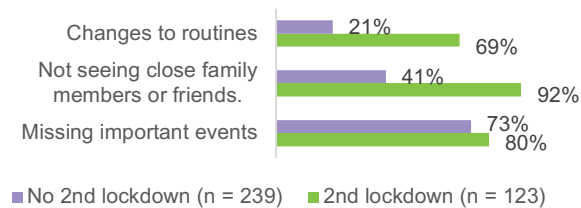
Participants

A total of 373 (37%) caregivers from Survey 1 participated in Survey 2. Most were females (94%). Mean age of the children that caregivers reported on was 3.8 years and 1.9% identified as Aboriginal and/or Torres Strait Islander.

COVID-19 Experiences

Only 2 children and 1% of family members were diagnosed with COVID-19 during. However, children and parents, especially those who have experienced a second lockdown, have still been affected in many ways.

Young children were most affected by:



Key Findings

- 88-95%** of children who did not experience a second lockdown were reported to have **good mental health and wellbeing**.
- Children who experienced a second lockdown were typically resilient (69-89%)**, but at rates lower than children who did not experience the second lockdown. Positive emotions and the ability to manage emotions decreased over time.
- Very few children in the **no second lockdown** group had 'very high' levels of emotional or behavioural difficulties, as reported by their parents. However, **1 in 4 children were still experiencing 'higher than average' levels of anxiety symptoms**. There was no significant change in anxiety over 3-months.

- Mental health difficulties in children who experienced a second lockdown significantly increased** between Survey 1 and 2. Up to **12% of children who went through a second lockdown experienced 'very high' levels of mental health difficulties** and 21-47% had scores in the 'high' range compared to a normative sample. Anxiety was most common and there was a marked increase in depression symptoms and attachment seeking behaviours.
- At least 1 in 4 parents in the second lockdown group reported they were struggling**. There was a significant increase in mental health difficulties over time, with 23-44% of parents reporting moderate to severe symptoms of depression, anxiety and stress. In comparison, there was no significant change in scores for parents in the no second lockdown group with 15-20% falling within the moderate-to severe range.

Summary & Recommendations

- Many families with young children continue to be affected by the ongoing threat, uncertainty and unpredictability of life during a pandemic. While these stressors and difficulties are likely to be normal and/or transient for most, some children and parents may require higher levels of psychological support. This is especially the case for families living in Victoria.
- For children who continue to demonstrate moderate to high levels of emotional or behavioural difficulties, professional intervention may be needed. If these problems continue to persist over time, interfere with daily activities or if parents are unsure if these behaviours are 'normal', it is advisable to seek professional advice.
- Educators play a crucial role in supporting children during disruptive periods. It's important to encourage a culture of self-care amongst educators, supporting them to manage their own emotions as well helping the children in their care.



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COVID-19 Unmasked: Young Child Project

Overview

The **COVID-19 Unmasked: Young Child** 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 over a 12-month period. See Report 1 for detailed background and summary of recruitment and the findings from Survey 1: <https://www.childrens.health.qld.gov.au/covid-19-unmasked/>.

This report presents data from **COVID-19 Unmasked: Young Child Survey 2**. The link to Survey 2 was sent to participating caregivers approximately three months after the first survey was completed. Data collection occurred between 20 August and 4 November 2020. During this period, Victoria experienced a second and stricter lockdown ('Stage 4') and each state and territory maintained local COVID-19 social restrictions and border closures. Refer to the Australian Pandemic Timeline on page 7 for more details. This report aims to:



1. Describe and compare the types of experiences, losses and impacts experienced by Australian families during the second wave of the pandemic in Australia
2. Describe and compare changes in young children and parents' emotional and behavioural wellbeing during the three months following Survey 1
3. Explore the impact of the second lockdown in Victoria on the mental health and wellbeing of young children and their parents in comparison to families who did experience a second lockdown during 2020.

Context and timing

When the COVID-19 Unmasked survey was launched on 12 May 2020, lockdown restrictions were gradually easing across Australia as COVID-19 cases appeared to be in decline. With schools and childcare centres reopening, most Australians felt life was returning to a new 'normal'.

However, by the end of June 2020, a 'second wave' of infection hit Victoria and restrictions there tightened. In July, face masks were made mandatory in metropolitan Melbourne. On 2 August, a State of Disaster was declared for Victoria. Metropolitan Melbourne moved to 'Stage 4' restrictions (e.g., night curfews, exercise limited to 1 hour per day, no travelling more than 5 km from home, schools returned to online learning, childcare services closed). Regional Victoria moved to 'Stage 3' restrictions. In response to falling infection rates, restrictions eased in mid-September with a gradual return to relative normality from late October.



While Victoria was the only state to have experienced a second strict lockdown at the time of Survey 2, Australia continued to face uncertainty and the threat of more outbreaks and lockdowns. Young children are less susceptible to COVID-19. However, as we know from Survey 1, they have been affected by disrupted routines, missing out on regular activities, not being able to see friends or family (especially grandparents), and living with parents who themselves may be experiencing increased stress, anxiety and relationship tensions. Developmentally, young children's limited understanding of the rationale for restrictions may increase their frustration, anger and anxiety.

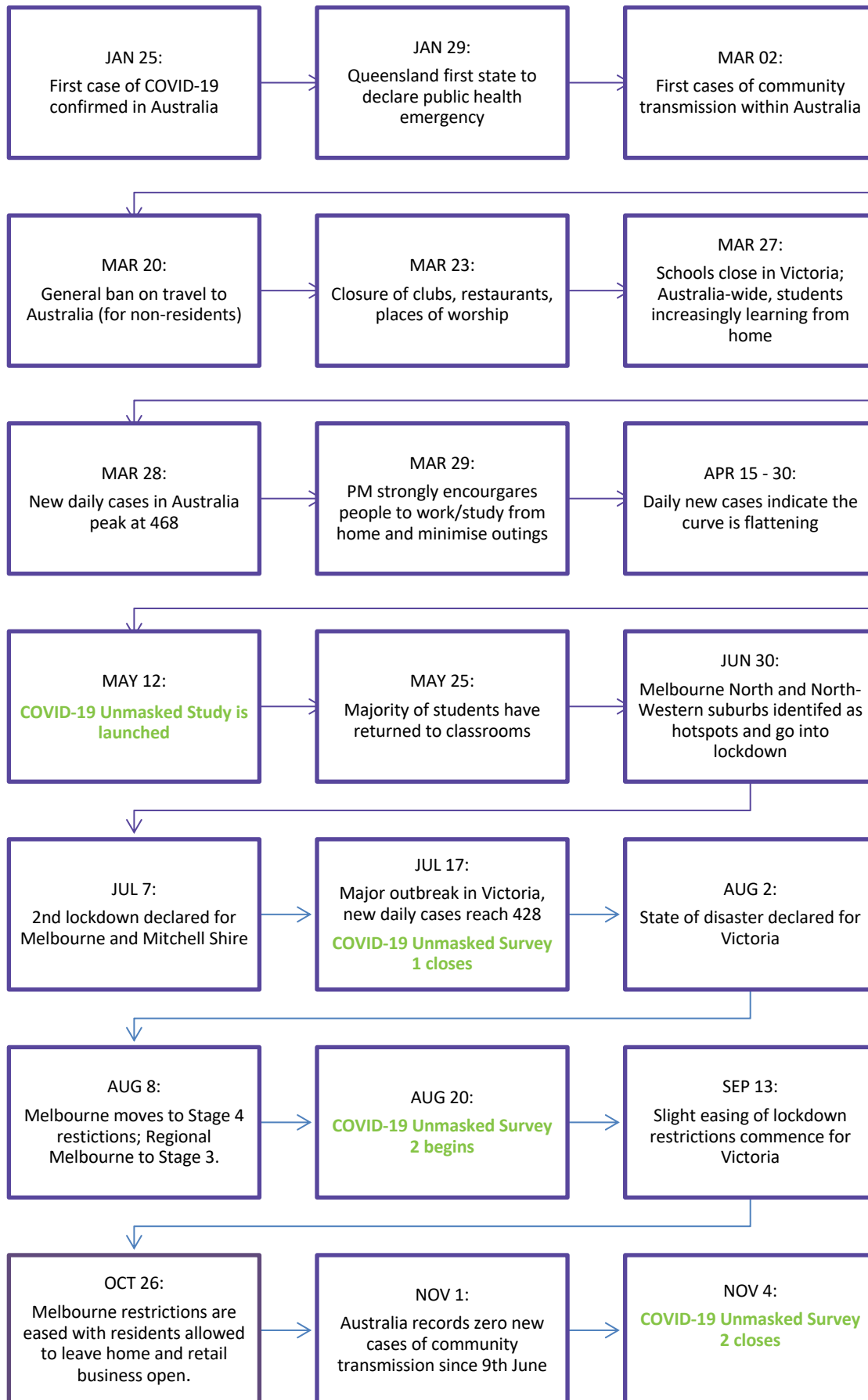
Measures

- **COVID-19 Experiences Questionnaire:** Developed by the COVID-19 Unmasked 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.
- **PROMIS-Early Childhood¹:** 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). From the **Global Health** domain, three single items were chosen to get a rating of the child's overall mental health, overall physical health and achievement of developmental milestones.
- **Attachment seeking behaviour scale:** This scale was developed by the COVID-19 Unmasked team to assess child stress-related attachment-seeking behaviour towards their caregiver/s. These items were based on a qualitative analysis of open questions in the first wave of the Australian study where parents reported noticing their child expressing worries about losing their caregivers and showing increased clinginess, more separation anxiety, and increase need to be comforted. Some parents reported that their children regressed in developmental tasks they had already acquired and in this way required more of the caregiver's attention.
- **Depression Anxiety Stress Scale (DASS-21)²:** Adult self-report measure to assess caregivers' own levels of depression, anxiety and stress.



¹ Blackwell, C. K., Wakschlag, L., Krogh-Jespersen, S., Buss, K. A., Luby, J.... & 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.

Australia's Pandemic Timeline



Participant information

Overall, 373 (37%) families of the 998 who participated in Survey 1 also participated in Survey 2. For a detailed summary of the demographic characteristics for the families who participated in each survey (compared to the general Australian population) refer to Tables 1 and 2 in the Appendix. There were no significant differences for most demographic variables (i.e., age, gender, Aboriginal and/or Torres Strait Islander status) found between the families who did or did not complete Survey 2. However, a significantly larger percentage of Survey 2 participants were working part-time or home duties. Completion rates for both surveys were the highest for families living in the Australian Capital Territory and Victoria.

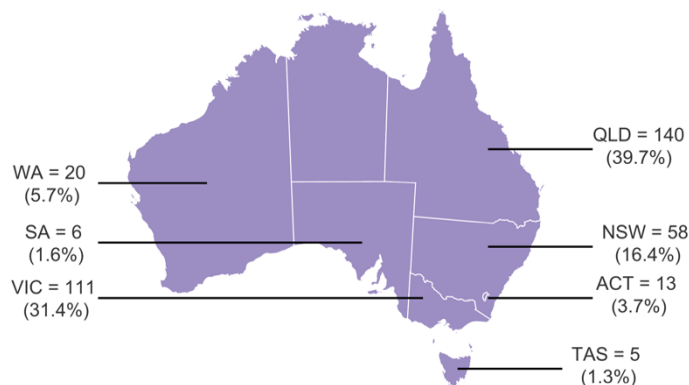


Figure 1. Percentage of respondents by State or Territory

Children

The mean age of children in Survey 2 was 3.81 years (range: 1-5 years), with the majority (74%) aged between 3-5 years. In Survey 2, 1.9% of children were Aboriginal and/or Torres Strait Islander. Most children live in major cities in Queensland, Victoria and New South Wales (see Figure 1). Refer to Table 1 in Appendix for more details.

Families

Figure 2 provides a brief summary of the caregiver and family background information details for Survey 2. As with Survey 1, married/partnered mothers with a tertiary education are over-represented in the sample. See Table 2 in Appendix for more information and for a comparison to Australian norms.

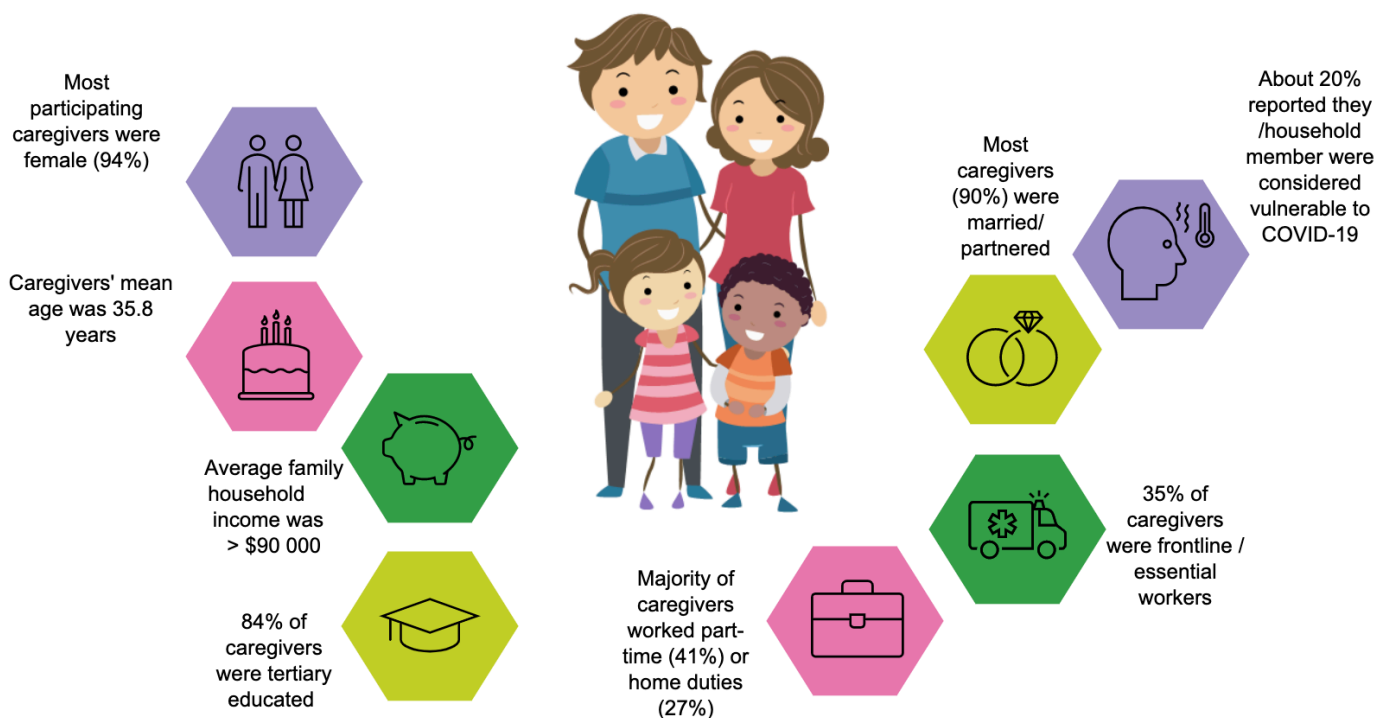


Figure 2. Key caregiver demographic information

COVID-19 Exposure and Impact

At the time Survey 2 was completed, 123 (34%) respondents reported their family had entered a second lockdown. For these participating families, lockdown dates commenced on 1 July (5%), 8 July (70%) and 20 August (25%).



60.5% of children living in areas that went into a second lockdown compared to 6.6% of children not in second lockdown **never or rarely did things outside of the home** (e.g., going to shops, parks, visited friends or family) during the month before the survey was completed.

'Being part of the second lockdown has really affected my daughter - a lot of big feelings to navigate and she really struggles with the social isolation. Parks re-opening in the last week has had a huge impact on her wellbeing.'

Testing, diagnosis and losses during COVID-19

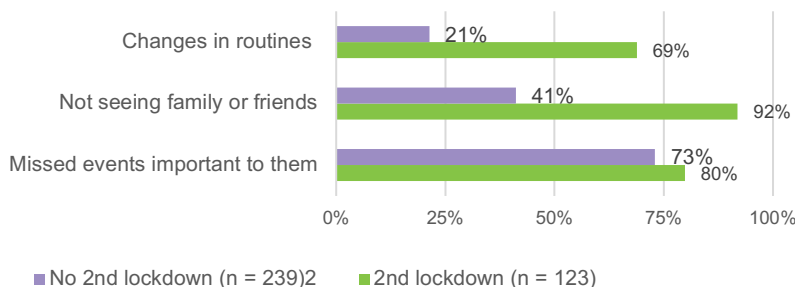
Very few children and parents have been diagnosed with COVID-19 in this sample:

Testing, diagnosis and losses during COVID-19	n (%)
Child tested for COVID-19	52 (14.4)
Positive COVID-19 test	2 (3.8)
Caregiver tested for COVID-19	87 (23.3)
Positive COVID-19 test	1 (1.1)
Family member/close friend death	
Related to COVID-19	2 (0.5)
Unrelated to COVID-19	57 (16.9)

'My 3-year-old was traumatised from the swab test experience. She wanted reassurance that the doctor wouldn't make her do it again and we had to explain to her that she may need another test in the future.'

Negative experiences for young children

Overall, as can be seen in Figure 3, many parents have reported that children were moderately to very much affected by **missing out on events that were important to them** (e.g., birthday parties). More parents living in areas that went into a second lockdown reported that their children were moderately to very much impacted by **changes in routines** and **not being able to see, play with or show affection to friends and family**.



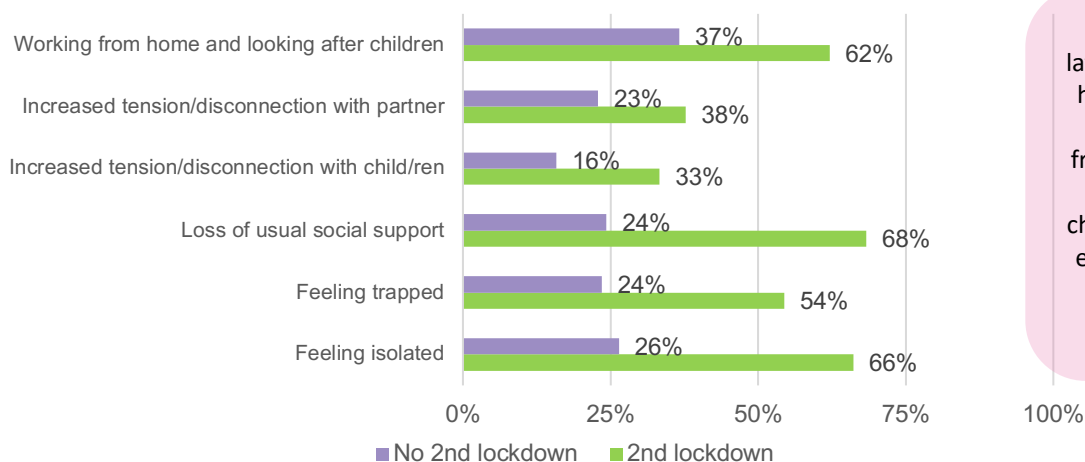
'I felt that the social isolation (the lack of contact with peers) has been extremely detrimental for my child (a single child) who has just turned 5.'

Figure 3. Impact of negative COVID-19 related experiences for children in areas with and without second lockdown

Negative experiences for parents

Many parents continue to be moderately to very much impacted by the pandemic. Parents living in areas that went into a second lockdown were especially impacted by **feeling isolated** or **trapped** and **losing social supports**. Similarly, more parents living in areas that went into a second lockdown reported an increase in **tension or disconnection with their child/ren or with their partner** and were moderately to very much impacted by having to **work from home and look after the children**. Refer to Figure 4 for the percentages and comparisons.

About 3.7% of parents reported **new or increased** emotional or physical violence, whether they experienced a second lockdown or not.



'Getting through this latest round of Lockdown has been very difficult - not seeing family and friends both for our own selves and for our children for months now, especially grandparents and cousins, has been awful.'

Figure 4. Impact of negative pandemic experiences for parents in areas with and without second lockdown.

'I can't imagine what this is like for single parents. This is like a horrible experiment where all supports that families with young children need have been systematically stripped and the results are not good. It's a situation where you feel like you can't complain because you understand the brevity of the situation but the dichotomy between economics and health drowns out the people in the middle...'

Negative experiences for families

There were **no significant differences** in the total negative experiences for families living in areas that had a second lockdown compared to the rest of the families in Australia. The most common negative experience that impacted families moderately to very much was **not being able to attend cultural, religious or spiritual practices/events**.

'My daughter had just started with therapies after a diagnosis in March and that has been near impossible. Accessing services via telehealth is not appropriate yet face to face is not happening.'

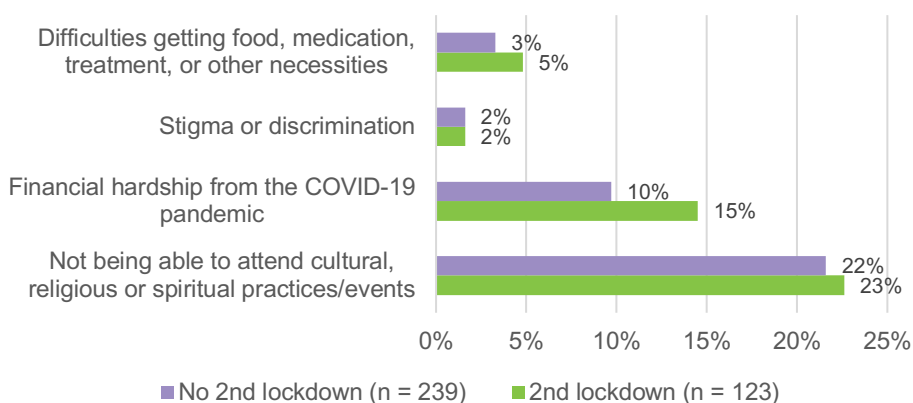


Figure 5. Negative experiences for families in areas with and without second lockdown

'I think that the two hardest things for our family during COVID were: 1) me trying to work part time, home-school one child and have another under my care on days that they would usually be at childcare, in addition to not being able to ask family or friends to assist 2) attending a funeral where numbers were limited, some family members were unable to attend due to travel restrictions, and we weren't supposed to hug.'

Positive experiences and silver linings

'Living in Qld I feel lucky to have (to date) only experienced a moderate amount of disruption in our lives. Compared to Victorians, I feel extremely lucky.'

'We have been relatively unaffected by the pandemic. Live in a regional town that has had limited exposure to COVID. I've been on maternity leave from a health job and my partners work has been unaffected.'

'Our situation is different now as we live in Perth. Our restrictions have relaxed. The kids (3&5) have now established solid healthy habits when out of the house. They have adapted very quickly. They sanitize their hands when we go in and out of shops...They stay socially distanced and make sure they follow all directions on the floors etc in shops/doctors offices. We have been honest and open about the virus and we have friends we haven't been able to see because they have visited the eastern states. The kids understand that the virus is still around but we are lucky to live where we are, we just take precautions and they seem a lot more relaxed in themselves.'

'Although it has been different for all and my kids miss their friends and teachers we have enjoyed the renewed closeness of time spent together and less rushing.'

'We are fortunate to live in Qld so a lot of the stress of COVID has reduced and while we are still cautious, it is not a source of major stress in our day to day lives.'

'Have enjoyed and felt grateful for some aspects such as being more involved in Prep aged child's education. Have had Dad home and present more for meals and care. In saying that well and truly done with lock down and ready for the kids to head out to playgrounds, see friends, go to pools, farms and zoos and make those story book tales real live experiences.'

'I feel that my family has been particularly lucky to be so unaffected by COVID. Both parents have been able to work from home, mother with considerable flexibility which has allowed better management of additional demands of children in the home / remote schooling.'

'We have been fortunate that myself, my husband and our families have not been affected through job loss or reduced working hours. Husband continuing to work from home three days a week. Children's relationship with their Dad has grown and developed due to more quality time spent together. As his job previously required lots of overnight travel.'

'I noticed a great change in his behaviour (for the better) when he went back to school.'

'We have been very lucky in Queensland. I feel a bit guilty that we are better off than elsewhere in the country.'

'When I last completed the survey I think I said my husband had been made redundant and I was cutting short my maternity leave to go back to work. He's now started his own business and had made some money and connected with others within his industry and is working 4 days. I'm back at work full time and things seem ok. If this is how they are for the next while we are ok. I feel much better about things now.'

'My partner is not working during this stage 4 lockdown which for our family has been very positive. We are sharing household tasks and parenting responsibilities more equally than we ever have which has contributed to a happy relationship and very minimal arguments between us at all. I am a little apprehensive about going back to our old ways, in which we both work and yet I do the majority of the household tasks and parenting.'

Child resilience and wellbeing

Child resilience and well-being was assessed using the PROMIS-EC scales that measure caregiver perception of their child's ability to express **positive emotions** (e.g., happy, joyful, playful) and **regulate emotions** (e.g., manage frustrations, bounce back when things did not go their way), as well as have **positive relationships with their caregivers** (e.g., affectionate, sought comfort).

Overall, most children were reported by their parents to have good emotional wellbeing. This is especially the case for children in the **no second lockdown** group (Figure 6).

Although the majority of children (69-89%) who experienced the **second lockdown** were in the average to high average range for each of these domains, 31% (compared to 12% for no second lockdown group) were scoring in the very low to low range for positive affect and emotion regulation. Mean scores for positive emotions and emotion regulation decreased significantly over 3-months in children in the second lockdown group compared to scores for children in the no second lockdown group at the time of Survey 2.

Children who did not experience a second lockdown were more likely to have higher scores for positive wellbeing

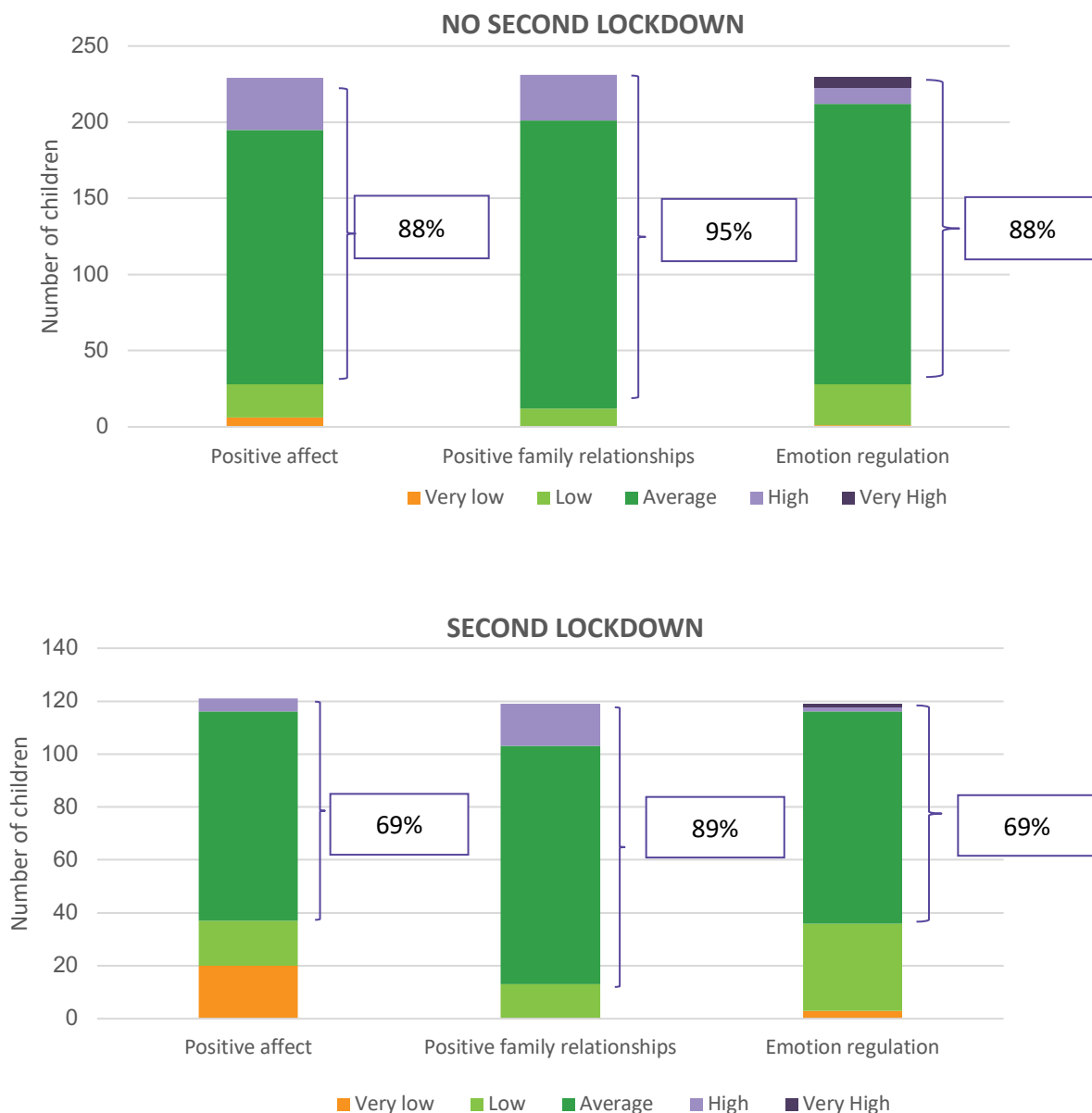


Figure 6. Number of children with very low ($-2*SD$), low ($<-1*SD$), average ($<1*SD$), high ($>1*SD$) and very high ($>2*SD$) expression of positive affect, positive family relationships and emotion regulation compared to a normative sample.

Child mental health difficulties

The following scales from the PROMIS-EC were used to measure child mental health: **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, withdrawn, or wasn't interested in doing things usually likes and **Sleep** (child resisted bedtime, had difficulties falling asleep, tossed and turned at night).

For children with **no second lockdown** experience, very few (1-2%) were reported by their parents to have 'very high' levels of emotional or behavioural difficulties on Survey 2. However, 1 in 4 children were still experiencing 'higher than average' levels of anxiety symptoms and this has not changed over time (Fig 7).

In comparison, children in the **second lockdown** group have shown an increase in the frequency of angry, anxious and depressive behaviours in the high-very high ranges. Up to 12% of children were reported by their parents to have 'very high' levels of mental health difficulties and 21-47% had 'high' scores (compared to a normative sample) for anger, anxiety, depression and sleeping problems.

Children living in areas that went into a **second lockdown** were **2 to 5 times more likely to score in the high to very high range for anger, symptoms of anxiety, depression, or sleep disturbance** than children who did not experience a second lockdown.

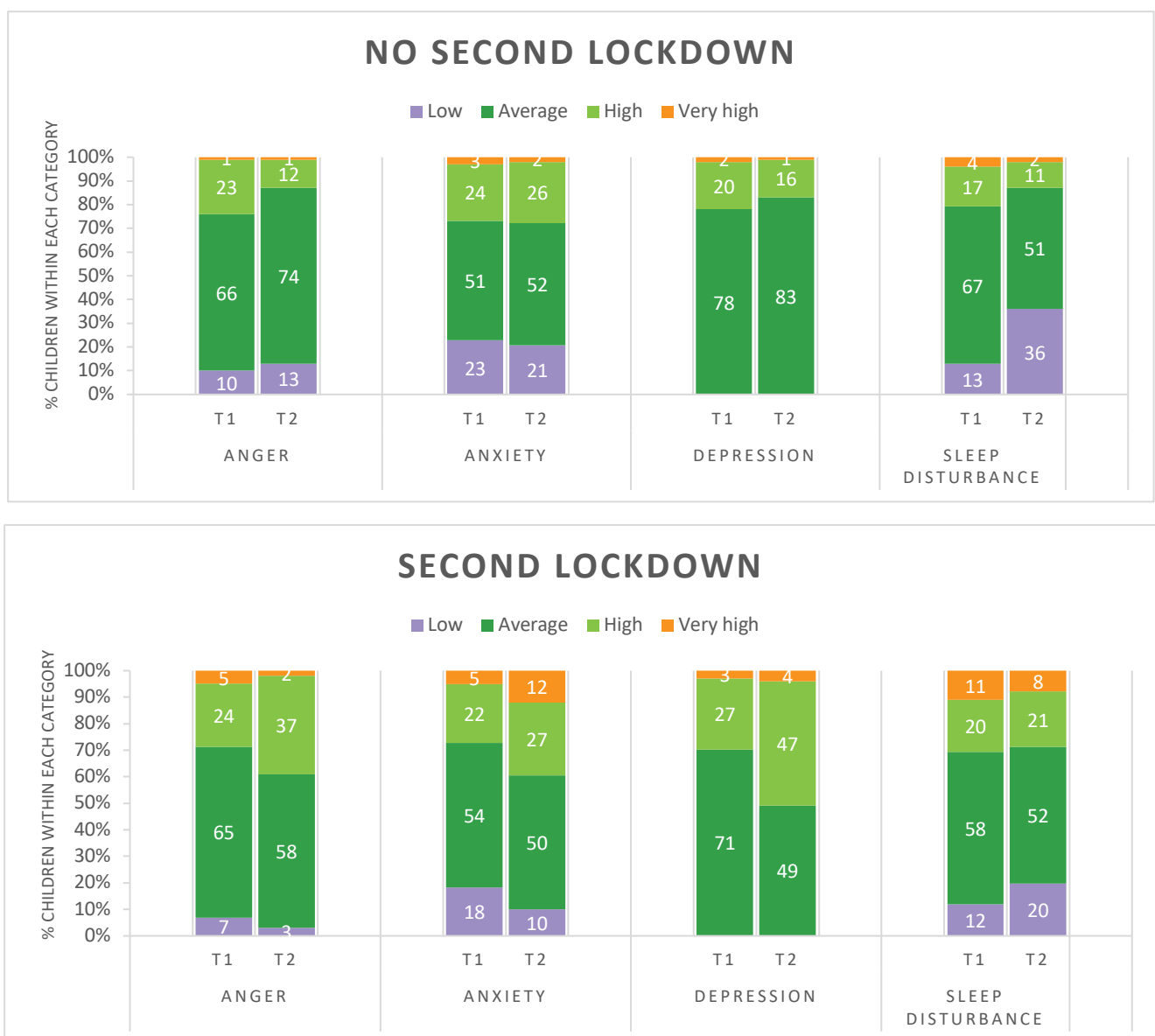


Figure 7. Percentage of children at Time 1 (T1) and Time 2 (T2) with low (< -1*SD), average (<1*SD>), high (>1*SD) and very high (>2*SD) mental health symptoms during the COVID-19 pandemic compared to a normative sample

Change in child mental health symptoms over 3-months

During the three months between Survey 1 and Survey 2, there was overall slight increase in child anxiety and decrease in sleep disturbance. Parents of children who experienced the **second lockdown** reported an increase in child mental health symptoms of anger, anxiety and depression, while parents of children in the **no second lockdown** group reported no change or a decrease in their child's mental health symptoms (Figure 8). This interaction was statistically significant for all mental health outcomes and was the strongest for angry and irritable behaviours.

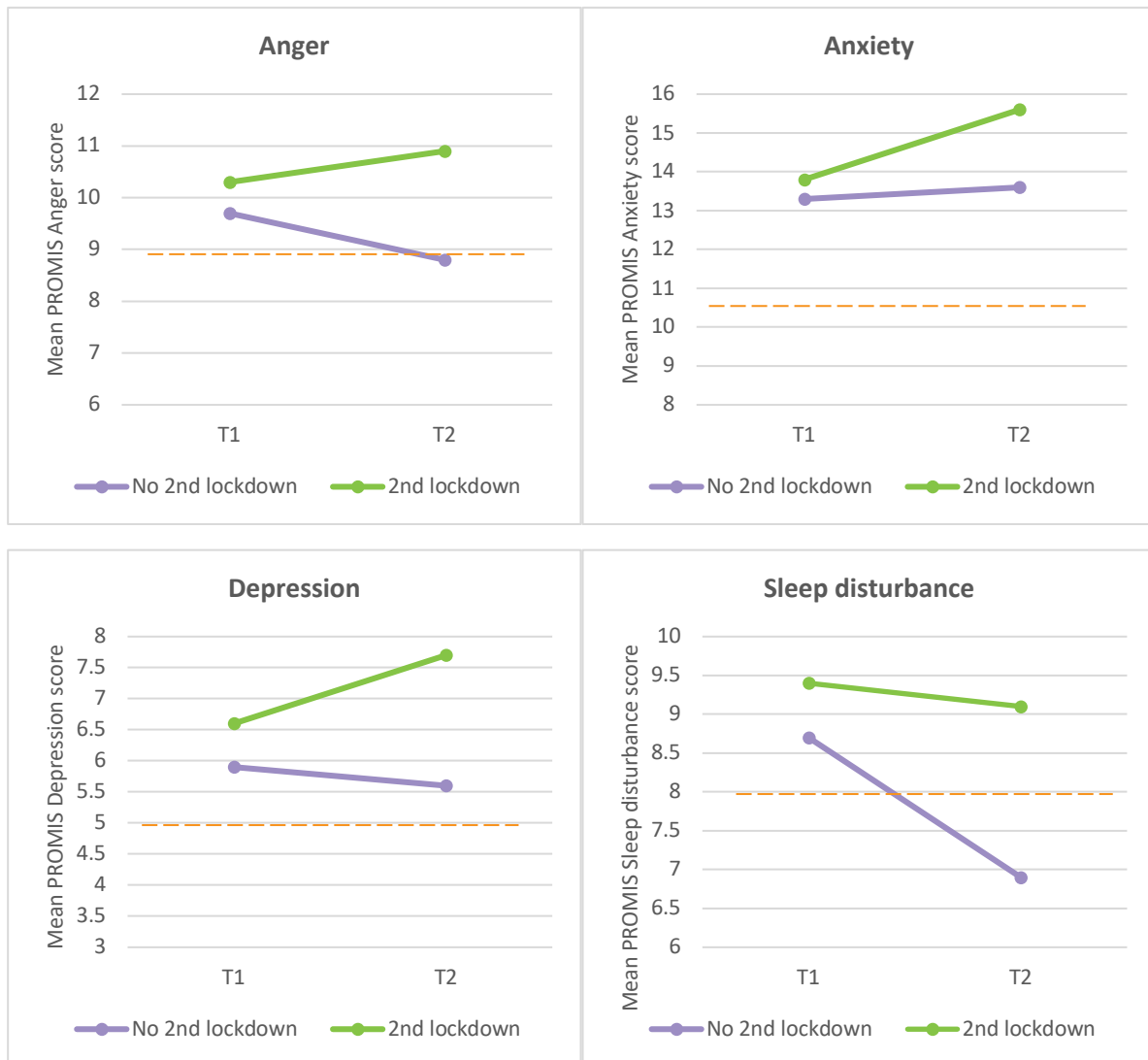


Figure 8. Change in child mental health symptoms between Time 1 (T1) and Time 2 (T2). Note: The orange line corresponds to the mean T-score = 50 in the normative sample for the PROMIS-EC.

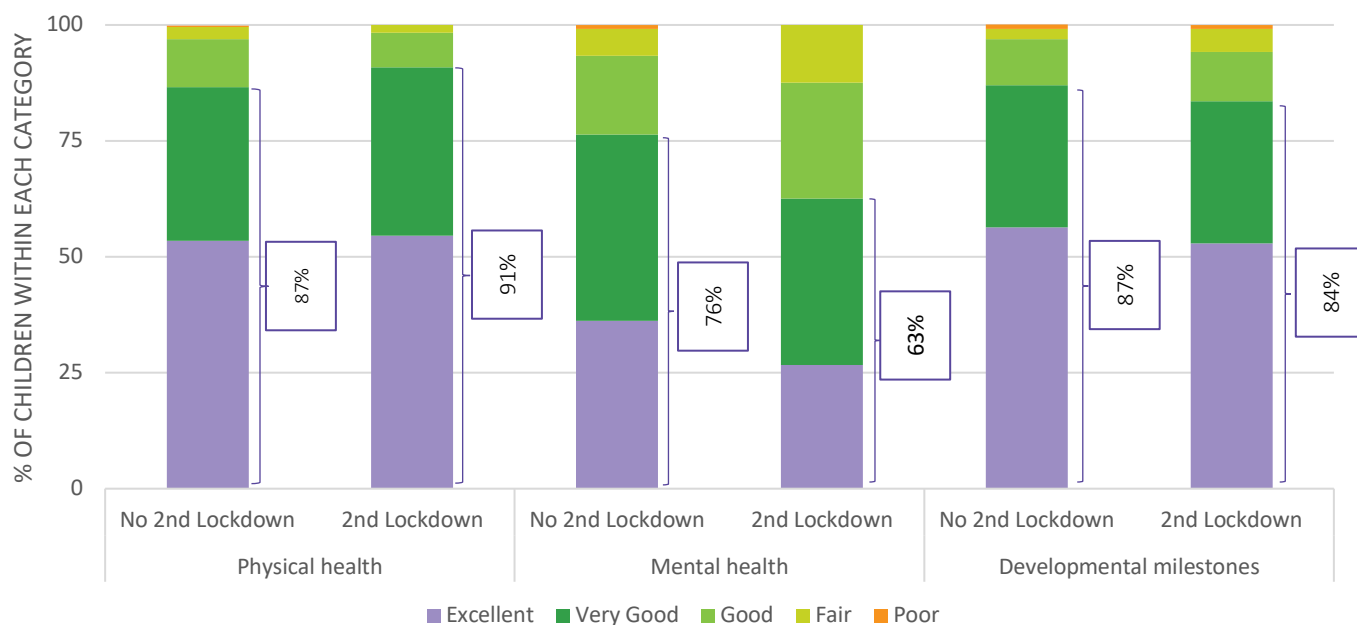
'He went from being a really creative kid, always exploring and happy to play by himself to being withdrawn and not able to play alone at all and getting really anxious if we didn't play with him. It breaks my heart. We tried so hard to minimise our work. For nine weeks while childcare was closed I worked until 2am every night and did a few hours each weekend so most of the daylight hours I could play with my son. It's been exhausting.'

'Lockdown is having a negative impact on my kids. Sometimes my daughter (3) doesn't want to open the curtains or go outside even for the hour she's allowed to. Makes me so sad. And parenting in lockdown is hard. Hard.'

General child health and development ratings

In Survey 2, parents were asked to rate on single items (from poor to excellent) their child's overall physical health, mental health, and if they were reaching developmental milestones. Most children in both groups (84-91%) were rated by their parents as having very good to excellent physical health and as meeting developmental milestones. Interestingly, parents rated their children's overall mental health as lower than their physical health. This was particularly the case for children who had experienced a **second lockdown**, with only 63% rating their mental health as very good to excellent and 12.5% rating their child's mental health as fair.

Parent ratings of child health and development



'I feel our oldest has missed most of his valuable year of 4yo kinder fun times and the essential social skills he needs to develop through that, which will impact him right into schooling years.'

'Not being able to see our maternal and child health nurse makes it difficult to know if my child is meeting their developmental milestones, if there are issues and these were not identified and interventions were not made in a timely manner, this could have long lasting negative effects on my child's development.'

'Child is finding it challenging to return to environments and experiences with more people and children. Child is struggling to adjust to returning to more routine and needing to interact more and consider others needs as well as their own. Child is more emotional and expressing extreme emotions regularly, has been exhausted and not sleeping well at night. Wants to be at home again all the time where they felt safe and in control. Had a large number of imaginary friends during lockdown number 2 and now that she is able to play again with other children they have disappeared.'

'My son desire to be clean grew, and he developed a compulsion for hand washing. It made his skin very dry and cracked, thickened and sore over approximately 2 weeks. I researched what I could online and called parentline for advice and support for me. We called kids hotline but he is 3 months 2 young to use their service, but I feel he is developmentally ready and would have benefited greatly from hearing an independent person listen and assure him he was safe. We tried several strategies to help his compulsion which became secretive at one stage, in pretending he needed the toilet so that he could wash his hands.'

Attachment seeking behaviour

In Survey 2, parents were asked if children were showing an increase in **attachment seeking behaviours** since the pandemic had started. As can be seen in Figure 10, of the children who have experienced a **second lockdown**, between 12-36% were reported by their parents to have shown an increase in attachment seeking behaviours. Most commonly, parents of children who experienced a **second lockdown** reported the child was ‘much more’ or ‘very much more’ often seeking attention (36%), clingy (29%) and emotional (e.g., crying more often; 25%). Approximately 1 in 5 children who experienced a **second lockdown** more frequently sought physical or verbal affection and needed constant reassurance. Whilst the frequency of attachment seeking behaviour was lower, parents of children in the **no second lockdown** group were still reporting post pandemic increases in these behaviours, especially for needing more attention, clinginess, and emotional outbursts.

12-36% of children who went through a second lockdown were clingier, would not let their caregiver out of sight, sought physical closeness, sought physical or verbal affection or needed a lot of attention.

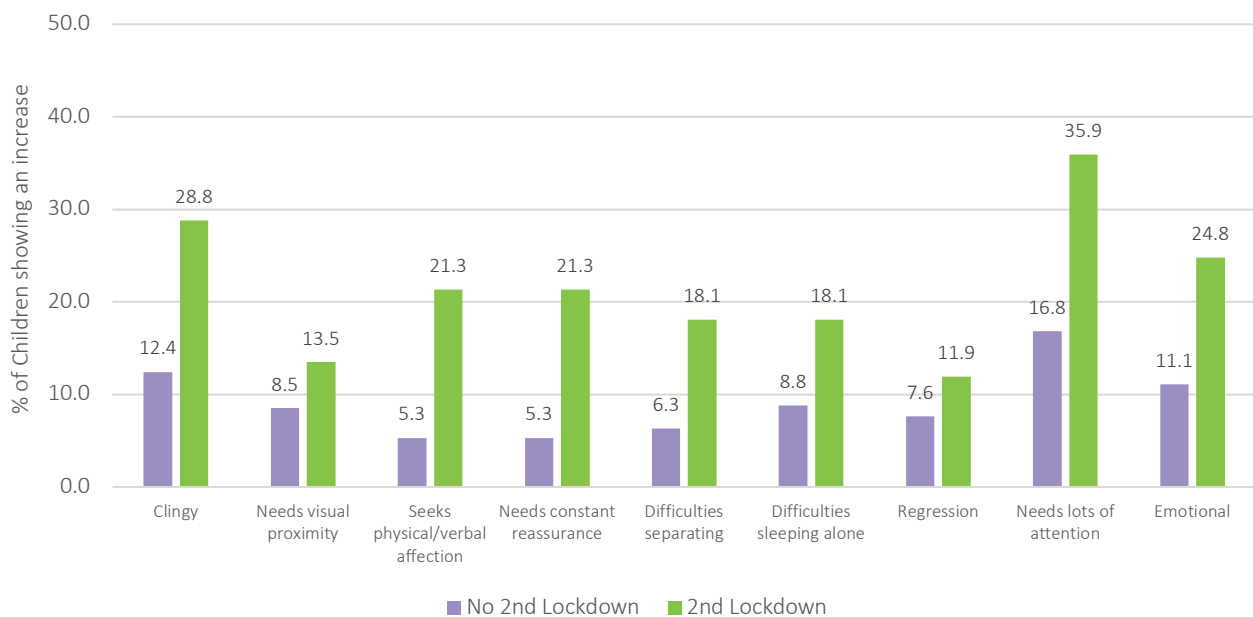


Figure 10. Percentage of children who were rated by their parents as experiencing attachment seeking behaviours “Much more often” or “Very much more often” based on lockdown experience.

‘While my older child has adjusted reasonably well, my 4yo has not coped well with the second Melbourne lockdown. While she is hitting milestones, she has also regressed to far more babyish play and had toileting accidents. In general, she is much angrier and more frustrated with the world and reacts to the slightest thing with shouting and defiance. Unfortunately, she knows all of my buttons to push, and I’m not the parent I want to be because of it. We’re all stressed and tired and need space from each other.’

‘My toddler has become very clingy and does not want to return to childcare- he keeps saying “No it's closed”. My primary school child is getting harder to leave the house, even for fun things he likes like bike riding or the playground.’

Parent mental health

Overall, most parents reported normal to mild levels of mental health symptoms. However, over time and compared to parents who did not experience a second lockdown, parents in the **second lockdown group** reported an increase in mental health difficulties, especially stress (Figure 11). Of the parents in **second lockdown**, 23-28% had scores in the moderate to severe range for depression and anxiety and 44% reported high levels of stress. There was no change in rates of mental health difficulties for parents in the **no second lockdown** group over time with 1 in 5 continuing to fall within the moderate to severe range for depression, anxiety and stress.

Approximately **23-44%** of parents who experienced the second lockdown reported moderate to severe symptoms of depression, anxiety and stress, compared to 15-19% for parents who did not experience the second lockdown.

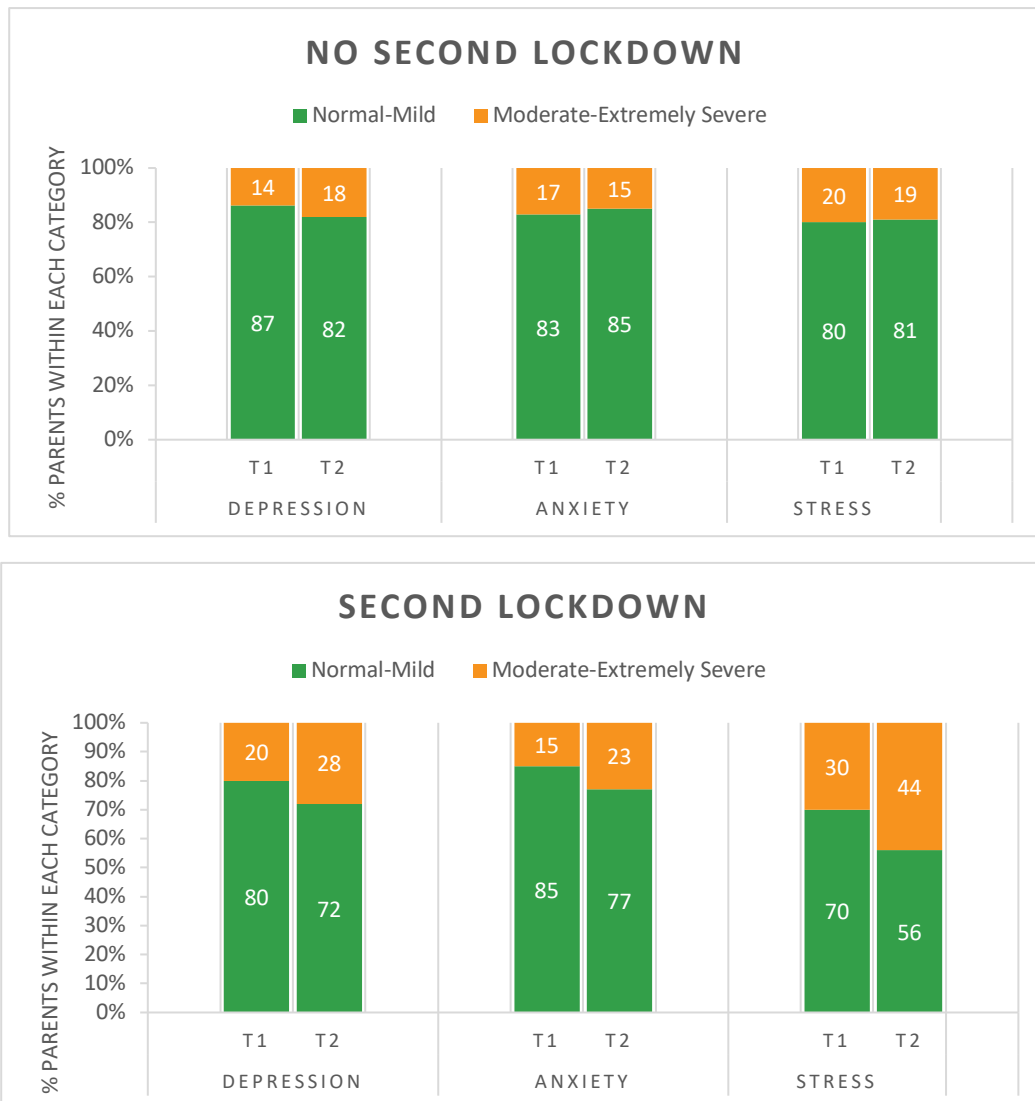


Figure 11. Percentage of parents at Time 1 (T1) and Time 2 (T2) with normal to mild or moderate to extremely severe symptoms of depression, anxiety or stress symptoms during the COVID-19 pandemic

'I have OCD and pandemics are a bad time for people with OCD! I'm worried that either myself or the pandemic or my daughter's brain will lead her to have OCD too.'

'Lack of access to childcare during stage 4 lockdown in Victoria is extremely difficult. Having to choose between leaving the house to exercise by yourself - for fitness and mental health OR giving your children the opportunity to leave the house for their fitness and mental health is difficult. We all miss family and friends.'

'Getting through this latest round of Lockdown has been very difficult - not seeing family and friends both for our own selves and for our children for months now, especially grandparents and cousins, has been awful and the lack of hope offered by the government that this will change anytime soon I think is the hardest part of all.'

Change in parent mental health difficulties over 3 months

Overall, there were no significant changes in parent mental health symptoms from Survey 1 to Survey 2. Over the first three months of the survey, parents who experienced the **second lockdown** reported a significant increase in mental health difficulties, while parents in the **no second lockdown** group reported no change in their mental health difficulties.

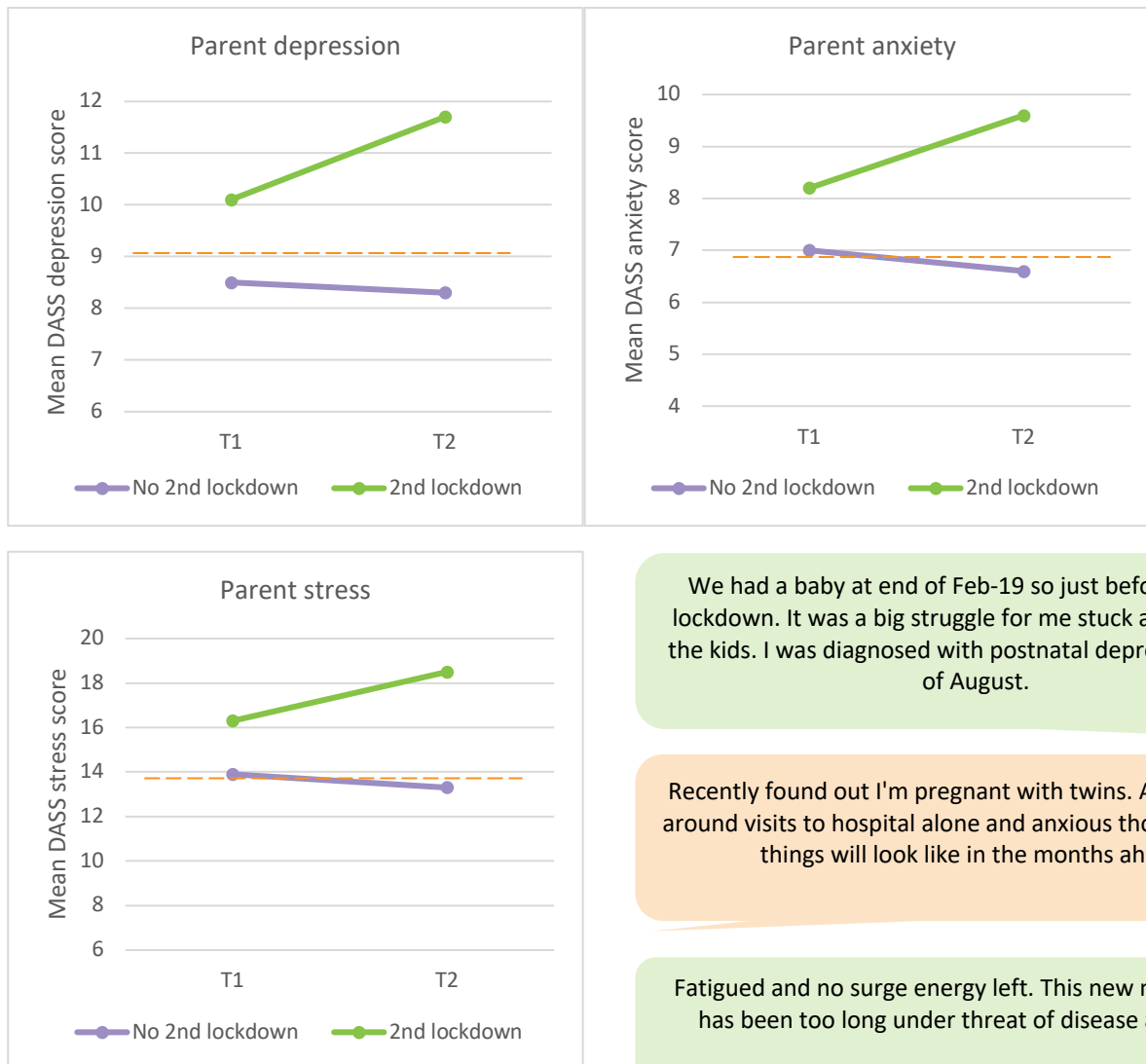


Figure 12. Change in parent mental health difficulties over 3-months between lockdown groups. Note. The orange line corresponds to normal levels of symptoms. T1 = Time 1; T2 = Time 2

'I struggle with mandatory mask wearing, I feel closed in and start to panic if I have a mask on longer than 15minutes. This means I am leaving the house less and not getting any exercise. A short bike ride around the block with my child is as much as I can handle before I start feeling anxious with the face covering. I have no diagnosed need not to wear a mask and even if I did I couldn't manage the stigma of 'rule breaking'. So despite restrictions lifting we're getting out less and that is having an impact on mood, social interaction and physical health.'

'Feeling burnt out. During the lockdown coping with work from home, home school and caring for a toddler was very tiring. I am struggling to lose the weight I gained, and to feel motivated again. I am always very tired and feeling quite burned out and fearful of a second wave and having to do it all again.'

Key Findings and Recommendations

Key Findings

Whilst the COVID-19 infection rates and deaths in Australia have continued to be low in comparison to other countries, **young children have still been affected by disruption to routines, not seeing loved ones, and missing out on important events.** This is especially the case for children who have experienced the second lockdown in Victoria.

At least 1 in 4 caregivers report being moderately to very much affected by negative COVID-19 related experiences, including loss of social support, feelings of isolation, increased relationship tensions, and having to juggle looking after young children and working from home. Over 60% of parents who experienced the second lockdown were particularly affected by loss of social support and working from home with young children.

Despite the ongoing challenges, **most young children and parents demonstrated high levels of resilience and positive emotional wellbeing.**

The mental health and wellbeing of young children who did not experience a second lockdown has either stayed the same or improved.

- * Most parents (76%) rated their children as having 'very good' to 'excellent' mental health.
- * Between 11-26% of children had mild to moderate emotional or behavioural difficulties, with anxiety symptoms been the most common. With the right support, these reactions are still likely to be temporary and will continue to reduce as things return to 'normal'. Monitoring, assessment and access to evidence-based information and psychological support strategies is likely to be beneficial to prevent emotional problems from developing.
- * 1-2% of children in this group may need intensive and specialised mental health support.

The mental health of young children who experienced the second lockdown has been significantly affected.

- * In the three months following the completion of Survey 1, parents reported a significant increase in child anger and irritability, anxiety and depressive symptoms.
- * 63% of parents rated their children as having 'very good' to 'excellent' mental health and 13% of parents rated their child's overall mental health as 'fair'. In comparison, 91% rated their child's physical health in the very good to excellent range.
- * Between 20-46% of children were rated as having emotional or behavioural difficulties in the 'high' range. There was a marked increase in children with depressive symptoms such as sadness, withdrawal, and loss of interest in previously enjoyed activities.
- * 2-13% of children were reported to experience mental health symptoms, especially anxiety, in the 'very high' range compared to a normative population. Anxiety often presents for the first time during early childhood and can persist and have significant implications for social and emotional development across the lifespan. Early intervention is therefore particularly important for children showing early signs of anxiety problems that are impacting on their daily life.



Many children demonstrated an increase in attachment-seeking behaviours, especially if they had experienced a second lockdown. During early childhood, the attachment relationship with a primary caregiver is particularly important. During times of stress, babies and young children may activate the attachment system to help them feel safe and secure. In Survey 2, additional questions were included to assess possible attachment activation / connection-seeking behaviours that young children may be showing during the pandemic. Overall, children who had experienced a second lockdown demonstrated more attachment activation behaviours. Increases in clinginess, emotional outbursts and 'attention-seeking' behaviours were particularly common. Around 11-17% of parents who did not experience a second lockdown group and 25-36% of parents who experienced a second lockdown, reported their children to demonstrate these behaviours 'much more often' or 'very much more often' than prior to the pandemic.

1 in 4 parents who experienced a second lockdown reported elevated mental health difficulties. Parents who experienced the second lockdown reported a significant increase in mental health difficulties with 23-44% scoring within the moderate to severe range for anxiety, depression and/or stress symptoms. In comparison, lower rates of depression, anxiety and stress were reported by parents living in states outside of Victoria (15-19.5%). There was no significant change in scores over 3-months for this group of caregivers.

Limitations

These results should be interpreted in the context of the limitations of the study and research methodology (i.e., online survey, non-probability sampling methods). While the response rate for Survey 2 was acceptable (37%), due to the self-selecting nature of recruitment this is not a nationally representative sample. Specifically, mothers who are married/partnered and tertiary educated, and families who have higher than average household incomes, are over-represented in this sample. It will be important for future research to recruit more families from a range of socioeconomic and cultural backgrounds (e.g., Aboriginal and/or Torres Strait Islander families, families living in regional, rural or remote areas; families with low to medium annual family incomes; culturally and linguistically diverse families; caregivers who do not hold university qualifications; caregivers who identify as LGBTQI+).

The findings are based on questionnaires rather than diagnostic interviews. Future research should seek to include diagnostic interviews, to enable more accurate estimates of prevalence rates for mental health difficulties among parents and children in the context of a pandemic.

Recommendations

1. Families with young children continue to be impacted by the COVID-19 pandemic in several ways. For those in areas with extended lockdown periods such as Victoria, some young children and parents may require higher levels of social and psychological support. Australia is now much better-equipped with COVID-19 related educational websites, support programs (e.g., social and financial) and varying modalities of mental health support (e.g., via telehealth) for those who require it. However, there is a need to continue building and refining resources and support services specifically for families with babies and young children across the continuum of care.
2. For children who continue to demonstrate moderate to high levels of emotional or behavioural difficulties, professional intervention may be helpful. It can be difficult to determine whether changes observed in young children are developmentally typical, or reflect heightened distress and difficulty adjusting. If these changes persist over time or parents are unsure whether these behaviours are 'normal', it is advisable to seek professional advice. Brief and early intervention can be very beneficial for families.
3. Educators play a crucial role in supporting children during disruptive periods. As children return to day-care and school after periods of time at home, they may have difficulty adjusting to routines and separating from caregivers. Educators should be offered additional training to help them recognise signs of distress in young children, and to feel confident managing this distress. As this study shows, up to 1 in 4 young children and the adults who support them are experiencing some level of stress and emotional difficulty in relation to the pandemic. It is important to encourage a culture of self-care amongst educators, supporting them to manage their own emotions as well helping the families in their care.



Appendix

Participant Details

Table 1. Child characteristics for Survey 1 and Survey 2 with Australian Bureau of Statistics (ABS) comparisons when available¹

	Survey 1 (N = 998)	Survey 2 (N = 373)	ABS
Child characteristics	<i>n</i> (%)	<i>n</i> (%)	%
Age (months), mean (SD)	3.75 years	3.8 years	-
Gender			
Female	481 (50.4)	189 (50.7)	48.7
Male	464 (48.6)	172 (46.1)	51.3
Trans/Gender diverse	0 (0)	0 (0)	
Prefer not to say	9 (0.9)	1 (0.3)	-
Indigenous Identity			
Neither	927 (97.4)	354 (94.9)	89.5
Aboriginal	21 (2.2)	6 (1.6)	5.0
Torres Strait Islander	3 (0.3)	1 (0.3)	
Aboriginal and Torres Strait Islander	1(0.1)	0 (0)	
Prior to COVID...			
Chronic health condition	59 (5.9)	24 (6.4)	-
Mental health difficulties and/or regulatory difficulties	31 (3.1)	14 (3.8)	-
Neurodevelopmental disorder	28 (2.8)	12 (3.2)	-
Sensory and/or physical disability	28 (2.8)	5 (1.4)	-
Normal childcare/schooling arrangements			
Childcare centre/ Family day-care	359 (37.7)	122 (32.7)	-
Home care by primary caregiver/s	231 (24.2)	94 (25.2)	-
Kindergarten/Preschool	219 (23.0)	102 (27.3)	-
School: Prep/Foundation	120 (12.6)	38 (10.2)	-
Home care by other	24 (2.5)	6 (1.6)	-
State or Territory			
Queensland	423 (46.5)	140 (37.5)	20.1
Victoria	232 (23.5)	111 (29.8)	26.1
New South Wales	141 (15.5)	58 (15.5)	31.8
Western Australia	53 (5.8)	20 (5.4)	10.4
Australian Capital Territory	24 (2.6)	13 (3.5)	1.7
South Australia	18 (2.0)	6 (1.6)	6.9
Tasmania	16 (1.8)	5 (1.3)	2.1
Northern Territory	0 (0)	0	1.0
Remoteness area category²			
Major city	707 (78.0)	278 (74.5)	72.2
Inner regional	137 (15.0)	50 (13.4)	17.7
Outer regional	52 (5.7)	20 (5.4)	8.1
Remote	7 (0.8)	4 (1.1)	1.1
Very remote	5 (0.5)	1 (0.3)	0.8

¹Census data for children aged 0-4 used. ² ABS 3218.0 Regional Population Growth, Australia Table 1 Estimated Resident Population, Remoteness Areas, Australia, 2019 data;

Table 2. Caregiver characteristics for Survey 1 and Survey 2 with ABS comparisons

Characteristics	Survey 1 n (%)	Survey 2 n (%)	ABS %
Age (years), mean (SD)	35.5	35.8	-
Gender			
Female	899 (95.8)	350 (93.8)	50.7
Male	33 (3.3)	9 (2.4)	49.3
Trans/gender diverse	2 (0.2)	0 (0)	-
Prefer not to say	4 (0.4)	1 (0.3)	-
Indigenous Identity			
Neither	899 (95.8)	356 (95.4)	
Aboriginal	33 (3.5)	3 (0.8)	2.8
Torres Strait Islander	2 (0.2)	1 (0.3)	
Aboriginal and Torres Strait Islander	4 (0.4)	0 (0)	
Total number of children in household, median (IQR)	2 (1-2)	2 (1-2)	-
More than 1 child < 5 years	552 (55.3%)	214 (57.4)	
Relationship status			
Married/Partnered	863 (92.4)	335 (89.8)	48.1
Separated/divorced	33 (3.5)	10 (2.7)	11.7
Single	33 (3.5)	13 (3.5)	35.0
Prefer not to say	2 (0.2)	1 (0.3)	-
Relationship to child			
Biological parent	916 (97.3)	350 (93.8)	-
Grandparent	6 (0.6)	4 (1.1)	-
Adoptive parent	5 (0.5)	2 (0.5)	-
Step-parent	3 (0.3)	1 (0.3)	-
Foster parent	1 (0.1)	1 (0.3)	-
Other	10 (1.1)	2 (0.5)	-
History of mental health difficulties	361 (36.2)	139 (37.3)	-
Highest level of education			
Less than Year 10	2 (0.2)	1 (0.3)	-
Completed Year 10 or equivalent	12 (1.3)	2 (0.5)	-
Completed post-16 years vocational course	3 (0.3)	1 (0.3)	-
Completed Year 12/TAFE/trade certificate	164 (17.7)	41 (11)	55.8
Undergraduate degree or professional qualification	366 (39.6)	148 (39.7)	34.5
Postgraduate university degree	378 (40.9)	164 (44)	9.7
Employment status			
Full-time employment	204 (20.4)	59 (15.8)	57.7
Part-time employment	373 (37.4)	151 (40.5)	30.4
Casual employment	68 (6.8)	30 (8.0)	-
Self-employed / own business	66 (6.6)	29 (7.8)	-
Stay at home parent / home duties	236 (23.6)	102 (27.3)	-
Student with financial support (e.g. scholarship)	8 (0.8)	2 (0.5)	-
Student with no financial support	36 (3.6)	16 (4.3)	-
Unemployed	15 (1.5)	5 (1.3)	6.9
Retired	2 (0.2)	0 (0)	-
Other	40 (4.0)	14 (3.8)	-
Change in employment due to COVID-19			
No, stayed the same	670 (72.3)	272 (75.8)	-
Yes, hours/income have increased	86 (9.3)	35 (9.7)	-
Yes, hours/income have decreased	142 (15.3)	43 (12.0)	-
Yes, I have become unemployed/closed business	29 (3.1)	9 (2.5)	-
Frontline or Essential worker during COVID-19 pandemic			
Front line health care worker	116 (11.6)	40 (10.7)	12.6*

Essential services	12 (1.2)	2 (0.5)	
Emergency services	7 (0.7)	2 (0.5)	
Education professional	69 (6.9)	20 (5.4)	-
Community and personal service workers	16 (1.6)	5 (1.3)	
Death care worker	0 (0)	0 (0)	
Other	23 (2.3)	12 (3.2)	
Combined household income (per week), median			\$1,438
\$0-\$18,200 (\$0 - \$350 per week)	7 (0.8)	3 (0.8)	-
\$18,201-\$37,000 (\$351 - \$712 per week)	34 (3.7)	13 (3.5)	-
\$37,001-\$90,000 (\$713 - \$1731 per week)	152 (16.5)	52 (13.9)	-
\$90,001-\$180,000 (\$1732 - \$3462 per week)	474 (51.3)	188 (50.4)	-
Greater than \$180,000 (> \$3462 per week)	183 (19.8)	77 (20.6)	-
Don't know / prefer not to say	74 (8.0)	26 (7.0)	-
SEIFA Relative Socio-economic advantage/disadvantage (decile), median (IQR)	8 (5-9)	8 (5-9)	-

*Compared to the Health Care and Social Assistance category from the ABS Census data.



Contact us

a 31 Robinson Road | Nundah | QLD 4012 **t** 07 3266 0300

e covid19unmasked@health.qld.gov.au **w** www.childrens.health.qld.gov.au/covid-19-unmasked