

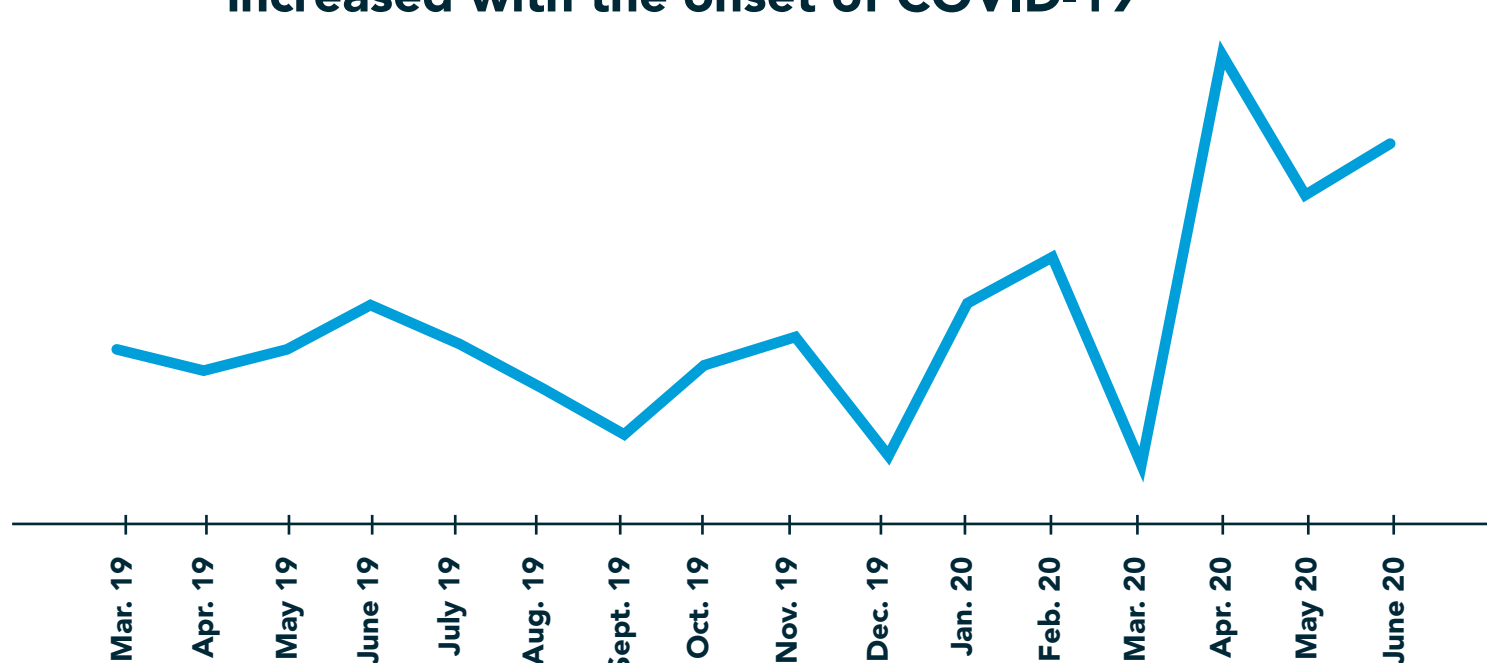
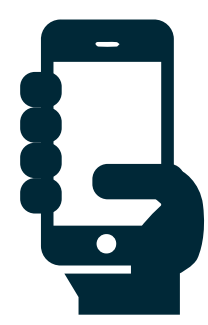
# How is COVID-19 affecting the mental health and wellbeing of Queensland families?

Families are facing several challenges at an unprecedented scale as the world works through the COVID-19 pandemic. Many parents are experiencing employment, financial, and emotional strain, changed childcare arrangements as well as going through an extended period of disruption to schooling and other activities critical to children's development. These conditions heighten the risk of family conflict, challenging behaviours and mental health issues for children and parents.

Since mid-2015, the Queensland Government has supported more than 60,000 Queensland families by offering them access to Triple P Online free of charge. All participants are invited to provide information on their family circumstances and to complete questionnaires about their child's and their own mental health, as well as their use of unhelpful parenting practices. With over 23,900 families providing data, we have been able to explore changes in what is impacting the mental health and wellbeing of Queensland children and their parents, who is seeking support and how families are faring during COVID-19.

## Demand for Triple P Online has significantly increased with the onset of COVID-19

↑ 55%



## A greater proportion of families from vulnerable groups accessing online parenting support during COVID-19

↑ 2.2x



### Sole parents

During COVID-19, sole parents are accessing the program at a rate 2.2x higher than their representative proportion in Queensland's population, with a 32% increase in the participation of sole parents during the pandemic relative to the proportion of sole parents accessing the program before COVID-19.

↑ 3.4x



### Aboriginal and Torres Strait Islander families

ATSI families are now represented in the program at 3.4x higher than their representative proportion in Queensland's population. Uptake by ATSI families has increased by 263% during COVID-19.

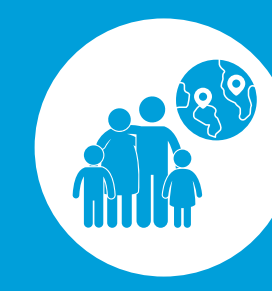
↑ 2.5x



### Low income families

Low-income families are now participating at a rate 2.5x higher than their representative proportion in the population, with a 75% increase in the participation of these families during COVID-19.

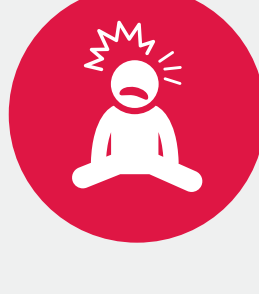
↑ 2.1x



### Culturally and linguistically diverse families

CALD families are now participating at a rate 2.1x higher than their representative proportion in the population, with a 12% increase in the participation of these families during COVID-19.

## Children and parents are experiencing more mental health concerns during COVID-19



↑ 23%

### Child behaviour problems

Parents report increased incidence of child conduct problems, including fighting with other children, temper tantrums, disobedience and dishonesty.



↑ 70%

### Child emotional problems

Parents report an increase in the occurrence of childhood anxiety symptoms, like being clingy, fearful and worried, as well as their children being unhappy.



↑ 167%

### Extremely severe parental depression

During COVID-19, many parents are reporting feeling they have nothing to look forward to and that life is meaningless.

Overall, one in three parents met the criteria for severe depression on a self-report measure completed during COVID-19.



↑ 212%

### Extremely severe parental stress

The number of parents reporting they were over-reacting to situations, being intolerant of interruptions and being unable to wind down has increased three-fold during COVID-19.

Overall, two in five parents met the criteria for severe stress on a self-report measure completed during COVID-19.

## Parents are using more unhelpful parenting practices during COVID-19

7 in 10

### Using unhelpful parenting practices

During COVID-19, there has been a 20% increase in parents reporting using unhelpful parenting practices, with 7 in 10 parents scoring in a range that suggests the need for clinical support. This includes yelling, using physical discipline, using insulting or abusive language, and not providing structure or discipline.



↑ 14%

### Over-reactive parenting practices

Parents report increased use of over-reactive parenting practices, including yelling, holding grudges for bad behaviour, allowing situations to escalate, and getting into long arguments.

During COVID-19, nearly half of parents reported using these parenting practices to a degree that suggested the need for clinical intervention.

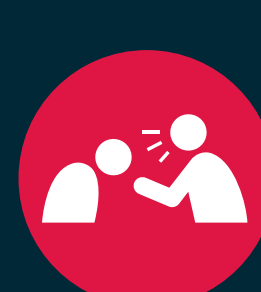


↑ 31%

### Lax parenting practices

Parents report increased use of lax parenting practices, including attempting to bribe and coax children to behave, ignoring misbehavior, backing down from conflict, and doing things themselves when their child has refused to follow instructions.

During COVID-19, one in three parents reported using these parenting practices to a degree that suggested the need for clinical intervention.



↑ 44%

### Hostile parenting practices

Parents report increased use of hostile parenting practices, including using inappropriate language, insulting their child, and regularly using physical discipline.

During COVID-19, over two in five parents reported using these parenting practices to a degree that suggested the need for clinical intervention.

COVID-19 has changed the status quo in many ways and in particular, impacted on the continuum of wellbeing. Many people who were in good health have been affected by the outbreak in some way. Further still, many of those who were already struggling with their mental health and well-being prior to the outbreak have been significantly impacted and challenged by the disruption to normal life<sup>1</sup>.

Although children are not the 'face' of COVID-19 and physically may be less susceptible to the virus, the United Nations argues children will bear the greatest impact of the outbreak across their lifespan. COVID-19 is likely to have impacts on child emotional and behavioural problems, increase abuse, and affect long-term brain development<sup>1</sup>.

It is crucially important to increase the capacity for healthy behaviours in children and parents and begin to manage the negative experiences and traumas people have endured during the outbreak and resulting lockdown.

Research from previous infectious disease outbreaks, and reports during COVID-19, show how public isolation, social distancing and the economic downturn has a negative impact on families and children and puts pressure on children's well-being, care and supervision<sup>2</sup>. Therefore, it is vital to provide evidence-based programs which can effectively support families and address the circumstances people have faced.

Access to the Triple P Online program for parents of children and teens is currently free for all Queensland parents - parents in Queensland can access the program at [www.triplep.net](http://www.triplep.net)

- See outcomes for parents who have engaged with [Triple P Online during COVID-19](#) (coming soon)
- Learn more about [Triple P Online](#)

<sup>1</sup> United Nations. (2020). UN Policy Brief: COVID-19 and mental health. Retrieved from: [https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief-covid\\_and\\_mental\\_health\\_final.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf)

<sup>2</sup> UNICEF. (2020, April). Children in lockdown: What coronavirus means for UK children. Retrieved from <https://www.unicef.org.uk/wp-content/uploads/2020/04/Unicef-UK-Children-In-Lockdown-Coronavirus-Impacts-Snapshot.pdf>