The Australian COVID pandemic: The mental health of young people

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Australia –

An island continent
   population 26 million

A federated government
   6 states/2 jurisdictions

States deliver services
   health, education, social welfare

First Australian COVID case
   Western Australia 1 Mar 2020

Circumstances affecting the Australian pandemic response

Each Australian state was responsible for COVID management
- No overall federal mechanism of control
- This resulted in creating a National Government Cabinet to coordinate responses

A public health emergency was declared

National and state border restrictions were applied
- All travel to and from Australia <u>and within</u> Australia was restricted

Schools and Universities were closed and for varying periods of time

Immense economic shocks occurred

Circumstances affecting the Australian pandemic response

The diversity of public health measures across Australia has prevented any uniform "view" of the broader population effects of the pandemic – reporting focused on:

- national mortality estimates
- hospital admissions
- ICU admissions
- COVID is a "reportable disease" – but no obligation to test for this

The geographic isolation of Australia, its island international border, and small number of states/jurisdictions resulted in natural "experiments" in pandemic control

These have not been capitalized upon by researchers to optimize understandings

As a broad observation:

Australia did comparatively well in controlling mortality and morbidity – particularly in the first 2 years of the pandemic

In 2022, Australia's COVID death toll reached 10,000

Cumulative known deaths since 1st death
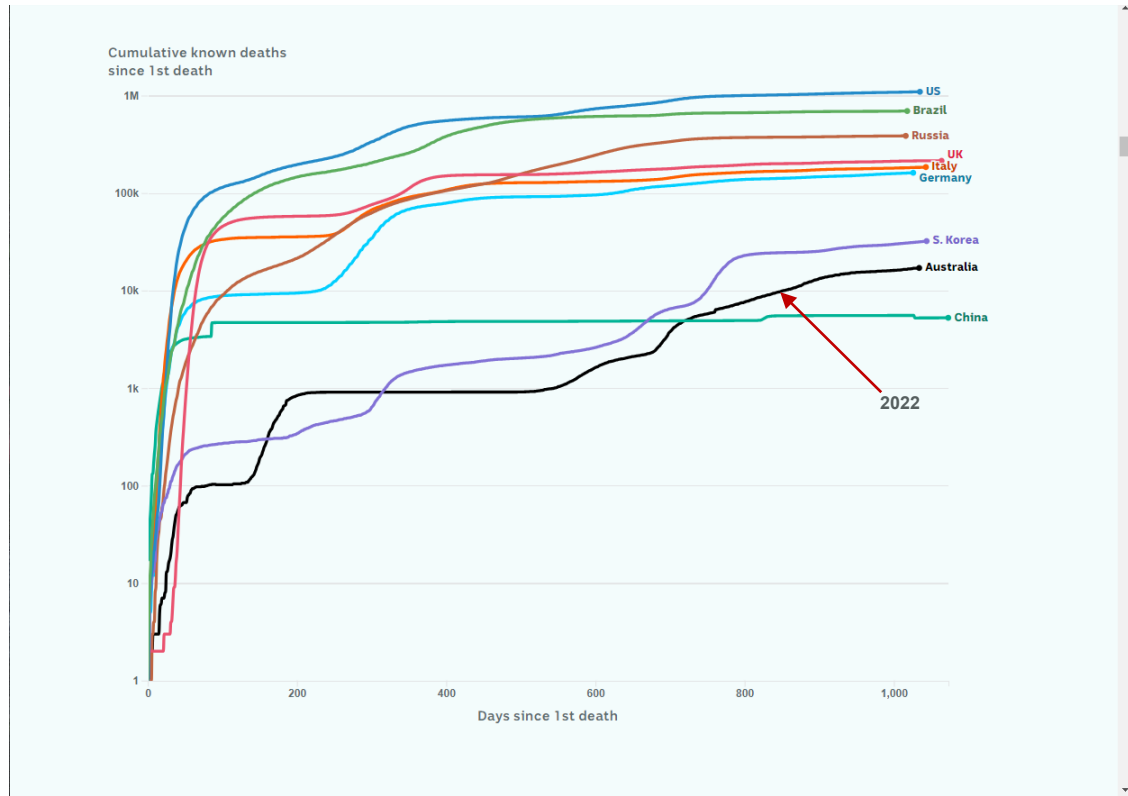
The initial period of the Australian COVID pandemic

During the 2020 outbreak:

From March 2020 to June 2022 Australia declared a human biosecurity emergency period – this closed Australia's international border to arrivals and imposed outward travel restrictions on Australians

Rates of confirmed cases among those aged 20–24 and those aged 25–29 (168 and 183 per 100,000 people, respectively) were higher than all other age groups, except 85 years and over (279 per 100,000)

By 2021 there were 910 COVID-related deaths in Australia – only 1 was in the 20-29 year age group (AIHW, 25/6/21)

Differences in state pandemic management – two examples

In Western Australia – 24 March 2020 state borders were closed to all travel (international and national)

By mid-April 2020, the state had eliminated community transmission of COVID-19, becoming one of the few places in the world to do so
- Schools remained open, public assembly was permitted
- Within-state travel was permitted
- No masks were required
- Severe economic shocks to tourism, supply and demand of goods

In 2022 the state border was re-opened and Western Australia experienced sharply rising cases amongst the highest per capita cases seen anywhere in the world throughout the pandemic

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Australia: Differences in state pandemic management

In Victoria– more challenging measures were needed to control COVID transmission

"Lockdowns" were imposed: Schools were closed, all public assembly ceased, mandatory mask wearing, travel was *severely* restricted, only local movement for essentials

Melbourne had six lockdowns, totaling 262 days – the most extensive in the world:
- Lockdown 1: March 26 to May 12, 2020 – 43 days
- Lockdown 2: July 8 to October 27, 2020 – 111 days
- Lockdown 3: February 12 to February 17, 2021 – 5 days
- Lockdown 4: May 27 to June 10, 2021 – 14 days
- Lockdown 5: July 15 to July 27, 2021 – 12 days
- Lockdown 6: August 5 to October 21, 2021 – 77 days

There were approximately 186 days of remote learning for school students in Melbourne

The mental health of children and young people

A silent epidemic?

The COVID pandemic was a public *health* emergency/crisis
The principal focus: control of disease spread, limiting mortality and morbidity

Mental health was not a focus of primary concern – no strategies were implemented

The striking differences in state management makes a "national view" of mental health status during and after the pandemic hazardous at best

The mental health of children and young people

Mental health morbidity: some putative mechanisms of effect

Direct effects

- Anxiety and fear
- School closures
- Social restrictions
- Social support and friendships/affiliations
- Threats to economic security

Secondary effects

- Parental and family stress
- Family violence
- Coercive control

Not all effects were negative for all children

- Transformation in *work-from-home policies* – this has endured post-pandemic
- Dramatic increases to income support benefits during the pandemic lifted some children out of poverty
- Home schooling benefited some children
- Child-care become more accessible

Mental health of children and young people – some findings

DETECT: A major 2020 epidemiological study in Western Australian schools

N=32,849 children and young people, Years 7-12 (ages ~ 12-17)

Table 1: Child Health Utility 9D[1] Item Pool

chu1 ^#	Do you feel worried today?
chu2 *#	Do you feel sad today?
chu3 #	Do you have any pain today?
chu4 *	Do you feel tired today?
chu5 ^#	Do you feel annoyed today?
chu6 #	Are you having any problems with your schoolwork/homework today, such as reading, writing or doing lessons?
chu7	Did you have any problems sleeping last night?
chu8	Did you have any problems doing your daily routine today, such as things like eating, having a bath or shower, or getting dressed?
chu9	Are you able to join in activities such as playing outside with friends, doing sports or joining in things today?

[1]Gang Chen, Terry Flynn, Katherine Stevens, John Brazier, Elisabeth Huynh, Michael Sawyer, Rachel Roberts, Julie Ratcliffe, Assessing the Health-Related Quality of Life of Australian Adolescents: An Empirical Comparison of the Child Health Utility 9D and EQ-5D-Y Instruments, Value in Health, Volume 18, Issue 4, 2015, 432-438, https://doi.org/10.1016/j.jval.2015.02.014.

* Item in K10
 # Item in SDQ

*Stevens K. Valuation of the child health utility 9D index. Pharmacoeconomics. 2012;30(8):729–47.
*Ratcliffe J, Stevens K, Flynn T, Brazier J, Sawyer M. An assessment of the construct validity of the CHU9D in the Australian adolescent general population. Qual life Res an Int J Qual life Asp Treat care Rehabil. 2012;21(4):717–25.

Mental health distress during the start of the pandemic
Comparisons with pre-pandemic benchmark
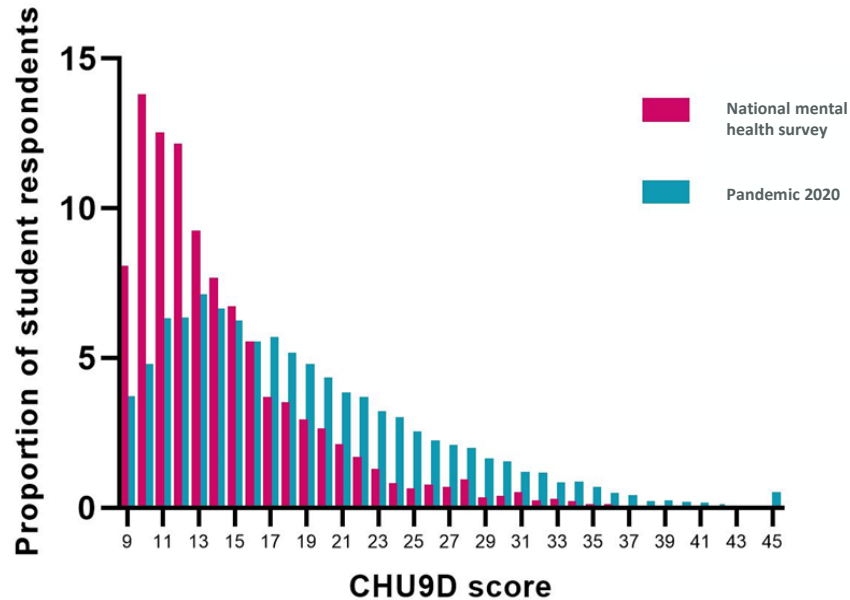
38% of students reported at least moderate to high levels of difficulties and emotional distress.

They reported being tired, having trouble sleeping and being annoyed – higher proportions of them also said they were sad and worried.

This overall proportion of reported distress is about three times higher (38% vs 14%) when compared to similar data collected prior to the pandemic.

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Across Australia

Compared with older age groups, young people have experienced:

High rates of psychological distress, loneliness, educational disruption, unemployment, housing stress and domestic violence

Longer term effects remain to be fully documented (e.g. academic)

An exceptional positive circumstance: The temporary provision of social benefits that lifted vast proportions of children/families out of poverty – this remains unstudied

Disadvantaged, disabled and geographically isolated young people sustained greater negative impacts

And finally

The COVID pandemic was a public health emergency

Disease control, in the absence of prevention, was of primary concern

Little attention was given specifically to the mental health of Australians

National and state responses were principally in the form of emergency economic assistance, maintenance of family income and connections to employment, and wherever possible the maintenance of ongoing economic activity

It is not clear how this experience has shaped onward emergency planning