

Research Brief

Mental health impacts of the COVID-19 pandemic for children and young people

Insights from the Melbourne Children's LifeCourse Initiative

Executive Summary

Why is this issue important?

- The COVID-19 pandemic led to widespread disruptions to the lives of children, young people, and their families. For example, families experienced reduced social contact, restricted access to health services, and increased stress.
- For many children and young people, mental health problems have emerged as a clear indirect effect of the pandemic.
- The longitudinal data available through the *Melbourne Children's LifeCourse Initiative* is an invaluable asset for understanding the mental health impacts of the pandemic, particularly within groups at higher risk.
- The findings from LifeCourse research can point to more precise policy and service options that target the opportunities for prevention and early intervention on mental health difficulties.

What does LifeCourse research tell us so far?

- Mental health symptoms were common during the COVID-19 pandemic, with up to half of young people experiencing depressive symptoms and up to a quarter experiencing anxiety symptoms.
- Children and young people who had mental health problems prior to the pandemic saw these problems intensify. They were 3 times more likely to report depressive symptoms during the pandemic.
- The pandemic also brought on mental health problems for many other young people, who reported new mental health challenges during the pandemic despite no prior history.
- Children and young people's experiences and circumstances prior to the pandemic (positive and negative) played a crucial role in shaping risk for experiencing these mental health challenges.
- In particular, the pandemic has disproportionately impacted the mental health and psychosocial wellbeing of those children, young people, and families who were experiencing socioeconomic adversity prior to COVID-19.

The Melbourne Children's LifeCourse Initiative

LifeCourse brings together high-quality Australian longitudinal studies based at the Melbourne Children's Campus.

At the onset of the COVID-19 pandemic, LifeCourse coordinated a collaborative effort to ensure that vital data about how children and young people were coping were collected from these existing studies.

This collaborative effort has led to an exceptional data resource, including:



12 studies with
psychosocial data



more than 6000 children
and young people



aged from 0-24 years



over 100 'waves' of
data collection over time

Content warning: this brief discusses mental health challenges and may be distressing for some readers. Information about mental health supports and services for children, young people, and families can be found at <https://healthyfamilies.beyondblue.org.au>.

Where are the research gaps?

- Continued longitudinal data collection is essential as we navigate the post-COVID recovery period, to capture both persisting mental health challenges as well as resilience and recovery as life gets back to normal.
- With the right supports, children and young people whose mental health was adversely impacted can be supported to recover from mental health challenges, and we now need to shift our focus to identify these opportunities to promote resilience.
- When investigating opportunities to address the mental health impacts of the pandemic, we need a strong focus on those children, young people, and families who were already facing adversity prior to the COVID-19 pandemic.

Considerations for policy

1. Given that children and young people with pre-existing mental health problems fared most poorly during the pandemic, ensuring that these children receive ongoing access to mental health services is a priority. The Royal Commission into Victoria's Mental Health System recommends the establishment of an integrated child and youth mental health system, which is able to maintain continuity of services over time as children and young people develop.
2. LifeCourse findings reinforce that there are many opportunities to prevent mental health problems, by addressing risk factors and promoting protective factors across the population. This requires leveraging our universal platforms, including maternal and child health services, early childhood education and care, and schools.
3. In all these efforts, attention to equity is essential, as findings show that families who were already facing socioeconomic adversity have been most heavily impacted. This means equitable delivery of mental health services ensuring we address issues of access and quality for those who will most benefit, as well as addressing upstream determinants of poor mental health such as financial and housing instability.
4. LifeCourse data show that the indirect impacts of the COVID-19 pandemic contributed to poorer mental health for children, young people, and parents in the early part of the pandemic. As acknowledged by the National Children's Mental Health and Wellbeing Strategy, continuing collection of high-quality longitudinal data on children and young people is essential to allow us to understand the extent to which these mental health problems persist or resolve over time.

Background

The COVID-19 pandemic has resulted in *widespread changes* to social life, schooling, and access to health and emergency care that have impacted the lives of many children, young people, and their families. In the context of these disruptions to normal life, the mental health and wellbeing of children and young people has been a significant concern for communities and governments. The 2021 Australian Early Development Census (teacher report of children's development on all children starting school) showed that the social and emotional skills of children who were starting school were similar to previous cohorts of children.¹ In contrast, parents' reported concerns about the mental health of over 40% of Australian children aged 0-17 years by mid-2021.²

These data give us useful 'snapshots' of how children and young people have fared during the COVID-19 pandemic, however they leave many questions unanswered. For example, did children who experienced mental health problems during the pandemic also struggle with mental health problems prior to the pandemic? Did some children who had pre-existing mental health problems experience improved mental health during the pandemic? What aspects of children's lives prior to the pandemic influenced their wellbeing during COVID-19? Longitudinal studies that began tracking the mental health of children and adolescents prior to the outbreak of COVID-19 are an especially valuable resource for answering these questions.³

This research brief considers the insights to date (as of late-2022) from longitudinal studies involved in the LifeCourse initiative. These studies provide a wealth of data about children, young people and their families leading up to and during the COVID-19 pandemic, and the findings covered in this brief are just the beginning of what we can learn from them.

Leveraging the LifeCourse platform

The Melbourne Children's LifeCourse initiative brings together 22 core high-quality, predominantly Victorian, longitudinal studies based at the Melbourne Children's Campus, the oldest of which incorporates multiple generations and decades worth of data.⁴ At the onset of the COVID-19 pandemic, LifeCourse coordinated a collaborative effort to ensure that vital data about how children, young people and their families were coping could be collected from these studies. This included facilitating the use of shared tools, such as the Coronavirus Health and Impact Survey (CRISIS)⁵, which allowed researchers to compare data across the cohorts.

This collaborative effort has led to the creation of an *exceptional data resource* which includes data collected both before and during the pandemic for more than 6000 infants, children and young people from 0-24 years of age. Researchers can explore the available data and submit a data access request at lifecourse.melbournechildrens.com.

LifeCourse data on the psychosocial impacts of the COVID-19 pandemic

Number of studies:

12 studies rapidly pivoted to collecting data on the psychosocial impacts of COVID-19.

Total number of children and young people:

COVID experiences captured for a total of 6,101 children and young people.

Child / young person's age during data collection:

Captures the COVID experiences of infants through to young adults aged 0-24 years.

Pre-pandemic coverage of data:

Cohorts were established as far back as 1983 with 101 pre-pandemic data collections.

Insights from the LifeCourse cohorts

Key finding 1: For some children and young people, mental health problems emerged for the first time during the pandemic, while for other children and young people, mental health problems that began prior to the pandemic intensified

- Findings from LifeCourse cohorts showed higher than expected levels of mental health difficulties among adolescents in 2020 and 2021. For example, for 14-17 year-olds in the Mother's and Young People's Study (MYPS)⁶, two in five young people reported clinically significant mental health symptoms early in the COVID-19 pandemic. These levels of mental health difficulties are (on average) approximately twice the usual Australian norms for 16-17 year olds.⁷
- The pandemic exacerbated existing mental health challenges for some young people, while others experienced mental health issues for the first time. For example, young people in the Child to Adult Transition Study (CATS) with a history of mental health problems were more than three times as likely to report depressive symptoms during the pandemic. One in five young people who had no previous history of mental health problems also reported depressive symptoms during the pandemic.⁸
- Despite the higher rates of mental health difficulties amongst children and young people during the pandemic, not all young people accessed the support they needed. Concerningly, only 36-45% of the young people in the MYPS who reported mental health symptoms accessed mental health support services.⁶ Barriers to accessing support included long wait times, lack of private space at home for telehealth appointments, and fear/worries about the process of accessing help.⁹

Consideration for policy 1: Ensuring continuity of services for those most at risk

Given that children and young people with pre-existing mental health problems fared most poorly during the pandemic, ensuring that these children receive ongoing access to mental health services is a priority. The Royal Commission into Victoria's Mental Health System recommends the establishment of an integrated child and youth mental health system, which is able to maintain continuity of services over time as children and young people develop.

Key finding 2: Experiences and circumstances prior to the pandemic (positive and negative) played a crucial role in shaping mental health outcomes for children and young people during the pandemic

- Experiences and circumstances of children and young people prior to the pandemic had a powerful influence on their mental health during the pandemic. LifeCourse cohorts have identified pre-pandemic risk and resilience factors at the individual, family, and community level ([find further details here](#)). It is important to note that it was not only pre-pandemic risks that mattered; positive factors in children and young people’s lives were also important. Protective factors like strong family relationships were mobilised to deal with stressors and disruptions, while pre-existing risks created additional challenges.
- The findings suggest that children’s mental health and wellbeing is strongly related to the family and community contexts in which they live, grow and develop. For example, it is well established that children’s mental health and well-being is impacted by their parents’ mental health. Data from the Barwon Infant Study (BIS) showed high levels of depressive symptoms in mothers of school aged children following the first lockdown, and was highest amongst those with a prior history of depression.¹⁰
- Schools are a critical setting for children and young people’s development in the community, and also appear to have played an important role in how children and young people fared. Data from CATS revealed that young people with a history of poor engagement in school and

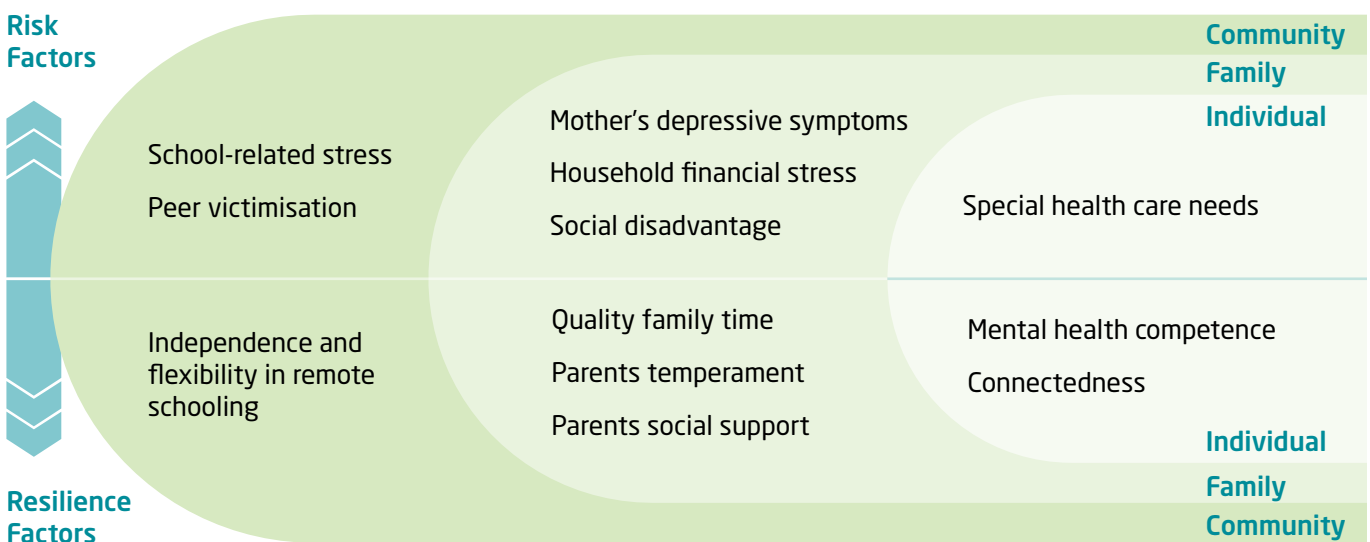
frequent peer victimisation were more likely to experience symptoms of depression during the pandemic.^{8,11} Similarly, the majority of high school students who were surveyed for MYPs reported increased levels of school-related stress and feeling overwhelmed during the pandemic, which in turn led to increased reports of depressive and anxiety symptoms.¹²

- The pandemic may also have provided some individuals with opportunities to strengthen social bonds; in MYPs, around 90% of families reported that during the pandemic they were spending more quality time together, and people in the community were looking out for each other more.¹³ Strengthening family and community wellbeing may have long-term and intergenerational benefits, promoting resilience during future crises and other stressful life events.

Consideration for policy 2:
Building the prevention agenda

LifeCourse findings reinforce that there are many opportunities for further building a prevention approach to mental health problems, addressing risk factors and promoting protective factors across the population. This requires leveraging our universal platforms, including maternal and child health services, early childhood education and care, and schools.

Factors identified by LifeCourse cohorts as influencing child and adolescent mental health during the pandemic.



Key finding 3: The pandemic has disproportionately impacted the mental health and psychosocial wellbeing of children and young people who were experiencing adversity prior to the pandemic

- Findings from LifeCourse cohorts ([find details here](#)) suggest that children and young people who were already at risk and experiencing adversity prior to the pandemic, including due to family or community adversity, have borne a disproportionate burden of impacts. This is consistently evident for those families facing socioeconomic adversity prior to COVID-19. For example, Australian Temperament Project Generation 3 study (ATPG3) data shows that in both the early (2020) and later (2021) phases of the pandemic, 1 in 3 parents with young children reported some form of financial adversity, and this burden was heavier for those families who were disadvantaged prior to the pandemic.¹⁴ Analysis of data from MYPS also revealed a correlation between financial stress within the family, and depressive symptoms among adolescents during the early phase of the pandemic.⁶ The right@home study, which only includes families experiencing significant social adversity, has revealed similar findings to ATPG3 and MYPS; disruptions such as financial hardship were common during the pandemic for this sample and associated with poor child mental health.¹⁵ Given the well-established relationship between disadvantage and child mental health, sustained and well targeted government supports will be critical to minimising adverse impacts and socioeconomic disparities in the future.¹⁶
- An important gap in research to date is investigating how social disadvantage intersects with other sources of marginalisation like ethnicity, Indigenous status, and disability. For example, young people from ethnic minority backgrounds can experience racial discrimination and marginalization within the systems and institutions of society, and this has been exacerbated within the COVID context.¹⁷ A challenge to progressing this work is that First Nations families and communities from language backgrounds other than English are typically underrepresented in longitudinal studies.

Consideration for policy 3: Ensuring attention to equity

Attention to equity is essential, as findings show that families who were already facing adversity and social disadvantage have been most heavily impacted. This means equitable delivery of mental health services ensuring we address issues of access and quality for those who will most benefit, as well as addressing upstream determinants of poor mental health such as financial and housing instability.

Key finding 4: Continued data collection is essential as we navigate the post-COVID recovery period, to capture both continuing mental health challenges as well as resilience and recovery as life gets back to normal

- These emerging insights from the LifeCourse cohorts indicate concerning mental health challenges for some children, young people, and their families during the COVID-19 pandemic. Given the potential for mental health symptoms to become entrenched, these trends are concerning not only for the health of children and young people in the here and now, but also during the long post-pandemic recovery period. At the same time, we know that children and young people are capable of great resilience when provided with the right supports.¹⁸
- It is critical to continue collecting longitudinal data as we navigate the post-COVID recovery period, to capture both continuing mental health challenges, as well as resilience and recovery as conditions normalise. The cohorts involved in the LifeCourse initiative provide a valuable resource in this respect because they include data from before the pandemic. Data from studies that commenced during the pandemic period will also provide a complementary, forward-looking perspective. For example, the Generation Victoria (GenV) study is inviting all families with babies born in Victoria over the late pandemic period, from October 2021 to September 2023, to participate in a new birth cohort.¹⁹
- High quality longitudinal data on children and young people, which includes data collected prior to the pandemic, are national assets that can inform post-COVID recovery efforts, but they need sustained and reliable investment.

Consideration for policy 4: Importance of ongoing data collections

LifeCourse data show that the indirect impacts of the COVID-19 pandemic contributed to poorer mental health for children, young people and parents in the early part of the pandemic. As acknowledged by the National Children's Mental Health and Wellbeing Strategy, continuing collection of high-quality longitudinal data on children and young people is essential to allow us to understand the extent to which these mental health problems persist or resolve.

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References

1. Department of Education Skills and Employment. Australian Early Development Census National Report 2021. Canberra, Australia: Department of Education Skills and Employment;2022.
2. Price AM, Measey M-A, Hoq M, Rhodes A, Goldfeld S. Child and caregiver mental health during 12 months of the COVID-19 pandemic in Australia: findings from national repeated cross-sectional surveys. *BMJ paediatrics open*. 2022;6(1).
3. Settersten RA, Bernardi L, Härkönen J, et al. Understanding the effects of Covid-19 through a life course lens. *Advances in Life Course Research*. 2020;45.
4. O'Connor M, Moreno-Betancur M, Goldfeld S, et al. Data Resource Profile: Melbourne Children's LifeCourse Initiative (LifeCourse). *International Journal of Epidemiology*. 2022;51(5):e229-e244.
5. Nikolaidis A, Paksarian D, Alexander L, et al. The Coronavirus Health and Impact Survey (CRISIS) reveals reproducible correlates of pandemic-related mood states across the Atlantic. *Scientific Reports*. 2021;11(1):8139.
6. Fogarty A, Brown S, Gartland D, et al. Psychosocial factors associated with adolescent depressive and anxiety symptoms during the COVID-19 pandemic. *International Journal of Behavioral Development*. 2022;46(4):308-319.
7. Lawrence D, Johnson S, Hafekost J, et al. The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra, Australia: Department of Health;2015.
8. Mundy LK, Canterford L, Dashti SG, et al. Adolescent mental health and wellbeing in the COVID-19 pandemic: a prospective population-based study of the effects of government mandates and school closures. Submitted to *Australian Journal of Social Issues*. 2022.
9. Fogarty A, Giallo R, Gartland D, Mensah F, Brown S. Mothers' and Young People's Study Policy Brief #4: Young people's mental health during the COVID-19 pandemic. Melbourne, Australia: Murdoch Children's Research Institute;2021.
10. Loughman A, Hedley J, Olsson CA, et al. Increased maternal mental health burden in a representative longitudinal community cohort coinciding with COVID-19 lockdown. *Australian Journal of Psychology*. 2021;73(4):578-585.
11. Canterford L, Beatson R, Dashti S, Phillips E, Patton G, Mundy L. Student mental health and school-led remote learning experiences during the COVID-19 pandemic. Canberra: Australian Department of Education, Skills and Employment; In preparation.
12. Giallo R, Fogarty A, Gartland D, Savopoulos P, FitzPatrick KM, Brown S. Adolescents' experiences of remote schooling and family life during the COVID-19 pandemic in Australia. Submitted to *Journal of Child and Family Studies*. 2022.
13. Fogarty A, Giallo R, Gartland D, Mensah F, Brown S. Mothers' and Young People's Study Policy Brief #3: Young people's experiences of the COVID-19 pandemic. Melbourne, Australia: Murdoch Children's Research Institute;2021.
14. O'Connor M, Greenwood CJ, Letcher P, et al. Inequalities in the distribution of COVID-19-related financial difficulties for Australian families with young children. *Child: Care, Health and Development*. 2022;48(6):1040-51.
15. Bryson H, Mensah F, Price A, et al. Clinical, financial and social impacts of COVID-19 and their associations with mental health for mothers and children experiencing adversity in Australia. *PLoS one*. 2021;16(9):e0257357.
16. Cheng TL, Moon M, Artman M, Pediatric Policy Council. Shoring up the safety net for children in the COVID-19 pandemic. *Pediatric Research*. 2020;88:349-51.
17. Cheng TL, Conca-Cheng AM. The Pandemics of Racism and COVID-19: Danger and Opportunity. *Pediatrics*. 2020:e2020024836.
18. Masten AS, Motti-Stefanidi F. Multisystem resilience for children and youth in disaster: Reflections in the context of COVID-19. *Adversity and resilience science*. 2020;1(2):95-106.
19. Wake M, Hu YJ, Warren H, et al. Integrating trials into a whole-population cohort of children and parents: statement of intent (trials) for the Generation Victoria (GenV) cohort. *BMC Medical Research Methodology*. 2020;20(1):238.

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