

COVID-19: LONG-LASTING IMPLICATIONS FOR KIDS

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THE indirect impacts of COVID-19 and related policy responses may well have “broad, long-lasting implications for children”, according to the authors of a narrative review published today by the Medical Journal of Australia.

Authors from the Centre for Community Child Health, the Murdoch Children’s Research Institute, The Royal Children’s Hospital Melbourne, and the University of Melbourne, summarised the increasing body of evidence accumulating about the indirect impacts of COVID-19 on children.

“We identified 11 impact areas, under three broad categories,” the authors, led by Professor Sharon Goldfeld, wrote.

Child-level factors:

- Poorer mental health - mental health difficulties “significantly increased for children who experienced a second lockdown” compared with a normative sample; evidence includes a “rapid increase” in demand for services such as Kids Helpline;
- Poorer child health and development - “reduced daily physical activity, increased screen time, increased snacking, and weight gain”, as well as missed routine child health checks;
- Poorer academic achievement - “Almost half of the Australian student population risks having their learning severely compromised due to COVID-19-related school closures, either because they are an early years student or are experiencing adversity.”

Family-level factors:

- Poorer parent mental health - “46% of parents reported a negative impact on their mental health, while parent mental distress tripled from 8% before COVID-19 to 24% during the pandemic”. In addition, “Lifeline Australia reported its highest volume of calls in its 58-year history in the first week of August 2021, while much of Australia was in lockdown”;
- Reduced family income and job losses -- “higher rates of newly disadvantaged families and increased levels of persistent disadvantage”, plus the added responsibility of assuming the role of educator;
- Increased household stress - “parents reported increased strain on parent-child relationships”. “Many families have struggled to support their children’s remote learning needs and other child care demands, while also balancing employment demands”;
- Increased abuse and neglect - “a marked increase in the incidence of abuse-related head injuries among children was reported at the start of the COVID-19 pandemic”, “Reports to child maltreatment hotlines decreased substantially, likely largely due to decreased contact between children and both education personnel and health services”;
- Poorer maternal and newborn health - “pregnant and postnatal women have reported increased anxiety and depression during COVID-19 restrictions”; “with limited access to face-to-face health services, often leading to inadequate infant weight gain and increased hospital admissions.”

Service-level factors:

- School closures - “school closures have been associated with a loss of access to school-facilitated health care, including free lunches and mental health care”. “These impacts disproportionately affect children experiencing adversity”;



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- Reduced access to health care - “only 30% of parents of children with neurodevelopmental disabilities reported that telehealth worked well for their child”. “Referrals to child mental health services reduced substantially, before an unprecedented rise that placed increased demand on already overstretched services”;
- Increased use of technology for learning, connection, and health care - “evidence for the efficacy of telehealth and the impacts of remote learning remain unclear”. “Connection to extended family and the wider community has also largely been limited to being facilitated by technology. Although yet unknown, this may have both hindered local social connections but strengthened other connections”.

Goldfeld and colleagues proposed 5 “potential strategy areas” for policymakers to consider:

- Addressing financial instability through parent financial supplements;
- Expanding the role of schools to address learning gaps and wellbeing;
- Rethinking health care delivery to address reduced access;
- Focusing on prevention and early intervention for mental health; and,
- Using digital solutions to address inequitable service delivery.

“History shows us that children already experiencing adversity lose out the most, with the potential for widening health inequities,” Goldfeld and colleagues wrote.

“Now is a point in time to not only repair the past, but to start to re-imagine the future for a more equitable Australia for children.”

“The COVID-19 pandemic has highlighted that it is possible to make transformational changes that could deliver on community child health aspirations. We have the opportunity to build a better and more equitable Australia, for the children of today and the adults of the future,” they concluded.

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