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ONTARIO COVID-19 & KIDS MENTAL HEALTH STUDY

Mostly worse, occasionally better: The first wave of the COVID-19 pandemic & the mental health of children and adolescents in Ontario

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DISCLOSURES

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LEARNING OBJECTIVES

- I. Become familiar with what is known about the impacts of public health measures on child and youth mental health in a global context
- 2. Learn the rates of deterioration and improvement in child and youth mental health during the first wave of the pandemic compared to before the pandemic
- 3. Identify the variables associated with deterioration and improvement in child and youth mental health during the first wave of the pandemic
- 4. Explore ideas for ameliorating child and youth mental health during subsequent waves of the pandemic

PRESENT KNOWLEDGE

Emerging literature from countries with a high prevalence of COVID-19 disease suggest large general psychological impact.

- Increased prevalence of depression symptoms (26.5%) in children grades 2-6 in Hubei, China¹
- Increased prevalence of depression symptoms (43.7%) and anxiety symptoms (37.4%) in youth ages 12-18 in China²
- Increase in peer problems in children ages 0-9 in Japan³
- Decrease in quality of life (40.2%), increase in anxiety (24.1%) in children ages 7-17 in Germany⁴
- Increase in behavioural health problems (14%) in children < 18 years old in USA⁵
 Xie et al., JAMA Pediatrics, 2020
 - 2. Zhou et al., European Child and Adolescent Psychiatry, 2020
 - 3. Ishimoto et al., pre-print, 2020
 - 4. Ravens0Sieberer et al., pre-print, 2020
 - 5. Patrick et al., Pediatrics, 2020

KNOWLEDGE GAP

- Few insights into the
 - Mental health impacts beyond depression and anxiety
 - Children and adolescents by age group, rather than just "children"
 - Children and adolescents in Canada with pre-existing mental health disorders, who are expected to be more vulnerable
 - Relative impacts of COVID-associated changes

ONTARIO COVID & KIDS MENTAL HEALTH COLLABORATION 4 COHORTS, I GOAL



To improve our understanding of the mental health and wellbeing of children, parents, and families in Canada during the COVID-19 pandemic.

OBJECTIVES

Objective I

To examine the prevalence of mental health change status with parent-report 2-18 years old, child/adolescent report 10-18 years old compared to before the pandemic in 6 domains of mental health:

- Depression/mood
- Anxiety/emotional problems
- Irritability/conduct problems
- Attention
- Hyperactivity
- OCD symptoms

Objective 2

To determine the relative impacts on mental health status change in children and adolescents ages 6-18 of

- Emergency Measures compliance
- Stress associated with social changes
- COVID exposure
- while controlling for
 - household income
 - EM economic impacts
 - child assigned sex
 - child age
 - child race/ethnicity
 - pre-morbid psychiatric diagnosis

PARTICIPANTS



PARTICIPANT CHARACTERISTICS N = 1013



Average: 10.46 years Range: 2 - 18 years



Ethnicity/Ancestry: 60.6% European



Income: 72.8% ≥ \$80,000 /year



Sex assigned at birth: 56.6% male



Mental Health: 61.9% previous psychiatric diagnosis



COVID-19: 4.2% exposed

OBJECTIVE I

To examine the prevalence of mental health change status with parent-report 2-18 years old, child/adolescent report 10-18 years old compared to before the pandemic in 6 domains of mental health:

- Depression
- Anxiety / Emotional problems
- Irritability / Conduct problems
- Attention
- Hyperactivity
- OCD symptoms

Analysis:

Frequency estimates summing to 100%

OUTCOME: *IMPROVED, UNCHANGED, DETERIORATED*

Children 2-5 years old

- Emotional Problems (anxiety)
- Conduct Problems (irritability)
- Hyperactivity

Children / Adolescents 6-18 years old

- Depression/mood
- Anxiety
- Irritability
- Attention
- Hyperactivity
- OCD symptoms









Prevalence of Mental Health Status Change Parent-report, All ages



* Only measured in children/adolescents 6-18 years old







Prevalence of Mental Health Status Change Parent-report, All ages 100% 80% 60% 40% 47.3% 46.9% 20% 45.9% 0% Mood/ OCD Irritability Attention* Anxiety Hyperactivity Depression* symptoms* Parent-report

> improved unchanged deteriorated

* Only measured in children/adolescents 6-18 years old

OBJECTIVE I RESULTS: CHANGE IN DOMAINS BY AGE GROUP

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



OBJECTIVE I RESULTS: CHANGE IN DOMAINS BY AGE GROUP

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



OBJECTIVE I RESULTS: CHANGE IN DOMAIN BY DIAGNOSIS



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

OBJECTIVE I RESULTS: CHANGE IN DOMAIN BY DIAGNOSIS



KEY FINDINGS I

Deterioration

- Many children/adolescents experienced deterioration
- Highest rate of deterioration in *attention*

Improvement

- Some children/adolescents experienced improvement
- Rates of improvement were variable across domains and age groups
- Improvement in at least one domain was greatest in youngest children
- Pre-morbid psychiatric diagnosis
 - Experienced greater rates of deterioration, particularly in irritability
 - ASD/DD or comorbid diagnoses experienced the greatest rates of deterioration
 - Children/adolescents without pre-morbid psychiatric diagnoses still experienced significant rates of deterioration



OBJECTIVE 2

To determine the relative impacts on mental health status change in children and youth ages 6-18 of

- Emergency Measures compliance
- Stress associated with social isolation
- COVID exposure
- while controlling for:
 - household income, COVID economic concerns, child assigned sex, child age, child race/ethnicity, pre-morbid psychiatric health diagnosis

Analysis:

6 Multinomial logistic regressions

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **DEPRESSION**

Improved





Deteriorated

Previous psychiatric diagnosis

Greater stress associated with social isolation

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **ANXIETY**

Improved

 \mathbf{Q} Female assigned sex



Previous psychiatric diagnosis





Greater stress associated with social isolation

Deteriorated

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **IRRITABILITY**

Improved

Previous psychiatric diagnosis

Deteriorated

European ethnicity/ancestry

Older child age

Previous psychiatric diagnosis

Greater stress associated with social isolation

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **ATTENTION**

Improved



Greater stress associated with social isolation

Deteriorated

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **HYPERACTIVITY**



OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN OCD SYMPTOMS

Improved

Non-European ethnicity/ancestry



Deteriorated

Previous psychiatric diagnosis



Greater stress associated with social isolation

KEY FINDINGS 2

Stress from social isolation

- Greater strongest association with **deterioration** in all domains
- Greater only association with **deterioration** in anxiety, attention
- Less associated with *improvement* in depression, anxiety, irritability

Pre-morbid psychiatric diagnosis

- With both *improvement* and *deterioration* in depression, irritability
- Only with deterioration in hyperactivity, OCD symptoms
- Only with *improvement* in anxiety
- **Greater COVID** economic concerns
 - With *improvement* in anxiety, attention
 - With both *improvement* and *deterioration* in OCD symptoms



IMPLICATIONS



Many children/adolescents experienced deterioration in the first wave of COVID-19.

What can we do to help children and adolescents adjust to life during a pandemic?

IMPLICATIONS



Public health measures that result in social isolation are associated with deterioration of mental health.

What can we do to make sure that children and adolescents are getting the social interactions that they need to thrive?
IMPLICATIONS



Children/adolescents with pre-morbid psychiatric diagnoses may require more support to manage the mental health impacts of public health measures.

What can we do to connect children and adolescents with the services that they need?

IMPLICATIONS



Greater economic concerns are (seemingly) paradoxically associated with improvement in several domains, potentially due to less work-life conflict.

What can we do to make sure that families who need economic support continue to receive it?

What can we do to help families maintain work-life balance when they return to paid work?

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PARTICIPANT CHARACTERISTICS PARENT REPORT 6 - 18 YEARS OLD

Parent-report of children ages 6-18 years old	% (n)	mean (std. dev.)	Ν
Self-report household income (≥ 80,000CAD/year)	71.71% (616)	-	859
Parent/caregiver relationship to child (mother)	90.1% (864)	-	959
Ethnicity/ancestry of the child			946
Caucasian, European, Non-aborigonal North American ethnicity/ancestry origins	61.1% (578)		
Single Ethnicity/ancestry Carribbean, Latin/Central/South American, African, Asian, Oceania, North American Aboriginal origins	16.1% (152)		
Multiple ethnicity/ancestry origins	22.8% (216)		
Assigned sex of the child (male)		-	958
male	56.5% (541)		
female	43.5% (417)		
Child gender identity	56.2% (539)		958
Воу	56.3% (539)		
Girl	42.7% (409)		
Trans boy	0.3% (3)		
Trans girl	0% (0)		
Non-binary or self-identified	0.7% (7)		
Any Premorbid psychiatric diagnosis			959
Child Mental Health Diagnosis	45.6% (437)	-	
Child Autism Spectrum Disorder or Developmental Delay Diagnosis	4.3% (41)	-	
Child Comorbid Mental Health Diagnosis & Neurodevelopmental Disorder Diagnosis	12.1% (116)		
No mental health or neurodevelopmental disorder diagnosis	38.1% (365)	-	
Child/adolescent age (years)	-	10.82 (3.35)	959
Economic Impact of COVID 19	-	0.27 (0.25)	959
EM Compliance	-	0.39 (0.34)	948
Stress associated with social isolation	-	0.42 (0.23)	948
COVID 19 exposure (postive exposure)	4.2% (40)	-	959

PARTICIPANT CHARACTERISTICS PARENT REPORT 2 - 5 YEARS OLD

Parents of children ages 2-5 years old	% (n)	mean (std. dev.)	Ν
Self-report household income (≥ 80,000CAD/year)	90.4% (47)	-	52
Parent/caregiver relationship to child (biological or adoptive mother)	96.4% (54)	-	56
Ethnicity/ancestry of the child			49
Caucasian, European, Non-aborigonal North American ethnicity/ancestry origins	51.0% (25)		
Single Ethnicity/ancestry Carribbean, Latin/Central/South American, African, Asian, Oceania, North American Aboriginal origins	20.4% (10)		
Multiple ethnicity/ancestry origins	28.6% (14)		
Assigned sex of the child			56
male	48.2% (27)	-	
female	51.8% (29)	-	
Child age (in months; range 35-60 months)		51.66 (5.89)	56
Economic Impact of COVID 19	-	0.06 (0.17)	55
EM Compliance	-	0.07 (0.18)	55
Stress associated with social isolation		0.40 (0.29)	25
COVID 19 exposure (positive exposure)	5.5% (3)	-	55

PARTICIPANT CHARACTERISTICS CHILD / ADOLESCENT REPORT 10-18 YEARS OLD

Children/Adolescent ages 10-18 years		% (n)	mean (std. dev.)	Ν
EM Compliance	-		0.39 (0.33)	347
Stress associated with social isolation	-		0.36 (0.22)	347

OUTCOME: CONSTRUCTING IMPROVED, UNCHANGED, DETERIORATED IN MULTIPLE DATASETS

In the 3 datasets, we asked the question(s) : Compared to before COVID-19 emergency measures would you say your/your child's (*) is:

- □ Much better
- □ A little better
- □ About the same
- □ A little worse
- Much worse

* anxiety: worries
 depression: mood
 Irritability
 Attention
 hyperactivity: ability to control your fidgeting and restlessness
 OCD symptoms: thoughts and behaviours

OUTCOME:

CONSTRUCTING IMPROVED, UNCHANGED, DETERIORATED IN MULTIPLE DATASETS

In the youngest children, we have the Strengths and Difficulties Questionnaire (SDQ) before and after COVID-19 – and no change questions...

So we can construct a better, same, worse variable using the pre-post scores:

- compute a difference score using data collected on the SDQ in the 12 months prior to COVID-19.
 - subtract the pre-COVID SDQ scores from the SDQ scores obtained during the study period.
 - operationalise better, same, worse using the minimally clinically significant difference in SDQ scores, a change of 2 points.
 - If the difference in SDQ scores was <= -2, the SDQ score was <u>improved</u>
 - If the difference in SDQ scores was >= 2, the SDQ score was <u>deteriorated</u>
 - If the difference in SDQ scores was <2 and > -2, the SDQ score was <u>unchanged</u>

Anxiety Conduct problems/ Irritability Hyperactivity

OBJECTIVE I RESULTS

Table 2. Prevalence of mental health status change by informant and age group.

+ improved . unchanged	of child	formant Iren/ado 6-18 yea	lescent	Parent-report of children ages 2-5 years old		Parent-report of schildren ages 6-9 years old		Parent-report of children ages 10-12 years old		Child-report ages 10- 12 years old		Parent-report of adolescent ages 13-18 years old		Adolescent-report ages 13-18 years old							
- deteriorated	+	•	-	+	•	-	+	•	-	+	•	-	+	•	-	+	•	-	+	•	_
	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)
Mood/Depression	4.5% (33)	34.7% (319)	50.8% (467)	-	-	-	8.8% (33)	44.2% (165)	46.9% (175)	11.0% (29)	41.4% (109)	47.5% (125)	12.0% (19)	52.2% (83)	35.4% (56)	5.7% (44)	38.1% (107)	46.3% (130)	19.6% (37)	33.9% (64)	46.6% (88)
Anxiety / emotional problems	10.0% (92)	42.3% (390)	47.7% (439)	. % (6)	57.4% (31)	31.5% (17)	5.6% (21)	47.9% (180)	46.5% (175)	3.8% (10)	55.1% (146)	41.1% (109)	3.3% (21)	46.8% (74)	39.9% (63)	8.3% (23)	49.1% (136)	42.6% (118)	4. % (26)	48.1% (89)	37.8% (70)
Irritability / conduct problems	8.7% (77)	35.2% (313)	56.1% (498)	l 6.7% (9)	53.7% (29)	29.6% (19)	4.1% (15)	42.3% (153)	53.6% (194)	8.0% (20)	41.0% (103)	51.0% (128)	11.4% (18)	43.7% (69)	44.9% (71)	9.2% (25)	46.1% (125)	44.6% (121)	10.9% (20)	40.8% (75)	48.4% (89)
Attention	9.4% (82)	36.0% (315)	54.6% (477)				9.0% (32)	43.1% (153)	47.9% (170)	7.3% (18)	46.6% (115)	46.2% (114)	8.9% (14)	45.6% (72)	45.6% (72)	4.4% (12)	47.9% (128)	47.6% (127)	11.0% (20)	35.7% (65)	53.3% (97)
Hyperactivity	7.1% (62)	52.4% (458)	40.5% (354)	4.8% (8)	50.0% (27)	35.2% (19)	5.4% (19)	56.1% (199)	38.6% (137)	5.3% (13)	64.8% (160)	30.0% (74)	10.1% (16)	58.2% (92)	31.6% (50)	2.2% (8)	49.0% (180)	48.8% (179)	8.2% (15)	58.8% (107)	33.0% (60)
OCD symptoms	4.0% (35)	74.9% (659)	21.1% (186)	-	-	-	3.9% (14)	76.5% (276)	19.7% (71)	4.0% (10)	74.3% (185)	21.7% (54)	-	-	-	4.1% (11)	73.3% (198)	22.6% (61)	-	-	-

Parents of	children/adoles	cents ages 6-1	8 years old			Cronbach's alpha
Economic Impact of COVID-19: 0 = no impact, 1 = high impact	not at all / NO	slightly	moderately	very	extremely / YES	0.77
How has the COVID-19 crisis affected your family financially?	35.1% (337)	28.1% (269)	21.6% (207)	10.4% (100)	4.8% (46)	
To what degree are you concerned about the stability of your living situation?	44.8% (430)	27.4% (263)	17.4% (167)	7.6% (73)	2.7% (26)	
EM Compliance: 0 = high compliance, 1 = low compliance	not at all	I-2 days per week	a few days per week	several days per week	every day	n/a
How often does your child leave the home (e.g., going to stores, parks, etc.)?	25.9% (246)	33.9% (321)	15.0% (142)	10.4% (99)	14.8% (140)	
Stress associated with social isolation: 0 = no stress, 1 = high stress	not at all	slightly	moderately	very	extremely	0.75
How stressful have the restrictions on leaving home been for your child?	15.7% (149)	30.6% (290)	25.2% (239)	19.1%(181)	9.4% (89)	
How much difficulty has your child had following the recommendations for keeping away from close contact with people?	33.5% (318)	34.1% (323)	15.4% (146)	11.3% (107)	5.7% (54)	
How stressful have these changes in friendships been for your child?	23.2% (218)	30.3% (284)	22.3% (209)	17.1% (160)	7.1% (67)	
How much has cancellation of important events (such as vacation, etc.) in your life been difficult for your child?	9.2% (87)	21.9% (208)	27.5% (261)	24.2% (229)	17.2% (163)	
COVID-19 Exposure: 0 = no exposure, 1 = exposure	NO	YES				n/a
Have you or your child been suspected or diagnosed with COVID-19?	98.9% (948)	1.1% (11)				
Has anyone else in your family been suspected or diagnosed with COVID-19?	96.7% (927)	3.3% (32)				

	Parents	of childre	n ages 2-5	years old					Cronbach' alpha
Economic Impact of COVID-19:	NO	YES							n/a
0 = no impact, I = high impact									
Is the parent unemployed because of COVID?	90.9% (50)	9.1% (5)							
Are you currently having trouble making ends meet?	96.4% (53)	3.6% (2)							
EM Compliance:	0	I	2	3	4	5	6	7	0.51
0 = high compliance, 1 = low compliance									0.51
How many days did your child limit the number of visitors in the home?	0% (0)	0% (0)	0% (0)	1.8% (1)	0% (0)	0% (0)	1.8% (1)	96.4% (53)	
How many days did your child avoid contact with others?	1.8% (1)	0% (0)	0% (0)	1.8% (1)	0% (0)	I.8% (55)	5.5% (3)	89.1% (49)	
How many days did your child keep a distance (2m or greater) from others?	0% (0)	0% (0)	1.8% (1)	0% (0)	0% (0)	1.8% (1)	5.5% (3)	90.9% (50)	
How many days did your child stay home (did not go to work, school or other public places)?	I.8% (I)	0% (0)	0% (0)	0% (0)	3.6% (2)	1.8% (1)	7.3% (4)	85.5% (47)	
Stress associated with social isolation:	not at all	slightly	moderat	very	extremel				n/a
0 = no stress, 1 = high stress			ely		у				II/a
How much has cancellation of important events (such as vacation, etc.) in your life been difficult for your child?	16.0% (4)	60.0% (15)	12.0% (3)	12.0% (3)	0% (0)				
COVID-19 Exposure:	NO	YES							n/a
0 = no exposure, 1 = exposure									II/a
Have you been in contact with someone diagnosed with COVID-19?	94.5% (52)	5.5% (3)							
Has your child been in contact with someone diagnosed with COVID-19?	98.2% (54)	1.8% (1)							

Children/Adolescents ages 10-18 years old										
EM Compliance: 0 = high compliance, 1 = low compliance	not at all	I-2 days per week	a few days per week	several days per week	every day					
How often does you leave the home (e.g., going to stores, parks, etc.)?	23.3% (81)	33.7% (117)	17.0% (59)	I 3.8% (48)	12.1% (42)					
Stress associated with social isolation: 0 = no stress, 1 = high stress	not at all	slightly	moderately	very	extremely	0.68				
How stressful have the restrictions on leaving home been for you?	25.4% (88)	25.9% (90)	28.8% (100)	I 3.8% (48)	6.1% (21)					
How much difficulty have you had following the recommendations for keeping away from close contact with people?	37.8% (131)	32.0% (111)	15.6% (54)	11.5% (40)	3.2% (11)					
How stressful have these changes in friendships been for you?	39.8% (138)	29.7% (103)	14.1% (49)	11.2% (39)	5.2% (18)					
How much has cancellation of important events (such as vacation, etc.) in your life been difficult for you?	13.9% (48)	25.1% (87)	20.8% (72)	24.0% (83)	16.2% (56)					

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **DEPRESSION**

		year	en/adolescent s old: nchanged (r	-		year:	04 0.21 0.000 93 2.03 0.112			
	OR	95%LLCI	95%ULCI	Þ	OR	95%LLCI	95%ULCI	Þ		
Depression (intercept)					0.09					
					1.37					
					0.80					
					1.21					
Child premorbid psychiatric diagnosis	3.12	1.81	5.37	0.000	2.04	1.45	2.86	0.000		
					1.01					
					1.06					
					0.56					
					1.09					
Stress associated with social changes	0.16	0.04	0.56	0.004	55.24	24.55	124.30	0.000		

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **ANXIETY**

	Parent-report of children/adolescent ages 6-18 years old: improved vs unchanged (ref)				Parent-report of children/adolescent ages 6-18 years old: deteriorated vs unchanged (ref)			
	OR	95%LLCI	95%ULCI	Þ	OR	95%LLCI	95%ULCI	Þ
Anxiety (intercept)				0.000	0.08			
				0.649	1.34			
				0.128	0.97			
Child assigned sex	1.84	1.02	3.31	0.041	1.19			
Child premorbid psychiatric diagnosis	2.42	1.17	5.01	0.018	1.24			
				0.947	1.01			
				0.442	1.27			
COVID economic concerns	5.57	1.64	18.97	0.006	1.17			
				0.792	0.88			
Stress associated with social changes	0.12	0.02	0.62	0.011	54.36	25.03	118.03	0.000

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **IRRITABILITY**

		year	en/adolescent s old: nchanged (r			years	en/adolescent s old: unchanged	Ŭ
	OR	95%LLCI	95%ULCI	Þ	OR	95%LLCI	95%ULCI	Þ
Irritability (intercept)					0.24			
					1.21			
Child ethnicity					0.58	0.42	0.80	0.001
					1.31			
Child premorbid psychiatric diagnosis	2.13	1.10	4.13	0.024	2.08	1.48	2.92	0.000
Child age					0.93	0.88	0.98	0.003
					1.04			
					1.18			
					0.95			
Stress associated with social changes					43.25	19.59	95.46	0.000

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **ATTENTION**

	Parent-report of children/adolescent ages 6-18 years old: improved vs unchanged (ref)					port of childro years eriorated vs	s old:	Ũ
	OR	95%LLCI	95%ULCI	Þ	OR	95%LLCI	95%ULCI	Þ
Attention (intercept)					0.21			
					1.09			
					0.83			
					1.15			
					1.38			
					0.99			
					1.73			
COVID economic concerns	3.97	1.29	12.22	0.016	1.21			
					0.83			
Stress associated with social changes					24.93	11.76	52.87	0.000

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **HYPERACTIVITY**

		years	en/adolescent s old: nchanged (r		years	0.11 0.62 0.002 0.77 1.75 0.470 0.70 1.36 0.888			
	OR	95%LLCI	95%ULCI	OR	95%LLCI	95%ULCI	Þ		
Hyperactivity (intercept)				0.26					
				1.16					
				0.98					
Child assigned sex				0.72	0.52	0.99	0.043		
Child premorbid psychiatric diagnosis				2.23	1.56	3.19	0.000		
Child age				0.92	0.88	0.97	0.002		
				1.33					
				1.81					
				0.95					
Stress associated with social changes				16.74	7.94	35.29	0.000		

OBJECTIVE 2 RESULTS: VARIABLES ASSOCIATED WITH CHANGE IN **OCD SYMPTOMS**

	Parent-report of children/adolescent ages 6-18 years old: improved vs unchanged (ref)				Parent-report of children/adolescent ages 6-18 years old: deteriorated vs unchanged (ref)			
	OR	95%LLCI	95%ULCI	Þ	OR	95%LLCI	95%ULCI	Þ
OCD Symptoms (intercept)	0.02			0.000	0.04			
Self-report household income	0.91			0.823	1.08			
Child ethnicity	2.49	1.18	5.24	0.016	1.15			
Child assigned sex				0.397	0.97			
Child premorbid psychiatric diagnosis	1.47			0.347	1.96	1.30	2.98	0.002
Child age	1.01			0.792	1.02			
COVID exposure	0.57			0.587	0.64			
COVID economic concerns	5.20	1.27	21.21	0.022	2.91	I.45	5.85	0.003
Emergency measures compliance	0.97			0.961	0.66			
Stress associated with social changes	0.33			0.197	11.12	5.01	24.70	0.000