

The Effects of the COVID-19 pandemic on the Mental Health of Rural Families with School-Aged Children

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Why did we do it?

The coronavirus pandemic (COVID-19) precipitated social isolation, housing and employment instability and school and childcare centre closures. Families with school-aged children adapted to spending more time together at home. While lockdown orders were effective in slowing the spread of COVID-19,¹ they placed a strain on social, economic and health related factors affecting families adversely impacting their physical and mental health (Smith et al, 2015; Douglas 2020). The lack of access to mental health services, economic and housing instability in rural areas further compounded the effects of the pandemic on rural families. As the likelihood that the adverse effects of the pandemic will persist, there is increasing need to implement interventions to protect the mental health of vulnerable families in rural communities. This study had three aims:

- identify the social determinants of health affecting the mental health of families with school-aged children affected by the pandemic;
- ascertain its potential to disproportionately affect populations in rural Gippsland; and
- identify potential interventions to mitigate the effects on mental health.

What did we do?

A literature review sought to understand social determinants of health that were affected by the pandemic and potential interventions to improve the mental health of rural families. Interviews were conducted with four key stakeholders and service providers in Gippsland including two psychologists who work with families and children, one Out of School Hours Care (OSHC) coordinator and one partnership manager. Questions addressed the pandemic's effect on the mental health of local families with school aged children. Interviews also elicited views on the social and economic factors that impact mental health and opportunities to address them. Responses were recorded with permission, transcribed and coded to identify themes.

What did we find?

Literature summary

Economic factors affecting mental health

There is a strong correlation between unemployment and adverse health outcomes including mental distress, substance use and anxiety (Paul and Moser, 2009). Rural families were disproportionately affected by the pandemic due to increased unemployment, a lack of savings and increased childcare burden, which subsequently caused greater financial instability, exacerbating downstream social determinants leading to poorer mental health outcomes (Figure 1). Families with children were affected by school and childcare closures. A US survey reported that 36% of mothers whose children experienced distance learning reported childcare responsibilities as their predominant reason for unemployment, which was higher than those mothers whose children were attending school in person (29%) (Parolin 2020).

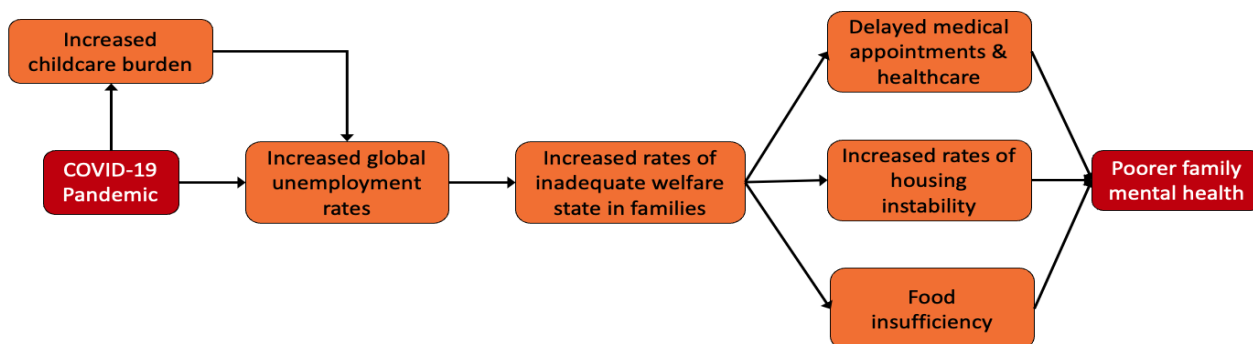


Figure 1. Upstream economic impacts of the COVID-19 pandemic on the mental health of rural families.

Social factors affecting mental health

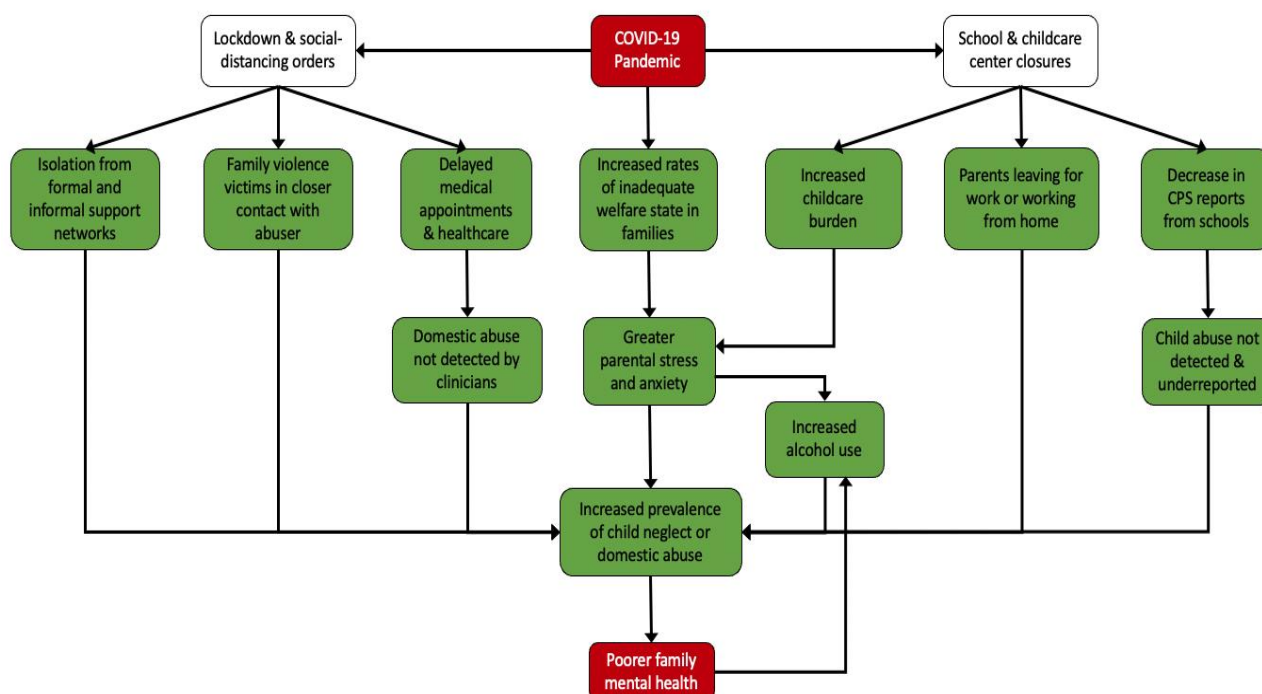


Figure 2. The social impact of the COVID-19 pandemic on the mental health of rural families.

Domestic abuse rates were markedly increased in rural areas over the pandemic compared to urban areas (Carrington et al. 2020; Campo and Tayton, 2015). Families were further isolated from formal and informal networks of support due to lockdowns (Figure 2). Family violence in rural areas was underreported over the pandemic as detection by clinicians and schools declined due to delayed medical appointments and school closures. Each of these factors contributed to poor mental health in rural families.

Health system related factors impacting mental health

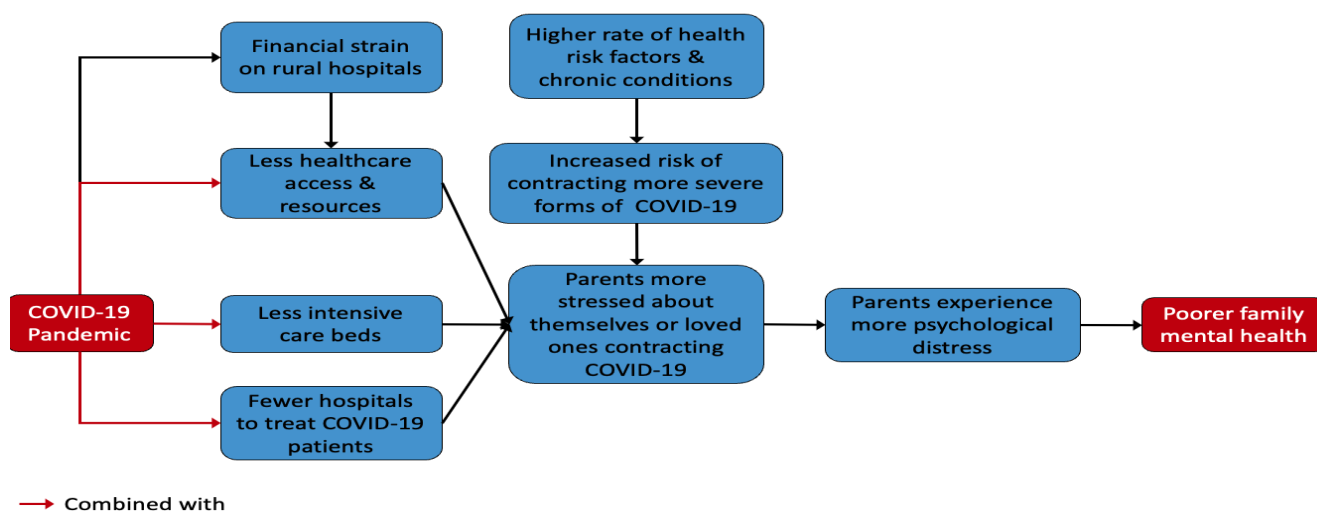


Figure 3. Effects of the COVID-19 pandemic on the health system and downstream effects on mental health of rural families.

A cross-sectional study found that during the pandemic, parents with children less than 18 years of age were more likely to feel stressed and worried about themselves or a family member getting sick or dying (Figure 3) (Gadermann et al. 2021). Rural families may have felt this fear to a greater degree due to the inadequate resources and additional healthcare constraints brought on by the pandemic.

Interventions

Afterschool Alliance (rural USA) (Afterschool Alliance 2021)

- Organisation advocates for afterschool care for school aged children. Prioritises children from low-income rural families.
- In 2020, 79% of parents reported that these programs helped them retain their jobs (a 7% increase since 2014).
- Program may curb some of the loss of employment and financial instability faced by rural families.
- Parents also identified that programs like this may help keep children safe by reducing the likelihood of them engaging in risky behaviours and increasing their excitement about their learning.⁷

Afterschool screening programs (Mental Health America, 2020)

- Staff members check in with parents after school. Used as a starting point to detect mental health difficulties in families.
- Could integrate online resources and mental health screening tools e.g., mental health screening tests created by “Mental Health America” (MHA), which provides free, confidential, and scientifically validated screening tools for students. This could be adapted for parents, allowing staff to provide

parents with a link to the online screening tool. Benefits to the MHA online platform include anonymity of screening results and the potential to link parents to care within their community, learn about mental health, understand how to improve their own mental health and connect with peers.

Opportunities for collaboration in Gippsland (Table 1).

Table 1. Partnership opportunities for rural schools to improve the mental health of families with children in Gippsland.

SERVICES	ASSISTANCE PROVIDED	SERVICES WITHIN GIPPSLAND
HEALTH SERVICES	<ul style="list-style-type: none"> Schools can act as referral points into healthcare (both physical and mental) when required by students. Supports the flow of information between health and education systems. 	<ul style="list-style-type: none"> General practice clinics Headspace Children of Parents with a Mental Illness Latrobe Community Health Services
COMMUNITY SUPPORT SERVICES	<ul style="list-style-type: none"> This is broad, and can include housing, financial, domestic abuse services and youth outreach centres. Allow families to readily be referred to sources of support. 	<ul style="list-style-type: none"> Quantum Gippsland Women’s Health
LOCAL AND GOVERNMENT LEADERS	<ul style="list-style-type: none"> Communicate with leaders of the community to implement changes to policies or funding to bridge the gap between the needs of families and the government. 	<ul style="list-style-type: none"> Olivia’s Place

Factors affecting the mental health of families in Gippsland

Stress of home schooling during the pandemic

- Parents reported increased feelings of anxiety and stress as they juggled their parenting responsibilities, children’s education and their own employment. It *“blur[s] the boundaries of a family dynamic by creating this other dynamic where there’s a power imbalance”, parents have said [their] work had to get someone else in, because [they] had to go home [to] teach their kids”.*
- Additionally, this caused *“childcare centres [within the Gippsland region] to be packed”* and become less affordable further burdening parents. A participant explained that parents who struggled to assist with their children’s homework, felt *“they weren’t actually very intelligent, and that impacted on their self-esteem and self-worth.”*
- Lack of support from schools was noted. *“On paper, it looks fantastic, that [the teachers] would be present all day, ready to do emails, doing regular zooms, but then the reality of that actually translating was just dependent on the motivation of the teacher”, “most [parents] felt that... pretty much the teacher did roll call and that was it for the day”* and that *“there was no follow up or no understanding on how to support the parents with the kids”.*

- Lack of clear directions from schools regarding applying for on-site learning. Participants reported that parents were *“confused on what they were and weren’t allowed to do.”*
- Parents and children were cut off from their social networks, one participant described this led to *“depression and anxiety”* in both parents and their children, as it also meant separation from their *“social supports”*.

Domestic Violence

- Participants felt that the stress of the pandemic and home-schooling caused *“parents [to] bec[o]me more reactive.”* They noted that teachers were less able to detect *“violence of any kind”* and fewer welfare calls were made regarding domestic violence or for inappropriate measures parents may have used to discipline their children.
- They observed that *“domestic violence services within the Latrobe Valley were swamped”* with *“families who were worse off got even worse”* and the *“families who were on the average track [experienced] a general decline in mental health as well”*.

Increased anxiety regarding contracting the virus

- A service provider mentioned students experienced a *“terror [of] get[ting] COVID-19 and d[ying]”*, as they were not eligible to be vaccinated at the time. Some of their clients reported that their children were experiencing *“stomach issues from the anxiety”*.

Service providers opinions on an afterschool screening program

- Participants described that *“most parents... [they] work with have no idea where to turn”* for mental health assistance, describing the *“system navigation”* for mental health support as a *“nightmare”* in Gippsland, even for them, as a local service provider.
- An afterschool screening program may help assess the wellbeing of parents and link them to local mental health and other support networks.
- Service providers believed it to be a relatively *“simple idea to implement”*, which *“does not require a lot of resourcing from the school”*.
- Recommendations for the program was that it needed to be structured, so *“setting rules and boundaries”*, was important. Reiterating the purpose of the program as a quick check-in would help establish trust between the school and the parent. It may help alleviate their fears of *“child protection getting involved”*, or that *“they’re being interrogated”* which may make them reluctant to participate.
- Participants noted the need for mental health first aid training for staff running the program.
- A perceived limitation was the inaccessibility for parents who work after school hours. To rectify this, a weekly zoom with teachers was suggested in lieu of the in-person check in.

An online platform for parents to access mental health resources and services in Gippsland.

- Staff could email parents or provide a handout with links to the platform, enabling it to reach a wider population. This may help with mental health service navigation issues. A peer support forum could be integrated into the platform with the option for parents to post anonymously.

Workshops to address student’s anxieties related to the pandemic.

- This was suggested as a simple program “where we can all sit down and do brainstorming workshops with the kids where they can talk about what they’re afraid of, [and] how they want to manage it” as a form of “psychoeducation”. Participant’s rationalised that this would help demystify the situation.

Increased partnerships between schools and local service providers.

- May relieve the burden on schools to staff and plan the programs.
- If staff were aware of services available, they could better refer parents and students to relevant services allowing these resources to reach a wider demographic. Participants believed that this would be a more sustainable approach to organising future interventions and ensuring families understand the local supports available to them.
- Additional programs recommended included having a staff member act as a negotiator between parents and teachers to address student-teacher conflicts and a protective behavioural program to improve the emotional intelligence of students to better express themselves.

Barriers faced by rural families when obtaining mental health support

- Participants recognised the barrier of geographic isolation as families faced long wait lists for free services. They noted that local services were unable to reach the whole of Gippsland, and the travel constraints when accessing help.
- Another perceived barrier was stigma associated with seeking out mental health support within a rural context. One suggested solution was to localise interventions in a familiar environment to families such as a school or a community hub.
- The lack of internet access for some families was a perceived barrier to accessing an online platform for mental health resources.
- Financial constraints limited seeking help for mental health difficulties so interventions should endeavour to be free or affordable for families.

Limitations

Views presented in the report are limited to the perspectives of four participants and may not be representative of all service providers in Gippsland. Further studies might include participants from community supports for housing or domestic abuse as well as families affected by the pandemic. Selection bias may be present as participants were pre-existing contacts of Gippsland PHN. Further online advertising or the distribution of brochures at key locations is recommended to allow wider participation of local service providers without prior connection to Gippsland PHN.

Recommendations and conclusion

Participants acknowledged the mental health impact on families precipitated by the pandemic and its effects on social determinants of health.

Four key recommendations have been made for the Gippsland PHN for future interventions to improve the mental health of rural families with school-aged children:

1. Help schools establish better partnerships and connections with service providers within the local community.

2. Establish an online platform for mental health resources, introduction to local services and online peer support forum that is available to families and schools.
3. When establishing an afterschool screening program, ensure appropriate mental health training is provided for staff and teachers.
4. Ensure that future interventions are accessible to families by understanding the unique obstacles faced by rural families, such as the geographical isolation and stigma surrounding seeking help for mental health.

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