

A SLOW BURNING FUSE?

COVID-19 and its impact on the mental health of school communities



Foreword

COVID-19 has placed extraordinary pressure on our society and the systems that sustain it – our public institutions, government processes, health care organisations, private businesses, our universities and our schools. Some of its impact can be counted – in the number of infections and deaths, in jobs lost and businesses closed, in government dollars spent to support the health care system and to fuel an economy that might otherwise have faltered.

This report looks at some of the human impacts of the pandemic – primarily on the students, but also the principals and teachers in Victorian schools, which faced more disruption than any other schools in the country in 2020 and 2021.

The report's focus is on how the upheaval inflicted by COVID-19 has affected wellbeing and mental health – the on-again/off-again school closures, the adoption of remote learning and enforced isolation, the cancellation of events and rites of passage that are usually central to the school calendar, and the anxiety caused by prolonged uncertainty.

While we don't know the long-term impact, the report summarises some of what we do know, based on academic reports and other research. These confirm widespread concern about the negative impact of pandemic measures on the mental health and wellbeing of school students and other young people. A related concern is the potential impact of the disruption on students' learning and academic performance – especially among those who were already vulnerable, disadvantaged and at risk of disengagement from education.

The report highlights the need for continuing research and monitoring to detect any signs of enduring harm so that early intervention and preventative measures can be put in place. This requires the involvement of everyone in education – parents, teachers, principals and students themselves.

School leaders are acutely aware of these issues and are already thinking ahead. But they need support. The active and coordinated engagement of governments is crucial, to ensure all schools regardless of sector have the resources to protect the health and wellbeing of our young people and those who teach them.



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Introduction

Poor mental health is a serious problem. In Australia alone, growing mental health issues associated with COVID-19 lockdowns have cost about \$1 billion in lost productivity.¹ The World Health Organization (WHO) suggests that mental health and wellbeing influence how an individual "...realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".²

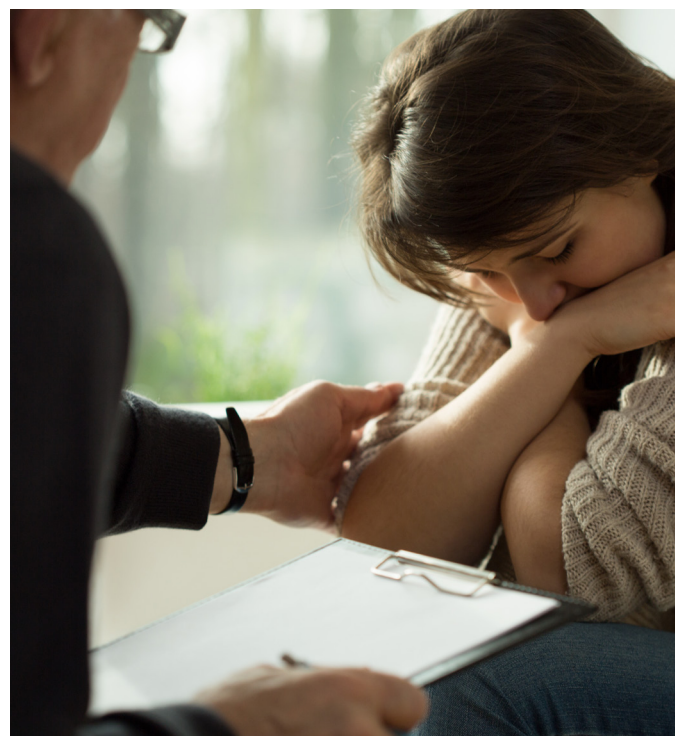
In light of the COVID-19 pandemic, the importance of mental health is widely recognised among Australian workers. A research report launched by PWC and Atlassian found that mental health and wellness (55 per cent) rose to become the top issue of importance in 2021, surpassing economic matters (53 per cent).³

Like other events such as natural disasters, war, terrorism and global financial crises, a pandemic can have a widespread mental health impact that leads to entrenched negative outcomes. A study published in July 2020 that drew responses from over 5,000 Australians found that 78 per cent of respondents reported that their mental health had deteriorated since the COVID-19 outbreak.⁴ Uncertainty, loneliness and financial worries were prevalent perceived risks among participants. Depression and anxiety symptoms were substantially elevated in individuals with no pre-existing mental health diagnosis.⁵

Besides increasing stress and anxiety, new safety measures and protocols introduced to counter the spread of COVID-19 also caused mental health and psycho-social consequences for many people. The WHO acknowledged that "quarantine and its effects on many people's usual activities, routines or livelihoods – levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour are also expected to rise."⁶

Like many sectors and industries, education has been impacted by the COVID-19 pandemic globally in unprecedented ways. Evidence suggests it has had a detrimental impact on educators. The exhaustion and overwhelming workload have led to an increasing number of teachers leaving the industry and causing a workforce shortage.⁷

Students have also been significantly impacted. According to the United Nations Educational, Scientific and Cultural Organization, over 191 countries experienced nation-wide school closures, with more than 1.5 billion students forced to engage in emergency remote education (ERE) for varied periods.⁸ Of these students, "at least 40 million children worldwide have missed out on education in their critical pre-school year".⁹



Evidence from a survey published in August 2021 by the Australian National University reported that parents and carers believe the COVID-19 pandemic has had a significant negative impact on mental health for children aged five to 18 years.¹⁰ An average of 63 per cent of parents and carers with children aged between five and 14 reported that their children had worsening mental health conditions. Participants also expressed concerns about their children missing out on socialisation with their friends, peers and teachers, and were not confident there is a plan to minimise the long-term impact of remote learning on children and young people's education. Overall, their findings indicate that general attitudes toward Australian education have been negatively impacted by remote learning.

In Victoria, COVID-19 has resulted in prolonged periods of lockdown, with Melbourne being the most locked-down city in Australia and among the most locked-down cities across the world.¹¹ The impact of these long, continuous and constrictive lockdowns on school communities has been considerable. While the average total duration of school closures in Australia since the COVID-19 pandemic was 27 weeks, learners in Victoria endured much longer periods of remote learning due to six state-wide hard lockdowns between March 2020 and November 2021.¹² Continuous disruptions are not only challenging for school leaders, students and teachers in terms of teaching and learning outcomes, but also have widespread social-emotional, mental and physical health ramifications.¹³ The Royal Commission into Victoria's Mental Health System estimated that 1,147,000 people in Victoria alone are likely to have experienced some mental illness or psychological distress throughout 2020-21.¹⁴

The purpose of this paper

This discussion paper shines a spotlight on the slow burning issue of student mental health and wellbeing and its impact on school communities. It focuses heavily on Victoria, given that its periods of mandatory lockdown were substantially longer than other states in Australia.

This paper draws upon desktop research and data gathered from Independent Schools Victoria's (ISV) existing research projects. Building on these insights, we conducted a rapid literature review by synthesising evidence from empirical studies, including global and national surveys on mental health impacts of lockdown and school closures, and grey literature including government documents, industry reports and media releases. Our investigation was guided by the following research questions:

1. How has the COVID-19 pandemic impacted the mental health and wellbeing of children and young people?
2. What are the mental health impacts among principals and teachers?
3. What are the implications of mental health on policy, practice and future research?

If left unchecked, the impact of COVID-19 on young Australians may create significant down-stream impacts at the personal, interpersonal and societal level for years to come. This is a topic that requires consideration from all stakeholders involved in the education of Australia's youth.

Table 1: Stats on lockdown days since the pandemic in Melbourne, Victoria¹⁵

Lockdowns	Date	Days
One	30/03/2020 - 12/05/2020	43 days
Two	08/07/2020 - 27/10/2020	111 days
Three	12/02/2021 - 17/02/2021	5 days
Four	27/05/2021 - 10/06/2021	14 days
Five	15/07/2021 - 27/07/2021	12 days
Six	05/08/2021 - 21/10/2021	77 days
Total		262 days

Defining mental health and wellbeing

Mental health is intrinsically linked to wellbeing. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make choices. It refers to specific signs and symptoms that cause significant and persistent emotional distress which, in turn, influences our ability to function, process information and make decisions. Often, the presence of such signs and symptoms indicates mental health problems, including depression, anxiety, psychosis and eating disorders.¹⁶

Good mental health and wellbeing is important at every stage of life, from childhood and adolescence through to adulthood. Despite its importance, there remains no universal definition of “wellbeing”.¹⁷ The World Health Organization (WHO) generally considers good health to cover physical, mental and social grounds a positive indication of one’s wellbeing.¹⁸ In a more pragmatic view, wellbeing can be seen as a “balance point” between an individual’s resources and the challenges they face.¹⁹ In other words, we need psychological, social and physical capacities to live a balanced life.

In this paper, our interpretation of mental wellbeing involves emotional awareness and the ability to manage and express those feelings in a healthy and age-appropriate manner. It includes having good mental and physical health, high life satisfaction and a sense of meaning. More generally, it refers to our sense of self and the ability to live our lives as close as possible to the way we please. A flourishing mental wellbeing enables us to meet our potential, develop strong relationships and do the things we consider important and worthwhile.²⁰



Unintended consequences: COVID 19's impact on the mental health and wellbeing of students

Social isolation, disruption to education and constant exposure to news and social media about the pandemic left many children and young people feeling fearful and uncertain for their future. According to data from the Longitudinal Study of Australian Children (LSAC), only 11 per cent of children reported experiencing no problems or stresses during recurring lockdowns and disruptions brought by the COVID-19 pandemic (see Figure 1).²¹

Results from a Mission Australia Youth Survey further highlight the impact on young Australians. The top three biggest personal concerns of young people between the age of 15 to 19 during the pandemic were education (34 per cent), mental health (17 per cent) and COVID-19 (9.3 per cent).²² These findings illustrate that the pandemic and its mental health impacts are prevalent among students. Being physically disconnected from school can create adverse effects on students' "educational outcomes, nutrition, physical movement, social, and emotional wellbeing".²³

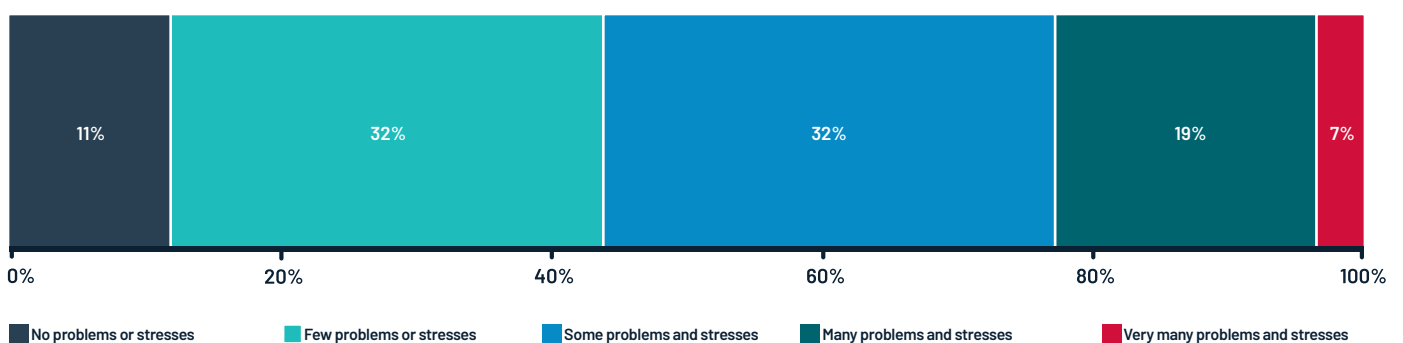
Multiple sources including news articles, government reports, national surveys and research studies found that the cumulative effects of the COVID-19 pandemic have negatively impacted Victorian children, more so than those from parts of Australia. An article published in the *Sydney Morning Herald* in August 2021 reported that "calls to the [Kids] helpline had already risen 30 per cent in Victoria in the first six months of 2021 compared with the first six months of 2020."²⁴

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The increase of clinically significant anxiety and depression symptoms in young people has been linked to tightened public health safety measures (such as lockdowns, school closures and social distancing). A joint study by the Queensland Centre for Perinatal and Infant Mental Health and several Australian universities found that "children who experienced the second lockdown in Victoria were two-to-five times more likely to show emotional and behavioural difficulties than children in the other states".²⁵ Besides missing social contact with peers, children also worried about their education being disrupted or held back due to the changes to schooling.²⁶

Victorian hospitals also recorded a 90 per cent increase in children with eating disorders, a 10 per cent increase in kids with anxiety and a 12.3 per cent rise in self-harm compared to 2019.²⁷ Given the COVID-19 situation remains hazy in Victoria at the time of writing, its effects on Victorian children's mental health will likely become a long-term issue that needs continual systemic support in the future.

Figure 1: Longitudinal Study of Australian Children (LSAC) data; Cohort B, Wave 9C1. Extracted from Fahey (2021)



A study launched by the Australian National University found that the mental health of adolescents aged 15 to 18 is of particular concern. It highlighted that 71 per cent of participants in this age bracket indicated a decline in mental health due to the COVID-19 pandemic – a percentage that is significantly higher than any other age group in the same study.²⁸

Results from **ISV's LEAD School Effectiveness Surveys**, which gain feedback from students, parents and staff at Victorian independent schools, also corroborate the increasing impacts on students' mental health during the pandemic.²⁹ Stakeholder opinions gathered during 2020 highlighted that satisfaction with wellbeing and belonging to the school during remote learning was poor in comparison to previous years.

Year 12 students rated satisfaction with wellbeing and belonging to the school 5.5 out of 10. Parents (6.2 out of 10) and general students (6.7 out of 10) also identified student wellbeing and connectedness to peers and the school during remote learning as a significant challenge. This suggests that connectedness to peers and teachers was more difficult for older students, who consistently ranked these items lower than counterparts in primary and middle school. Providing one of many examples throughout the surveys, one student commented:

"I personally have struggled immensely with the lack of face-to-face connection, both with teachers where I feel I've had a much more difficult time absorbing content, and felt incredibly disconnected and isolated from my peers, which has taken a toll on my learning and my grades."

In general, our analysis from the LEAD stakeholder surveys in 2020 suggests that stakeholders from Member Schools in Victoria were increasingly concerned about mental health and wellbeing. Our results showed that almost 200 comments displayed a negative sentiment on the topic of wellbeing, 87 per cent of which came from stakeholders of metropolitan schools that faced tougher social restrictions than their regional counterparts (see Table 2).

This feedback demonstrates that mental health and wellbeing were a top priority among our school communities. Concerns around social connections were mentioned most frequently by various stakeholders, who stressed the difficulty in making connection or missing friends/social interaction during remote learning. Other concerns included program structure and workload, as well as different learning needs.

Similarly, evaluation results from **ISV's Cognizance Project** (a program that provides students with the tools to take charge of their own learning) revealed a significantly higher mention of mental health and wellbeing by students during lockdown. Compared to 2019, three times as many students mentioned mental health concerns in 2020.³⁰

Table 2: Counts of negative wellbeing comments gathered from LEAD stakeholder surveys

Stakeholder	Wellbeing Negative Comments	%
Parent	100	50
Student	67	34
Staff	23	12
Year 12	9	4
Total	199	100

COVID-19 related restrictions and mental health impacts on vulnerable groups

While it is possible for anyone to experience mental illness or psychological distress during a crisis, some people are more vulnerable than others. For example, children, teenagers and young adults, those who are living in poverty, with chronic health conditions, with physical disabilities, with learning disabilities and ethnic minority groups are considered more vulnerable than the general population.³¹

Research demonstrates that students at smaller and regional schools with lower socioeconomic status may have more prevalent mental health and wellbeing problems, which are often amplified by a lack of supporting resources or formal intervention.³² For instance, about 30 per cent of Australian children 14 and under are currently living in rural areas. For many, accessing support remains a struggle, as the nearest mental health services are far away and often require lengthy wait times.³³

The home environment can have significant impacts on student learning and mental wellbeing, particularly during remote learning. Commissioner for Children and Young People, Liana Buchanan, has argued that this is often the case for “children in large families, in families that could not afford or did not know how to use technology, families where parents were working or could not read or had other issues prevent them from helping their children”.³⁴

Nation-wide school closures have affected 4 million students in Australia, 20 per cent of which are living in financially disadvantaged or low SES communities. This means 800,000 students are exposed to greater risks associated with mental health issues including long-term educational disengagement, digital exclusion, poor technology management and increased psychosocial challenges due to the impact of COVID 19.³⁵ Victoria, where prolonged lockdowns have been more severe than other parts of the country, is home to more than a quarter of the overall disadvantaged student population.³⁶ This equates to over 200,000 Victorian students – already at high risk of developing mental health and wellbeing issues – who have lived through one of the toughest lockdowns in the world. These students require ongoing monitoring and support to ensure that the impacts of the pandemic do not swell into serious issues into the future.

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Over 75 per cent of people are likely to develop mental health problems before the age of 25.³⁷ A logical policy response would therefore prioritise the mental health and wellbeing of children and young people. Evidence suggests that depression, suicidality, anxiety disorders, post-traumatic stress disorder and aggressive behaviour are commonly reported in adults who have experienced stress during childhood.³⁸ While not all children who have experienced early life adversity develop a mental illness, providing adequate support during schooling may prevent psychological and behavioural problems later in life.

However, many schools lack the appropriate resources and support and may face significant challenges in addressing mental health issues in the short to medium term. A 2019 review conducted by ISV into the funding of Nationally Consistent Collection of Data (NCCD) on students with disability found that as registered psychologists on staff usually act as a contact for any external psychology service agency, schools without a registered psychologist on staff are often not informed of a student’s serious mental health (social/emotional) issues.³⁹ This suggests that schools may not always be fully aware of students’ disabilities, as not all disabilities are visible.

There is overwhelming data pointing to an increase in mental health and wellbeing impacts among children and young people due to the pandemic.⁴⁰ Evidence suggests that the acute mental health impacts could last for a long time. Studies conducted on the impacts of lockdown show that children and young people are most vulnerable because their need for social interaction is stronger.⁴¹ While the impacts varied, emerging studies also show a higher mental health impact on children in Victoria compared to other states and among vulnerable or disadvantaged groups.⁴²

COVID-19's strain on the mental health and wellbeing of the school community

The role of a school principal was already emotionally and physically demanding pre-pandemic. According to the Australian Principal Occupational, Health, Safety and Wellbeing Survey – jointly conducted by researchers at the Australian Catholic University (ACU) and Deakin University – working long hours, dealing with stressful situations and high exposure to offensive behaviours make school leaders a cohort “at risk of fatigue, mental health decline, and burnout”.⁴³

COVID-19 demanded responses to sudden changes in education in unprecedented ways, making the role of school principal even more challenging. ISV's 2020 research into **Agile Leadership**, where 42 principals were interviewed about their response to the pandemic, found that COVID-19 took an alarming toll on the wellbeing of many school leaders. While the research was primarily focused on agility and leadership, nearly all principals (95 per cent) touched on the topic of wellbeing.⁴⁵

This report also warned that “Australia will soon experience recruitment and retention problems”. In fact, there is already a low replacement rate for retiring school principals.⁴⁴ Currently, over 70 per cent of school leaders in Australia are over 50 years old, with more than a quarter aged over 60 years and nearing retirement.

Table 3. Wellbeing concerns from principals in ISV's Agile Leadership research project

Wellbeing themes	Sub-themes	Mentions	%
Principal's own wellbeing (higher among new principals)	Burnout, work/life balance, self-care, social isolation, frustration, exhaustion, new principal struggles	59	46
Student's wellbeing	Anxiety and mental health deterioration, impact of remote learning, return to school transition	10	8
Teacher's wellbeing	Pressure and anxiety, overworking, fatigue, staff retention	32	25
Overall school wellbeing focus	Leadership and guidance on wellbeing support, shifting priorities on mental health and wellbeing concerns, connection to school communities	27	21
Total		128	100

The prevalence of comments concerning principal wellbeing provide a small window into the realities of leading a school community through the pandemic. Consistent commentary from principals around burnout, exhaustion and poor work/life balance showed the effects on their own mental health and wellbeing, the consequences of which will linger for some time.

The findings from ISV's Agile Leadership research also highlight that new principals (with three years of experience or less) emphasised the impacts on their mental health and wellbeing more than experienced principals. Given that social-emotional environments can have profound influences on mental health, it is important for principals to establish a sense of connection and a support network in their school community, as it may help prevent and manage anxiety and depression during a time of crisis.

Like school principals, teachers face incredible pressure and are often subject to overwork. A study launched by the NEiTA Foundation in 2021 found that more than a quarter of teachers work overtime and four out of five reported that work-life balance is either less than ideal or non-existent.⁴⁶ Feeling stressed is also prevalent among teachers (over 75 per cent of respondents).

Furthermore, over 1,500 WorkCover claims have been processed in relation to "mental stress, falls, repetitive movement and being accidentally hit at work".⁴⁷ Unsurprisingly, a study based on 166 Australian school teachers between the age of 22 to 65, reported that more than half of respondents suffered from anxiety and nearly one-fifth felt depressed.⁴⁸

Research increasingly indicates that teachers' mental health has deteriorated substantially since COVID-19. The increased workload intensifies the risk of educator burnout. Compounded by the fear of contracting COVID-19, some teachers experienced an extra layer of stress, as they had to continue teaching onsite or return to the classroom before receiving their vaccination.⁴⁹

From early conversations with principals at the start of the pandemic,⁵⁰ ISV learned that some teachers struggled with transitioning to a new teaching environment, as they had to change their pedagogy to continually engage students remotely. Without adequate training and resources, some teachers found it difficult to self-manage the preparation, production and delivery of teaching and learning materials.⁵¹ The sheer quantity of work and responsibility can lead to detrimental mental and physical health outcomes, including symptoms of burnout, chronic stress and physical exhaustion.⁵² Remote learning was even more challenging for teachers who had to fulfil their own caretaking responsibilities and assist their own children's learning.⁵³

Indeed, the nature of remote learning has increased parental involvement in their children's education.⁵⁴ While having parents onboard and transforming their role to become co-educators had many positives, constant parental presence in the classroom and increased expectations placed extra pressure on teachers. Anecdotal evidence suggests that some teachers felt like they were constantly watched by parents during remote learning, putting teachers under an additional layer of stress.⁵⁵

Mental health problems are prevalent within the school community. Since COVID-19, many teachers, principals and education support staff have experienced increased mental health related problems due to mounting stress, overwhelming workload, and other circumstantial challenges. To provide sustainable support to those in need, it is important to consider not only students, but their families and educators to develop a consistent mental health and wellbeing response. The research evidence is consistent in stating that school communities have encountered, and will continue to face, mental health impacts due to pandemic-related measures such as the lockdown.

Current policy responses to mental health and wellbeing

Eradicating the prevalence of the mental health problems is a significant challenge for policymakers and governments across the globe. According to the United Nations, “mental health problems, including alcohol abuse, are among the ten leading causes of disability in both developed and developing countries. In particular, depression is ranked third in the global burden of disease [to cause disability or death], and is projected to rank first in 2030”.⁵⁶ Nearly one billion people are affected by mental problems in low- and middle-income countries and there remain many barriers to access support. As a result, more than 75 per cent of people with a mental disorder are left untreated.⁵⁷

In response, international organisations such as the World Bank and the World Health Organization (WHO) are working towards making mental health care and support more accessible.⁵⁸ The WHO has created a five-year plan called The Special Initiative for Mental Health that intends to help 100 million more people in targeted countries to gain access to quality and affordable mental health care by 2023, including Bangladesh, Jordan, Nepal, Paraguay, the Philippines, Ukraine and Zimbabwe.⁵⁹

Government responses often have strong implications on social and policy interventions. A study in 2020 that investigated the effect of COVID-19 on mental health and wellbeing in a representative sample of Australian adults suggests that “minimizing social and financial disruption during the COVID-19 pandemic should be a central goal of public health policy”.⁶⁰ This report also urged governments to consider targeted intervention and provide additional measures to monitor and support at-risk groups, particularly people with existing health conditions.

As mentioned earlier, it is estimated that in Australia, growing mental health issues associated with COVID-19 lockdowns have cost around \$1 billion in lost productivity.⁶¹ To address this issue, the Australian Federal Government plans to better integrate mental health services into health systems at a national level. This includes a record \$2.3 billion investment in critical services and support.

As highlighted in the 2021-22 federal budget, there will be a significant structural reform of the mental health and suicide prevention system in response to the increased demand associated with the impacts of the pandemic. Accordingly, the Federal Government will invest \$111.2 million to boost support in digital services.⁶² This includes online professional counselling, peer support, clinical support and referrals in mental health, Medicare, domestic violence services and emergency food relief. Of this funding, \$13.1 million will be used “to support ReachOut Australia, to continue delivering free and high quality digital mental health services to young Australians aged 12–25, as well as their parents, carers and schools.”⁶³ In general, the Australian Federal Government’s total estimated mental health spending has increased by almost 90 per cent since 2012-13.

In education, it is also recognised that mental health for students requires a systemic, whole of government response at both federal and state levels. The Victorian Education Minister the Hon. James Merlino has outlined a number of supports for government schools with initiatives focusing on positive mental health promotion (e.g. providing mental health first aid training), early intervention and cohort specific initiatives (such as encouraging cross cultural responsiveness), as well as targeted support through employing mental health professionals.⁶⁴ The Victorian Department of Education and Training has launched a Mental Health Toolkit aimed at schools, students, parents and carers to provide expert guidance and resources on mental health for Victorian school communities.⁶⁵ The Victorian Government also provided a list of **mental health resources** in response to the increased anxiety and stress during the pandemic to help school communities.

The Victorian Government budget 2021-22 also included a \$200 million allocation for schools to deliver mental health programs and activities that meet the needs of their students and school community.⁶⁶ Funding is expected to prioritise all regional and rural government schools from mid 2022, with metropolitan schools to follow from 2023. Other initiatives include a **mental health primary schools' pilot program**, which estimates to benefit 90 government schools and 10 non-government schools. In addition, every Victorian Government secondary school campus will be funded to employ a suitably qualified mental health practitioner by the end of 2021.⁶⁷ While the government has significantly increased mental health services in schools, most of its initiatives have tended to focus on government schools rather than non-government schools.

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In 2021, the National Mental Health Commission launched Australia's first National Children's Mental Health and Wellbeing Strategy to support children in need from birth to 12 years of age as well as their families and communities. As part of the Australian Government's Long-Term National Health Plan, this strategy intends to "provide the framework and foundations for lifelong mental health and wellbeing to be built during childhood, with a whole-of-community approach".⁶⁸ The National Children's Mental Health and Wellbeing Strategy also includes a \$42.3 million investment to educate and help parents to intervene in their children's mental problems at early stages.⁶⁹

As we can see, changes on government funding and increased expenditure on mental health related services show that mental health has been more widely recognised as a serious issue. However, a bigger budget does not necessarily benefit those who are more in need. Greater quality of targeted services and more attention to prevention is needed. To get to the bottom of the problem for many children and young people, their families may require additional resources, effort and preventative treatments at the earliest signs of struggle.

Key recommendations and possible policy and practice priorities

The structural reform and additional funding allocated to mental health and wellbeing by national and jurisdictional governments provides a much-needed boost to tackle this important issue. However, there are some further areas of focus that relate specifically to students and school communities that could help limit the potential future impacts of the COVID-19 pandemic on individuals, families, communities and society.

Prioritising school-based interventions and targeting vulnerable students

With growing evidence pointing to student wellbeing and mental health as an ongoing challenge beyond COVID-19, there is a need for policy makers, governments and school leaders to increase existing resources and develop further responses in the areas of prevention, intervention, as well as solutions for referral and rehabilitation.⁷⁰ This includes providing ongoing support for both government and non-government schools. For example, supporting student-driven initiatives to understand their mental health needs, developing clear school- and sector-wide communications plans to address wellbeing concerns, building community and social connections and conducting regular pulse-checks for vulnerable students may all be important preventative initiatives to support school communities.

To help vulnerable students, schools may need additional resources beyond the current pandemic. For example, school leaders may need to adopt more effective modality-based instruction to assist students with special needs. Commissioner for Children and Young People, Liana Buchanan, highlighted that “for vulnerable children already at risk of disengagement, the impact on their education could be devastating and permanent. We will need a major effort and investment to address education gaps widened by the pandemic”.⁷¹ Therefore, to counter the loss of learning and education disparity further deepened by COVID-19, school leaders should provide a clear and sustainable strategy that enables vulnerable students to reach their individualised learning goals via different modes of learning deliveries.

Federal and state governments could provide additional resources and training for school staff to enhance emotional literacy, coping strategies, as well as stress management.

According to UNICEF Australia and the Australian Research Alliance for Children and Youth (ARACY), one in four secondary students reported that their teacher or school had not tried to check in on how they were coping during lockdown.⁷² With schools transitioning back to onsite learning, it is even more important to increase mental health awareness and readiness to support students’ wellbeing. Federal and state governments could provide additional resources and training for school staff to enhance emotional literacy, coping strategies, as well as stress management. School leaders could also implement smaller and more sustainable targeted programs to support students’ social, emotional, educational and mental health needs.⁷³

It is also important for school leaders and educators to recognise that some students may fall through the gaps in accessing help for mental health. In fact, there is a growing body of research that highlights the concerns and challenges for the “missing middle”.⁷⁴ According to Associate Professor John Allan, President of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), the “missing middle” are “those who are experiencing mental ill health and in need of intensive community support to recover but fall between inpatient hospital services and the services available to those with mild to moderate mental health problems”.⁷⁵ In other words, the “missing middles” are “often too unwell for primary care but not unwell enough for state-based services”, where one’s mental health symptoms are too complex for a GP but not severe enough for admission to hospital.⁷⁶

As highlighted earlier, there is an increase in mental health problems among children and young people particularly during the pandemic. While there are **various mental health services** available to support children and young people, according to the Australian Child and Adolescent Survey of Mental Health and Wellbeing Study, only 50 per cent of all children in Australia who experienced mental illness in the past 12 months had accessed to any help.⁷⁷ Further, two-thirds of parents who participated in their study reported to have no idea what services could support their child's struggles. Therefore, there is an opportunity for school leaders to work alongside parents as well as other community-based groups and initiatives to provide additional support for children and young people's mental health needs.

Early intervention and consistent whole-society approaches to mental health and wellbeing

Student wellbeing in the education system should focus on prevention and early intervention. The sooner mental health and wellbeing issues are identified and treated, the more likely we are to prevent serious mental illness from developing later in life. Policies and initiatives could help schools to promote and raise awareness of mental health, train and build skillsets of teachers, and provide information and support for new parents.

As parents and teachers both have important roles in directly helping children who are struggling emotionally, socially and educationally, it is vital they maintain a healthy state of wellbeing. If parents are stressed or anxious, it is more difficult to provide support and guidance for their children's learning, to deal with their emotional and behavioural problems, or become good role models for their children to navigate through uncertainty. Therefore, parents and teachers may require higher levels of psychological support and professional intervention beyond the COVID-19 pandemic. Policymakers and school systems may need to include educational supports to families by adopting whole-society approaches to student wellbeing and mental health.

It is also important to ensure that different communities with mental health needs can access help. Prejudice and stigma associated with mental health and wellbeing for some communities with different cultural backgrounds may amplify their conditions and prevent them from seeking help.⁷⁸ Overcoming psychological, cultural and other barriers to address mental health in school communities may require collective and ongoing efforts, including consistent funding, quality education and adequate care services to support childrens' social and emotional development.

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Promoting data-driven research and development in mental health communities

There is a need to continue research and evaluation to understand how existing changes in funding, policies and practice could further improve and support future planning, development and transformation of mental health services and responses. The spotlight on surging mental health issues consequent to the COVID-19 pandemic could be an impetus to improve existing infrastructure and capacity to deal with mass trauma. This includes using data-driven approaches to support and review ongoing and potential school-based mental health interventions.

A report by the United Nations Children's Fund (UNICEF) in 2021 pointed out that "Australia's response to COVID-19 has been designed and delivered with the voices of children and young people markedly absent. This needs to change".⁷⁹ Therefore, it is important to make informed decisions using a stakeholder-centred approach. Young people should have a say about their mental health. Schools should encourage active and meaningful participation from students in design and delivery of mental health programs.

For states like Victoria, where students have experienced long lockdowns, the disruption and uncertainty has been incredibly taxing. Victorian students' mental health will likely become a long-term issue that needs continual support. The Victorian Student Representative Council urged the state government to provide additional support to lessen mental burden on Victorian Certificate of Education (VCE) students. The introduction of mental health days was one suggestion to prevent widespread mental health crisis in for VCE students. The peak student body also asked the state government to consider readjusting VCE study designs by scaling back content and assessment in light of remote learning.⁸⁰ Given that student wellbeing is equally important as academic learning, working in partnership with students and other key stakeholders will help to develop more effective evidence-based mental health and wellbeing initiatives, strategies and policies that benefit students, schools and the broader community.

Young people should have a say about their mental health. Schools should encourage active and meaningful participation from students in design and delivery of mental health programs.



Conclusion: the slow burning issue of mental health in school

During the COVID-19 pandemic, we have witnessed a strong decline in mental health. This paper highlighted significant evidence of the relationship between COVID-19 – related impacts and safety measures like lockdowns and disruption to education – and the toll it has taken on the mental health and wellbeing of students, principals, parents and others in the community.

While governments have responded to mental health concerns with increased funding and structural reforms, there remains a need to improve intervention. There is strong evidence that the impact of mental health and wellbeing issues, if left unchecked in young people, can have disastrous impacts on personal, interpersonal and societal levels. There is a particular urgency for coordinated action in Victoria due to the elongated lockdowns and the significant time students have spent isolated from their peers, their teachers and the community.

Schools play a vital role in the learning and development of young people. Supporting students struggling with mental health challenges will potentially require more assistance for school staff. Without appropriate resources and professional support, staff may be unaware, reluctant or unsure how to assist students. Recognising when students are struggling with mental health and wellbeing issues is imperative, as students may also be unaware of their need for help or reluctant to seek support. Beyond the pandemic, schools will need to cultivate a supportive culture and develop clear plans to respond to mental health issues and refer students to the right support services.

COVID-19 has also impacted others in our school communities, including principals, teachers, and parents and carers. Therefore, to address mental health issues beyond COVID-19, it may be important to:

- adopt society-wide approaches to mental health
- improve school-based interventions and
- use evidence-based research to strengthen and transform future mental health services and responses.

Current government responses to the increasing prevalence of mental health and wellbeing issues are positive, relying on structural reform and increased public subsidies. However, more attention should be paid to mental health and wellbeing in schools and a targeted, systematic, early interventionist approach is required that goes above and beyond additional funding. The need for action in schools is urgent if we are to address the slow burning issues around mental health and wellbeing ignited by the impact of COVID-19.



Limitations of this paper

This discussion paper has several limitations. Firstly, we developed a rapid review of literature instead of a systematic one, despite more and more evidence-based and peer-reviewed studies on mental health emerging as the pandemic has unfolded. We used a large proportion of relevant grey literature to support and illustrate how mental health is currently shaping our society.

Secondly, while some other countries and states are mentioned, we did not directly compare international and domestic policy responses. Given that it experienced more extensive lockdowns than any other state, there is a strong focus on Victoria in this paper.

Lastly, the findings from existing projects undertaken by ISV are based on Member Schools and may not reflect other sectors. Given that COVID-19 will continue to impact school communities for many years to come, we need collective effort on multiple levels to address mental health issues.

To enhance our understanding of the pandemic's impact, foster ongoing community dialogue and improve mental health reforms, future research could include more diverse data generated from multisectoral and cross-country perspectives. Future studies could also delve further into how communities with diverse backgrounds can receive tailored support for their mental health needs, and explore longitudinal data based on various mental health initiatives and responses to generate more comprehensive insights.



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