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Use of Kids Helpline by Children and Young People in Australia During the COVID-19 Pandemic

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A B S T R A C T

Purpose: The benefits of helplines are particularly valuable during a pandemic when face-to-face services and natural supports are difficult to access. Kids Helpline, Australia's national youth helpline, provides children and young people with free 24/7 information and counseling through telephone, WebChat, and e-mail. We aimed to examine the use of Kids Helpline during the COVID-19 pandemic.
Methods: We analyzed monthly and weekly time trends of demand for and response by the Kids Helpline. The frequency of counseling contacts by common concern types, age, and gender were also examined. We used Joinpoint regression.
Results: Analyses of weekly demand for Kids Helpline showed an increase when the pandemic was declared, followed by a gradual decline. A second rise from 12 July 2020 when parts of Australia experienced a second wave of infections, followed by another decline, occurred more recently. Increased demand was almost entirely in the WebChat modality. Most answered counseling contacts were from girls and those aged 13–18 years. The number of contacts about mental health, suicide/self-harm, and family relationships increased, with mental health contacts also increasing as a proportion of total contacts. COVID-19–related concerns were the most common reason for contact in April 2020.
Conclusions: In Australia, the COVID-19 pandemic saw a rapid increase in demand for Kids Helpline, mainly by WebChat, with the virus itself, mental health, suicide/self-harm, and relationships common reasons for contact. Responding to rapid changes in demand for particular modalities is challenging and understanding of the use and effectiveness of different modalities is needed.

IMPLICATIONS AND CONTRIBUTION

The rapid increase in demand for Kids Helpline, particularly via the resource intensive WebChat medium, has significant implications for the capacity of helplines to provide a timely response to children and young people during a disaster such as a pandemic.

On 11 March 2020, the World Health Organization classified COVID-19 as a pandemic. Despite a relatively small number of confirmed cases of the virus, Australia had already activated an emergency plan on 29 February and fared well during the early stages of the pandemic. However, a second wave in the state of Victoria saw a rapid increase from 7,837

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to 25,746 cases and from 104 to 652 deaths between 1 July and 31 August [1,2]. Efforts by Australian governments to prevent the spread of the virus, although necessary, resulted in significant upheaval to the lives of children and young people with schools, universities, and all but essential shops closed, adults working from home, a ban on social visits and mandatory mask wearing at times.

Numerous studies have demonstrated that the pandemic has implications for the mental health of adults [3–5] and children [6–8], but data about children and young people remain limited and most studies are of countries with much higher rates of infection than Australia. While less exposed to the trauma of mass illness and fatalities than their international counterparts, Australian children and young people may also experience concern about themselves or vulnerable family members contracting the virus, and pandemic restrictions have affected almost every aspect of their daily lives (e.g., remote schooling, changed family dynamics, witnessing panic buying) [9]. In addition, the pandemic has likely had particular effects on children and young people with existing mental disorders or other special needs [6,10].

There has been much written about the use of telemedicine by psychologists and psychiatrists to treat mental health problems during the pandemic [11–13], but little consideration has been given to the role of existing telephone and online counseling services that support children and young people with a range of problems, including mental ill health. Such services, often referred to as helplines, offer a range of benefits valued by children and young people such as no cost, privacy and/or anonymity, ease of access, and increased sense of control [14,15], and while limited, there is some evidence that helplines effectively reduce distress [16]. Children and young people often have limited access to psychological and psychiatric services owing to stigma, cost, and parental capacity to support access (e.g., mental health literacy, financial resources, knowledge of available services) [17,18]. Helplines are well-placed to respond to demand for support during the pandemic.

Kids Helpline, Australia's only national youth helpline, provides children and young people aged 5–25 years with free 24/7 information and counseling through the mediums of telephone, WebChat, and e-mail. Support options range from universal care for simple concerns (e.g., provision of information or referral, short term problem solving) to complex care for those with multiple presenting issues, complex mental ill health, or risk of harm to self or others (e.g., psychoeducation, ongoing counseling, risk of harm assessment). Counselors are degree-qualified in psychology, social work, counseling, or similar; have at least one year of experience when recruited; and receive comprehensive in-house training in Kids Helpline's service model and practice framework.

The aim of the present study was to examine children and young people's use of Kids Helpline from January 2017 to August 2020 with special focus on the potential impact of COVID-19. More specifically, our objectives were to analyze changes in (1) monthly and weekly reports of telephone, WebChat, and e-mail demand and response; (2) counseling contacts by age and gender; and (3) the frequency with which common concerns (mental health, family relationships, suicide and/or self-harm, and COVID-19) were raised during counseling contacts.

Methods

Data collection

Demand data. Demand data, which are automatically captured by Kids Helpline's contact-tracking system, represent the number of attempts to contact the service. Total telephone demand consists of the total number of times the Kids Helpline phone number was dialed. "Answerable demand" is calculated by subtracting "early dropouts" (who hang up during the 20-seconds privacy message) from total demand. All WebChat attempts are considered answerable regardless of how long the individual waits in the WebChat queue. E-mail demand is the total number of emails received that are not a continuation of an existing e-mail exchange.

Response data. The total number of responses per medium is also captured automatically by the Kids Helpline contact-tracking system. For phone and WebChat, the number of responses is always lower than the number of attempts as the service is unable to meet demand (response rates in 2019 were 48% for phone and 37% for WebChat). E-mail demand and response counts are equal as all e-mails are answered within seven days of receipt. For answered contacts, additional information such as demographics and the reason for contact is manually entered into a database by counselors. Owing to the confidential nature of the service, counselors do not specifically request demographic details for the purpose of data collection. Gender is either inferred based on the interaction or asked at an appropriate time. Age is generally disclosed by the young person as part of a counseling conversation or inferred through other indicators (e.g., school grade). For the present study, children and young people have been categorized as "children" aged 5–12 years, "teens" aged 13–17 years, and "young adults" aged 18–25 years.

Contact type is distinguished as either "counseling" or "information, referral, or other noncounseling support" (e.g., general questions, request for resources, nonconversational). Counseling contacts are coded by "concern" (e.g., mental health, bullying, suicide) using the Kids Helpline Concern Classification System [19]. Concerns reflect reasons for contact, that is, the issues the young person wished to discuss, not the counselor's perception of their most important problems. Counselors record up to four concerns per contact.

Ethics

The analysis was approved by the Human Research Ethics Committee of Griffith University (HREC 2020/505).

Statistical analysis

Time trends were analyzed using Joinpoint regression, which identifies time points where a statistically significant change in trend occurs. This approach was taken to avoid taking a predetermined cutoff point and allow the Joinpoint regression to identify relevant time points. Joinpoint provides an estimate of the (average) monthly or weekly percentage change. In our analyses, we refer to average montly percentage change (AMPC) when analyzing monthly counts of full trend and montly percentage change (MPC) for shorter segments of montly analyses and to average montly percentage change (AWPS) when

presenting weekly counts of full trend and weekly percentage change (WPC) for shorter segments of weekly analyses, with 95% confidence intervals (95% CIs). Joinpoint, version 4.8.0, was used.

We used monthly count data for analyses of demand and response by medium for January 2017 until August 2020 and weekly data of the first 35 weeks in 2017 and 2020 for more granular analysis. Monthly counts were also used to analyze time trends by gender and age groups and for frequent counseling concerns including mental health, family relationships, suicide and self-harm, and COVID-19–related concerns.

Results

Demand and response

Telephone. Monthly telephone demand (AMPC:-.2; 95% CI:-.9; .4; mean contacts per month (M):21,062) and telephone answerable demand (AMPC:-.2; 95% CI:-.3; 0; M: 15,124) showed a relatively stable trend between January 2017 and August 2020 (Figure 1 and Supplementary Table ST 1). No Joinpoints were identified for telephone answerable demand with some changes in telephone demand in 2017. Telephone response showed similar trend (AMPC:-.3; 95% CI: −1.8; 1.2; M: 8,124) including five Joinpoints, with the most recent showing a 3.5% monthly increase in response since September 2019 (95% CI: 2.5; 3.5).

Detailed weekly analyses of telephone demand and response in the first 35 weeks of 2020 and in three previous years (2017–2019) are presented in Supplementary Figure 1 and Supplementary Table 2. Weekly telephone demand showed four Joinpoints in 2020 with an increase from the first week until the 14th week (29 March to 4 April; WPC: .8; 95% CI:.1; 1.4) followed by short term fluctuations. Telephone answerable demand showed two Joinpoints in 2020 which were less pronounced. Telephone response showed an increase until the last week of June (WPC: 1.2; 95% CI: .8; 1.6) followed by a slight decline (WPC:-.9; 95% CI: −2.6; .7).

WebChat. Monthly WebChat demand showed an increase over the study period (AMPC: 2.8; 95% CI: 2.0, 3.6), which was 2.1% per month (95% CI: 1.6, 2.5; M: 8,809) between January 2017 and December 2019, growing to 6.2% in 2020 (95% CI: 2.2, 10.3; M: 15,698) (Figure 1 and Supplementary Table 1). Monthly WebChat response showed a constant increase of 1.5% between January 2017 and August 2020 without Joinpoints (95% CI:1.3, 1.7; M: 3,724). Weekly WebChat demand in 2020 (Supplementary Figure 2 and Supplementary Table 3) showed a similar increase to earlier years until week 11 (8 March to 14 March; WPC: 3.4; 95% CI: 2.1, 4.7). This was followed by a rapid increase from 3,427 contacts to 5,271 contacts per week by early April 2020 (WPC: 14.2; 95% CI: −2.5, 33.8); previous years 2018 and 2019 showed the opposite direction at the similar time period. From the beginning of April 2020, the trend started to decline until the second week of July (WPC: −2.5; 95% CI:-3.3, -1.8). There was another increase throughout July 2020 (WPC: 11.7; 95% CI: -4.6, 30.8) followed by some decline in August (WPC:−5.3; 95% CI:−12.5, 2.5). WebChat response reflected demand on a smaller level with a slight delay.

E-mail. Monthly e-mail demand/response was stable between January 2017 and February 2020 (MPC:-.2; 95% CI:-.5; .2), followed by a rapid increase between February and May 2020 (MPC: 20.9; 95% CI:−11.5; 65.2), and decline between May and August 2020 (MPC:-8.0; 95% CI:−21.3; 7.6) (Figure 1 and Supplementary Table 1). Weekly e-mail demand/response

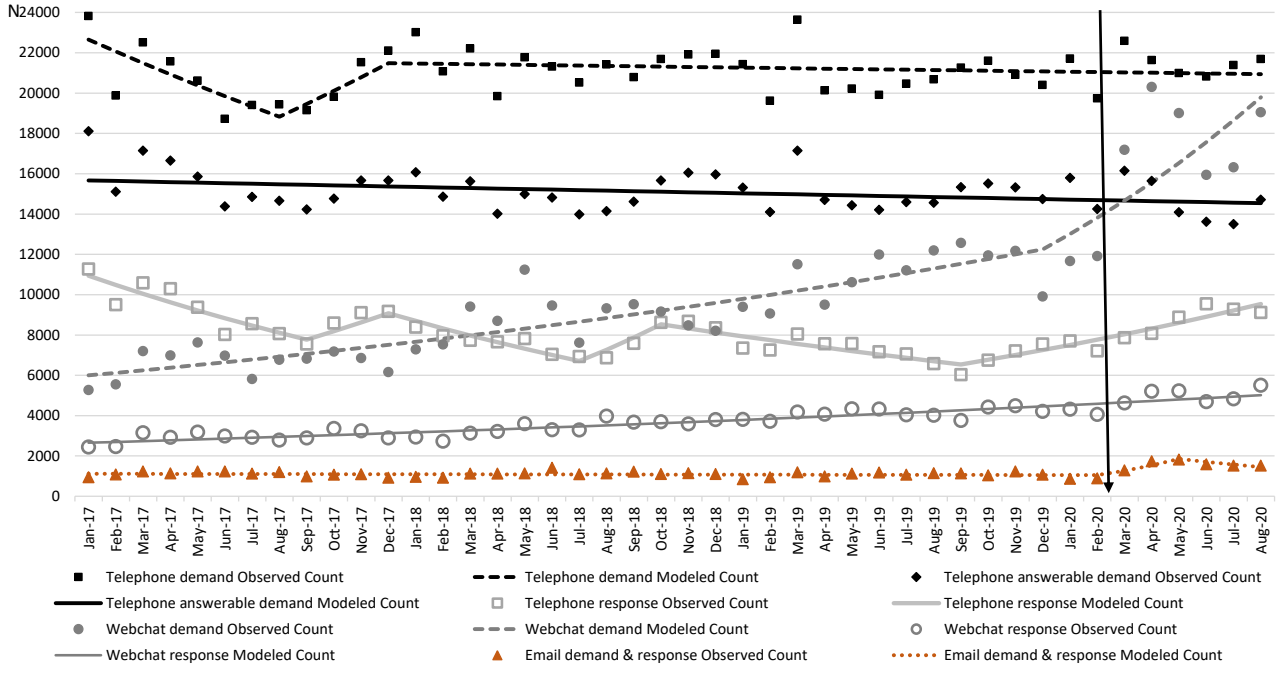


Figure 1. Monthly demand and response of the contacts to the KHL service by medium with Joinpoint trends (modeled count) from January 2017 to August 2020.

(Supplementary Figure 2 and Supplementary Table 3) showed an increase from the beginning of 2020 until the end of April (WPC: 5.6; 95% CI: 4.5, 6.8), followed by a decline (WPC: −1.8; 95% CI: −2.9, −.7).

Counseling contacts

Figure 2 presents total responses, broken into information/referral/other and counseling contacts. There was a monthly increase of .4% (95% CI: .2; .6) in counseling contacts between January 2017 and January 2020, followed by a monthly increase of 3.4% (95% CI:2.3; 7.0) between February and August 2020.

Age. Counseling contacts by age group showed a 1.1% (95% CI: .7; 1.5) monthly increase for children (5–12 years) between January 2017 and February 2020, growing to a 9.9% (95% CI: 3.5; 16.8) monthly increase since February 2020 (Figure 3 and Supplementary Table 4). For teens (13–17 years), who are the predominant Kids Helpline service users, counseling contacts showed a slight .2% (95% CI: 0; .4) monthly increase between January and November 2017, followed by a 3.5% (95% CI: 1.9; 5.2) monthly increase until August 2020. Counseling contacts by young adults showed more Joinpoints, with the trend finishing with a 2.5% (95% CI: 1.5; 3.6) monthly increase between September 2019 and August 2020 (Supplementary Table 4). Differences between age groups by medium show that teens were more likely to contact using WebChat, while children and young adults used telephone (Supplementary Figure 3).

Gender. Counseling contacts by gender (inferred by the counselor or stated by the young person) showed a .2% (95% CI: 0; .4) monthly increase for girls between January 2017 and January 2020, growing to a 4.5% (95% CI: 2.1; 6.9) monthly increase since January 2020 (Figure 4 and Supplementary Table 4). Counseling contacts for boys had more Joinpoints, the trend finished with a 3.9% (95% CI: 2.8; 5.0) monthly increase between September 2019 and August 2020 (Supplementary Table 4). There were no Joinpoints in the trends for transyouths and gender-diverse youths with a monthly increase of 1.4% (95% CI: 1.0; 1.8) over the study period. Gender differences by medium are presented in Supplementary Figure 4.

Concerns. The most prominent concern of counseling contacts was mental health, which showed .4% (95% CI: .2, .6) monthly increase until November 2019, followed by a more rapid 4.6% (95% CI: 3.1, 8.5) monthly increase (Figure 5 and Supplementary Table 4). Counseling contacts for suicide and/or self-harm–related concerns showed additional Joinpoints in 2017, with a 5.7% (95% CI: 3.1, 8.5) monthly increase since January 2020 (details in Supplementary Table 4). Counseling contacts for family relationships showed a .4% (95% CI: .1, .6) monthly increase until February 2020, followed by a rapid 13.7% (95% CI: −8.2, 40.7) monthly increase until May, followed by a decline (MPC: −2.5; 95% CI: 12.3, 8.4). Comparisons by medium showed that all concerns were most frequently presented over telephone (Supplementary Figure 5). An analysis of each concern as a percentage of all counseling contacts (Supplementary Figure 6) showed that there was no change in relationship problems prevalence over the study period (mean: 18.4%; AMPC: .1; 95% CI:-.1, .3). Prevalence of mental health concerns showed an increase from around 25% in December 2019 up to 30% in March 2020 (MPC: 4.4; 95% CI: −2.6, 11.9), followed by a decline to 27% (MPC: −1.8; 95% CI: −3.3, .3). The percentage of suicide and/or self-harm concerns was more than 20% in 2017 and 2018, declining to 17.8% from mid-2018 until August 2019 (MPC: −1.0; 95% CI:−1.3, −.6), before returning to 20% (MPC: 1.0; 95% CI: .5, 1.6) by August 2020.

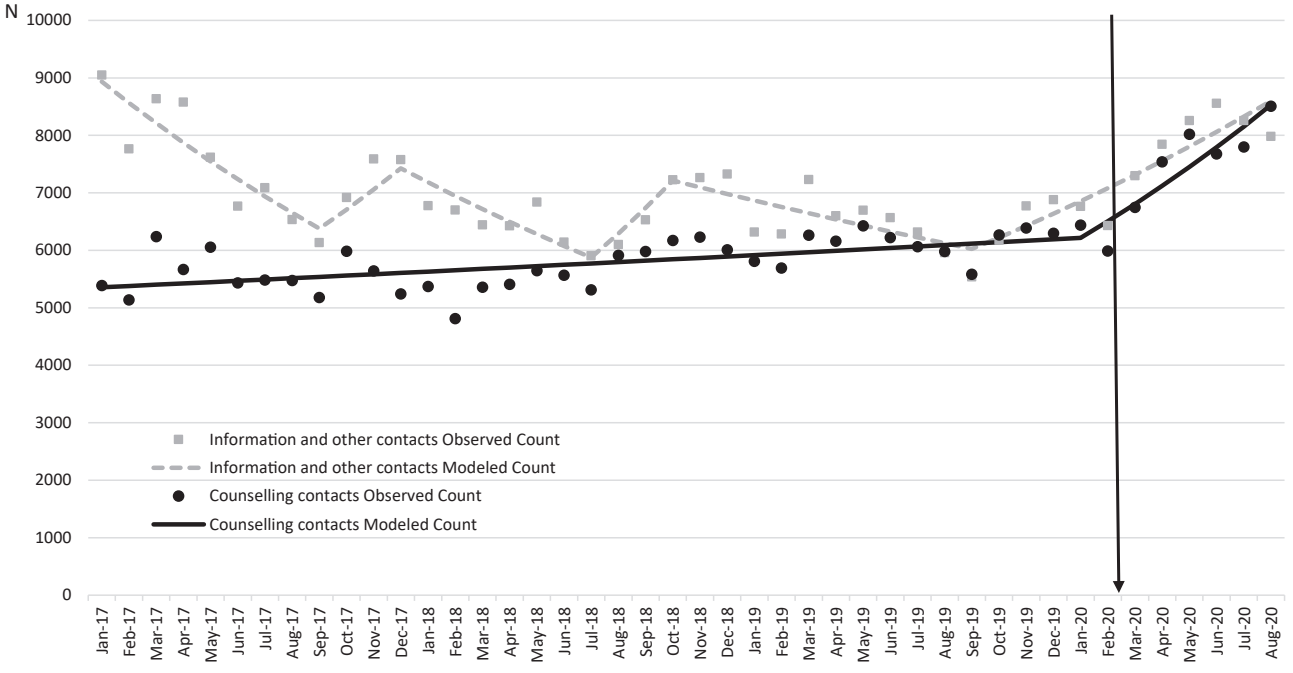


Figure 2. Total Information and other contacts and counseling contacts with Joinpoint trends (modeled count) per month (January 2017 to August 2020).

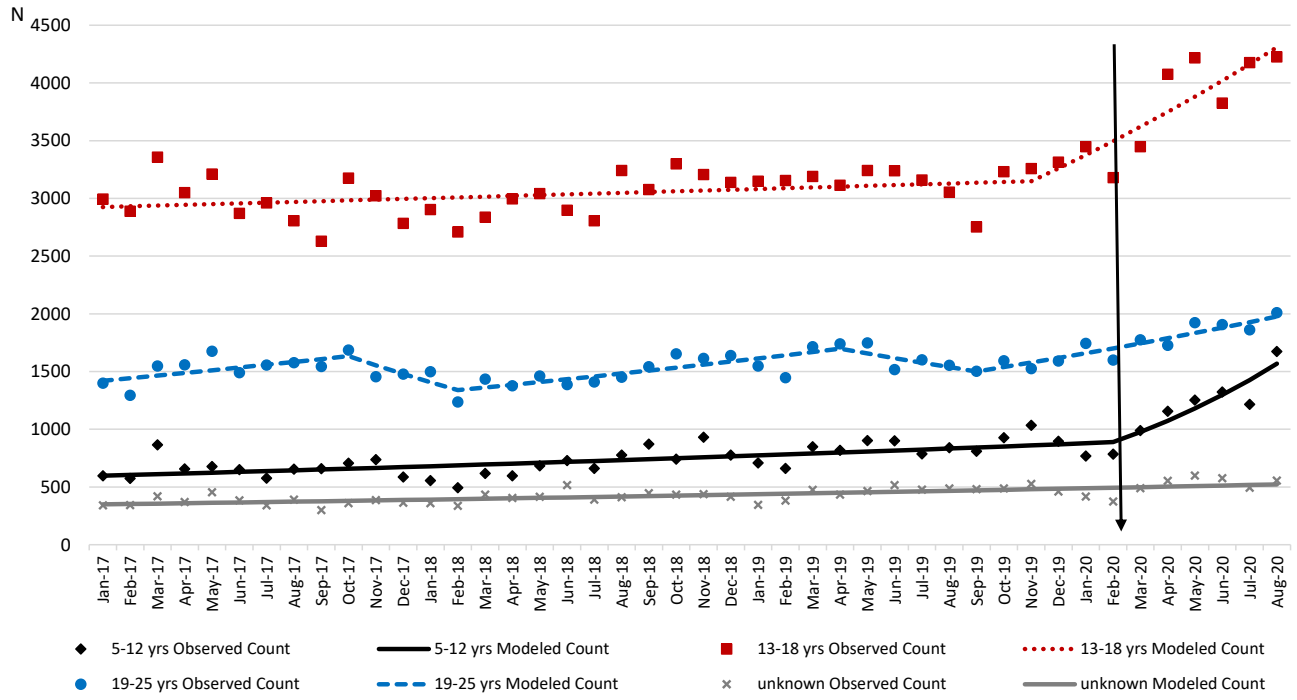


Figure 3. Numbers of monthly counseling contacts and Joinpoint trends (modeled count) by age groups (January 2017–August 2020).

Analyses of COVID-19–related counseling contacts showed a rapid increase from February to April 2020, followed by a decline (Figure 5). In April 2020, the number of COVID-related contacts was higher than the number of mental health contacts (2,313 and 2,261, respectively). A more granular weekly analysis of 2020 showed a rapid increase throughout March followed by a smooth increase in April and a drop from May until the end of June (Supplementary Figure 7). A new increase occurred from July until mid-August, with the trend showing a drop in the last week of August.

Discussion

In this study, we analyzed data about the demand for and response of Kids Helpline between 1 January and 31 August 2020 and use of Kids Helpline between 1 January 2017 and 31 August

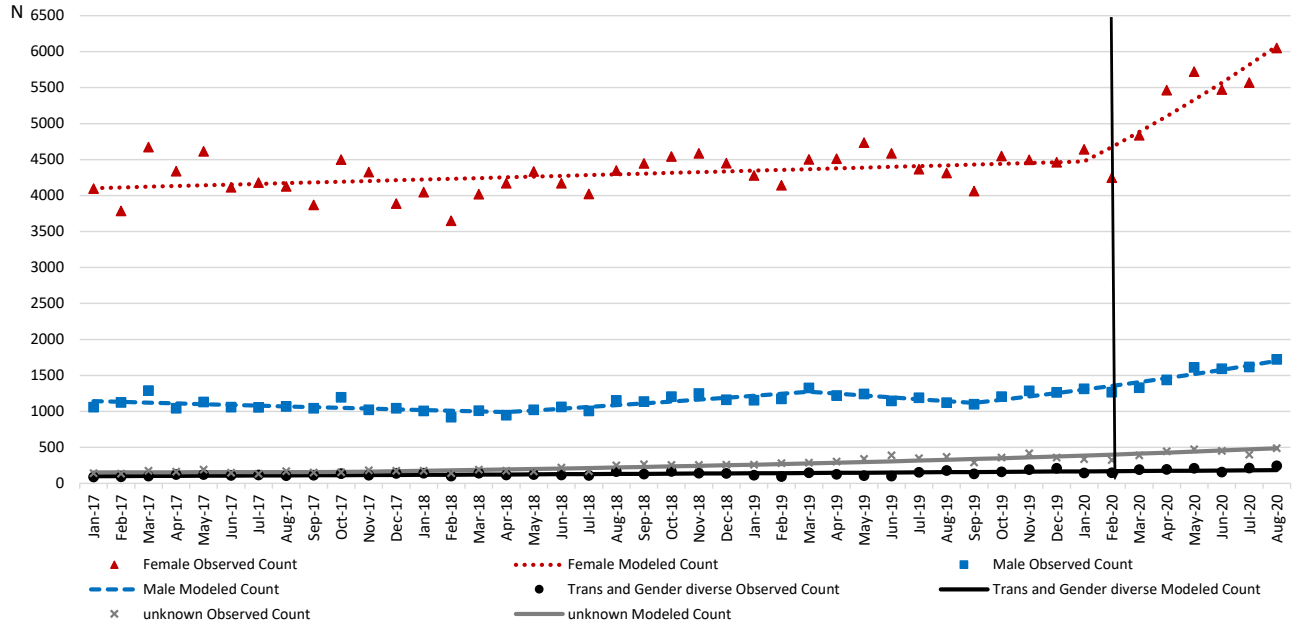
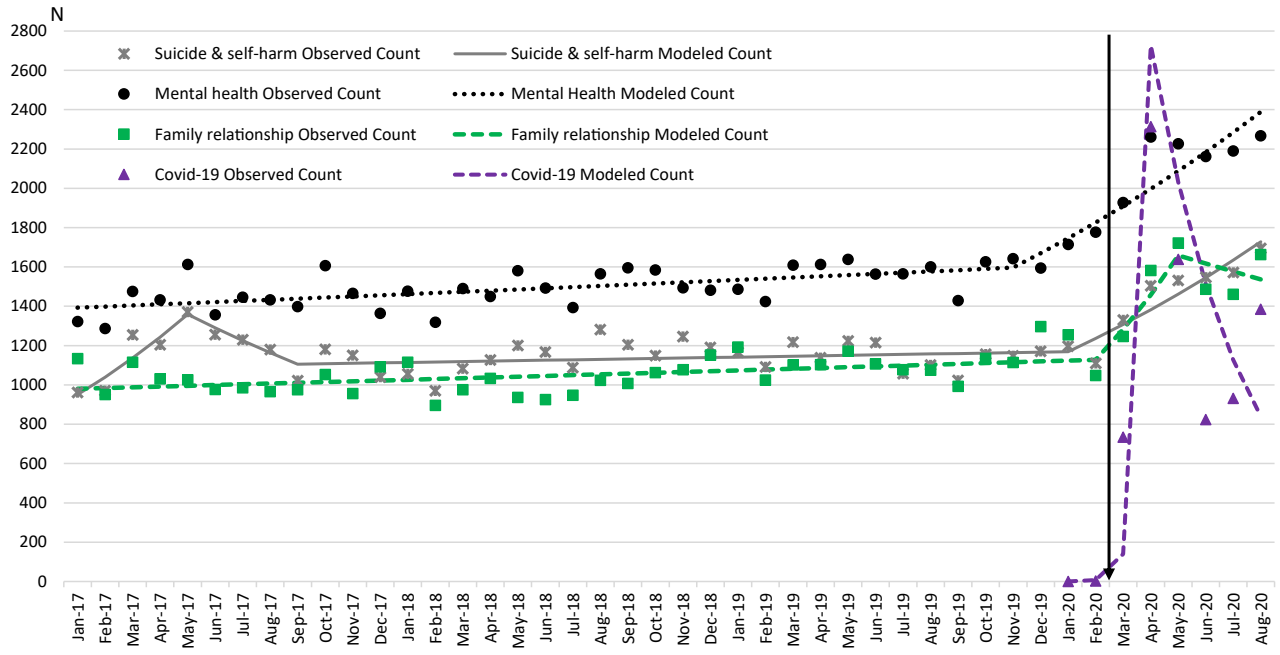


Figure 4. Numbers of monthly counseling contacts and Joinpoint trends (modeled count) by gender (January 2017–August 2020).



*up to 4 concerns per contact are recorded

Figure 5. Numbers of monthly counseling contacts* and Joinpoint trends (modeled count) for (1) suicide and self-harm, (2) mental health, ([3])) family relationship, and (4) COVID-19 concerns (January 2017–August 2020).

2020. Analyses showed an increase in demand when the pandemic was declared, followed by a gradual decline, a second rise when parts of Australia experienced a second wave of infections, and then another decline. Kids Helpline was unable to meet demand, which was almost entirely in the WebChat medium. Contact numbers increased across all common concerns, with mental health contacts also increasing as a proportion of total contacts. Concerns related to COVID-19 were the most common reason for contact for the month of April 2020.

Changes in demand for Kids Helpline during 2020 seemed to align with changes in the severity of the pandemic in Australia. It is likely that this pattern reflects a combination of negative emotional and psychological effects of the pandemic on some children and young people and difficulty accessing natural supports (e.g., friends) and face-to-face services as a result of pandemic restrictions on movement and social distancing requirements. Whether emotional and psychological effects of the pandemic will be short lived or whether they will contribute to development or exacerbation of mental disorders is unknown [20]. Research on emergencies and disasters suggests that some children and young people will develop severe psychopathology [21], while a recent rapid review found that social isolation and loneliness contribute to adverse mental health outcomes that may be long lasting for some young people [22]. Research on previous pandemics (e.g., SARS) was typically with adults and involved shorter lockdown periods [23]. While anxiety about the disease itself or stress associated with families being confined to home for extended periods are likely to resolve as the situational factors themselves resolve, effects on mental health may be longer lasting and the economic impact of the pandemic will have ongoing effects for many families.

Early intervention is crucial [24] but can only be provided if young people are identified as needing support. Consistent with previous research about mental health help-seeking by young males [20,21], the increased use of Kids Helpline was largely by women. Our data do not explain why men sought help less, but they suggest that women may be more flexible in their choice of help-seeking method; while women increased their use of both phone and WebChat, men continued to prefer phone. Increased use of Kids Helpline also varied by age, which may reflect different effects of the pandemic on different age groups (e.g., school closures for children and adolescents and job losses for young adults), differences in social, emotional and cognitive development, or something else.

Increased help-seeking to Kids Helpline was almost entirely in the WebChat modality, which is consistent with previous research reporting that young people identify privacy and anonymity as a key advantage of text-based counseling [25,26]. As schools closed and parents worked from home during the pandemic, opportunities for private phone conversations were limited, whereas text-based interactions are more easily kept private. Many clinical providers have offered remote phone and video services during the pandemic [27], and the continued expansion of telehealth services has been recommended in Australia [28]. This may offer advantages for some (e.g., making it easier for caregivers to engage in their child's treatment) [29], but the use of phone and video may raise privacy concerns for young people concerned that family may overhear personal information. As this could potentially affect treatment quality and effectiveness, research is needed to inform recommendations about the continued encouragement of telemedicine when the pandemic ends [11]; a novel approach that worked well during

the pandemic crisis will not necessarily be as effective once the crisis is over [21].

Ougrin et al. reported that psychiatric admissions for young people in England were at the lowest level on record during March and April 2020, that psychiatric and self-harm presentations to accident and emergency decreased substantially in most countries and that this is likely due to both a true reduction in incidence and reduced help-seeking. In contrast, the UK ChildLine reported "unprecedented" demand [30], while Italy's child and adolescent helpline recorded a 30%–40% increase in suicide and self-harm contacts during lockdown [31]. This, as well as our own demand data, suggests that young people may be avoiding hospitals owing either to concern about contracting the virus or a desire not to burden a hospital system dealing with a pandemic. Instead, they may be turning to alternative services that are more easily accessible during the pandemic, namely online and telephone counseling. Regardless, determining ways to identify and support children and young people during times of limited access to face-to-face services and natural supports such as school and peers is crucial.

Limitations

Several limitations of the data should be considered. Kids Helpline records of demand and response are based on "contacts" rather than "individuals." Thus, both demand and response trends reflect multiple attempts/contacts from some individuals and raw demand data can be inflated by individuals making multiple attempts without waiting for a response. However, because system data over the past three years have been recorded using the same method, the changes in trends likely reflect actual demand fluctuations. Owing to the confidential nature of support provision, Kids Helpline does not collect complete demographic data, contributing to missing information, and potentially introducing bias. Finally, the increase in the raw number of answered contacts reflects Kids Helpline increasing staffing in response to increased demand. Regardless, the proportional changes in help-seeking (Supplementary Figure 4) reflect the increase in mental health concerns raised by children and young people.

Implications

Research into different modalities of helpline service provision is urgently needed; questions such as whether phone and WebChat are equally effective or whether staff need different skillsets and training to deliver each modality are underresearched [32], despite strong evidence of children and young people increasingly preferring text-based services [15]. Counselor education and training is traditionally in verbal interaction and Kids Helpline requires new counselors to spend three months responding to phone before transitioning to WebChat. Hence, even with additional funding, the time required recruiting and training new staff prevents the service adapting rapidly to increased WebChat demand. Exacerbating the challenge, WebChat is a more resource intensive modality than phone; in 2018, a Kids Helpline WebChat contact was 53 minutes on average compared with 31 minutes for a phone contact [33]. Research has potentially important benefits for helplines by informing training in different modalities, improving the efficiency of routine service delivery, and enhancing helplines' capacity for agility during times of rapid change in the preferences of service users.

When the pandemic ends, it will be important for research to distinguish children and young people who experienced mild or short-lived effects on mental health from those who developed a psychiatric disorder or had an existing disorder that was exacerbated by the pandemic [20]. Until such time as we are able to accurately predict who will require clinical treatment, helplines, which are universally available to respond to any young person, should be strengthened to ensure they are able to provide an effective response to those contacting with complex needs and/or psychopathology. Many helplines are staffed by trained volunteers. Kids Helpline employs professional counselors, but even these professionals are not trained to treat severe mental illness. Helplines could consider the addition of more highly qualified specialists to their workforce, but this model would increase cost and complexity. Developing systems that enable and encourage online/phone and face-to-face services working with the same individual (e.g., a helpline and a psychiatrist) to provide integrated support may be a more cost-effective option. Given the additional costs associated with complex need and the growing popularity of WebChat counseling, funders, and service providers must also investigate ways to implement sustainable funding models that will enable helplines to better meet both unexpected and routine changes in demand in the future.

Conclusion

In Australia, the COVID-19 pandemic saw a significant and rapid increase in demand for Kids Helpline, with the virus itself, mental health, suicide and self-harm, and relationships being common reasons for contact. Notably, children and young people demonstrated a distinct preference for WebChat in comparison with phone. Given children and young people's growing preference for text-based counseling, research to understand who and how uses helplines and the effectiveness of different mediums is critical.

Supplementary data

Supplementary data related to this article can be found at https://doi.org/10.1016/j.jadohealth.2021.03.015.

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