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The Fourth Wave: Child and Family Health and Well-being during the COVID-19 pandemic

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McMaster University
Offord Centre for Child Studies



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DISCLOSURES

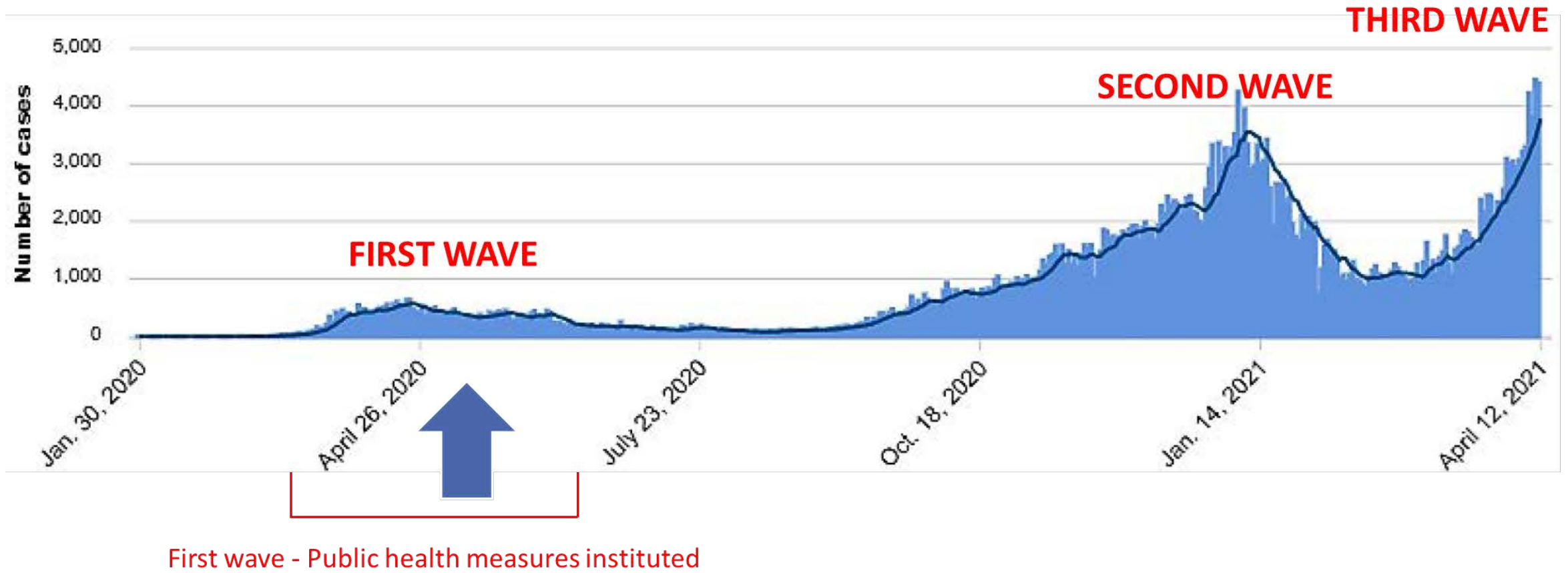
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Global Pandemic

- COVID-19 represents an unprecedented time in our history with need for data about impact and implications more broadly, but also for how the pandemic is affecting families and children



Number of COVID-19 cases: All Ontario





WE WANT TO HEAR FROM YOU ...

DO YOU HAVE CHILDREN AGED 0-17 YEARS? HOW ARE YOUR AND YOUR FAMILY COPING DURING THE COVID-19 PANDEMIC?

ONTARIO PARENT SURVEY.CA

WE WANT TO HEAR FROM YOU ...

ONTARIO PARENT SURVEY.CA

DO YOU HAVE CHILDREN AGED 0-17 YEARS? HOW ARE YOU AND YOUR FAMILY COPING WITH THE COVID-19 PANDEMIC? PARTICIPATE IN OUR SURVEY.



WE WANT TO HEAR FROM YOU ...

Ontario Parent Survey.ca

How are you and your family coping with COVID-19? Tell us your story.



WE WANT TO HEAR FROM YOU ...

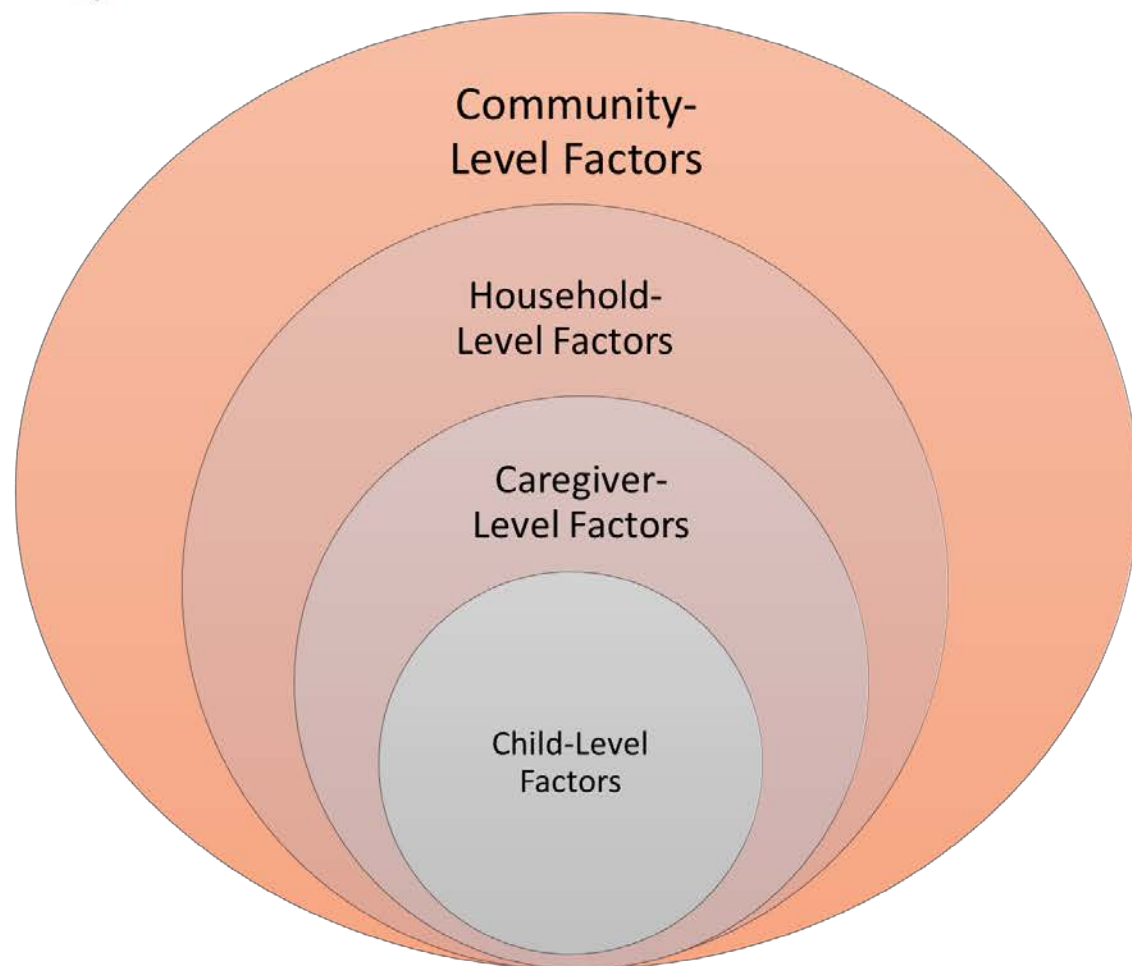
ONTARIO PARENT SURVEY.CA

Do you have children aged 0-17 years? How are you and your family coping during the COVID-19 pandemic?





Ontario Parent Survey



- Postal code information which could be matched with material deprivation index or with geographic region
- Household composition; employment (impact of COVID-19 on employment) and education
- Mental health; parenting; family functioning; partner conflict; alcohol and cannabis use
- Child socioemotional functioning and changes in child functioning since COVID-19 stay-at-home measures

A light blue map of Ontario is the central focus. A thick teal brushstroke is drawn across the upper part of the map. A vertical dotted orange line with circular endpoints at the top and bottom connects the text 'Representing 14,000 children across Ontario' to a text box at the bottom. The text '7,434 Caregivers/Parents participated.' is positioned above the brushstroke. The word 'Ontario' is written in a teal script font to the right of the map.

7,434

Caregivers/Parents
participated.

Representing **14,000**
children across

Ontario

The purpose of this report is to
provide a snapshot of the experiences
of Ontario families during the initial
phase of the lockdown.

Sample demographics

- 93.6% female
- Marital status
 - 86.4% married/common-law
 - 6.1% single parents
 - 7.6% divorced/separated/widowed
- 88.8% identified 'North American/European' ethnicity
- 52.1% university degree
- 64.9% employed full-time



COVID-19 negatively impacted caregiver's mental health



37.5% of caregivers reported an increase in alcohol intake

57%
of caregivers had elevated depressive symptoms.

Anxiety Level	Percentage
None / minimal	37.9%
Mild	32.6%
Moderate	17.3%
Severe	12.3%

1 out of 3 caregivers reported moderate to high levels of anxiety.

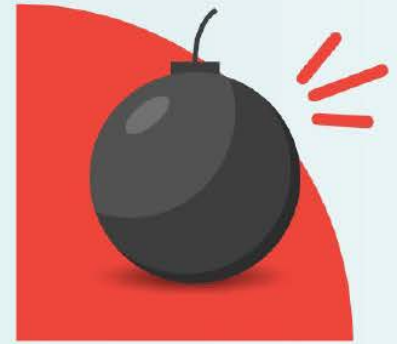
COVID-19 has affected family functioning.



49%

reported a high level
of conflict with their
partner/spouse.

One quarter reported
having exploded at
their partner/spouse.



Parents/caregivers reported moderate to high levels of concern for:



48%

Managing their children's remote learning.



54%

Managing their children's screen time.



48%

Managing their child's anxiety and stress.



31%

Managing their child's behaviour.



48%

Managing household routines, organization and meals.

Caregivers struggled with discipline strategies and experienced challenges in caregiving

A third of parents reported higher levels of raising their voice or yelling when a child misbehaved

21% indicated getting frustrated or angry enough that their child could see they were upset

Almost 40% indicated being picky or 'one their child's back' when stressed or upset

21% indicated getting into long arguments with their child due to misbehaviour



Factors associated with harsher parenting practices



- Higher caregiving responsibilities during pandemic
 - Lower education
 - Greater number of children
 - Greater frequency of alcohol consumption
 - Partner conflict
 - Higher levels of depressive symptoms
 - Higher levels of anxiety symptoms
-
- Reports of positive experiences during the pandemic and positive reports regarding child functioning were both related to lower harsher parenting scores
- * Controlling for caregiver sex and age, employment status

COVID-19 Pregnancy Well-being Study

First Trimester: 74
Second Trimester: 137
Third Trimester: 93

304 Pregnant
75 PARTNERS



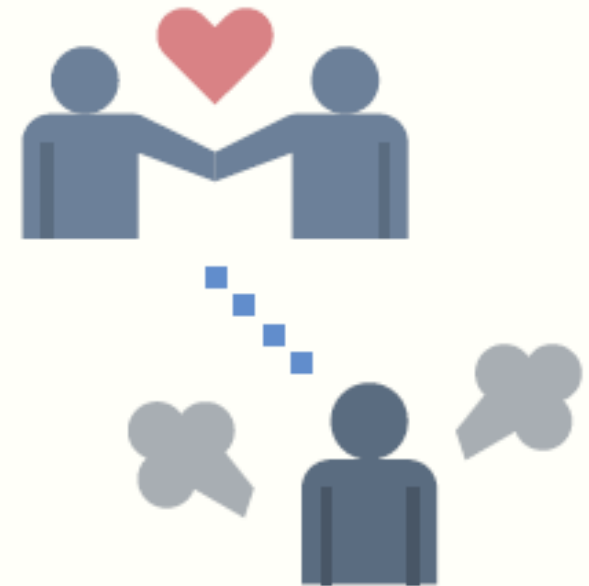
Pregnant women are experiencing a **range of stressors** as a result of the COVID-19 pandemic, including:



Financial difficulties

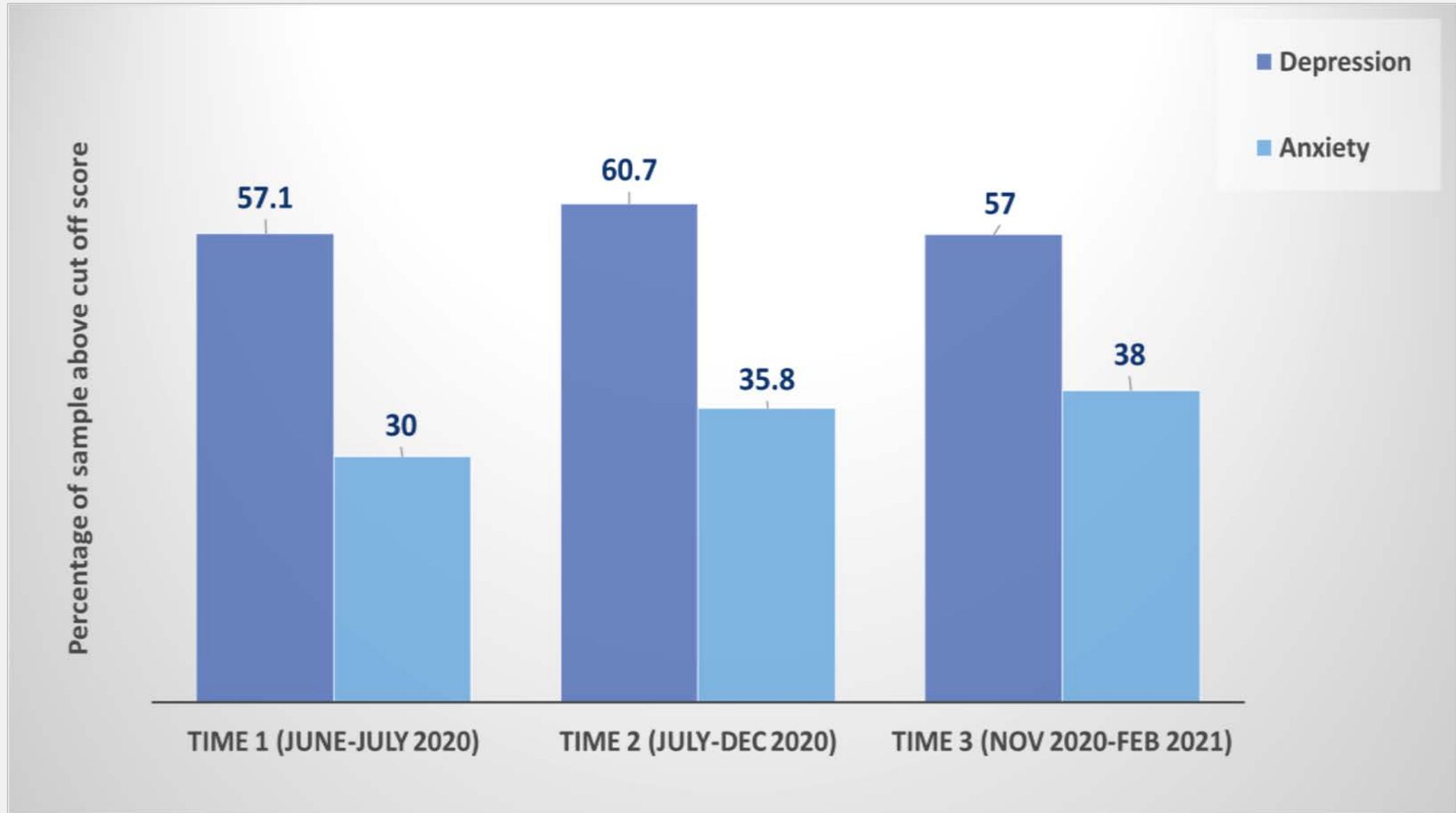


Less social contact



Relationship stress

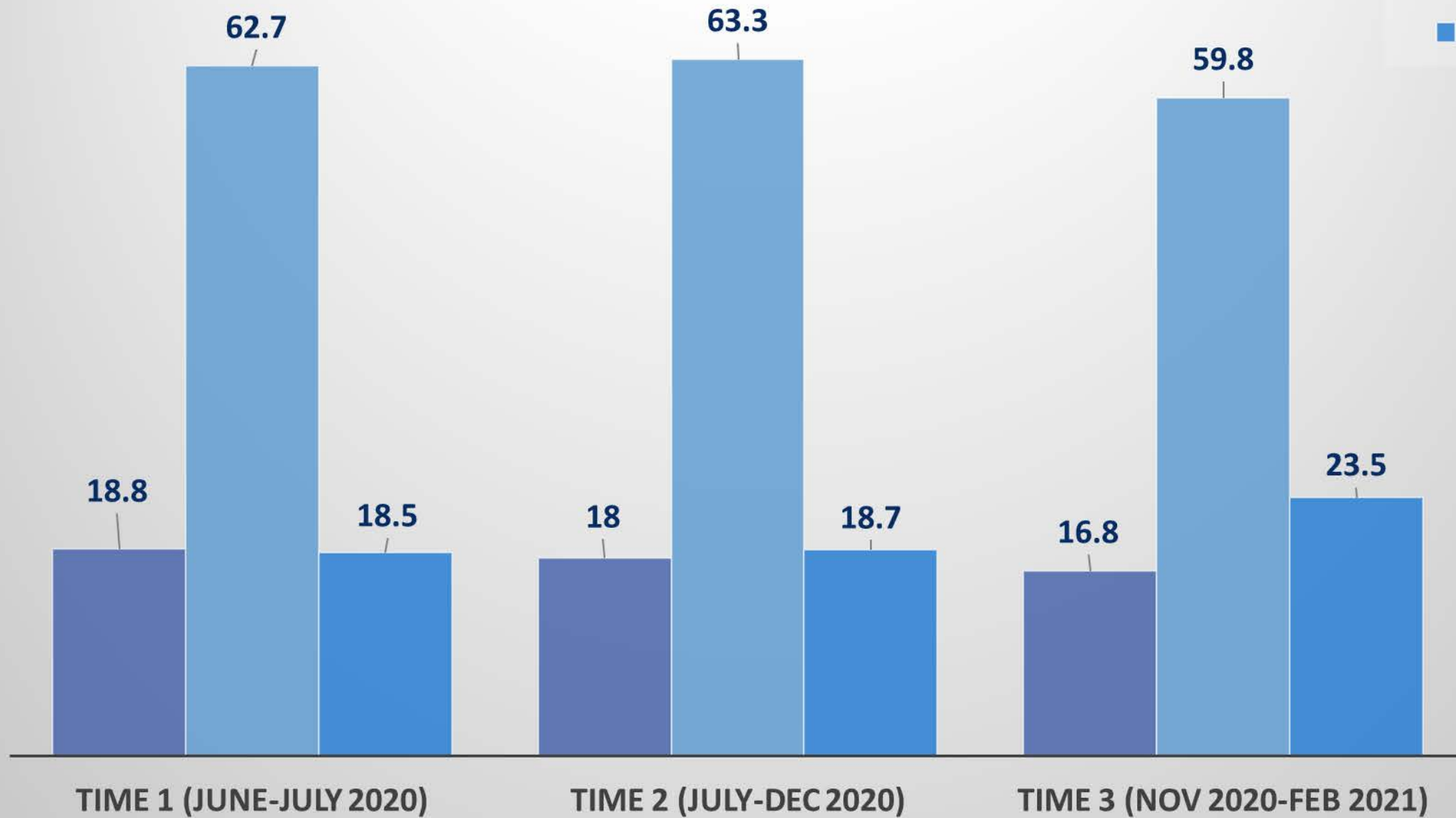
Pregnant and postpartum women are experiencing consistently elevated mental health symptoms



Level of Perceived Stress

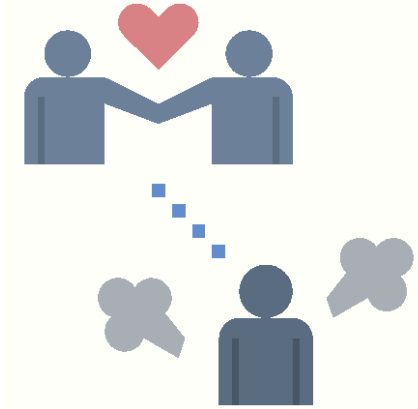
- Low
- Moderate
- High

Percentage of the sample





Financial difficulties



Relationship conflict



Social isolation



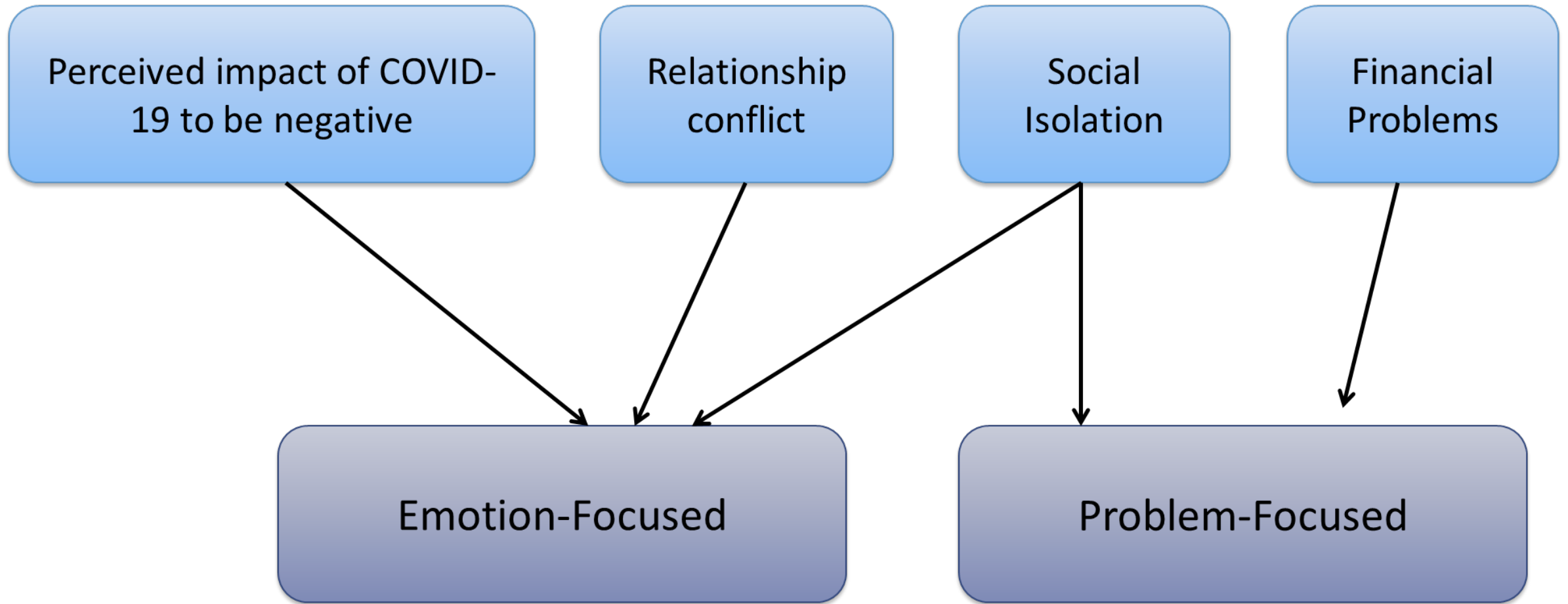
Health concerns



mental
health



Perception of COVID and the specific stressors experienced determine which strategies might be most helpful



STRESSED OUT PARENTS = STRESSED OUT CHILDREN



HEALTHY STRESS MANAGEMENT STRATEGIES

Get organized
(have a routine)

Read a book you
like

Meditate

Talk to a
supportive adult
or friend or
counselor

Practice
mindfulness

Exercise
Go outside

Eat healthy, get
enough sleep

Write in a
journal

Implications and potential ways to reduce negative secondary effects of COVID-19

Identify	Identify, develop and disseminate evidence-based resources related it
Develop	Develop preventive public health messaging
Monitor	Monitor psychosocial needs
Link	Link to resources about stress management and coping
Refer	Refer people to social and mental health assistance when needed

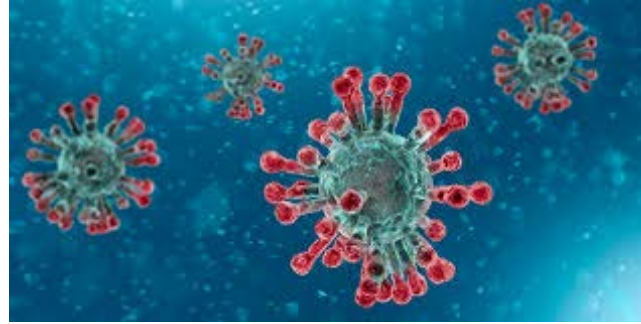
Thank you!
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SickKids[®]

Changing Childhoods: The impact of the COVID-19 pandemic on children's mental health

Jennifer Crosbie, Ph.D., C.Psych. Dept of Psychiatry, SickKids Research Institute and University of Toronto



Outline

1. Impact of the COVID pandemic on children's mental health
2. Factors associated with mental health outcome in children
3. Risk and resilience factors on the course of depression
4. Impact of pre-existing vulnerabilities on material deprivation, stress due to COVID-19, and parent and child mental health
5. Impact of service loss on children's mental health
6. Child screen time and mental health outcomes during COVID-19

COVID Mental Health Team



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Ontario
Ministry of Health



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UNIVERSITY OF TORONTO

SickKids®

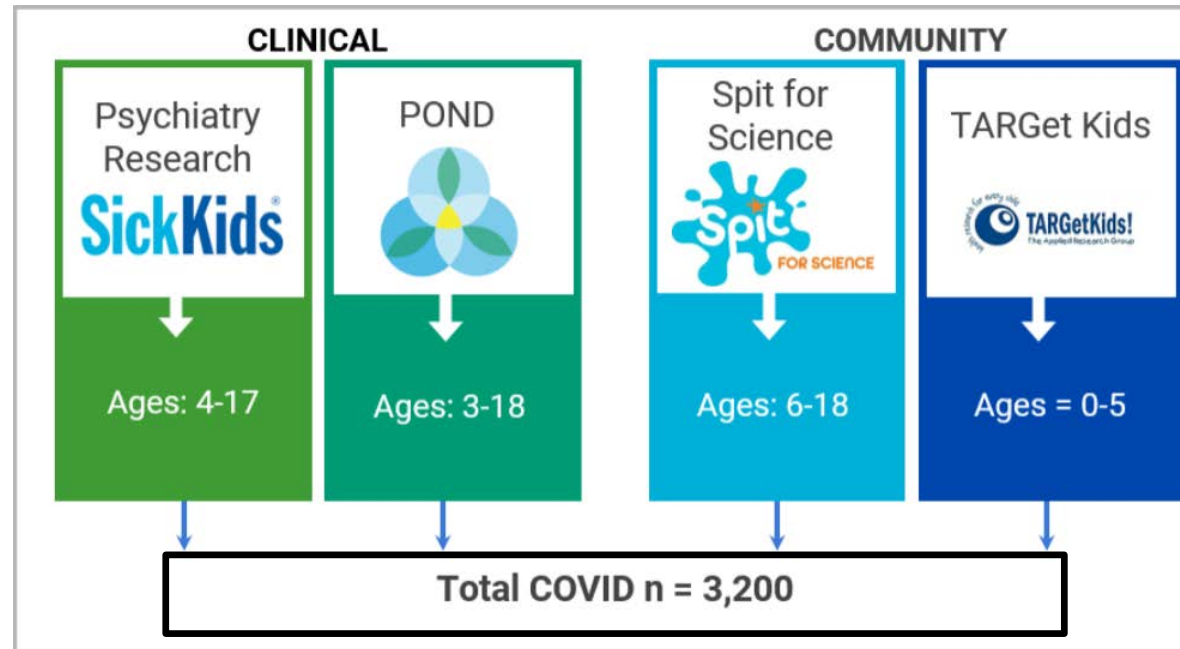
Centre for Brain
& Mental Health



The Edwin S. H. Leong Centre for Healthy Children
UNIVERSITY OF TORONTO

Real-Time Monitoring of Mental Health Impact of COVID-19 on Canadian Children, Youth and Families

4 Cohorts, 1 Goal!



Participant Characteristics (n=2705)



Age:

Average: 9.46 years

Range: 2 - 18 years



Ethnicity/Ancestry:

61.9% European



Income:

63%
≥ \$80,000 /year



Sex at birth:

55% male



Mental Health:

33.5%
previous psychiatric
diagnosis



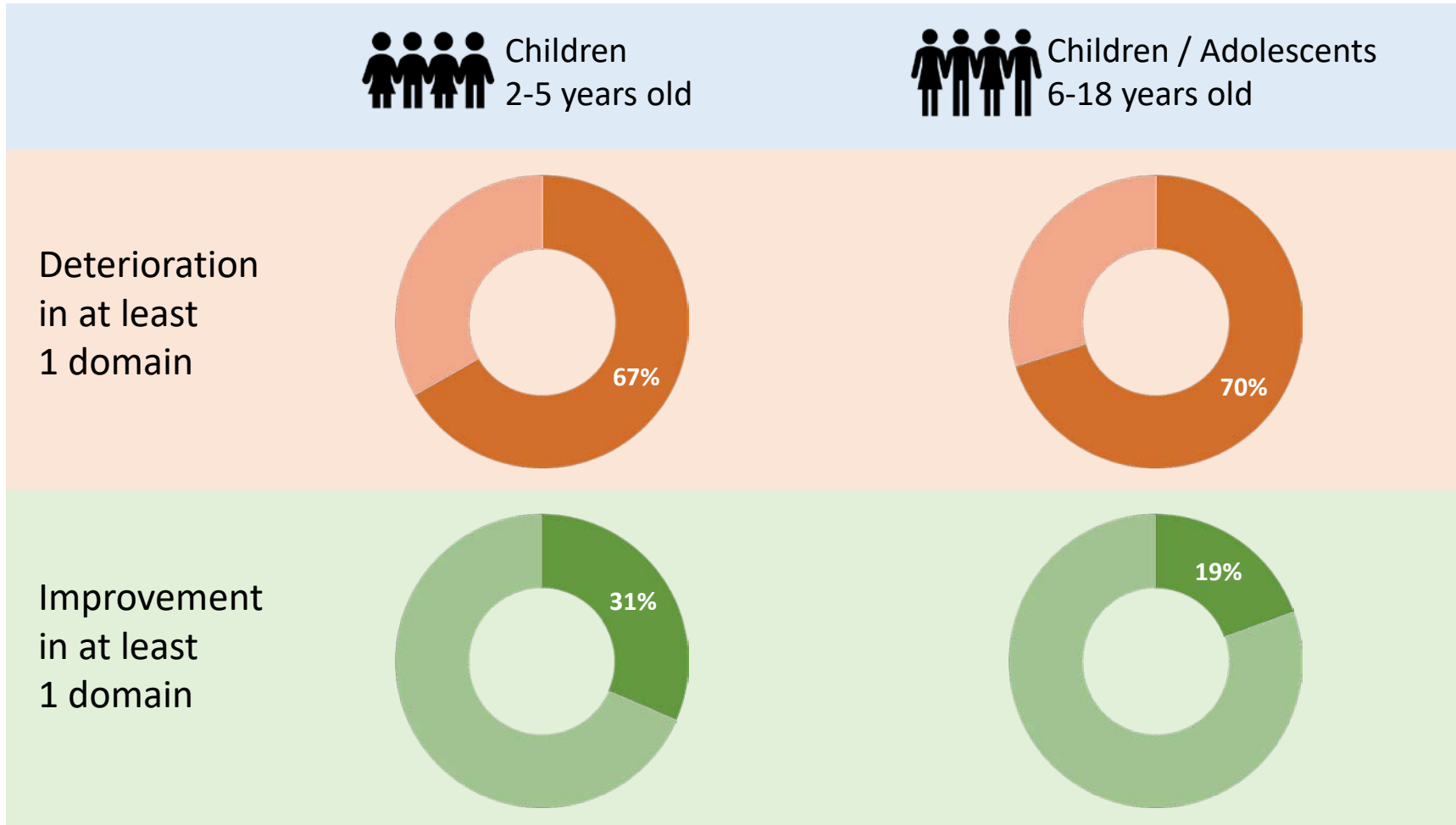
COVID-19:

3.5% exposed

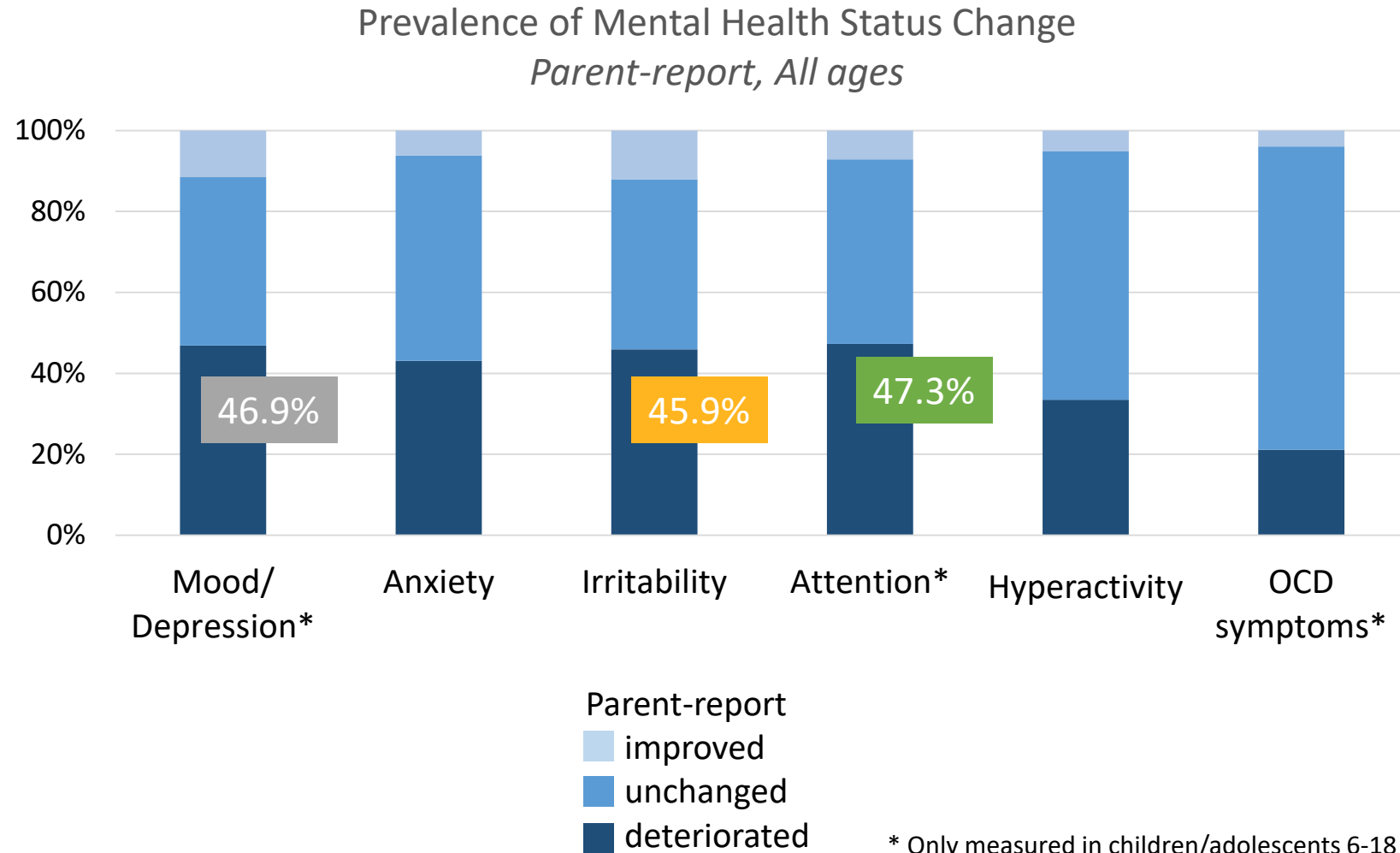
Q1: What is the impact of the COVID pandemic on children's MH?

Wave 1 (May-June 2020): Change in *any* MH domain vs Pre-COVID

Domains: Depression, anxiety, irritability, attention, hyperactivity, OCD-symptoms

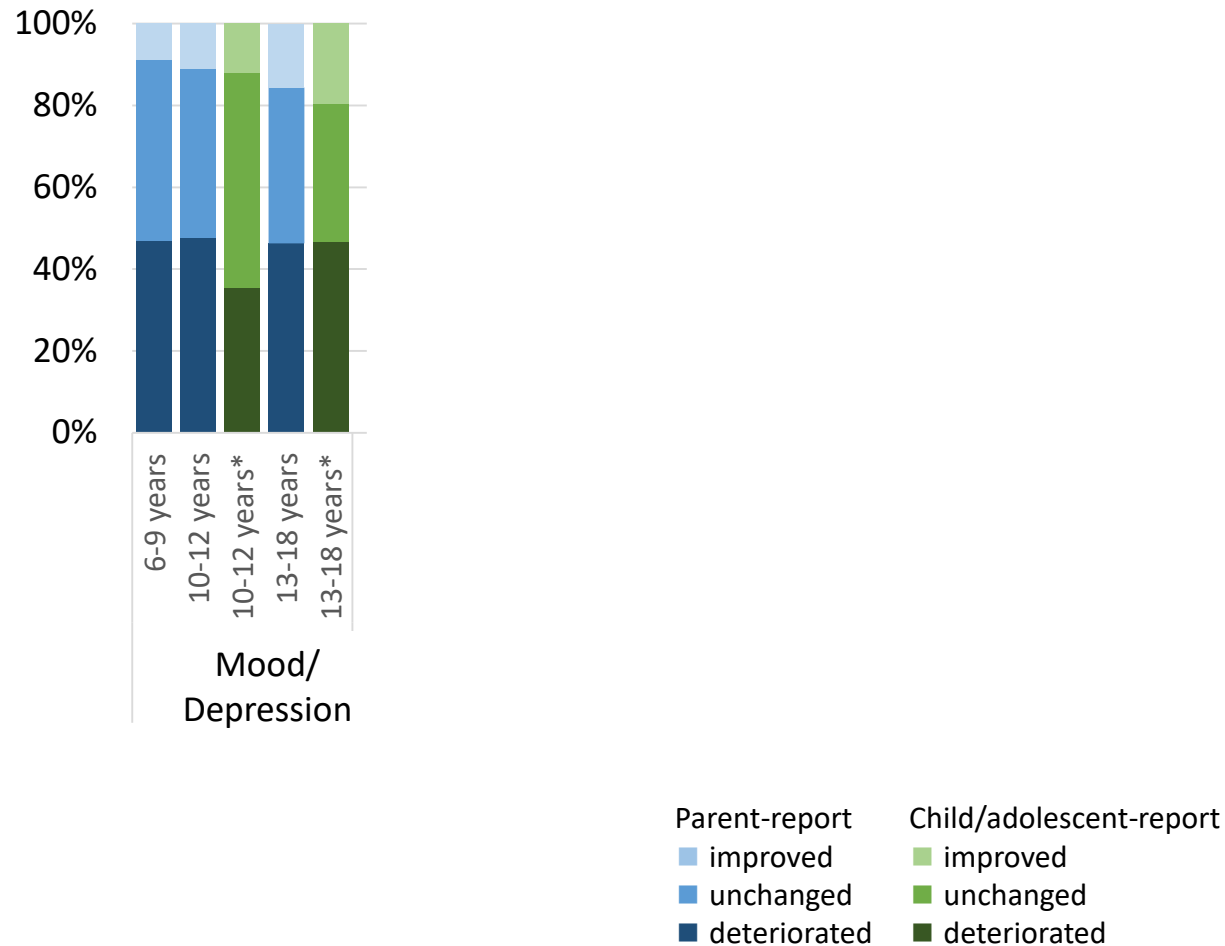


Change in all MH Domains : Wave 1 (n=1,013)



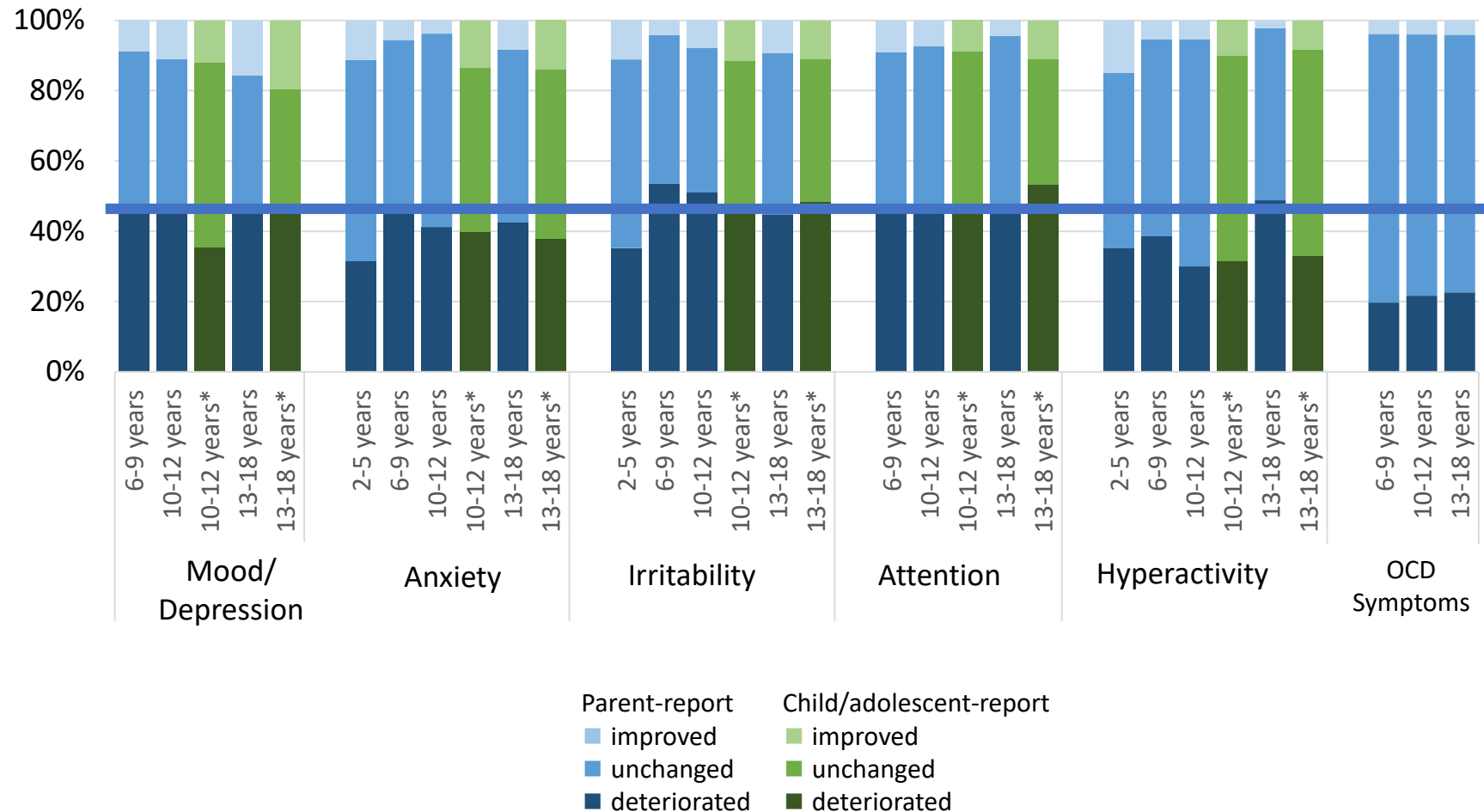
Change in MH Domains by Age: Wave 1 (n=1,013)

Prevalence of Mental Health Status Change by Domain
by Age Group and by Informant



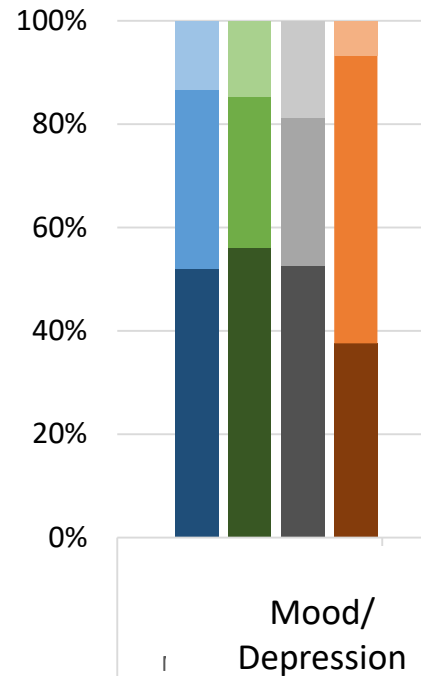
Change in MH Domains by Age: Wave 1 (n=1,013)

Prevalence of Mental Health Status Change by Domain
by Age Group and by Informant



Change in Domain by Diagnosis

Prevalence of Mental Health Status Change
by pre-COVID Psychiatric Diagnosis Group



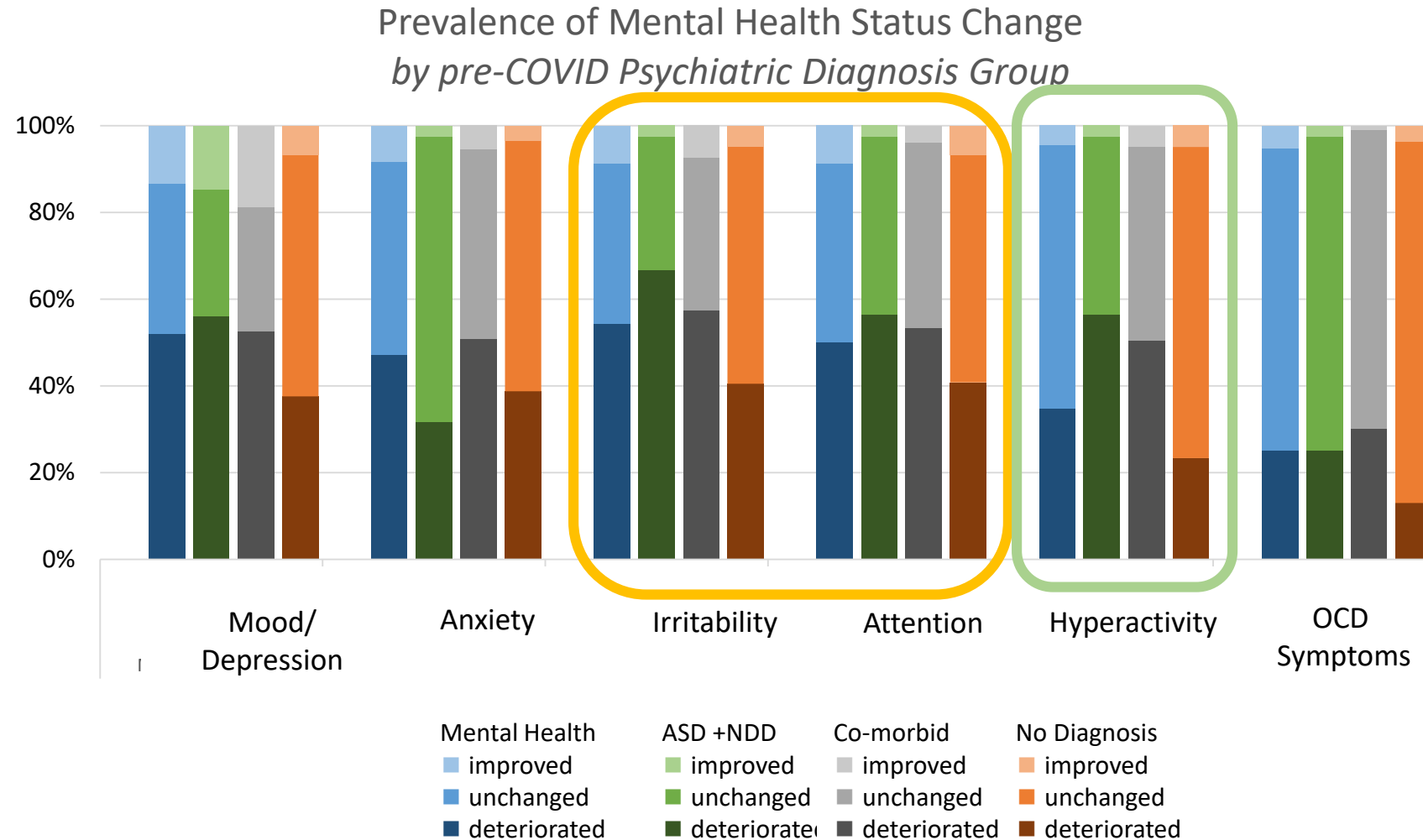
Mental Health
improved
unchanged
deteriorated

ASD +NDD
improved
unchanged
deteriorated

Co-morbid
improved
unchanged
deteriorated

No Diagnosis
improved
unchanged
deteriorated

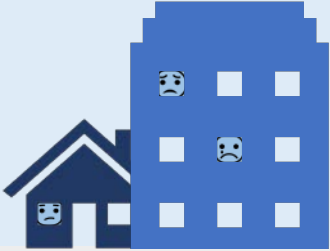
Change in Domain by Diagnosis



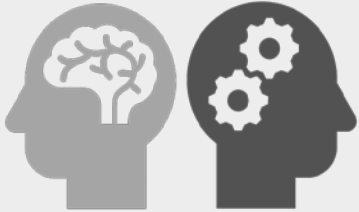
Q2: What is impacting pandemic-related changes in children's mental health?

Wave 1 (May-June 2020): Deterioration or Improvement


Controlling for: Household income, sex, age, race/ethnicity, prior psychiatric diagnosis



- **Stress from social isolation**
 - Associated with *deterioration* in all domains (all ORs 11.1 – 55.2)



- **Pre-COVID psychiatric diagnosis**
 - Associated with both *improvement* and *deterioration* in depression, irritability (ORs 1.96-2.23)
 - Associated with *deterioration* in hyperactivity, OCD symptoms (ORs 1.96, 2.23)
 - Associated with *improvement* in anxiety (OR 2.42)



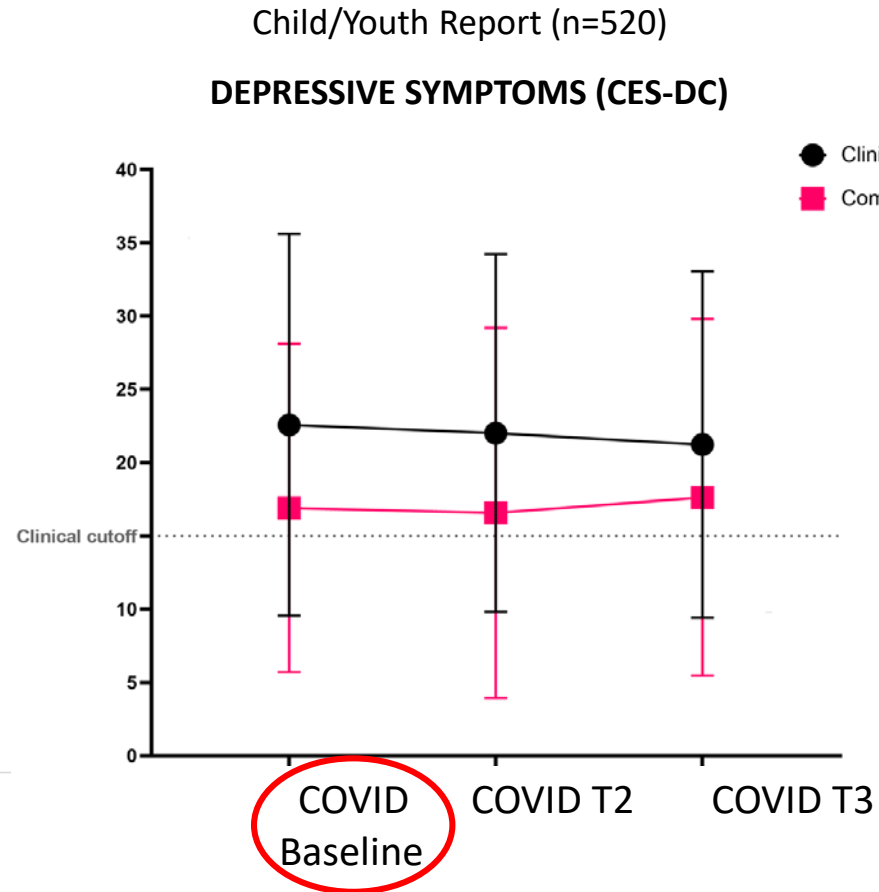
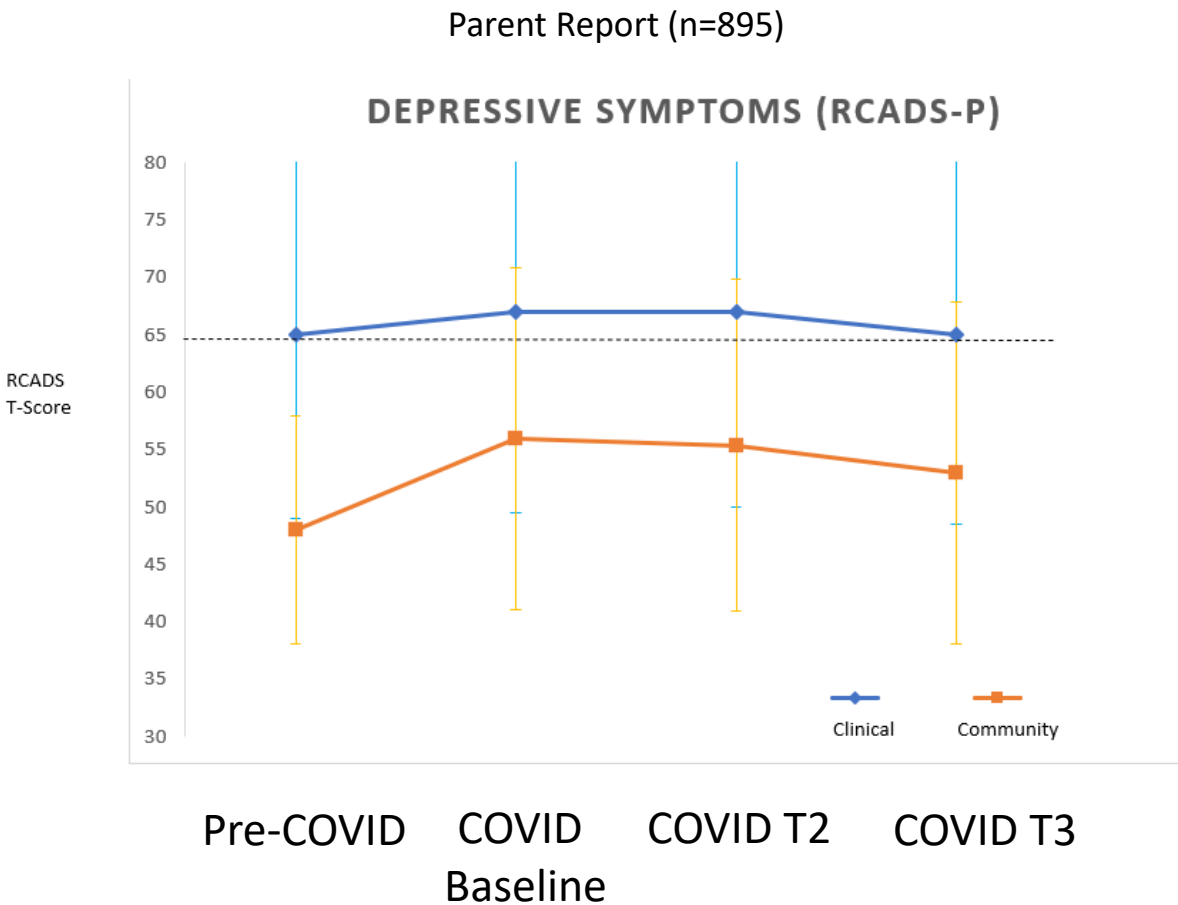
- **Greater COVID economic concerns**
 - Associated with *improvement* in anxiety, attention, OCD symptoms (ORs 3.97-5.57)

Q3: What is the impact of risk and resilience factors on the course of depression?

Wave 1 (May-Sept 2020): COVID-19 exposure, family economic impact, social isolation, access to in- and out- of school services, past MH diagnosis, sex, age, race/ethnicity



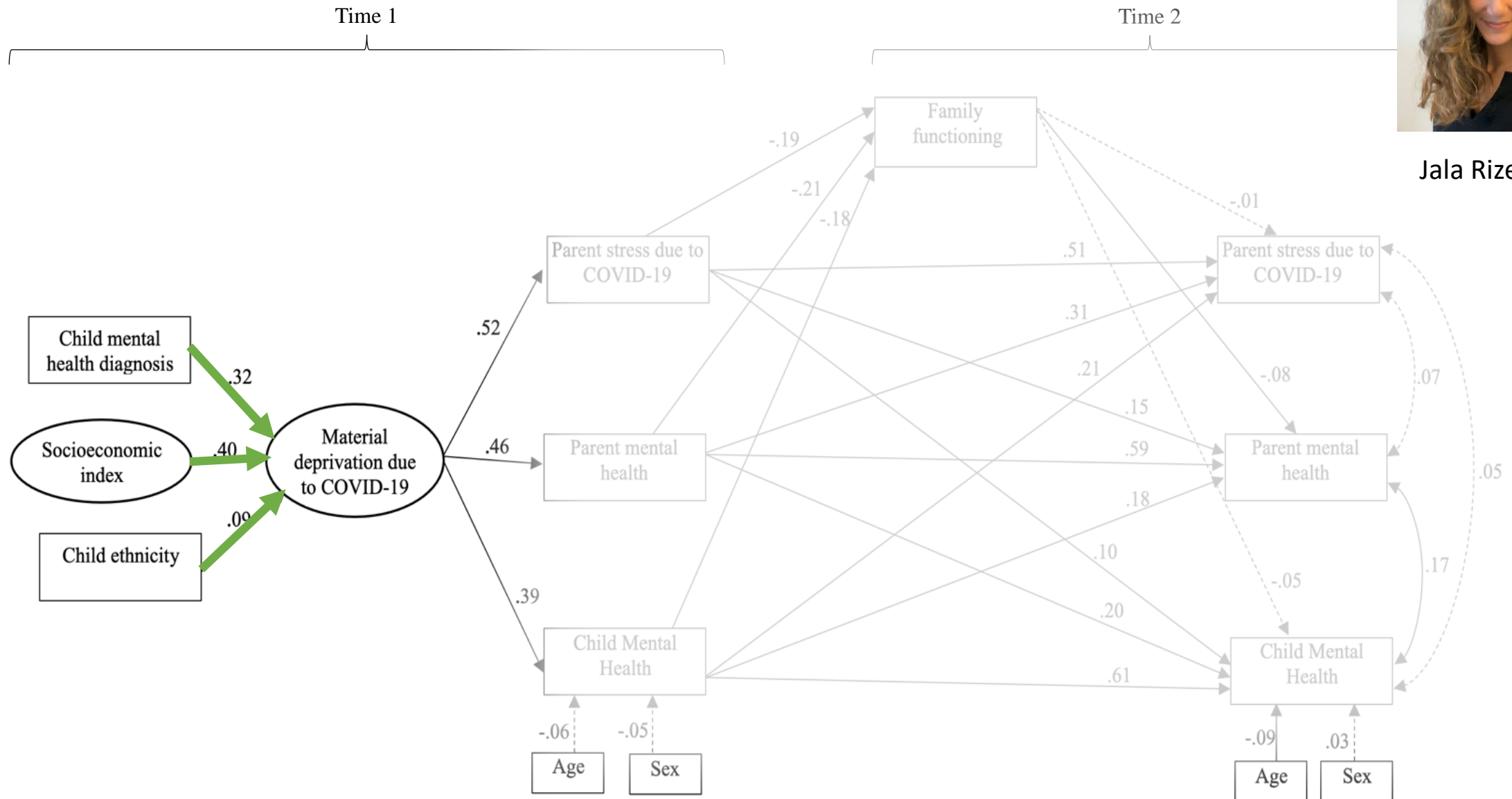
Simone Holligan, PhD



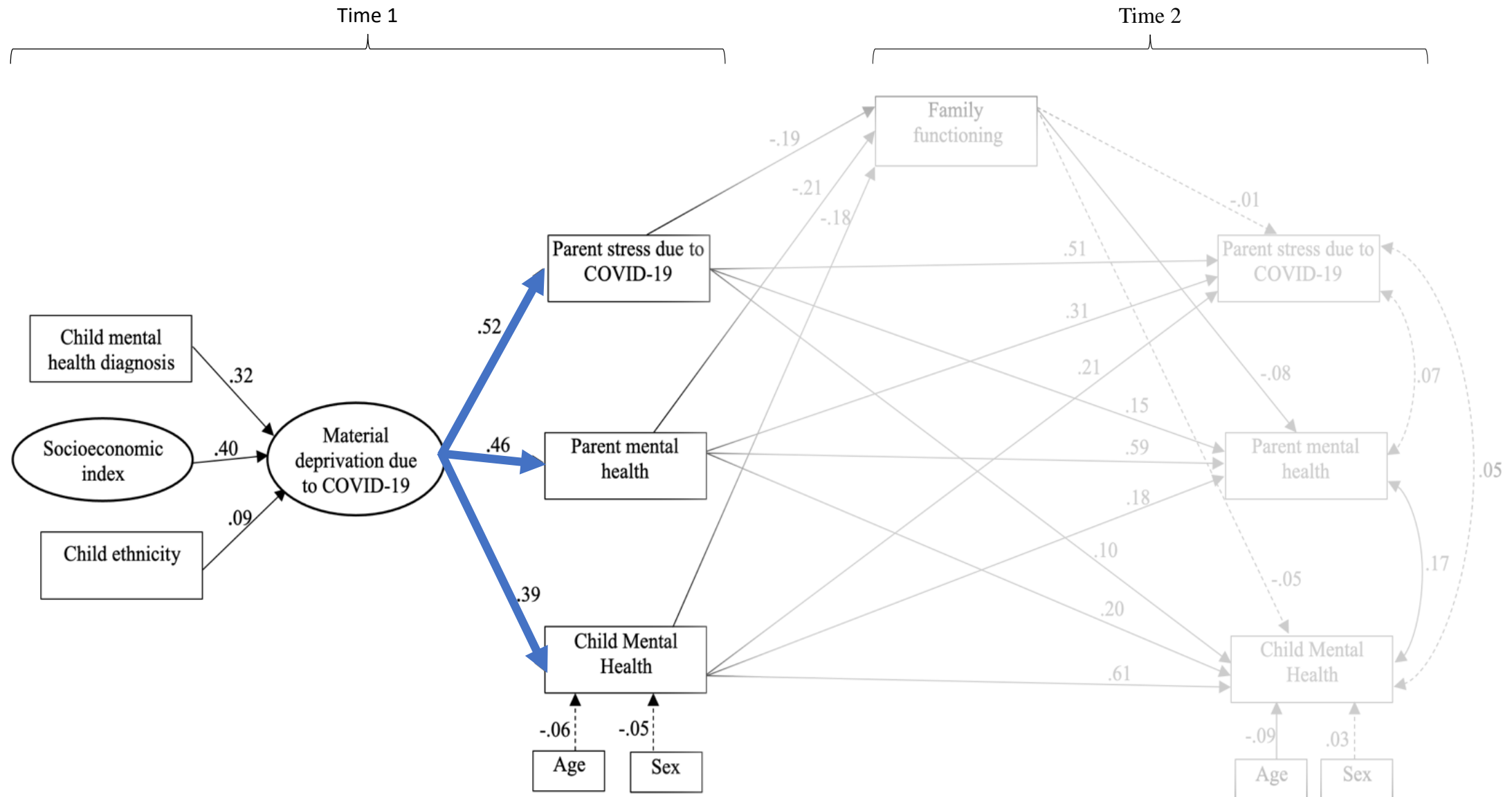
Q4: What is the impact of pre-existing vulnerabilities on material deprivation, stress due to COVID-19, and parent and child mental health?



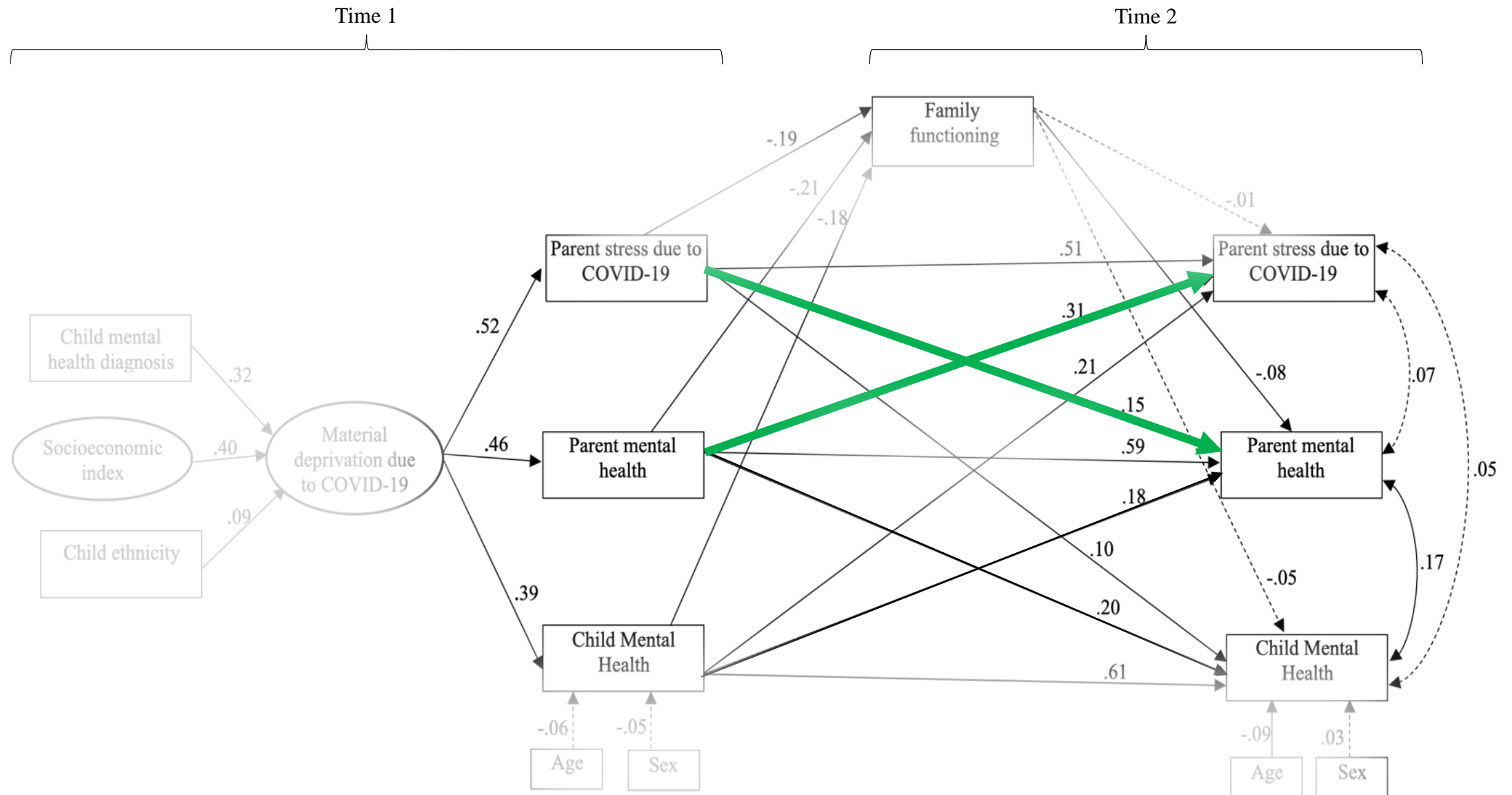
Jala Rizek, PhD



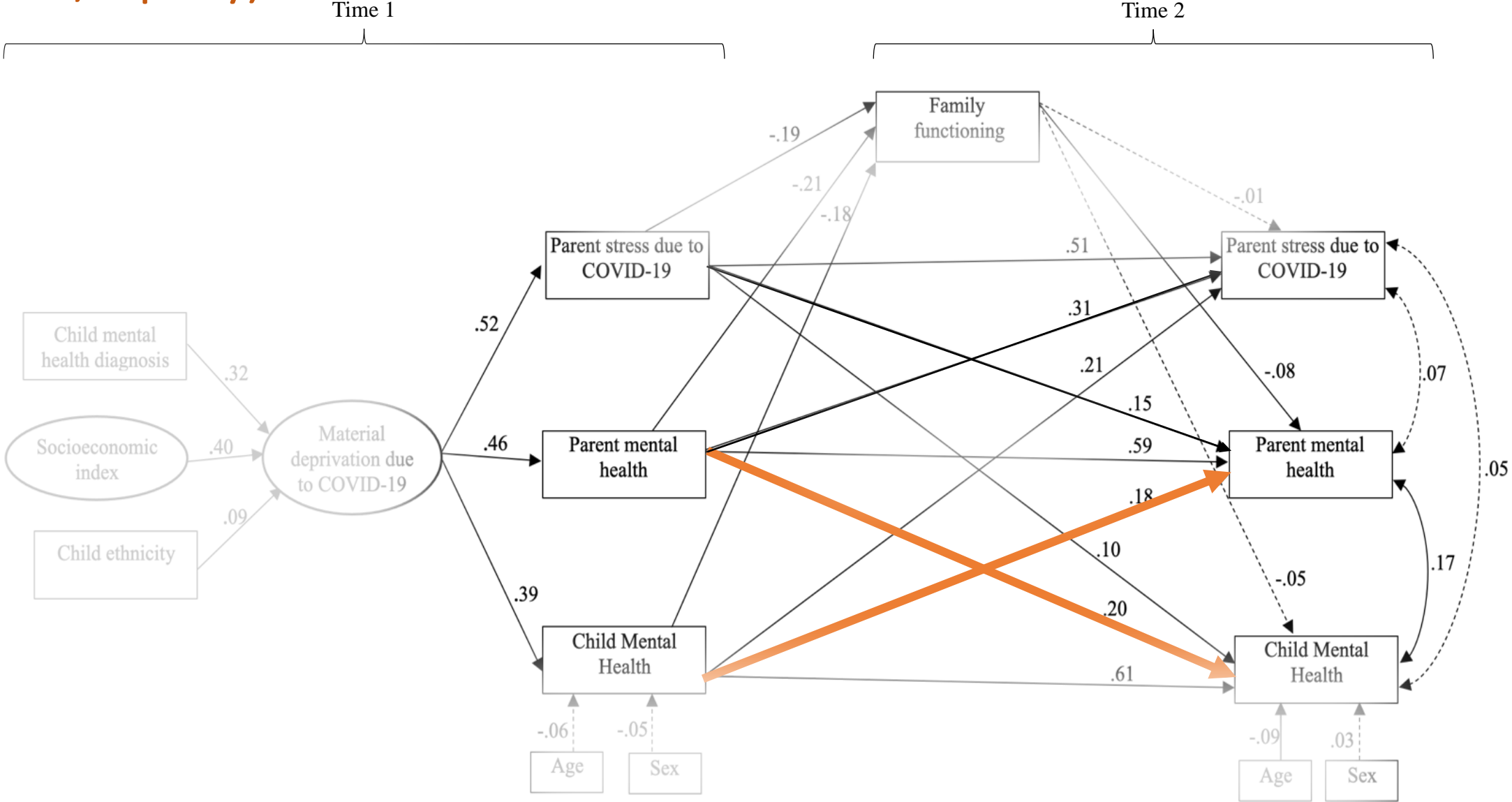
Material deprivation: Parent mental health, Parent stress due to COVID-19 restrictions, and Child mental health at Time 1



Higher Parent Mental Health Symptoms predicts Higher Parent Stress due to COVID-19 restrictions (and vice versa, but more weakly)



Higher Parent MH Symptoms predicts Higher Child MH Symptoms (and vice versa, equally)



Q5: What is the impact of service disruption during COVID-19 on child mental health?

In-school services



Eunjung Choi, PhD

Diagnosis					Stats (p)	
	Did not receive before COVID ¹	Did receive before COVID ²		Total		
No MH condition	550 (86.2)	88 (13.8)	Continued	42 (47.7)	638 (100.0)	359.19 (<0.001)
			Lost	46 (52.3)		
ASD+	68 (25.7)	197 (74.3)	Continued	50 (25.4)	265 (100.0)	
			Lost	147 (74.6)		
ADHD+	148 (48.5)	157 (51.5)	Continued	58 (36.9)	305 (100.0)	
			Lost	99 (63.1)		
Other MH	236 (65.2)	126 (34.8)	Continued	52 (41.3)	362 (100.0)	
			Lost	74 (58.7)		
Total	1002 (63.8)	568 (36.2)	Continued	202 (35.6)	1570 (100.0)	
			Lost	366 (64.4)		

Outside-school services

Diagnosis					Stats (p)	
	Did not receive before COVID ¹	Did receive before COVID ²		Total		
No MH condition	515 (80.7)	123 (19.3)	Continued	56 (45.5)	638 (100.0)	401.38 (<0.001)
			Lost	67 (54.5)		
ASD+	63 (23.8)	202 (76.2)	Continued	40 (19.8)	265 (100.0)	
			Lost	162 (80.2)		
ADHD+	108 (35.4)	197 (64.6)	Continued	83 (42.1)	305 (100.0)	
			Lost	114 (57.9)		
Other MH	155 (42.8)	207 (57.2)	Continued	99 (47.8)	362 (100.0)	
			Lost	108 (52.2)		
Total	841 (53.6)	729 (46.4)	Continued	278 (38.1)	1570 (100.0)	
			Lost	451 (61.9)		

Q5: What is the impact of service disruption during COVID-19 on child mental health?

Medical Services

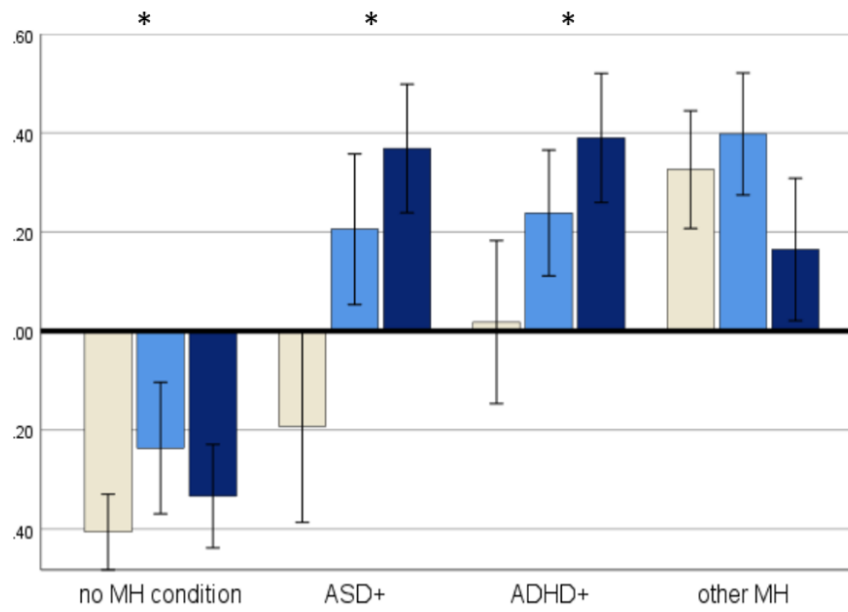
Diagnosis					Stats (p)
	Did not receive before COVID ¹	Did receive before COVID ²		Total	
No MH condition	348 (54.4)	290 (45.6)	Continued	112 (38.6)	638 (100.0)
			Lost	178 (61.4)	
ASD+	55 (20.8)	210 (79.2)	Continued	88 (41.9)	265 (100.0)
			Lost	122 (58.1)	
ADHD+	71 (23.3)	234 (76.7)	Continued	120 (51.3)	305 (100.0)
			Lost	114 (48.7)	
Other MH	137 (37.8)	225 (62.2)	Continued	131 (58.2)	362 (100.0)
			Lost	94 (41.8)	
Total	611 (38.9)	508 (61.1)	Continued	451 (47.0)	1570 (100.0)
			Lost	508 (53.0)	

156.52
(<0.001)

Q5: What is the impact of service disruption during COVID-19 on child mental health?

Medical service changes

internalizing symptoms

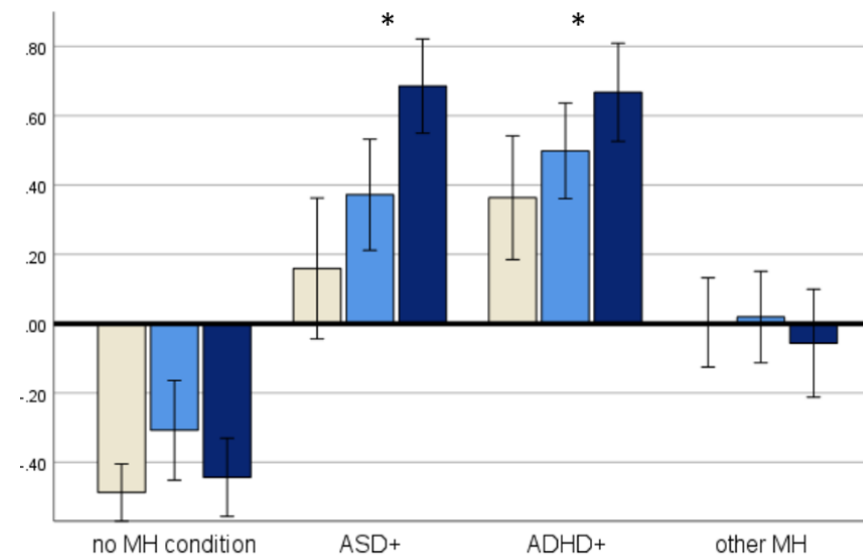


Diagnosis, $F=12.81$, $p=0.005$

Diagnosis *Service changes, $F=5.00$, $p<0.001$

Did not receive services before COVID Continued Lost

externalizing symptoms



Diagnosis, $F=30.73$, $p<0.001$

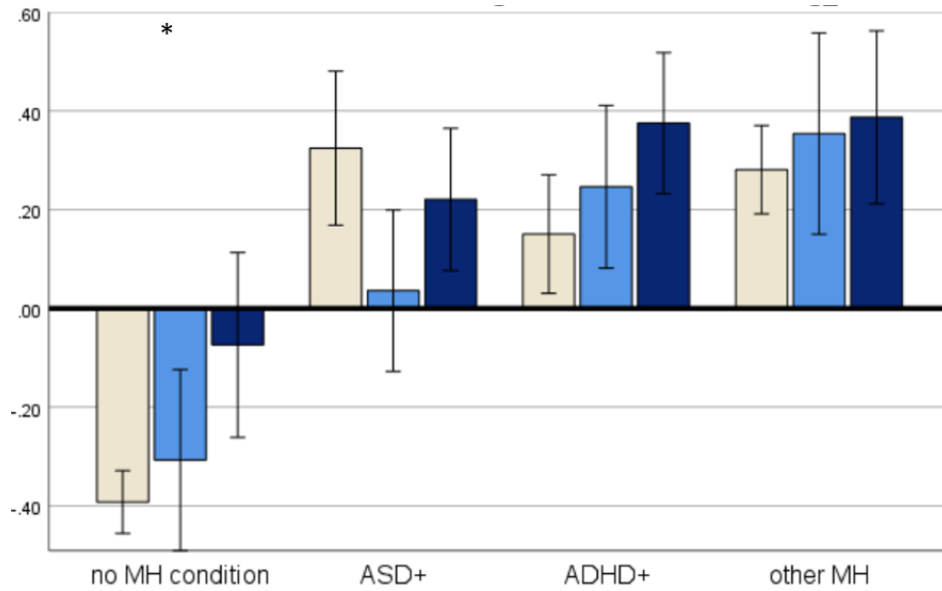
Diagnosis x Service changes, $F=3.66$, $p=0.001$ (ASD+, ADHD+)

Did not receive services before COVID Continued Lost

Q5: What is the impact of service disruption during COVID-19 on child mental health?

Academic/learning service changes

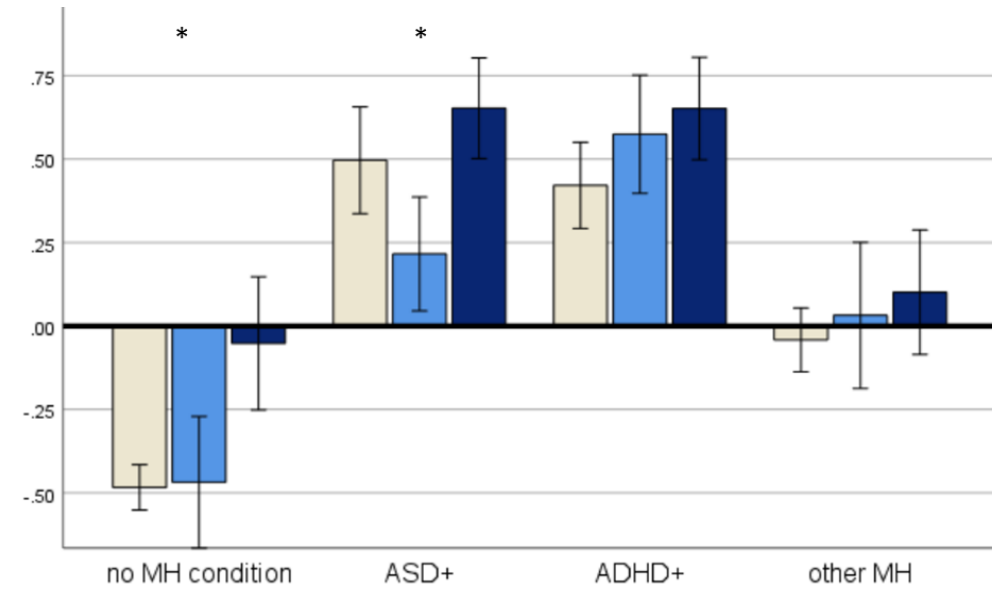
internalizing symptoms



Diagnosis, $F=15.71$, $p=0.002$
 Diagnosis x Service changes, $F=2.15$, $p=0.046$ (ASD+)

Did not receive services before COVID Continued Lost

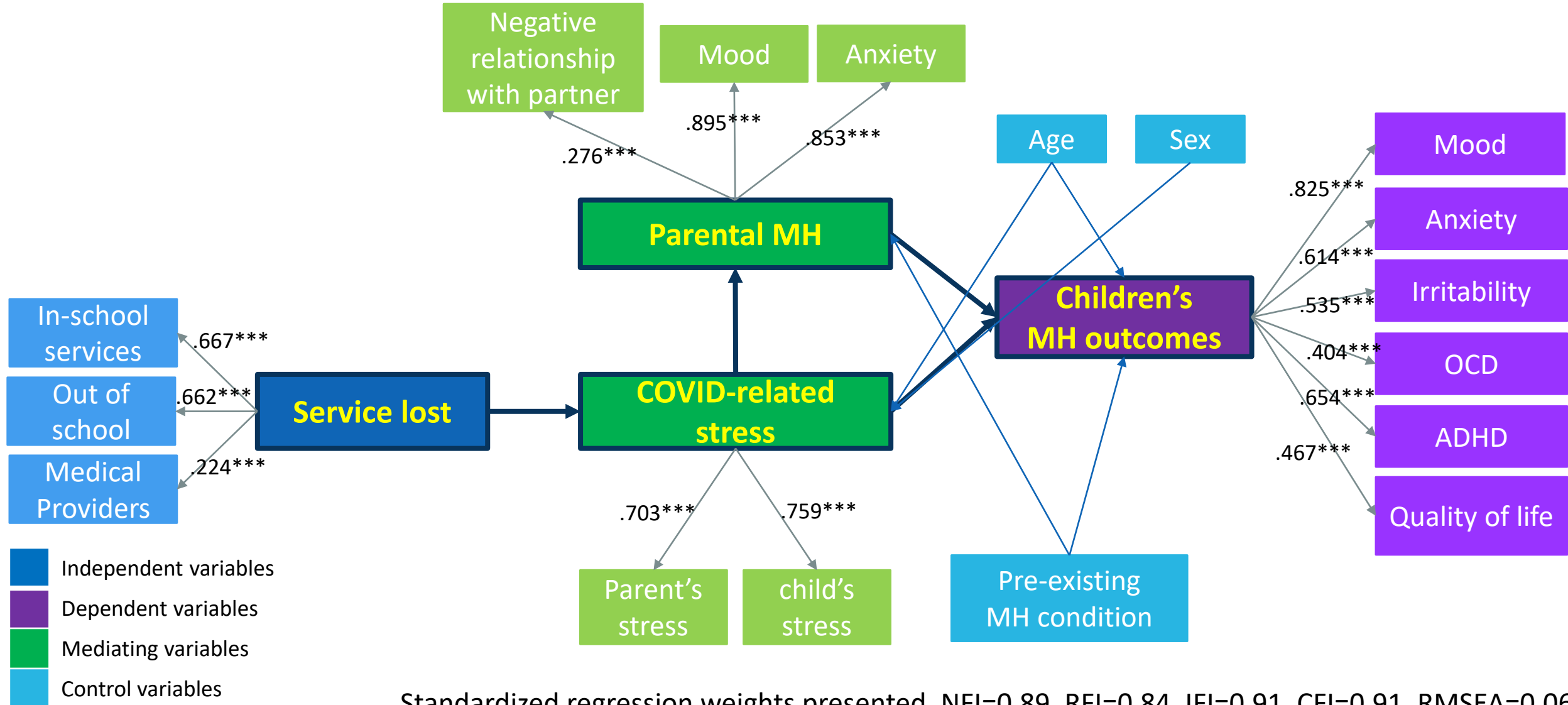
externalizing symptoms



Diagnosis, $F=35.17$, $p<0.001$
 Service changes, $F=5.40$, $p=0.044$
 Diagnosis x Service changes, $F=2.13$, $p=0.047$ (ASD+)

Did not receive services before COVID Continued Lost

Service loss and MH outcomes

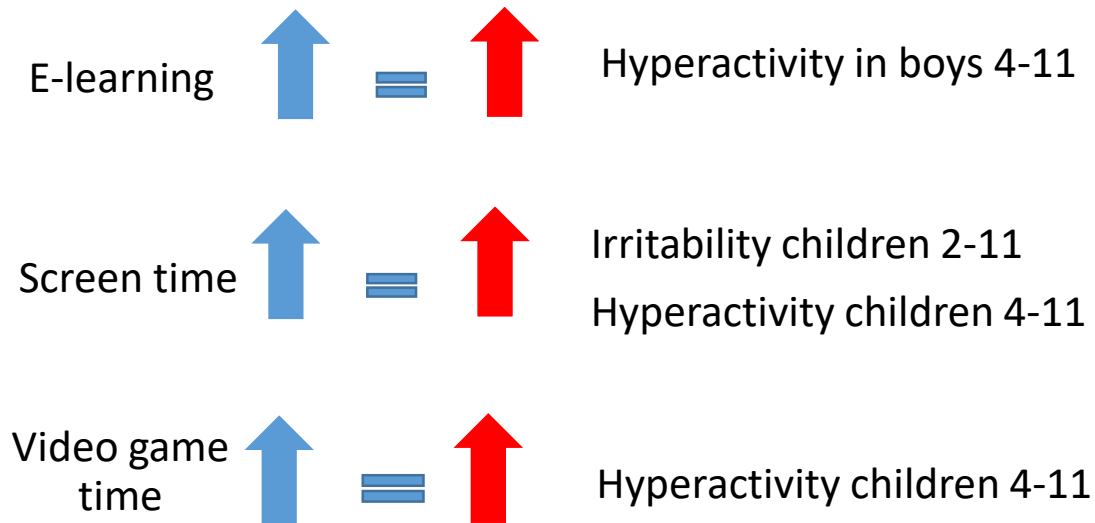


Standardized regression weights presented, NFI=0.89, RFI=0.84, IFI=0.91, CFI=0.91, RMSEA=0.06

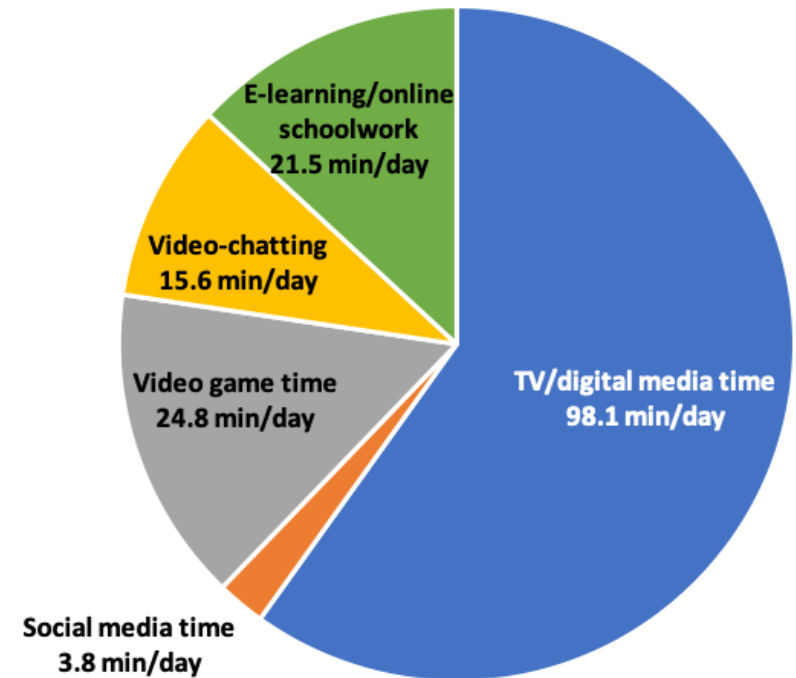
Q6: Child screen time and mental health outcomes during COVID-19?

TARGet Kids! cohort (mean age 5.8 years)

- N= 464; age range 2 to 11 years
- 2.8 hours average total screen time per day (watching TV, using social media, playing video-game, video-chatting and e-learning)



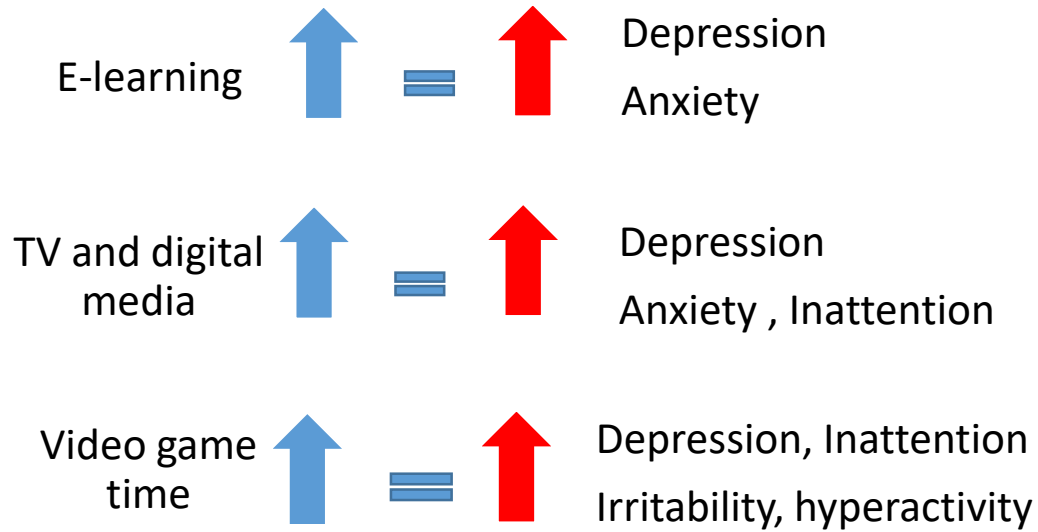
Screen time during COVID-19 among TARGet Kids! children



Q6: Child screen time and mental health outcomes during COVID-19?

SickKids Psychiatry, Spit for Science and POND (mean age 10.6 years)

Ages 5-17



Face-to-face screen time (video-chatting) was not protective of mental health outcomes in children during COVID-19

TV or digital media time/day	Unadjusted				Adjusted ^a			
	β	2.5%CI	97.5%CI	p-value	β	2.5%CI	97.5%CI	p-value
RCADS t-score (depression)								
1 hour	0.56	-0.97	2.09	0.48	0.21	-1.28	1.71	0.78
2-3 hours	2.66	1.12	4.21	<0.001	1.81	0.29	3.33	0.02
4-5 hours	4.28	2.63	5.92	<0.001	2.80	1.15	4.44	<0.001
6-8 hours	6.87	5.05	8.69	<0.001	5.16	3.32	7.01	<0.001
9 hours or more	7.46	5.36	9.57	<0.001	5.42	3.30	7.54	<0.001

Video game time/day	Unadjusted				Adjusted ^a			
	β	2.5%CI	97.5%CI	p-value	β	2.5%CI	97.5%CI	p-value
SWAN total score (inattention and hyperactivity)								
1 hour	2.29	0.22	4.36	0.03	1.62	-0.39	3.62	0.11
2-3 hours	3.97	1.83	6.10	<0.001	2.15	0.07	4.24	0.04
4-5 hours	5.73	2.88	8.57	<0.001	3.89	1.09	6.70	0.01
6-8 hours	8.61	4.72	12.50	<0.001	5.45	1.61	9.29	0.01
9 hours or more	9.90	4.90	14.89	<0.001	6.25	1.34	11.16	0.01

0-30 min/day was the reference group.

^a Adjusted for child age, child sex, child ethnicity, family income, previous ASD diagnosis, calendar date, GAD-7, PHQ-8

Summary

- 70 % majority of children have experienced worse mental health
- Stress associated with **social isolation** was the single largest predictor of worse mental health
- Depression increased in Wave 1 and remained elevated throughout the summer
- Pre-COVID socioeconomic and mental health vulnerability, child ethnicity predicts family material deprivation and leads to increased parental stress and decreased parent and child mental health
- Pre-existing MH /ND vulnerability increased negative impacts of service loss
- Services for children's mental health should include parent mental health and service tailored to minimize parental and child stress related to COVID to optimize child outcomes.
- Increased screen time was associated with a negative impact on the mental health of children during COVID-19

#COVIDSchoolVibes



#COVIDtestingLine
#NoTestNoSchool



#COVIDchildhood



Funding and Support



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PHN-PREP | Public Health Nursing Practice,
Research & Education Program

Impacts of the COVID-19 Pandemic on Ontario's Public Health Home Visitation Programs for Families With Young Children

Susan Jack RN PhD
School of Nursing, McMaster University
on behalf of the PHN-PREP Leadership Team

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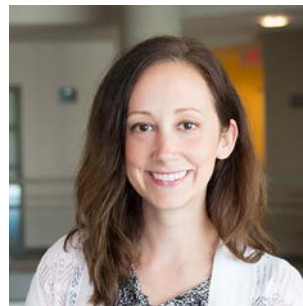
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Public Health Home Visitation Programs for Pregnant Individuals and Families with Young Children

**HEALTHY BABIES
HEALTHY CHILDREN**



Nurse-Family
Partnership
CANADA





Environmental Scan

To describe the impact of the COVID-19 pandemic on:

1. The home visiting workforce
2. The "mode" of home visiting
3. Program implementation




100%

home visitation
programs participated.

Representing **34** HBHC
and **5** NFP teams



High Rates of Nurse Redeployment Affected Home Visiting Services



Most HBHC teams
experienced **>50%**
of PHN workforce
redeployment



Decreasing:

- Overall services
- In-person and blended visits
- Capacity for in-depth assessment



Increasing:

- Reliance on family home visitors
- Caseloads for non-deployed staff
- Need to prioritize/triage services



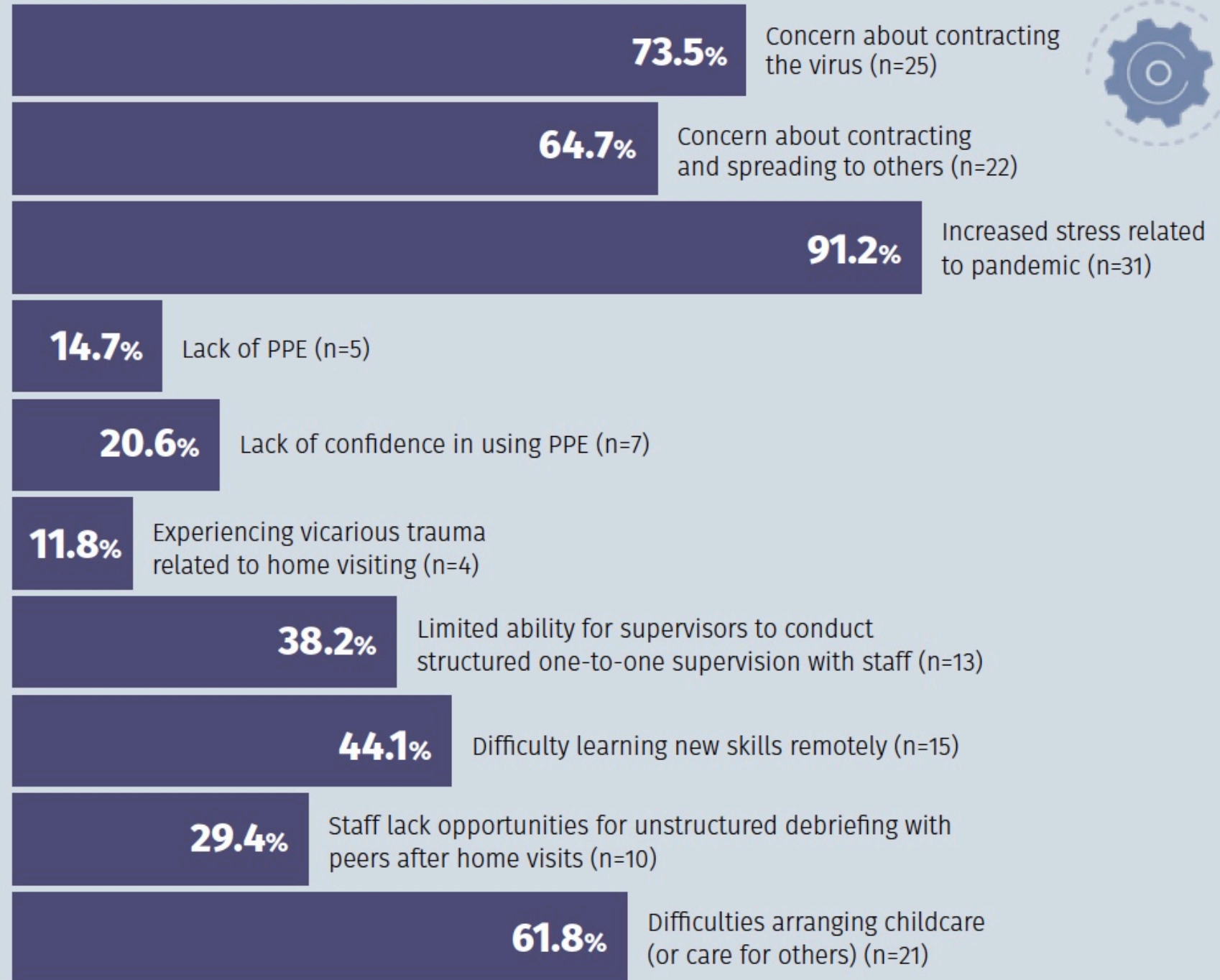
Commitment to Delivering Some Level of Continued Programming to Families

- Meeting needs of families considered to be part of a public health response to the COVID-19 pandemic
- Increased need to address health & social issues exacerbated by the pandemic
 - **Intimate partner violence**
 - **Mental health**
- Prioritized public health nurse home visits and supports for families with greatest needs



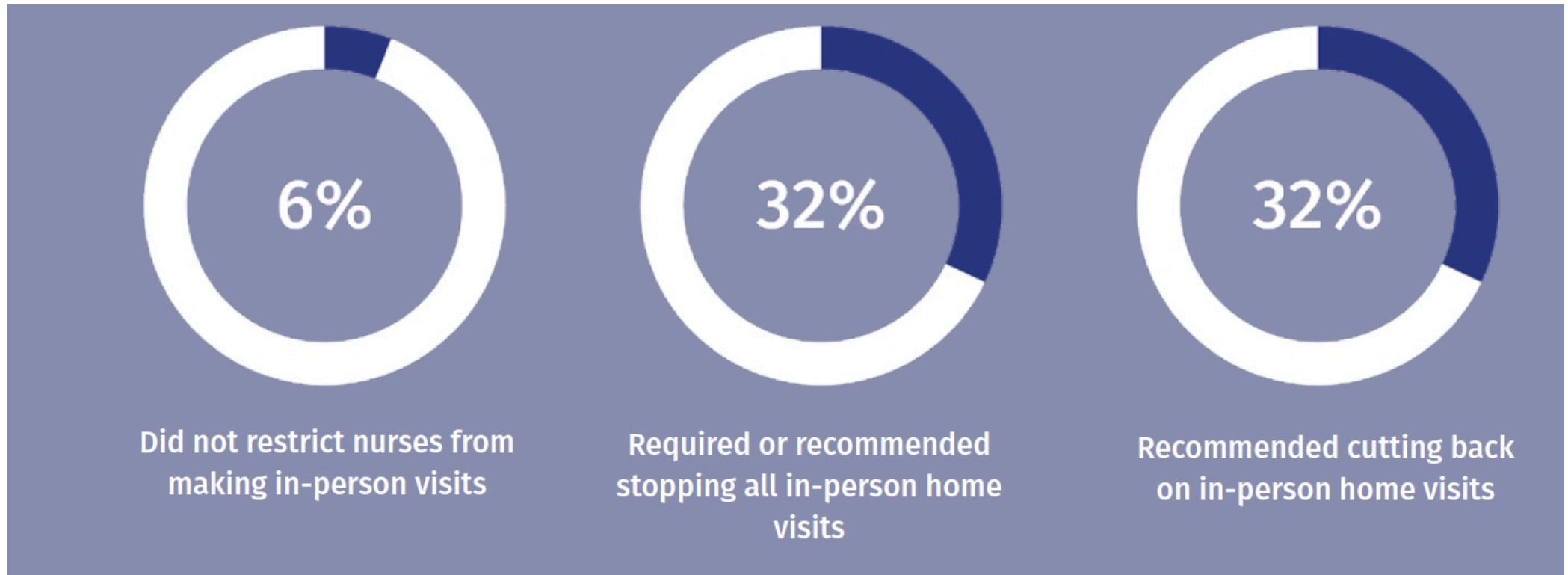


Workforce challenges



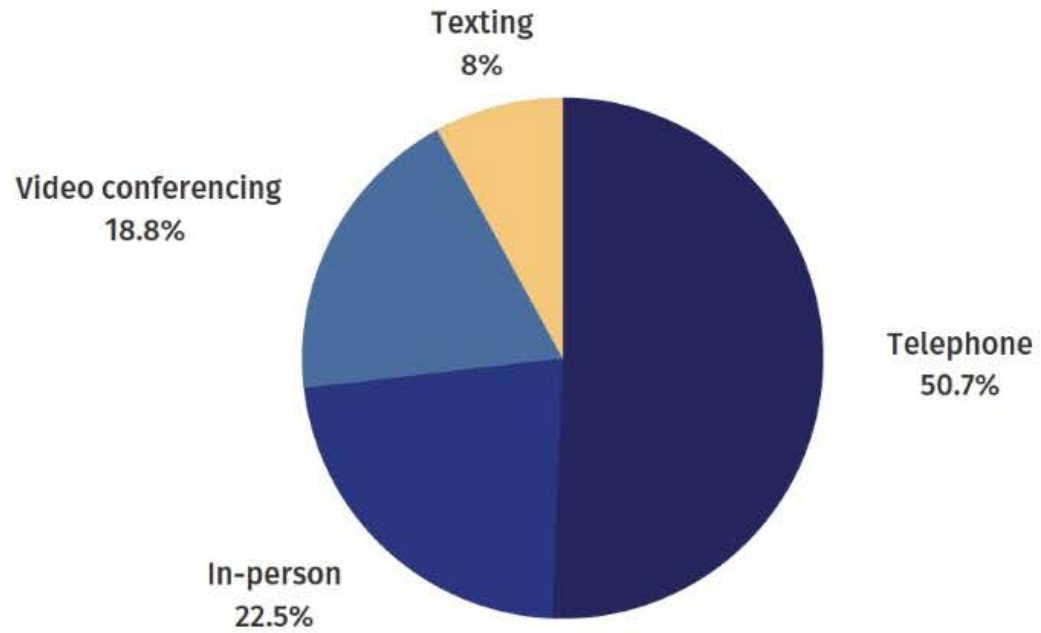


COVID-19 led to reduced in-person home visits

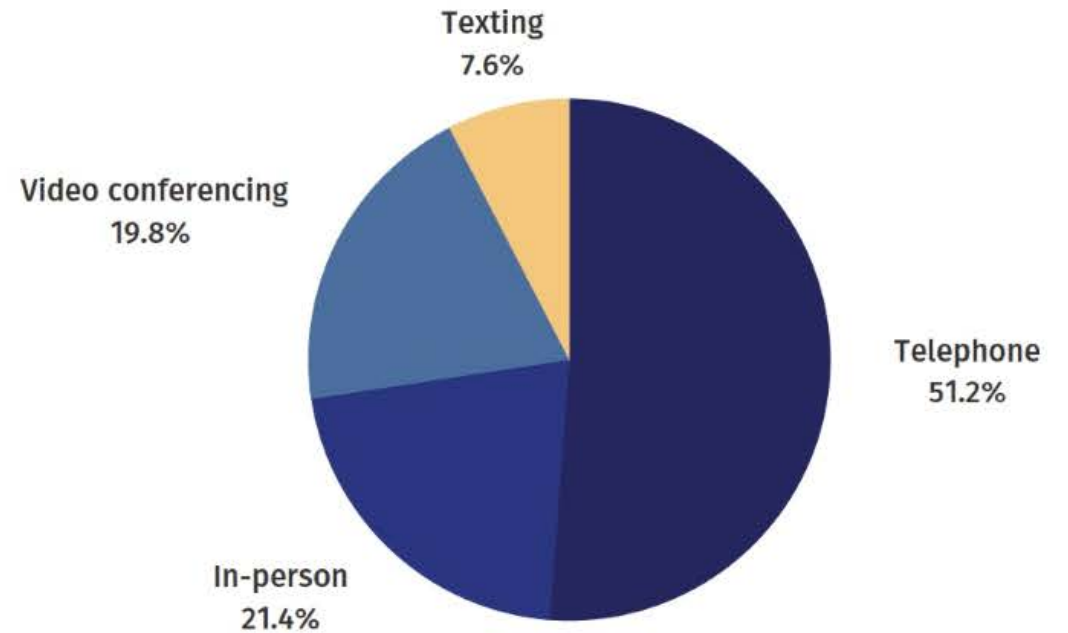




HBHC VISIT AND OUTREACH MODES

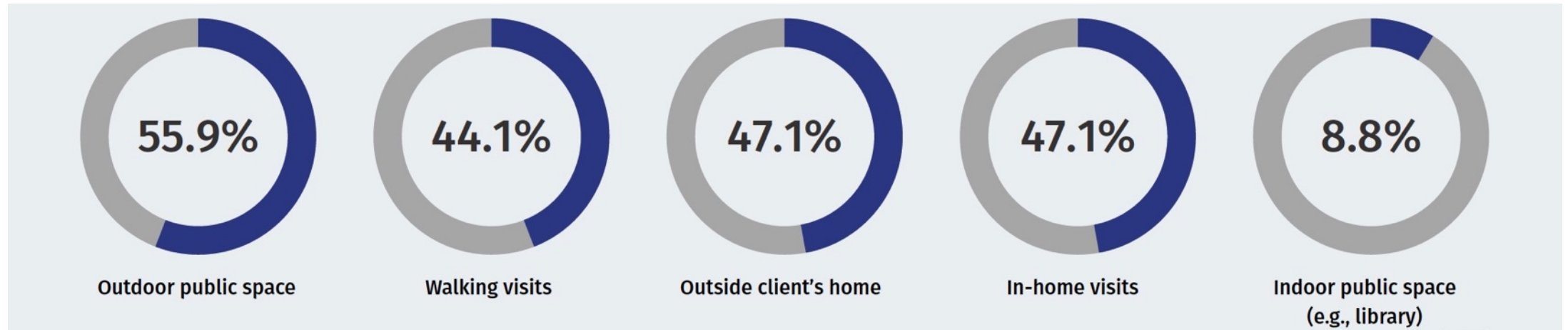


NFP VISIT AND OUTREACH MODES





In-Person Encounters Occurred in Multiple Settings



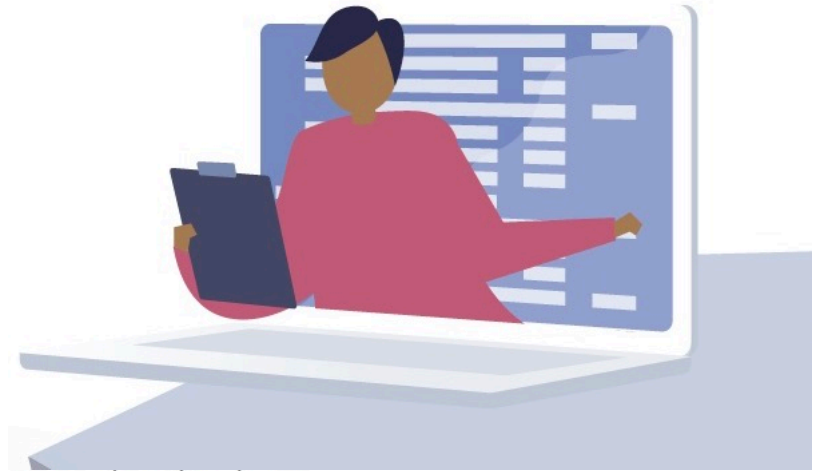
The Digital Divide Impacts Nurse-Client Engagement

83.9%

Indicated that client accessibility to technology has impacted HBHC visits

60%

Indicated that client accessibility to technology has impacted NFP service delivery





Connecting Through Technology Have Impacted Families' Comfort and Safety

58.1%

Families are uncomfortable with virtual home visits

64.6%

Families indicated they were not interested in virtual home visits

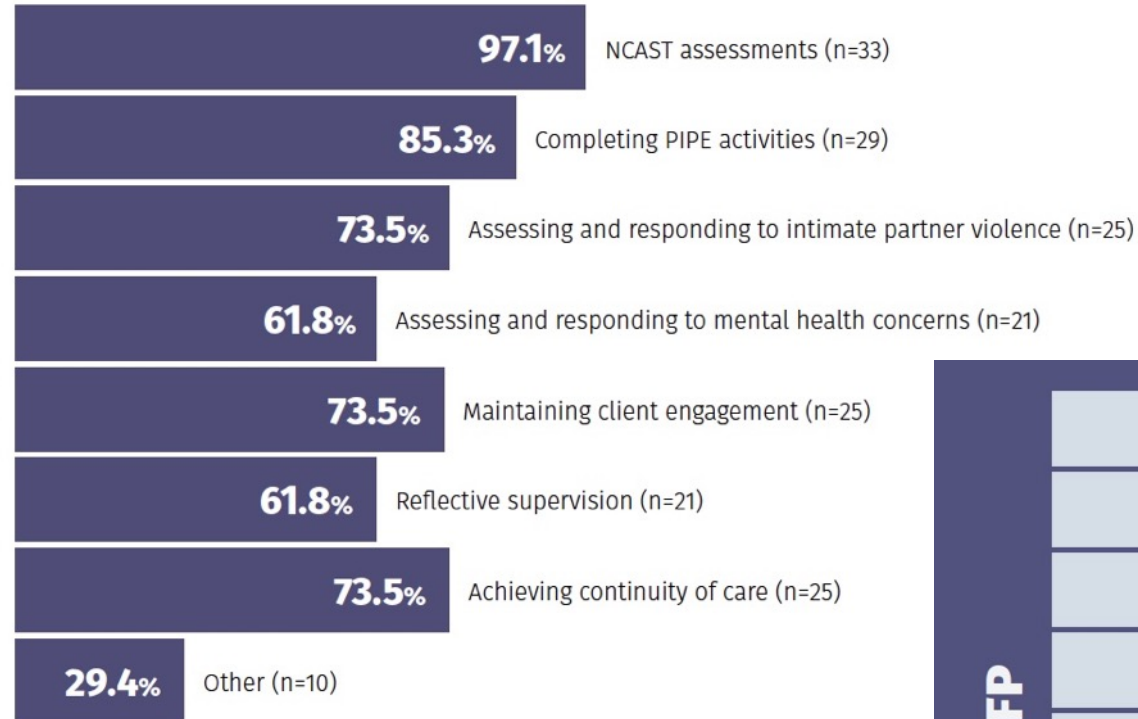
64.5%

Families do not have safe/private space for virtual visits

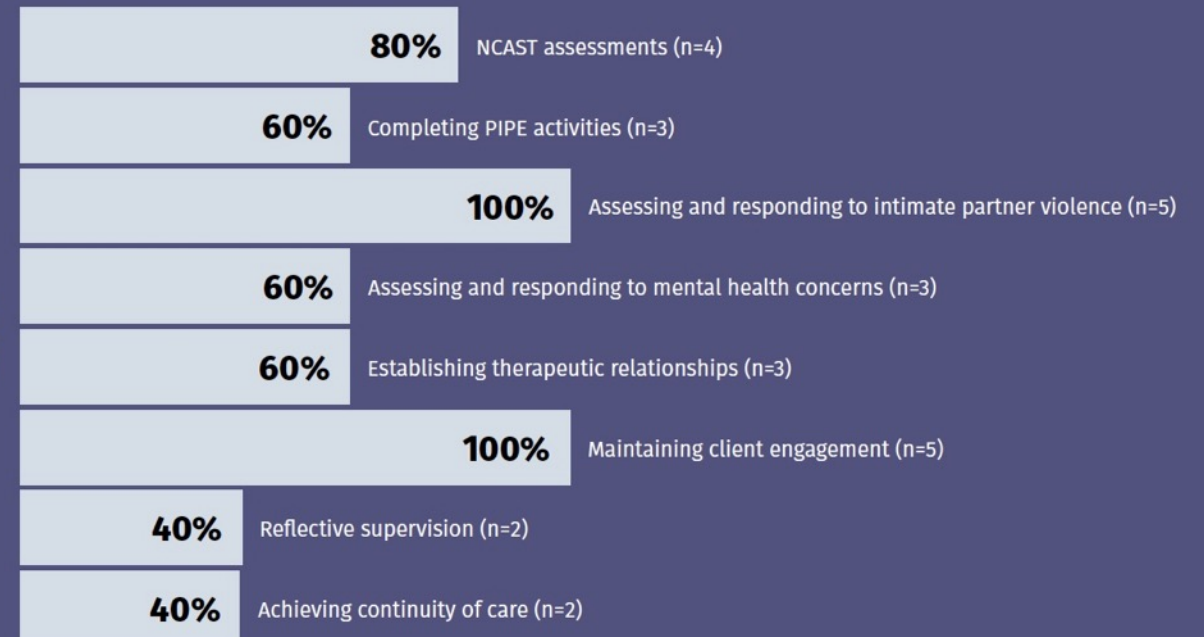


Connecting Through Technology Created Challenges for Nursing Practice and Program Implementation

HBHC

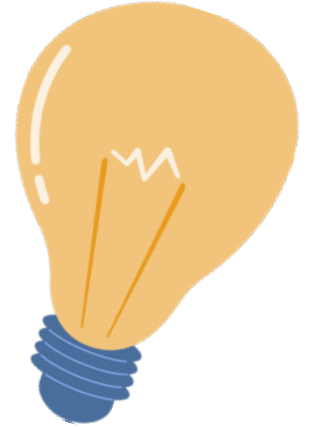


NFP





Challenges also create new opportunities for innovation



I know that we're using virtual. It may be the way of the future and I would hope that we can keep virtual and have access to that. Why? There are days when the clients may prefer that. There are days when you have bad weather days in the winter. Instead of not going for a home visit we could offer virtual.

- Public Health Nurse





Points for Reflection & Consideration

- Position **home visitation programs** as an **essential** component of the pandemic response
- **Prioritize** maintenance of **PHN workforce** to ensure that professionals skilled in assessment, intervention, and system navigation are able to support families experiencing complex challenges.
- Rapid shifts to where, and how, HBHC and NFP teams provided services – and adapting professional practice to meet the needs of families, while balancing multiple work, family, and technological challenges – increased stress.
- **Nurse wellness** needs to be prioritized as staff return to their programs.
- In planning for post-pandemic context, **provide flexibility and choice** on how PHNs, family visitors, and families connect.





PHN-PREP



Impacts of the COVID-19 pandemic on Ontario's Public Health Home Visitation Programs for Families with Young Children: **An Environmental Scan**

<https://phnprep.ca>



PHN-PREP | Public Health Nursing Practice,
Research & Education Program

Critical Role of Public Health Nurses in Supporting Families During the COVID-19 Pandemic

Karen Campbell, RN, PhD
Western University

www.phnprep.ca



Stories from the Field

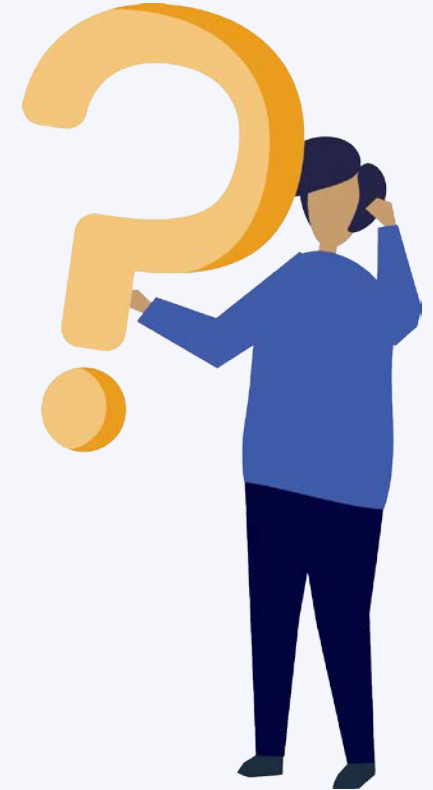
- Many families have experienced multiple, unique challenges during the COVID-19 pandemic
- Nurses reflected on and shared with us their experiences of supporting families



“Numbers are lower, but severity is higher”

Increases in:

- Client acuity & severity
- Barriers to supporting clients
- Inappropriate referrals
- Clients seeking referrals



Decreases in:

- Caseloads (in some areas)
- Referrals (in some areas)
- Available community resources
- Coping mechanisms for families





The risk and the acuity is higher than I've seen in my duration of being with Healthy Babies Healthy Children. And it's pretty common with all the nurses when you sit and talk. It's hard to maintain your own self-care and prevent vicarious trauma from really getting to you when you're feeling isolated and unable to connect with peers.

- Public Health Nurse





Food Insecurity

- Nurses' role in supporting breastfeeding/chestfeeding
- Financial difficulties causing food insecurities
- Increased reliance on food banks but decreased ability to access them
- Assessing/planning/referring for toddler food aversions





Daycare was a good way for the kids to get three solid feedings. They could have their two snacks, they have their lunch, they're good to go. So maybe mom can take a bit of a backseat when it's dinnertime. Soups - be creative. But now that they're feeding kids all day, it means they have to stretch what little they have even farther.

- Public Health Nurse

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Perinatal Mood Disorders

- Assessing more often for suicide, infanticide, depression, and anxiety
- “Taking a main role” in mental health care because of lack of available or accessible mental health services
- Being resourceful and creative in addressing client needs





A lot of my clients are very service *shy*. The relationship that we bring to the table and the amount of time we get to be involved, in getting to know our clients, is so essential in getting them the services they need. A lot of clients don't want to open up to somebody within 15 minutes or an hour even if they've known them a while. But we're allowing the space for them to build a relationship of trust with us. So, we do get them to open up and *really delve into what they need* and they usually disclose things to us that are very important, sometimes very *scary*, but we're able to help them that way.

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- Public Health Nurse



Skilled Nurses Working To Full Scope of Practice



- Building relationships and developing rapport
- Listening actively and asking guiding questions
- Setting goals with families
- Taking a strengths-based approach
- Providing trauma and violence-informed care
- Bringing clients appropriate resources
- Making community referrals
- Connecting with community services
- Filling the service gaps
- Promoting and teaching healthy behaviours
- Reflecting on practice and adjusting as needed
- Assessing and responding to mental health, prenatal health, postnatal health, general health, infant feeding, infant and child health and development, intimate partner violence, homelessness, food security, and more



Response from Families

- Interest and receptivity to HBHC & NFP program is high
- Increasingly open to virtual modes
- Readiness to accept phone support
- High uptake from clients on waitlists
- Overwhelming gratitude from families





We're finding that they're grateful to have us there - 6 feet with our mask and our shield - to just cry and say, 'what are we going to do next together?' They're just grateful to know that there's a service that is still providing service as opposed to – 'here's your waitlist, we'll see you in 6 months maybe'.

”

- Public Health Nurse



Key Takeaway Messages

- Public health nurses play a critical role in supporting families' health and wellbeing, including many who were disproportionately affected by the COVID-19 pandemic, and efforts to protect this workforce will affect the health and social needs of families
- As public health nurses are reintegrated into home visitation programs, nurses need to be skilled and oriented to new ways of interacting with clients, and prepared for and supported to address the increased acuity and complexity of client concerns
- HBHC & NFP public health nurses across the province are committed to the delivering complex nursing care to families and require organizational support, high-quality supervision, and opportunities to debrief and connect with their colleagues, to support their own health and wellbeing



**We are all in this together ...
We are in different cities but
we are living very similar
experiences.**

- Public Health Nurse

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THANK YOU!

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