



Australian  
Human Rights  
Commission

**'Mental health  
shapes my life':  
COVID-19 &  
kids' wellbeing**

2022



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#### 'Mental health shapes my life': COVID-19 & kids' wellbeing

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Please also be aware that some quotes may contain explicit language.

# 'Mental health shapes my life': COVID-19 & kids' wellbeing

## 2022

Australian Human Rights Commission



# Contents

<b>Support services</b>	<b>8</b>	<b>Section 7: How the pandemic affected children’s mental health and wellbeing</b>	<b>55</b>
<b>Acronyms</b>	<b>9</b>	7.1 Lack of social connectedness	55
<b>Foreword by the National Children’s Commissioner</b>	<b>11</b>	7.2 Physical health and wellbeing	61
<b>Executive summary</b>	<b>12</b>	7.3 Education	63
<b>Recommendations</b>	<b>15</b>	7.4 Social development	77
<b>Section 1: Introduction</b>	<b>17</b>	7.5 Safety at home	78
<b>Section 2: About the surveys</b>	<b>19</b>	7.6 News and information	80
2.1 Timing of surveys	19	7.7 Digital technology and social media	82
2.2 Focus of the surveys	19	7.8 Economic impacts	85
2.3 Methodology	20	<b>Section 8: Supporting children’s mental health</b>	<b>89</b>
2.4 Limitations of this research	23	8.1 The role of families in supporting children’s mental health	89
<b>Section 3: Demographic profile</b>	<b>25</b>	8.2 What helps children stay happy and hopeful	91
3.1 Gender	25	8.3 Experiences of getting help and support	94
3.2 Who children live with	26	8.4 Who would children go to for help should they need it?	100
3.3 Parenting roles	27	8.5 Children’s preferred mode of receiving formal support services	101
3.4 Age of children	27	8.6 Did children need extra support?	103
3.5 Location	28	8.7 Mental health and wellbeing support in schools	104
3.6 Diversity of children, and parents/guardians and grandparents	30	8.8 Seeking help when feeling unsafe in the home	108
3.7 Surveys completed by parents/guardians and grandparents on behalf of their children	31	<b>Section 9: Looking to the future</b>	<b>111</b>
<b>Section 4: What mental health and wellbeing means to children</b>	<b>33</b>	9.1 Children’s hopes for the future	111
<b>Section 5: Children’s mental health and wellbeing over the past two years</b>	<b>39</b>	9.2 Children’s worries for the future	116
5.1 Did the pandemic have a negative impact on children?	39	9.3 How to better support children’s mental health and wellbeing	122
5.2 Children’s worries or concerns throughout the pandemic	43	<b>Section 10: Conclusion</b>	<b>129</b>
<b>Section 6: Children’s current mental health and wellbeing</b>	<b>47</b>	<b>Appendices</b>	<b>130</b>
6.1 How do children usually feel now?	47	Appendix 1: Literature review	131
6.2 How has children’s mental health and wellbeing changed?	48	Appendix 2: Demographic profile tables	140
6.3 How often do children feel down, scared, or worried?	50		
6.4 What specific mental health issues are affecting children?	52		

# List of Figures and Tables

## Figures

Figure 1:	Gender of children, and parents/guardians and grandparents	25
Figure 2:	Who children live with	26
Figure 3:	Parenting role of respondents	27
Figure 4:	Age of children	27
Figure 5:	Jurisdictions where children, and parents/guardians and grandparents live	28
Figure 6:	Geographical areas where children, and parents/guardians and grandparents live	29
Figure 7:	Diversity of children, and parents/guardians and grandparents	31
Figure 8:	Children's survey: I felt like the COVID-19 pandemic had a negative impact on my wellbeing	39
Figure 9:	Children's survey: I felt like the COVID-19 pandemic had a negative impact on my wellbeing, disaggregated by gender, age and geographic location	41
Figure 10:	Parents/guardians and grandparent's survey: I felt like the COVID-19 pandemic had a negative impact on my child's wellbeing	42
Figure 11:	Children's survey: What caused you worry or concern over the last two years?	43
Figure 12:	Children's survey: How do you usually feel?	47
Figure 13:	Children's survey: How do you feel now compared to before the pandemic?	49
Figure 14:	Parents/guardians and grandparent's survey: how do you think your child feels now compared to before the pandemic?	49
Figure 15:	Children's survey: at the moment, how often do you feel down, scared or worried?	50
Figure 16:	Parents/guardians and grandparent's survey: how often do you think your child currently feels down, scared or worried?	51
Figure 17:	Children's survey: what has changed for you over the last two years?	62
Figure 18:	Children's survey: what was your experience of remote learning like?	64
Figure 19:	Children's survey: did you always feel safe at home over the last two years?	78
Figure 20:	Children's survey: in the last two years, have you experienced any problems or negative experiences with digital technology or social media? select all that apply	82
Figure 21:	Parents/guardians and grandparent's survey: have you and your family had enough money for basic needs (like food, housing, transport, clothes, school) over the last two years?	85

Figure 22:	Children's survey: did you feel like your family supported your mental health and wellbeing over the last two years?	89
Figure 23:	Children's survey: who or what helped you to stay feeling happy and hopeful over the last two years? select all that apply	91
Figure 24:	Children's survey: have you had help for your mental health and wellbeing?	94
Figure 25:	Children's survey: why was it hard for you to get help? select all that apply	95
Figure 26:	Parents/guardians and grandparent's survey: what made it easier for you to get help for your child? select all that apply	99
Figure 27:	Children's survey: who are the top three people you would ask for help if you felt down, scared or worried? select three answers	100
Figure 28:	Children's survey: how would you be most comfortable seeking help?	101
Figure 29:	Children's survey: did you feel that you needed extra support over the last two years but were unable to get it?	103
Figure 30:	Children's survey: did children feel that their teachers and schools had supported their mental health and wellbeing over the last two years?	104
Figure 31:	Children's survey: should schools offer more support for children's mental health and wellbeing?	106
Figure 32:	Children's survey: did you tell someone when you felt unsafe?	108
Figure 33:	Children's survey: how hopeful are you about the future?	111

## Tables

Table 1:	Demographic profile of children responding to the survey	140
Table 2:	Demographic profile of parents/guardians and grandparents responding to the survey	142
Table 3:	Demographic profile of parents/guardians and grandparents who did not complete the survey on behalf of their child compared to parents/guardians and grandparents who completed the survey on behalf of their child	145
Table 4:	Demographic profile of children who completed the survey themselves compared to children whose parents/guardians/grandparents completed the survey on their behalf	146

## Support services

Some of the content discussed in this report may be distressing. If you need to talk to someone, support is available.

### Crisis and suicide prevention

- If you or someone else are in immediate danger call Triple Zero 000
- Lifeline: 13 11 14 or visit <https://www.lifeline.org.au>

### Mental health support and advice

- Kids Helpline: 1800 55 1800 or visit <https://www.kidshelpline.com.au>
- Beyond Blue: 1300 22 4636 or visit <https://www.beyondblue.org.au>
- MensLine Australia: 1300 78 99 78 or visit <https://www.mensline.org.au>

### Family and domestic violence support

- 1800Respect: 1800 737 732 or visit <https://www.1800respect.org.au>

### Child sexual abuse support and advice

- BraveHearts Support Line: 1800 272 831 or visit <https://www.bravehearts.org.au>

### Links and contact details for support services for parents and carers

- **New South Wales:** Parentline NSW on 1300 130 052 or visit <https://www.parentline.org.au>
- **Australian Capital Territory:** Parentline ACT on (02) 6287 3833 or visit <http://parentlineact.org.au>
- **Northern Territory:** FACES Family Support Line on 1800 999 900 or visit <https://tfhc.nt.gov.au/children-and-families/territory-faces>
- **Queensland:** Parentline Queensland and Northern Territory on 1300 301 300 or visit <https://parentline.com.au>
- **South Australia:** Parent Helpline South Australia on 1300 364 100 or visit <https://www.cafhs.sa.gov.au/services/parent-helpline>
- **Tasmania:** Parentline Tasmania on 1300 808 178 or visit [https://www.health.tas.gov.au/service\\_information/children\\_and\\_families/parentline](https://www.health.tas.gov.au/service_information/children_and_families/parentline)
- **Victoria:** Parentline Victoria on 132 289 or visit <https://services.dffh.vic.gov.au/parentline>
- **Western Australia:** Ngala Helpline on (08) 9368 9368 (metropolitan) or 1800 111 546 (regional callers) or visit <https://www.ngala.com.au/service/ngala-parenting-line-2>

## Acronyms

<b>AHRC</b>	Australian Human Rights Commission
<b>ACER</b>	Australian Council for Educational Research
<b>CRC</b>	Convention on the Rights of the Child
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>CYPD</b>	Children and Young People with Disability Australia
<b>NCC</b>	National Children's Commissioner
<b>NMHC</b>	National Mental Health Commission
<b>OECD</b>	Organisation for Economic Co-Operation and Development
<b>UNDRIP</b>	United Nations Declaration on the Rights of Indigenous Peoples

**Anne Hollonds**

*National Children's Commissioner  
Australian Human Rights Commission*



## Foreword by the National Children's Commissioner

For over two years, children in Australia and their families have been experiencing unparalleled levels of uncertainty and disruption in their lives, due to the COVID-19 global pandemic.

While the impact of the 'long tail' of COVID-19 on children and their families is yet to be fully understood, its potential to adversely affect mental health and wellbeing was recognised early in the trajectory of the pandemic, especially for those already experiencing challenges in their lives. Research indicates that child and adolescent mental illness has increased considerably during the COVID-19 pandemic, with some experts warning that the impacts on mental health and wellbeing may be long lasting.

The United Nations identified children and adolescents as a priority group early in the pandemic, calling for tailored attention to their mental health. It also recommended that all countries plan a response to the mental health consequences of the pandemic. The Organisation for Economic Co-operation and Development (OECD) recognised that these plans should be driven by community consultation and leverage the views of young people.

Despite being nearly a quarter of the Australian population, the voices and views of children in Australia are largely overlooked by decision-makers. The past two years have brought this into sharp focus, with children too often being an 'afterthought' in pandemic policymaking that has affected them directly and indirectly.

As we move forward from the pandemic, the Australian Government, along with states and territories, has the opportunity to listen to the voices of children and elevate children's wellbeing as a national policy priority in the future. I would like to see the current momentum and interest in children's mental health be a catalyst for evidence-informed policy and systems change.

Thank you to all the children, young people, parents, guardians and grandparents who shared their experiences and insights so that our policy and service systems can be improved.

A handwritten signature in black ink that reads "Anne Hollonds". The signature is fluid and cursive.

Anne Hollonds

National Children's Commissioner

## Executive summary

This project explored children's experiences of the COVID-19 pandemic and their mental health and wellbeing. Surveys were undertaken with children, and parents/guardians and grandparents in early 2022. The findings from the *COVID-19 and kids' wellbeing* surveys provide insight into how to best support children's mental health and wellbeing in Australia.

While the findings will guide the implementation of the *National Mental Health and Wellbeing Pandemic Response Plan* (Response Plan), the survey findings also demonstrate that systems reform at a national level is needed to effectively support the mental health and wellbeing of children. An important starting point for this is the resourcing and implementation of the *National Children's Mental Health and Wellbeing Strategy*.

### Recommendations

This report includes eight recommendations based on findings from the surveys, individual interviews and two roundtables with key stakeholders:

1. Australian governments work together to fully fund and implement the *National Children's Mental Health and Wellbeing Strategy* (Priority Areas 1, 2, 3 and 6 in the Response Plan) (See sections 8.3(a) and 9.3(b))
2. The Australian Government seeks the views and experiences of children, young people and their families to inform the ongoing implementation and monitoring of the *National Mental Health and Wellbeing Pandemic Response Plan*, including by direct engagement through interviews, forums and surveys (Priority Area 6 in the Response Plan) (See section 9.3(d))

3. The Australian Government regularly collects national data on the mental health and wellbeing of children and young people that can be used to inform policy and service delivery, and to monitor long-term trends in children's mental health during and beyond the COVID-19 pandemic (Priority Area 10 in the Response Plan)
4. Australian governments conduct child rights impact assessments as part of all policy and law decision-making processes that affect children's wellbeing, including in emergency responses (Priority Areas 6 and 10 in the Response Plan) (See section 9.3(d))
5. Australian governments fund evidence-based education programs in schools and community settings to improve the mental health and wellbeing literacy of children and caregivers, and increase understanding and awareness of mental health issues in the community (Priority Area 7 in the Response Plan) (See sections 5, 8.3(a) and 9.3(a))
6. Australian governments pilot models of schooling that provide integrated and holistic mental health and wellbeing support, including by:
  - a. co-locating health and family support services with schools where possible, or facilitating access to community-based services
  - b. ensuring teachers receive training and support to address children's wellbeing needs and collaborate with mental health experts where necessary
  - c. ensuring trained mental health professionals are available and accessible to all in the school community, including students and their families. (Priority Areas 1, 2, 3 and 6 in the Response Plan) (See sections 7.3, 8.7 and 9.3(c))

7. Australian governments make available free or affordable, place-based, holistic mental health services for children and their families, including in regional and remote areas (Priority Areas 1, 2, 3 and 6 in the Response Plan) (See sections 8.3(a) and 9.3(b))
8. Mental health services for children and families offer a range of delivery options to encourage greater uptake, including face-to-face, child-friendly telehealth consultations, digital interventions, and phone helplines, where they are evaluated as providing positive outcomes (Priority Areas 1, 2, 3 and 6 in the Response Plan) (See section 8.5)

### What our research is about and why it is important?

In June 2021, the National Mental Health Commission (NMHC) funded ten projects investigating the impact of the COVID-19 pandemic on different communities in Australia. This project was selected as part of that process to investigate how the pandemic affected the mental health and wellbeing of children.

This project builds on research conducted by the Australian Human Rights Commission (AHRC) in 2020 during the early stages of the pandemic, analysing the mental health and support needs of children contacting the Kids Helpline.<sup>1</sup> The report of that research included recommendations for protecting the mental health and wellbeing of children as the pandemic unfolded.

Prior to the pandemic the mental health and wellbeing of children in Australia was an ongoing concern for policy makers, practitioners and children and their families, with research suggesting a decline in the mental health and wellbeing for children in Australia and overseas.

Children and young people as a group have been subject to multiple restrictions as a result of the pandemic—their ability to move around their communities, spend time with friends and extended family members, and their ability to attend school have all been constrained at different times since early 2020.

In addition, children experienced the broader impacts of the pandemic on their families—fear of either themselves or relatives getting ill, periods of isolation, lack of information and misinformation, as well as economic impacts such as loss of employment of family members. This project explores how these factors and others have affected the mental health and wellbeing of children and young people based on their self-reported experiences, and those of their caregivers.

### What did we want to find out?

In 2021, the NMHC asked the National Children's Commissioner (NCC) to examine the impacts of the COVID-19 pandemic on the mental health and wellbeing of children. It specifically asked the NCC to examine:

- the impacts of the pandemic on children in different circumstances and locations
- the mental health and related support and interventions required to support them, their families and communities
- the main and unique challenges and barriers experienced by children during the pandemic
- actions that can be taken to address the priority action areas of the Response Plan, and other priority issues identified by children.

## What did we do?

We surveyed children aged 9–17 years and parents/guardians and grandparents of children in this age group.

Children, and parents/guardians and grandparents across Australia were invited by the NCC to respond to an online survey. 4,559 children aged 9–17 years, and 2,796 parents/guardians and grandparents provided survey responses. In addition, stakeholders from seven key service providers that provide mental health support for children were interviewed prior to the survey being undertaken. Also, two roundtables with key stakeholders, including young people, were held at the conclusion of the project to test the interpretation of key findings, and discuss them.

## What did we find out?

Children across Australia experienced the pandemic in different ways, with variations in experiences of restrictions and levels of community infections across states and territories. Many of the 4,559 children who participated in the survey reported that the pandemic had a negative impact on their wellbeing (41%), and at the time of the survey in early 2022, around one in five children reported that they were feeling more down, scared or worried than they used to.

The lack of social engagement and contact with extended family and their friends was a key concern for children. Many also struggled with remote learning.

Some children, and parents/guardians and grandparents reflected that the lessons learned through the pandemic were an opportunity to improve systems and supports for children overall. Around one in five children said that they had needed extra support for their mental health and wellbeing over the last two years. Children expressed a strong preference for in-person support rather than telehealth options when it was available, suggesting more work needs to be done to make telehealth offerings more child-friendly.

Around a third of children and over half of parents/guardians and grandparents also felt that schools should offer more support for children's mental health and wellbeing. Both children, and parents/guardians and grandparents asked for support for mental health and wellbeing to be built into daily activities and programs at schools rather than just having stand-alone sessions.

Children, and parents/guardians and grandparents said there should be greater awareness and understanding of mental health in the community. Some children reflecting on the pandemic said they hoped it had increased awareness of mental health, would make it easier to speak about, and seek help when needed.

## Opportunities from our research

The *COVID-19 and kids' wellbeing* surveys have highlighted the importance of listening to children and ensuring their wellbeing is a priority for policy making. The pandemic, and the response to the pandemic, had significant impacts on the lives of children. Yet children and their families were not involved in guiding or giving real-time feedback on government responses.

Children who responded to this survey have clear messages about how policies, systems and services can best support their needs. They seek more awareness and understanding of mental health, more integrated support systems that align with their daily lives (including through schools), and services that are accessible, affordable, inclusive, and designed to meet their needs.

Continuing to check in with children in the implementation of the Response Plan is critical in understanding how well their needs are being met and ensuring they thrive. One opportunity for further exploration of system responses in relation to children during the pandemic would be to undertake a more extensive expert review of the impact of COVID-19 and the pandemic response on children as recommended by the Select Committee on COVID-19.<sup>2</sup>

# Recommendations

This report includes eight high-level recommendations for meeting the mental health and wellbeing needs of children affected by the COVID-19 pandemic in Australia.

The recommendations are based on key findings, including what children and families said about how better to support their mental health and wellbeing (see section 9.3), as well as interviews and two online roundtables with key stakeholders (see sections 2.3(c) and 2.3(h)).

The recommendations seek to make systemic changes in our approach towards children's mental health and wellbeing in Australia, both in emergency situations and in post-pandemic Australia. What emerges clearly from this work (and that of others) is that children's mental health and wellbeing was already of significant concern in Australia well before the pandemic arrived.

Each recommendation relates to the priority areas of the Response Plan,<sup>3</sup> as well as to issues raised in sections of the report. These are both indicated in brackets following each recommendation. The recommendations are:

1. Australian governments work together to fully fund and implement the *National Children's Mental Health and Wellbeing Strategy* (Priority Areas 1, 2, and 6 in the Response Plan) (See sections 8.3(a) and 9.3(b))
2. The Australian Government seeks the views and experiences of children, young people and their families to inform the ongoing implementation and monitoring of the *National Mental Health and Wellbeing Pandemic Response Plan*, including by direct engagement through interviews, forums and surveys (Priority Area 6 in the Response Plan) (See section 9.3(d))
3. The Australian Government regularly collects national data on the mental health and wellbeing of children and young people that can be used to inform policy and service delivery, and to monitor long-term trends in children's mental health during and beyond the COVID-19 pandemic (Priority Area 10 in the Response Plan)
4. Australian governments conduct child rights impact assessments as part of all policy and law decision-making processes that affect children's wellbeing, including in emergency responses (Priority Areas 6 and 10 in the Response Plan) (See section 9.3(d))
5. Australian governments fund evidence-based education programs in schools and community settings to improve the mental health and wellbeing literacy of children and caregivers, and increase understanding and awareness of mental health issues in the community (Priority Area 7 in the Response Plan) (See sections 4, 8.3(a) and 9.3(a))
6. Australian governments pilot models of schooling that provide integrated and holistic mental health and wellbeing support, including by:
  - a. co-locating health and family support services with schools where possible, or facilitating access to community-based services
  - b. ensuring teachers receive training and support to address children's wellbeing needs and collaborate with mental health experts where necessary
  - c. ensuring trained mental health professionals are available and accessible to all in the school community, including students and their families (Priority Areas 1, 2, 3 and 6 in the Response Plan) (See sections 7.3, 8.7 and 9.3(c))
7. Australian governments make available free or affordable, place-based, holistic mental health services for children and their families, including in regional and remote areas (Priority Areas 1, 2, 3 and 6 in the Response Plan) (See sections 8.3(a) and 9.3(b))
8. Mental health services for children and families offer a range of delivery options to encourage greater uptake, including face-to-face, child-friendly telehealth consultations, digital interventions, and phone helplines, where they are evaluated as providing positive outcomes (Priority Areas 1, 2, 3 and 6 in the Response Plan) (See section 8.5)





SECTION

# 1

## Introduction

The COVID-19 pandemic occurred at a time when children's mental health was already seen to be in crisis in Australia and globally.<sup>4</sup> UNICEF's report, *The State of the World's Children 2021*, argues that 'the pandemic may represent the tip of a mental health iceberg—an iceberg we have ignored for far too long'.<sup>5</sup>

The *National Mental Health and Wellbeing Pandemic Response Plan (Response Plan)* identified children as one of its priority population groups.<sup>6</sup>

The Response Plan presents key principles, priority areas, and actions to guide Australia's response to the pandemic. Six of the ten priority areas are particularly relevant to children. These include:

- meeting immediate mental health and well-being needs by adapting current services and proactively engaging with those in need (Priority Area 1)
- implementing new models of care to meet emerging needs that focus on strengthening our communities and community-based care (Priority Area 2)
- facilitating access to care through coordination and integration (Priority Area 3)
- meeting the needs of our most at risk with targeted responses that acknowledge the unique experiences and diverse requirements of vulnerable populations (Priority Area 6)
- communicating clearly with strategies that inform, provide consistent messages, and use community communication as a prevention tool (Priority Area 7)
- providing strong governance and integrated coordination of Australia's federated mental health (Priority Area 10).

In 2021, the National Mental Health Commission (NMHC) asked the National Children's Commissioner (NCC) to examine the impacts of the COVID-19 pandemic on the mental health and wellbeing of children. It specifically asked the NCC to examine:

- the impacts of the pandemic on children in different circumstances and locations
- the mental health and related support and interventions required to support them, their families, and communities
- the main and unique challenges and barriers experienced by children during the pandemic
- actions that can be taken to address the priority action areas of the Response Plan, and other priority issues identified by children.

To explore these issues, the NCC conducted surveys with 4,559 children and young people aged 9–17 years, and 2,796 parents/guardians and grandparents, supported by interviews and roundtables with key stakeholders.

This report outlines the findings from the surveys, interviews and roundtables.

The findings demonstrate that, in order to support children through the pandemic and beyond, we need to address the systemic issues highlighted by the responses of children and those who care for them. Making children a national policy priority and reforming the systems that support children and their families is critical to ensuring positive mental health and wellbeing are available to children across Australia.

In this report, children are defined as all those below the age of 18 years, consistent with the United Nations *Convention on the Rights of the Child* (CRC).

## About the surveys

### 2.1 Timing of surveys

The survey fieldwork commenced in early 2022, as most children were returning to school after the summer holidays. Across Australia, most of the pandemic restrictions on movement and social interactions had been lifted at this time, but the surge in cases from the Omicron wave continued to affect children's return to school.

In Queensland, the start of the 2022 school year was delayed by two weeks for students in kindergarten to year 10, while students in years 11 and 12 started on time but learned remotely for the first two weeks. In South Australia, the first two weeks of term 1 were by remote learning for students in years 2–6 and 9–11, while other students learned face-to-face. Return to face-to-face learning was not delayed in other states and territories, although COVID-19 measures were in place in schools, including mask mandates, rapid antigen testing, remote learning arrangements for children who needed to isolate, and ventilation in classrooms. Return to school in New South Wales and Victoria occurred after lengthy isolation periods and social distancing measures were in place intermittently throughout 2021.

While the surveys focused on mental health and the pandemic, they were also conducted at a time of general unrest and uncertainty throughout Australia and the world, including challenging weather events such as bushfires and flooding, and the Russian invasion of Ukraine. These may have also affected the mental health of children, and parents/guardians and grandparents responding to the surveys.

### 2.2 Focus of the surveys

Listening to children's views and experiences, and taking those views into account is central to the work of the NCC. Children's right to participate in decisions that affect them is one of the four guiding principles of the United Nations *Convention on the Rights of the Child* (CRC).

Participation is also a key principle in the United Nations *Declaration on the Rights of Indigenous Peoples* (UNDRIP) and the *Convention on the Rights of Persons with Disabilities* (CRPD). The enjoyment of this right is both protective and empowering for children.

The children's survey was developed to hear directly from children about their experiences of the pandemic and the challenges they faced. Parents/guardians and grandparents were also given the opportunity to provide their insights and experiences about the impacts of the pandemic on their children.

Survey questions focused on:

- what children understand about mental health and wellbeing
- how children are currently feeling and whether this changed in the past two years
- what worries and concerns children experienced in the past two years
- what children have missed during the pandemic
- how children felt about their safety at home during the pandemic
- how confident children were to seek mental health help during the pandemic, and what were their preferred methods for seeking help
- what barriers children experienced in terms of getting help, especially over the past two years
- what ideas children have about improved supports for mental health and wellbeing
- what families and schools did to help children during the last two years
- what concerns children have about returning to school
- what helped children to stay feeling happy and hopeful during the last two years
- what children feel optimistic about in the future.

The 9–17 age group were targeted because late childhood and early adolescence is a common time for initial onset (or diagnosis) of mental health conditions.<sup>7</sup> Transitioning from childhood into early adolescence includes the onset of puberty combined with significant social and environmental changes, such as the move from primary school to high school, and changes in family and community expectations as a result of this transition. This can make early adolescence a particularly stressful time. While experiencing stress is normal, high levels of stress can lead to mental health problems, and existing mental health problems can heighten negative responses to stress.<sup>8</sup> Given that early adolescence is already known to be a critical juncture, it is important that the added complexity of the pandemic is explored for this age group.

## 2.3 Methodology

The project involved a mixed methods approach. This included surveys with children, parents/guardians and grandparents to understand their experiences, as well as consultations with a small number of stakeholders who were involved in the delivery of mental health services for children. These stakeholder consultations helped to inform the design of the surveys. Roundtables were also conducted following an initial analysis of the survey responses, providing an opportunity to gain additional insights from key experts.

### (a) Human rights-based approach

A human rights-based approach guided all aspects of this project. The most common description of a human rights-based approach is the PANEL framework:<sup>9</sup>

#### PANEL Principles: A human rights-based approach

**Participation:** everyone has the right to participate in decisions which affect their lives. Participation must be active, free and meaningful, and give attention to issues of accessibility, including access to information in a form and a language which can be understood.

**Accountability:** accountability requires effective monitoring of compliance with human rights standards and achievement of human rights goals, as well as effective remedies for human rights breaches. For accountability to be effective there must be appropriate laws, policies, institutions, administrative procedures and mechanisms of redress in order to secure human rights. This also requires the development and use of appropriate human rights indicators.

**Non-discrimination and equality:** a human rights-based approach means that all forms of discrimination in the realisation of rights must be prohibited, prevented and eliminated. It also means that priority should be given to people in the most marginalised or vulnerable situations who face the biggest barriers to realising their rights.

**Empowerment:** everyone is entitled to claim and exercise their rights and freedoms. Individuals and communities need to be able to understand their rights and to participate fully in the development of policy and practices which affect their lives.

**Legality:** a human rights-based approach requires that the law recognises human rights and freedoms as legally enforceable entitlements and the law itself is consistent with human rights principles.

These principles guided the survey design and distribution process, including the information provided to participants, and the approach to analysis and report writing.

### (b) Literature review

The design of the surveys was informed by a literature review, which included a review of the existing literature on child mental health and wellbeing in Australia, both pre-pandemic and contemporary, and the systems and conditions that support positive mental health and wellbeing. It also included a review of relevant government policies to understand the government decisions about pandemic-related restrictions.

The review primarily considered literature published over the past 10 years. However, given the emergent nature of evidence around the impact of the pandemic on children's mental health and wellbeing, other sources, such as reports from key non-government organisations and some media reports quoting recognised experts about the potential impacts, are also referenced.

The literature review is located in Appendix 1 and is referred to where relevant specific findings have been cited in the body of this report.

Additional literature was also identified after the initial review was completed, and is included throughout the report to support findings.

### (c) Stakeholder interviews

Stakeholder interviews were held with representatives from seven key mental health services that provide mental health support for children. The services were located across Australia, but were predominantly in New South Wales (NSW), Victoria, and South Australia.

The primary purpose of the stakeholder interviews was to inform the design of the surveys and ensure they included questions about the mental health and wellbeing issues commonly raised with key service providers by children during the pandemic.

The interviews occurred during October and November 2021 via video conferencing and were up to one hour in length. Interviewees were asked for their observations on children's mental health during the pandemic, and about how they adapted their practice to assist children, and parents/guardians and grandparents during this time.

### (d) Survey design

Two online surveys were developed—one targeted at children aged 9–17 years, and the other targeted at parents/guardians and grandparents. The surveys were programmed using Qualtrics and housed on the Australian Human Rights Commission's (AHRC) website.

The children's survey included 34 questions consisting of a mixture of Likert scales, dichotomous questions, checklists, and free-text items.

The survey for parents/guardians and grandparents was designed to complement the children's survey. Parents/guardians and grandparents were invited to participate if they had a child in their family aged 9–17. The survey included questions about their own experiences, and those of their child. After answering questions about their own experiences and feelings, parents/guardians and grandparents were provided with the option to complete a survey on behalf of their child aged 9–17 about their experiences or they could nominate for their child to complete their own survey about their experiences. Around a third of the parents/guardians and grandparents group opted to complete the children's survey questions on behalf of their child.

### (e) Child safety and wellbeing

The surveys were conducted in accordance with AHRC's *Child Safety and Wellbeing Policy*,<sup>10</sup> developed by the AHRC to comply with the National Principles for Child Safe Organisations.

All children aged under 16 years were asked to seek parent or guardian consent before completing the survey. They were asked to check a box indicating they had done so, which prompted the commencement of survey questions.

### (f) Survey distribution

The surveys went live on Monday 31 January 2022—the same day children in most states and territories returned to school—and closed on Sunday 20 March 2022. The surveys were open to all children aged 9–17, and parents/guardians and grandparents of children in this age group residing in Australia.

The surveys were promoted across a variety of platforms including the AHRC's social media, via state and territory Children's Commissioners and their networks, and via other stakeholders who engage with children and their families. The NCC also promoted the survey via media interviews, including an interview with Behind the News (BTN—an ABC television news program aimed at children aged 10–13).

### (g) Data analysis and reporting

Qualtrics and Microsoft Excel were used to analyse the survey responses. This allowed variables to be analysed by demographic characteristics, as well as to identify key themes.

Free-text responses collected through the surveys are included throughout the report to illustrate the range of experiences reported by children and their parents/guardians and grandparents, as well as to provide additional insights into the quantitative survey findings.

Some free-text responses that were specific (for example, street names when indicating their location) were not included in the totals.

Percentages were rounded up to the nearest whole number when 0.5 or higher and rounded down when less than 0.5. At times this means that the reporting of percentages adds up to less or more than 100%.

Additionally, survey completion has natural attrition where respondents often answer fewer questions as the survey progresses. Survey respondents were not obliged to answer any questions that they did not wish answer. Also, their responses to some questions directed their access to others. For these reasons, the number of responses to specific questions fluctuates. The number of responses (n) is reported in some questions throughout the report.

While data was collected from and about both children and parents/guardians and grandparents via these surveys, analysis and reporting in this report prioritises the data received from children about their experiences and wellbeing. Parent/guardian and grandparent data is used where helpful to provide additional insights or perspectives, or to help explain findings from the children's survey. Parent/guardian and grandparent data is primarily used when reporting about their child's experience through either closed or open response questions.

### (h) Stakeholder roundtables

Two stakeholder roundtables were held in June 2022, after the conclusion of the surveys to discuss key findings. The roundtables were undertaken using video conferencing. Each roundtable took approximately 1.5 to 2 hours.

Participants in the first roundtable consisted of educators and representatives from mental health organisations, and the second roundtable consisted of academics and policy experts specialising in education and child mental health. Each roundtable included young people as participants, nominated by their youth-focused organisation or council.

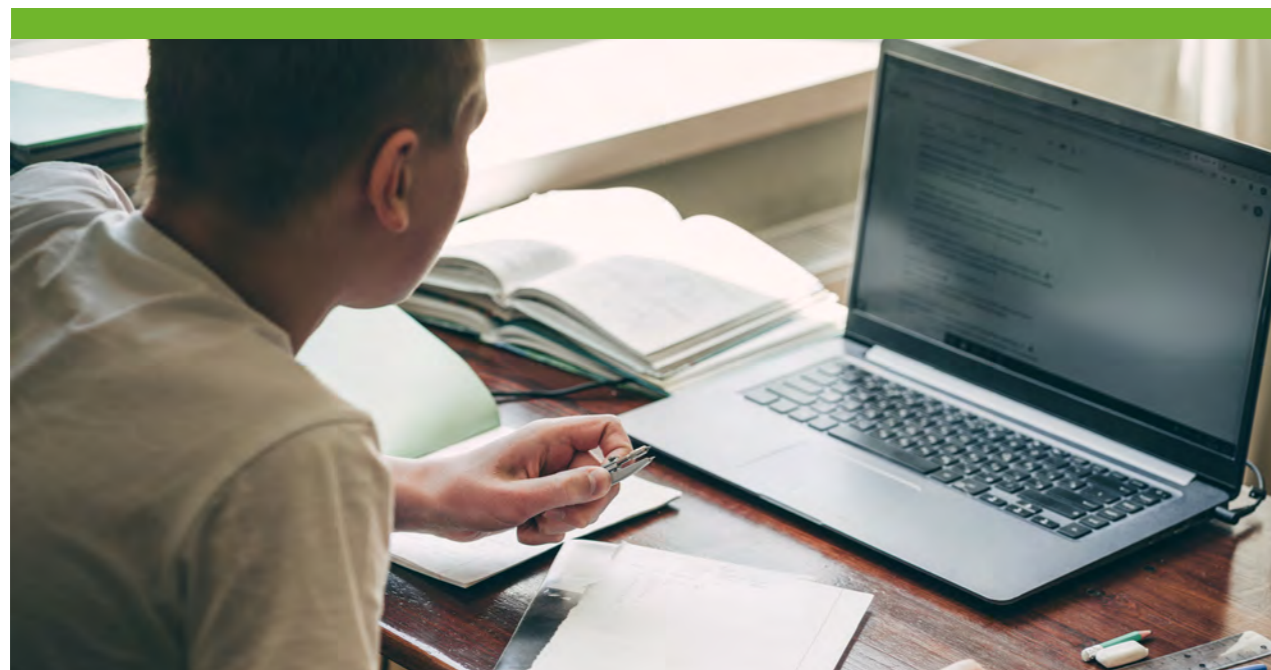
## 2.4 Limitations of this research

As with all research, there are some limitations that need to be considered when reading this report and interpreting the results.

The surveys are based on a convenience sample. This is because it was not possible to access a reliable and ethical sampling frame within the resources and timeframes for the project. While the aim was to attract a diverse sample through the online surveys by promoting the survey through multiple channels and stakeholders, the results are not based on a representative sample. Also, those who care about a particular issue related to the pandemic may have been more likely to set time aside to participate in surveys.

The mode of delivery of the survey may have also impacted access for some groups. The surveys were only available online which did not allow for equal entry to those without access to technology.

The decision made on ethical grounds to not force respondents to answer all questions also led to large numbers of non-responses—in many cases up to 30 to 40% of respondents did not answer individual questions. Recognising the significance of this non-response, most of the analysis was undertaken inclusive of this non-response group. The reasons for non-response may have included a preference not to answer due to the sensitive nature of the question, or it may have been that respondents accidentally skipped a question (this is particularly likely when completing the survey on their phones).





## Demographic profile

The children's survey received 4,559 responses from children aged 9–17. This survey asked demographic questions about their gender, age, location, cultural background and diversity.

The parents/guardians and grandparent's survey received 2,796 responses from parents/guardians and grandparents with children between the ages of 9–17. Of these responses, over one third (n=884) completed questions about one of their children on their child's behalf.

The survey asked questions about parents/guardians and grandparents' age, parenting role, location, cultural background and diversity.

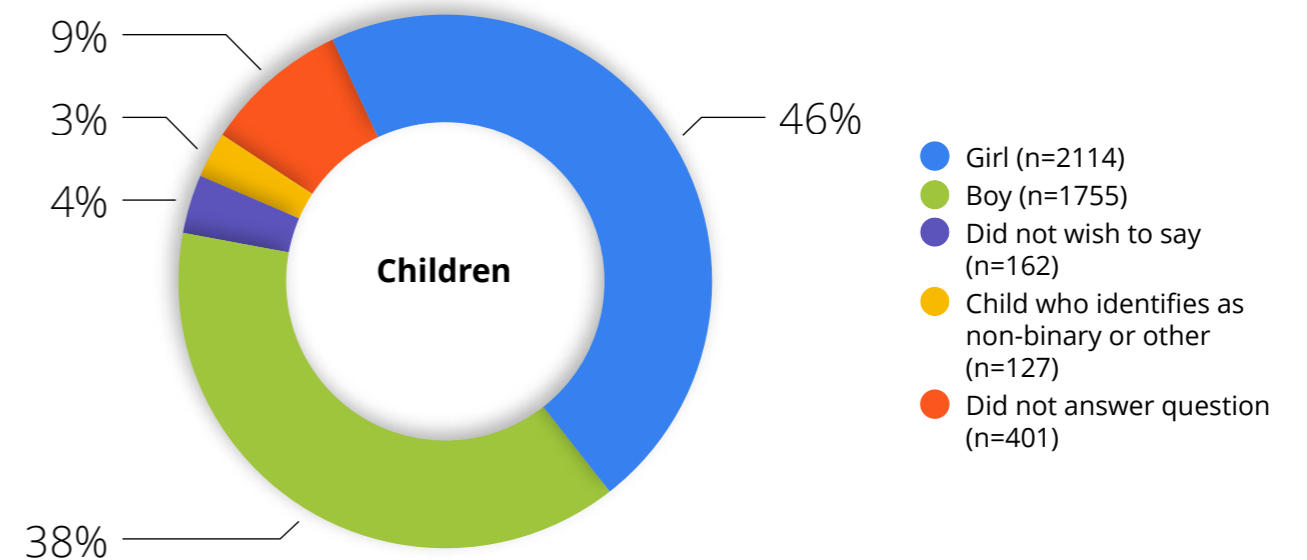
Disaggregated respondent demographics for both surveys are provided in Appendix 2 of the report.

### 3.1 Gender

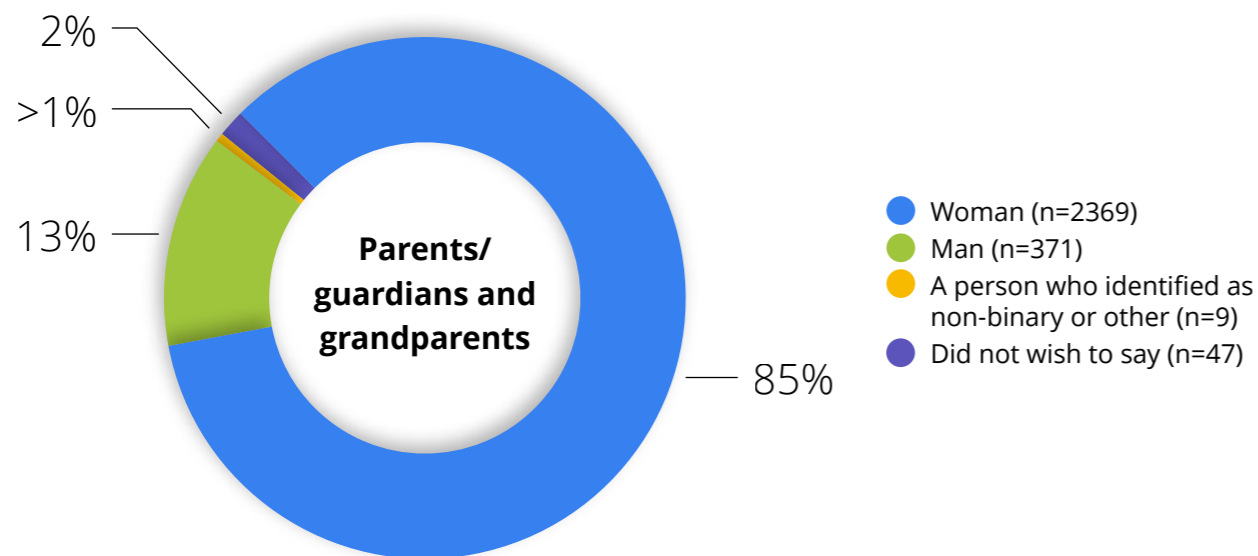
46% of child respondents identified as girls, 38% as boys and 3% as non-binary or other.

The majority (85%) of respondents to the parent/guardian and grandparent survey identified as women.

**Figure 1: Gender of children, and parents/guardians and grandparents**



**Figure 1: Gender of children, and parents/guardians and grandparents (continued)**

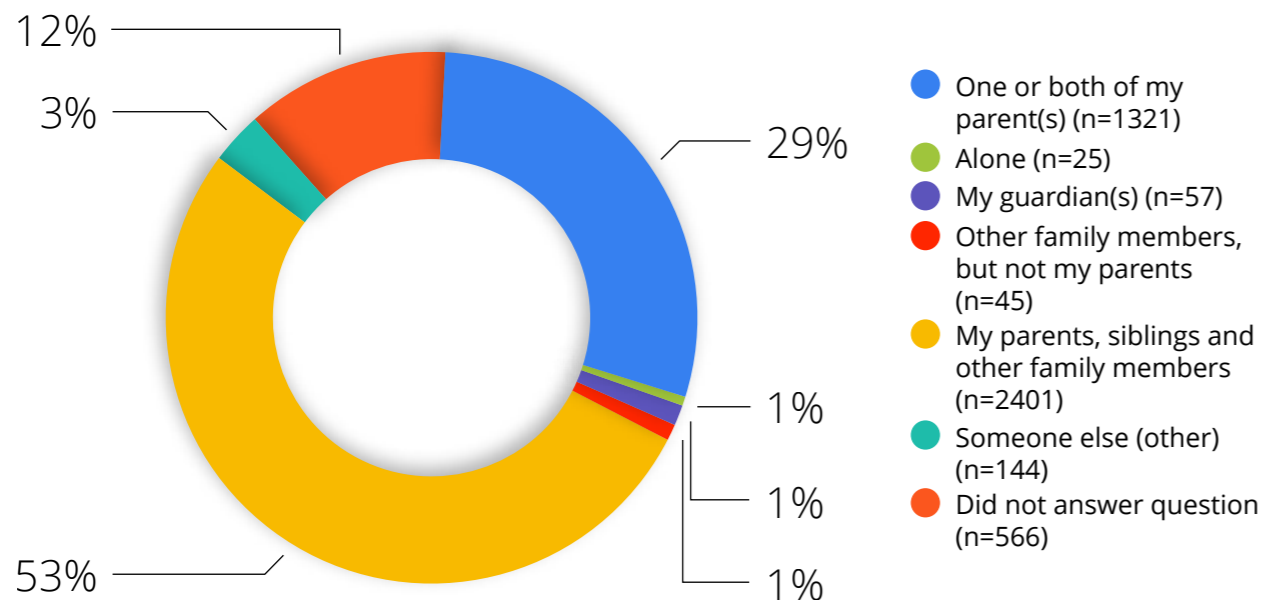


### 3.2 Who children live with

The majority of children surveyed (53%) stated that they either live with their parents or with parents, siblings and other family members.

Children living with their immediate and extended family was higher for some groups. 69% of children who reported they were from culturally or ethnically diverse backgrounds, and 65% of children who reported they mainly speak another language at home other than English responded that they lived with parents, siblings and family members.

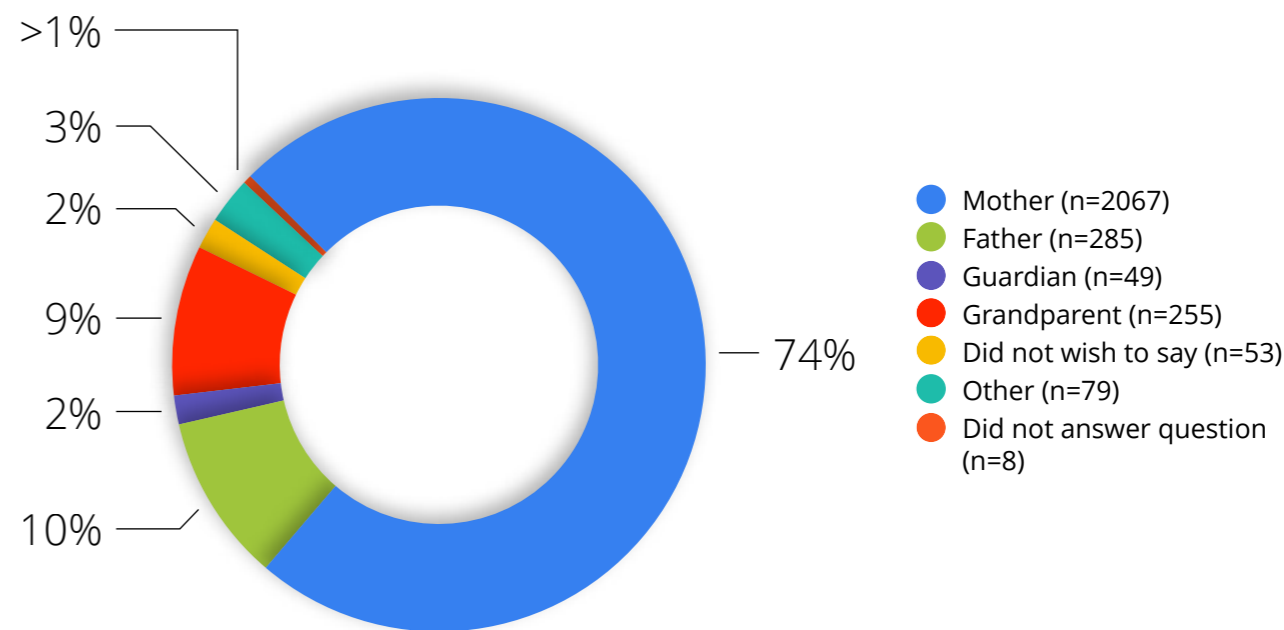
**Figure 2: Who children live with**



### 3.3 Parenting roles

Parents/guardians and grandparents were asked about their parenting roles. The majority (74%) of respondents were mothers, followed by fathers (10%) and grandparents (9%).

**Figure 3: Parenting role of respondents**

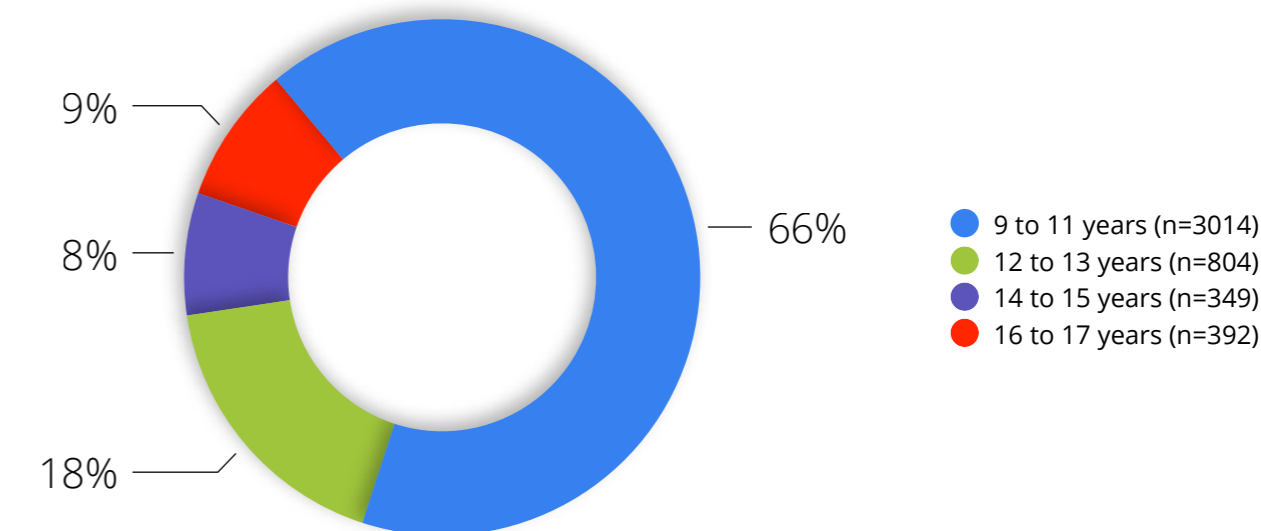


### 3.4 Age of children

Most children responding to the survey were in the youngest and second youngest age groups (66% aged 9–11 and 18% aged 12–13).

The large proportion of children participating in the survey (aged 9–11) provides a rare insight into the experience of children in this age group who are often under-represented in childhood research.<sup>11</sup>

**Figure 4: Age of children**

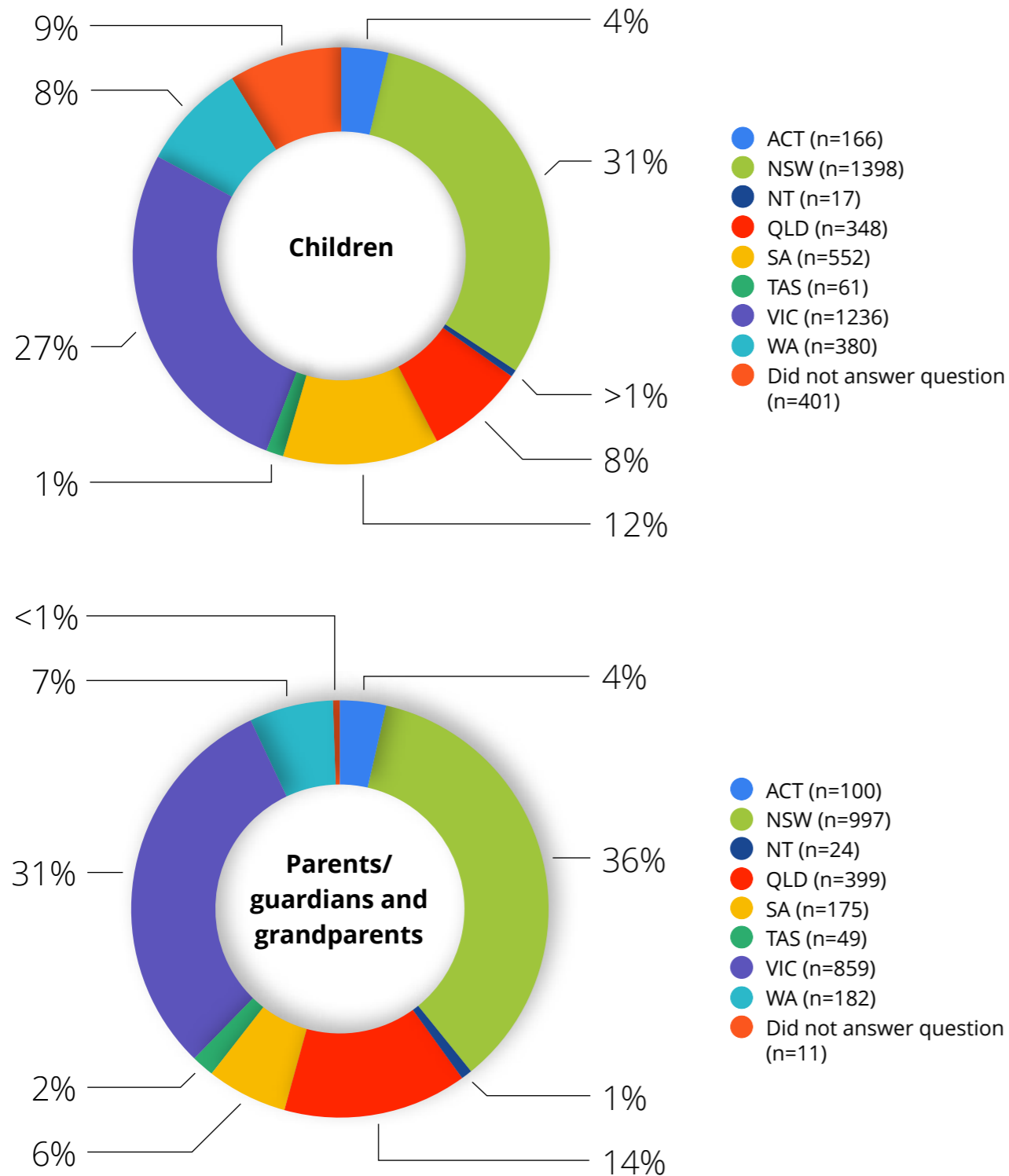


### 3.5 Location

The largest number of responses in the children’s survey were received from children in NSW (31%) and Victoria (27%). This was consistent with the parents/guardians and grandparent’s survey—36% of responses from parents/guardians and grandparents were received from NSW and 31% from Victoria.

This was not surprising given NSW and Victoria have the largest population sizes, and both experienced extended lockdowns during the pandemic.

**Figure 5: Jurisdictions where children, and parents/guardians and grandparents live**

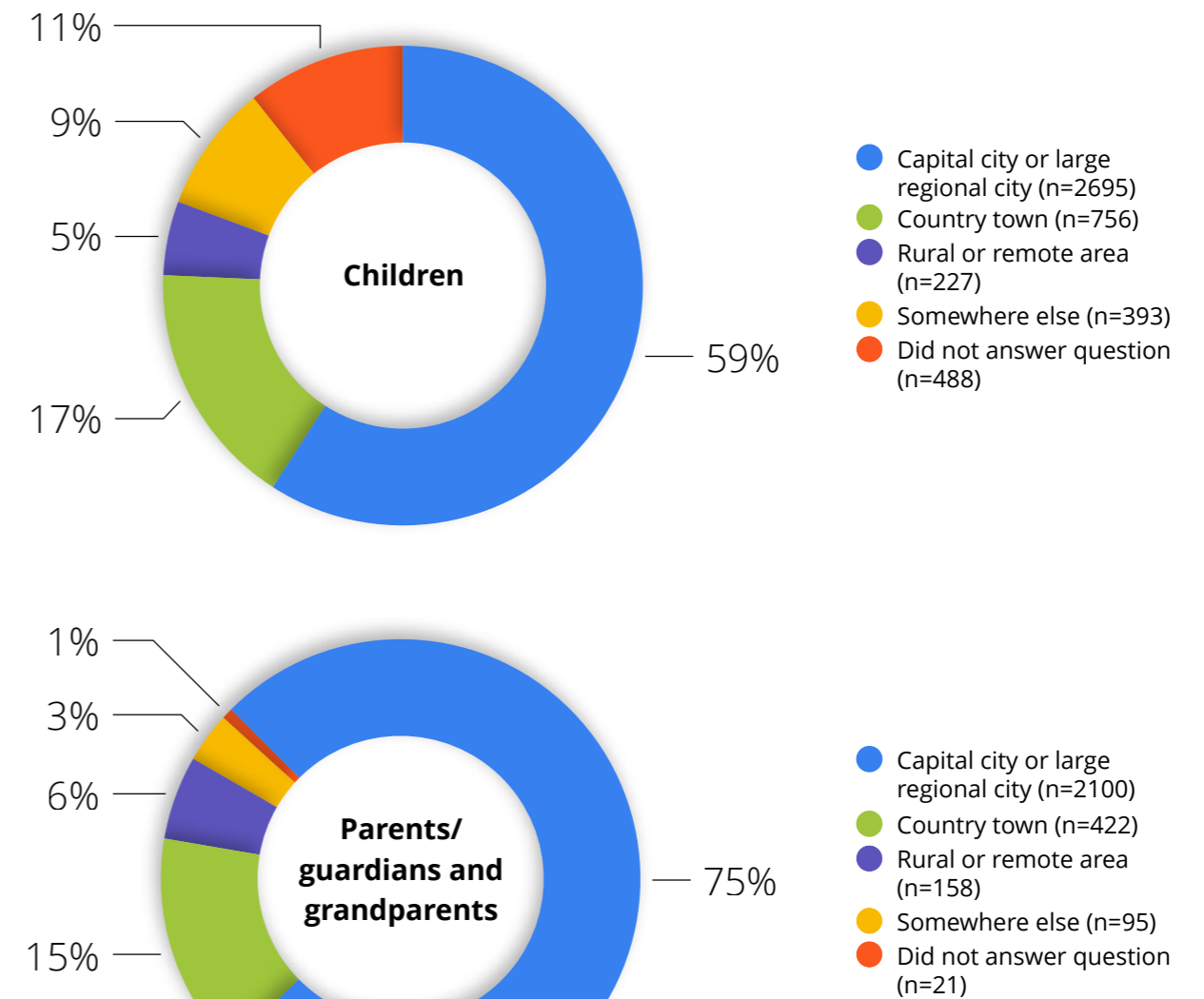


59% of children responding to the children’s survey reported living in capital cities or large regional cities, 16% live in country towns, 5% live in a rural or remote areas, and 9% responded that they live somewhere else.<sup>12</sup>

These figures broadly reflect those of children in Australia—In 2016, 70% of children live in capital cities or large regional cities.<sup>13</sup>

This is consistent with the parents/guardians and grandparent’s survey. 75% of parents/guardians and grandparents reported living in capital cities or large regional cities.

**Figure 6: Geographical areas where children, and parents/guardians and grandparents live**



### 3.6 Diversity of children, and parents/guardians and grandparents

Children, and parents/guardians and grandparents were each provided with five statements about their background and diversity and were asked to indicate which of them were 'true for you'. Respondents could choose multiple options and were also provided with the option to select 'none of the above'.

2,686 (59%) children responded that none of the five statements were true for them. 1,076 children selected at least one of these statements, 323 selected two statements, 38 selected three statements, 1 selected four statements and 2 selected all five statements. 566 children did not select any of these statements (did not answer question).

2,192 (78%) parents/guardians and grandparents responded that none of the five statements were true for them. 525 selected at least one of these statements, 62 selected two statements, 12 selected three statements and 1 selected five statements. 35 did not select any of these statements (did not answer question).

The responses to these questions may underrepresent the diversity of those participating in the surveys as they were not asked to indicate whether they would prefer not to say and could simply choose not to answer.

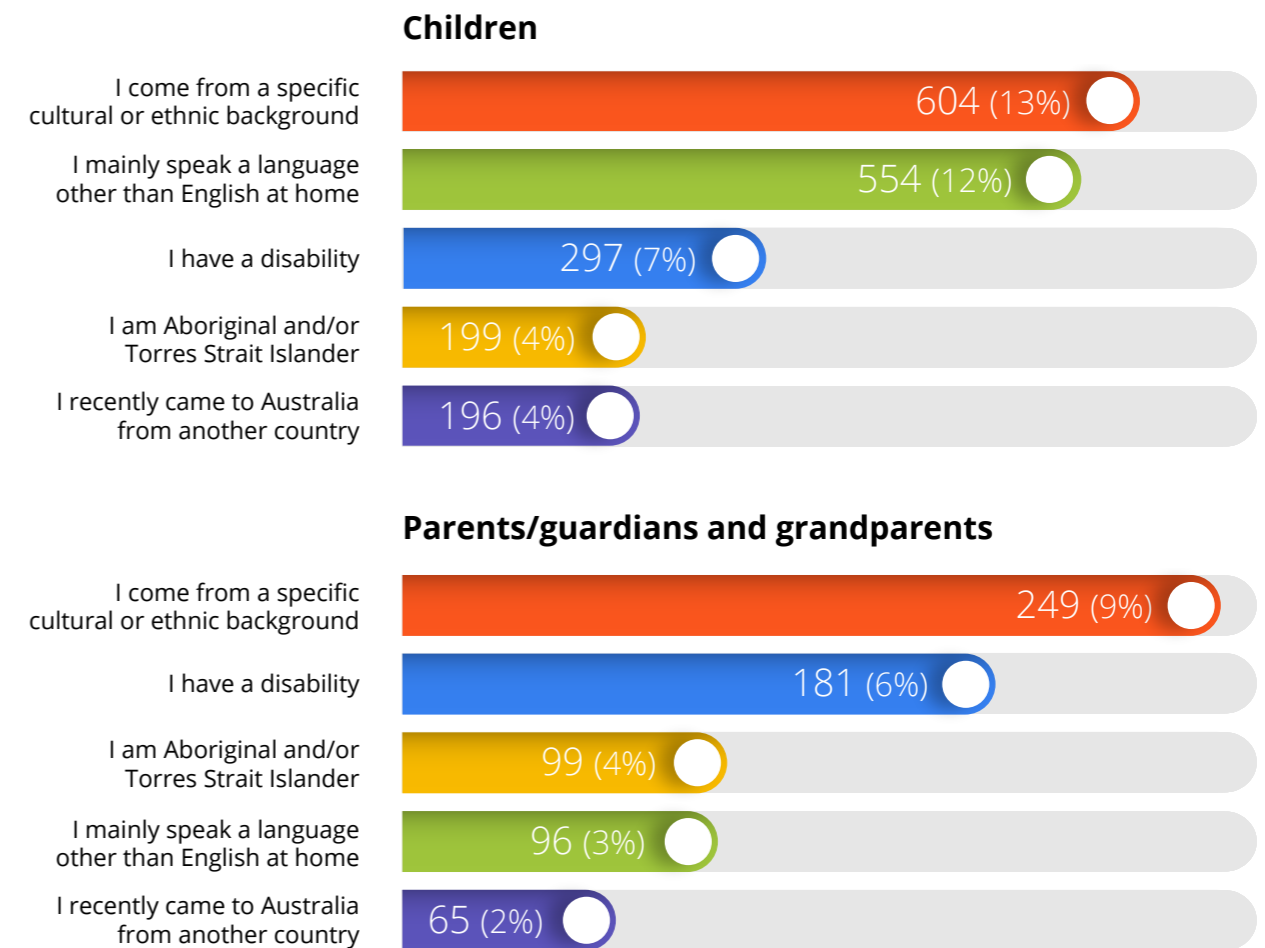
In the children's survey, 13% of children stated that they come from a specific cultural or ethnic background, and 12% indicated that they mainly speak another language other than English at home.

In the parents/guardians and grandparent's survey, 9% of parents/guardians and grandparents identified as having a specific cultural or ethnic background and 3% indicated that they mainly speak another language other than English at home.

Across both surveys, 4% of children and 4% of parents/guardians and grandparents stated that they are Aboriginal and/or Torres Strait Islander. These figures show that the survey demographics are slightly different from the national average (Aboriginal and Torres Strait Islander people make up 3.2% of the Australian population,<sup>14</sup> and 6% of the total child population in Australia).<sup>15</sup>

7% of children stated that they have a disability. This matches the national average for children—7% of children in Australia have some level of disability, as at 2020.<sup>16</sup> 6% of parents/guardians and grandparents also stated that they have a disability.

Figure 7: Diversity of children, and parents/guardians and grandparents



### 3.7 Surveys completed by parents/guardians and grandparents on behalf of their children

884 (38%) parents/guardians and grandparents answered the survey questions on behalf of their children.

The demographic profile of this group generally reflects that of the general sample of parents/guardians and grandparents responding to the survey (see Table 3). The main difference found in the demographic information collected was that those completing the survey on behalf of their child were more likely to be mothers (79%) compared with those who did not complete a survey on behalf of their child (72%).

Additionally, parents/guardians and grandparents were more likely to complete the survey for boys and younger children aged 9–11 when comparing the demographic profile of children whose parents completed the survey on their behalf with the profile of children who completed them independently (see Table 4).

The results of the surveys completed by parents/guardians and grandparents on behalf of children and those completed independently by children are reported separately throughout the report as the perceptions of each group are likely to be informed by different considerations.



SECTION

# 4



## What mental health and wellbeing means to children

Good mental health and wellbeing literacy has a role in helping children grow up healthy and well. It helps children and their parents/guardians and grandparents know how to develop and maintain good mental health and wellbeing, as well as assisting them to recognise when they may require help. Where signs of poor mental health and wellbeing are not recognised, this can be a barrier to seeking and getting help and support.

Good mental health literacy also reduces fear, discrimination, and stigma for those living with mental health conditions.<sup>17</sup>

To get a sense of the mental health and wellbeing literacy of children participating in the children's survey, children were asked to describe what mental health and wellbeing meant to them.

Children could respond via free-text or select the response 'I don't know'. 2,560 (56%) children gave free-text responses to this question and a further 1,135 (25%) children selected 'I don't know'. 864 (19%) children did not answer this question.

In exploring this response rate, the survey showed that 65% of girls, 61% of children identifying as non-binary or other, and 58% of boys gave free-text responses to articulate what mental health is. Research shows that girls are more likely share their mental health and wellbeing with others, including friends and professionals, than boys, and are more likely to experience anxiety and depression.<sup>18</sup>

Of those children who provided free-text responses, some linked mental health to how they felt in their bodies, and others described what good mental health and wellbeing felt like to them:

Mental health means how I feel inside.  
—Boy, aged 9–11, NSW

Mental health and wellbeing is a sense of emotion that empowers your body. When something is wrong, your body reacts differently and you start to get symptoms of mental illnesses.  
—Boy, aged 9–11, NSW

Mental health and wellbeing means to me about how I feel, if I'm doing ok or not, if I'm struggling with my appearance or just if I'm getting bullied at school and need some help.  
—Girl, aged 9–11, WA

Children were also able to indicate how negative mental health affects their lives:

Being healthy and recognising my thoughts. Being able to cope and manage negative thoughts.

—Girl, aged 16–17, QLD

Making sure that you feel safe, listened to, respected and loved in a family and community.

—Girl, aged 9–11, VIC

It basically shapes my life. If I don't have good mental health and wellbeing, I struggle in everything.

—Girl, aged 12–13, VIC

Mental health is a big thing for teens and everyone overall. Having unstable mental health can also affect wellbeing, and this can be affected in many ways e.g. unhealthy households, bullying and harassment or just expectations on society. This effect differs on the person. So, it's not noticeable if they are doing well or unstable.

—Child who identifies as non-binary or other, aged 16–17, NSW

It's about feeling good about yourself and having the knowledge to accept what goes on around you and knowing how to deal with it.

—Boy, aged 16–17, QLD

Mental health is the emotional state that your mind is in. If your mental health is affected, you are experiencing bad emotions. It takes a toll on your entire body, mindset and life. Mental health in all affects your wellbeing or how well your mindset is.

—Girl, aged 14–15, VIC

Yeah, my anxiety has been acting up. I have some temper tantrums.

—Boy, aged 9–11, NSW

How I feel. How I can manage and cope with life and activities. How resilient I am.

—Girl, aged 12–13, NSW

The feeling of being happy, relaxed, content, not overly worried, anxious or stressed. Being able to enjoy the simple things, able to make time for yourself, able to enjoy yourself.

—Child with undisclosed gender, aged 16–17, SA

Whether you have a high degree of self-esteem, and how much resilience and control you have over your emotions. Simply put, whether you are happy with yourself.

—Girl, aged 14–15, QLD

Mental health level – if such exists – is a combination of hormonal and psychological factors influenced by many, many things. For me, the biggest factors are lack of sleep and overworking. Other than that, I haven't given this question much thought because of schoolwork.

—Boy, aged 16–17, from a specific cultural or ethnic background, who recently came to Australia, SA

I'm pretty sure I have depression. I sometimes have suicidal thoughts but I keep it to myself and I play video games and workout to try and get rid of the pain.

—Boy, aged 9–11, QLD

Some children pointed out that mental health and wellbeing should be treated with the same importance as physical health:

Children also raised the importance of getting support for mental health and wellbeing:

I think that having a healthy brain is as important as having a healthy heart.

—Boy, aged 9–11, VIC

I also think it is something that people don't really think about as much as a sore arm or a bleeding foot.

—Child who identifies as non-binary or other, aged 12–13, NSW

When you feel sad for too long, you need to tell people. Mum or Dad. Friends.

—Boy, aged 12–13, QLD

What we think our mental life is like. How well we can cope with our feelings and how easily we can control them, and also how we make sure our mental health is looked after. Making sure that we seek support if we need any extra help.

—Boy, aged 12–13, NSW

Mental health to me is the most important health as it impacts your physical well-being too. I see many friends that are highly impacted by the climate and COVID-19 crisis. And my well-being is in just as critical state. I feel that my premier has failed at protecting us as a state on this round of the crisis.

—Boy, aged 12–13, QLD

Your mood, feelings and mental health. If you are mentally ill, I believe it is just as important and just as bad as if you are physically injured or ill.

—Girl, aged 9–11, VIC

Mental health and wellbeing is basically thoughts in your brain and if they are unhealthy thoughts such as suicide thoughts, you should definitely get mental help from a school psychologist or counsellor inside or outside of school.

—Girl, aged 9–11, NSW

How you feel physically and emotionally if you have motivation to do the little things and have any feeling of self-worth.

—Girl, aged 16–17, NSW

SECTION

# 5

## Children's mental health and wellbeing over the past two years

This section covers the impact of the pandemic on children's mental health and wellbeing over the last two years.

Broadly, the survey illustrated that many children believe their mental health and wellbeing declined over the past two years, either directly or indirectly, as a result of the pandemic. Parents/guardians and grandparents answering the survey on behalf of their children also believed their children experienced negative impacts, more so than children themselves.

The impacts of the pandemic, however, are not homogenous. Children from across Australia, with unique and diverse experiences, faced the pandemic in different ways. This is best illustrated in section 8.2, showing that different groups of children were concerned or worried about different things.

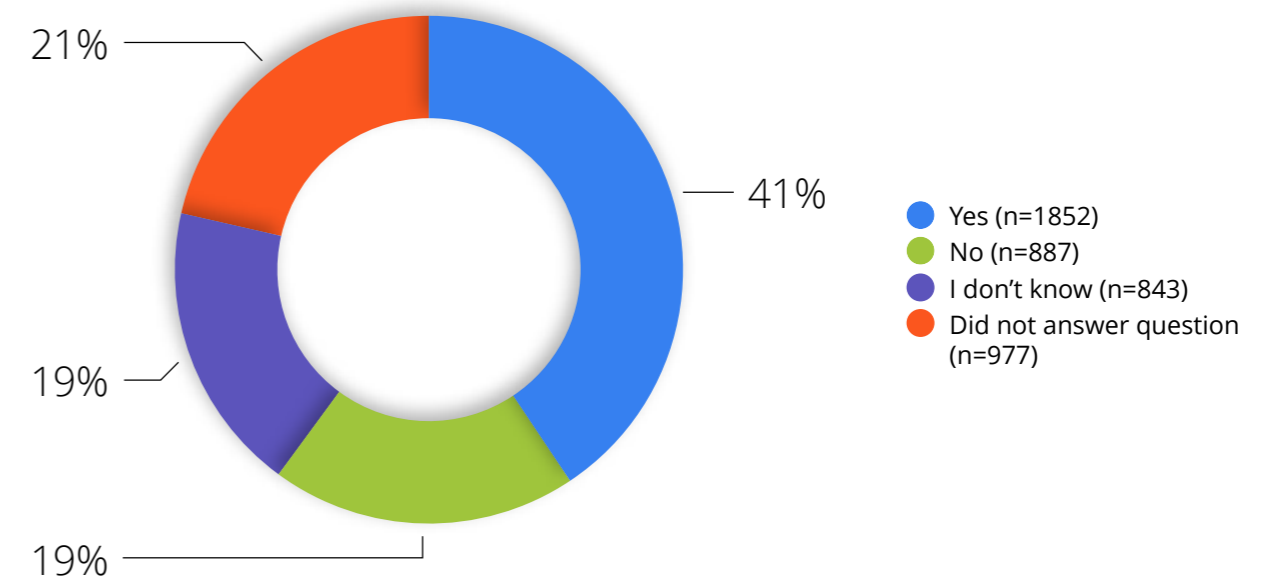
**Section 5.1** explores whether the pandemic had a negative impact on children, and discusses the survey results across different demographic groups. **Section 5.2** focuses on the worries and concerns identified by children.

### 5.1 Did the pandemic have a negative impact on children?

Children were asked in the survey to respond either 'yes', 'no' or 'I don't know' to the statement, 'I felt like the COVID-19 pandemic had a negative impact on my wellbeing'.

The most common response was that the pandemic had a negative impact on their mental health and wellbeing (41%). 19% of children indicated 'no' and 19% selected 'I don't know'. 21% of children did not answer the question.

**Figure 8: Children's survey: I felt like the COVID-19 pandemic had a negative impact on my wellbeing**



There were differences in how children thought that they were affected, based on their age, gender, and geographical locations.

Across age groups, 45% of children aged 16–17, 42% of children aged 14–15, 42% of children aged 12–13, and 39% of children aged 9–11 stated that the pandemic had a negative impact on their wellbeing. These findings are supported by data from the Australian Council for Educational Research (ACER), which found that younger students, on average, have higher levels of optimism, self-confidence and self-efficacy than older students, and that these continue to decrease as students grow older.<sup>19</sup> Other research also points to declining mental health and wellbeing as children grow older.<sup>20</sup>

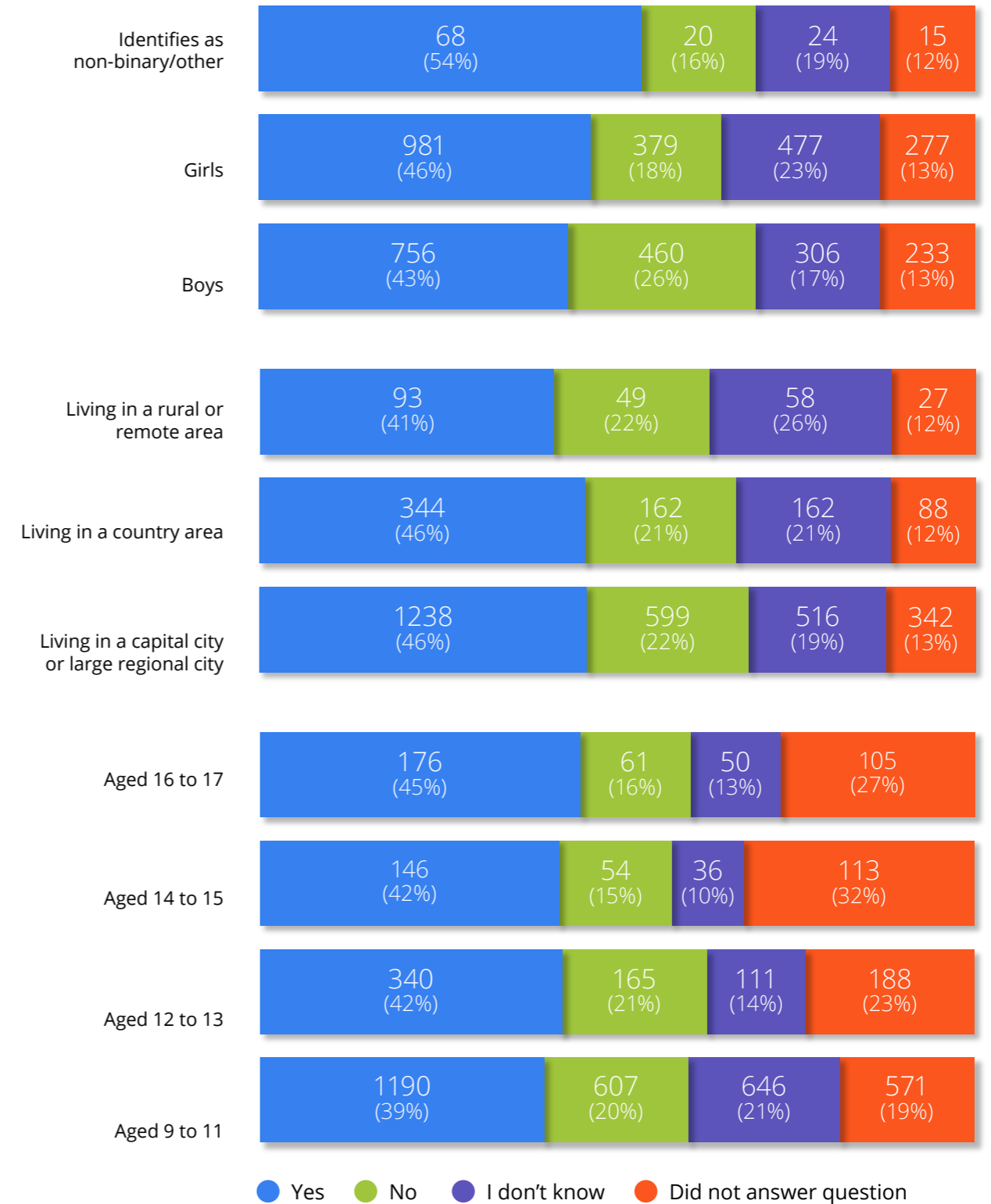
There were also differences across gender. 54% of children identifying as non-binary or other, 46% of girls, and 43% of boys stated 'yes'.

This finding is supported by the *Mission Australia Youth Survey* in 2021,<sup>21</sup> and the study into the mental health of trans and gender diverse children, *Trans Pathways*, which reported an increased risk of poor mental health and self-harm and suicide attempts.<sup>22</sup> Stakeholders in roundtables also noted that they had observed greater impacts on mental health and wellbeing both for gender diverse children and for girls.

Small differences were also noted across geographical locations. 46% of children living in a capital city or large regional city, 46% of children living in country towns, and 41% of children living in rural or remote areas reported negative impacts on their mental health and wellbeing. This may be due to the length and severity of lockdowns in cities where there were higher numbers of COVID-19 cases.

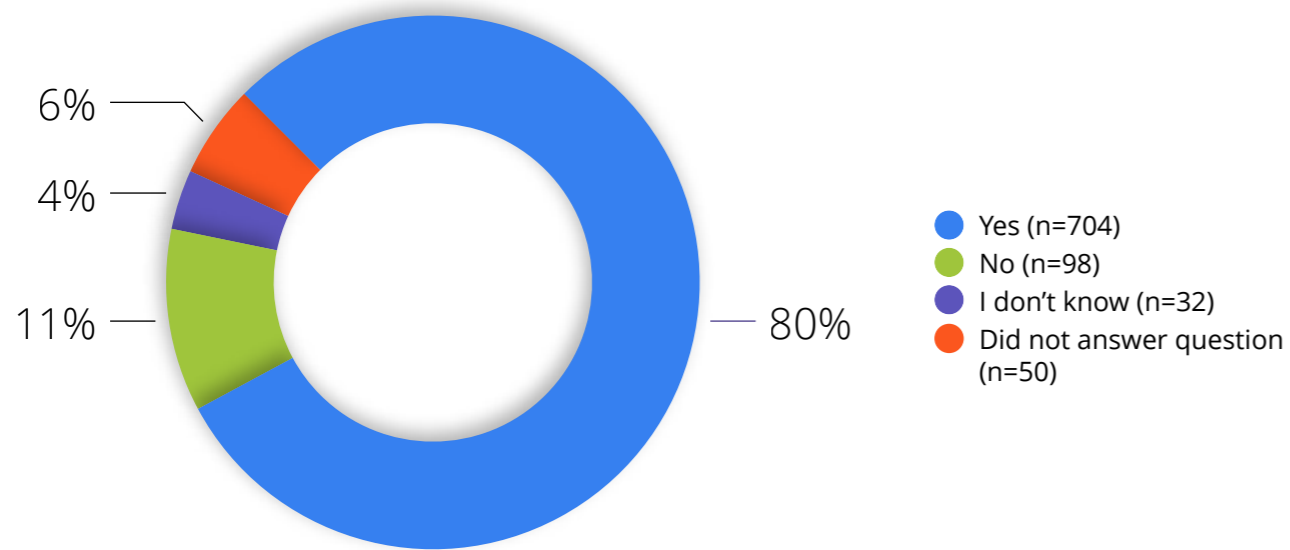


**Figure 9: Children's survey: I felt like the COVID-19 pandemic had a negative impact on my wellbeing, disaggregated by gender, age and geographic location**



Parents/guardians and grandparents responding on behalf of their child were also asked whether they felt the pandemic had a negative impact on their child's mental health and wellbeing. 80% said that the pandemic had a negative impact. This is double the percentage of children who self-reported negative impacts (41%).

**Figure 10: Parents/guardians and grandparent's survey: I felt like the COVID-19 pandemic had a negative impact on my child's wellbeing**

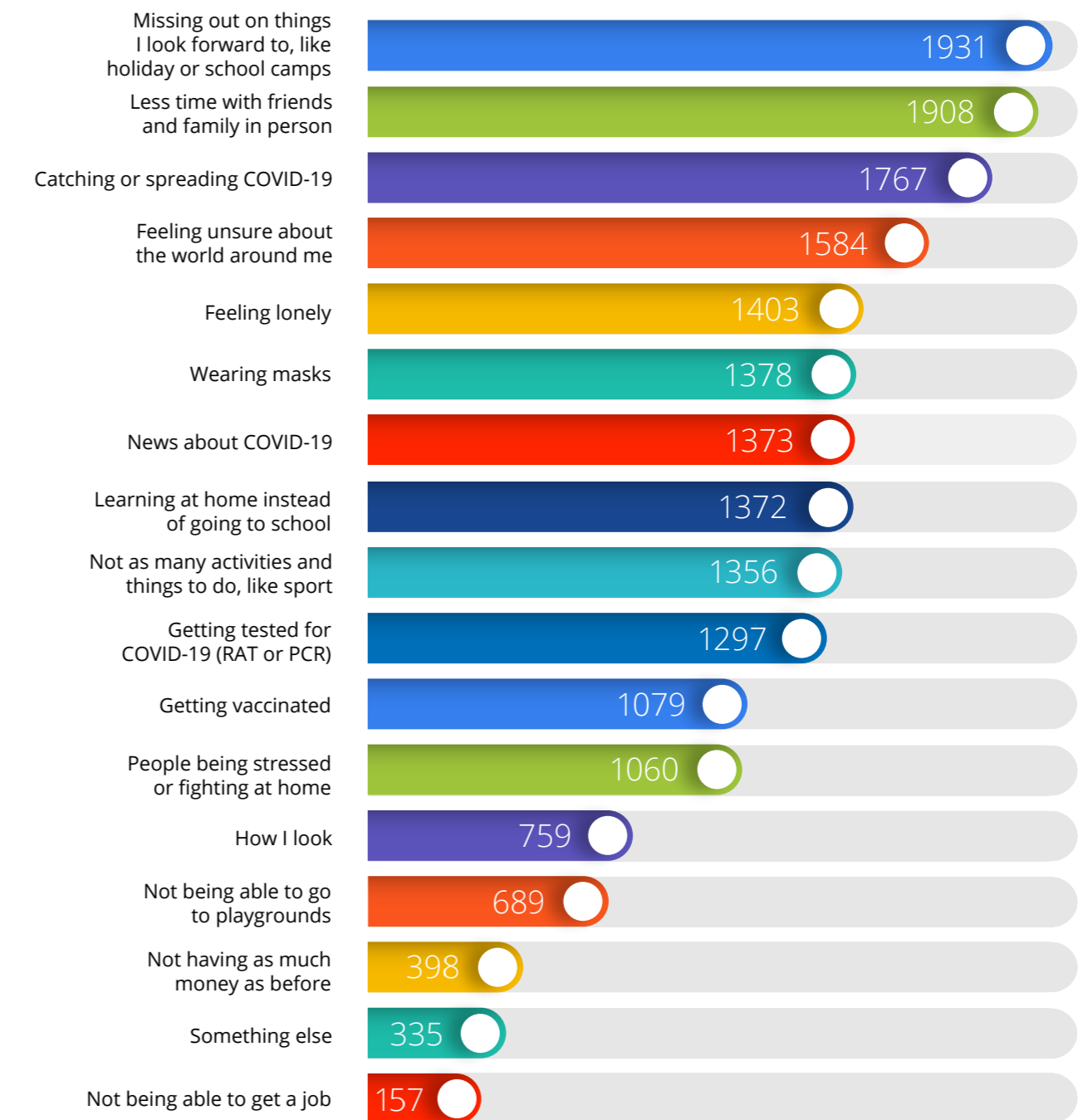


## 5.2 Children's worries or concerns throughout the pandemic

Children were asked what caused them worry or concern over the last two years. Their top three issues identified were:

1. Missing out on things I look forward to, like holidays and school camps
2. Less time with friends and family in person
3. Catching or spreading COVID-19

**Figure 11: Children's survey: What caused you worry or concern over the last two years?**



Across different groups of children, 'less time with friends and family in person' was a common concern.

## Top three causes of worry by different groups of children:

### Aboriginal and/or Torres Strait Islander children (n=170):

1. Less time with friends and family in person
2. Missing out on things I look forward to, like holidays and school camps
3. Catching or spreading COVID-19

### Children with a disability (n=247):

1. Less time with friends and family in person
2. Missing out on things I look forward to, like holidays and school camps
3. Feeling unsure about the world around me

### Children who identify as non-binary or other (n=109):

1. Feeling lonely
2. Feeling unsure about the world around me
3. How I look

### Children living in country towns (n=641):

1. Less time with friends and family in person
2. Missing out on things I look forward to, like holidays and school camps
3. Catching or spreading COVID-19

### Children living in rural and remote areas (n=190):

1. Less time with friends and family in person
2. Missing out on things I look forward to, like holidays and school camps
3. Catching or spreading COVID-19

### Children from culturally or ethnically diverse backgrounds (n=534):

1. Missing out on things I look forward to, like holidays and school camps
2. Less time with friends and family in person
3. Catching or spreading COVID-19

### Children living in capital cities or large regional cities (n=2236):

1. Missing out on things I look forward to, like holidays and school camps
2. Less time with friends and family in person
3. Catching or spreading COVID-19

Parents/guardians and grandparents responding on behalf of their child said that the top three things that they thought caused worry for their children were:

1. Less time with friends and family in person
2. Missing out on things they usually look forward to, like holidays and school camps
3. Feeling unsure about the world around them



SECTION

# 6



## Children’s current mental health and wellbeing

This section explores the current perceptions of children about their mental health and wellbeing, noting that the survey was conducted as children returned to face-to-face learning across Australia, and as COVID-19 mandates/restrictions were easing.

The survey suggests a general trend towards declining mental health and wellbeing. This trend is supported by other research which shows declining adolescent emotional wellbeing, particularly among girls,<sup>23</sup> and a sustained rise in the prevalence of mental health issues for children aged 12–17, again with a greater increase for girls.<sup>24</sup>

**Section 6.1** identifies how children usually feel. **Section 6.2** considers changes to children’s mental health and wellbeing since the pandemic showing that it continues to have a negative impact on children, despite the lifting of most restrictions. **Section 6.3** examines how often children feel down, scared, or worried. Girls reported they were more often down, scared, or worried compared to boys. Children identifying as non-binary or other were most likely to state that they ‘very often’ felt down, scared or worried compared to the general sample.

**Section 6.4** discusses specific mental health concerns raised by some children and their parents/guardians and grandparents in free-text responses, including depression and anxiety, suicide and self-harm, and eating disorders.

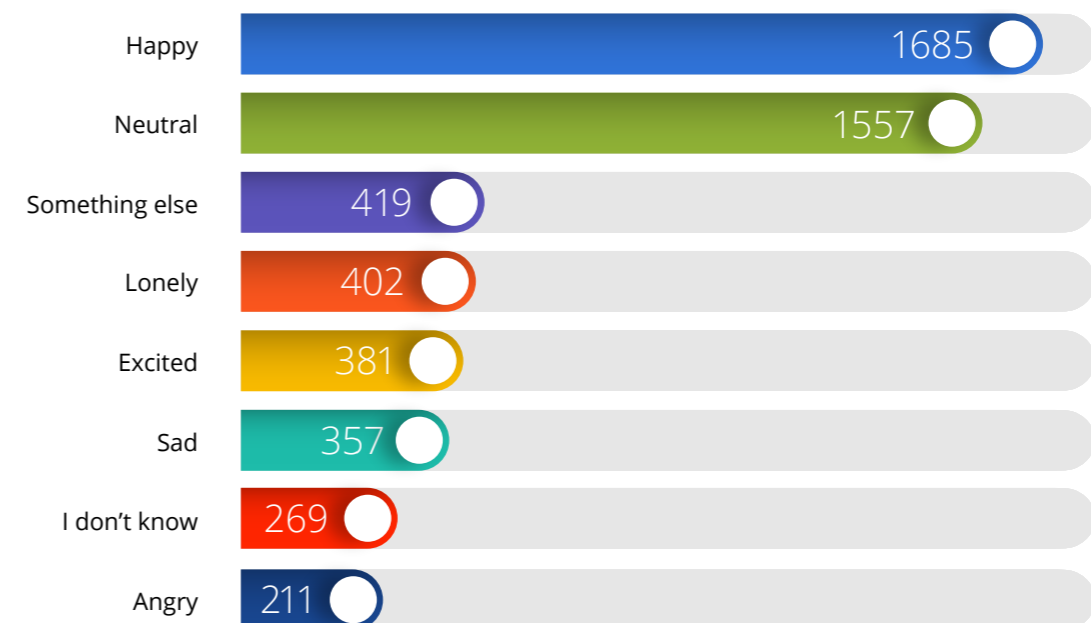
### 6.1 How do children usually feel now?

Children were asked about their feelings from a selection of options. The top three feelings chosen by 3,547 children were:

1. Happy
2. Neutral
3. Lonely

It is important to note that children were also able to report on other emotions under the option of ‘something else’. While the category of ‘something else’ was the third top option, the lack of homogeneity in the ‘something else’ responses excluded it from being included in the final top three emotions currently being experienced by children.

Figure 12: Children’s survey: How do you usually feel?





In 'something else' responses, 'anxiety' was among the most prevalent emotion identified.

Of parents/guardians and grandparents responding on behalf of their child, 'happy' was also the most commonly chosen emotion, followed by 'neutral'. The third most commonly chosen emotion was 'sad', compared to the choice of 'lonely' by children completing the survey independently.

### 6.2 How has children's mental health and wellbeing changed?

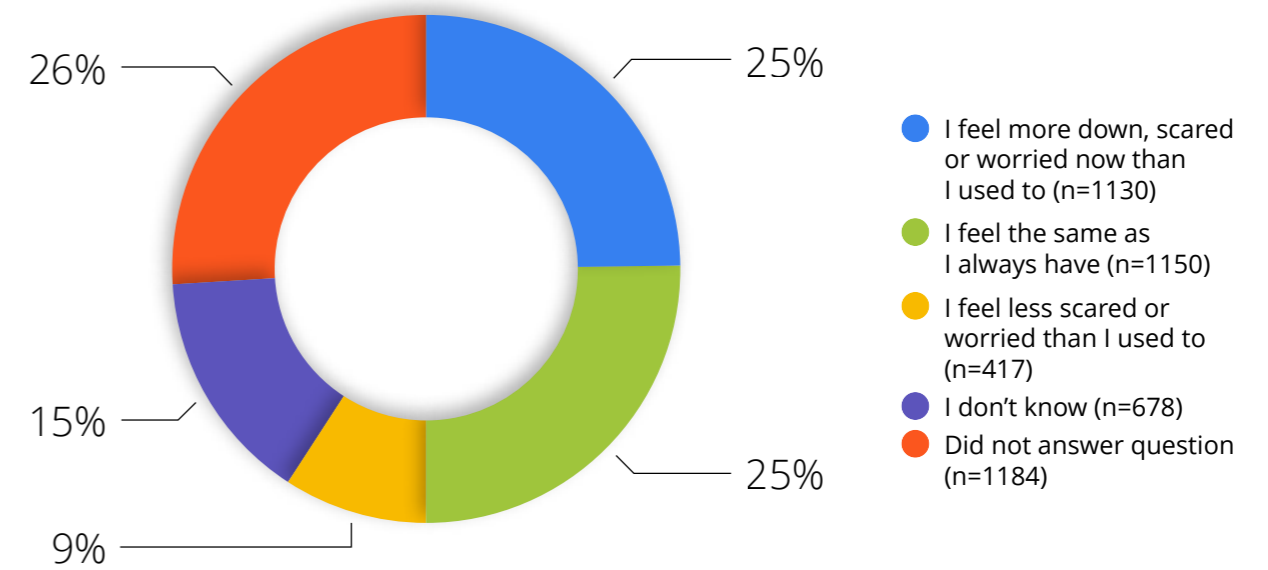
Children were asked about their current feelings compared to their feelings before the pandemic. Specifically, they were asked if they felt more down, scared or worried, or the same compared to how they felt before the pandemic.

25% of children said that they felt the same as they did before the pandemic. 25% of children indicated that they felt more down, scared or worried. 9% of children did not know if they felt differently, and 26% of children did not respond to the question. This suggests at least 1 in 4 children have experienced a change in how they feel due to the pandemic.

Older children were more likely to state that they felt more down, scared or worried than they used to. 32% of children aged 16-17, 27% of children aged 14-15, 28% of children aged 12-13, and 23% of children aged 9-11 stated, 'I feel more down, scared or worried now than I used to'. These feelings may not be directly attributed to the pandemic but may be a result of increased pressures and stress placed on older children due to more schoolwork and responsibility (as explored in section 7.3). Older children may also be more aware of the longer-term impacts of the pandemic.

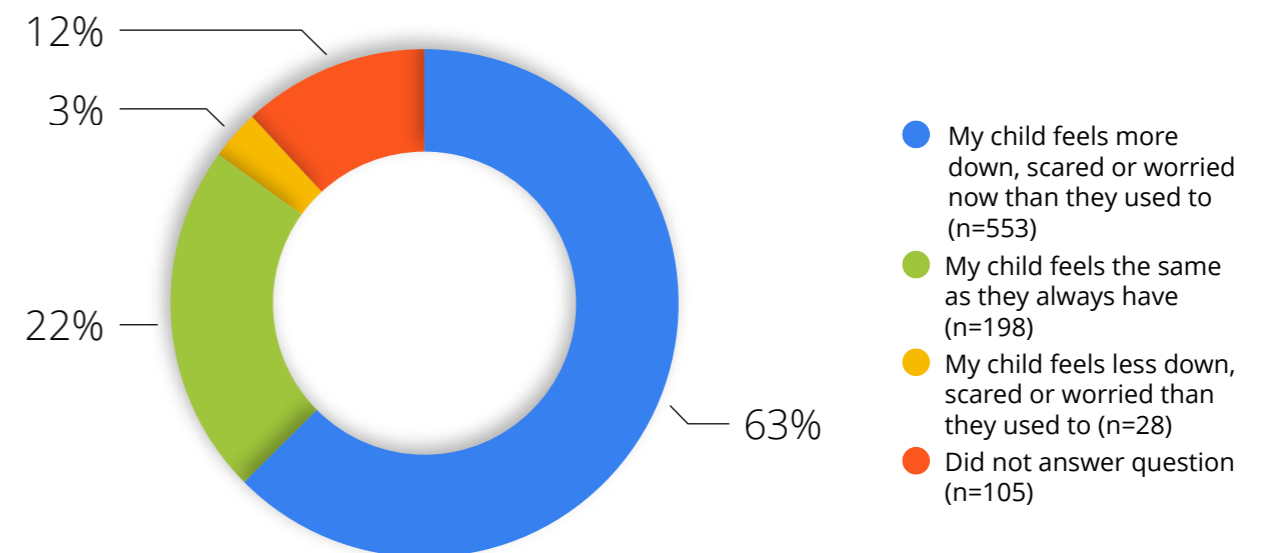


Figure 13: Children's survey: How do you feel now compared to before the pandemic?



When parents/guardians and grandparents responding on behalf of their child were asked a similar question, 63% indicated that they thought their child was feeling more down, scared or worried compared to before the pandemic.

Figure 14: Parents/guardians and grandparent's survey: how do you think your child feels now compared to before the pandemic?

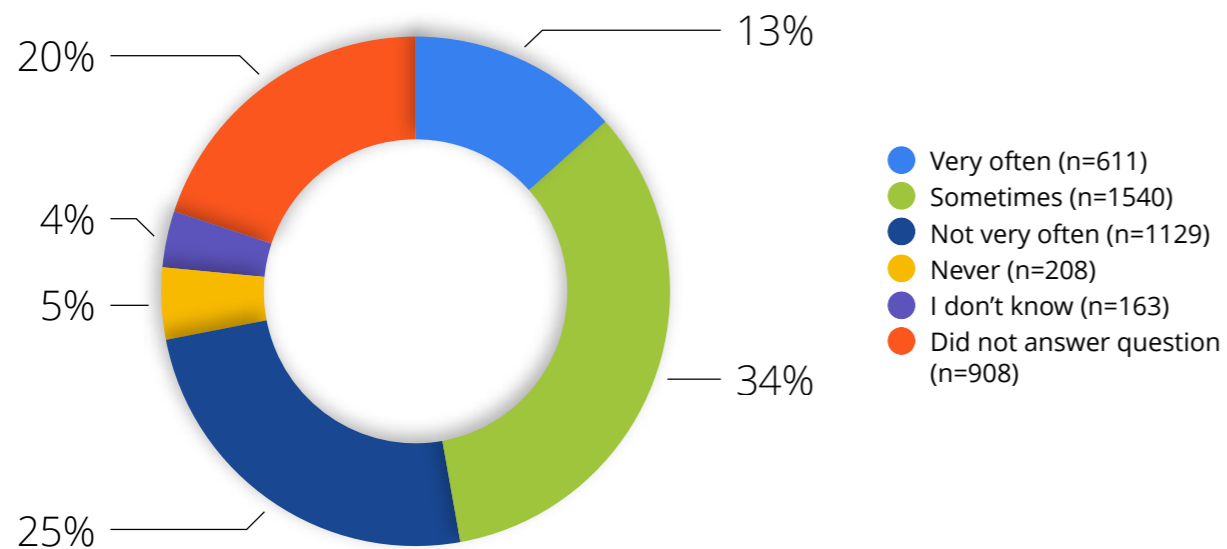




### 6.3 How often do children feel down, scared or worried?

The most common response by children to the question, 'At the moment, how often do you feel down, scared or worried?', was 'sometimes' (34%), followed by 'not very often' (25%). 13% of children felt down, scared or worried 'very often'.

**Figure 15: Children's survey: at the moment, how often do you feel down, scared or worried?**

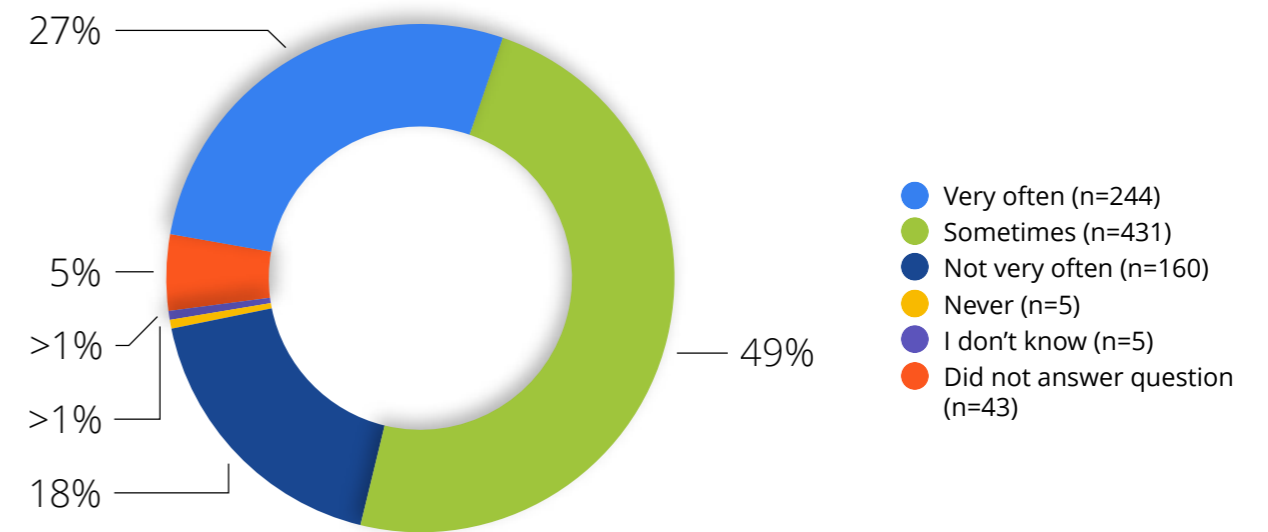


In a breakdown by gender, the survey shows:

- 47% of children who identify as non-binary or other answered 'very often'. This is more than three times the general sample. It is important to note, this finding is based on a small number of respondents (47% = 60 respondents).
- 17% of girls and 10% of boys answered 'very often'.
- 8% of boys and 3% of girls answered 'never'.

Parents/guardians and grandparents responding on behalf of their child indicated that their children felt down, scared or worried more often, compared with children's self-reporting.

**Figure 16: Parents/guardians and grandparent's survey: how often do you think your child currently feels down, scared or worried?**



## 6.4 What specific mental health issues are affecting children?

While the survey did not ask children about specific mental health concerns, some children and their parents/guardians and grandparents raised them in their free-text responses. They raised depression and anxiety combined with a general feeling of worry and insecurity; suicidal feelings and self-harm; and eating disorders.

### (a) Depression and anxiety combined with a general feeling of worry and insecurity

Depression and anxiety were the most commonly raised mental health issues identified by parents/guardians and grandparents. These issues were raised as pre-existing conditions, those that had arisen during the last two years, and/or as conditions that had worsened during the pandemic. For example, some mothers said:

Insecurity is all around them. She complains of feeling anxious but is unable to pinpoint why.  
—Mother, WA

My child has anxiety, diagnosed prior to COVID. Consistent and regular lockdowns increased her anxiety significantly to the point that she couldn't leave the house.  
—Mother, VIC

Anxiety, depression, and generalised worry were also identified as the top three mental health issues arising during the pandemic in interviews held with key stakeholders. Other research links uncertainty, disruptions to daily routines, and concerns for the health and wellbeing of family and loved ones during the pandemic with increases in generalized anxiety in youth.<sup>25</sup>

### (b) Suicidal feelings and self-harm

Suicidal feelings and self-harm were also discussed by some children in free-text responses:

At one stage I had horrible depression, all I could think about was suicide. I didn't tell anyone, I didn't show any difference in myself.

—Girl, aged 12–13, from a specific cultural or ethnic background, ACT

Mum found me hurting myself and I had to do lots of appointments but they took a long time. I like my OT.

—Boy, aged 9–11, with a disability, VIC

I was feeling suicidal.

—Boy, aged 16–17, TAS

I needed therapy for my mental health, depression, suicidal thoughts.

—Child with undisclosed gender, aged 12–13, who usually speaks a language other than English at home, NSW

Some parents/guardians and grandparents also spoke about their children's experiences of self-harm and suicidal feelings:

We had to visit the emergency department after 3 suicide attempts in 1 week to finally get help. Was unable to get into a paediatrician or anyone else for help. Still have not been able to access school psychologist.  
—Mother, TAS

This process was very challenging, many failed attempts because my son 'wasn't bad enough' until he attempted to take his life, then we were able to access supports. Lack of early intervention programs especially for young boys 10+.

—Mother, recently arrived in Australia, QLD

Anxiety provoking. My son developed an eating disorder (anorexia) during extended lockdown of 2021 becoming both physically and mentally unwell. He was previously a very happy kid but anxiety around covid was too much.

—Mother, NSW

My teen daughter developed an eating disorder during lockdown. She was seeing a therapist who referred her on for psychiatric support when she wasn't getting better. I had to contact 7 adolescent psychiatrists before I found one who hadn't closed their books and was still taking on patients. Even then, I had to wait two months and pay \$500 for the first session. There needs to be greater and free access to psychiatric care for children and teens. I wasn't able to find anyone offering free or low-fee support.

—Mother, from a specific cultural or ethnic background, NSW

She was diagnosed with an eating disorder in June 2020 but unable to get into the eating disorder clinic until the end of October 2021.

—Mother, from a specific cultural or ethnic background, VIC

### (c) Eating disorders

Several parents/guardians and grandparents raised the issue of their children developing eating disorders in the context of the pandemic:

This issue was also raised by some stakeholders.



## SECTION 7

# How the pandemic affected children's mental health and wellbeing

Children experienced the pandemic in different ways, depending on their circumstances and their ability to access help and support.

In responses to open-ended questions, children, parents/guardians and grandparents revealed how the pandemic had affected their lives. Their key concerns were negative impacts on social connectedness (**section 7.1**), physical health and wellbeing (**section 7.2**), education (**section 7.3**) social development (**section 7.4**), safety at home (**section 7.5**), news and information (**section 7.6**), digital technology and social media (**section 7.7**), and economic impacts (**section 7.8**).

## 7.1 Lack of social connectedness

The lack of social connectedness during the pandemic was the top concern raised by children, parents/guardians and grandparents in the surveys.

This is a common finding in other research on the impacts of the pandemic on children and young people, with lack of social connection and engagement with others, combined with feelings of isolation, stress and loneliness being linked to poor mental health.<sup>26</sup>

### (a) Loneliness, sadness, and anger

The lack of connectedness to others contributed to many children feeling lonely, isolated, sad, and angry.

Loneliness and the fact that I would randomly feel sad and cry alone and I didn't know why. I was also having many fights with my dad.  
—Girl, aged 12–13, NSW

I was becoming really down during lockdowns.  
—Girl, aged 9–11, NSW

I needed someone to talk to about how angry I get.  
—Boy, aged 9–11, Aboriginal and/or Torres Strait Islander, NSW

I was lonely and needed someone to help me through it.  
—Girl, aged 9–11, WA

I needed more care than usual because I was crying for no reason.  
—Boy, aged 9–11, from a specific cultural or ethnic background,

I needed support with my problems and loneliness.  
—Boy, aged 12–13, with a disability, VIC

Feeling alone and angry at everyone. I just needed someone to help me and tell me it would be okay.  
—Girl, aged 12–13, from specific cultural or ethnic background, VIC

I wanted help to feel better inside because I was always down or grumpy.  
—Girl, aged 12–13, SA

**(b) Missing friends**

Many children raised the importance of having friends in their lives and seeing them in person. Having 'less time with family and friends in person' was the second most highly rated issue that caused children worry in the last two years (Figure 11).

While some said that they were able to maintain relationships with friends online, others claimed that it was not the same as engaging with them in person.

They noted the importance of school as a key place to socialise and engage with their friends. In the survey, the most common reason children gave for being happy to return to school in 2022 was that they could see their friends in person and socialise with them.

**(c) Restrictions on social and recreational activities**

Children raised the negative impacts of not being able to engage in social and recreational activities, including sport. Children often saw sport as a way to connect with friends.



**(d) Family relationships**

Connectedness also extended to family relationships. Children reported that the restrictions meant they missed out on seeing some family members. For example, some children whose parents were separated, indicated that they were unable to see one parent because of the restrictions. Others spoke about missing extended family in other states and territories, or family overseas—whom they were unable to see because of the border restrictions.

**Constraints on seeing family members**

I needed my mum to come give me a hug to calm me down but she is in New Zealand, so she can't hug me. —*Boy, aged 9–11, WA*

I am hopeful about seeing my dad. I haven't seen him in two and a half years because the border was shut. —*Girl, aged 9–11, ACT*

I needed to see my dad, but he was in lockdown for more than a year. —*Girl, aged 12–13, QLD*

I miss my friends and a lot of my family most because I don't live with all of my family and I couldn't really see them because of Covid.—*Girl, aged 9–11, ACT*

[My child missed] interaction with friends, playing sports on weekends, attending family gatherings, seeing their birth parents and family and returning to country, and attending friends' birthday parties. —*Guardian, who identifies as Aboriginal and/or Torres Strait Islander, NSW*

Seeing my grandparents that live 6 hours away and so we could not see them for 6 months. The same with my best friend—she [lives] in the very next street. —*Girl, aged 9–11, NSW*

Despite many children reporting negative impacts of the pandemic restrictions, some children reported some benefits of the extra time spent at home with family.

**More time with family**

Being with family more. —*Boy, aged 14–15, with a disability, NSW*

I'm closer to sisters and friends. —*Child who identifies as non-binary or other, aged 14–15, NSW*

In lockdown I got to spend more time with my family at home, and I learnt new skills such as time management with doing work at home. —*Girl, aged 9–11, NSW*

**(e) Views of parents/guardians and grandparents on how the pandemic affected their children**

Parents/guardians and grandparents were also asked what they thought their children missed the most when they had to stay home during lockdowns and schools being closed. Consistent with responses from children, parents/guardians and grandparents frequently said that children missed opportunities to spend time and socialise with friends and participate in group sport and other extra-curricular activities with others.

His friends at school and the catch-ups with family and friends. He missed going out to places (cafes, walks, travel) during weekends and school holidays. He was very sad that travel was/is very restricted – grandparents live somewhere else in other countries. —*Mother, VIC*

Friends, swimming lessons, dancing lessons. Everything that involved other people and was shut down. —*Mother, ACT*

Spending time with other children his own age. They have missed so much schoolwork, he used to love school, during lockdown he hated it and cried most days. He missed his friends and family and missed out on sharing his birthday and other family functions. —*Mother, VIC*

[My child has missed] social contact: we live in a rural area and a tiny town, so school is her only real source of social contact. —*Grandparent carer, WA*

Access to parks and playgrounds. While schools were closed, we avoided crowds of children and so our home-school social group stopped meeting in playgrounds because they were too crowded. —*Mother, NSW*

Hanging out with friends, getting his driver's licence, playing drums in bands, performing in drama groups, going on holidays to Queensland. —*Mother, NSW*

Sports, seeing friends and when the Victorian Labor party locked out 12-year-olds from graduations, haircuts, movies etc. They felt embarrassed and isolated. Absolutely disgraceful. —*Mother, VIC*

Several parents/guardians and grandparents felt that more should have been done to provide opportunities for particular groups of children to socialise:

One child families should have been able to make a 'singles' bubble with another family, like single adults were given. —*Mother, with a disability, VIC*

Older children should have been able to have a social bubble. —*Mother, VIC*

Some parents/guardians and grandparents pointed out the isolating impacts of chronic illnesses in the context of the pandemic.

**Chronic illnesses**

[As a] Cystic fibrosis family we have been more isolated than everyone we know, it's been absolutely awful. —*Mother, NSW*

Feeling like everyone else can move on from COVID while people with chronic illness have to remain vigilant: comments from the Prime Minister such as 'if you are worried about COVID you can choose to stay at home'. Not being eligible for a booster vaccination 5 months post vaccination and having to return to school with a chronic disease. —*Mother, NSW*



Prior to the pandemic, many children with disabilities were already experiencing barriers and difficulties in accessing supports to meet their specific and diverse needs. The pandemic exacerbated these difficulties with disruptions to daily routines and restricted access to supports usually provided face-to-face.<sup>27</sup> One mother reported:

My children have disabilities and being locked inside led to dysregulation, aggressive outbursts, holes in walls and windows, scaling fences and climbing up things to get out of the property. very very stressful all the time with little opportunity to deal with the issues and no real chance to work on preventing this without any adequate rest at all for over 2 years now.  
—Mother, VIC

Similar concerns were also reflected in a survey on the impacts of the pandemic on children with a disability and their families, conducted by Children and Young People with Disability Australia (CYDA) in May 2020.<sup>28</sup>

Some responses by parents/guardians and grandparents served as a reminder that the pandemic occurred alongside other significant and tragic life events which impacted on family life and children's mental health and wellbeing.

### Life events occurring during the pandemic

Her [sibling] died and then we went in lockdown so could not mourn with family. —Kinship carer, NSW

Death in the family and 10-person limit for grandfather's funeral—had to get an exemption to attend; knock on effect of parents' distress over that. —Mother, NSW

## 7.2 Physical health and wellbeing

Children, and parents/guardians and grandparents were asked about their physical health and wellbeing. Many expressed worries about the physical impacts of catching the virus for themselves and others. Some had fears about the COVID-19 vaccine. They also responded to questions about their exercising, eating, and sleeping routines pre- and post-pandemic.

Responses by parents/guardians and grandparents about their child's sleeping and eating habits were consistent with children's self-reports. Differences could be seen in responses about physical health.



### (a) Fears about catching the virus and having the COVID-19 vaccine

In free-text responses, children shared their worries about the virus and their apprehensions about the COVID-19 vaccination.

#### Worries about the virus

I'm worried I might die from COVID or pass it on to other vulnerable people.  
—Boy, aged 12-13, with a disability, VIC

I'm worried about losing my Elders and unwell people in our large, connected Aboriginal Community to COVID infections. —Girl, aged 16-17, Aboriginal and/or Torres Strait Islander, WA

Worrying about friends with COVID.  
—Boy, aged 16-17, Aboriginal and/or Torres Strait Islander, with a disability, NSW

#### Apprehension and fear about the COVID-19 vaccination

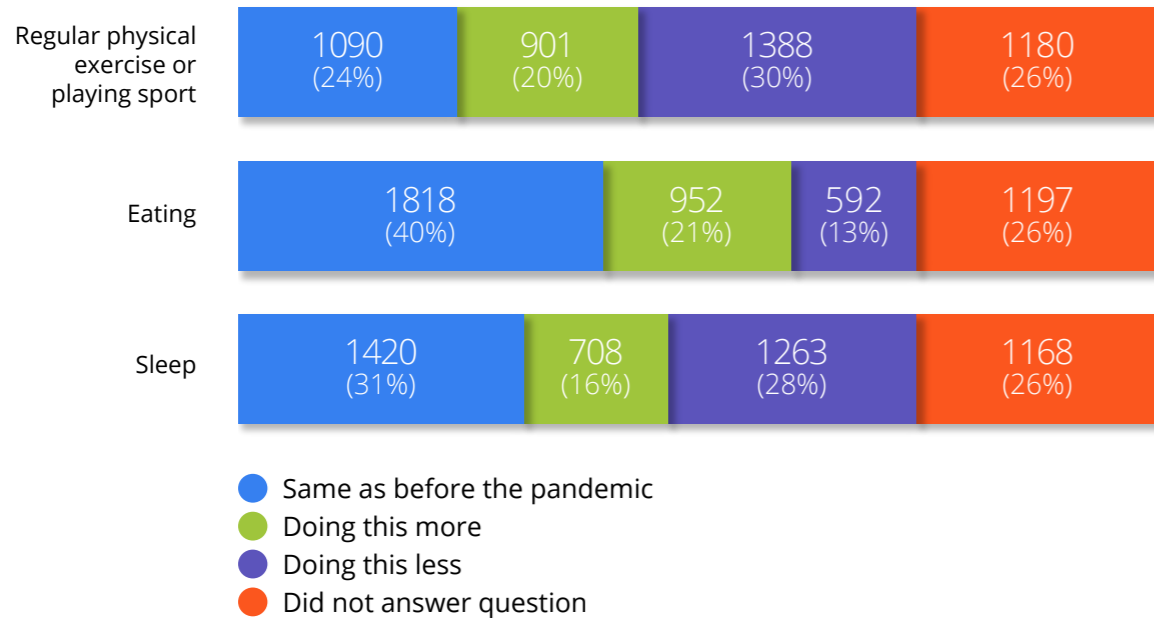
I don't want to be forced to get a COVID shot. —Child who identifies as non-binary or other, aged 9-11, Aboriginal and/or Torres Strait Islander, with a disability, VIC

Getting adverse effects from the vaccine.  
—Girl, aged 16-17, NSW

**(b) Children's exercising, eating and sleeping routines pre-/post-pandemic**

Children were asked if their exercising, eating and sleeping routines had changed compared to before the pandemic. Children were asked if they were doing more, less, or the same exercising, eating and sleeping as before the pandemic.

**Figure 17: Children's survey: what has changed for you over the last two years?**



When disaggregating these findings, there were differences between some groups:

- 34% of children aged 16–17 were doing less physical exercise, and 21% were eating less
- 33% of girls reported sleeping less, and 34% reported exercising less
- 57% of children identifying as non-binary or other reported sleeping less, 38% reported eating less, and 45% reported exercising less.

Responses by parents/guardians and grandparents about their child's sleeping and eating habits were consistent with children's self-reports.

Shifts in exercising, eating and sleeping patterns are sometimes associated with changes in mental health and wellbeing. However, in the case of this report, assumptions cannot be made that these are directly related to the pandemic. Changes may also be attributed to developmental changes in children over the course of the last two years.

**(c) Differences in responses between children, and parents/guardians and grandparents about children's physical health**

20% of children reported that they were doing more physical exercise than before the pandemic and 7% of parents/guardians and grandparents thought that this was the case.

62% of parents/guardians and grandparents reported that their children were engaging in less physical exercise than they had previously.

Some parents/guardians and grandparents, predominantly from NSW and Victoria where extended lockdowns were enforced, wrote about this issue in free-text responses:

She was far less physically active due to being at home and as her mental health deteriorated, she became less willing to leave the house to exercise.

—Mother, VIC

[My child had] Less incidental chances to be physically active, affecting weight and health.

—Mother, NSW

Spending a lot more time being inactive & being online. Putting on lots of weight & loss of self-confidence & reduced social skills to the point of not wanting to socialise at all, far too much time alone.

—Woman, parental role undisclosed, NSW

Constant worry about the health and wellbeing of my children - physical and mental.

—Mother, WA

I wanted more assistance with soccer skills because keeping fit and active was what kept me going through COVID.

—Boy, aged 16–17, NSW

Since lots of my favourite places were closing, even playgrounds, getting exercise was pretty boring.

—Girl, aged 9–11, from a specific cultural or ethnic background, NSW

I'm happy to be going back to doing inter-school sports because I find sport helps me because when I feel active, I feel happy.

—Child who identifies as non-binary or other, aged 12–13, VIC

Some children indicated that physical activity was an important protective factor for them during the pandemic, and something they missed when it was restricted.

**7.3 Education**

The decision to close schools and transition to learning at home, in an effort to control the spread of the COVID-19 virus, had immediate and far-reaching impacts on children. While school closures varied in length within different jurisdictions, the longest periods of school closures and consequent remote learning occurred in NSW and Victoria in 2020–2021.

The move to remote learning worried the majority of children, parents/guardians and grandparents who responded to this survey.

In free-text responses, while children reported worrying about the impacts on their academic learning, their primary concern was missing their friends and teachers.



The greatest concern in free-text responses from parents/guardians and grandparents about school closures was the impact on their children’s social and emotional wellbeing, including mental health.

Key stakeholders identified disrupted education and disengagement from learning as risk factors for poorer mental health and wellbeing for children.

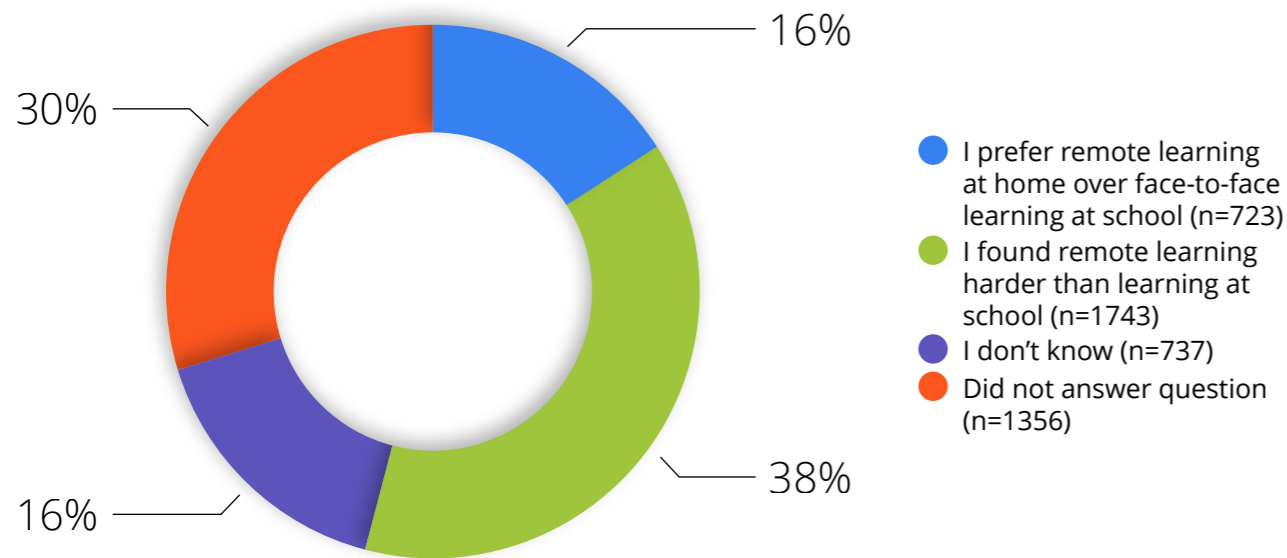
Challenges about remote learning identified by children, parents/guardians and grandparents, as well as key stakeholders, are discussed in **section 7.3(a)**. This included difficulties in getting support from teachers; need for more parental support; lack of structure and routine at home; difficulty focusing within the home environment; boredom; increased pressure on senior students; increased amounts of schoolwork; and increased screen time.

The benefits of remote learning identified by some children are discussed in **section 7.3(b)**. Experiences of returning to school are discussed in **section 7.3(c)**.

**(a) Challenges of remote learning**

When asked about their experience of remote learning, 38% of children said they found remote learning harder than learning at school. Only 16% preferred remote learning over face-to-face learning at school. Similar findings were reported in the *2021 Growing Up in Queensland* report, where remote learning was described as the worst part of lockdowns by 27% of respondents aged 13–18.<sup>29</sup>

**Figure 18: Children’s survey: what was your experience of remote learning like?**



Some children found remote learning harder than others. 47% of children who mainly speak another language other than English at home, and 47% of those who come from a specific cultural or ethnic backgrounds reported finding remote learning harder than learning at school.

This reflects research from YACWA that found culturally and linguistically diverse children and young people often struggled to learn from home because the school supports for those who speak languages other than English were not provided to the same standard or quality as they were in the classroom. This challenge was compounded for children who were also from low socio-economic or disadvantaged backgrounds as they did not have the technology or resources required to support their education.<sup>30</sup>

In this survey, some children from specific cultural or ethnic backgrounds wrote in free-text responses about the difficulties they experienced with remote learning:

Learning at school makes me feel like I can get a grasp of things because it's face-to-face. Remote learning instructions are often unclear.  
—Girl, aged 12–13, from a specific cultural or ethnic background, QLD

I didn't always understand my online schoolwork.  
—Girl, aged 9–11, from a specific cultural or ethnic background, NSW

I like being at school because you can ask for help if you don't know what you are doing and most of the times your parents don't know what you have to do.  
—Girl, aged 9–11, from a specific cultural or ethnic background, VIC

Not able to talk to or spend time with teachers to get assistance on academic topics (especially violin). Not able to talk to or spend time with friends for social needs.  
—Boy, aged 9–11, who speaks a language other than English at home, QLD

Children said they found remote learning challenging because it was difficult to get immediate support from their teachers; their parents were busy multi-tasking and were unfamiliar with the school curriculum; there was a lack of structure and routine; it was difficult to keep focused and stay on-task; and there were increased distractions in the home environment, including digital technology and social media.

Access to appropriate technology was not raised as a significant challenge by many children completing this survey. This may be a result of the survey only being available online—meaning only those children with such access are able to complete it. Previous work conducted by the AHRC has indicated that access to technology for schoolwork is a serious concern for some children, including poor internet connection, the difficulties of setting up internet access when moving between households, and having to share devices and data with their siblings and/or parents.<sup>31</sup> A survey conducted by SNAICC with 243 participants showed that 11% of Aboriginal and Torres Strait Islander children did not have access to the internet, 3% had no phone and 3.5% had neither internet access nor a phone.<sup>32</sup>

(i) Difficulties getting support from teachers

Children indicated that they required immediate support and access to their teachers when learning remotely.

(ii) Need for more parental support

Children said they needed more parental support for remote learning, but this was difficult as parents were facing work and other pressures in the home.

Some, especially younger children, also felt that their parents did not know how to help them with their schoolwork. Parents also raised concerns about the added pressure of having to support their children in home-schooling, and how this affected their relationship with them.



*(iii) Lack of structure and routine at home*

Many children struggled with the unstructured learning environment at home, compared to the routines of school. They felt less motivated to learn and struggled to maintain their focus.

I needed more structure and support in my learning.  
—Girl, aged 9–11, NSW

At school, it is easier to know what to do with extra care by the teachers than at home because my parents were very busy. Also, it is quieter at school than at home. You can also get help from your friends easily.  
—Girl, aged 9–11, Aboriginal and/or Torres Strait Islander, QLD

I needed more support with learning and staying on task and not running around and getting in fights.  
—Boy, aged 9–11, SA

Doing work at home is not a good option for me because I get too distracted and struggle to feel motivated. I also couldn't see friends or have interactions with other people as much.  
—Child who identifies as non-binary or other, aged 16–17, NSW

At school, you have a schedule to stick to so you don't have to force yourself to do things, there is always help if you need it (like a teacher you can immediately talk to). By surrounding myself with people I am usually happy but with online learning there was no face-to-face experience and when I was learning online, there were a lot more tasks to do than at school.  
—Girl, aged 12–13, QLD

*(iv) Hard to focus when learning at home*

Self-directed learning can be especially challenging for younger children whose executive functioning abilities are still developing.<sup>33</sup> In the survey, many younger children aged 9–11 said that they found it difficult to focus during remote learning.

Sometimes I am unable to focus I'm not sure why, sometimes I cannot stay focused before I zone out and sometimes I get very focused on things and cannot stop until they are done.  
—Child who identifies as non-binary or other, aged 9–11, NSW

*(v) Increased distractions at home*

A number of children also reported that they were more easily distracted, as siblings and parents were also studying and working from home. Some said they were distracted by technology and other things available at home.

This is a bit sneaky, but I would get distracted whilst going on google meets. I would look on quiz websites and I would draw on myself with textas.  
—Girl, aged 9–11, with a disability, NSW

With my schoolwork in 2021, I was in year 7, and I felt so overwhelmed with it that I just got distracted and gave up on it and got distracted with all the distractions at home. It felt like they doubled the work in online learning in year 7. Year 6 was super easy.  
—Girl, aged 12–13, NSW

At home, it is incredibly difficult to motivate myself to do work or pay attention in class. It is much easier to procrastinate since for majority of my online learning I was under no supervision.  
—Boy, aged 14–15, VIC

I needed more help with my online learning tasks to stay focused and getting all my work handed in.  
—Boy, aged 9–11, VIC

It was so hard to get organised and get all the work done because I was at home, I feel as though I was getting more distracted than usual.  
—Boy, aged 9–11, Aboriginal and/or Torres Strait Islander, VIC

My younger siblings were fighting and interrupting me all day, every day and I couldn't concentrate.  
—Girl, aged 14–15, VIC

(vi) Boredom

Some children commented on the boredom of remote learning. Sometimes this was because they felt it was 'too easy' and not challenging enough for them. Others said that it was boring because there was no interaction with teachers and peers.

I prefer school learning because it is more interactive and I get given harder work and get challenged.  
—Boy, aged 9–11, SA

The work was too easy and a day of schoolwork was done in an hour or two. I week of schoolwork I completed in a day. I missed my friends and school activities and social stuff.  
—Boy, aged 12–13, QLD

The lessons were really boring, and more stressful at home. It was hard to stay focused let alone actually do the work.  
—Girl, aged 14–15, VIC

Because home-learning was sometimes too easy and the teachers sometimes weren't able to give the kids in the higher workgroup harder work, but when we got back to school, I was able to get harder work and learn more properly.  
—Girl, aged 9–11, VIC

(vii) Increased pressure on senior students

For children in the senior years of schooling, the disruptions to school-based learning were particularly worrying. They commonly expressed concerns that they could not meet expectations or would fail to do well in their final year exams because of the pandemic. Many senior students also commented on the increased amounts of schoolwork that they were expected to complete during the remote learning periods.

These findings are consistent with the AHRC's report on the impacts of COVID-19 on children using Kids Helpline, with the impact of COVID-19 on education raised as a significant concern by high school-aged students.<sup>34</sup>

I am worried that this COVID pandemic will impact my grade 12 experience.  
—Girl, aged 16–17, QLD

I am scared I am not going to receive a good ATAR score because of covid situations.  
—Girl, aged 16–17, VIC

I needed some support from the school when it came to teachers handing out too much work to be completed while in lockdown. They expected us to treat their subject as the most important and didn't stop to consider the amount of homework we had with all our classes combined.  
—Girl, aged 16–17, VIC

I needed less schoolwork. Last year especially, I needed time to refocus and reorganise, but that is impossible when you are working on 6 assignments at the same time.  
—Boy, aged 16–17, SA

Some teachers expected too much work and didn't really care how much you were doing for other subjects or what you had planned, especially for English teachers. They thought that because you were at home you had extra time to do work even though I would want to spend my extra time doing work outs, practising my dance skills and acting performances.  
—Girl, aged 16–17, VIC

Children, and parents/guardians and grandparents also spoke about the continuing pressures on Year 12 students, even when remote learning had ended. This was due to the ongoing requirements for masks and testing, and absenteeism caused by children, families and teachers catching COVID-19.

(viii) Increased screen time

Some children raised concerns about increased screen time which led to fatigue, sore eyes, headaches, and tiredness. Issues specific to technology are also discussed in more detail in section 7.7.

I didn't like learning at home because I had to do all the work in front of a screen for more than school hours usually go to. My eyes were hurt from looking at the screen and sometimes my work wouldn't save, and I had to do it all again and there was just so much pressure.  
—Girl, aged 9–11, from a specific cultural or ethnic background, SA

The screens were incredibly annoying at the zoom chats because you wanted to chat to your friends in a different class and I found it straining muscles in your body, not getting enough exercise.  
—Girl, aged 9–11, NSW

I don't like watching a lot of screens. It makes me tired.  
—Child with undisclosed gender, aged 9–11, who speaks a language other than English at home, NSW

### (b) Benefits of remote learning

In free-text responses, some children identified the benefits of remote learning when compared to school learning. Some children felt that they were more productive and happier when learning from home.

Others said that they enjoyed the flexibility gained by remote learning because it allowed them to work at their own pace and do other things they enjoyed during the day, such as bike riding, spending time with pets, wearing what they liked and playing games. Having more time in the mornings to sleep-in was commonly mentioned as a benefit.

I found it better because you could get your work done quicker, my online teacher (parent) was always right there if I needed help and it would be 1-on-1 rather than 1-on-30 and I would have my work done in 2 hours and I could go outside and play after. —*Girl, aged 9-11, Aboriginal and/or Torres Strait Islander, NSW*

Some children preferred remote learning as it reduced their exposure to bullying, social isolation and social anxiety experienced at school.

### Less bullying

None of the people in my grade could bully me or make me feel bad. —*Girl, aged 9-11, VIC*

With online learning I didn't have to see people, and other people wouldn't insult me. —*Girl, aged 12-13, QLD*

Sometimes, school has people that you know, are mean. But with remote learning, I can stay away from them, at home with the comfort of my parents. —*Boy, aged 9-11, who speaks a language other than English at home, VIC*

I liked online learning because I don't have many friends and my social anxiety is really bad. —*Girl, aged 12-13, QLD*

I didn't have to interact with anyone face-to-face, which meant my anxiety wasn't as bad. —*Girl, aged 14-15, QLD*

The ability to spend more time with family was frequently raised as a benefit by children, especially younger children.

### More time with family

I liked it because I was with my family and I like family more than school. —*Girl, aged 9-11, QLD*

Because when I have a break I get to see my parents and get to eat whenever I want because it's not like I'm at school and have a certain amount of breaks. —*Boy, aged 9-11, who speaks a language other than English at home, WA*

I enjoyed being able to do schoolwork with my stepsister and getting longer lunch and snack breaks. —*Girl, aged 9-11, VIC*

More one-on-one assistance and he loved having me as a 'teacher' as I could take my time to help him. He actually improved his reading during this time. —*Mother, WA*

She loved that I was working from home so that I could make her a hot breakfast, fresh lunch and dinner. It provoked more conversation with my daughter, talking about what she was learning in her subjects ... it was a great experience for her. —*Mother, Aboriginal and/or Torres Strait Islander, SA*

### Flexibility

I prefer online learning because you can eat and sleep anytime you want. You can also work at your own pace. —*Boy, aged 9-11, from a specific cultural or ethnic background, NSW*

I liked remote learning more because I got to sleep more and wake up later. —*Boy, aged 12-13, from a specific cultural or ethnic background, NSW*

Remote learning meant that I could work at my own pace, in comfy clothes, with my dogs and cats and sitting comfortably. —*Girl, aged 9-11, NSW*

I found I could finish [school] and then have the rest of the day to go for a bike ride with friends or do something with my family or just spend time for myself. —*Boy, aged 12-13, VIC*

I could split my work up in any order I wanted and that helped me manage it with my ADHD. —*Child who identifies as non-binary or other, aged 12-13, from a specific cultural or ethnic background, VIC*

### Fewer distractions

My child has ADHD and is hard of hearing and expressed that they found learning from home much easier in terms of ability to focus, pace themselves, have a quiet environment for learning. They found it less exhausting than attending school in person and enjoyed the extra family time. —*Mother, NSW*

You had your own hours and you can call your friends so you don't have to deal with rude or mean people. —*Boy, aged 12-13, QLD*

The classroom was too noisy and school tried to give me headphones instead of asking the others to be quiet during writing time. —*Boy, aged 9-11, who speaks a language other than English at home, QLD*

With school back, I am just stressed and I have SOOOO much homework. And the kids in class are so mean and rude, and I am trying to concentrate but I can't with 20 kids yelling across the classroom and ignoring the teachers. That's another reason why I prefer home-schooling better. —*Girl, aged 12-13, QLD*



26% of children who identified as non-binary or other stated that they preferred remote learning rather than face-to-face. This is higher than the general sample (16%):

I liked it because I can keep away from the people who make me feel insecure. It has taken the bullies away from me who used to disturb me at school. They are sometimes given a detention but never stop.

—Child who identifies as non-binary or other, aged 14–15, from a specific cultural or ethnic background, SA

I felt more comfortable, less judged and less anxious.

—Child who identifies as non-binary or other, aged 14–15, NSW

### (c) Experiences when returning to school

At the time of the survey, many schools had just returned to face-to-face classes. However, depending on the jurisdiction, a number of restrictions and requirements remained, including mask wearing, regular COVID-19 testing of students and teachers, and limits on school excursions and social activities. There were also concerns about the spread of the Omicron strain of the COVID-19 virus throughout the school population, with an increasing number of children and teachers catching the virus and being forced to isolate at home.

Both children, and parents/guardians and grandparents expressed anxiety and concerns that children would catch the virus and spread it to others. They also suggested that schools take better measures to protect children including using air purifiers and mask wearing. Many children complained about the requirement that children wear masks when returning to school, with some saying they were uncomfortable and gave them headaches. This was a policy decision enforced by education departments in many Australian jurisdictions in Term 1, 2022.<sup>35</sup> Some educators at our roundtables indicated that school attendance was impacted by parent anxiety about their children being infected with COVID-19 by attending school.

### Anxiety about catching COVID-19 at school

It's so bad right now because everyone is getting sick. I don't want to get COVID. My best friend was so sick from COVID she had to go to hospital. My school and teachers are nice about everything. I don't feel safe at school I think I will get sick too. —Girl, aged 14–15, QLD

I'm worried about going back to school and doing RAT tests and wearing masks all day at school and getting covid. I'm safer staying at home. —Boy, aged 9–11, Aboriginal and/or Torres Strait Islander, with a disability, NSW

Make schools safer so they don't have to worry they will catch COVID there. Mask mandates, adequate ventilation, and continuing class cohorting would do that. —Mother, NSW

Make schools safer, with proper ventilation measures including mechanical ventilation, CO2 monitors, mask mandates, etc. Children's mental health has been impacted by the uncertainty and they feel unsafe in schools. They are returning to schools, where covid is spreading rampantly. They don't understand why masks were needed for adults but children were fine. They need certainty and they need to feel safe in schools. They don't. They need better support and reassurance by actions, through programs that educate the collective school community about why covid measures protect themselves and others. And they need internal support from the school that acknowledges their completely understandable anxiety from a pandemic. —Mother, NSW

### Concerns about ongoing restrictions at schools

I hate masks and my mum can't even come into the school and the test hurts and make my nose bleed. —Child with undisclosed gender, aged 12–13, NSW

It's not good to wear masks all the time inside and outside. I can't breathe very well in them and it's hot. —Boy, aged 12–13, WA

The good thing is that we are back together and the bad thing is that we have to wear masks. —Girl, aged 9–11, SA

I started high school this year. Have to wear a mask which I hate because I come home with a headache every day. Principal said I cannot have an exemption and must wear a mask no matter what. I feel like school doesn't care about me. —Boy, aged 12–13, WA

Encourage normality in the school environment. Stop wearing masks in classrooms as it hides the facial expressions, hence how could a teacher ascertain if a student is uncertain of the task at hand if their faces are covered. Wearing of masks prevents the interpretation of body language hiding the facial expression, this is a crucial part of our means of communication. —Mother, WA

In the survey, children were asked, 'What is it like going back to school this year? What is good and not so good about school right now?' The majority of responses were positive.

Positive experiences included feelings of excitement and enthusiasm, particularly at the opportunity to see their friends. Some children expressed anxiety and concerns about readjusting to face-to-face learning and wanted support with transitioning back to school after long periods of remote learning, especially those in NSW and Victoria.

### Excitement and enthusiasm about returning to face-to-face learning

It is amazing! I am in year 5 this year. The good things are that we don't need to wear masks! This is much better because I have asthma and the masks were making it hard to breathe. The only downside is that we sometimes have to do RATS. They are so annoying and they make my eyes water. —*Girl, aged 9-11, with a disability, NSW*

I love it because in person we get out of the house. It is a classroom, so it feels like school and the teacher can explain better. —*Boy, aged 9-11, from a specific cultural or ethnic background, QLD*

It made me so happy to be able to go back to school and made me feel so lucky. It showed me how much I really needed my teachers and they helped me when I felt down or upset. —*Girl, aged 9-11, NSW*

It is amazing going back to school because I'm learning so much and come home every day with a smile. —*Boy, aged 12-13, VIC*

I am happy being back at school and playing with my friends. —*Child with undisclosed gender, aged 9-11, from a specific cultural or ethnic background, SA*

Remote learning was HORRIBLE! School is about connecting with people, learning and many other things. We weren't able to do any of this the way it should be done during COVID (except when we were out of lockdown which was awesome). Being at school gives me such joy, happiness, and exhilaration from being around people I know again. —*Girl, aged 12-13, from a specific cultural or ethnic background, VIC*

I really enjoyed going back to school again because it made me feel like everything was going back to normal and I enjoyed the interactions with other people. —*Boy, aged 9-11, NSW*

It is amazing to actually be able to see my friends every day and to not have the worry of any great experiences to get cancelled. —*Girl, aged 9-11, NSW*

### Need for readjustment and support

It is hard transferring from home learning and normal learning but I was excited to see friends. —*Boy, aged 9-11, with a disability, NSW*

I feel stressed about various things (people, schoolwork). I much preferred online school and have found going back to school very emotionally, physically and mentally draining. I'm always tired. —*Girl, aged 16-17, NSW*

It feels good, although I needed a bit of time to adapt. The good things are, I felt comfortable when I was going back. The bad thing is, I was too adapted to remote learning and needed time to change back. —*Boy, aged 9-11, from a specific cultural or ethnic background, NSW*

It's good that everything is normal again. But last year we had a wellbeing specialist and this year they replaced it with French. I think they should keep well-being because for some kids adjusting back could be hard. —*Girl, aged 9-11, VIC*

Going back to school this year is amazing because I get to see my friends again although it can be a little hard because it is a little bit awkward in person after being online for as long as we were. —*Child who identifies as non-binary or other, aged 12-13, NSW*

## 7.4 Social development

Some parents/guardians and grandparents were particularly concerned about the longer-term impacts of the pandemic on their children's social development.

Some described the pandemic as potentially impeding their children meeting 'age-appropriate milestones'. This was especially the case for those with children in transition periods, such as starting primary school, moving to high school, puberty, and finishing school. In roundtables, stakeholders pointed out that older children, in particular, had been impacted by missing milestones, like high school formals and graduation parties.

The first year of high school is a big transition with lots of social challenges (regardless of COVID).

—*Mother, QLD*

Friends, school camps, a lot of coming-of-age end of year 6 stuff, teachers, exercise, education.

—*Mother, NSW*

Learning at school, social interaction and friends. It's where they discover who they are without their parents.

—*Mother, NSW*

They've missed out on education, social integration, building self-confidence, strengthening relationships with teachers & adults, direction in life!

—*Grandparent, QLD*

Students' mental health moving forward might be more of a concern than it is at the moment. The students have missed a lot of learning and are potentially two years behind. When they get to high school they may not be prepared and then the anxiety will be worse and you also have peer pressure and adolescent anxieties to contend with. There needs to be some sort of bridging assistance/funding for students to be able to access to ascertain what they need to do to be READY for high school.

—*Grandparent, VIC*

Learning about themselves. 2 years of no or limited sport and extra-curricular activities during these crucial tween years means she doesn’t know what she is passionate about. And thus feels really unmotivated about life. She would normally have been out trying lots of different things to get to know how she fits within the world around her. Instead we had lots of home playing, which suited my younger children but these pre-teen years they need to be doing more.

—Mother, NSW



When children were directly asked about why they felt unsafe at home during the last two years, they raised a range of concerns, including family stress, conflict and violence in their free-text responses. These were not always explicitly raised in reference to the pandemic.

Some children also indicated that they were scared of a parent, with some describing emotional or physical abuse occurring in the past two years:

My parents have been having a tough time lately and I’m worried about that.

—Girl, aged 9–11, SA

I needed support in liking myself and staying happy and to not be scared of my mother.

—Child with undisclosed gender, aged 9–11, SA

Having a stressed mum and a lot of fights was hard, I think by the end of it we got a bit sick of each other and that was really tough. I was also struggling mentally so it was hard to feel safe even by myself really.

—Child who identifies as non-binary or other, aged 16–17, NSW

My parents argue a lot, and my mum choked me.

—Boy, aged 12–13, from a specific cultural or ethnic background, NSW

My father was emotionally abusive at times when I was most depressed and anxious, which caused me to become suicidal.

—Child who identifies as non-binary or other, aged 16–17, from a specific cultural or ethnic background, NSW

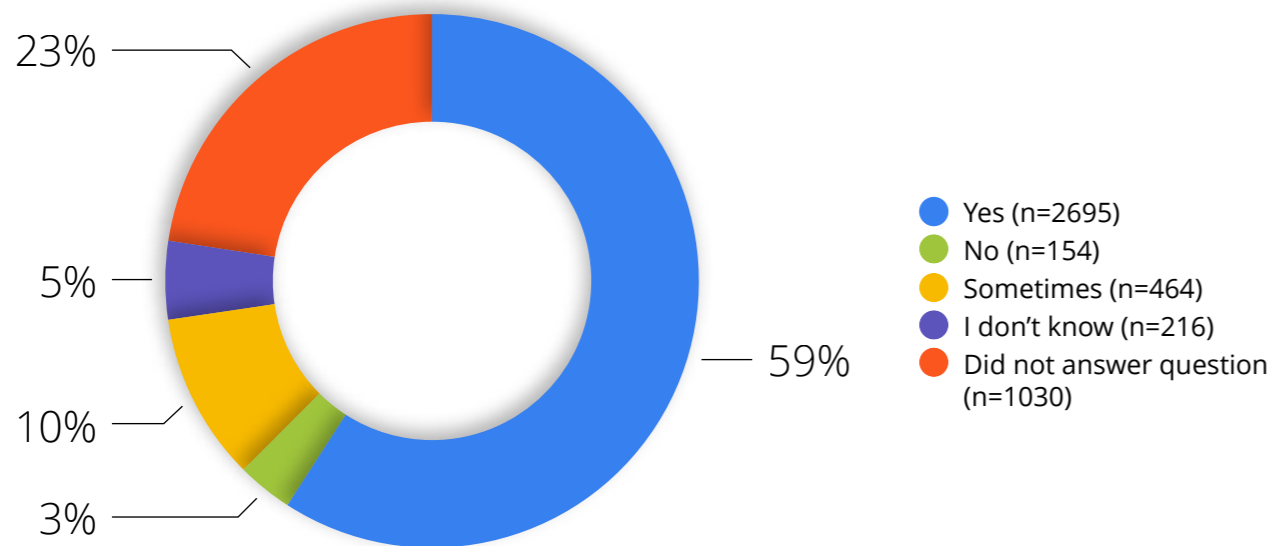
I am hopeful that I never have to see my dad again after what he did. I’m worried that we have to go and live with him, which I hope never happens.

—Boy, aged 9–11, from a specific cultural or ethnic background, NSW

### 7.5 Safety at home

Children were asked in the survey about whether they had felt safe at home over the past two years. The majority of children (59%) stated ‘yes’. However, 10% of children indicated that they only felt safe ‘sometimes’, and 3% said ‘no’. 5% did not know whether they felt safe at home and 23% did not answer the question.

Figure 19: Children’s survey: did you always feel safe at home over the last two years?





My dad scares me, my mum broke up with him but I still have thoughts of the abuse.  
—Boy, aged 9–11, QLD

I'm scared of my mum and her family finding us. I am happy being with my auntie as she's the best. She's like a mum to me and my brother, and we would be dead if she didn't want us.  
—Girl, aged 9–11, Aboriginal and/or Torres Strait Islander, VIC

In free-text responses, parents/guardians and grandparents highlighted their own stress, struggles, and exhaustion brought on by the pandemic, and how that influenced family wellbeing. One mother stated:

Normality shot to pieces, mum and dad struggling to meet everyone's needs in a confined space and suffering enormous stress and lack of sleep.  
—Mother with a disability, ACT

Other research supports the additional levels of family conflict and stress during the pandemic. In the Ontario Parent Survey of 7,434 parents, 49% reported high levels of conflict with their partner during the pandemic.<sup>36</sup> In the AHRC's report on the impacts of COVID-19 on children using Kids Helpline, children also spoke about increased tensions within the family due to living so closely together and increased arguments in their homes.<sup>37</sup>

### 7.6 News and information

Some children commented on the negative influence of the news and information about the pandemic.

I needed to not hear or see ANYTHING about COVID-19.  
—Girl, aged 9–11, from a specific cultural or ethnic background, VIC

When I look at the news, especially recently, that hope and aspiration become hopelessness, and it decreases the level of excitement I have for the future.  
—Girl, aged 14–15, from a specific cultural or ethnic background, VIC

Every day the sun comes up is a good day, until you turn on the TV or radio, so my mum won't let us listen to the crap anymore.  
—Boy, aged 12–13, NSW

A 2020 survey of 1,069 children aged 8–16, showed that children have both strong positive and negative emotions in response to news media.<sup>38</sup> It is important that children are given opportunities to learn about the pandemic and keep up to date with relevant policies and restrictions. However, it has been noted that there is considerable potential for confusion, inaccuracy and misinformation when relying on information through the mainstream media. This can lead to unnecessary anxiety and uncertainty in children.<sup>39</sup> This is exacerbated when most of the information available on the pandemic has been developed for adult audiences.<sup>40</sup>

A number of parents said that they felt news and information about the pandemic had a negative impact on their children's mental health and wellbeing.

The constant barrage of fear on the news, the radio, shop fronts, social media was also distressing. We had to turn all of these off. Disconnection from the entire world.  
—Mother, NSW

They have felt fearful about COVID which has been a shame that they could not be protected with a more balanced view.  
—Mother with a disability, VIC

Constant news about COVID, no matter where you turn, impacted kids. Parents sometimes not being present because of the stress of vaccine mandates & job loss.  
—Mother, newly arrived in Australia, WA

Fear based media campaigns with little focus on what we could do to positively affect our state of being.  
—Mother, VIC



## 7.7 Digital technology and social media

One result of the pandemic restrictions, in particular lockdowns and remote schooling, was a greater reliance on digital technology.

In the survey, children’s increased use of technology during the pandemic was perceived by children, and parents/guardians and grandparents as having both a positive and negative influence on children’s mental health and wellbeing.

When children were asked whether they had experienced any problems or negative experiences with digital technology or social media in the last two years, 52% of children stated they had at least one problem or negative experience.

18% of children stated that they did not experience any problems or negative experiences, and 30% of children did not answer the question.

81% of parents/guardians and grandparents reported that their child had at least one problem or negative experience with digital technology or social media.

The top three selected problems or negative experiences faced by children were:

1. using social media or technology for gaming or things like YouTube a lot more than usual
2. tiredness from extra time on screens
3. being distracted by social media or technology a lot more than usual

Recent Australian research has explored the links between mental health and use of digital devices. In the *Growing Up Digital Australia* report, 37% of children reported being anxious or depressed because of their time online or because they were not allowed to use their device.<sup>41</sup>

While children’s top concern was their increased usage of social media or technology, it was also one of the top three things that they said helped them to stay happy and hopeful during the pandemic (see Figure 23).

Responses by parents/guardians and grandparents were generally consistent with those of children. Their three most common concerns were:

1. being distracted by social media or technology a lot more than usual
2. using social media or technology for gaming or things like YouTube a lot more than usual
3. conflict in our family about screen time

Parental concern about the overuse of technology is also reported in other research. 54% of parents in the 2021 Ontario Parent Survey about COVID-19 impacts also reported that they had moderate to high levels of concern about managing their children’s screen time in the pandemic.<sup>42</sup>

Some key stakeholders also shared concerns that it would be difficult to ‘wind back and adjust back to normal’ after children accessed extra screen time during the pandemic.

In this survey, parents/guardians and grandparents were especially concerned about the mental health and wellbeing impacts of children’s increased use of digital technology and social media for social interactions during the pandemic. Some said they were uncertain about what the lasting impacts might be. They also expressed a desire for their children to reduce their reliance on social media in the future:

She needs normality. I mean a life where screens aren’t central and where she can spend time with friends and peers. She became very isolated, and I didn’t realise it at the time. She was also exposed to more content on social media (particularly TikTok) which might have triggered some mental health issues.

—Mother, VIC

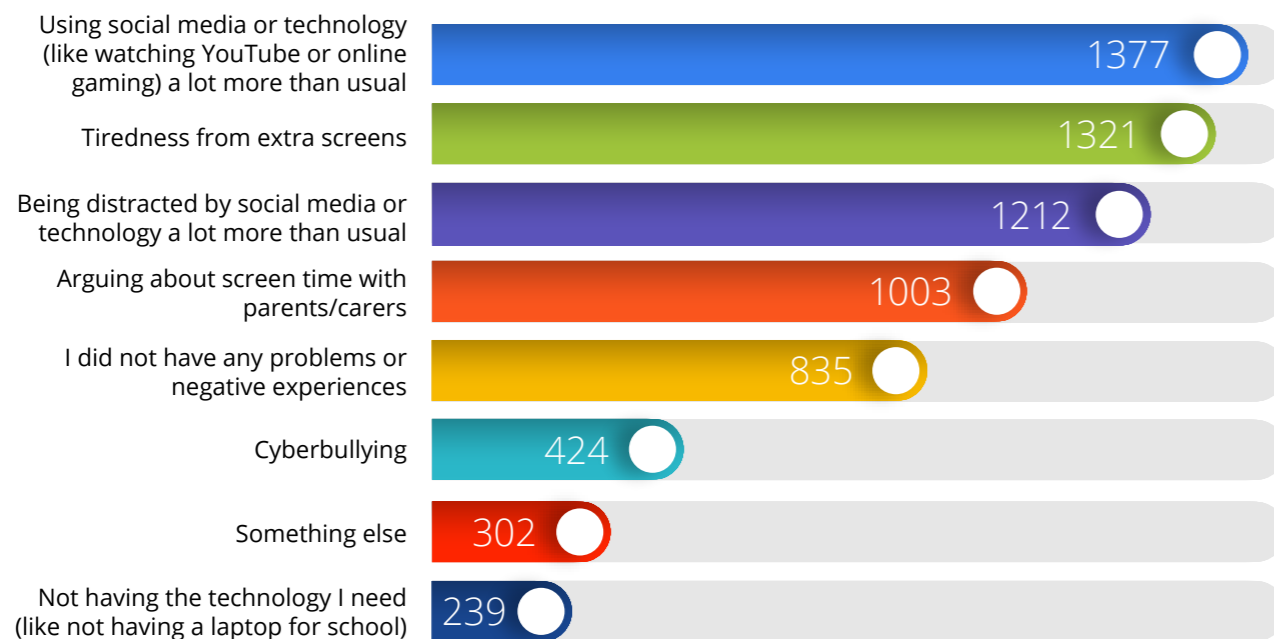
A life spent almost entirely on the internet is inevitably a terrible bedrock for human happiness. Young people need real experiences in the real world, not an almost never-ending stream of faux digital experiences.

—Mother with a disability, NSW

We had to resort to allowing more screen time than we would ever have done and whilst this gave us some respite it came at a high price of dysregulation and aggression, fights, broken screens etc ... ultimately it was counterproductive but being unable to leave the house we were limited in what we could do.

—Mother with a disability, VIC

**Figure 20: Children’s survey: in the last two years, have you experienced any problems or negative experiences with digital technology or social media? select all that apply**



I think it’s time to turn off the internet for under 16s!! I’m actually not joking. I used to feel it was benign or even a bit helpful, but screens just get in the way of living. They are addictive, and quickly become the way for kids to self-soothe and while away the time. I feel many kids may look back on their childhoods and feel like it was wasted time in a lot of ways. I also think we need more ways to get teenagers together in ways that are meaningful. Local groups where they can hang out and perhaps run a business or do something real and practical.

—Mother, VIC

I hope I don’t get cyberbullied OR bullied again because it’s really affecting me.

—Girl, aged 9–11, VIC

I’ve been cyberbullied so it’s harder to learn now.

—Girl, aged 14–15, NSW

Going back to school is hard, as some people from the school are cyberbullying me, and it hurts me.

—Girl, aged 9–11, VIC

Despite having these concerns, parents/guardians and grandparents indicated that using technology for games and social media was one of the top three things that helped their children stay happy and hopeful during the pandemic (see section 8.2).

A number of children, and parents/guardians and grandparents also cited cyberbullying as a negative problem or experience with technology and social media over the past two years. 9% of children responding to this question said this was something they had experienced in the last two years. Likewise, 11% of parents/guardians and grandparents who answered the survey on their child’s behalf reported that their child had experienced this. These experiences were also spoken about in free-text responses:

A positive aspect of technology expressed by some children was that it facilitated contact with family and friends:

I’m glad that we can have cool technologies that we can use to communicate easier with family members from far away!

—Boy, aged 12–13, NSW

## 7.8 Economic impacts

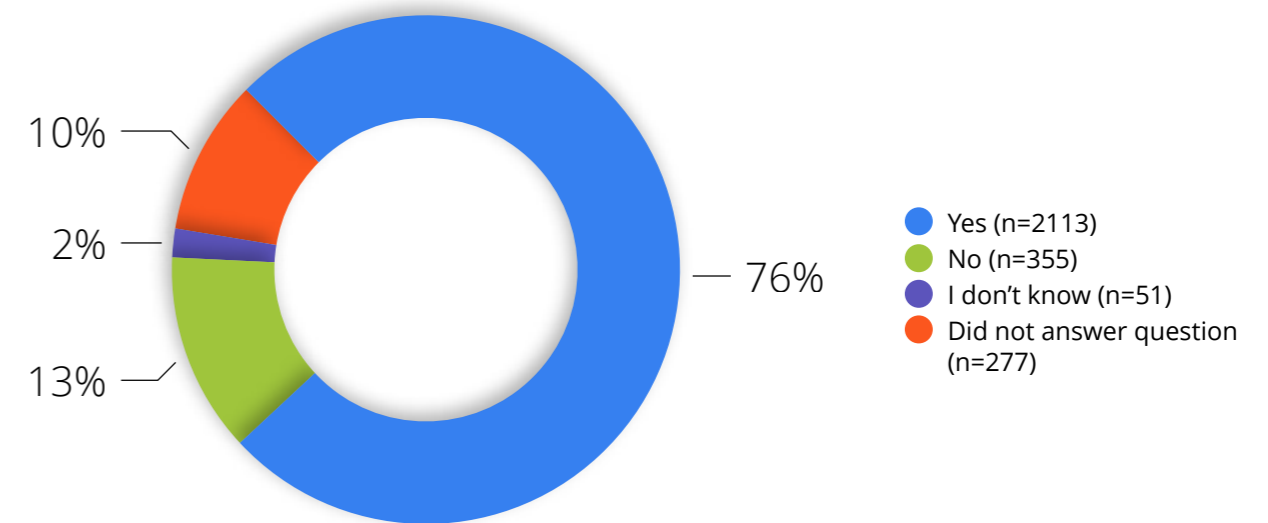
Although the economic impacts of the pandemic were not among the top worries for children, and parents/guardians and grandparents completing these surveys, a number of respondents expressed anxiety about financial hardship, job losses and unemployment.

### (a) Basic needs

While the majority (75%) of parents/guardians and grandparents indicated they had enough money to meet the basic needs of their families, financial hardship was reported by 13% who did not have enough money for basic needs.

Some groups were more likely to report they did not have enough money for basic needs, including 32% of parents/guardians and grandparents with a disability, and 26% who identified as Aboriginal and/or Torres Strait Islander.

**Figure 21: Parents/guardians and grandparent’s survey: have you and your family had enough money for basic needs (like food, housing, transport, clothes, school) over the last two years?**



In free-text responses, some children expressed worries about money or basic needs such as food during the pandemic:

I'm worried about COVID never going away and more lockdowns and mum not being able to pay the bills.  
—Boy, aged 16–17, NSW

We will lose our house & money as nobody is working and the banks are going to [fore]close.  
—Girl, aged 12–13, QLD

Mum and dad are worried about housing, and I hear them talk about it.  
—Boy, aged 9–11, NSW

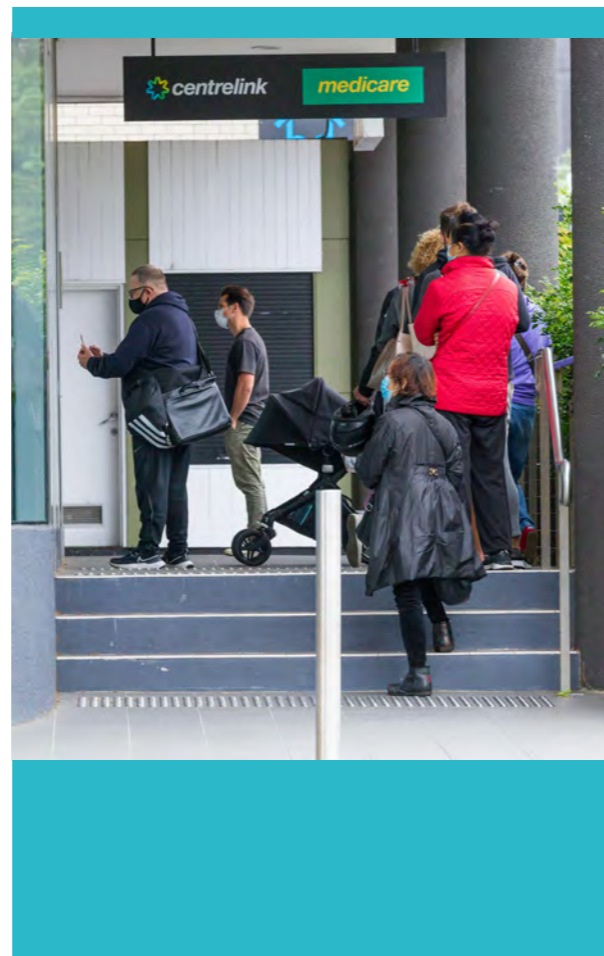
We could not buy enough food because things are costing too much and we do not have enough money sometimes. What she can get us is not always in the shop now.  
—Boy, aged 9–11, QLD

**(b) Employment**

The loss of employment during the pandemic affected some children, parents/guardians and grandparents.

When asked about their concerns and worries (see Figure 11), 398 (9%) children stated they were concerned about not having as much money as before the pandemic. It is uncertain whether this refers to their personal income or that of their parents/guardians and grandparents. This was also reiterated in children's worries for the future (see section 9.2).

When asked a similar question, 413 (15%) parents/guardians and grandparents responded that they worried about not being able to get a job, or unemployment.



In the AHRC's report on the impacts of COVID-19 on children using Kids Helpline, economic impacts and job losses of parents in the early stages of the pandemic were a concern for some younger children.<sup>43</sup>

The concerns about the impacts of the pandemic on employment were also reflected in a number of free-text responses:

I'm sick of lockdowns, mask wearing, and can't get a job. I'm worried about more of my family losing their jobs.  
—Girl, aged 16–17, Aboriginal and/or Torres Strait Islander, NSW

We both lost our jobs due to being unvaccinated and it meant strict budgets and cutbacks to survive, so we had to frame this for our kids to understand.  
—Mother, NT

I'm down about not being able to find a job due to scarcity and COVID.  
—Girl, aged 16–17, WA

Parents not being very present at times as they have lost jobs due to mandates—very stressful times.  
—Mother, WA

I'm looking forward to COVID stopping and my mum getting her job back.  
—Girl, aged 9–11, WA

Parents losing work due to government mandates affected the kids.  
—Man, parental role undisclosed, QLD



SECTION

# 8

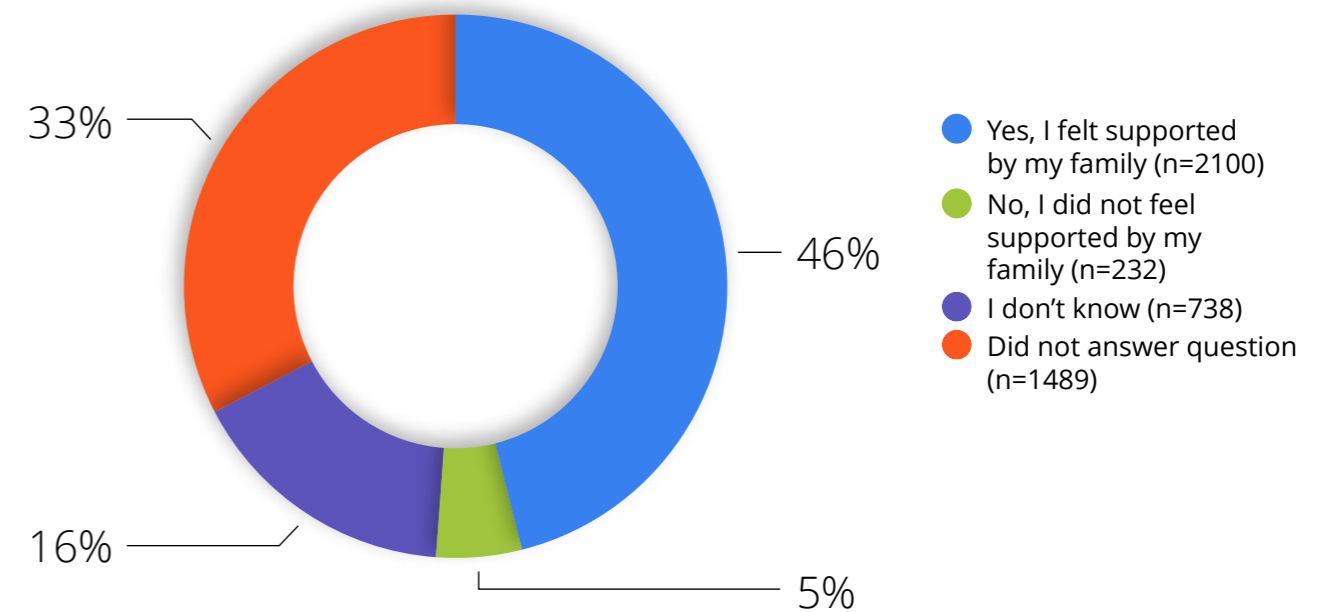
## Supporting children's mental health

The surveys asked children, and parents/guardians and grandparents several questions about the ways in which children's mental health was supported over the past two years. This included what children and their families did to support their mental health, and their attitudes to and experiences of receiving help and support from organisations and services outside of their families. Children were also asked about the extent to which their schools supported their mental health and what help, if any, they sought when feeling unsafe at home.

### 8.1 The role of families in supporting children's mental health

Children were asked if they felt that their family had supported their mental health and wellbeing over the last two years. Although one third of children did not provide an answer to this question, of those who did, most agreed that they felt supported by their family.

**Figure 22: Children's survey: did you feel like your family supported your mental health and wellbeing over the last two years?**



The survey indicated feelings of support from family declined as children grew older. 47% of children aged 9–11, 48% of children aged 12–13, 40% of children aged 14–15, and 37% of children aged 16–17 stated that they felt supported by their family. 4% of children aged 9–11 and 8% of children aged 16–17 stated that they did not feel supported by their family.

Only 34% of children identifying as non-binary or other reported feeling supported by their family, and 18% stated they did not feel supported.

In children's free-text responses, one of the major themes was the importance of support for mental health provided by parents and extended family members, such as grandparents. In response to how children's families supported their mental health and wellbeing, children stated:

Lots of talking about how we were feeling, talking about things we were worried about, going out for walks and playing sport, having picnics in our backyard, playing games together, lots of hugs, no news on at home, not talking about COVID all the time.  
 —Girl, aged 9–11, Aboriginal and/or Torres Strait Islander, NSW

Nothing special but they are my family and love me and understand me. Nobody knows me better.  
 —Boy, aged 14–15, Aboriginal and/or Torres Strait Islander, WA

Always there for me and made sure I had what I needed to feel safe in my home and happy.  
 —Girl, aged 16–17, from a specific cultural or ethnic background, VIC

We always talk about stuff that is going on. They help me to know what is happening and why. I can ask as many questions that I want and they always try to answer honestly.  
 —Boy, aged 12–13, QLD

We went for lots of walks and just talked the whole time about everything.  
 —Boy, aged 9–11, VIC

Parents/guardians and grandparents raised the value of regular conversations within the family as being an important way to support children. Helping their children to maintain social contact with friends and family was also seen as very important for mental health and wellbeing by many parents/guardians and grandparents. Even when they could not see their extended family in person, many discussed how important it was to keep their children connected, and to be open to talking about feelings and concerns:

I tried to arrange more activities with friends play dates etc. Try to maintain good routines despite casual inflexible work in healthcare.  
 —Mother, SA

Family time, checking in on feelings and being compassionate. Discussing things that are happening and that we can look forward to.  
 —Mother, QLD

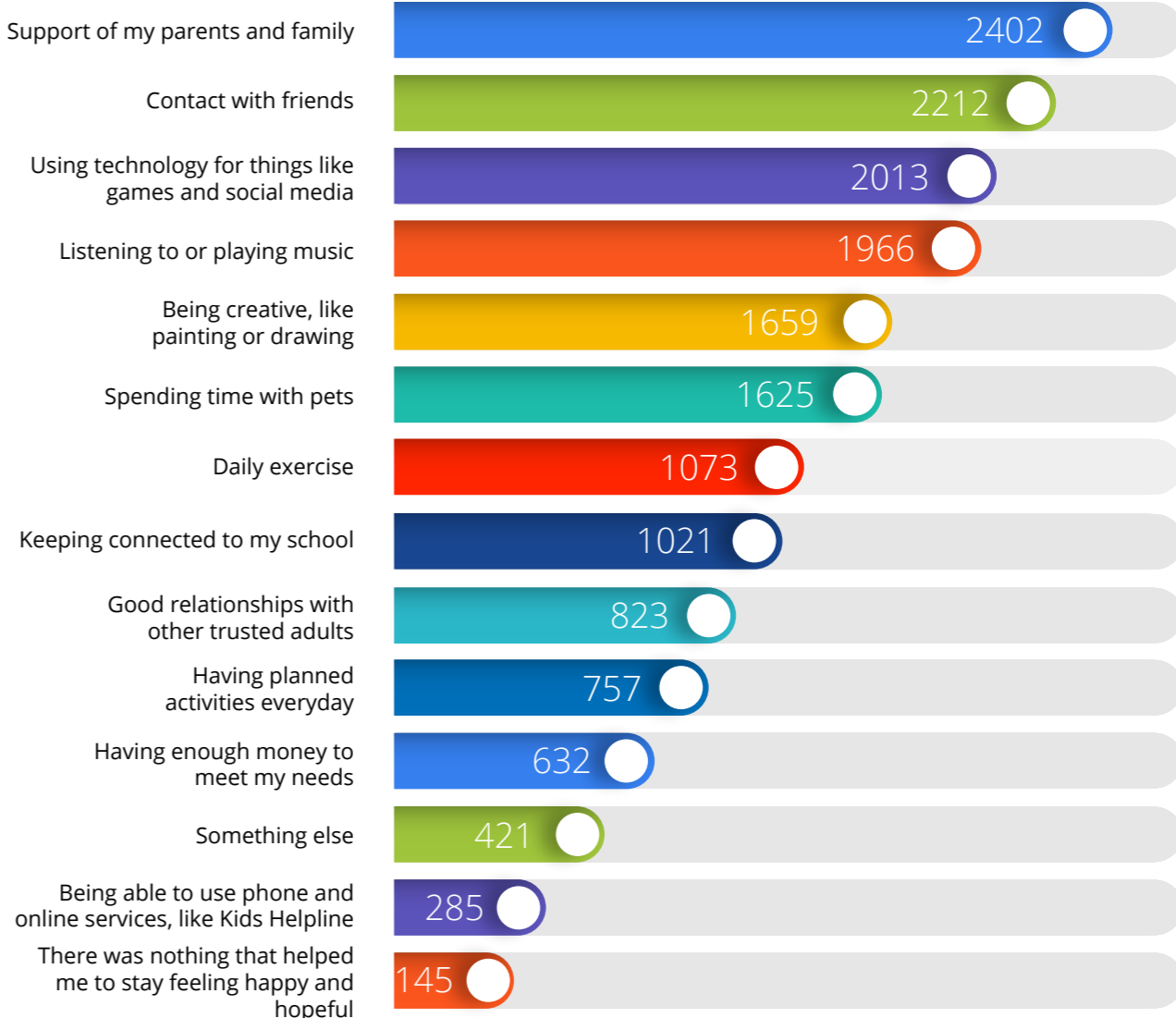
Talking and asking questions. Open communication. No judgement.  
 —Mother, Aboriginal and/or Torres Strait Islander, NSW

### 8.2 What helps children stay happy and hopeful

In the survey, children were asked to indicate what helped them stay happy and hopeful over the last two years, from a list of 14 statements. Of 3,528 responses, the top three items most commonly selected were:

1. Support of my parents and family
2. Contact with friends
3. Using technology for things like games and social media

**Figure 23: Children's survey: who or what helped you to stay feeling happy and hopeful over the last two years? select all that apply**



Children's top three answers differed slightly between demographic groups:

## Top three things that help children stay happy and hopeful across different groups:

### Aboriginal and/or Torres Strait Islander children (n=179):

1. Support of my parents and family
2. Spending time with pets
3. Listening to or playing music

### Children with a disability (n=256):

1. Support of my parents and family
2. Using technology for things like games and social media
3. Listening to or playing music

### Children who identified as non-binary or other (n=111):

1. Listening to or playing music
2. Using technology for things like games and social media
3. Contact with friends

### Children living in country towns (n=660):

1. Support of my parents and family
2. Contact with friends
3. Spending time with pets

### Children living in rural and remote areas (n=198):

1. Support of my parents and family
2. Contact with friends
3. Using technology for things like games and social media

### Children from culturally or ethnically diverse backgrounds (n=553):

1. Contact with friends
2. Support of my family and friends
3. Using technology for things like games and social media

### Children living in capital cities or large regional cities (n=2317):

1. Support of my parents and family
2. Contact with friends
3. Using technology for things like games and social media

The top three people or things identified by parents/guardians and grandparents answering the survey on behalf of their child were consistent with those in children's responses, although in slightly different order:

1. Support of my parents and family
2. Using technology for things like games and social media
3. Contact with friends

Responses to open-ended questions throughout the survey also provided insights into what helped children stay happy and hopeful, in addition to those listed above. When children were asked in an open-ended question, 'what they needed for support during the pandemic', a strong theme in their responses was that children felt a need for connection with others. Many children said that they wanted to be listened to and understood. They expressed the need to have someone trustworthy to talk to about their worries and reassure them during the uncertain times. This included having trusted sources of information about the pandemic.

A similar theme was that many children said they needed to feel loved and cared for. This included needing more support from adults during the pandemic, who could offer them 'encouragement', 'positive feedback' and 'reassurance':

I needed a safe person to talk to.  
—Girl, aged 9-11, QLD

Just needed some love really, I felt pretty lonely a lot of the time, and some support for starting high school in 2021, which was such odd conditions, so many unshures, it was just hard.  
—Girl, aged 12-13, WA

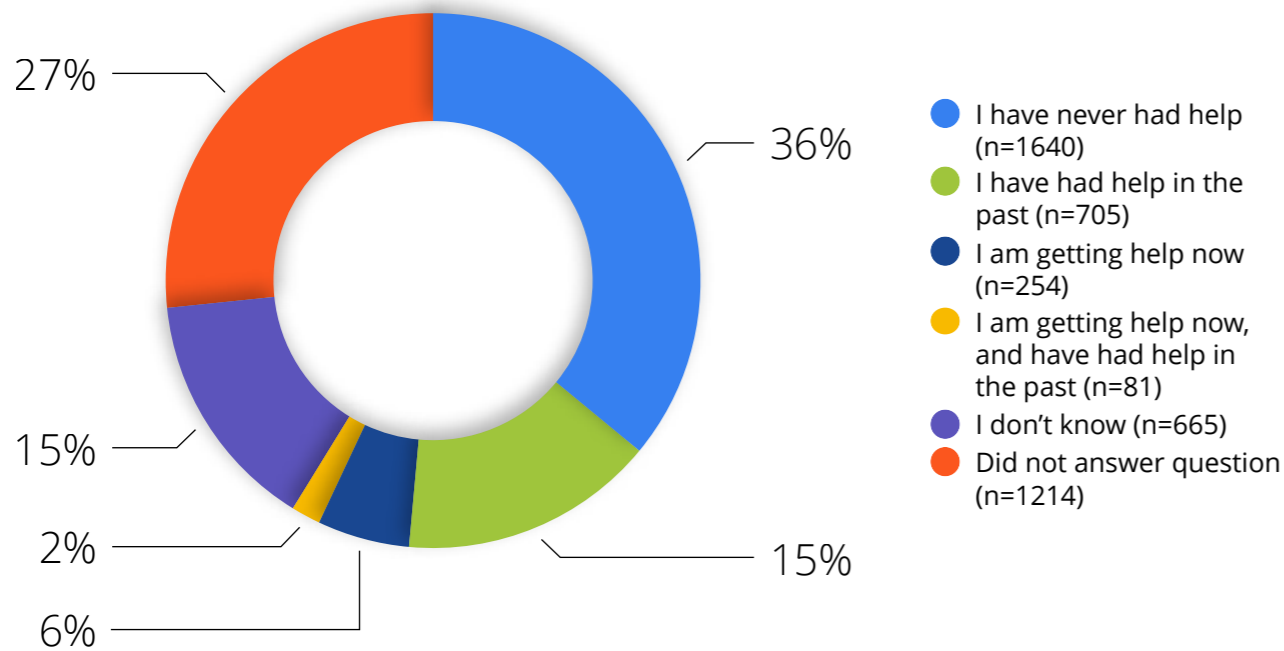
I needed someone to hug.  
—Child who identifies as non-binary or other, aged 12-13, VIC

I needed someone to talk to and validate my mental health issues.  
—Child who identifies as non-binary or other, aged 14-15, with a disability, NSW

### 8.3 Experiences of getting help and support

The survey asked children if they had ever had help for their mental health or wellbeing. They could select from multiple choice answers whether they had received help in the past, are getting help now, had never had help, or didn't know if they had received help. In total, 23% of children stated they 'had received help'—15% selected 'in the past', 6% selected they were 'getting help now', and 2% selected both answers. 36% of children stated they 'had never received help', 15% did not know, and 27% of children did not respond to the question.

**Figure 24: Children's survey: have you had help for your mental health and wellbeing?**



Parents/guardians and grandparents who completed the survey on behalf of their child were asked the same question. 20% said their child was getting help currently, 30% said their child received help in the past, 38% said their child had never had help, 2% stated that they didn't know, and 10% did not respond to the question.

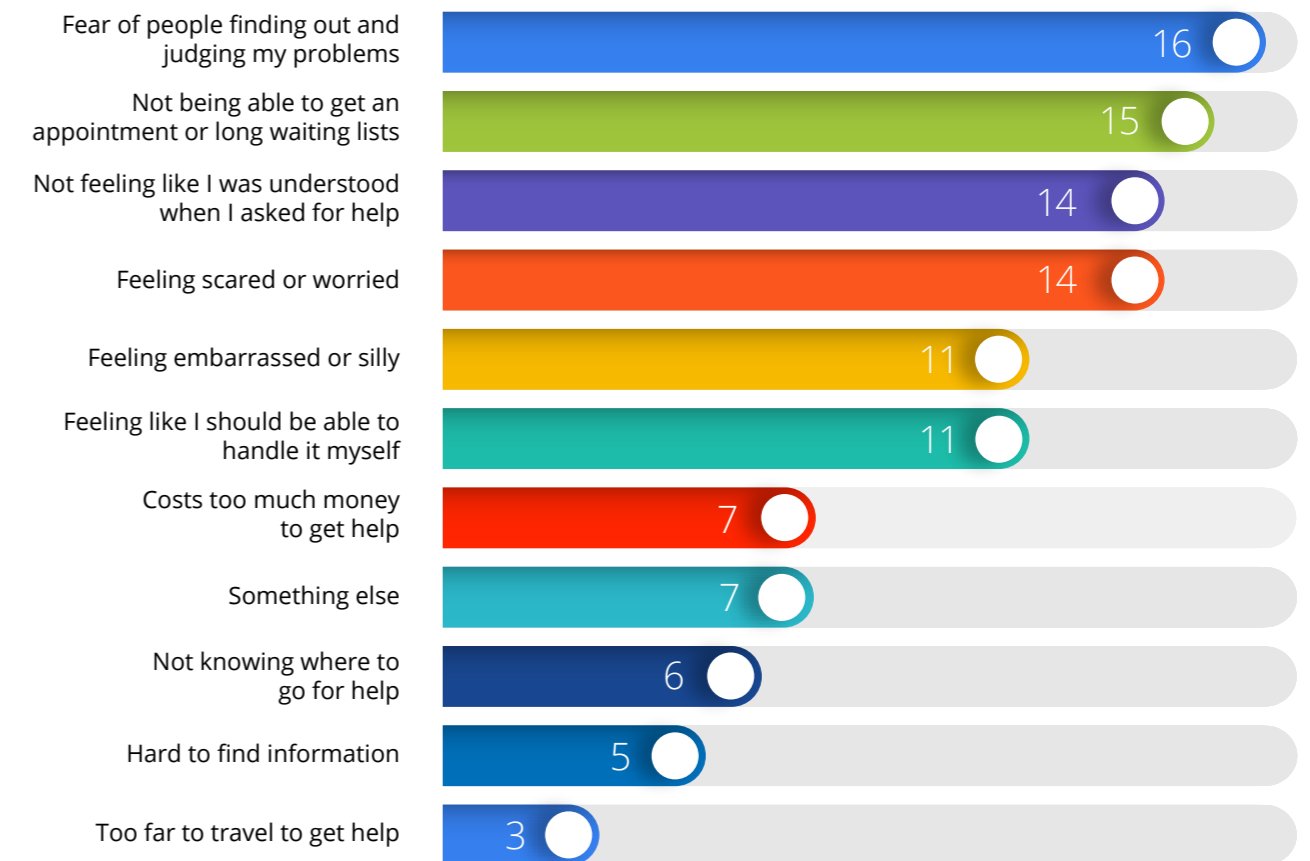
Of the 25 children who reported difficulties in receiving help, the survey asked what barriers may have been present. The three most commonly selected barriers were:

1. Fear of people finding out and judging my problems
2. Not being able to get an appointment or long waiting lists
3. Feeling scared or worried, and not feeling like I was understood when I asked for help

#### (a) Barriers to getting help

The 81 children who indicated they had received help, both in the past and now, also told us whether their experience of getting help was difficult or not. 25 children stated that it was difficult to get help, 36 stated it wasn't hard, and 20 stated that they didn't know whether it was hard or not.

**Figure 25: Children's survey: why was it hard for you to get help? select all that apply**





Of the parents/guardians and grandparents who stated that it was hard to get help for their child who had received help in the past or is currently receiving help, the survey also asked them to identify what these barriers looked like. From a multiple-choice list, the top three barriers selected were:

1. Not being able to get an appointment or long waiting lists (n=279)
2. Costs too much money (n=152)
3. Feeling scared or worried (n=81)

Free-text responses also provided some additional insights into the barriers children faced finding and accessing help. A commonly expressed concern by children was the fear of people finding out they were experiencing problems and of being judged for that. This included being judged by family members, with some children reporting that their family members also did not support them seeking help:

Because he (my dad) said not to.  
—Boy, aged 12-13, QLD

Other children said they lacked the courage or confidence to ask for help or were too scared:

I need help because I recently felt lonely and needed to let my anger out but I was too scared to ask for help.  
—Girl, aged 12-13, VIC

We had family problems so I didn't always feel safe. I needed help from the police but couldn't ask.  
—Boy, aged 12-13, with a disability, VIC

Finding available services and accessing them in a timely manner during the pandemic were frequently raised as significant barriers by children, and parents/guardians and grandparents. This was reported as an issue for families across Australia but was especially an issue for those living in country towns and rural and remote areas:

I needed to go to hospital, however the place was full and I had to sleep in the reception room until CAMHS (Child and Adolescent Mental Health Services) came or risk going home.  
—Girl, aged 16-17, VIC

We had to wait and then when it was my turn, I felt like it was too late.  
—Boy, aged 9-11, NSW

It was very difficult to get help during lockdowns. Long wait times and services beyond capacity.  
—Mother, VIC

Some children who already engaged with mental health and wellbeing services struggled to continue getting their regular help due to restrictions and lockdowns:

I have a support worker that I would see fortnightly that I could not see due to lockdowns.  
—Boy, aged 14-15, VIC

I was unable to see my psych due to COVID and had less appointments.  
—Boy, aged 9-11, Aboriginal and/or Torres Strait Islander, with a disability, QLD

I needed someone to check in on me to ask me if I'm really okay.  
—Girl, aged 9-11, SA

I did think about seeking help but I was so uncomfortable and anxious to do anything because I didn't want to be judged because I feel as though I don't need to seek help as many others need it more than me. I basically thought I could get through it by myself.  
—Girl, aged 16-17, VIC

I needed to call Lifeline but my phone was taken away by my parents.  
—Girl, aged 16-17, VIC

Stakeholders participating in the roundtables confirmed the long wait lists and difficulties for children and families accessing mental health services during the pandemic. One stakeholder pointed out the limited availability of services and supports to meet children's mental health needs, potentially increasing their feelings of hopelessness.

The main barriers identified in this survey are consistent with barriers discussed in consultations for the AHRC's *Keeping Kids Safe and Well* report.<sup>44</sup> In this report, many families reported difficulties navigating a fragmented, costly and complex service system. They often faced long waiting lists for assessment and treatment unless they were at a crisis point.<sup>45</sup> Addressing the inequity and fragmentation of mental health service provision is also one of the priorities of the new *National Children's Mental Health and Wellbeing Strategy* for children under 12 years of age.<sup>46</sup>

The cost of getting help for mental health and wellbeing was frequently raised by both children, and parents/guardians and grandparents in free-text responses.

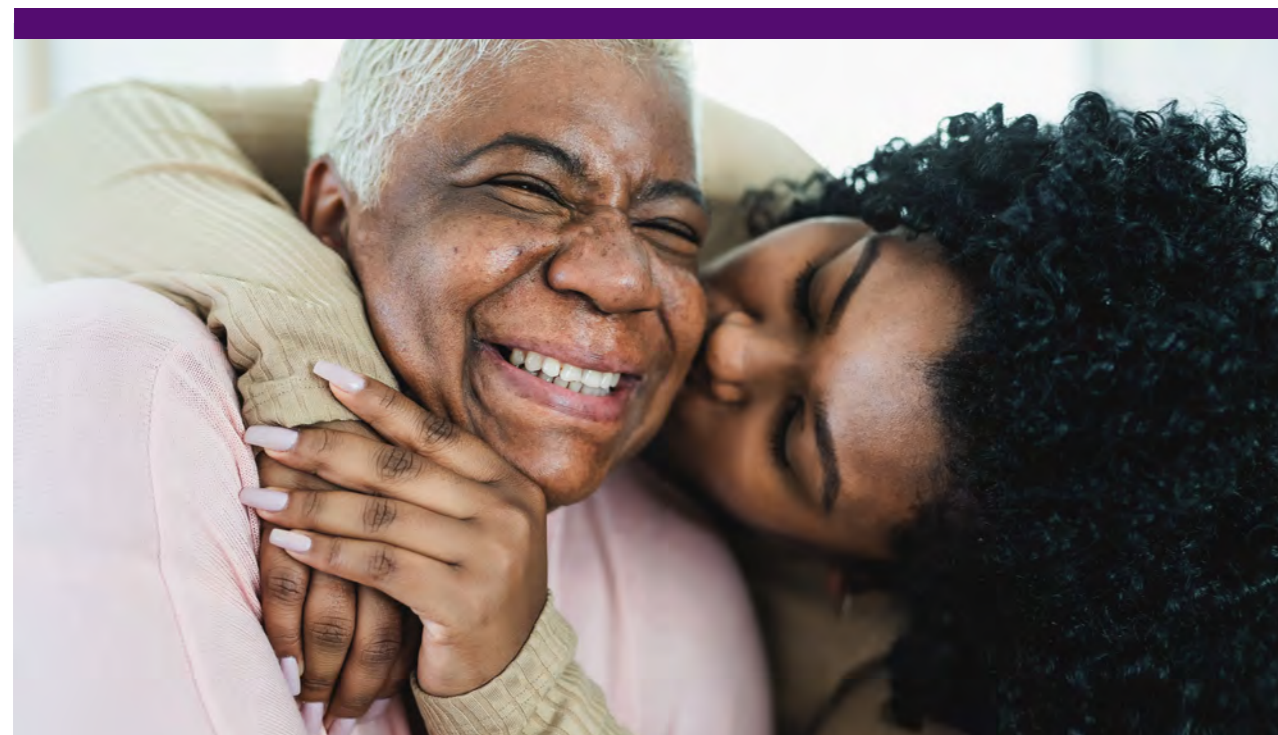
This is consistent with consultations conducted for the *Keeping Kids Safe and Well* report with children and families, where it was a clearly identified barrier.<sup>47</sup> Cost was raised primarily by parents, in particular the high cost of accessing psychologists. A few children also spoke about lack of money to pay for mental health specialists. Children also reported that they were unable to access their usual mental health services and supports. In some cases, this was because their psychologist or counsellor had suspended services, rescheduled appointments, or changed their way of delivering services, which made it harder for them to access.<sup>48</sup>

**(b) Supports for getting help**

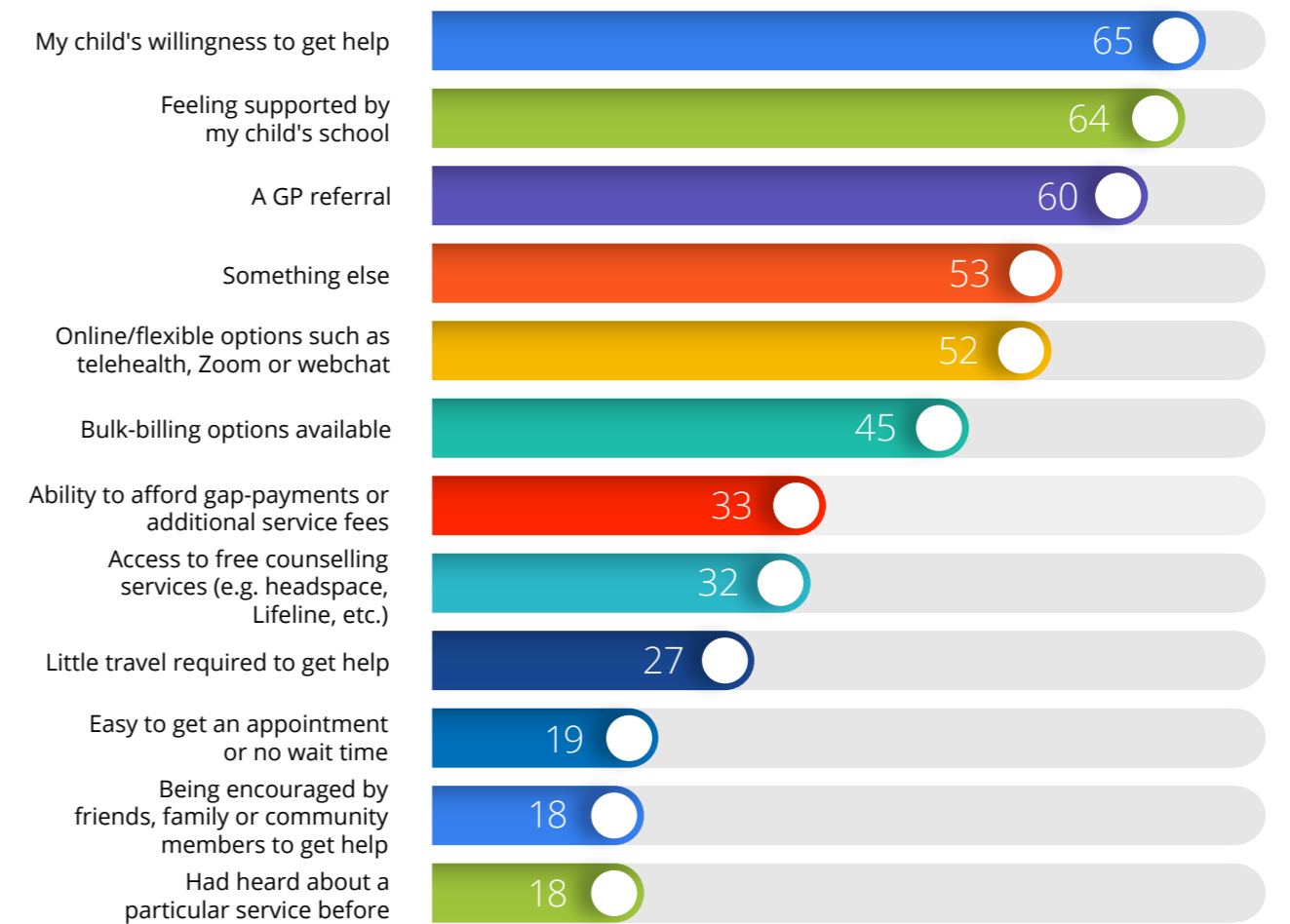
Parents/guardians and grandparents who indicated that their children were currently or had previously received help were asked what made it easier to get help for their child.

199 parents/guardians and grandparents provided a response to this question. From a list of multiple options, the top three enabling factors for getting help for their child were:

1. My child's willingness to get help
2. Feeling supported by my child's school
3. A GP referral

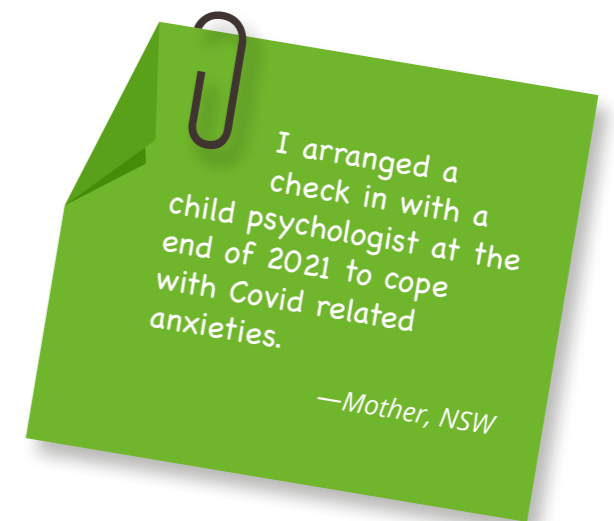


**Figure 26: Parents/guardians and grandparent's survey: what made it easier for you to get help for your child? select all that apply**



Free-text responses showed that parents tend to be the primary conduit for connecting many children, in particular younger children, to services and support. In many cases, this involved conversations with school staff, who then supported parents in the process of getting help for their child.

When seeking help outside of school, most parents/guardians and grandparents reported initiating the process of help-seeking through their GP or family doctor. Some parents/guardians and grandparents had arranged mental health support for their child during the pandemic, to ensure they were well supported during this unsettling period:



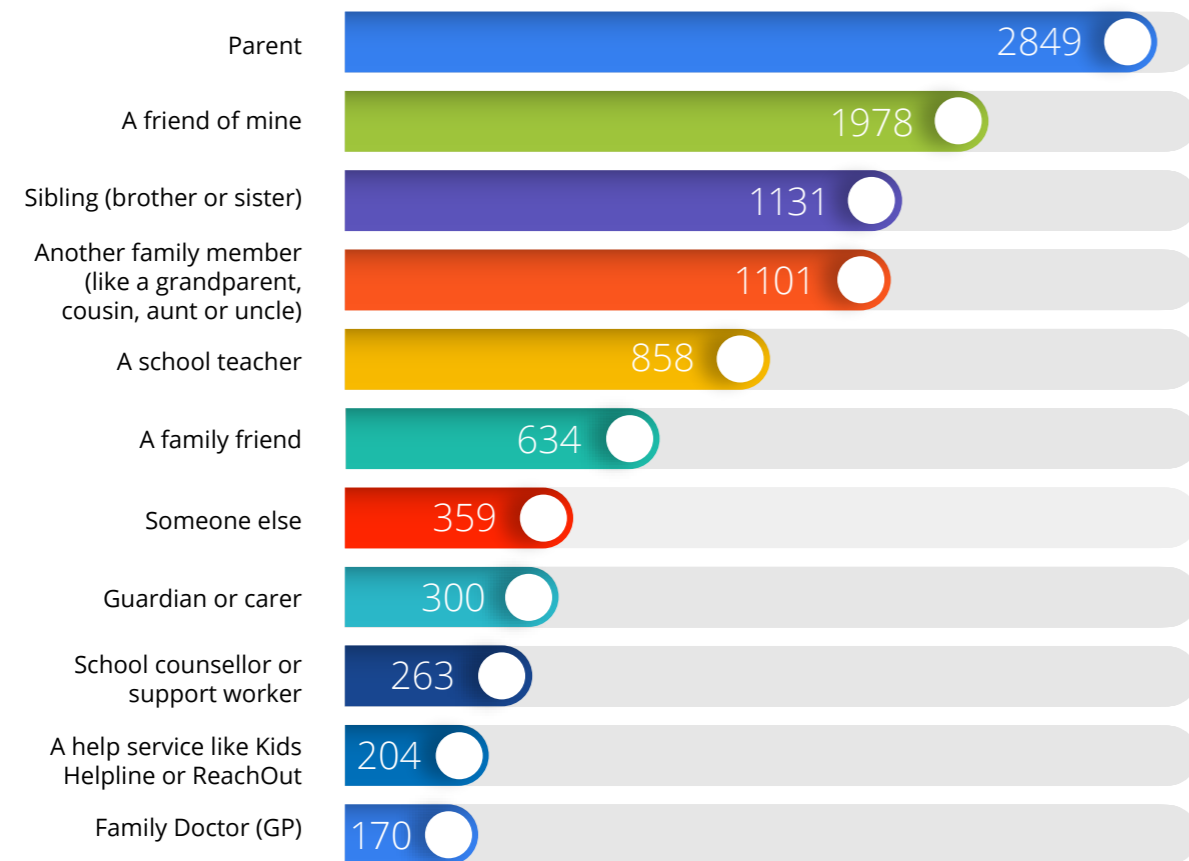
### 8.4 Who would children go to for help should they need it?

Children were asked to select the top three people they would go to for help if they felt down, scared or worried. 3,352 children provided responses to this question. The top three selected answers were:

1. Parent
2. A friend of mine
3. Sibling

These answers were relatively consistent across different groups.

**Figure 27: Children's survey: who are the top three people you would ask for help if you felt down, scared or worried? select three answers**



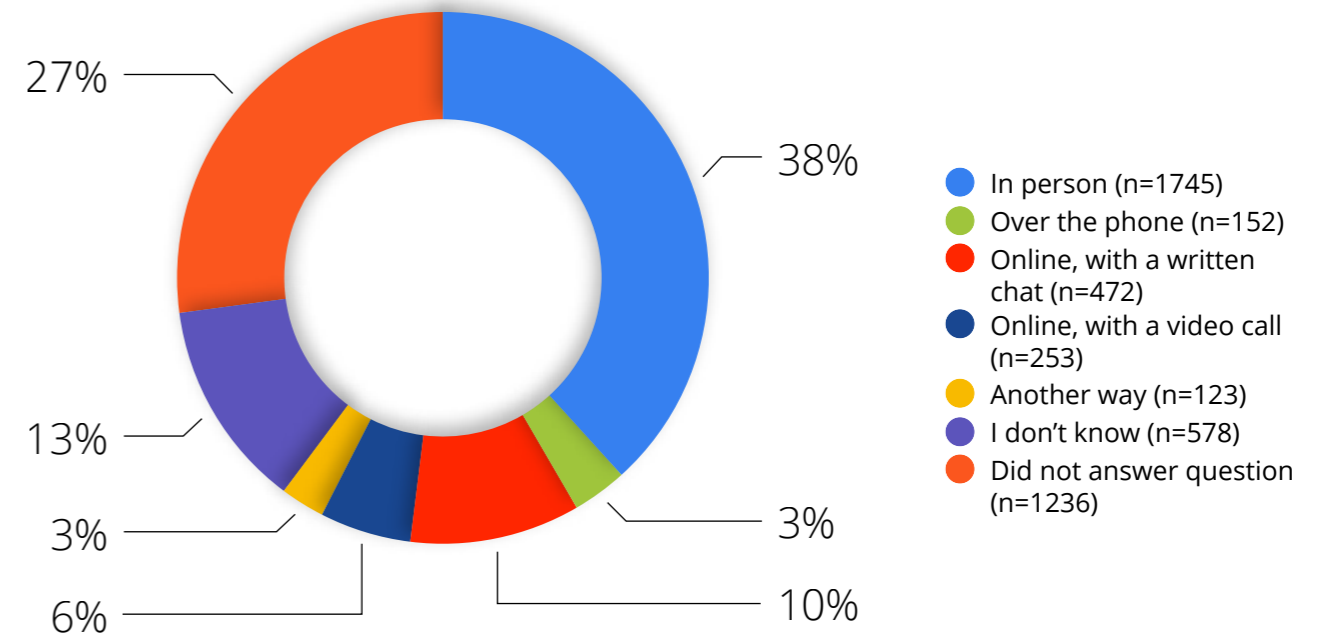
People known to children, such as family members, friends and teachers, were more likely to be chosen than external support services including school counsellors, a family doctor or help services. These selections were consistent for children irrespective of where they lived.

In free-text responses, the most common services and supports reported by children, aside from the support of their parents/guardians and grandparents, were school counsellors and wellbeing officers, private psychologists, psychiatrists, paediatricians, occupational therapists, family support workers and participation in wellbeing programs for specific emotions and behaviours.

### 8.5 Children's preferred mode of receiving formal support services

Children were asked how they would be most comfortable getting help if they needed it. 38% of children stated 'in person' would be their preferred method of seeking help. Children were less likely to indicate they would be most comfortable with online and over the phone options.

**Figure 28: Children's survey: how would you be most comfortable seeking help?**



Free-text responses articulated some children's reluctance to use online or over the phone options for mental health support:



In 2021 consultations for the AHRC's *Keeping Kids Safe and Well* report, children also said they found it hard to build trust over the phone.<sup>49</sup>

A few children reported that even the phone and online services were not always available to support children during this period when they needed it:

Parents/guardians and grandparents also recognised children's need for face-to-face supports. In free-text responses, some said that using telehealth during the pandemic did not suit their child or was difficult and inconvenient for other reasons. In some cases, the difficulties of using telehealth for their child meant that their child lost important mental health support.

I needed someone to talk to when I felt like harming myself but I tried contacting Lifeline via their online chat but the wait was too long and it kicked me off at 12am because that's when the online chat function ends.  
—Girl, aged 16–17, NSW

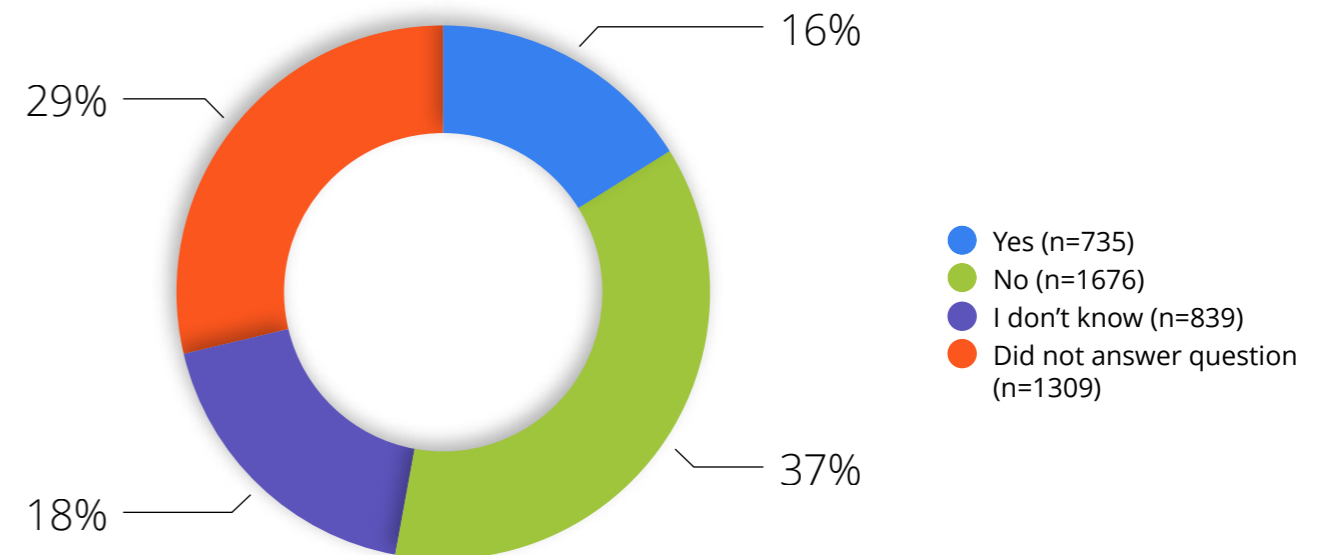
My son's only ever had positive experiences with his therapists face to face. He's quite open with his psychologist about what's going on with him. It becomes negative when we go into lockdown and we have to do appointments using video calls, he can't concentrate or focus.  
—Mother, NSW

I attempted to use Kids Helpline for advice but was unanswered.  
—Boy, aged 14–15, from a specific cultural or ethnic background, NSW

## 8.6 Did children need extra support?

We asked children if there was a time over the past 2 years when they needed extra support but were not able to get the help they needed, 16% stated 'yes'. In contrast, almost half (40%) of the parents/guardians and grandparents responding on their child's behalf felt their child needed extra support for their mental health and wellbeing over the last two years but were unable to get it.

**Figure 29: Children's survey: did you feel that you needed extra support over the last two years but were unable to get it?**



These findings were different among some groups. The following groups were more likely to indicate that they needed extra help but were unable to get it:

- 47% of children identifying as non-binary or other
- 31% of children with a disability
- 22% of Aboriginal and/or Torres Strait Islander children.

This may reflect the unique and diverse needs of these groups, and the barriers they face in order to receive help. This is reflected in other research which suggests many Aboriginal and/or Torres Strait Islander children feel that service providers are unable to understand their needs or experiences.<sup>50</sup> For children with disabilities, some research suggests, cancellations of service and support workers and limited additional supports through NDIS has created difficulties and challenges in receiving the help these families need.<sup>51</sup>

The need for additional supports in the last two years was also raised directly by children with a disability and special learning needs in their free-text responses. For instance, help with schoolwork was commonly discussed:

I needed to get assessed for my dysgraphia and dyslexia in 2020 but that got put off until 2021. This held me back at school in 2021.  
—Girl, aged 9–11, WA

I needed more help with learning as I have a learning disability and I was unable to access the resources from school.  
—Boy, aged 16–17, with a disability, VIC

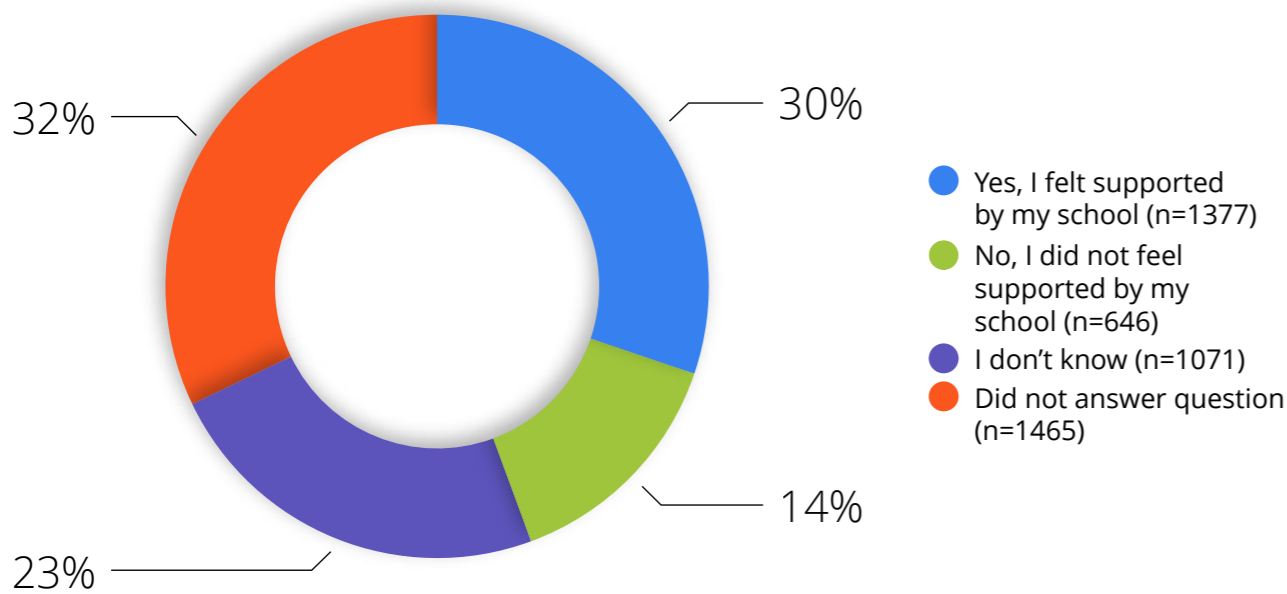
I needed support in school for reasonable adjustments for learning disability.  
—Girl, aged 16–17, with a disability, QLD

### 8.7 Mental health and wellbeing support in schools

The pandemic has highlighted the important role of schools in supporting the mental health and wellbeing of children. In Australia, more than 4 million children attend school, making them a significant influence in a child's life and broader development.<sup>52</sup>

The survey asked whether children felt that their school had supported their mental health and wellbeing over the last two years. Almost 1 in 3 children (30%) who answered this question felt their school supported their mental health and wellbeing.

**Figure 30: Children's survey: did children feel that their teachers and schools had supported their mental health and wellbeing over the last two years?**



Some groups were more likely to indicate they felt unsupported by their schools:

- 20% of children aged 16–17 stated that did not feel supported. This may be reflective of the increased responsibilities felt by older children (see section 7.3).
- 19% of children with disabilities did not feel supported, potentially as remote learning did not meet their specific needs.
- 30% of children who identify as non-binary or other indicated they felt unsupported by their teachers and schools. This is more than double the general sample (14%). As one child described:

I feel like they (schools) push our mental health aside because we are so young, apart from some little speeches that don't do anything, the only times they actually bother helping is if you have a diagnosed mental disorder. Apart from that they think I'm just not bothering to pay attention. There is also a lot of sexism mainly from boys, I am a transgender boy so I was born in the body of a girl and I have to be really careful who I tell or I will probably be bullied and discriminated against.  
—Child who identifies as non-binary or other aged 9–11, NSW

In response to the same question about the support of schools, parents/guardians and grandparents were divided evenly. 33% felt their child's school offered support for their child's mental health and wellbeing, 33% felt their child's school did not offer adequate support, 18% stated that they did not know, and 16% did not answer the question.

In open-ended questions on schools and their support for mental health, children also shared positive things that their school and teachers did to help them during the pandemic. Some schools retained these wellbeing activities after school resumed face-to-face. For example, a few children spoke about teachers doing regular wellbeing checks, and holding 'Wellbeing Wednesdays':

My school had a 'Wellness Wednesday' every second Wednesday, so we could take a break from remote learning. They set us some mindful activities like drawing, listening to calming music, puzzles, cooking and fun things like those. Our family – we made pavlova and a Christmas tree platter as well as playing games (not online) and obstacle courses.  
—Girl, aged 9–11, from a specific cultural or ethnic background, NSW

Well-being Wednesday on Wednesdays we would be able to do whatever we wanted within reason. They kept well-being Wednesday.  
—Girl, aged 12–13, NSW

Other comments by some children, and parents/guardians and grandparents show the variety of ways that schools and teachers tried to support the mental health of children, especially younger children, during remote learning:

They sent us chocolates and cards to make us feel better. They were always cheerful and nice. —Girl, aged 12-13, TAS

The school got a mental health dog. —Boy, aged 12-13, QLD

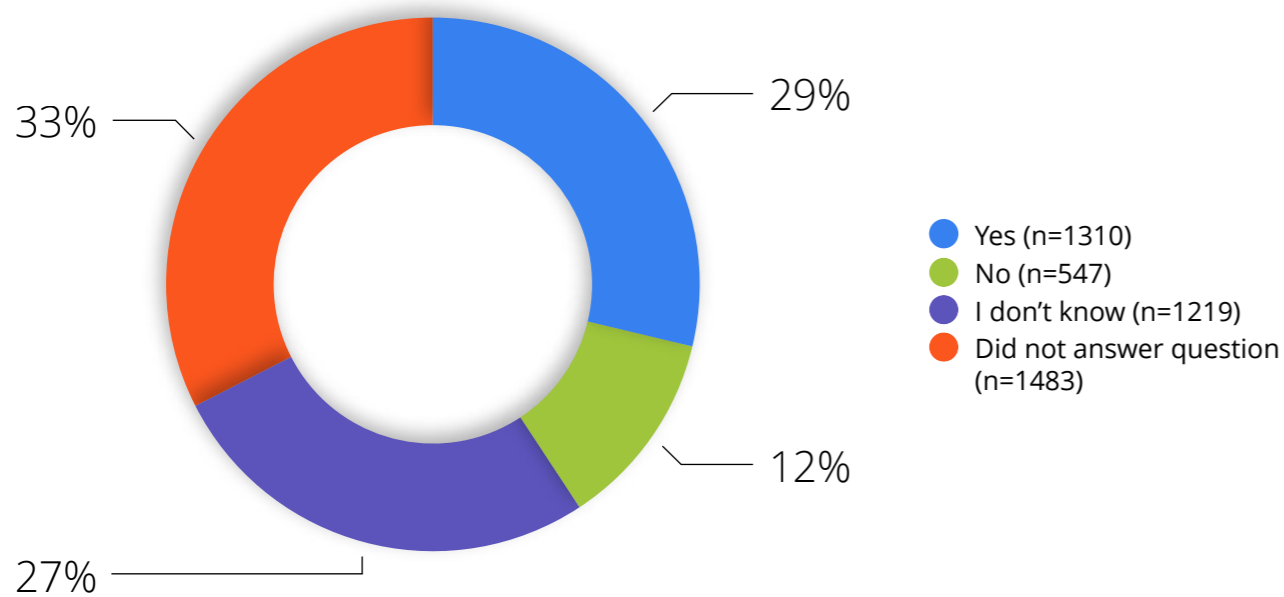
They gave me comments on my work that made me more confident in doing my work. They made the activities fun. My teacher made us do things to help around the house and made chores fun. —Girl, aged 9-11, QLD

The teachers were giving out helpful motivational letters and telling us to stay positive and letting us talk to each other about how we were doing. —Girl, aged 9-11, NSW

However, as discussed in section 7.3(a), many children in the survey also raised concerns about the challenges they faced during remote learning, with lack of teacher support impacting on their mental health and wellbeing.

When asked about whether schools should do more to support student's mental health and wellbeing, 29% of children and 57% of parents/guardians and grandparents stated 'yes'.

**Figure 31: Children's survey: should schools offer more support for children's mental health and wellbeing?**



Both groups elaborated on what they thought these supports could look like. Ideas included more support for addressing bullying and harassment, and building in activities and programs to promote positive mental health and wellbeing into daily life at schools, rather than just having stand-alone sessions talking about 'how to' do it.

Children and parents wanted tangible supports and options for children experiencing difficulties with their mental health and wellbeing. Providing support for parents/guardians and grandparents to support their children was also seen as a contribution schools could make.

More activities that actually improve wellbeing, rather than activities that just talk about wellbeing. For example, there are a lot of 'reflective activities' in school related to wellbeing or mental health, but they often become like more schoolwork or more of the same. There is not a lot of actually 'doing' activities that make kids feel good. For example, getting out of the classroom and spending time outdoors, playing fun games, creative activities like music, art or making or building things, working on projects etc, and doing physical activity that isn't just sport, but is more inclusive of a range of abilities and interests. —Mother, VIC

A completely safe space to do anything. Whether you just need somewhere comfortable to break down and get upset about something. Being able to offer advice, or just listening without judging, acting as a way to vent. Being able to recommend methods of coping, or even suggesting counsellors or therapists outside of the school that they think would suit the student, if they find it necessary. —Girl, aged 14-15, QLD

Stakeholders in roundtables also suggested that schools integrate mental health literacy and support more organically into the daily environment and provide more holistic mental health supports to students. They suggested that schools be designed not only to provide education for children, but as hubs for promoting wellbeing for everyone in the community, including family and staff.

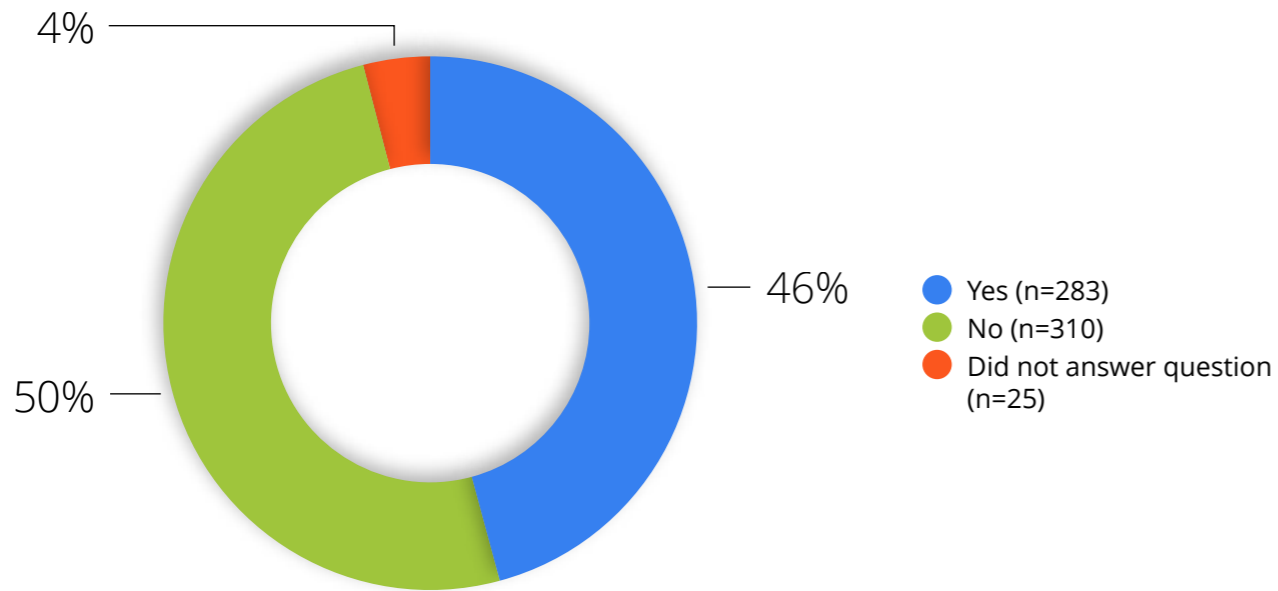
See section 9.3(c) for more detail on ways to better support children's mental health and wellbeing in schools. These stakeholders acknowledged that schools and teachers will need significant support and resources to be able to achieve this.

### 8.8 Seeking help when feeling unsafe in the home

Some children, when feeling unsafe in their homes, sought help or told someone about their concerns, although many did not.

As expressed in Figure 19, 3% of children stated they did not feel safe in their home over the last two years, and 10% 'sometimes' felt safe. These children were also asked whether they told someone or sought help. More children chose not to seek help (50%) than to tell someone (46%).

Figure 32: Children's survey: did you tell someone when you felt unsafe?



In free-text responses, children stated they sought help in various ways. Most common was talking to parents or other trusted family members or friends. Children also reported contacting Kids Helpline, telling their school, speaking to a counsellor or psychologist, or other professionals:

Those who did not seek help when they felt unsafe gave similar reasons as those who had reported they had challenges seeking help more broadly. They spoke about fear of being rejected or judged, or that speaking up may negatively impact their families:

- Red note:** "I left home and spoke to family members to have a safe place to stay." —Girl, aged 16-17, VIC
- Blue note:** "I am too scared to ask." —Girl, aged 14-15, from a specific cultural or ethnic background, NSW
- Teal note:** "School and my supportive friends who defend me." —Boy, aged 9-11, Aboriginal and/or Torres Strait Islander, VIC
- Orange note:** "Because my family can get very stressed and worried and with all this happening I did not wanna put more stress on them." —Boy, aged 9-11, from a specific cultural or ethnic background, SA
- Green note:** "I talked to my auntie and she called the police." —Girl, aged 12-13, Aboriginal and/or Torres Strait Islander, with a disability, NSW



SECTION

# 9

## Looking to the future

At the end of the surveys, children, parents/guardians and grandparents were asked to reflect on their experiences and to consider the future. **Sections 9.1** and **9.2** highlight children's hopes and worries for the future.

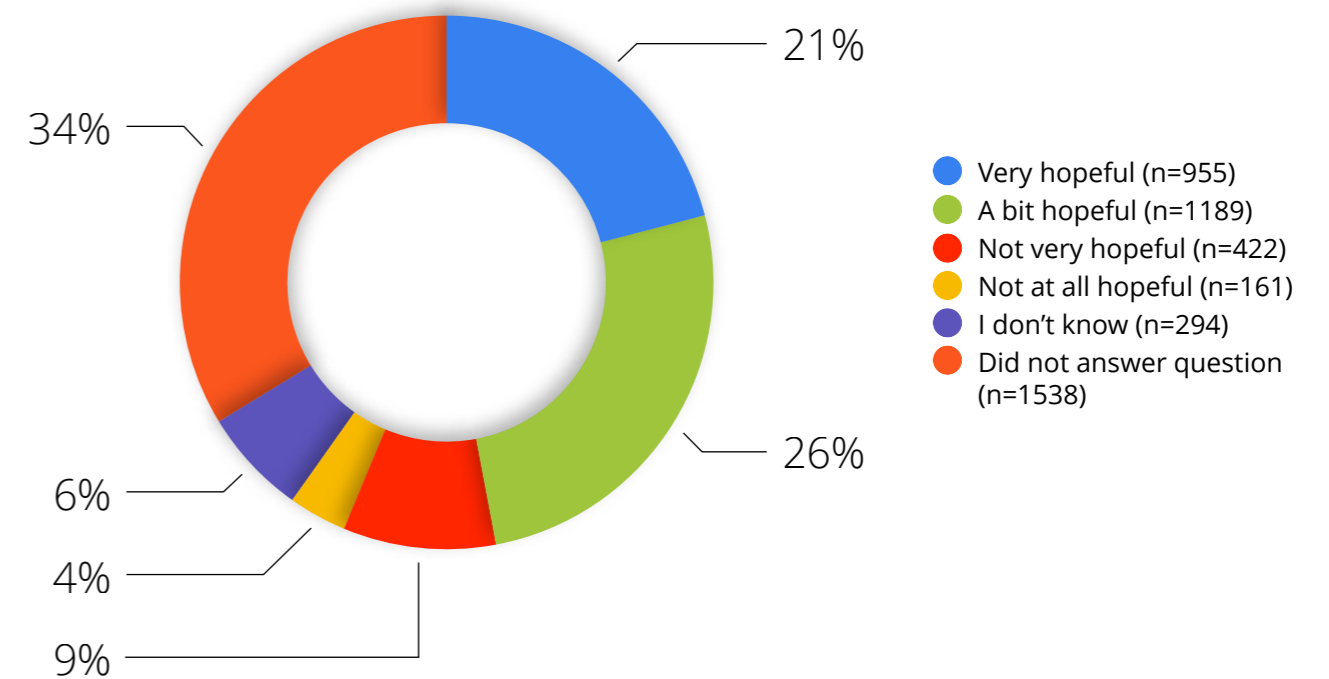
Throughout the surveys, children, parents/guardians and grandparents were given the opportunity to suggest ways to better support children's mental health and wellbeing during, and beyond, the pandemic. **Section 9.3** consolidates the information that they provided. This section informs the recommendations made in the report.

### 9.1 Children's hopes for the future

Despite the negative impacts of the pandemic, many children expressed hopefulness about the future.

In the question, 'How hopeful do you feel when you think about the future?', 21% said that they were 'very' hopeful, 26% were 'a bit' hopeful, compared to 9% that said they were 'not very' hopeful, and only 4% said they were 'not at all' hopeful for the future.

**Figure 33: Children's survey: how hopeful are you about the future?**



The extent of hopefulness varied across different age groups. 23% of children aged 9-11, 20% of children aged 12-13, 11% of children aged 14-15, and 12% of children aged 16-17 responded, 'very hopeful'. This is consistent with other research that has found declining feelings of optimism as children get older.<sup>53</sup>

25% of parents/guardians and grandparents responding on behalf of their child said that they think their child is 'very' hopeful when thinking about the future.



**(a) End of the pandemic**

Children were also asked to provide free-text responses to the question ‘thinking about the future, tell us something you are happy and hopeful about?’. In response, many children said they were hopeful that COVID-19 and the restrictions would end. They wanted to ‘get rid of COVID’ or ‘forget’ it.

This response was most prevalent from children in NSW and Victoria, where restrictions were greatest. Children spoke positively about the ending of restrictions, vaccine and mask mandates, and the prospect of being ‘more free’ and back to ‘normal’. Part of this vision of normality was the hope that the pandemic would subside, and the illness would become ‘like a cold’.



**(b) Humanity's ability to overcome problems**

A number of younger children, when asked what makes them happy or hopeful, spoke positively about the power of humanity to overcome problems like the COVID-19 virus or climate change, including through technological advances.

Something I am happy and hopeful for the future is that we have advanced technology.  
—Boy, aged 9-11, NSW

I'm hopeful about technology improvement and a covid free world.  
—Girl, aged 9-11, from a specific cultural or ethnic background, NSW

I am happy that out of all the people I know there seems to be a lot of people that could make a change. I am hopeful that these people will use their amazing abilities for good and to make a world a better place.  
—Girl, aged 9-11, WA

I am hopeful that people are doing something about global warming and getting electric cars.  
—Girl, aged 9-11, QLD

I am hopeful that humans will soon take better care of nature.  
—Boy, aged 12-13, VIC

**(c) Returning to extracurricular activities**

Many children in jurisdictions where there had been long periods of lockdowns, spoke about their hopes of returning to extracurricular activities, like school camps and excursions, sport and other activities outside of class.

I'm glad that I get to go to high school with my friend that I've had since kindergarten. I'm glad that I get to do activities that I love doing outside of school.  
—Girl, aged 9-11, QLD

I am hopeful I will get to go to camp this year.  
—Girl, aged 12-13, from a specific cultural or ethnic background, VIC

I am hopeful COVID does not cancel the year 6 formal, our trip to Canberra and having a kindy buddy.  
—Girl, aged 12-13, NSW

**(d) Spending time with friends, family and pets**

Children also commonly looked forward to spending time with families and friends. Many children said they were happy and hopeful to be able to travel to see family and friends, and spend holidays with their families again. The ability to travel was particularly important to children from diverse cultural backgrounds, who may have been separated from family due to the border closures.

**Being with family and friends**

With my magic wand, I would make sure every child lives a great and happy childhood with their parents. —*Boy, aged 12-13, VIC*

I'm hopeful about things within my small circle – friendships staying strong, finding time for simple things, figuring out what I want to do. —*Child with undisclosed gender, aged 16-17, from a specific cultural or ethnic background, SA*

I am looking forward to watching my little sister grow up. —*Child who identifies as non-binary or other, aged 14-15, TAS*

Getting to see my friends after COVID finishes and getting to go on holiday and getting to see my grandparent I have not seen in 3 years. —*Girl, aged 9-11, SA*

I feel hopeful about seeing my dad and no online learning. —*Girl, aged 9-11, from a specific cultural or ethnic background, SA*

**Travel**

I am excited about seeing my cousins and my aunt in WA. —*Girl, aged 9-11, VIC*

I'm happy I can finally travel overseas for the first time! —*Girl, aged 9-11, NSW*

I am hopeful about me going to India someday to see my family. —*Girl, aged 9-11, from a specific cultural or ethnic background, SA*

I hope I will get to go to my grandparents. —*Girl, aged 9-11, from a specific cultural or ethnic background, SA*

For some younger children, the prospect of getting a pet made them happy and hopeful for the future. Other research supports the 'pet effect' and the protective role that pets can offer to children's emotional wellbeing in difficult times.<sup>54</sup>

**Having pets**

I'm hopeful of getting my dream pets I wasn't allowed. —*Girl, aged 9-11, VIC*

I am looking forward to getting my own dog and hopefully getting out of COVID-19. —*Girl, aged 9-11, VIC*

**(e) Gaining independence and growing up**

Gaining independence and more responsibility was important to many children. They were looking forward to transitioning to higher grades at school, getting their drivers licence, graduating from school, and moving out of home. Some children said they were looking forward to a future with their current partners while others expressed aspirations to fall in love, get married and to have their own family in adulthood.

**Independence**

I'm hopeful about the year ahead of me because I get to be in grade 6 with more responsibility and I like that. I'm also an art captain at school which is fun because I get lots of art jobs and that's what I love! —*Girl, aged 9-11, VIC*

Going to school and gaining independence from my family and being able to support myself in this world. —*Girl, aged 16-17, VIC*

I'm looking forward to graduating and moving out of home. —*Girl, aged 12-13, from a specific cultural or ethnic background, QLD*

I am 18 in a few months and am then able to get my p's and drive my car alone. I'm also looking forward to finally getting out of school and starting uni and things like that. I've got concerts too that are finally able to happen. —*Girl, aged 16-17, VIC*

Finishing school. I want to have a wife one day and babies. A house that I paid for will be good. —*Boy, aged 12-13, QLD*

Many children, across all age groups, expressed hopes and ambitions to succeed in their studies, have a job or a career, and be financially secure. Some children expressed hope that they would be able to help others and contribute to society in a meaningful way. Other children spoke about their dreams and goals of doing well in sport, music, or dance, with ambitions to compete at professional levels—plans that had been disrupted by the pandemic.

**Future study and employment**

In the future I want to travel or do something important for the environment. —*Child who identifies as non-binary or other, aged 16-17, NSW*

I'm happy to see who I become in the future. —*Girl, aged 9-11, from a specific cultural or ethnic background, VIC*

Well I am hopeful that I can get into a good high school and get into university, because I think I have a bright future ahead of me. —*Girl, aged 9-11, WA*

I look forward to getting a job and owning a business. —*Girl, aged 9-11, NSW*

I am looking forward to my acting career. —*Boy, aged 14-15, with a disability, NSW*

I'm hopeful I will get an apprenticeship at some point and be able to earn good money. —*Boy, aged 16-17, SA*

I am happy about becoming an activist for LGBTQIAP+ rights. —*Child who identifies as non-binary or other, aged 12-13, with a disability, VIC*

My dreams, ideas and aspirations. I hope to be an anthropologist and volunteer in countries around the world like Sudan and Yemen. —*Girl, aged 12-13, NSW*

**Future study and employment**  
(continued)

I love writing stories and when I am older I want to become an author so I am excited to show my stories to the world and I also want to do lots of charity work and lots of activist work when I am older and help people and I am excited about that as well. —*Girl, aged 14–15, SA*

I am happy and hopeful that I will be able to compete again in gymnastics because I am a state champion. —*Child with undisclosed gender, aged 9–11, WA*

I am very hopeful for following my dreams and being a professional goalkeeper, a taekwondo master and a pilot. —*Boy, aged 9–11, who speaks a language other than English at home, VIC*

**9.2 Children’s worries for the future**

Children were asked to provide free-text responses to the question ‘thinking about the future, tell us something you are down, scared or worried about.’

**(a) Fear of continuing pandemic**

In response, many children said they were concerned that the pandemic and the restrictions would continue, or even worsen. It should be noted that when children were completing this survey, the Omicron COVID-19 variant was spreading throughout Australia. In this context, many children expressed anxiety about the possibility that lockdowns, vaccination and face mask mandates would continue indefinitely. Some said they were worried that the pandemic would never end, and that life would never go back to ‘normal’.

**Continuation of COVID-19 and restrictions**

I am scared that cases and deaths will explode again, and that COVID will become endemic. —*Boy, aged 9–11, from a specific cultural or ethnic background, NSW*

I am worried that COVID will continue through the best years of my life, affecting my social life and experiences before university starts. —*Girl, aged 16–17, SA*

How much longer will restrictions be around? Will I ever be able to go anywhere without seeing a ‘must wear a mask’ or ‘go home if you have these symptoms’? —*Girl, aged 9–11, TAS*

COVID getting worse and me never be able to have a play date again. —*Girl, aged 9–11, VIC*

I am worried that we will never ever be able to go back to the way we were pre-COVID. I am sad that people born during the COVID pandemic never experienced what life was like without COVID. —*Girl, aged 9–11, VIC*

I am worried that I will have to for the rest of my life think about COVID in everything I do. —*Boy, aged 14–15, who recently arrived in Australia, VIC*

Fear of death and losing loved ones was raised by many children as key worries about the future, particularly by younger children. As discussed in section 5.2, many children said they had been worried about catching or spreading COVID-19 over the past two years. They also expressed generalised fear and sadness about death. This was not always COVID-19 specific.

**Fear of death and losing loved ones**

I am scared my family members pass away. —*Girl, aged 9–11, from a specific cultural or ethnic background, SA*

My dog died last year, and let’s just say I hope nothing else changes for the bad. I hope I don’t lose anyone else. —*Girl, aged 9–11, VIC*

My grandma’s organs are failing, and I’m scared I’ll lose her before my life even starts. —*Girl, aged 12–13, Aboriginal and/or Torres Strait Islander, with a disability, NSW*

I am scared that my grandparents will catch corona. They are sitting in a very infected place right now and they are old, so I’m scared. We are sitting here in Australia so we are doubtful that we can help them. —*Girl, aged 9–11, from a specific cultural or ethnic background, WA*

I might die or my parents might die, or my nan might or my sister might die or my friends might die. I’m just too stressed over these days. —*Boy, aged 9–11, WA*

I have bad anxiety and fear about sicknesses, pain and illnesses (sicknesses worse than COVID like cancers and bad illnesses). —*Girl, aged 9–11, VIC*

**(b) Apprehension about growing up**

A number of children expressed worry about ‘growing up’ or ‘leaving school’ and the responsibilities of adulthood, including children from younger age groups. The idea of change and transition to new environments was both exciting and daunting for children. This is supported by other research that found transition points can be disruptive for children.<sup>55</sup>

**Responsibilities of adulthood**

I’m worried about being responsible for everything that happens in my life. Knowing that if it doesn’t turn out right it’s my fault. I want to do what I want and not worry about upsetting people. —*Girl, aged 16–17, VIC*

I am worried about having to figure things out on my own. Also, so much has changed in the last 20 years for humankind, what if the jobs I want now don’t exist when I’m older? —*Girl, aged 12–13, VIC*

I am scared about getting older and having too many responsibilities. I also am scared about the COVID pandemic getting worse, or koalas going extinct. —*Girl, aged 9–11, NSW*

Finding my feet and entering a world where it is almost unachievable to get on top of money and be a member of society that can make a change. —*Girl, aged 16–17, VIC*

I’m scared that I will be stuck in an abusive relationship with someone with no way to get out with a child. —*Girl, aged 9–11, QLD*

I’m scared about having a kid or marrying the wrong person. —*Girl, aged 9–11, who speaks a language other than English at home, NSW*

While some older children said they were looking forward to having an intimate relationship in the future, a few children expressed worry about not finding a partner or having a family of their own, and some said they were scared about having a bad relationship in the future.

Financial insecurity was something many children expressed worry about, both for their families and for their future lives as adults. They discussed feeling down about the financial burdens of adulthood, including 'work', 'taxes', 'paying bills'. A few children raised concerns about their ability to earn enough money to meet their basic needs, including housing and food. This was also a central concern raised in consultations for the AHRC's *Keeping Kids Safe and Well* report.<sup>56</sup>

## Financial insecurity

I am worried about paying bills and finding a job. —*Girl, aged 14–15, SA*

I worry that we might not have enough money to survive. —*Girl, aged 9–11, from a specific cultural or ethnic background, VIC*

I'm scared about property purchasing—smaller houses sell for millions now, and it's very stressful to think that I won't be able to get a home and a family and a dog and a proper life. —*Girl, aged 12–13, VIC*

I am worrying that I might be homeless. —*Boy, aged 9–11, NSW*

I am worried about not getting all good food we need. —*Girl, aged 9–11, from a specific cultural or ethnic background, WA*

Not being able to get enough money to support myself when I grow up. —*Girl, aged 9–11, SA*

## Financial insecurity (continued)

I think it's going to be hard to get a job after going to university. It's going to be impossible to ever own a home. —*Girl, aged 16–17, SA*

I feel sad that I might not get a good job and will be poor. —*Boy, aged 9–11, VIC*

My mum might not get a job. —*Boy, aged 9–11, SA*

Some children expressed self-doubt about their future success in education and employment. They feared not being able to live up to their expectations of themselves and future aspirations, or those held by their parents. In some cases, they attributed this to the uncertain world they live in.

Some children identified worries about failing to get into selective high schools. This was especially raised by children from specific cultural or ethnic backgrounds and those living in NSW.

## Future study and employment

I'm not so good at school so I don't know what I will do. My dad says not to worry as I have lots of time but I still worry. —*Girl, aged 12–13, NSW*

I am a little bit worried about my mathematics grades because if they aren't high enough, I can't get the job I want. —*Girl, aged 12–13, NSW*

I feel scared that I might not get a good job. —*Girl, aged 12–13, Aboriginal and/or Torres Strait Islander, VIC*

I'm always a positive person, but the one thing I'm scared about is that I'm never going to get a job in the small town I live in where everyone is way over-scared of COVID. —*Girl, aged 14–15, NSW*

I'm scared of being a failure. —*Girl, aged 12–13, Aboriginal and/or Torres Strait Islander, WA*

My job. I'm hopeful for it but I've had a bad feeling I'm going to not be successful when I grow up. I'm worried about my life and job and my house. —*Boy, aged 9–11, from a specific cultural or ethnic background, NSW*

Not getting into selective high school, not finding a job and not being successful overall. —*Girl, aged 9–11, from a specific cultural or ethnic background, NSW*

If I do not get a good mark in the selective test I'd have to move back and restart my education and after that if I do not get a good mark in my college exam I'd have to get a bad job and my future would be broken. —*Girl, aged 9–11, NSW*

I am currently scared of the upcoming selective test as I have been practicing really hard, and that this one test can determine the course of my next six years in high school and the rest of my life. —*Boy, aged 9–11, who speaks a language other than English at home, NSW*



**(c) Fear for the world around them**

Many children also listed ‘big’ worries about the world, including concerns about war, the environment, and the impacts of global warming/climate change. A 2019 survey by ReachOut found that issues such as climate change were top of the list of anxieties for children aged 14 to 23.<sup>57</sup>



Key stakeholders pointed out that the cumulative impacts of the pandemic and other major world events should not be underestimated:

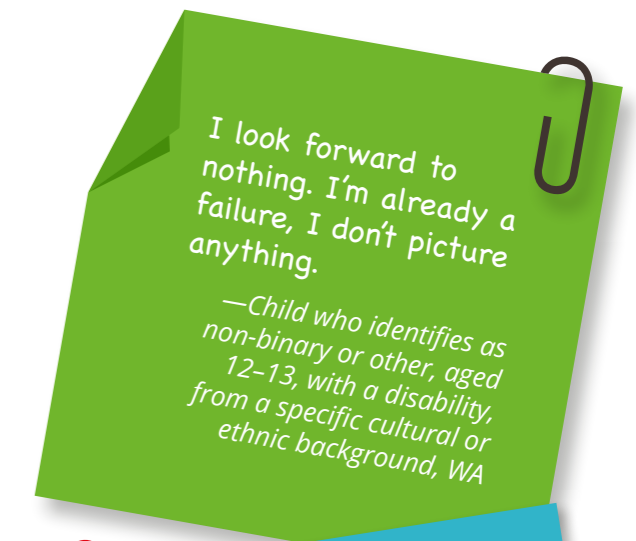
It was a perfect storm with natural disasters and a global pandemic happening one after the other.

Exposure to previous adversity and trauma was a big risk factor in the pandemic. This came on the back of droughts, bushfires, other life trauma for some kids.

However, it is important to note that when asked about hopes for the future (see section 9.1), a few children also spoke optimistically about humanity's ability to overcome these problems.

**(d) General pessimism about the future**

Some children expressed general pessimism about the future, saying that there was nothing to be hopeful about. In free-text responses to the survey, some parents/guardians and grandparents also noted their children's decreased levels of optimism for the future.



Key stakeholders also spoke about these feelings of pessimism for the future, saying there was a need for the child and welfare sector to promote a positive narrative about the future for children and young people. One key stakeholder said:

The deficit narrative is another big fear of mine. I want to hide in a cupboard because it is all so bad. The sector needs to offer hope and solutions, not just the problems. We all know what lies ahead of us and what the problem is, but how we frame it publicly is so important. We need to offer hope to kids and to people.

### 9.3 How to better support children's mental health and wellbeing

Throughout the survey, children, parents/guardians and grandparents were given the opportunity to make suggestions on how to better support children's mental health and wellbeing, both during and beyond the pandemic. They were asked open-ended questions about what they thought good mental health support looked like, and what they needed in terms of support. They were also asked what better mental health support from schools would look like.

Children were also asked, 'if you were to wave a magic wand, what would you change to help children to feel happy and positive?'

Stakeholders in roundtables, in response to the findings of the survey, also made recommendations that align with many of the suggestions made by children and families. Some of these are included below where relevant.

The suggestions made by children, and parents/guardians and grandparents are categorised into the following broad areas.

#### (a) Increasing awareness and understanding of mental health and wellbeing

Children and parents/guardians and grandparents said there should be greater awareness and understanding of mental health in the community.

When asked what they would change with a magic wand, some children reflected on the COVID-19 pandemic experience, hoping it had increased awareness of mental health, and how to cope in times of crisis.

Some children felt that their families could benefit from more awareness and understanding of mental health, so they could support them better. Some parents/guardians and grandparents also felt that they, and children, need more explicit education about mental health and wellbeing to truly understand it.

They also spoke about the need to 'normalise' and reduce the stigma attached to mental health issues. As discussed in section 8.3(a), one of the main barriers to seeking support for mental health experienced by children was a fear of people finding out and judging their problems. Parents/guardians and grandparents frequently raised the need for education and programs in order to normalise and de-stigmatise mental health issues:

An education program that destigmatises mental health issues in children, and easier access for working families to be able to get mental health support for their children.

—Father, NSW

Make it more known that it's ok for kids to reach out and help remove the stigma surrounding mental health in schools.

—Child who identifies as non-binary or other, aged 16-17, VIC

You can't just make someone better without eliminating the problems first. Also removing all bad emotions is a horrific idea. Sometimes we need to be sad or depressed. Maybe people should change the way they think about mental illness and not stigmatise it and give actual support.

—Boy, aged 16-17, QLD

More discussions to normalise the feelings they are experiencing and giving young people the language to express themselves.

—Mother, Aboriginal and/or Torres Strait Islander, NSW

Greater access to school counsellors is essential. Even though I could see a counsellor last year it changed 4 times because most counsellors were only there 1 day a week. This meant that I had to keep retelling my story and could not effectively built a rapport. It also meant that on some days of the week there were no counsellors available (our school only had 3 days covered by counsellors). Normalising seeing a counsellor within a school setting would also be hugely beneficial because there is a lot of shame and stigma around seeking support at school. This could be achieved by talking about it more at assemblies or having fun mental health workshops that the counsellors run.

—Girl, aged 16-17, NSW

#### (b) Improving mental health and wellbeing support services and programs for children and their families

Some children and parents/guardians and grandparents spoke about the ways that children's mental health and wellbeing could be better supported. Some spoke about the lessons learned through the pandemic as an opportunity to improve systems and supports for children more permanently.

Many children, parents/guardians and grandparents said extra support was needed for children's mental health and wellbeing over the last two years but they were unable to get it. When asked what these supports would look like, many said that they wanted more tangible supports and options for children experiencing difficulties with their mental health and wellbeing, and options that could meet their individual needs:

Make it so people have to get tested for more mental health conditions, so they don't have to suffer in silence.

—Child who identifies as non-binary or other, aged 14-15, with a disability, TAS

I would have it that for places like kids helpline where we chat [we] didn't have a long wait and with other websites and apps that they have free chats with a qualified therapist.

—Girl, aged 9-11, VIC

Mum has requested help for behaviour and counselling but [we] have waited a long time, waiting list.

—Boy, aged 9-11, with a disability, SA

Generally, 'in-person' support was preferred over online or telehealth options:

Someone just to be there. Someone to talk to face to face. Not a zoom screen.  
—Girl, aged 12–13, with a disability, VIC

Services, treatment, assessments, therapy, funding, holistic and effective treatments.  
—Mother, WA

I am hopeful that this will help schools understand how we really feel and take the advice and actually do something instead of nodding their heads and saying great idea then never following up on it.  
—Boy, aged 9–11, NSW

Both children, and parents/guardians and grandparents asked for mental health and wellbeing support to be built into daily activities and programs at schools rather than just having stand-alone sessions talking about 'how to' do it.

They also indicated the value of using supports and resources that are based on evidence and adequate staff training.

The role of school counsellors was singled-out as a vital area of support, with greater numbers of trained counsellors being required to work with children:

Parents/guardians and grandparents also asked for better access to holistic supports for the whole family, not only for the child, so that parents can support their children better:

Holistic support in the context of family and community.  
—Guardian, SA

Improving the provision of flexible, holistic, wraparound supports for children and their families was a key recommendation of the AHRC's *Keeping Kids Safe and Well* report.<sup>58</sup>

The emphasis on holistic and family-centred practices, and improved access for all children and families, also aligns with the objectives of the Australian Government's *National Children's Mental Health and Wellbeing Strategy*, launched in October 2021. The strategy considers mental health and wellbeing outcomes for children from birth to 12 years of age, as well as their families and communities who nurture them.<sup>59</sup> Stakeholders in roundtables recommended that the Australian Government fully fund and implement this strategy.

I would like this support to have a big enough reach that everyone in the school gets to see a counsellor, or some such, at least once, so that everyone gets the support and assistance that they need, regardless of their ability to ask for help.  
—Girl, aged 12–13, VIC

More access to counsellors. More education for young people on mental health issues. More focus and time spent at schools on relationship building activities.  
—Mother, VIC

The majority of parents/guardians and grandparents (57%) also felt that schools should offer more support for children's mental health and wellbeing:

Counsellors, preferably holistic ones, creative arts facilitators, meditation etc. They need to look at what creates mental health and provide it.  
—Grandparent, with a disability, NSW

### (c) A greater role for schools in meeting children's mental health and wellbeing needs

When asked in the survey about school support for mental health and wellbeing, almost one-third of children (29%) said that schools should be offering more support. This is reflected in the responses to open-ended questions:

Support groups, schools with counselling.  
—Girl, aged 14–15, SA

Better access to therapists that can come onsite and build real relationships with children, so they can better support the children. A more holistic approach.  
—Mother, SA

Have proper counsellors in all public schools. Remove religious chaplains, who are out of touch with kids who do not attend religious schools and are poorly trained or untrained. They don't have the high-level skills of professionals with university degrees.  
—Grandparent, NSW

Better support within school. More holistic support of the child within school.  
—Step-parent, NT

In the AHRC’s report on the impacts of COVID-19 on children using Kids Helpline, children indicated that school closures had an impact on their ability to access mental health support. Some school-aged children with existing mental health concerns mentioned that they missed seeing the school counsellor, who was their regular form of support.<sup>60</sup>

Key stakeholders emphasised that schools are in a unique position to help children with their mental health:

Schools are obviously a really important place and, you know, a good school counsellor can really help to pick up early signs and really can help wrap supports around someone.

Young people go to schools first. They are a community hub and should be educating parents about mental health and where to go for help.

In roundtables, stakeholders suggested schools be designed not only to provide education for children, but as hubs for promoting wellbeing for everyone in the community—including students, families, and staff. This would support schools to deliver mental health and wellbeing activities relevant to that community and help to breakdown stigma associated with seeking mental health support.

They also pointed out that the wellbeing of teachers and school staff has been negatively impacted by the pandemic due to the increased responsibilities and stresses placed on them during the period. Teachers need to be mentally and physically healthy themselves in order to effectively support the mental health of their students.

They also highlighted that while schools are in a unique position to help children, not all children attend mainstream schools, and others attend sporadically, or not at all. Hence, there needs to be ways to engage and support diverse sections of the community.

For some parents, the key lesson from the pandemic was for the government to prioritise children and try to avoid shutting schools in pandemic situations:



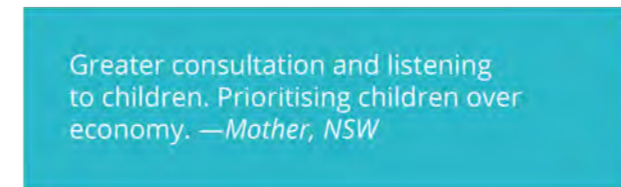
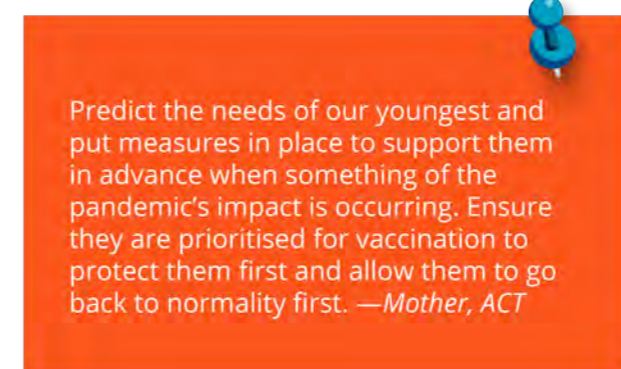
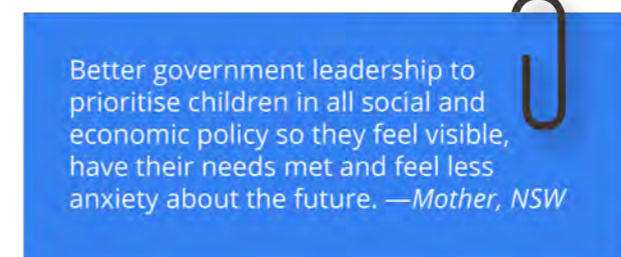
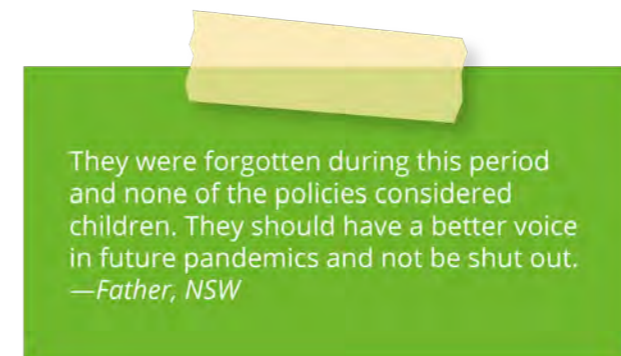
**(d) Prioritising children and giving them a voice**

The high response rate to the survey by children—4,559 children—over a relatively short period of time suggests that children are keen to speak out about their experiences of the pandemic.

Stakeholders in roundtables said that children were aware that they were not made a priority in the pandemic response. Stakeholders also pointed out that it is important for children’s mental health that children are included in discussions and are part of developing solutions to problems, including those faced in the pandemic.

Children’s participation is a foundation for wellbeing, as it can empower children in the face of instability and uncertainty. Stakeholders suggested that children should be involved in designing and evaluating policies and programs about mental and wellbeing, including in schools.

Some parents/guardians and grandparents also said the pandemic had highlighted the importance of listening to children and making them a priority in government policies. They said that children should be prioritised and have a voice in government policy and future pandemic responses.



This was also emphasised in interviews with key stakeholders, who said children should be offered a seat at the policy-making table and be able to express their views authentically. One key stakeholder said:

Kids continue to amaze us with how much they know. They’re not on the back foot anymore. The wisdom and insight of kids hasn’t been at the table ... but it can be going forward ... We just have to lean in and ask.

The United Nations Economic and Social Council Annual Youth Forum in 2022 pointed out that the inclusion of children in planning for the post-pandemic future is critical.<sup>61</sup>

Having child-specific plans is one way of ensuring that children’s wellbeing is prioritised. In the Senate Select Committee on COVID-19 inquiry in 2022, UNICEF commented that in order to chart a durable pathway out of the pandemic, Australia needs a national plan for children and young people that lays the long-term foundations for their health, development and wellbeing.<sup>62</sup> The Senate Select Committee recommended that the Australian Government commission a review into the impacts of the pandemic on children. It also recommended evaluating the effectiveness of existing plans for working with and responding appropriately to the needs of vulnerable people during a pandemic and implementing updated plans accordingly, including for children.<sup>63</sup>





## Conclusion

Although the primary focus of the *COVID-19 and kids' wellbeing* surveys was to explore the impacts of the pandemic on children, it is clear that the way forward needs to move beyond COVID-19-specific measures only, both in the immediate and long-term. The survey responses from children and families, and what they suggested by way of supports, show that there is a need for systemic changes in how we support children's mental health and wellbeing in Australia. Their responses demonstrate how ill-equipped our systems were to meet children's needs during the pandemic. While governments put in place some measures to address mental health early on, we needed to understand much more rapidly the significant impacts on children's mental health and wellbeing of both the pandemic and the restrictions, and to put in place systems that could support them. In some instances, existing systems could not respond effectively because they were already struggling to meet the needs of children and their families, particularly children and families facing disadvantage prior to the pandemic.

The problems of underfunded, fragmented and unresponsive systems have long confronted children and families. These issues have been drawing greater attention in recent years, as the result of research and inquiries, including the AHRC's *Keeping kids safe and well* report. They are also receiving greater recognition in plans and strategies. The *National Mental Health and Wellbeing Pandemic Response Plan* recognises the interaction and intersection between mental health and social and economic disadvantage, and also recognises the need for a comprehensive and holistic response.

Notably, the *National Children's Mental Health and Wellbeing Strategy* announced in 2021 charts a way forward for children under 12 and their families, responding to increasing knowledge that children and their families need holistic mental health and wellbeing support early on.

In their responses to the survey, children, parents/guardians and grandparents, and stakeholders also identified some clear areas where we can improve our mental health and wellbeing measures going forward:

- increasing awareness and understanding of mental health and wellbeing
- improving mental health and wellbeing support services and programs for children and their families
- a greater role for schools in meeting children's mental health and wellbeing needs
- prioritising children and giving them a voice.

These key areas are reflected in the eight recommendations in the report.

Putting the best interests and wellbeing of children and families at the centre of government policies and adopting a holistic approach to child mental health and wellbeing will help all children, including those negatively impacted by the pandemic, face the future with hope and resilience.

# Appendices

## Appendix 1: Literature review

The design of the surveys was informed by a literature review that included the existing literature on child mental health and wellbeing in Australia, both pre-pandemic and contemporary, and the systems and conditions that support positive mental health and wellbeing. It also included relevant government policies to understand the government decisions about pandemic-related restrictions.

In this review, literature within the last decade was prioritised. A snowballing strategy was used, where the reference lists of large articles and reports were reviewed to identify additional relevant sources.

It is known that young people's wellbeing is influenced by culture, social norms and media. Therefore, research from Australia and other developed western nations with similar cultural backgrounds was prioritised. In consideration of this mixed methods approach, both qualitative and quantitative research was explored.

The search scope included considerable 'grey' literature (for example, media reports or opinion pieces). Given the dynamic and changing issues that emerged throughout the pandemic, publication and reporting of the state of affairs has happened through the media rather than peer-reviewed sources. Only research published in English was considered in this review.

There is substantial variation, and overlap, of terminology within the literature base. Definitional differences plague accurate reporting of mental health issues and poor wellbeing outcomes for children and young people. For the purposes of this report, 'mental health and wellbeing' is used to refer to the range of mental health issues facing children. Some statistics on the pervasiveness of mental health conditions relate to young children, whereas others explore cohorts up to 25 years old. Where possible, this is made clear in the different statistics reported.

### 1.1 What was the state of children and young people's mental health and wellbeing pre-pandemic?

A downward trend in relation to children's mental health was evident well before the pandemic hit.<sup>64</sup> For example, Australia ranked 35 out of 38 for mental wellbeing in a global UNICEF report with data collected prior to the pandemic.<sup>65</sup>

There have been ongoing reports of declining adolescent emotional wellbeing, particularly among girls.<sup>66</sup> There has been a sustained rise in the prevalence of mental health issues for young people aged 12–17 years, with a greater increase for girls.<sup>67</sup>

The second and most recent *Australian Child and Adolescent Survey of Mental Health and Wellbeing* was conducted in 2013–14 with over 6,300 families with children aged 4–17 years.<sup>68</sup> Parents and carers completed a survey, while children aged 11 years and older completed their own survey. These results were compared with the 1998 *National Survey of Mental Health and Wellbeing* (based only on parent/carer reporting). This comparison showed no change in depressive disorders between 1998 and 2013–14 for children aged 6–11 years. However, the prevalence of major depressive disorders for children aged 12–17 increased from 2.9% to 5%. According to this 2013–14 data, the most common conditions for girls was anxiety, and attention-deficit/hyperactivity disorder (ADHD) for boys.<sup>69</sup> The report suggested one in seven children aged between 4 and 17 experience mental health issues.

Survey data of 4,065 children and young people aged between 12 and 25 years collected by headspace in 2018 showed one-third (32%) of participating Australian children and young people were experiencing psychological distress.<sup>70</sup>

The Children Attending Paediatricians Survey, conducted in 2008, reviewed more than 8,000 attendances to paediatricians and found that around one in two children had developmental and behavioural issues—a known early sign of later mental health problems.<sup>71</sup>

## 1.2 What has happened to Australian children's mental health during COVID-19?

Research suggests that while mental health was already in decline prior to the pandemic, it has deteriorated even further as a consequence of it. This has regularly been described as an acceleration of the downward spiral that was already underway.<sup>72</sup>

UNICEF's report, *The State of the World's Children 2021*, suggests that 'the pandemic may represent the tip of a mental health iceberg—an iceberg we have ignored for far too long'.<sup>73</sup>

The American Academy of Paediatrics has referred to the mental health decline of children and young people during the pandemic as a 'national emergency'.<sup>74</sup>

Internationally, it is reported that the prevalence of depression and anxiety symptoms in children and adolescents has doubled during the pandemic, and cumulative harm is at play with these rates significantly increasing over the length of time that the pandemic continues.<sup>75</sup>

Some argue that it is not so much the health risks associated with COVID-19 that have impacted on the mental health and wellbeing of children and young people, but the indirect effect of changes such as disruption to schooling and loss of social connections.<sup>76</sup> Similarly, a 2021 survey by ReachOut of more than 1,000 young people aged 14–25 found that the number of young people reporting poor mental health or wellbeing as a result of study stress has doubled from 25% in previous years to 56% this year.<sup>77</sup>

According to a United Nations policy brief early in the pandemic, existing emotional difficulties among children and adolescents have been exacerbated by factors relating to the pandemic. These include increased family stress, social isolation, some children facing greater risk of abuse, disrupted education and uncertainty about their futures, all of which are happening at critical stages of their brain development.<sup>78</sup> Other literature supports this, reporting that the pandemic has brought on feelings of loneliness, psychological distress, anger, irritability, boredom, fear, and stress in children and young people.<sup>79</sup> Some research identified school closures as a key stressor for some young people.<sup>80</sup>

In 2020, the Australian Human Rights Commission (AHRC) released its report on the *Impacts of COVID-19 on children and young people who contact Kids Helpline*.<sup>81</sup> This report analysed Kids Helpline data between January–April 2020. Mental health concerns arising from COVID-19 was a key reason for children and young people contacting the Kids Helpline during this period. The other most common reasons related to social isolation, educational impacts, impacts on family life, changes to plans and usual activities, changes to essential services and support, and economic impacts. This finding is commensurate with the findings of an international study which found that young people were concerned about the toll of the pandemic on their mental health, over and above other basic needs such as employment, income, education and relationships with family and friends.<sup>82</sup> In its report, the AHRC recommended government investment in child and youth-focused mental health services and supports to assist the wellbeing of children and young people going forward.<sup>83</sup>

Each year, Mission Australia conducts a national survey of young people aged 15–19, asking them about issues that concern them. While the survey is not representative of all young people in Australia, it provides an indication of some views and experiences over time. Prior to the pandemic, Mission Australia found an increase in the proportion of young people aged 15–19 reporting psychological distress from 18.7% in 2012 to 24.2% in 2018.<sup>84</sup> This increased to 26.6% in 2020 in the middle of the pandemic.<sup>85</sup> In 2020, 25,800 young people participated in the survey, and rated COVID-19 as one of the top three issues weighing on their minds.<sup>86</sup>

According to a report by the Victorian Agency for Health Information, an average of 342 children, aged up to 17 years, presented to Victorian emergency departments each week suffering mental health emergencies between April and May 2021. This represented a 57% increase from the same time in 2020.<sup>87</sup>

Similarly, data by NSW Health indicates that self-harm presentations by children have increased during the pandemic, with suicide rates remaining unchanged.<sup>88</sup>

For some adolescents, their eating and exercise habits changed during the pandemic which had negative impacts on their mental health. International research reports that individuals with previous eating disorders have been among the most poorly affected in the pandemic, with some experiencing a reactivation or exacerbation of severity.<sup>89</sup>

In Australia, there has been a sharp increase in the number of adolescents seeking treatment for anorexia nervosa, and other eating disorders since the commencement of the pandemic and associated restrictions. One clinic in Melbourne noted a rise of 63% during 2020 compared to the previous three years in patient presentations for restrictive eating disorders from the ages of 9–18.<sup>90</sup> 40% of anorexia nervosa patients being treated at the Royal Children's Hospital in Melbourne reported COVID-19 restrictions as the primary trigger for their disordered eating behaviours.<sup>91</sup> Isolation, loneliness and boredom have previously been identified as common triggers for the onset of eating disorders and also in exacerbating pre-existing disease.<sup>92</sup>

More generally, in the Royal Children's Hospital's National Child Health Poll in mid-2020, more than one-third of parents reported the pandemic as having negative consequences on their children's mental health.<sup>93</sup>

In 2021, surveys were conducted to gather the views of 4,078 young people aged 7 to 20 years old for the UNICEF Young Ambassadors Report. It was reported that 24% of young people aged 13–17 years viewed pandemics as one of the greatest threats to the future wellbeing and livelihood of Australian children and young people.<sup>94</sup> This report also suggested that the wellbeing of children and young people aged 13–17 may be beginning to recover, with two thirds (65%) saying that their ability to cope right now is 'good'. While this proportion remains lower than the 81% who felt their ability to cope at the beginning of 2020 was good, it is higher than in April 2020, when less than half (45%) felt their ability to cope was good.<sup>95</sup>

## 1.3 What are some of the common signs of poor mental health and wellbeing in children and young people?

Poor mental health in children and young people can present in many different forms and can be difficult to understand due to the inherent changes that occur during child development.<sup>96</sup> Signs of poor mental health and wellbeing can vary depending on age.

In younger children, signs of poor mental health can include feeling sad, appearing to have less fun, being fidgety and unable to sit still, and not understanding other people's feelings.<sup>97</sup> A recent study of child mental health found that, following Victoria's second COVID-19 lockdown in 2020, parents reported a significant increase in child irritability and anger, sadness and withdrawal and children demonstrating 'attachment seeking activities', including demanding more attention and support.<sup>98</sup>

In older children and young people, depressive symptoms can include feelings of worthlessness, low energy levels and motivation.<sup>99</sup> These can be accompanied with changes in behaviour such as withdrawing from friends or family, and changes in appetite or sleep patterns. Teenagers experiencing depression may also experience anger or irritability, oversensitivity to criticism and unexplained aches and pains. During the pandemic, some of these behaviours could be elevated as a result of social isolation due to school closures and physical distancing requirements.<sup>100</sup>

Symptoms of anxiety in older children and young people can manifest as uncontrollable worry, inability to concentrate, nervousness, and hyperarousal.<sup>101</sup> These can be accompanied by physical symptoms such as chest pain, a rapid heartbeat, and insomnia. Uncertainty, disruptions in daily routines, and concerns for the health and well-being of family and loved ones during the pandemic are likely associated with increases in generalised anxiety in youth.<sup>102</sup>

#### 1.4 What are the threats to mental health and wellbeing and who is most at risk?

Mental health and wellbeing outcomes for children are influenced by many factors including family circumstances, access to supportive relationships, feelings of connectedness, knowledge of and access to support services, as well as physical and emotional safety.

Risks to mental health can arise from household dysfunction or adverse childhood experiences including abuse, neglect, family and domestic violence, parental separation or substance abuse.<sup>103</sup> These risks are compounded by the pandemic lockdowns and restrictions.<sup>104</sup>

The OECD suggests that the pandemic has affected vulnerable groups disproportionately and is likely to worsen existing inequalities.<sup>105</sup> The risk of compound trauma and cumulative harm is increasingly likely in a pandemic.

Some recent research has suggested that females and older teenagers are at the greatest risk of developing mental health problems in this pandemic.<sup>106</sup>

Mission Australia produced a large Youth Survey report in 2020, presenting the views of young people aged between 15 and 19 during COVID-19. The findings from 25,800 respondents suggest that young females were more likely to identify concerns with the impact of COVID-19 on their mental health compared with males. Female respondents comprised over two-thirds (68.9%) of young people that cited mental health concerns.<sup>107</sup>

Data from headspace also supports this finding. In 2020, one third of Australian young people (34%) reported high or very high levels of psychological distress. This is comparable to the rate in 2018 (32%). As was also seen in 2018, young women consistently report higher rates of distress than young men. However, it is important to note that, in 2020, the rates of psychological distress rose among 15–17 year-old young men, from 20% in 2018 to 29% in 2020, but remain stable among all other groups.<sup>108</sup>

A five-year study of approximately 600 young people in Australia, published by ReachOut, shows the mental health of young people living in country areas is declining. The incidence of serious mental illness among rural young people in Australia increased from 20.9% in 2017 to 27% in 2021.<sup>109</sup>

#### 1.5 What are the protective factors that help children and young people to be mentally well?

Parental and wider family support combined with a warm and consistent parenting style is considered a protective factor in supporting the mental health and wellbeing of children, especially in the pre-teenage years.<sup>110</sup> Families who have predictable and consistent routines have also been shown to fare better in relation to child depression and behavioural problems during the pandemic.

Having solid friendships and access to the support of peers is also considered very important to children and young people's sense of wellbeing. This becomes increasingly important as children progress through their teenage years. Conversely, experiences of bullying, peer rejection and social isolation increase the risk of developing mental health disorders and having a poorer sense of wellbeing.<sup>111</sup>

Being connected to, and engaged in, school and learning is also a factor that protects children and young people from mental health struggles.<sup>112</sup>

Wider community connectedness and access to broader societal supports can play an important role in protecting the mental wellbeing and mental health of children and young people.<sup>113</sup> Participation in community groups and activities can facilitate a sense of belonging, and some of these have been able to continue virtually throughout the pandemic.

#### 1.6 What role do schools have in the pandemic response?

In response to the pandemic, some Australian schools were closed, with children and young people engaging in remote and online learning.

Policy decisions to physically send students to school, or not, varied at the state and territory levels, and were generally based on numbers of COVID-19 cases in the community. The main aim of this was to minimise the impact of the virus on their health and that of their communities.

However, the impact of this social isolation and disconnection from school routines on children's and young people's mental health became of increasing concern. It has now emerged as one of the most contentious issues in Australia's COVID-19 response.

While some argue that schools are primarily responsible for the academic development of children and young people, it is becoming increasingly clear that they play a fundamental role in supporting all aspects of children's and young people's lives. The final report on the Productivity Commission's Inquiry into Mental Health discussed how the role of schools is changing and how they are playing an increasing role in responding to social issues, including mental health and wellbeing matters.<sup>114</sup> However, there is 'limited clarity about the responsibilities of schools and the services they need to deliver or facilitate'.<sup>115</sup> Insufficient resources, and overlapping responsibilities present challenges for schools in implementing wellbeing policies.<sup>116</sup>

UNICEF, in its *The State of the World's Children 2021* report, calls on schools to take a larger role in the post-COVID-19 world on mental health interventions and policy development.<sup>117</sup>

While it is essential that teachers have a 'broad understanding of social and emotional development' and are trained to identify mental health concerns,<sup>118</sup> teachers cannot replace specialised mental health professionals at schools. They need to be supported by multi-disciplinary teams.

In the AHRC's 2021 consultations for *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031*, children, young people and families raised the need for adequate mental health support at school for children with multiple and complex needs and the need for teachers to receive mental health training. Families expressed a need for specialised mental health staff in schools that is readily available and adequately resourced to support students. Several parents/carers raised concerns about the accessibility of current mental health support in schools and reported a shortage of school counsellors or school psychologists.<sup>119</sup>

The shortage of specialised mental health staff in schools was also raised in a number of submissions to the Productivity Commission's Inquiry into Mental Health.<sup>120</sup> The Inquiry's final report found that there were vast differences in the ratios of psychologists to students in government schools.<sup>121</sup> The ratios ranged from 1:885 in Western Australia to 1:3090 in the Northern Territory.<sup>122</sup> However, they all fell short of the ratio recommended by the Australian Psychological Society of 1:500.<sup>123</sup> This shortage of staff significantly impacts the ability of schools to support children's mental health and wellbeing needs, which are likely to increase in the post-pandemic recovery period.<sup>124</sup>

UNICEF Australia and ARACY recently surveyed teenagers about their needs post-pandemic. About a quarter of the secondary students reported their teacher or school had not checked in with them during lockdown to find out whether they needed help with learning or how they were feeling. Most secondary students supported voluntary (67%) or compulsory (69%) mental health checks for students upon returning to school.<sup>125</sup>

In their joint call to action for a National Children's Plan, UNICEF Australia and ARACY asked for an urgent increase in the number of mental health professionals in schools, including psychologists, and funding and implementation of evidence-based whole-of-school wellbeing and resilience programs.<sup>126</sup>

There is also some evidence that school-based health care is popular with students and can facilitate access to important mental health services.<sup>127</sup>

The *National Mental Health and Wellbeing Pandemic Response Plan* (Response Plan) recommends that educational responses should include long-term education supports for students who may have fallen behind in their learning or disengaged with education, to get them back on track. It states:

[T]here may be an expectation that in the post-COVID-19 period students will be at the same level as their peers. Those that have not coped with the transition back to a formal education environment may experience mental health deterioration. The period of home schooling has likely exacerbated disengagement with education for children and young people who were already at risk.<sup>128</sup>

In *Part 2: Immediate Actions of the Response Plan*, under the second action item (*Outreach: Adapt models of care to changing sites of service delivery*), schools are recognised alongside homes as sites where the importance of mental health care has rapidly increased, particularly for individuals with existing, severe or complex mental health challenges. The Response Plan further recommends that mental health services be placed in the centre of communities, closely integrated with other services, and reinforces the importance of flexible service delivery options for supports, including through schools.<sup>129</sup>

Focus area 3 of the *National Children's Mental Health and Wellbeing Strategy* concentrates on education settings. It talks about how important school and early learning environments are for children's mental health and how these environments can be better set up to support children, including by developing a wellbeing culture in schools and education settings, ensuring targeted responses, and equipping educators to support children in times of need. Under this Strategy, it is recommended that all learning services (including in early childhood) and schools develop and implement wellbeing plans for every student and have designated staff members to support wellbeing in those settings.<sup>130</sup>

## 1.7 What is the role of digital technology and social media in understanding mental health?

Most children and young people today are frequent online users, which is a significant increase from 10 years ago and represents a substantial social change.

In the pandemic, this digital connectedness became a pivotal way for children and their families to access learning, work, friends and family and support services. However, the time spent on screens for entertainment purposes as well as learning has meant on-screen time has greatly increased for a substantial number of children and young people in Australia.<sup>131</sup>

Increased time on digital media devices has also contributed to increased access to media and information about the pandemic. Children are greatly influenced, not only by what they feel and see, but also by what they hear being said around them. Excessive COVID-19 media exposure has been noted as a factor in worsening mental health outcomes.<sup>132</sup>

Several commentators and researchers report that a high level of social media use increases the risk of negative mental health outcomes, particularly for girls.<sup>133</sup> However, there are other academics who maintain that the relationship is correlational, and that directional causation cannot be applied.<sup>134</sup>

It is likely that the platform being used and the type of activity influences children's and young people's experiences. In 2017, a UK-based organisation conducted an online survey of 1,479 children and young people, with those aged 14 to 24, asking them how they felt about Facebook, Instagram, Snapchat, Twitter and YouTube and how these platforms impact on their wellbeing. This survey found that YouTube was rated as the most positive for wellbeing, while Instagram was the least positive (with Snapchat following).<sup>135</sup>

It remains to be seen what the impact of reliance on screens and technology during the pandemic has had on children and young people. The challenge will be to look for ways to harness its potential while also teaching the idea of balance.

## 1.8 What is the relationship between parental mental health and that of their children?

The role of families and, specifically, parents in supporting children's and young people's mental health cannot be overstated. The relationship between parent and child mental health is bi-directional and both need to be addressed.<sup>136</sup>

Data from the *Longitudinal Study of Australian Children* suggest that parental mental health issues occurring early in children's lives may be related to children's long-term mental health outcomes.<sup>137</sup>

The *National Mental Health and Wellbeing Pandemic Response Plan* recognises that the 'key to child mental wellbeing is the wellbeing and capacities of parents'.<sup>138</sup> The *National Children's Mental Health and Wellbeing Strategy* also highlights the link between parental mental health and that of their children.<sup>139</sup>

Research into child, parent and family mental health functioning during the pandemic is only just starting to emerge. One new Australian study investigated patterns of parent and child (0–18 years) mental health, parent substance use, couple conflict, parenting practices, and family functioning during COVID-19. This was compared with pre-pandemic data, to identify families most at risk of poor outcomes according to pre-existing demographic and individual factors, and COVID-19 stressors. Initial findings indicate that the pandemic and associated restrictions in place across Australia in April 2020 were associated with poorer parent and child mental health, and poorer family functioning.<sup>140</sup>

The Royal Children's Hospital *National Child Health Poll* completed in July 2020 showed that 46% of parents reported that their mental health had worsened, while a further 36% reported their children's mental health had worsened.<sup>141</sup>

For children and young people, it usually falls to parents and carers to identify possible emotional or mental health concerns and help children and young people access the help that they need.<sup>142</sup> The referral pathways between general practitioners, paediatricians and mental health professionals are critical for accessing appropriate help and support, especially for younger children. A survey of Australian children found that 22.5% of children and 19.2% of young people with a mental health diagnosis had seen a paediatrician within the previous 12 months in relation to their diagnosis.<sup>143</sup>

The Royal Children's Hospital *National Child Health Poll* found that the majority of parents in Australia are not confident in identifying or responding to signs of a mental health problem in their child.<sup>144</sup> For example, 65% of parents in Australia lack confidence in recognising the signs of social and emotional problems in their child and less than half know where to go to find help for social, emotional or behavioural difficulties in their child. Parents showed less knowledge about depression in younger children with a third (33%) not being aware that primary school-aged children can get depression. A further third of parents (33%) did not recognise that persistent sadness, frequent tearfulness and crying is not normal in children. One in five (21%) parents agreed that it is normal for children to have ongoing guilty or negative feelings about themselves or their life. A third of parents (35%) felt these problems may be better left to work themselves out over time rather than seeking professional help.<sup>145</sup>

This is not new information. The second and most recent *Australian Child and Adolescent Survey of Mental Health and Wellbeing*, conducted in 2013–14 with over 6,300 families with children aged 4–17 years, reported that less than one-third of parents called on services to help their child with mental health when needed and only half of all children who experienced mental health problems in the 12 months prior accessed help.<sup>146</sup> Even when they do seek support, the majority of children in Australia do not engage with these services frequently enough to receive adequate treatment.<sup>147</sup>

In the AHRC's 2021 consultations for *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031*, children and young people frequently spoke about parental failure to understand their mental health issues. Some linked their parent's inability to understand their needs to cultural and linguistic factors, while others attributed it to parental lack of agency and knowledge about mental health. The AHRC was also told about barriers impacting on the ability to access help, including long waitlists, fear of stigma and discrimination, thresholds of risk being set critically high to obtain help, and the affordability of services.<sup>148</sup>

A priority of the *National Children's Mental Health and Wellbeing Strategy* is increased attention on improving parents' mental health literacy to help them recognise the signs of poor mental health in their children.<sup>149</sup> Focus Area 1 of this Strategy concentrates on family and community. It talks about promoting mental health and wellbeing as part of parenting and how services can better connect with families and communities. Its objectives include ensuring families are supported with an increase in mental health literacy and community driven approaches.<sup>150</sup>

It is also important to recognise intergenerational mental illness, given its established impact on the parent-child relationship and children's and young people's wellbeing.<sup>151</sup>

A significant proportion of children in Australia already have a parent or carer with mental illness. Estimates of the prevalence of parental mental illness vary, but Australian research has found that up to one in four children are being raised by a parent with mental illness.<sup>152</sup> International data suggests that 36% of children attending child mental health services have a parent with a mental illness.<sup>153</sup>

One of the reasons for the ambiguity in exact figures is that many adult mental health service providers do not, or have only recently begun to, record whether their clients have children. Mental health service providers for children and young people similarly have low rates of reliably recording whether their clients have parents with a mental illness and how their needs are addressed.<sup>154</sup>

Parental mental illness can impede their parenting capacity, including their ability to care and be responsive to their children, which can impact on overall family functioning.<sup>155</sup> This in turn may impact on the development of children and young people, increasing their risk of experiencing neglect, and physical and emotional abuse. Of children in Australia aged 4–11 years with diagnosed mental disorders, 34% live in families with poor family functioning compared to 11% with very good family functioning.<sup>156</sup>

Parental mental illness affects children and young people in different ways. One frequent outcome for them, regardless of parental diagnosis, is the onerous caring responsibilities they might assume for their parent and/or siblings, which can conflict with age-appropriate activities or attending school.

It is also important to recognise that parental mental health difficulties do not always predict poor outcomes for children and young people. The relationship between parental mental illness and the impact on child development is not clear-cut. It is mitigated by a range of factors including the severity of the parent mental illness, comorbidity with other disorders (especially substance use), the child's surrounding social supports, the child's age and individual factors such as temperament and level of resilience, and the parent's engagement in treatment. For example, a child with multiple familial and social supports and a high functioning parent will be exposed to less risk than a child whose parent has a severely disabling psychiatric disorder, with few social supports.<sup>157</sup>

Even during times of acute distress, some parents with mental illness can parent well, and the impact on their children can be minimised with the right combination of family and social support to keep children emotionally well.<sup>158</sup> Further, parents with mental health problems sometimes find their own adversity can act as a motivator for them to make positive changes to support their parenting.<sup>159</sup>

Data suggests that family centred, strength-based approaches hold promise for improving parent-child relationships when a parent has mental illness, and services that support families as a holistic unit are also more effective than those that treat children in isolation. However, the availability of interventions and support services that target both parents and children are limited.<sup>160</sup>

Family focused practice can 'improve outcomes for the parents with mental illness, reduce the subjective and objective burden of care for families, and provide a preventive and supportive function for children'.<sup>161</sup> Attention on the quality of relationships, particularly the parent-child relationship, may provide an important opportunity to improve outcomes for children and the mental health of parents.

## 1.9 Key national frameworks and strategies focused on children in Australia

At present, there are at least 11 national plans and strategies that address critical issues facing children and young people in Australia.

Mental health initiatives are included in many of them. For example, understanding the impacts of the pandemic is the first objective of *Australia's Youth Policy Framework (2021)*, which acknowledges young people as the most significantly affected cohort of the pandemic through changes to their education, job opportunities, and social opportunities which impact on their mental health.

While this project is mainly focused on the *National Mental Health and Wellbeing Pandemic Response Plan*, and the *National Children's Mental Health and Wellbeing Strategy*, it also takes into account the other national frameworks and strategies that are currently being implemented.

## Appendix 2: Demographic profile tables

Table 1: Demographic profile of children responding to the survey†

	Whole sample		Aboriginal and/or Torres Strait Islander		Identifies as culturally or ethnically diverse		Mainly speaks another language at home		Recently came to Australia from another country		Has a disability	
	n=4559		n=199		n=604		n=554		n=196		n=297	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Gender of child</b>												
Girl	2114	46	88	44	312	52	272	49	88	45	92	31
Boy	1755	39	91	46	240	40	238	43	93	47	161	54
A child who identifies as non-binary or other	127	3	11	6	27	4	16	3	5	3	34	11
Did not wish to say	162	4	9	5	25	4	28	5	10	5	10	3
Did not answer question	401	9	0	0	0	0	0	0	0	0	0	0
<b>Age</b>												
9–11	3014	66	120	60	422	70	422	76	152	78	125	42
12–13	804	18	42	21	108	18	85	15	20	10	69	23
14–15	349	8	14	7	38	6	17	3	7	4	46	15
16–17	392	9	23	12	36	6	30	5	17	9	57	19
<b>Who child lives with</b>												
One or both of my parent(s)	1321	29	75	38	156	26	163	29	67	34	104	35
Alone	25	1	8	4	5	1	4	1	4	2	10	3
My guardians	57	1	11	6	2	<1	5	1	4	2	13	4
Other family members but not my parents	45	1	10	5	8	1	5	1	3	2	9	3
My parents, siblings and other family members	2401	53	86	43	417	69	361	65	110	56	142	48
Someone else (other)	144	3	9	5	16	3	16	3	8	4	19	6
Did not answer question	566	12	0	0	0	0	0	0	0	0	0	0
<b>State/Territory</b>												
ACT	166	4	6	3	36	6	39	7	16	8	11	4
NSW	1398	31	102	51	208	34	192	35	58	30	129	43
NT	17	<1	3	2	0	0	1	<1	0	0	0	0
QLD	348	8	13	7	44	7	35	6	13	7	23	8
SA	552	12	25	13	72	12	68	12	31	16	28	9
TAS	61	1	2	1	1	<1	5	1	2	1	5	2
VIC	1236	27	25	13	185	31	150	27	55	28	79	27
WA	380	8	23	12	58	10	64	12	21	11	22	7
Did not answer question	401	9	0	0	0	0	0	0	0	0	0	0
<b>Regionality</b>												
Capital city or large regional city	2695	59	70	35	458	76	427	77	135	69	170	57
Country town	756	17	84	42	52	9	49	9	33	17	69	23
Rural or remote area	227	5	26	13	20	3	14	3	12	6	25	8
Somewhere else	393	9	19	10	74	12	64	12	16	8	33	11
Did not answer question	488	11	0	0	0	0	0	0	0	0	0	0

**Table 2: Demographic profile of parents/guardians and grandparents responding to the survey**

	Whole sample		Aboriginal and/or Torres Strait Islander		Identifies as culturally or ethnically diverse		Mainly speaks another language at home		Recently came to Australia from another country		Has a disability	
	n=2796		n=99		n=249		n=96		n=65		n=181	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Gender of parent</b>												
Woman	2369	85	79	80	205	82	66	69	50	77	139	77
Man	371	13	16	16	33	13	28	29	13	20	39	22
A person who identifies as non-binary or other	9	<1	1	1	4	2	1	1	1	2	3	2
Did not wish to say	47	2	3	3	7	3	1	1	1	2	0	0
<b>Parenting role</b>												
Mother	2067	74	62	62	174	70	61	64	52	80	116	64
Father	285	10	10	10	23	9	26	27	8	12	28	16
Grandparent	255	9	15	15	23	9	3	3	1	2	23	13
Guardian	49	2	5	5	7	3	4	4	1	2	4	2
Other	79	3	4	4	14	6	0	0	1	2	7	4
Did not wish to say	53	2	2	2	8	3	2	2	1	2	3	2
Did not answer question	8	<1	1	1	0	0	0	0	1	2	0	0
<b>State/Territory</b>												
ACT	100	4	5	5	12	5	5	5	2	3	7	4
NSW	997	36	44	44	105	42	42	44	26	40	63	35
NT	24	1	5	5	0	0	1	1	0	0	1	1
QLD	399	14	15	15	26	10	10	10	8	12	35	19
WA	182	7	5	5	25	10	9	9	6	9	12	7
SA	175	6	5	5	8	3	3	3	5	8	15	8
VIC	859	31	14	14	71	29	25	26	17	26	44	24
TAS	49	2	6	6	2	1	1	1	1	2	4	2
Did not answer question	11	<1	0	0	0	0	0	0	0	0	0	0
<b>Regionality</b>												
Capital city or large regional city	2100	75	58	59	210	84	76	79	52	80	130	72
Country town	422	15	26	26	17	7	9	9	9	14	27	15
Rural or remote area	158	6	9	9	13	5	9	9	4	6	12	7
Somewhere else	95	3	6	6	9	4	2	2	0	0	12	7
Did not answer question	21	1	0	0	0	0	0	0	0	0	0	0



**Table 3: Demographic profile of parents/guardians and grandparents who completed the survey on behalf of their child, compared to those who did not<sup>‡</sup>**

	Whole sample n=2796		Only completed parents/guardians and grandparents survey n=1912		Also completed child survey on behalf of their child n=884	
	n	%	n	%	n	%
<b>Gender of parent</b>						
Woman	2369	85	1599	84	770	87
Man	371	13	274	14	97	11
A person who identifies as non-binary or other	9	<1	6	<1	3	<1
Did not wish to say	47	2	33	2	14	2
<b>Parenting role</b>						
Mother	2067	74	1368	72	699	79
Father	285	10	199	10	86	10
Grandparent	255	9	204	11	51	6
Guardian	49	2	36	2	13	2
Other	79	3	69	4	10	1
Did not wish to say	53	2	30	2	23	3
Did not answer question	8	<1	2	<1	2	<1
<b>State/Territory</b>						
ACT	100	4	82	4	18	2
NSW	997	36	692	36	305	35
NT	24	1	16	1	8	1
QLD	399	14	262	14	137	16
WA	182	7	119	6	63	7
SA	175	6	123	6	52	6
VIC	859	31	571	30	288	33
TAS	49	2	36	2	13	1
Did not answer question	11	<1	11	1	0	0
<b>Regionality</b>						
Capital city or large regional city	2100	75	1442	75	658	74
Country town	422	15	277	14	145	16
Rural or remote area	158	6	104	5	54	6
Somewhere else	95	3	68	4	27	3
Did not answer question	21	1	21	1	0	0
<b>Cultural background and diversity</b>						
I mainly speak a language other than English at home	96	3	65	3	31	4
I have recently come to Australia from another country	65	2	47	3	18	2
I come from a specific cultural or ethnic background	249	9	186	10	63	7
I am Aboriginal and/or Torres Strait Islander	99	4	67	4	32	4
I have a disability	181	7	125	7	56	6
None of the above apply	2192	78	1487	78	709	80
Did not answer question	35	1	35	2	0	0

**Table 4: Demographic profile of children who completed the children’s survey themselves, compared to children whose parents/guardians or grandparents completed the survey on their behalf†**

	Completed by children		Completed by parents/guardians or grandparents on their child’s behalf	
	n=4559		n=884	
	n	%	n	%
<b>Gender</b>				
Girl	2114	46	384	43
Boy	1755	38	419	47
Person who identifies as non-binary or other	127	3	22	3
Did not wish to say	162	4	34	4
Did not answer question	401	9	25	3
<b>Age</b>				
9–11 years	3014	66	377	43
12–13 years	804	18	174	20
14–15 years	349	8	154	17
16–17 years	392	9	154	17
Did not answer question	0	0	25	3
<b>State/territory</b>				
ACT	166	4	18	2
NSW	1398	31	305	35
NT	17	<1	8	1
QLD	348	8	137	16
SA	552	12	52	6
TAS	61	1	13	2
VIC	1236	27	288	33
WA	380	8	63	7
Did not answer question	401	9	0	0
<b>Regionality</b>				
Capital city or large regional city	2695	59	658	74
Country town	756	17	145	16
Rural or remote area	227	5	54	6
Somewhere else	393	9	27	3
Did not answer question	488	11	0	0
<b>Cultural background and diversity</b>				
I mainly speak a language other than English at home	554	12	31*	4
I have recently come to Australia from another country	196	4	18*	2
I come from a specific cultural or ethnic background	604	13	63*	7
I am Aboriginal and/or Torres Strait Islander	199	4	32*	4
I have a disability	297	7	–**	–
None of the above	2686	59	709	80
Did not answer question	23	1	0	0

\* Refers to parents/guardians and grandparents who responded on behalf of their child, not of the child themselves.

\*\* Not reported on here.

† Some percentages add up to above or below 100% due to rounding.

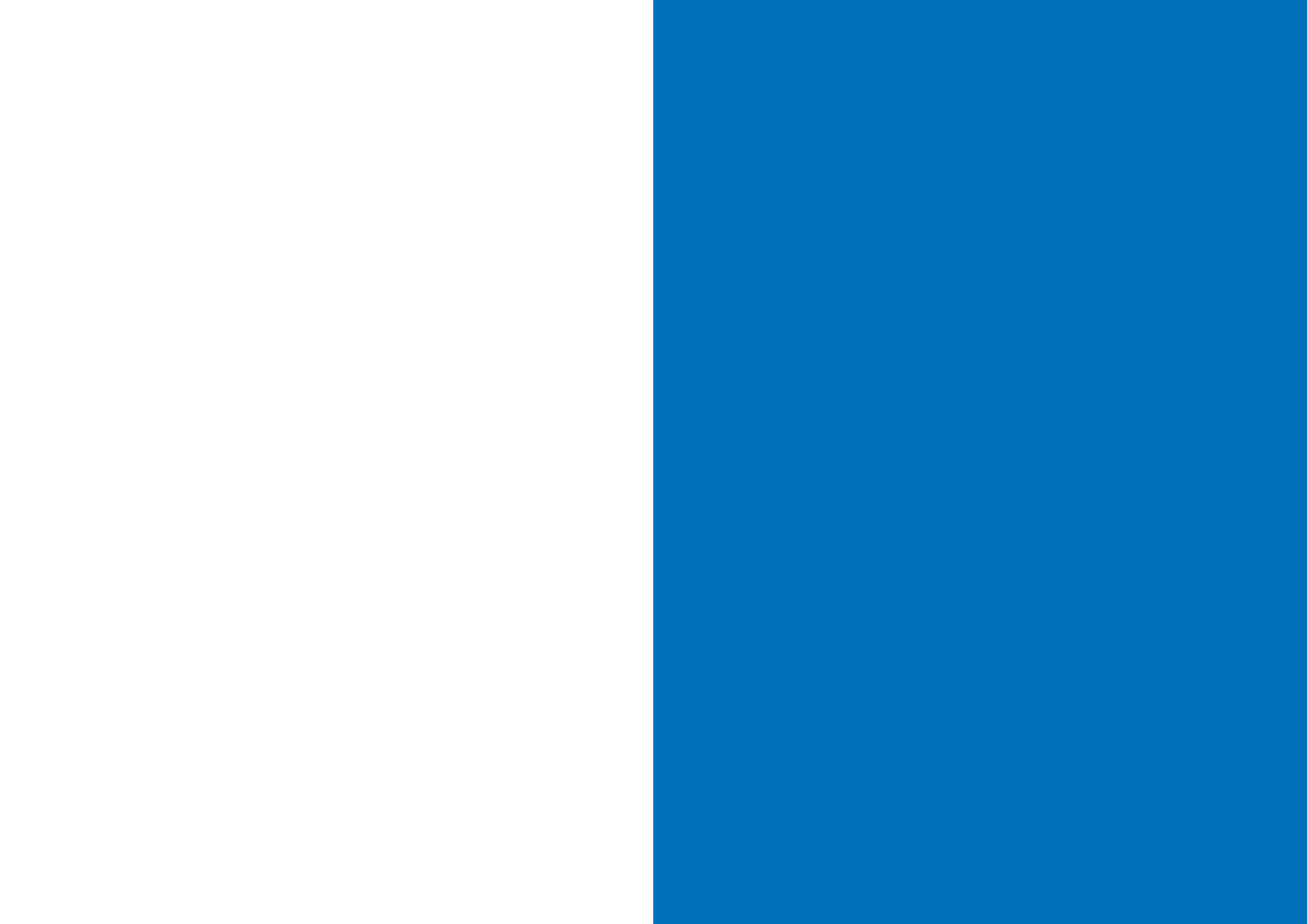
‡ In tables 3 and 4, the ‘cultural diversity and background’ section adds up to more than 100% across columns as respondents could choose multiple options.

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