

## The long-term effects of the Coronavirus (COVID-19) pandemic and what they mean for practitioners

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### Key Messages

- Service providers believe that the Coronavirus (COVID-19) pandemic's isolation period is likely to have long-term effects on children's mental health.
- Children living in households where there is family and domestic violence, alcohol and other drug use or increased parental stress have had limited access to support networks during this isolation period.
- Practitioners in both adult and child-focused services will be challenged to explore the effects of social isolation on children's mental health.
- Non-judgmental or stigmatising practice with parents will be important if practitioners are to engage them about the possible effects of social isolation on their children's mental health.

Emerging Minds has heard many stories of parental strategies that have helped support children throughout the challenges of the Coronavirus (COVID-19) pandemic. These stories have been heartening and inspirational.

One mother responded to her children's complaints of boredom by putting a jar on the kitchen table, with fifty activities inside. She instructed her children to take one of the activities from the jar every time they felt bored, and then helped them to complete each activity. A father hid a series of clues around his neighbourhood, riding bikes with his children to each one and eventually finding their way to the treasure (two \$5 notes, which were happily redeemed for donuts).

But not every child's Coronavirus (COVID-19) pandemic story will end with positive memories. For some children, the reality of an inconsistent or unsafe home life has only intensified, as social isolation has denied them the sanctuary of friends, a supportive grandparent, or school. This may mean spending much more time with a parent who is perpetrating violence, whose mental health is being adversely affected by isolation, or who is drinking at unsafe levels.



### Family and domestic violence

Within the first weeks of the pandemic, internet searches related to family and domestic violence (FDV) increased by 75%.<sup>i</sup> However, women's domestic and family violence services initially reported a decrease in women seeking help.

Ginny Cisneros, Director of Services at Women's Safety Services, South Australia, says that the obstacles for women and children to access services increased during this time of isolation. "During the first month of the crisis, we saw an alarming reduction in the number of women who were calling our crisis line, even though we knew they were accessing information online," she said. "However, in the last weeks we have experienced a 30% increase on usual volume as women are finding ways to access help, and restrictions are gradually lifted. This initial decrease, and then sharp rise is consistent with the data from our sister organisations in Europe, China and the United States."

The impacts of life in isolation with a coercive or controlling parent are not yet known, but Ms. Cisneros expects the repercussions to be felt in all family service delivery for at least 12 months. "We are really worried about the long-term effects of that time for children," she said. "Whether it's not being able to go to school, or see grandparents, or go to the local skate park, we know

that children have been denied that circuit breaker to the pressures of home. We worry about the effects of the developing brain for infants in homes where there is violence, and we worry about pregnant mothers.”

During and after the Coronavirus (COVID-19) pandemic, adult and family services will be challenged to work with parents who are concerned about how the period of isolation may have affected their child's mental health and wellbeing. [Women's Safety Services South Australia](#) has developed some resources to support practitioners to respond to safety concerns from mothers, and to support children who have been particularly affected by violence and abuse through this time of isolation.

For more information about how family and domestic violence affects children's mental health, visit our e-learning course [The Impact of FDV on the Child: An Introduction](#).

For more information on ways to have child-focused conversations with parents, visit our e-learning course [FDV and Child-Aware Practice: Principles and Practice](#).

## Mental health

Calls to Lifeline jumped in the first weeks of the Coronavirus (COVID-19) pandemic. Call numbers increased 30% throughout March, with 39% of calls directly regarding the pandemic.<sup>ii</sup> Similarly, calls to Kids Helpline increased by 40% in March.<sup>iii</sup> This data shows that the mental health of children may be affected both by their experience of the increased stress exhibited by their parents, and by their own worries about the future; lack of connection with grandparents, extended family and friends; and restrictions on sporting and social activities.

Dr. Aerinn Morgan is a Senior Counsellor at Uniting Communities, who operate a Coronavirus (COVID-19) helpline in South Australia. “We are hearing from families who are living in close quarters, who are stressed, and who are often worried about the financial implications of real or potential job losses,” Dr. Morgan said. “Parents have told us about the effects of this stress on their mental health, even where they have not previously experienced these difficulties.”

Dr. Morgan says that in her experience, children tune into their parents' distress, and this can have an impact on their social and emotional wellbeing. Looking ahead, Dr. Morgan says “services will be challenged in the future to help parents unpack these impacts in a supportive and non-judgmental way.”

The 2015 Australian Child and Adolescent Survey of Mental Health and Wellbeing (Young Minds Matter) provides detailed information on the prevalence of specific mental health difficulties among children and adolescents aged 4-17 years.<sup>iv</sup> This survey found that

13.6% (approximately one in seven) children aged 4-11 years experienced mental health difficulties of clinical significance in the previous 12 months. Yet only one in six had accessed a service for it.

*Children's mental health cannot be separated from the broader context of their lives. Each aspect of a child's ecology interacts with, influences, and supports the others.*

Therefore, the changes that have occurred as a result of the Coronavirus (COVID-19) pandemic – increased stress, disconnection, or a lack of safety – have the potential to change and shape other areas of the child's life, including their mental health.

Responding to parents who have concerns about their children in the wake of this period, and talking directly with children about their mental health, will be an ongoing challenge for a broad range of practitioners in the short and longer term.

For more information on children's mental health, visit our e-learning course [Understanding Child Mental Health: An Introduction](#).

## Alcohol and other drug use

Anecdotally, the consumption of alcohol has increased in the community as a way people, including parents, may look to cope with the stress, loneliness and financial worries of isolation. This has been evidenced by the 30% increase in online alcohol sales in Australia since the beginning of social restrictions, which reveals not only a change in drinking venue but also an increase in consumption. A longitudinal study of over 3200 people published in June 2020 found Australians reported drinking more during the pandemic than two to three years previously.<sup>v</sup> The peer-reviewed report, by the Australian National University with the Australian Institute of Health and Welfare, found in May 2020 that 22.8% of women reported an increase in drinking since the start of the Coronavirus (COVID-19) pandemic, and 17.9% of men reported an increase.

Generalist services are likely to see parents who have increased alcohol and/or drug use, in many instances affecting their relationships with their children. Drug and alcohol treatment services are preparing for increases in referrals following the pandemic as a result of this change in drinking habits.

Dawn Bainbridge, Manager of Residential Services for Karralika Programs (a specialist drug and alcohol treatment service) in Canberra said that the Coronavirus (COVID-19) pandemic has required new ways of supporting parents to continue to provide safe and nurturing environments for their children, while addressing their drug and alcohol issues.

Karralika's Family Program has been supporting parents and children for over 30 years. It is one of very few AOD residential rehabilitation programs in the country where parents can address their substance use and have their children stay with them.

Due to the Coronavirus (COVID-19) pandemic and the restrictions placed on school and childcare operations, parents and children have spent more time together, which can be both positive and challenging. Karralika has adapted their program to provide support to families who have remained with them in residence; and has offered online and phone support for those who have returned to the community for quarantine purposes.

"We have used technology in ways that have allowed parents and other residents in our residential programs to engage with the therapeutic community program virtually," Ms. Bainbridge explained. "We have made changes to the way programs are being delivered, and have been able to work with resident and non-resident parents who continue to do well with managing to get children into regular routines regarding mealtimes, play times and naps and to manage home schooling, in some cases for children of different ages."

Ms. Bainbridge says that asking parents specifically about all aspects of their child's life is a part of their regular service delivery anyway. However, she says it has been wonderful to see how well the parents that are part of their family program have managed their recovery coupled with full-time parenting whilst in isolation in the community, especially considering the lack of day-care for young children and additional home-schooling requirements for older kids.

"Having more time to spend focusing on the specific needs of children who are part of our service has been really positive for the parents," Ms. Bainbridge said. "Parents have been very willing to have these conversations when asked about their children's social and emotional wellbeing, and have remained connected and indeed, have sought out the support that the service provides both for drug and alcohol recovery and for parenting."

Ms. Bainbridge said that the learnings from this pandemic, and what comes next, have been as positive as they have been challenging, for individuals, families and for Karralika Programs. "Our resolve to hear the voice of children, and to support positive family relationships and connection to community is even stronger."

For more information about how parental substance use affects children's mental health, visit our e-learning course [\*The Impact of Parental Substance Use on the Child: A Foundation\*](#).

For more information on ways to have child-focused conversations with parents, visit our e-learning course [\*Parental Substance Use and Child-Aware Practice: Principles and Practice\*](#).

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## Child-focused practice

The relative experiences of parents during social isolation could further widen the gap between perceived 'good' and 'bad' parenting. Services will be challenged to engage parents in a non-judgmental and collaborative way about their experience of isolation, and how this might affect the mental health of their children.

Given the potential impact of FDV, parental substance use, and mental health distress on a child's physical and mental health and social development, it is important for both generalist and specialist practitioners to adopt a child-focus in their work, and to engage parents in conversations around their children's social and emotional wellbeing. Recognising the pressures that disadvantaged and marginalised families have been subjected to throughout isolation and acknowledging that parents invariably want what is best for their children will make these conversations more effective.

Ms. Cisneros summarised this. "We have to be able to regularly ask the question about children. Not to make our clients feel ashamed or bad, but to support them to support their children in the best way possible."



## Resources

<sup>i</sup> Doran, M. (1 May 2020). *Domestic violence services prepare for demand as coronavirus restrictions begin to ease*. ABC News. [Available here](#).

<sup>ii</sup> Medhora, S. (27 March 2020). *Calls to Lifeline jump 20 per cent as coronavirus crisis takes hold*. Triple J Hack. [Available here](#).

<sup>iii</sup> SBS. (22 April 2020). *Coronavirus worries have Australian children calling Kids Helpline every 69 seconds*. SBS News. [Available here](#).

<sup>iv</sup> Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley J., & Zubrick, S. R. (2015). *The mental health of children & adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Canberra: Department of Health.

<sup>v</sup> Clun, R. & McCauley, D. (10 June 2020). *Women in child-caring roles reported drinking more during COVID-19 pandemic*. Sydney Morning Herald. [Available here](#).

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