



## REPORT 3

# **Mental health** of children aged 8–13 years in Australia

June 2023

## Authors

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

Copy editor: Tara Corcoran

Graphic design: Carolyn Bedggood

## Acknowledgments

This report presents data from The Royal Children's Hospital (RCH) National Child Health Poll. The authors would like to thank the many people involved in this project for their thoughtful and valuable contributions, including all families who participated in the study. We are grateful to colleagues at the RCH including Associate Professor Daryl Efron, Professor Harriet Hiscock, A/Prof Tom Connell and Dr Ric Haslam for their valuable comments on drafts of this report. We are grateful for the support of the Victorian Government Department of Health and the RCH Foundation who made this work possible. The opinions, comments and/or analysis expressed in this document are those of the authors and may not reflect those of the Australian Government or the Victorian Government and cannot be taken in any way as expressions of government policy.

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) 9345 5522

Email enquiries: [child.healthpoll@rch.org.au](mailto:child.healthpoll@rch.org.au)

[www.rchpoll.org.au](http://www.rchpoll.org.au)

## Suggested citation

The Royal Children's Hospital National Child Health Poll (June 2023).

*Report 3: Mental health of children in Australian aged 8–13 years, June 2023.*

The Royal Children's Hospital Melbourne, Parkville, Australia.

# Contents

<b>1. Executive summary</b>	<b>4</b>
What is the research about?	4
Implications	4
Key findings	5
<b>2. Methods</b>	<b>6</b>
Measures	6
Analysis	8
Sample characteristics	8
Strengths and limitations	9
<b>3. Child mental health: child report</b>	<b>10</b>
Child wellbeing	10
Symptoms of anxiety	10
Symptoms of depression	12
Behavioural difficulties	12
Effect of COVID-19 pandemic	12
<b>4. Child mental health: parent report</b>	<b>13</b>
Mental health problems	13
Mental health rating	13
Coping	13
<b>5. Parent mental health</b>	<b>14</b>
Kessler 6	14
Self-rated mental health	14
Coping	14
<b>6. Relationship between mental health of children and parents</b>	<b>15</b>
<b>References</b>	<b>16</b>
<b>Appendix</b>	<b>17</b>
Appendix 1.1	17
Appendix 1.2	18
Appendix 1.3	19
Appendix 1.4	20
Appendix 2: Parent Questionnaire	21
Appendix 3: Child Questionnaire	23

# 1. Executive summary

## What is the research about?

This report, the fourth in a series, focuses on how Australian children aged 8–13 years and their parents/caregivers are faring in the fourth year of the COVID-19 pandemic. It describes the mental health of Australian children using a variety of self-reported and parent-reported indicators. It also describes some aspects of parent mental health.

This report is based on data collected by a nationally representative paired population survey completed by children aged 8–13 years and their parents/caregivers. This survey was conducted by The Royal Children's Hospital (RCH) National Child Health Poll (RCH Poll) in April 2023 and collected data from 1,525 children and their parents using an online survey. The survey used validated instruments to assess symptoms related to anxiety, depression and behavioural problems in children and psychological distress in parents.

The findings can be used to inform the development of policies and programs to improve child mental health and wellbeing.

## Implications

As a result of the COVID-19 pandemic, both children and parents across Victoria, and Australia, have experienced, and continue to experience, significant mental health impacts. As we progress through the pandemic, it is reassuring to see that the majority of Australian children aged 8–13 years currently report high levels of life satisfaction and wellbeing, however, a concerning proportion report low levels of happiness and significant mental health concerns. One in three children experienced symptoms of a mental health problem. A proportion of parents and caregivers also report mental health concerns, with clustering of problems occurring within families. To keep children well, we must prioritise resources to support the mental health and wellbeing of parents as well as children.

Timely and evidence-based mental health care for children in the pre-adolescent age group is urgently needed to address existing and emerging problems before they become entrenched. New models of care need to be trialled to address the magnitude of mental health problems and workforce challenges. Prevention of new mental health problems is a priority. Improving mental health early in life is key to preventing problems in adolescence and adulthood. Population evidence-based interventions need to target modifiable risk factors for children and parents for children and parents with efforts spanning across primary, secondary and tertiary prevention.



Monitoring child and parent mental health over time will be essential to understand and mitigate the ongoing impacts of the pandemic. Population level data can be used to highlight and quantify the need for investment in prevention and treatment of mental health problems and assess if interventions are effective. Protecting mental health should be central to future policy making. 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, social, justice and legal sectors.



## Key findings

### Children

- Eighty-three per cent of children reported overall high satisfaction or 'happiness' with their life with 17% reporting low levels of overall satisfaction or happiness.
- Sixteen per cent of Australian children aged 8–13 years report having symptoms of anxiety. Younger children (aged 8–9 years) reported more anxiety than older children. Anxiety was also more common in girls than boys and in regional areas compared to major cities.
- One in four (23%) children reported experiencing symptoms of depression over the two-week period prior to data collection. More children in regional areas than in major cities reported depression symptoms.
- Six per cent of children reported clinically significant behavioural difficulties and a further 6% had difficulties of borderline clinical significance.
- The majority of parents report their child as coping well with life (58%) or thriving (16%).
- According to parents, 16% of children had a big problem with anxiety, 6% had a big problem with depression and 12% had a big problem with behaviour in the two-week period prior to data collection.
- One in five children (19%) indicated that COVID-19 affected their life in a bad way 'somewhat' (13%) or 'a lot' (6%) and a further one in two children (49%) reported it affected them in a bad way 'a little'.
- One in three children had symptoms of at least one mental health problem (anxiety, depression and/or externalising problems).
- Of the one in three children who had symptoms of a mental health problem, one third (33%) had a parent who likely had a serious mental illness according to the K6.

### Parents

- In April 2023, 15% of parents of children aged 8–13 years in Australia are likely to have a serious mental illness.
- Almost half of parents of children aged 8–13 years (44%) reported they are only 'just coping' with life at the moment, and a further one in ten are either 'struggling to cope' (8%) or 'not coping' (2%).

### Among Australian children aged 8–13 years:

- **One in six (16%)** have symptoms of **anxiety**
- **One in four (23%)** have symptoms of **depression**.



## 2. Methods

**Information on mental health was collected via a large cross-sectional online survey of parents and children fielded from 11–21 April 2023 as part of the RCH National Child Health Poll. The survey included two paired questionnaires—one completed by a parent/caregiver and the other by their child aged 8–13 years. Parents answered close-ended questions about their child’s and their own mental health and wellbeing. Children answered close-ended questions about their own mental health and wellbeing.**

In total, 2,113 parents, representative of the national parent population by sex and age, completed the parent questionnaire and 1,526 (72%) provided consent for their child aged 8–13 years to participate. Of the 1,526 children whose parents provided consent, 1,525 completed the child questionnaire, yielding a sample of 1,525 child/parent dyads. Parents or caregivers were defined as adults aged at least 18 years of age who had one or more children aged 8–13 years in their care.

The study employed a two-stage sampling process. In the first stage, a research panel of over 300,000 Australian 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 adults with demographic characteristics representative of the national distribution based on jurisdiction, sex and age. In the second stage a stratified sample of parents was selected from the established panel using random sampling and invited to participate in the online survey. Parents were eligible to participate if they had at least one child aged 8–13 years who was in their care for at least one day a week. Of the 2,463 parents eligible to participate, 2,113 (86%) completed the parent survey and 1,525 of their children completed the child survey yielding a response rate of 62%.

Parents were asked for consent for their child to participate and if they believed their child was old enough to provide additional consent. Of the 1,526 parents who provided consent for their child to participate, 1,297 (85%) indicated that their child was old enough to provide their own additional consent. Panel members were progressively invited via email to participate in the survey until the desired sample size of a minimum of 1,520 children and parents was achieved.

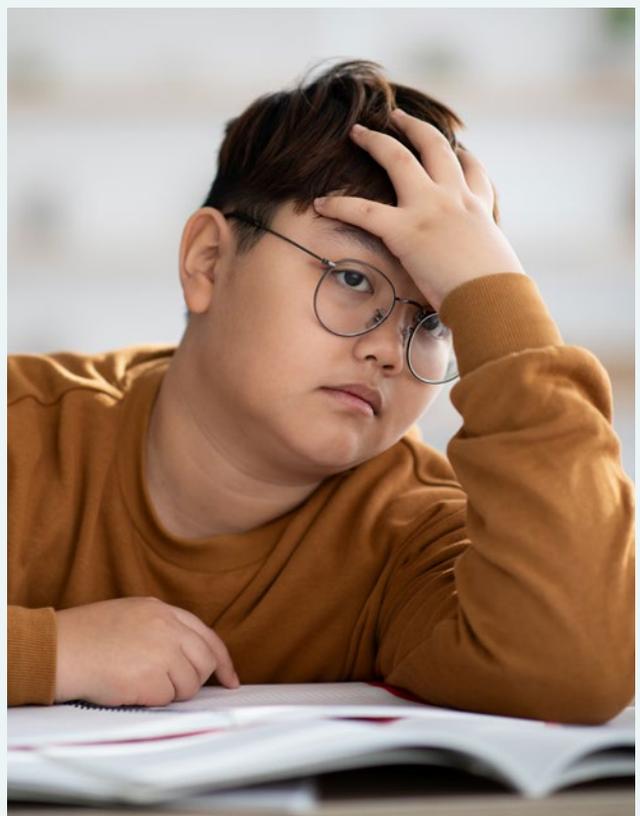
One parent and child respondent were permitted per household and each participant was allocated a unique numerical identifier to ensure anonymity and one-time access to the survey. Random selection software was used to select one child in households with more than one child in the specified age-range. The study protocol was approved by the RCH Human Research Ethics Committee (RCH HREC 91159).

## Measures

### Child questionnaire

The child questionnaire was developed following extensive review of the scientific and grey literature in liaison with internal experts. The review identified a variety of instruments suitable for children to self-report various aspects of their mental health including wellbeing, anxiety, depression and externalising behaviours. All questions selected were adapted or borrowed from instrument tools with known psychometric properties and previously validated for use with children aged 8–13 years. The instruments used to assess anxiety and depression do not identify children who meet the threshold for a clinical diagnosis but rather measure mental health symptoms.

The Short Mood and Feelings Questionnaire (SMFQ-6), a validated six question adaptation of the original 13 question Short Mood and Feeling Questionnaire was used to identify symptoms of anxiety in children.<sup>(1-4)</sup> The SMFQ asks respondents if they experienced various symptoms and includes questions such as “I didn’t enjoy anything at all”, “I felt so tired I just sat around and did nothing”, “I found it hard to think properly or concentrate” and “I thought nobody really loved me”. Scoring differed from that of the original SMFQ, with ‘True’ responses scored as one, and both ‘Never’ and ‘Sometimes’ scored as zero, giving a maximum score of six points. Total scores were not calculated for participants missing





responses to any of the six items. Respondents with a score of one point or more were classified as having symptoms of depression.<sup>(1,2)</sup>

The Short Form of the Spence Children's Anxiety Scale (SFSCAS) was used to assess anxiety symptoms.<sup>(5)</sup> It consists of eight questions measuring the frequency of eight different symptoms of anxiety using a four-point item response scale ranging from never, sometimes, often and always. It includes questions such as "I worry about things", "I feel afraid" and "I have trouble going to school in the mornings because I feel nervous or afraid". The response options were coded as never = zero, sometimes = one, often = two and always = three. For each participant a total score was calculated by adding the responses of the eight questions but not if there were any missing responses. Questions were scored with responses of sometimes receiving one point and often/always receiving two points. Respondents with a score of 11 or more were classified as having anxiety symptoms.<sup>(7)</sup> The SFSCAS is not a diagnostic tool but a measure to identify those with elevated symptoms of anxiety.

The Behavioural Difficulties Subscale of the Me and My Feelings Questionnaire was used to identify behavioural difficulties.<sup>(8,9)</sup> The questionnaire includes six questions such as "I get very angry", "I lose my temper", "I hit out when I am angry", "I do things to hurt people". Responses were scored with never = zero, sometimes = one, always = two. The question "I am calm" was reverse coded. A score was calculated by adding all six questions but not for respondents missing any responses. A total of six indicated borderline difficulties, and seven and above identified respondents with clinically significant difficulties.<sup>(7)</sup>

Three items were adopted from the Children's Worlds 3rd-wave subjective wellbeing scale<sup>(10)</sup> to measure dimensions of wellbeing (e.g., overall life satisfaction and frequency of positive and negative affect). These items were selected from the version developed for children aged eight-years-old to accommodate the lower age range of our study population. Two questions from COVID-19 Adolescent Symptom and Psychological Experience Questionnaire (CASPE) on the child's perceived impact of COVID-19 related effects were also included.<sup>(11)</sup>

### Parent questionnaire

Questions previously developed and used by the RCH National Child Health Poll were reviewed and included as appropriate for the parent portion of the survey. Parents answered both questions about their child and themselves.

Parents self-reported mental health with a single-item rating scale.<sup>(12)</sup> Parents were classified as likely to have serious mental illness based on responses to questions on the Kessler 6 (K6) scale.<sup>(13)</sup> K6 responses were scored from one for 'none of the time' through to five for 'all of the time'. A cut-off score of 19 or more was used to indicate probability of serious mental illness.<sup>(13)</sup> Parent report of their coping levels, i.e., how the parent felt they were 'managing with life', was measured using a single item previously used in the RCH Child Health Polls.

Parents reported on the child's coping levels using a single item previously used in the RCH Child Health Polls (i.e., "Which of the following best describes how your child is managing with life at the moment?").

Similarly, parents reported on their child's mental health status using a single-item rating scale, used in previous RCH Child Health Polls (i.e., "In general, how would you rate your child's mental health?").

Parents also provided key demographic variables such as parents' sex, age, identifying as Aboriginal or Torres Strait Islander (ATSI), 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 and sex. Families were assigned the Australian Bureau of Statistics 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.

## Analysis

Analysis was conducted using STATA 16. To account for discrepancies, data on children and parents were weighted to reflect the distribution of the Australian child and parent population by age, sex, socio-economic status and ATSI status respectively using Estimated Resident Population (ERP) figures from the ABS derived from the 2021 Census.

## Sample characteristics

The characteristics of 1,526 parents who consented to their child participating and the 1,525 children who completed the survey are shown below.

Children	Total sample (n)	%
<b>Age</b>		
8	292	19.1
9	238	15.6
10	253	16.6
11	243	15.9
12	259	17.0
13	241	15.8
<b>Sex</b>		
Male	782	51.2
Female	744	48.8

Parents/ caregivers	Total sample (n)	%
<b>Age (years)</b>		
18-<30	135	8.8
30-<40	526	34.5
40- <50	557	36.5
50+	308	20.2
<b>Gender</b>		
Male	628	41.2
Female	898	58.8
<b>Regionality</b>		
Regional and remote areas	357	23.4
Major cities	1,169	76.6
<b>Born in Australia</b>		
No	338	22.1
Yes	1,188	77.9
<b>Education level</b>		
Year 12 or less	340	22.3
Certificate I-IV	504	33.0
Undergraduate or higher	682	44.7
<b>Socioeconomic characteristics (SEIFA quintiles)*</b>		
0–20%	219	14.4
21–40%	263	17.2
41–60%	344	22.5
61–80%	308	20.2
81–100%	392	25.7
<b>Jurisdiction</b>		
New South Wales	473	31.0
Victoria	392	25.7
Queensland	298	19.5
SA, TAS, WA, ACT, NT	363	23.8

**Table 1:** Characteristics of sample of parents and children aged 8–13 years, Australia, 2023

\*SEIFA quintiles, Australian Bureau of Statistics. Socio- Economic Indexes for Areas 2018

## Strengths and limitations

Our study used well-established methods to investigate the mental health of parents and children and had several strengths: it was a large cross-sectional survey of a representative sample of the Australian parent population, it was piloted, revised and achieved a good response rate (62%).

Several limitations should be considered when interpreting findings from this study. Although standardised measures of anxiety, depression, and behavioural difficulties were used, these measures determine the presence of symptoms and are not diagnostic instruments; thus, the current study does not specifically examine the prevalence of clinical levels of mental health disorders. Furthermore, the Short Form of the SFSCAS used in this study is a global measure of anxiety and does not assess any one specific anxiety disorder. This study was limited to those respondents who were able to complete the online questionnaire in English.

This study suggests **one in three** Australian children experience **symptoms of mental health problems.**



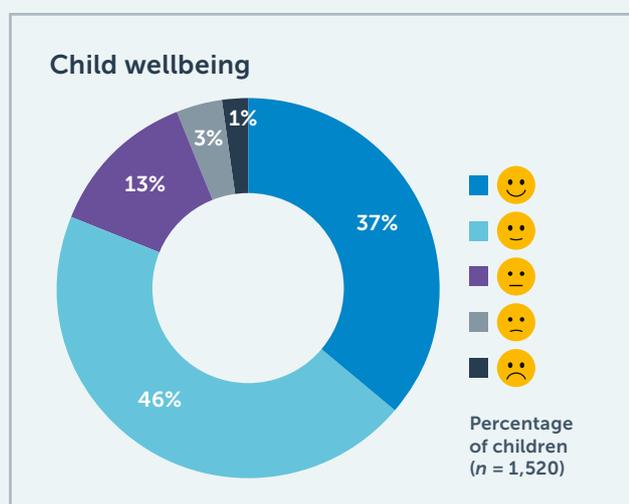
# 3. Child mental health: child report

## Child wellbeing

### Life satisfaction

**Eighty-three per cent of children reported overall high satisfaction or 'happiness' with their life with 17% reporting low levels of overall satisfaction or happiness.**

Child overall life satisfaction was assessed by asking children "How happy are you with your life?" with a response scale comprising options from 0 (not at all happy) through to five (very happy) represented by a scale of five emoticons. Children were classified as having low wellbeing or life satisfaction if they responded one, two or three or high wellbeing or life satisfaction if they responded four or five.<sup>(10, 14)</sup>



**Figure 1:** How happy children aged 8–13 years are with their life, Australia, 2023

### Happiness and sadness

**The majority of children, 83%, reported feeling happy often or always during the past two weeks but of concern one in six children (17%) reported never or only sometimes feeling happy. Correspondingly 11% of children reported feeling often or always sad in the past two weeks.**

Children were asked how often they felt happy and how often they felt sad during the past two weeks.

Frequency in past two weeks	Happy (n = 1,522) %	Sad (n = 1,515) %
Never	1	13
Sometimes	16	76
Often	59	10
Always	24	1

**Table 2:** How often children aged 8–13 years felt happy or sad, Australia, 2023

### Symptoms of anxiety

**Sixteen per cent of Australian children aged 8-13 years have symptoms of anxiety. According to the SFSCAS more children aged eight to nine years than those aged 10 to 13 years experienced anxiety symptoms. Slightly more girls than boys reported anxiety symptoms as did children in regional areas compared to those in major cities (Table 3).**

The SFSCAS was used to assess anxiety symptoms. It consists of eight questions asking about frequency of eight different symptoms of anxiety measured by a four-item response scale ranging from never to always. It includes items such as "I worry about things", "I feel afraid" and "I have trouble going to school in the mornings because I feel nervous or afraid". Questions were scored with respondents classified as having anxiety symptoms if their total score was 11 or more.<sup>(7)</sup>

Responses to each of the eight items used to assess symptoms are shown in Appendix 1.1.

**Eighty-three per cent** of children reported overall **high satisfaction** or **'happiness'** with their life.



	Symptoms of anxiety <i>n</i> (%)	Symptoms of depression <i>n</i> (%)	Behavioural difficulties <i>n</i> (%)	COVID-19 impact ('Bad') <i>n</i> (%)
<b>Age</b>				
8	278 (23)	278 (22)	285 (5)	290 (21)
9	226 (21)	233 (20)	229 (7)	235 (17)
10	245 (13)	245 (24)	246 (4)	251 (18)
11	234 (14)	237 (23)	238 (9)	240 (17)
12	255 (11)	253 (22)	256 (6)	257 (18)
13	232 (14)	237 (27)	232 (5)	239 (19)
<b>Sex</b>				
Male	755 (14)	765 (25)	759 (6)	770 (18)
Female	715 (18)	718 (21)	727 (6)	742 (19)
<b>Regionality</b>				
Regional and remote areas	343 (20)	346 (28)	349 (8)	357 (16)
Major cities	1,127 (15)	1,137 (21)	1,137 (5)	1,155 (19)
<b>Socioeconomic characteristics (SEIFA quintiles)</b>				
0–20%	211 (19)	210 (27)	210 (7)	218 (18)
21–40%	253 (16)	254 (23)	256 (4)	263 (15)
41–60%	332 (16)	336 (23)	334 (7)	340 (19)
61–80%	301 (17)	302 (26)	297 (7)	305 (22)
81–100%	373 (12)	381 (15)	389 (5)	386 (18)
<b>State</b>				
VIC	377 (17)	381 (22)	383 (7)	386 (22)
NSW	453 (15)	453 (20)	460 (4)	469 (21)
QLD	292 (18)	291 (26)	287 (10)	298 (15)
Other	348 (13)	358 (24)	356 (4)	359 (14)
<b>Total</b>	<b>1,470 (16)</b>	<b>1,483 (23)</b>	<b>1,486 (6)</b>	<b>1,512 (18)</b>

**Table 3:** SFSCAS: Symptoms of anxiety in children aged 8–13 years by age, sex, region and socioeconomic characteristics

**One in four** children aged 8–13 years (23%) reported having **symptoms of depression.**



## Symptoms of depression

**Twenty-three per cent (one in four) of children reported experiencing symptoms of depression over a two-week period.**

The Short Moods and Feelings Questionnaire (SMFQ-6) was used to assess symptoms of depression. Children identified as having symptoms of depression can be at risk of or experience clinical depression. The SMFQ-6 captured if children experienced any of six different symptoms of depression over a two-week period using a three-item response scale: not true, sometimes and true. Items included statements like “I felt miserable or unhappy”, “I didn’t enjoy anything at all” and “I thought nobody really loved me”. Children who responded true for at least one question were classified as having symptoms of depression.<sup>(1,2)</sup> Responses to the six SMFQ questions are shown in Appendix 1.2.

Slightly more boys (25%) than girls (21%) reported symptoms of depression. More children in regional and remote areas reported depressive symptoms than those in major cities.

## Behavioural difficulties

**Six per cent of children reported behavioural difficulties/problematic externalising behaviour and six per cent had borderline difficulties.**

The Me and My Feelings behavioural subscale was used to measure behavioural difficulties and/or problematic externalising behaviours. Children were asked to report how often they felt or acted in a particular way using six items which included statements such as “I get very angry”, “I lose my temper”, and “I hit out when I am angry” etc. The scale was scored, with a total of seven and above, indicating clinically significant difficulties.<sup>(8,9)</sup> Responses to each of the six items used to assess symptoms are shown in Appendix 1.3.

The prevalence of behavioural difficulties in boys (6%) and girls (6%) was similar. Slightly more children in regional and remote areas (8%) reported behavioural difficulties than children in major cities (5%).

## Effect of COVID-19 pandemic

**One in five children (19%) indicated that COVID-19 affected their life either in a bad way ‘somewhat’ (13%) or ‘a lot’ (6%) with one in two children (49%) reporting it affected them in a bad way ‘a little’. One in three (32%) children reported that COVID-19 did not affect them in a bad way at all.**

Children were asked how much COVID-19 affected their life in a bad way and in a good way overall. Response options included not at all, a little, somewhat and a lot.<sup>(11)</sup>

How much has COVID-19 affected your life?	In a good way (n = 1,511)	In a bad way (n = 1,512)
	%	%
Not at all	51%	32%
A little	33%	49%
Somewhat	13%	13%
A lot	4%	6%

**Table 4:** Effect of COVID-19, children aged 8–13 years, Australia, 2023

# 4. Child mental health: parent report

## Mental health problems

Parents reported that 50% of children aged 8–13 years had a problem with their mental health with 39% experiencing 'somewhat of a problem' and 11% experiencing a big problem.

According to parents, 57% of children had a problem with anxiety, 30% a problem with depression and 45% a problem with behaviour.

In April 2023, we asked parents about the magnitude of mental health problems in their children as well as about problems with anxiety and depression in the past two weeks.

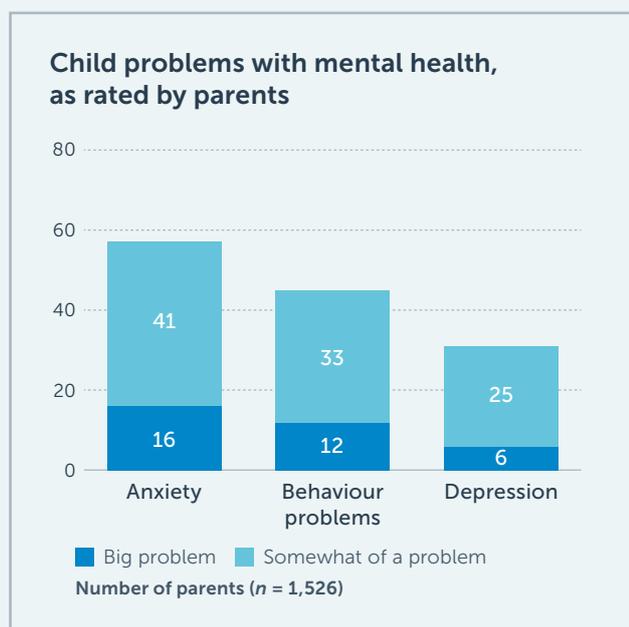


Figure 2: Parent report of mental health problems in children aged 8-13 years, Australia, 2023



## Mental health rating

Most parents rate their child's mental health favourably however, 16% of parents rate their children's mental health as suboptimal (14% fair and 2% poor).

Parents were asked to rate mental health of their child (aged 8–13 years) in April 2023 using a five point scale from poor through to excellent.

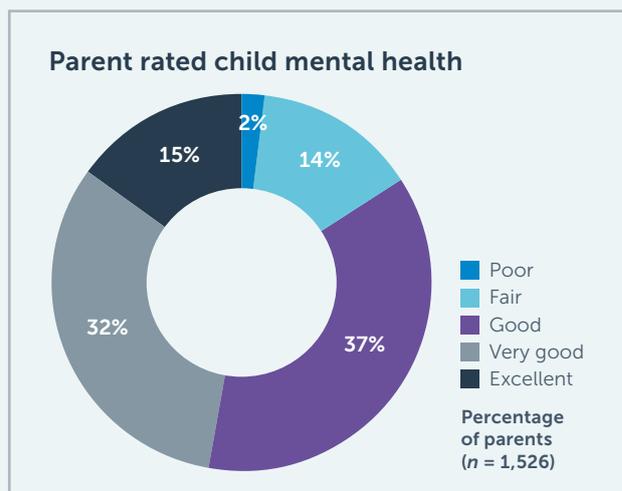


Figure 3: Parent rating of mental health of children aged 8–13 years, Australia, 2023

## Coping

A majority of parents report their child as coping well with life (58%) or thriving (16%) compared to only 5% who say their child is either struggling to cope or not coping at all with life. One in five children (21%) are reported to be 'just coping'.

Parents were asked how their child was managing with life/coping with response options ranging from struggling to cope to thriving.

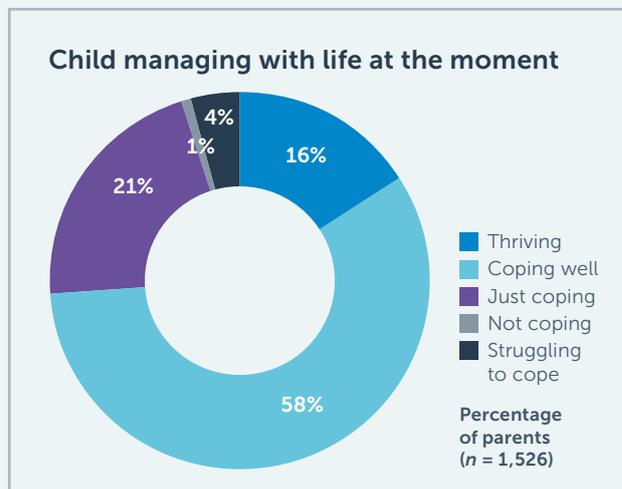


Figure 4: Parent report of coping level of children aged 8-13 years, Australia, 2023

# 5. Parent mental health

## Kessler 6

**According to the K6 scale, in April 2023, 15% of parents of children aged 8–13 years in Australia were likely to have serious mental illness.**

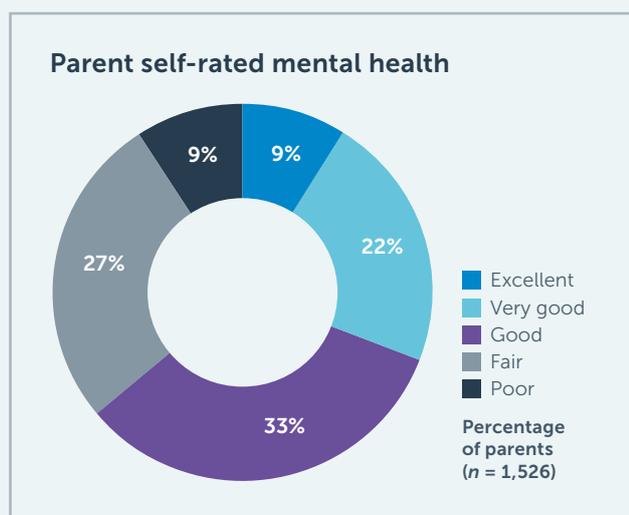
The Kessler 6 (K6) scale is a self-report measure of psychological distress which records anxiety and depression symptoms over four weeks using 5-point scales (1 'none' to 5 'all of the time') and is used to identify likely serious mental illness. Parents were asked to complete the K6 for themselves and were dichotomised into those with likely serious mental illness (total score 19+) and those with 'no probable serious mental illness' (total score 6–18).<sup>(13)</sup> Responses to individual survey items on the K6 can be seen in Appendix 1.4.

Likely serious mental illness was highest in parents aged 18–29 years (30%) followed by parents aged 30–39 years (21%), 40–49 years (11%) and those aged 50 years or more (7%). Seventeen per cent of females were likely to have serious mental illness compared to thirteen per cent of males. More parents in regional and remote areas (19%) were likely to have serious mental illness than those in major cities (14%).

## Self-rated mental health

**Approximately a third (36%) of parents reported their mental health as sub-optimal (27% as fair, and 9% as poor). The remaining 64% reported their mental health as either good (33%), very good (22%) or excellent (9%).**

Parents were asked to rate their mental health using a five-point scale from poor through to excellent.

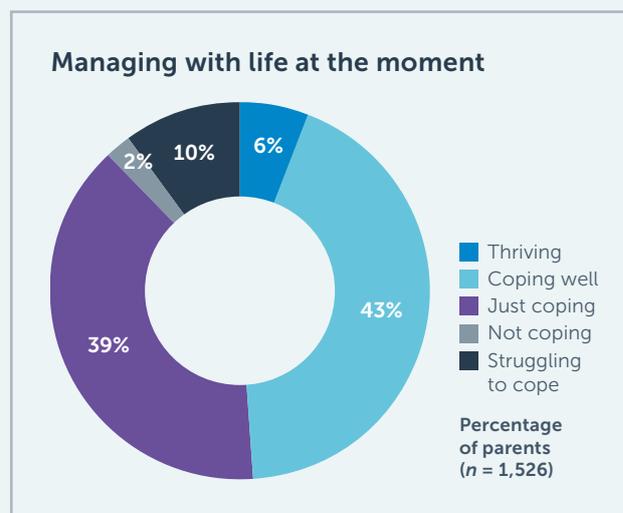


**Figure 5:** Self-rating of mental health of parents of 8–13 year old children, Australia, 2023

## Coping

**Over a third of parents of children aged 8–13 years report they are only 'just coping' when it comes to how they are managing with life. Of concern, 12% of parents report they are 'struggling to cope' (10%) or 'not coping' at all (2%). Half of parents report (49%) report 'coping well' (43%) and/or 'thriving' (6%).**

Parents were asked how they were managing with life with response options ranging from struggling to cope through to thriving.



**Figure 6:** Self-reported coping of parents of 8–13 year old children, Australia, 2023

Half (50%) of older parents (aged 40 years or more) reported coping well or thriving with life compared to 29% of younger parents (aged 18–30 years). Male parents indicated coping slightly better than female parents with nine per cent of males thriving compared to four per cent of females. Slightly fewer male parents reported struggling to cope or not coping (9%) compared to female parents (12%).

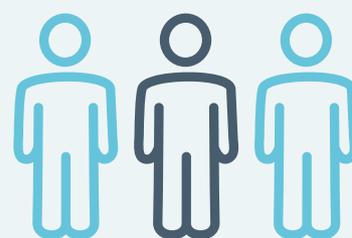
## 6. Relationship between mental health of children and parents

**One in three children (33%) reported symptoms of a mental health problem (anxiety, depression and/or externalising problems). Of these children with mental health symptoms, one in three (33%) had a parent who had likely serious mental illness according to the K6.** In contrast, among children who did not report mental health symptoms only 9% had a parent with likely serious mental illness (K6).

Over half of children (54%) with mental health symptoms had a parent who rated their mental health as 'fair' or 'poor'. In contrast, among children without mental health symptoms, 30% had a parent with 'fair' or 'poor' mental health.

The association between parent mental health and child mental health has been established in previous research.<sup>(15-17)</sup>

One in three children with mental health symptoms has a **parent with serious mental illness.**



# References

1. Talja T, Rantanen A, Koivisto AM, Fröjd S, Ikonen R, Joronen K. *Early identification of depressive symptoms in school-aged children: Psychometric properties and validation of a new short version of Short Mood & Feelings Questionnaire*. Scand J Caring Sci [Internet]. 2021;36(2):393–403.
2. Talja T, Rantanen A, Koivisto AM, Helenius J, Joronen K. *Associations Between Children’s Depressive Symptoms, Life Events, and Family Factors Among School-Aged Children*. J Sch Health [Internet]. 2022;1–10.
3. Angold A, Costello E, Messer S. *Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents*. Int J Methods Psychiatr Res [Internet]. 1995;5:237–49.
4. Sharp C, Goodyer IM, Croudace TJ. *The Short Mood and Feelings Questionnaire (SMFQ): A unidimensional item response theory and categorical data factor analysis of self-report ratings from a community sample of 7-through 11-year-old children*. J Abnorm Child Psychol. 2006;34(3):379–91.
5. Reardon T, Spence SH, Hesse J, Shakir A, Creswell C. *Identifying children with anxiety disorders using brief versions of the Spence Children’s Anxiety Scale for children, parents, and teachers*. Psychol Assess [Internet]. 2018;30(10):1342–55.
6. Rodríguez-Menchón M, Orgilés M, Espada JP, Morales A. *Validation of the brief version of the Spence Children’s Anxiety Scale for Spanish children (SCAS-C-8)*. J Clin Psychol [Internet]. 2022;78(6):1093–102.
7. Mundy LK, Canterford L, Dashti SG, Husin HM, Beatson R, Edwards B, et al. *Adolescents at risk of mental health problems in the COVID-19 pandemic: A prospective population-based study of the effects of government mandates and school closures*. Aust J Soc Issues [Internet]. 2023;(November 2022):70–89.
8. Deighton J, Tymms P, Vostanis P, Belsky J, Fonagy P, Brown A, et al. *The Development of a School-Based Measure of Child Mental Health*. J Psychoeduc Assess [Internet]. 2013;31(3):247–57.
9. Patalay P, Deighton J, Fonagy P, Vostanis P, Wolpert M. *Clinical validity of the Me and My School questionnaire: A self-report mental health measure for children and adolescents*. Child Adolesc Psychiatry Ment Health. 2014;8(1):1–7.
10. Rees G, Savahl S, Lee BJ, Casas F, (Eds). *Children’s views on their lives and well-being in 35 countries: A report on the Children’s Worlds project, 2016-19*. 2020.
11. Ladouceur C. *COVID-19 Adolescent Symptom & Psychological Experience Questionnaire [Internet]*. 2020 [cited 2022 May 24].
12. Ahmad F, Jhaji AK, Stewart DE, Burghardt M, Bierman AS. *Single item measures of self-rated mental health: A scoping review*. BMC Health Serv Res [Internet]. 2014;14(1):1–11.
13. Australian Bureau of Statistics. *Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007-08 [Internet]*. [cited 2022 Nov 8]. Available from: [www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001chapter92007-08](http://www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001chapter92007-08).
14. Children’s Worlds International survey of Children’s Wellbeing. *Country Reports: Third wave of data collection [Internet]*. 2020. Available from: <https://iscweb.org/wp-content/uploads/2020/03/cover-introduction.pdf>.
15. Vostanis P, Graves A, Meltzer H, Goodman R, Jenkins R, Brugha T. *Relationship between parental psychopathology, parenting strategies and child mental health: Findings from the GB national study*. Soc Psychiatry Psychiatr Epidemiol [Internet]. 2006;41(7):509–14.
16. Maybery D, Ling L, Szakacs E, Reupert A. *Children of a parent with a mental illness: perspectives on need*. Aust e-Journal Adv Ment Heal [Internet]. 2005;4(2):78–88.
17. Van Loon LMA, Van de Ven MOM, Van Doesum KTM, Witterman CLM, Hosman CMH. *The Relation Between Parental Mental Illness and Adolescent Mental Health: The Role of Family Factors*. J Child Fam Stud [Internet]. 2014;23(7):1201–14.

# Appendix 1.1

## Short Form Spence Anxiety Scale

Symptom	Responses (n = 1,470)		
	Never %	Sometimes %	Often/always %
1. I worry about things	10	64	26
2. I feel afraid	32	57	10
3. I worry about being away from my parents	25	46	29
4. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	47	40	13
5. I suddenly start to tremble or shake when there is no reason for this	79	16	5
6. I have trouble going to school in the mornings because I feel nervous or afraid	61	28	11
7. I would feel scared if I had to stay away from home overnight	43	37	20
8. I feel scared if I have to sleep on my own	53	30	17

**Table 5:** Short Form Spence Anxiety Scale: Symptoms of anxiety, children aged 8-13 years, Australia

**Note:** Unweighted proportions

# Appendix 1.2

## Short Mood and Feelings Questionnaire

SMFQ item	Responses ( <i>n</i> = 1,483)	
	Not true or sometimes true	True
	%	%
1. I felt miserable or unhappy	96	4
2. I didn't enjoy anything at all	98	2
3. I felt so tired I just sat around and did nothing	92	8
4. I found it hard to think properly or concentrate	88	12
5. I thought nobody really loved me	96	4
6. I thought I could never be as good as other kids	92	8

**Table 6:** SMFQ-8 Symptoms of depression: Symptoms of depression, children aged 8-13 years, Australia

**Note:** Unweighted proportions

# Appendix 1.3

## Me and My Feelings Behavioural Subscale

Symptom	Responses (n = 1,470)		
	Never %	Sometimes %	Often/always %
1. I get very angry	31	64	5
2. I lose my temper	34	62	5
3. I hit out when I am angry	61	35	5
4. I do things to hurt people	78	20	2
5. I am calm	5	64	31
6. I break things on purpose	84	15	1

**Table 7:** Me and My Feelings Behavioural Subscale. Symptoms of behavioural difficulties, children aged 8-13 years, Australia

**Note:** Unweighted proportions

# Appendix 1.4

## Kessler 6

During the past 30 days, about how often did you feel...	Responses (n = 1,483)				
	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	n (%)	n (%)	n (%)	n (%)	n (%)
1. nervous?	4.1 (62)	11.1 (170)	31.6 (482)	32.4 (494)	20.8 (318)
2. hopeless?	2.3 (35)	7.8 (119)	18.7 (286)	26.9 (411)	44.2 (675)
3. restless or fidgety?	4.8 (73)	12.1 (185)	25.1 (383)	29.2 (445)	28.8 (440)
4. so depressed that nothing could cheer you up?	1.4 (22)	5.6 (85)	13.7 (209)	20.2 (308)	59.1 (902)
5. that everything was an effort?	5.3 (81)	11.2 (171)	21.0 (320)	32.0 (489)	30.5 (465)
6. worthless?	3.3 (50)	6.6 (101)	15.0 (229)	22.4 (342)	52.7 (804)

**Table 8:** K6 – items measuring probable serious mental illness of parent.

**Note:** Unweighted proportions

# Appendix 2: Parent questionnaire

## Section 1: Screening questions

1. What is your age in years?
2. What is your gender?
  - Male
  - Female
  - Other
3. What is your postcode at your home address?
4. Are you the parent, step-parent, foster parent or guardian of a child 17 years of age or younger living in your household?
5. How many children are in your household (include all children aged 0–17 years) for which you are the parent, step-parent, foster parent, or guardian?
6. Please provide the gender and age of each child aged 17 years or younger in your household for which you are the parent, step-parent, foster parent or guardian:

### Child 1

Male  
Female  
Years  
Months

### Child 2, repeat for Child 3 etc

Male  
Female  
Years  
Months

7. Are you the sole (single) parent or carer of a child 17 years of age or younger?

- Yes
- No

8. Some children spend time in the care of more than one parent and/or primary carer.

Thinking about a typical week, how many days are your children in your care?

- Every day of the week
- Almost every day of the week
- 4 to 5 days a week
- 2 to 3 days a week
- 1 day a week
- Less than 1 day a week
- Never

## Section 2: Parent questionnaire: self-report mental health and wellbeing and parent report on child mental health and wellbeing

9. The pandemic has affected families and children in different ways. Thinking now about the last two weeks, how much of a problem do you feel the following things are for your child?

Response: Big problem/somewhat of a problem/not a problem.

- 9.1 Anxiety
- 9.2 Social and emotional wellbeing (mental health)
- 9.3 Depression
- 9.4 Behaviour problems

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.

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.

10. 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

- 10.1 nervous?
- 10.2 hopeless?
- 10.3 restless or fidgety?
- 10.4 so depressed that nothing could cheer you up?
- 10.5 that everything was an effort?
- 10.6 worthless?

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. In general, how you would rate **your** mental health?

- Poor
- Fair
- Good
- Very good
- Excellent

{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.

**12.** In general, how would you rate your **child's** mental health?

- Poor
- Fair
- Good
- Very good
- Excellent

**13.** 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

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

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

# Appendix 3: Child questionnaire

**Note:** This document contains Section 3, the child questionnaire. Section 1 and 2 form the parent questionnaire and are presented separately

## Section 3: Child (aged 8–13 years) questionnaire

For each question, choose the answer that is best for you.

{A. WELLBEING: source, *Children's worlds*}

**1.** How happy are you with your life?

On a scale from 0= not at all happy through to 5 = very happy

**2.** Below are two words that describe feelings. Please read each word and then tick a box to say how much you have felt this way during the **past two weeks**.

Never/sometimes/often/always

**2.1** Happy

**2.2** Sad

{COVID-19 impact: source *Measuring Worldwide COVID-19 Attitudes and Beliefs*}

**2.3** In the past **two weeks**, how often have you felt worried when you think about COVID-19?

Never/sometimes/often/always

{B. ANXIETY: Source, *Spence, eight item short scale, child*}

**2.** Please tick the word that shows how often each of these things happen to you. There are no right or wrong answers.

Never/sometimes/often/always

**2.1** I worry about things

**2.2** I feel afraid

**2.3** I worry about being away from my parents

**2.4** I worry that I will suddenly get a scared feeling when there is nothing to be afraid of

**2.5** I suddenly start to tremble or shake when there is no reason for this

**2.6** I have trouble going to school in the mornings because I feel nervous or afraid

**2.7** I would feel scared if I had to stay away from home overnight

**2.8** I feel scared if I had to sleep on my own

{C. DEPRESSION: Source, *Short Mood and Feelings Questionnaire, 2 items*}

**3.** For each question, please tick how much you have felt or acted this way in the **past two weeks**.

If a sentence was true about you most of the time, tick TRUE. If it was only sometimes true, tick SOMETIMES. If a sentence was not true about you, tick NOT TRUE.

True/sometimes/not true

**3.1** I felt miserable or unhappy

**3.2** I didn't enjoy anything at all

**3.3** I felt so tired I just sat around and did nothing

**3.4** I found it hard to think properly and concentrate

**3.5** I thought nobody really loved me

**3.6** I thought I could never be as good as other kids

{D. EXTERNALISING BEHAVIOURS; Source, *Me and My Feelings*}

**4.** This question is asking you about how you feel. There are no right or wrong answers. You should just pick the answer which is best for you.

Never/sometimes/often/always

**4.1** I get very angry

**4.2** I lose my temper

**4.3** I hit out when I am angry

**4.4** I do things to hurt people

**4.5** I am calm

**4.6** I break things on purpose

{E. COVID-19 IMPACT: Source: *COVID-19 Adolescent Symptom and Psychological Experience Questionnaire (CASPE)*}

**5.** Overall, how much has COVID-19 affected your life in a bad way

Not at all/a little/somewhat/a lot

**6.** Overall, how much has COVID-19 affected your life in a good way

Not at all/a little/somewhat/a lot



RCH NATIONAL  
**Child Health POLL**

The Royal Children's Hospital Melbourne  
50 Flemington Road Parkville  
Victoria 3052 Australia  
T: 03 9345 5522  
[www.rchpoll.org.au](http://www.rchpoll.org.au)