

RCH NATIONAL
Child Health POLL



Mental health of children and parents in Victoria during the COVID-19 pandemic

Authors

This report was written by Anthea Rhodes, Mary-Anne Measey, Alannah Rudkin and Monsurul Hoq with the support of the RCH National Child Health Poll Project Team.

Copy editor: Anna Metcalfe

Graphic design: David Rosemeyer

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For more information, write to:

RCH National Child Health Poll

Division of Communications

The Royal Children's Hospital Melbourne

50 Flemington Road, Parkville, VIC, 3052

(03) 93455522

Email enquiries: child.healthpoll@rch.org.au

www.rchpoll.org.au

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1. Executive summary

Why has this research been done?

Since March 2020, widespread public health measures have been enacted across Victoria to slow the transmission of the COVID-19 virus, with unprecedented impacts on the lifestyle of children and families and on mental health and wellbeing.

As we enter the third year of the pandemic in Victoria, it is critical to understand the current mental health needs of children and families to plan and deliver necessary supports and services for recovery and growth.

This report provides information on some of the impacts of the COVID-19 pandemic on the mental health and wellbeing (MHW) of Victorian children and their parents.

About the research

This report presents data collected from a representative sample of 1500 Victorian parents about each of their children during December 2021 using an online survey delivered as part of The Royal Children's Hospital National Child Health Poll. The term children includes children from birth to less than 18 years of age.

This survey is part of a series conducted to measure and understand changes in the mental health and wellbeing status and needs of Victorian children and their parents through the various stages of the pandemic. A report exploring changes over time is currently in development. For previous reports visit www.rchpoll.org.au.

Key findings

Mental health of children during the pandemic

- The pandemic has had significant negative mental health impacts on the majority of Victorian children across all demographic groups, with school-aged children most affected.
- Anxiety has been a common experience for children during the pandemic. Isolation and loneliness, as well as periods of transition, such as return to face-to-face learning and entering 'life after lockdown' were among the sources of anxiety.
- These findings show signs of early recovery for some people, with parents reporting that almost half of children (47%) had an improvement in their mental health when lockdown lifted.

Impact of remote learning and return to school

- The negative impacts of remote learning are large and concerning, with many children experiencing loneliness, loss of social connection and impacts on their learning progress. A minority of children were reported to have a positive impact on mental health as a result of remote learning.
- Despite a return to the classroom in October 2021, according to parents 50% of children in December 2021 were still experiencing negative effects of remote learning on their mental health and 53% had negative impacts on their friendships and connectedness.

- Parents indicated that 52% of children needed extra help with their learning because of a lack of face-to-face learning throughout the pandemic.

Effects on health behaviours and lifestyle factors

- Children's health related lifestyle behaviours have been adversely impacted by the pandemic with parents reporting excessive recreational screen time (67%) and a lack of physical activity (48%) to be more of a problem now than before than pandemic.
- A quarter of children experienced increased problems with sleep during the pandemic.

Mental health of parents during the pandemic

- The pandemic had a negative mental health impact on 70% of Victorian parents.
- 16% of parents had probable mental illness at the time of data collection and 58% reported experiencing negative effects of the pandemic on their mental health in the past 30 days.
- The main stressors affecting parents were family finances, family responsibilities, managing the combination of work and family life during lockdown, their child's education and the risk of catching COVID-19 or having to isolate due to exposure to COVID-19. These stressors were experienced to a similar extent across all demographic groups.

Key findings (continued)

Need for professional mental health care among children and parents

- The need for professional mental health services is unprecedented in Victoria, with over a quarter of children and a third of parents reporting that they needed professional mental health services since the onset of the pandemic.
- There is a large unmet need among children for professional mental health care, with less than half

of children who needed help receiving any help, and over a quarter of those who did get help, not getting enough. There are multiple reasons for this unmet need, including not enough services, difficulty accessing services, parents not readily recognising the need for help, and not knowing where to go. Boys and children from lower socio-economic groups were the most likely to have unmet need for professional mental health care.

What are the implications?

Timely and evidence-based mental health care for children is urgently needed Our findings show the current mental health needs of Victorian children are significant, complex and in many cases, unmet. We need interventions to support recognition and treatment of anxiety among children and young people.

Parents require mental health support Parents have experienced significant mental health impacts. To keep children well, we must prioritise resources to support the mental health and wellbeing of parents.

Those experiencing disadvantage need additional resources Children of lower socio-economic groups are most likely to have unmet needs for professional mental health care.

Interventions are needed to increase parent mental health literacy Improving parents' ability to recognise problems early, will help them access help for their children.

Attending school is important for mental health and wellbeing These findings highlight the importance of attending schools not only for academic learning, for the social and emotional health and wellbeing of children and young people, and their parents.

Children need support to establish healthier lifestyle behaviours Adequate physical activity, healthy diets and sufficient sleep contribute to good mental health.

Monitoring child and parent mental health and wellbeing is key Monitoring over time will be essential to understanding and mitigating the ongoing impacts of the pandemic.

Protecting mental health should be central to future policy-making Future public health pandemic policies need to consider the impact on the mental health of Victorian children, alongside the impact of infectious diseases.

These findings suggest some early signs of recovery for some children. The opportunity and challenge presented now is how we support all Victorian children and their families not just to 'bounce back', but to build a path to recovery together.

A sustained, resilient and equitable recovery for the mental health and wellbeing of our children and young people will require adequate resourcing across health, education and social sectors.



The pandemic has had significant negative mental health impacts on Victorian children and parents in all demographic groups

2. Background

In October 2021, the Victorian Department of Health contracted the RCH National Child Health Poll to undertake a series of surveys to provide information at population level on the mental health and wellbeing status and needs of Victorian children and parents in the context of the COVID-19 pandemic.

The RCH National Child Health Poll is a periodic national survey of Australian parents, shedding new light on the big issues in contemporary child and adolescent health. The Poll's structure and focus combine the rigour of academic discovery with the timeliness and reach of online quantitative research, to deliver significant new

knowledge about the health, wellbeing and lives of children and young people in contemporary Australia.

This report on mental health in Victoria in December 2021 is one of a series of reports from the RCH National Child Health Poll on the impact of the COVID-19 pandemic on families. Other reports on the health of children and parents in 2020 and 2021 have been published. Further information can be accessed here <https://www.rchpoll.org.au/covid-19/>. Future reports will explore the changes in the mental health of Victorian families over time.



3. Methods

Information was collected via a large cross-sectional online survey fielded from 8 to 19 December 2021 as part of the RCH National Child Health Poll. The study sample was 1538 parents (defined as adults aged at least 18 years of age who were primary caregivers of at least one child) resident in Victoria at the time of survey completion, representative of the state based population distribution by sex and age. Respondents answered a series of close-ended questions about the impact of the pandemic on themselves and each of their children (total n=2684), as well as questions on mental health and wellbeing, and lifestyle behaviours. The term children refers to children and adolescents from birth to 17 years of age.

The study employed a two-stage sampling process. In the first stage, a research panel of over 350,000 adults was established by a private online survey vendor, The Online Research Unit (The ORU), through online and offline measures to create a panel of Australian caregivers with demographic characteristics representative of the national distribution based on state and territory residency, sex and age. In the second stage, a stratified sample of Victorian parents was selected from the established panel using random sampling and invited to participate in the online survey. Parents or caregivers were defined as a primary carer of a child aged 0–17 years for at least one day per week and were required to be 18 years or above, a current Victorian resident and have internet access. One respondent was permitted per household and each participant was allocated a unique numerical identifier to ensure anonymity and one-time access to the survey. The study protocol was approved by the RCH Human Research Ethics Committee (RCH HREC 35254). The response rate was 62%.

Measures

The survey questionnaire was developed after an extensive review of the scientific and grey literature in liaison with internal and external experts on the emerging impacts of the COVID-19 pandemic on families and the related health implications for children. Questions were also informed by previous RCH National Child Health Poll questionnaires and findings. Questions about perceived need for professional mental health care were informed by questionnaires used in Young Minds Matter.¹

Key demographic variables were collected, including parents' sex, age, identifying as Indigenous, number of children, family structure, education status, country of birth, state/territory of residence, region of residence based on Australian Bureau of Statistics (ABS) Accessibility and Remoteness Index of Australia and children's age, sex and level of schooling.

Families were assigned the Australian Bureau of Statistics' (ABS) Socio-Economic Indexes for Areas (SEIFA) Index of Relative Disadvantage, a national area level index derived

from census data for all individuals living in a postcode, with higher scores indicating greater advantage.²

Parents answered questions about themselves and each of their children. Some questions were only offered about children of a particular age depending on the age appropriateness of the topic. Questions related to mental health and the impact of the pandemic, mental health after lockdown lifted, return to school and associated anxiety, impact of remote learning, children's health behaviours and lifestyle factors, need and use of professional mental health help, parent's mental health and demographic characteristics of respondent and child. Detailed information about the measures included in this report are provided in the relevant chapters. A copy of the questionnaire completed by parents is presented in Appendix 3.

Analysis

Analysis was conducted using STATA 16. To account for any discrepancies, the data for parents and children were weighted to reflect the distribution of the Victorian parent population by age, sex, socio-economic status and Indigenous status using estimated resident parent population figures from the Australian Bureau of Statistics (ABS) derived from the 2016 Census.

Sample representativeness and characteristics

Male parents were under-represented in the RCH Child Health Poll Victoria survey, making up 39.3% of the survey sample, compared with 45.6% of the male parent population reported in Victoria in the 2016 Australia Bureau of Statistics (ABS) census. Female parents were slightly over-represented, making up 60.7% of the survey sample, compared with 54.5% of the overall female parent population in Victoria.

Younger age groups (under 35 years) are over-represented in the survey sample (18–24 years, 5.2% in the survey vs. 1.5% in the Victoria parent population overall; and 25–34 years, 29.9% in the survey vs. 22.1% in the Victoria parent population overall). It can be seen in the chart below that this difference is especially large in female parents. Conversely, middle-aged parents (35–54 years) were under-represented in the survey sample (35–44 years, 35.6% in the survey vs. 43.0% in the overall Victorian parent population; and 45–54 years, 22.2% in the survey vs. 28.7% in the overall Victorian parent population). The difference in this age group was larger in males.

The survey sample was weighted by parent SEIFA, age, sex, Indigenous status, and the number of children in each household to reflect the Victorian parent population from the 2016 ABS census.³

Unweighted VIC survey sample of parents Dec 2021							VIC parent population 2016 (ABS census)					
Age Group	Males		Females		Persons		Males		Females		Persons	
(years)	n	%	n	%	n	%	n	%	n	%	n	%
18–24	21	1.4	59	3.8	80	5.2	4108	0.4	13201	1.1	17309	1.5
25–34	132	8.6	327	21.3	459	29.9	97430	8.4	159957	13.7	257387	22.1
35–44	217	14.1	330	21.5	547	35.6	223863	19.2	277755	23.8	501618	43.0
45–54	148	9.6	193	12.6	341	22.2	167389	14.3	167175	14.3	334564	28.7
55–64	70	4.6	18	1.2	88	5.7	33951	2.9	15179	1.3	49130	4.2
65+	15	1.0	5	0.3	20	1.3	4883	0.4	2220	0.2	7103	0.6
Total	603	39.3	932	60.7	1535	100	531624	45.6	635487	54.5	1167111	100

Table 1. Age distribution of unweighted Victorian sample of parents versus Victorian parent population by age group and sex, parents aged ≥18 years



Figure 1: Male and Female Parent Population by Age. Source: Victorian Parent Population ABS census 2016

Strengths and limitations

This study used well established methodology and has several strengths: it was as a large cross sectional survey of a representative sample of the Victorian parent population, it was piloted and had a good response rate. Parents provided data on each of their children and

ideally these data would be supplemented with self-reported indicators from children. Another limitation was that parents reported on their assessment of their child's mental health and not exclusively on diagnosed mental health conditions. Furthermore, their responses may be influenced by their own mental health and positive or negative experience during the pandemic.

4. Mental health of children during the pandemic

Key findings

- Compared to before the pandemic, overall mental health was more of a problem for 41% of children, anxiety more of a problem for 36% and connections and relationships more of a problem for 43% of children.
- Since it began, the pandemic has negatively affected the mental health of more than half of children (53%).
- Parents reported that almost half of children (47%) had an improvement in their mental health when lockdown lifted.
- A third of children (31%) were anxious about adjusting to a 'COVID-normal' life with 22% of children reportedly somewhat anxious and 9% very or extremely anxious after lockdown lifted.

4.1 Impact of the pandemic on children's mental health

Mental health since the pandemic

Parents of children aged 3 years and over were asked if their child's mental health was more or less of a problem in December 2021 compared to before the pandemic.

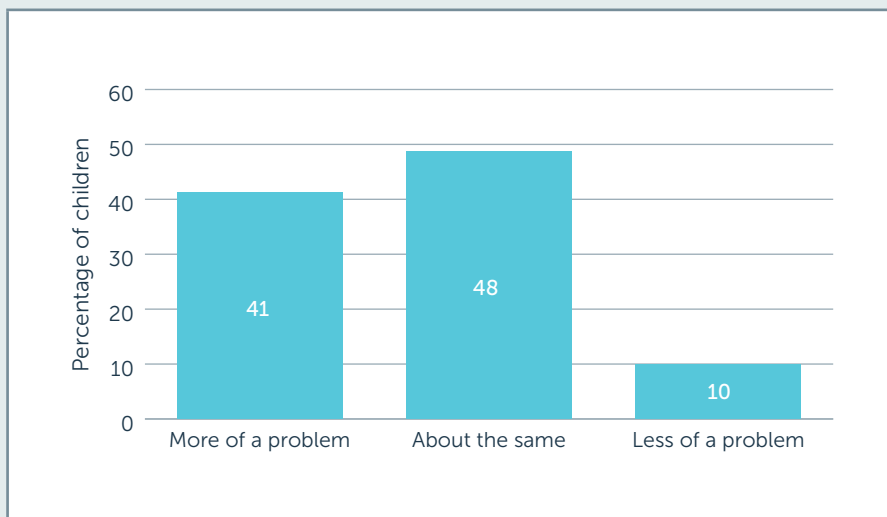


Figure 2: Mental health of children since the pandemic, Victoria, December 2021

Parents of children aged 3 years and over were asked if factors related to mental health were more or less of a problem for their child in December 2021 than before the pandemic. Problems associated with the mental health of children were substantially greater in December 2021 compared to before the pandemic, with the following conditions more of a problem: connections and relationships (43%), loneliness (37%), anxiety (36%) and behaviour problems (30%).

4. MENTAL HEALTH OF CHILDREN DURING THE PANDEMIC (CONTINUED)

	More of a problem (%)	About the same as before (%)	Less of a problem (%)
Connections and relationships	43	47	10
Anxiety	36	52	12
Loneliness	36	51	13
Behaviour problems	30	59	11

Table 2. Problems related to mental health of children aged 3 years or more, Victoria, December 2021 (n=2093)

Overall and recent impact of the pandemic

Parents reported the impact of the pandemic 'since March 2020', and 'within the past 30 days', on the mental health of their child using a five-point scale with negative, positive and neutral impact response options. Parents also compared their child's mental health before and after stay-at-home restrictions were lifted in November 2021.

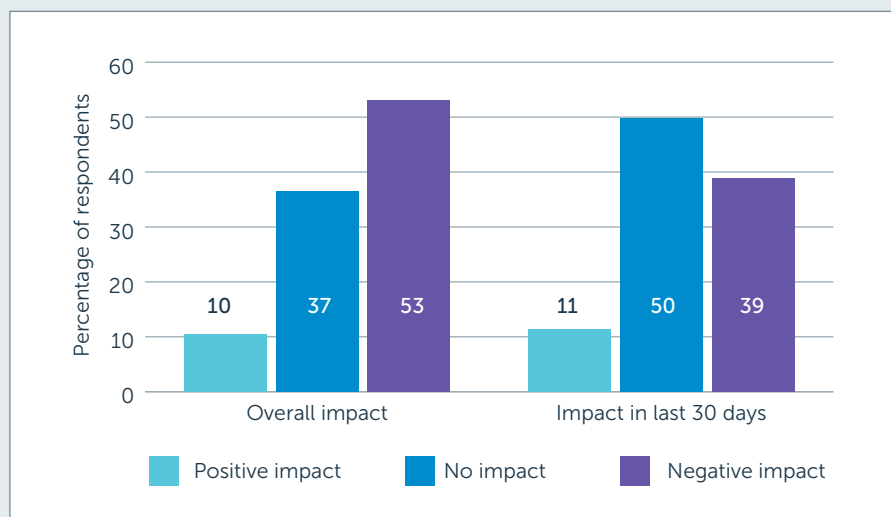


Figure 3: Impact of the pandemic on children's mental health, Victoria, December 2021

4.2 Life after lockdown

Mental health

Parents of children aged 0 to 17 years were asked to describe their child's mental health after lockdown ended compared to when they were under stay-at-home directions.

Mental health	Percent
Better	47
Same	43
Worse	10

Table 3. Mental health of children after lockdown ended compared to during stay at home restrictions, Victoria, December 2021 (n=2683)

Parents reported almost half of children had improved mental health when lockdown lifted.



Half of
children had
better mental
health after
lockdown
lifted

Anxiety

Parents of children aged 3 to 17 years were asked about their child's level of anxiety about adjusting to a 'COVID-normal' life after restrictions eased in December 2021. Approximately a third of children (31%) were anxious about adjusting to a 'COVID-normal' life with 22% of children reportedly somewhat anxious and 9% very or extremely anxious after lockdown lifted.

Anxiety	Percent
Not anxious	33
A little anxious	36
Somewhat anxious	22
Very or extremely anxious	9

Table 4. Children's level of anxiety about adjusting to a 'COVID-normal' life, Victoria, December 2021 (n=2318)

Managing or coping with life

Parents of children aged 0 to 17 years were asked how their child was managing with life in December 2021.

Almost one in three children (29%) were just coping, struggling to cope or not coping in Victoria in December 2021. Over half of children were coping well (56%) and 16% were thriving.

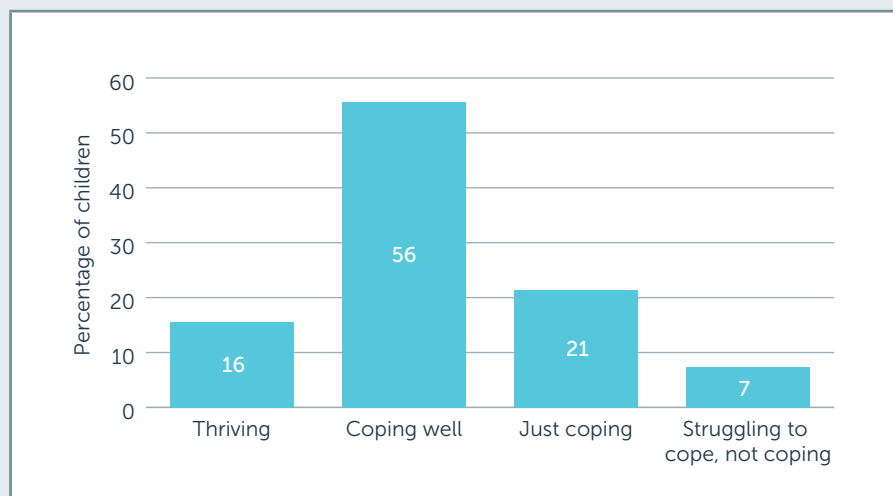


Figure 4: How children were coping with life, Victoria, December 2021



One third
of children
were anxious
about
adjusting
to 'COVID-
normal' life

5. Impact of remote learning and return to school

Key findings

- Remote learning negatively impacted the mental health of 50% of children, the friendships and connectedness of 53% of children and social skills of 49% of children.
- 46% of children's progress with learning was negatively impacted by remote learning and parents indicated that 52% of children needed extra help with their learning on return to face-to-face learning.
- One in ten (9%) children felt very or extremely anxious about attending face-to-face learning when schools reopened in late 2021, with a further 16% somewhat anxious.
- When schools resumed face-to-face learning, 12% of children did not return with the main reasons being the risk of COVID (35%), government or school directions (28%) and child being unwell (27%). Almost half of children (49%) had some difficulty adjusting to onsite learning.

5.1 Impact of remote learning

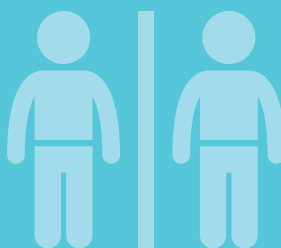
Parents of children who attended school or kindergarten answered questions on the impact of remote learning on their child's mental health, friendships and social skills using a five-point scale response option allowing for the reporting of positive, neutral and negative impacts. Of note, at the time of the survey remote learning had ceased and children had returned to onsite learning.

Impact of remote learning	Large positive impact (%)	Small positive impact (%)	No impact (%)	Small negative impact (%)	Large negative impact (%)
Emotional, behavioural, and social wellbeing	6	11	34	35	14
Progress with learning	8	15	31	28	18
Friendships and connectedness	5	12	30	36	17
Social skills	5	11	35	36	13

Table 5. Impact of remote learning on school and kindergarten students in Victoria, December 2021 (n=1911)

Note. Rounding accounts for some minor differences in proportions.

Remote learning had a negative impact on friendships and connectedness for more than half of children



5. IMPACT OF REMOTE LEARNING AND RETURN TO SCHOOL (CONTINUED)

In December 2021 despite face-to-face learning having resumed, 50% of children had a negative mental health impact from remote learning. Over half of children (53%) were experiencing a negative impact on their friendships and connectedness and social skills associated with remote learning.

Need for extra help with learning

Parents assessed the impact of remote learning on their child's education and reported whether they believed their child needed extra learning support due to remote learning and being unable to attend onsite school.

Over half of children (52%) were reported by parents to need extra help with learning due to multiple and long periods of remote learning.

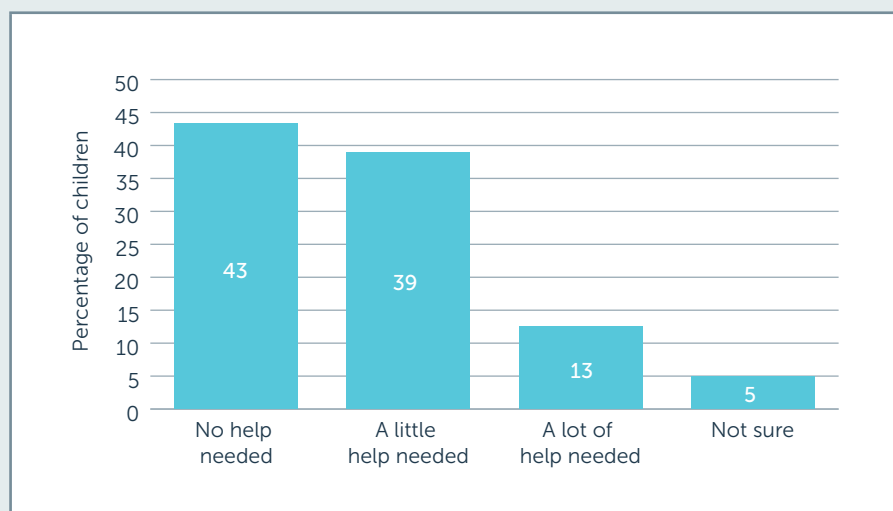


Figure 5: Need for help with learning due to impact of remote learning, school and kindergarten students as reported by parents, Victoria, December 2021

5.2 Return to school

Parents reported on whether their child had returned to face-to-face learning and if not, reasons why. Parents answered questions about anxiety their child felt in relation to attending face-to-face learning over a two week period when school resumed onsite learning in late 2021.

The majority of children (88%) returned to face-to-face learning when onsite schools reopened. Reasons why some children did not return included the risk of COVID-19 (35%), government or school directions (28%) and child being unwell (27%).

Anxiety about attending and difficulty adjusting to onsite learning

One in four children (25%) were somewhat, very or extremely anxious about attending onsite school over a two week period in December 2021.

Level of anxiety	Percent
Not anxious	48
A little anxious	27
Somewhat anxious	16
Very or extremely anxious	9

Table 6. Anxiety among children about attending onsite learning at school or kindergarten after lockdown, Victoria, December 2021 (n=2318)



More than half of children were reported by parents to need extra help for their learning due to the impact of remote learning

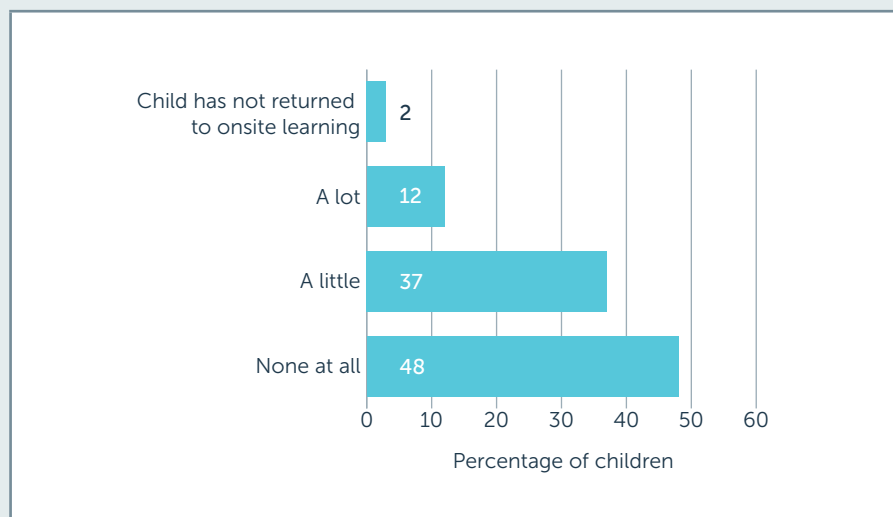
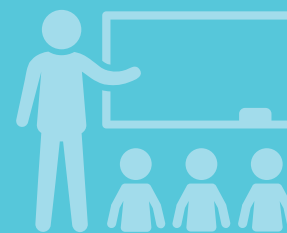


Figure 6: Level of difficulty adjusting to return to onsite learning, Victoria, December 2021



49% of children experienced some difficulty adjusting to face-to-face learning when onsite learning returned

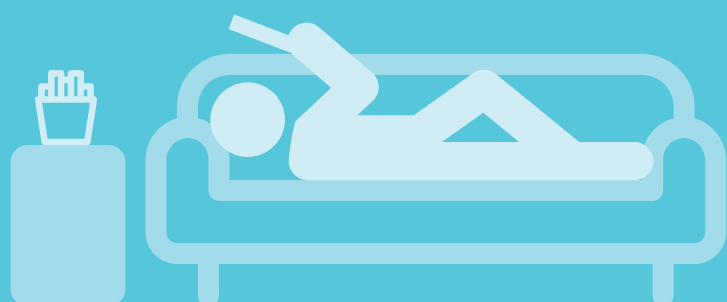
6. Children's health behaviours and lifestyle factors during the pandemic

Key findings

- Since the pandemic, unhealthy behaviours have become substantially more of a problem for Victorian children.
- Two of three children (67%) had more problems with excessive screen use and half of children (48%) had more problems with physical inactivity.
- Unhealthy diet was reportedly more of a problem for over a quarter of children (27%).
- A quarter of children (25%) had reportedly more problems with sleep.

Many child health behaviours were of concern before the pandemic. Parents were asked about a wide range of these behaviours and lifestyle factors for each of their children aged 3 years or more. They reported how much of a problem physical inactivity, excessive screen time, unhealthy diet, overweight or obesity, and sleep problems were in December 2021 compared to before the pandemic. In a minority of children these lifestyle behaviours improved during the pandemic, but for the majority they were unchanged or worse. Excessive screen use for entertainment was the lifestyle behaviour most frequently reported to have become more of a problem for children during the pandemic (67%).

More of a problem during the pandemic



67%
excessive
screen time

27%
unhealthy
diet

48%
physical
inactivity

Lifestyle factor	More of a problem (%)	About the same as before (%)	Less of a problem (%)
Not enough physical activity or exercise	48	40	12
Excessive screen time	67	27	6
Unhealthy diet	27	59	14
Sleep problems	25	63	12

Table 7. Health behaviours and lifestyle factors compared to before the pandemic, children aged 3–17 years, Victoria, December 2021

7. Perceived need for mental health care among children and use of mental health services during the pandemic

Key findings

- Since the pandemic began, parents reported that almost one in three (32%) children needed professional help for their mental health and just 12% of children received it.
- Of those children whose parents recognised they needed professional mental health help, over half (56%) needed more help than they got.
- The main reasons children did not get the amount of help they needed were parents not knowing where to receive help (26%), not knowing if child had needed more help (25%) and being unable to get an appointment (23%).
- Of those children who received professional mental health help, over half (57%) received help either via video (43%) or over the phone (16%).

Parents were asked a series of questions about whether they thought their child needed professional help for their mental health and if they received enough help for their mental health needs since the pandemic began. Parents reported the reasons why some children did not get the help they thought they needed.

Parents also provided information on whether their child received mental health services and the mode of delivery of services (telehealth, face-to-face, online). Questions for this module of the survey were informed by the Young Minds Matter Survey.¹

Level of need for professional help	Percent
Needed a lot of help	6
Needed a little help	26
Did not need help	65
Not sure	4

Table 8: Need for professional help with mental health since pandemic, children aged 0–17 years, Victoria, December 2021 (n=2683)

Parents reported that one third of children (32%) needed either a lot (6%) or a little (26%) professional help for their mental health since the pandemic began.

Just under one third (30%) of children who needed professional help for their mental health received any help. Of those children for whom parents did not report a need for professional mental health help, 2% received help suggesting either another adult or the child sought help for mental health problems.

Only 1 in 4 (24%) of children who needed professional help for mental health received enough help with over half of children (56%) requiring further help.



32%
of children
needed
professional
mental
health help
since the
pandemic
began

7. PERCEIVED NEED FOR MENTAL HEALTH CARE AMONG CHILDREN AND USE OF MENTAL HEALTH SERVICES DURING THE PANDEMIC (CONTINUED)

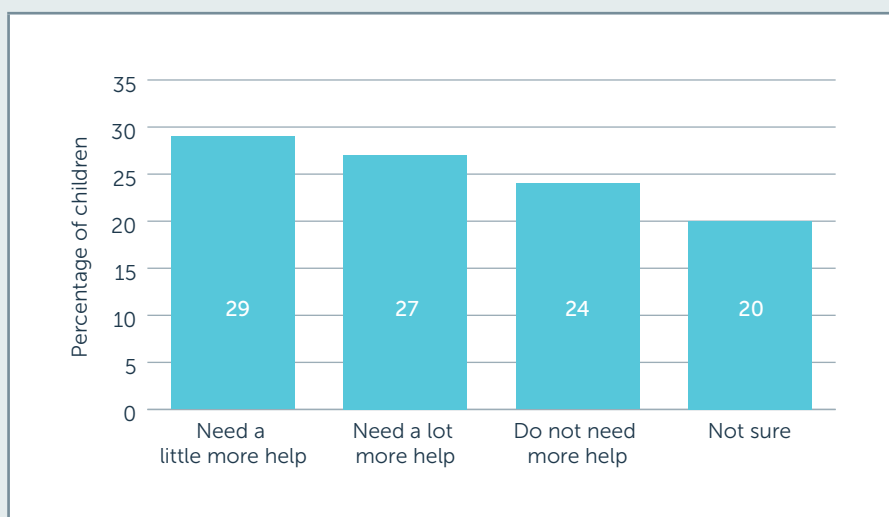


Figure 7: Need for additional mental health care among children with a perceived need for professional mental health care

Why child did not receive enough professional help for mental health	Percent
Parent did not know where to get help	26
Could not afford help	25
Parent not sure if child needed help	25
Could not get appointment when needed	23
Problem getting to a service that could help	21
Parent thought problem would get better by itself	17
Risk of parent or child catching COVID-19 at appointment	9
Child refused help, didn't turn up for an appointment, or didn't think they had a problem	8
Parent was concerned about what other people might think	4

Table 9. Reasons children did not receive enough professional help for mental health, Victoria, December 2021 (n=684)

Notes: All children who needed a little or a lot more help, or parent was not sure about need for extra help.

Use of professional mental health services

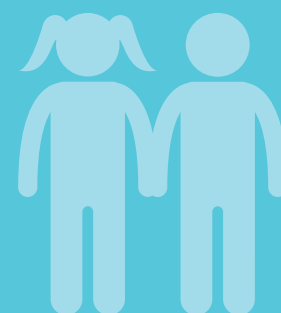
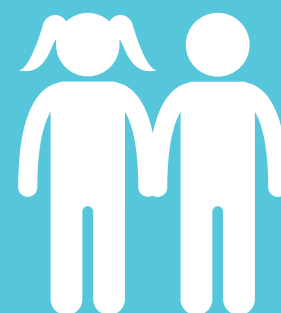
A total of 12% of all Victorian children aged 0 to 17 years received some professional mental health support since the onset of the pandemic, with 43% of children accessing services by video.

Mode of delivery of professional mental health help (n=355)	Percent
Face to face	74
By video	43
Over the phone	16
Online chat	16

Table 10: Use and mode of delivery of children's professional mental health help, Victoria, 2021

Note: More than one type of service delivery could be reported by parents whose child received professional mental health help.

Over half of children needed more mental health help



8. Mental health of parents during the pandemic

Key findings

- The pandemic has had a negative impact on the mental health of 70% of parents.
- 16% of Victorian parents were likely to be affected by serious mental ill health at the time of data collection.
- 39% of parents were anxious adjusting to a 'COVID-normal' life and 34% of parents were anxious about their child attending face-to-face learning.
- 37% of parents reported needing mental health services and 21% of parents received some mental health care since the pandemic began, and 58% reported needing more help than they got.
- 41% of parents reported 'just coping' with life and a further 13% report 'not coping' or 'struggling to cope'.
- The main stressors on parents were family finances, juggling work and family life during the pandemic, and the risk of being isolated due to COVID-19.
- Fewer parents reported experiencing a negative mental health impact from the pandemic in the most recent 30 days (58%), as compared to since the onset of the pandemic (70%).

8.1 Mental health and impact of the pandemic

Parents reported their anxiety and depression symptoms in the past four weeks using the 6-item Kessler-6 (K6), comprising 5-point scales (1 'none' to 5 'all of the time').⁴ Kessler 6 is an abbreviated form of the Kessler 10 indicator.⁵ The K6 scale was dichotomised into clinically significant 'poor mental health' (total score 19+) versus 'not' (total score 6–18). Parents rated the impact of the pandemic since onset and in the last 30 days on their mental health using a 5-point scale with negative, positive and neutral impact response options.

According to the K6 scale, 16% (n=268) of parents in Victoria probably had serious mental illness in December 2021.

Fewer parents reported experiencing a negative mental health impact from the pandemic in the most recent 30 days (58%), as compared to since the onset of the pandemic (70%) and more reported 'no impact' (32% versus 20%). At the time of data collection stay-at-home restrictions had been lifted in Victoria, and these findings suggest a reduction in the experience of negative mental health impacts. There was no change in the proportion of parents reporting a positive mental health impact in the past 30 days, as compared to since the onset of the pandemic (10%).

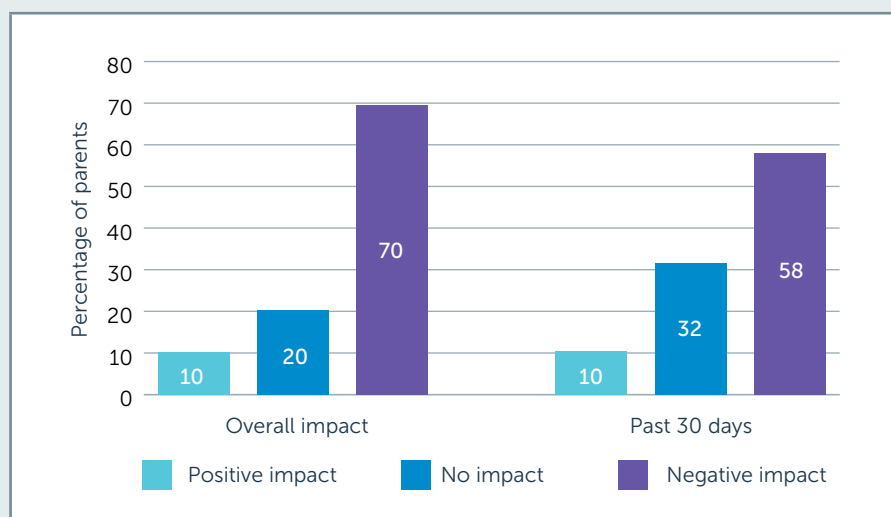


Figure 8: Overall and recent impact of pandemic on parent mental health, Victoria, December 2021

8.2 Anxiety about COVID-normal life and face-to-face learning

Parents were asked about their anxiety about adjusting to 'COVID-normal' life and anxiety about their child attending face-to-face learning.

	No or little anxiety	Somewhat anxious	Very or extremely anxious
Anxiety adjusting to a COVID-normal life (n=1538)	61	25	14
Anxiety in the past two weeks about children attending face-to-face learning (n=1398)	66	20	14

Table 11. Parent anxiety about adjusting to 'COVID-normal' life and child attending face-to-face learning

8.3 Parent need and use of professional help for mental health during the pandemic

Parents were asked whether they needed professional help for their mental health since the pandemic began and of those who needed help, if they received enough care for their mental health needs. They also reported whether they had received help from a health care professional for their mental health and the mode of service delivery.



37% of parents report needing professional mental health help since the onset of the pandemic

8. MENTAL HEALTH OF PARENTS DURING THE PANDEMIC (CONTINUED)

Parent need for professional mental health help (n=1538)	Percent
Yes, needed a lot of help	9
Yes, needed a little help	28
No, did not need help	58
Not sure	5
Parents' need for more professional mental health help (n=723)	
Need a little more help	32
Need a lot more help	26
Do not need more help	24
Not sure	18

Table 12. Need for professional help with mental health, parents of children aged 0–17 years, Victoria, December 2021

Face-to-face was the most common mode of mental health care delivery, closely followed by video and telephone. A minority of parents accessed care via online chat.

Mode of delivery of professional mental health help	Percent
Face to face	50
By video	41
Over the phone	40
Online chat	7

Table 13. Use and mode of delivery of parent's mental health services, Victoria, 2021

Note. Parents could select more than one mode of service delivery

8.4 Coping and sources of stress

Parents were asked to describe how they were managing or coping with life. They also reported on their level of stress related to a range of potential stressors including relationships, decision making, work and family responsibilities, finances and risk of COVID-19.

Coping

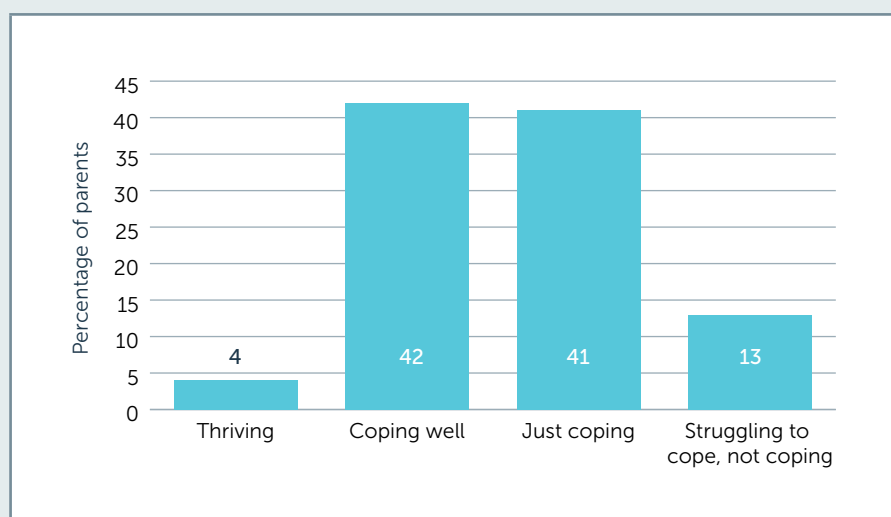


Figure 9: Parent level of coping, Victoria, December, 2021



More than half of parents were struggling, not coping or only just coping with life

8. MENTAL HEALTH OF PARENTS DURING THE PANDEMIC (CONTINUED)

In Victoria, less than half of parents (46%) were coping well with life or thriving with the majority (54%), just coping, struggling to cope or not coping at all.

Stress

In December 2021, 20% of Victorian parents were very or extremely stressed about life in general with an additional 27% somewhat stressed and 54% a little or not at all stressed. Family finances was the most commonly reported source of stress among parents (31%).

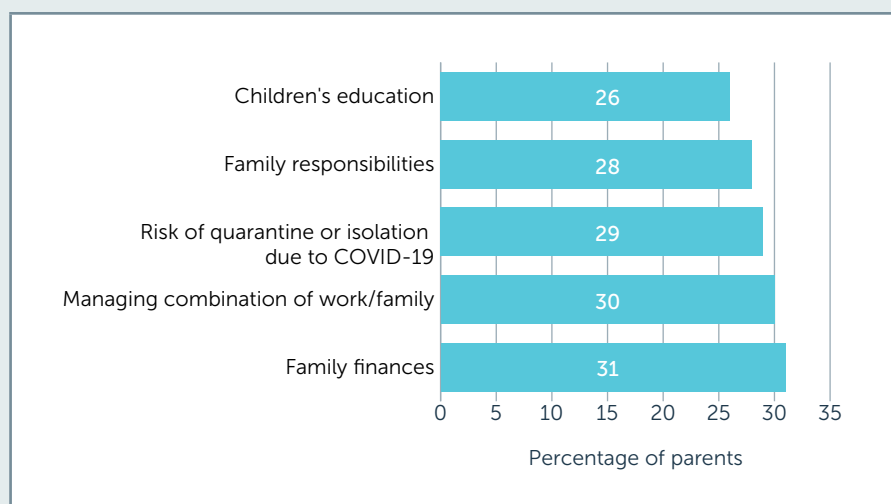


Figure 10: Top five stressors: proportion of parents very or extremely stressed, Victoria, December 2021

	Very/extremely stressed	Somewhat stressed	A little/not at all stressed
Relationships and family			
Family responsibilities	28	30	42
Family finances	31	21	48
Relationship with my partner (n=1096)	19	22	59
Relationship with my children	13	21	66
Relationships with my friends	10	19	71
Children's education	26	23	51
Decisions			
Major life decisions	22	25	53
Every day decisions	14	21	65
Employment			
My job or my partner's job	24	21	55
Work responsibilities	23	24	53
Managing the combination of work and family responsibilities	30	30	40
COVID-19			
Risk of catching COVID-19	22	21	57
Risk of spreading COVID-19 to others	22	19	59
Risk of getting very sick with COVID-19	23	19	58
Risk of being quarantined or isolated due to exposure to COVID-19	29	23	48
Making a decision about COVID-19 vaccinations for my child/ren	24	17	59

Table 14. Level of stress and stressors experienced by parents of children aged 0 to 17 years, Victoria, December 2021 (n=1538)

9. Key findings by demographic characteristics

Key findings

- Negative impacts of the pandemic in general, as well as remote learning specifically, were common among almost all demographic groups.
- Anxiety among children was more of a problem compared to before the pandemic for school-aged children (5 years or more) than for younger children.
- The pandemic was reported to have a negative impact on mental health for the majority of school-aged children.
- Anxiety adjusting to 'COVID-normal' life was more common among older children.
- Parent reporting of negative impacts due to remote learning increased as socio-economic status increased (as reported by SEIFA quintile).
- Negative mental health impacts and problems were more frequently reported by those living in major cities (Melbourne and Geelong) compared to regional areas of Victoria.
- Although many of the mental health indicators were similar for boys and girls, boys reportedly had a greater need for more mental health help.
- The proportion of children perceived by parents to need professional mental health help services was similar at the two extremes of socio-economic status.
- Children from lower socio-economic families had a higher unmet need for mental health services.

We asked parents about a range of mental health impacts and explored if there were any differences in their prevalence among key demographic groups. Key demographic indicators are presented below. For more detailed information on demographic characteristics associated with mental health indicators see Appendix 2.

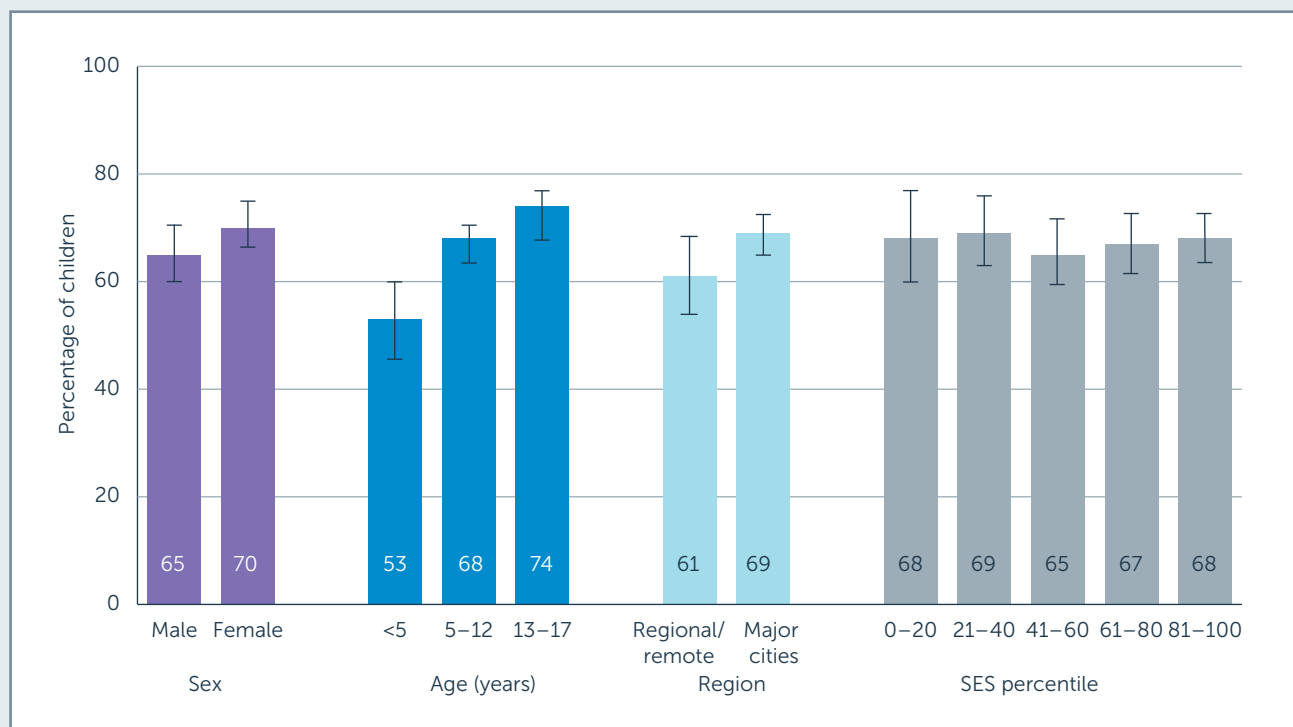


Figure 11: Demographic characteristics of children with increased anxiety since the pandemic, Victoria, December 2021

9. KEY FINDINGS BY DEMOGRAPHIC CHARACTERISTICS (CONTINUED)

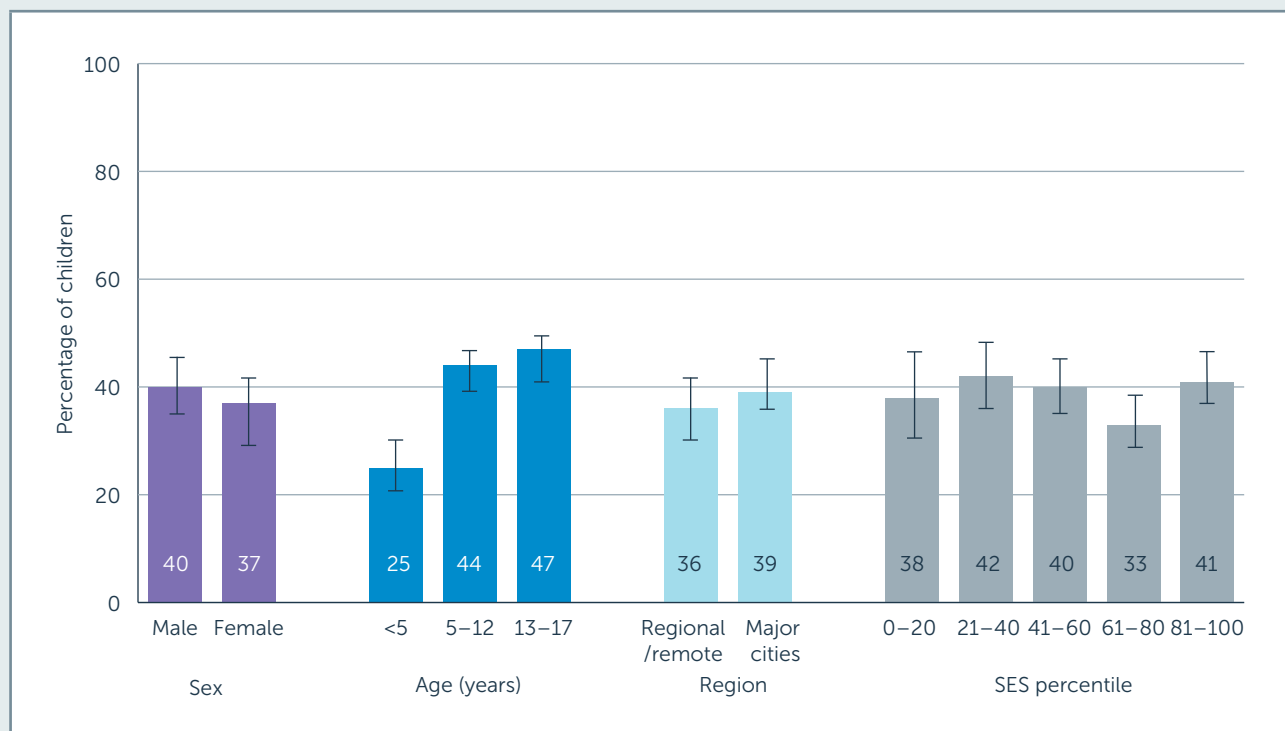


Figure 12: Demographic characteristics of children with a negative impact on mental health due to the pandemic, Victoria, December 2021

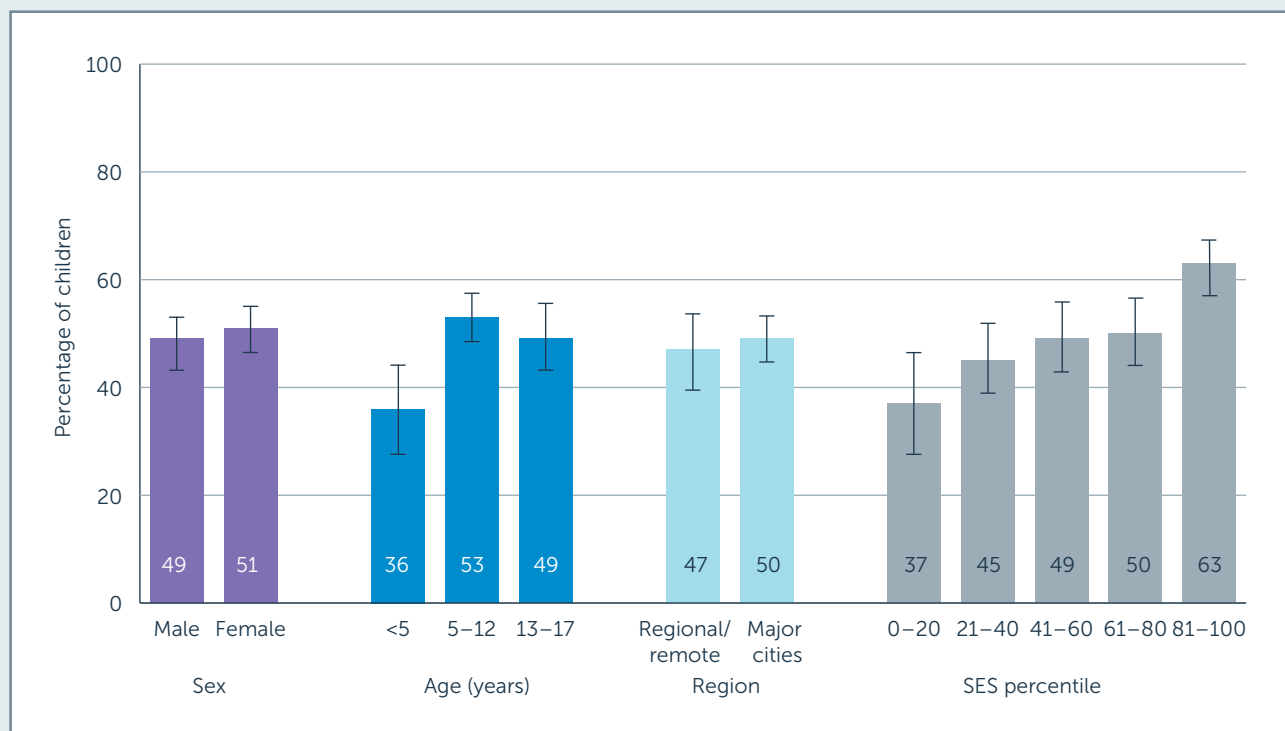


Figure 13: Demographic characteristics of children with a negative impact on mental health due to remote learning, Victoria, December 2021

9. KEY FINDINGS BY DEMOGRAPHIC CHARACTERISTICS (CONTINUED)

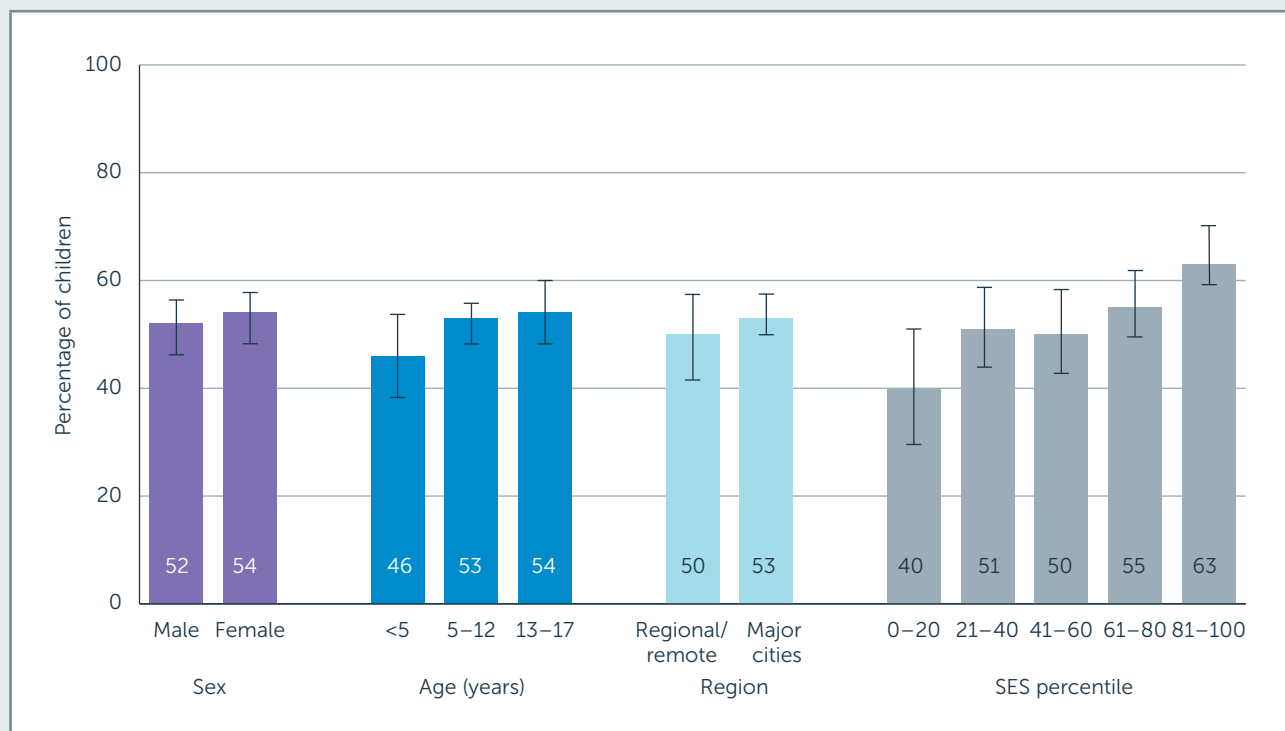


Figure 14: Demographic characteristics of children with a negative impact on friendships and connectedness due to remote learning, Victoria, December 2021

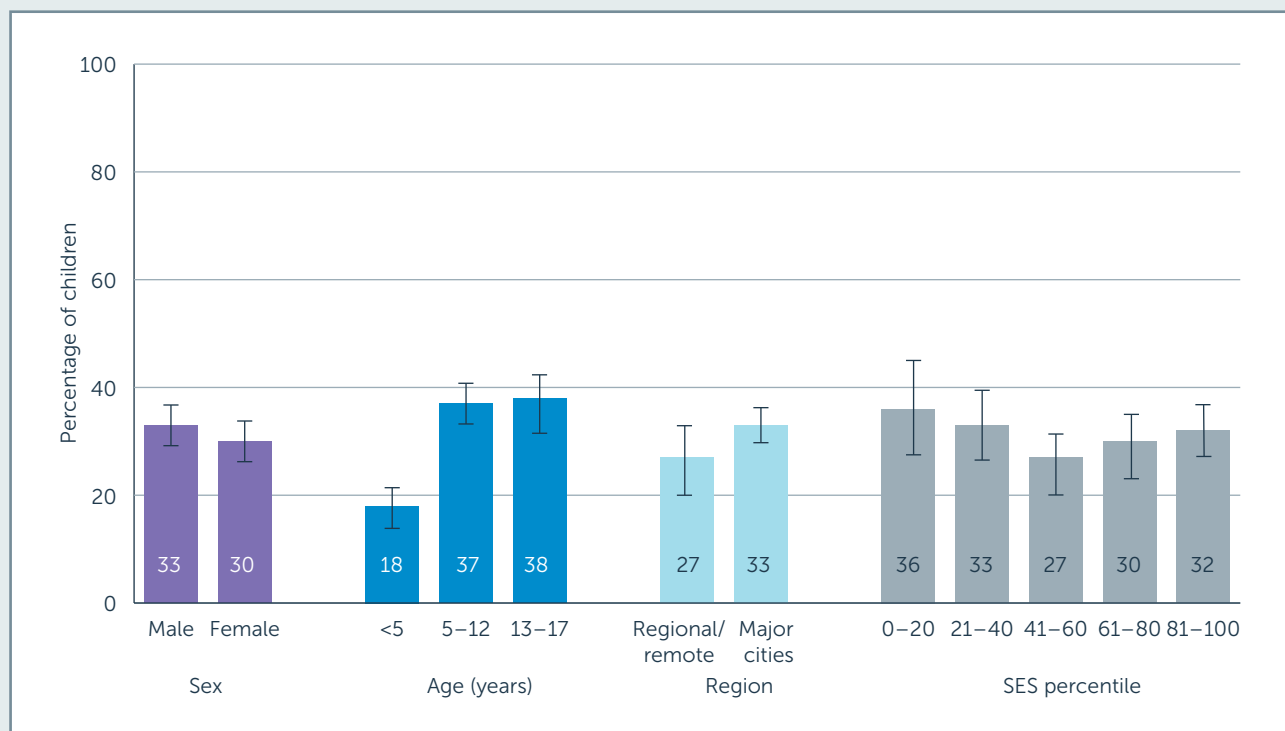


Figure 15: Demographic characteristics of children with a perceived need for professional mental health help since the pandemic, Victoria, December 2021

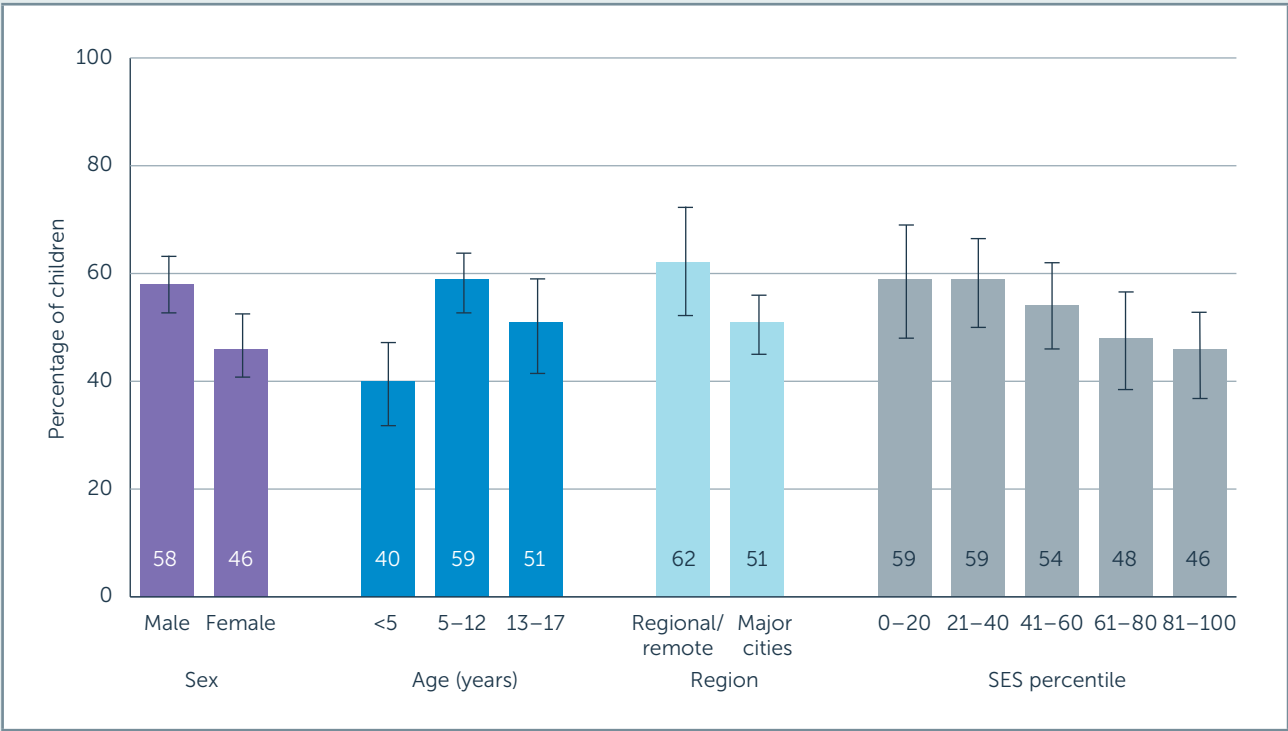


Figure 16: Demographic characteristics of children with a perceived need for mental health help who needed more help than received, Victoria, December 2021

10. Multiple and co-occurring mental health impacts

Children and young people can experience two or more mental health impacts or conditions at the same time. Multiple mental health conditions or impacts can be related or unrelated and may result from shared risk factors or experiences. Some Victorian children were reported to have experienced multiple negative mental health related impacts during the pandemic. One experience can negatively impact another and may have made reported conditions worse.

The diagram below shows the relationship between the proportion of Victorian children aged 3 years and over with increased anxiety, just or not coping with life, and recent negative mental health impact in December 2021.

The majority of children with a negative mental health impact of the pandemic also experienced increased anxiety and/or were just, struggling or not coping with life.

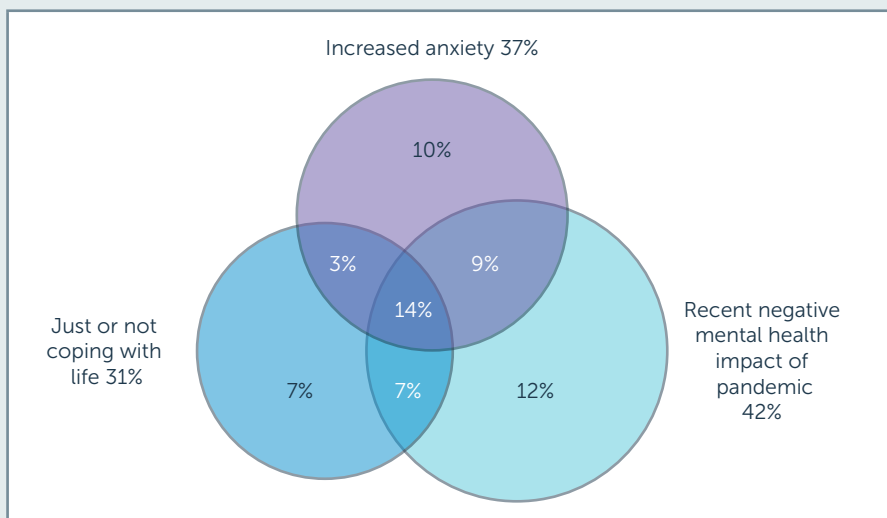


Figure 17. Children aged 3 years or over with increased anxiety, recent negative mental health impact of pandemic and/or struggling or not coping, Victoria, December 2021



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1. Hafekost J, Lawrence D, Boterhoven de Haan K, et al. Methodology of Young Minds Matter: The second Australian Child and Adolescent Survey of Mental Health and Wellbeing. *Aust N Z J Psychiatry*. 2016 Sep;50(9):866-75. doi: 10.1177/0004867415622270. Epub 2015 Dec 23. PMID: 26698821.
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3. Australian Bureau of Statistics. Census 2016 . Australia: ABS; Customised data extract of resident parent population by state and territory received 2020
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Appendix

Appendix 1

Table A1: Demographic characteristics of sample of parents and children, Victoria, December 2021

All Parents (Respondent) N=1538		All Children N=2684	
Parent age (years)	Percent (n)	Child age (years)	Percent (n)
18–<30	14.8 (227)	Less than 5	35.1 (941)
30–<40	40.8 (627)	5–<13	42.7 (1146)
40–<50	29.6 (456)	13–<18	22.2 (597)
50 and over	14.8 (228)		
Parent gender		Child gender	
Male	39.2 (603)	Male	52.5 (1410)
Female	60.6 (932)	Female	47.5 (1274)
Other	0.2 (3)		
Family structure			
Yes, I am a sole parent or carer	28.7 (442)		
No, I am not a sole parent or carer	71.3 (1096)		
Born in Australia			
Yes	74.9 (1152)		
No	22.6 (347)		
Prefer not to say	2.5 (39)		
Language spoken at home			
Other	23.9 (368)		
English	76.1 (1170)		
Education			
Undergraduate or more	51.5 (792)		
Certificate I–IV	31.2 (480)		
Year 12 or less	17.3 (266)		
Current employment status			
Working full time	51.6 (794)		
Working part time or casual	28.3 (436)		
Unemployed, home duties, retired, unable to work	20.0 (308)		
SEIFA quintile			
0% – 20%	11.7 (180)		
21% – 40%	17.9 (275)		
41% – 60%	21.7 (333)		
61% – 80%	21.7 (334)		
81% – 100%	27.0 (416)		
Regionality			
Regional/Remote areas	20.2 (310)		
Major Cities	79.8 (1228)		

Appendix 2

Mental health by demographic indicators

Table A2. Impacts of the pandemic on mental health by demographic characteristics, Victorian children, December 2021

		Negative impact of pandemic on mental health				At least some anxiety adjusting to 'COVID-normal' life		Anxiety more of a problem now compared to before the pandemic		
		Overall		In past 30 days		Total N	Number	Percent		
Total N	Number	Percent	Number	Percent	Number	Percent	Total N	Number	Percent	
Child gender										
Male	1410	734	52.1	542	40.2	696	64.6	1100	392	54.9
Female	1274	684	54.0	479	37.2	668	70.4	993	376	48.9
Child age (years)										
Less than 5	941	369	37.5	249	25.1	168	53.3	350	94	57.0
5–<13	1146	687	59.5	497	44.1	774	67.6	1146	434	51.6
13 < 18	597	362	61.4	275	47.0	422	73.7	597	240	50.6
Remoteness										
Regional/remote areas	607	309	46.8	228	35.7	243	61.4	442	175	51.9
Major cities	2077	1109	54.7	793	39.6	1121	68.9	1651	593	52.1
SES										
0% – 20%	329	147	47.5	112	38.2	175	68.2	260	86	55.0
21% – 40%	490	241	48.8	206	42.0	250	68.8	365	121	55.1
41% – 60%	567	300	55.0	216	39.6	252	65.3	413	151	50.2
61% – 80%	563	303	50.5	204	33.3	280	66.6	430	179	48.3
81% – 100%	735	427	61.2	283	40.8	407	67.9	625	231	52.0
Born in Australia										
Yes	2055	1079	52.8	778	38.8	1029	66.5	1592	608	50.2
No	567	309	54.1	226	40.3	298	68.9	453	146	57.3
Prefer not to say	62	30	45.7	17	22.7	37	78.0	48	14	57.2

Note: Proportions were weighted by parent SEIFA, age, sex, Indigenous status, state, and number of children in the family. Population estimates from the ABS 2016 census data were used in the weighting calculations.

Appendix 2

Table A3. Impacts of remote learning during the pandemic by demographic characteristics, Victorian school children, December 2021

	Total N	Negative impact of remote learning on							
		Mental health		Friendships and connectedness		Social skills		Progress with learning	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Child gender									
Male	1006	498	48.5	462	44.0	515	51.5	488	49.6
Female	905	478	50.9	425	48.8	496	53.9	439	48.7
Child age (years)									
Less than 5	248	95	36.0	77	30.2	108	46.1	110	49.7
5–<13	1121	525	52.5	459	46.3	528	52.8	476	48.8
13 < 18	542	356	49.9	351	50.9	375	54.3	341	49.5
Regionality									
Regional/ remote areas	403	215	47.1	187	42.7	213	50.0	185	43.0
Major cities	1508	761	50.3	700	47.2	798	53.3	742	50.8
SES									
0% – 20%	233	96	36.5	99	39.4	102	40.2	93	37.8
21% – 40%	343	161	45.4	146	43.6	166	50.9	152	48.5
41% – 60%	372	192	49.4	170	47.0	196	50.3	190	46.3
61% – 80%	387	203	50.1	174	41.8	211	54.8	190	48.2
81% – 100%	576	324	62.5	298	56.0	336	63.6	302	61.3

Note: Proportions were weighted by parent SEIFA, age, sex, Indigenous status, state, and number of children in the family. Population estimates from the ABS 2016 census data were used in the weighting calculations.

Appendix 2

Table A4. Parents' mental health in Victoria by demographic characteristics, December 2021

Parent age (years)	Poor mental health (K6)			Negative impact of pandemic on mental health				Anxiety adjusting to COVID normal life ¹	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
18–<30	227	18.8	51	70.0	158	55.2	133	86.3	197
30–<40	627	16.8	118	66.5	430	54.0	354	78.7	505
40–<50	456	13.2	67	71.7	323	61.8	263	77.4	362
50+	228	18.3	32	72.2	156	60.4	131	77.0	172
Gender of parent									
Male	603	12.1	92	60.2	350	48.9	294	73.7	457
Female	932	18.3	176	76.8	714	65.2	584	82.3	777
Other	3	–	0	–	3	–	3	–	2
Family structure									
Sole parent or carer	442	25.0	118	64.1	272	61.4	254	83.0	363
Not a sole parent or carer	1096	12.3	150	71.5	795	57.0	627	77.0	873
Born in Australia									
Yes	1152	14.2	194	69.7	798	58.4	662	76.8	913
No	347	18.6	63	69.2	242	56.8	196	82.8	288
Prefer not to say	39	30.0	11	70.1	27	62.8	23	90.7	35
Language spoken at home									
Other	368	17.0	76	64.0	234	54.3	201	79.3	305
English	1170	15.2	192	71.3	833	59.3	680	78.3	931
Parent education level									
Undergraduate or more	792	13.0	116	66.9	542	56.2	451	81.9	653
Certificate I–IV	480	18.2	91	75.1	345	60.4	271	76.0	375
Year 12 or less	266	19.2	61	67.4	180	59.9	159	72.4	208
Parent employment status									
Working full time	794	13.6	119	61.7	483	51.1	402	74.3	607
Working part time or casual	436	17.3	87	80.0	343	66.8	281	85.2	376
Unemployed, home duties, retired, unable to work	308	19.8	62	78.4	241	66.6	198	81.5	253
SEIFA quintile									
0% – 20%	180	13.4	33	61.4	117	58.6	104	76.8	149
21% – 40%	275	19.8	58	72.4	180	61.6	152	79.3	222
41% – 60%	333	15.4	53	69.3	236	58.4	199	81.4	273
61% – 80%	334	15.7	53	70.4	234	53.4	181	79.2	265
81% – 100%	416	14.3	71	73.8	300	58.6	245	76.3	327
Regionality									
Regional/remote areas	310	14.8	55	70.5	225	55.1	175	73.9	235
Major cities ²	1228	15.9	213	69.3	842	58.9	706	79.8	1001

Notes: 1. At least some anxiety adjusting to COVID normal life 2. Major cities are Melbourne and Geelong. 3. Proportions were weighted by parent SEIFA, age, sex, Indigenous status, state, and number of children in the family. Population estimates from the ABS 2016 census data were used in the weighting calculations.

Appendix 3

RCH Child Health Poll Questionnaire: Mental health of children and parents in Victoria during the COVID-19 pandemic

We are interested in learning about how the COVID-19 (coronavirus) pandemic is affecting Victorian families. This survey includes questions about you and questions about your child/ren.

When completing this survey, you will be asked about 'BEFORE COVID-19' and 'SINCE COVID-19'. Think of the time before MARCH 2020 as 'BEFORE COVID-19' and the time since MARCH 2020 as 'SINCE COVID-19'.

MODULE A: LIFESTYLE DETERMINANTS and MENTAL HEALTH RISK FACTORS

Only offer to children aged 3 years or more

- 1.** The pandemic has affected families and children in different ways. How much of a problem do you think the following things are for your child **now compared to before the pandemic**? Please answer separately for each child. (BY CHILD)

- More of a problem
- Less of a problem
- About the same as before

1.1. Overweight or obesity

1.2. Not enough physical activity or exercise

1.3. Excessive screen time (television, smart phones, tablets, computers, gaming consoles)

1.4. Sleep problems

1.5. Unhealthy diet

1.6. Connections/relationships with friends

1.7. Anxiety

1.8. Loneliness

1.9. Social and emotional wellbeing (mental health)

1.10. Behaviour problems

MODULE B: LIFE AFTER LOCKDOWN including return to school and associated anxiety

As restrictions have eased in Victoria, life is different and some people call this 'COVID-normal'.

- 2.** How anxious are you about adjusting to a 'COVID-normal' life (BY PARENT)

- Not at all anxious
- A little anxious
- Somewhat anxious
- Very anxious
- Extremely anxious

(Branching) only offer Q3 to children aged 3 years or more

- 3.** How anxious is your child (insert child details) about adjusting to a 'COVID-normal' life

Please answer separately for each child. (BY CHILD AGED 3 and OVER)

- Not at all anxious
- A little anxious
- Somewhat anxious
- Very anxious
- Extremely anxious

(For Q4 – Q10 branch to parents with at least one child who attends school, preschool or childcare)

Schools, preschools and childcare centres have reopened for face to face learning in Victoria. Since opening, some schools preschools or childcare centres may have closed for short periods due to COVID-19 and some children may have had to isolate.

- 4.** Has your child returned to all their face to face learning on site in the PAST TWO WEEKS? Please answer separately for each child (BY CHILD)

- Yes
- No

(BRANCHING: branch if 'no' to Q4 branch to Q5)

- 5.** If no, why not (please select all that apply) (By CHILD)

- 5.1** Government and/or school/kinder/childcare directed my child to stay home (quarantine/isolation due to COVID-19)
- 5.2** My child was unwell
- 5.3** I preferred to keep my child home because of the COVID-19 risk
- 5.4** My child refused to go to school/kinder/childcare

- 6.** How much difficulty has your child (insert child details) had adjusting to the return to face to face school/kinder/childcare? Please answer separately for each child (BY CHILD)

- None at all
- A little
- A lot
- My child has not gone back to face-to-face learning

7. How anxious have YOU been during the PAST TWO WEEKS about your child/ren attending face to face learning at school/kindergarten/childcare? (BY PARENT)

- Not at all anxious
- A little anxious
- Somewhat anxious
- Very anxious
- Extremely anxious

8. How anxious has YOUR CHILD (insert child details) been during the PAST TWO WEEKS about attending face to face learning at school/kindergarten/childcare? (BY CHILD)

Please answer separately for each child (BY CHILD WHO ATTENDS SCHOOL, PRESCHOOL OR CHILDCARE ONLY)

- Not at all anxious
- A little anxious
- Somewhat anxious
- Very anxious
- Extremely anxious

MODULE C: REMOTE LEARNING

(Offer Q9–Q12 only to those children who attend kinder/ preschool or school)

9. Different children have had different experiences of remote learning (learning from home) since the onset of the COVID-19 pandemic. Thinking about your own child/ren NOW, what would you say has been **the impact of remote learning** (learning from home) on the following: (BY CHILD)

Please answer separately for each child. (present as grid, all children on one page)

Response options

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

9.1 your **child's emotional, behavioural and social wellbeing** (their mental health)

9.2 your child's **progress with learning**

9.3 your child's **friendships and connectedness**

9.4 **your child's social skills**

10. Do you think your child (insert child details) needs extra help with their learning due to the impact of remote learning? Please answer separately for each child (BY CHILD)

- Yes, my child needs a lot of help
- Yes, my child needs a little help
- No, my child does not need help
- I'm not sure

MODULE D: IMPACT OF COVID-19 ON MENTAL HEALTH AND WELLBEING

The COVID-19 pandemic has affected different people in different ways. The next few questions are about how COVID-19 has affected the mental health and wellbeing of you and your family.

11. The following questions ask about how you have been feeling during **the past 30 days**. For each question, please circle the number that best describes how often you had this feeling. (PRESENT ONCE ONLY TO ALL PARENTS)

During the **past 30 days**, about how often did you feel ...

Response options:

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time

11.1. nervous?

11.2. hopeless?

11.3. restless or fidgety?

11.4. so depressed that nothing could cheer you up?

11.5. that everything was an effort?

11.6. worthless?

A person's mental health and wellbeing affects how they *feel, think, behave, and relate* to others.

When someone has good mental health they feel good and function well. When someone has difficulties with mental health they may have problems that affect their thoughts, mood, feelings or behaviour. These problems might be temporary and can result from the stresses of life.

12. **Since the COVID-19 pandemic began**, what would you say the overall impact of the pandemic has been on your mental health? (BY PARENT)

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

13. Thinking now about the **past 30 days**, what would you say the impact of the pandemic has been on your mental health? (BY PARENT)

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

A child's mental health and wellbeing affects how children of all ages from babies through to teenagers *feel, think, behave, and relate to others*

When a child has good mental health they feel good and function well. When a child has difficulties with mental health they may have problems that affect their thoughts, mood, feelings or behaviour. These problems might be temporary and can result from the stresses of life.

- 14. Since the COVID-19 pandemic began**, what would you say the overall impact of the pandemic has been on **your child's** mental health? Please answer separately for each child (present BY CHILD with all children displayed on one screen)

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

- 15** Thinking now about the past 30 days, what would you say the impact of the pandemic has been on the mental health of your child? Please answer separately for each child (present BY CHILD with all children displayed on one screen)

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

- 16.** Now that lockdown has ended, how would you describe your child's mental health compared to when they were under stay-at-home directions? (BY CHILD)

- A lot better
- A little better
- About the same
- A little worse
- A lot worse

STRESS AND COPING

- 17.** The pandemic has had an impact on the daily lives of many families in Victoria. Over the past 30 days how stressed have you felt about the following: (BY PARENT)

- 17.1** Managing the combination of work and family responsibilities
- 17.2** Family responsibilities
- 17.3** Family finances
- 17.4** Relationship with my partner
- 17.5** Relationship with my children
- 17.6** Relationships with my friends
- 17.7** Major life decisions

17.8 Every day decisions

17.9 My job or my partner's job

17.10 Risk of catching COVID-19

17.11 Risk of spreading COVID-19 to others

17.12 Risk of getting very sick with COVID-19

17.13 My child/ren's education

17.14 Risk of being quarantined or isolated due to exposure to COVID-19

17.15 Life in general

17.16 Work responsibilities

17.17 Making a decision about COVID-19 vaccinations for my child/children

Response:

- Extremely stressed
- Very stressed
- Somewhat stressed
- A little stressed
- Not at all stressed

- 18.** Which of the following best describes how **you** are managing with life at the moment?

- Thriving
- Coping well
- Just coping
- Struggling to cope
- Not coping

- 19.** Which of the following best describes how **your child** is managing with life at the moment?

Please answer separately for each child (BY CHILD)

- Thriving
- Coping well
- just coping
- Struggling to cope
- Not coping

Children of all age from babies through to teenagers can receive help for their social and emotional wellbeing. There are many different professionals who can provide help to children including early education specialists, teachers, school counsellors, psychologists, GPs, paediatricians and psychiatrists.

- 20. Since the COVID-19 pandemic began**, do you think your child has needed professional help for problems with **social or emotional wellbeing** (their mental health)?

Please answer separately for each child (present BY CHILD with all children displayed on one screen)

- Yes, my child needed a lot of help
- Yes, my child needed a little help
- No, my child did not need help

- My child refused help
- I'm not sure

(If yes or not sure to Q23 branch to Q24)

20a. *Since the COVID-19 pandemic began* has your child received professional help because of problems with their social or emotional wellbeing (mental health)? BY CHILD

- Yes
- No
- I don't know

(BRANCHING: If yes to 23a branch to 23b)

20b. If yes, how did your child receive professional help from a health professional for their problems with social or emotional wellbeing? SELECT ALL that apply

- Face to face
- By video
- Over the phone
- Online chat

21. (Only those who responded yes or not sure to Q20a are offered Q24.) Do you think your child {insert child details} got as much professional help as they needed in relation to their problems with **social or emotional wellbeing**

Please select only one

- No, my child needed a little more help
- No, my child needed a lot more help
- Yes
- My child refused help
- I don't know

(If 'no' or 'I don't know' or 'My child refused help' to Q20, branch to Q21)

22. *Since the COVID-19 pandemic began* which of the following reasons kept you from seeking or receiving professional help for (CHILD insert child details)? Please select ALL that apply (present separately for each child ie BY child)

- 22.1** I preferred to handle my child's problems on my own, or with help from family or friends
- 22.2** I wasn't sure if my child needed help
- 22.3** I wasn't sure where to get help
- 22.4** I thought that the problem would get better by itself
- 22.5** There was a problem getting to a service that could help us
- 22.6** I couldn't afford it
- 22.7** I couldn't get an appointment for my child when it was needed

22.8 I was concerned about what other people might think

22.9 My child refused help, didn't turn up for an appointment, or didn't think they had a problem

22.10 I didn't want to take my child to a face-to-face appointment because my child and/or I might catch COVID-19

23. The pandemic has affected different people in different ways. *Since the COVID-19 pandemic began* do you think you have needed professional help for problems with **social or emotional wellbeing** (your mental health)?

- Yes, I have needed a lot of help
- Yes, I have needed a little help
- No, I have not needed help
- I'm not sure

(BRANCHING: if yes or not sure to Q23 branch to Q23a)

23a. *Since the COVID-19 pandemic began* have you received help from a health professional because of problems with social or emotional wellbeing (mental health)?

- Yes
- No

If yes to 23a branch to 23b

23b. If yes, how did you receive help from a health professional for problems with social or emotional wellbeing (mental health)? SELECT ALL that apply

- Face to face
- By video
- Over the phone
- Online chat

24. *Since the COVID-19 pandemic began*, have you been able to get as much help as you think you needed in relation to your own mental health and emotional wellbeing?

- No, I needed a little more help
- No, I needed a lot more help
- Yes
- I don't know

Respondents answered questions about their demographic characteristics and those of their child including age, gender, income, employment status, country of birth, language spoken at home and Indigenous status.



RCH NATIONAL **Child Health** POLL

The Royal Children's Hospital Melbourne
50 Flemington Road Parkville
Victoria 3052 Australia
T: 03 9345 5522
www.rch.org.au