

July 13, 2022

See Us, Hear Us 1.0

MENTAL HEALTH EXPERIENCES OF CHILDREN, YOUTH, AND FAMILIES IN SASKATCHEWAN DURING THE FIRST YEAR OF THE COVID-19 PANDEMIC

Qualitative Research Findings

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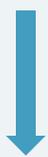
1. INTRODUCTION



Quantitative survey



N=Total number of participants



Qualitative interviews



- 8-11 years: 12
- 12-15 years: 12
- 16-18 years: 6

N=Total number of participants

Background and context

The COVID-19 pandemic negatively impacted, in various ways, the protective factors that are important for children and youth to thrive during crucial developmental stages. Mental health was severely affected due to school closures, social disconnection, disruptions in extra-curricular activities and mental health services. In our online SUHU 1.0 survey conducted in March-July 2021, 38% of children and youth aged 8 to 18 in Saskatchewan reported their overall mental health had worsened during the first year of the pandemic. Over half (59%) felt the pandemic's impact on their life had been more negative than positive. Further, one in four needed mental health services/support.

Impacts on mental health are not equally distributed. Mental health issues in childhood are associated with adverse outcomes in adulthood. For these reasons and more, we need systematic and comprehensive collection of data for providing evidence to facilitate immediate efforts focused on improving services and policies that will benefit children and youth wellbeing in Saskatchewan.

SUHU1.0 Qualitative Study

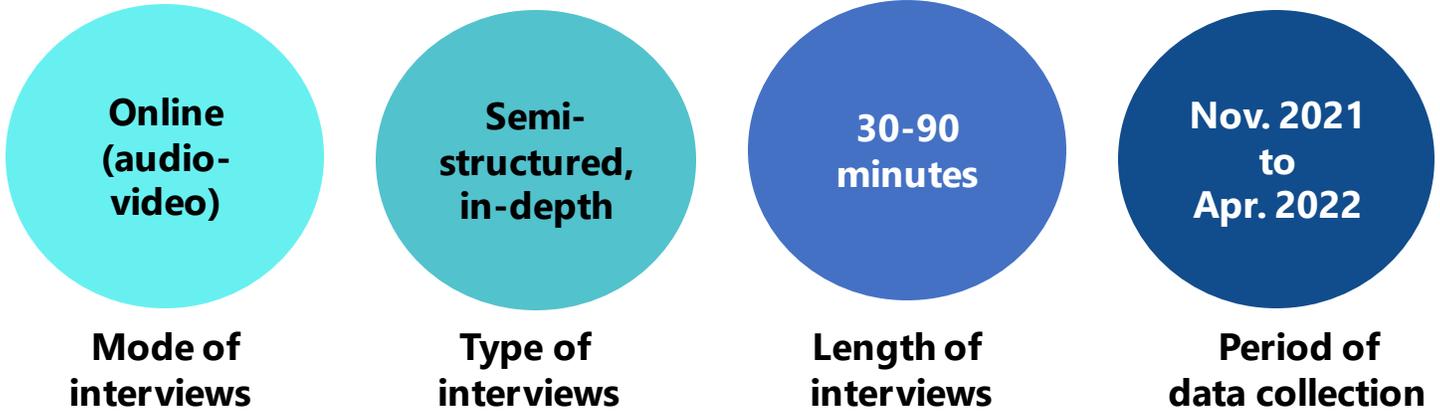
Our online survey helped us understand the prevalence of mental health outcomes in children and youth in Saskatchewan. Another important element is qualitative research that examines in greater depth the lived experiences of children and youth during the pandemic, in their own words.

The second phase of the SUHU1.0 study consisted of collecting qualitative data to understand the pandemic's effects on the lives of children, youth and families. We conducted in-depth interviews with 30 child-parent pairs (selected from our survey sample of 510 dyads). Parents and children were asked how the pandemic had affected their mental health, what had made it easier or harder for them to cope and seek mental health services in Saskatchewan during the pandemic.

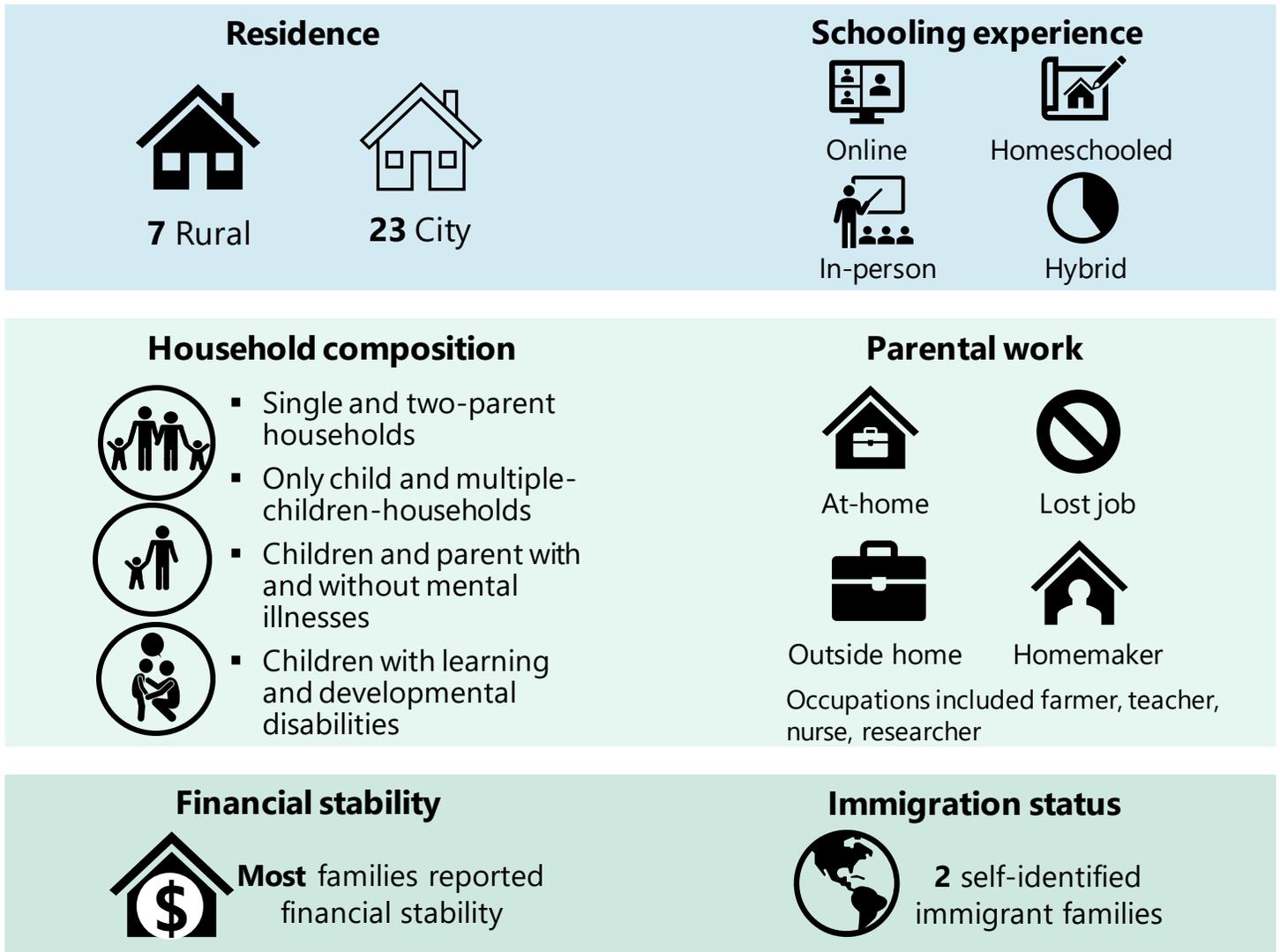
This report highlights findings from our qualitative interviews with children and youth (8-18 years) and their parents.

2. METHODS

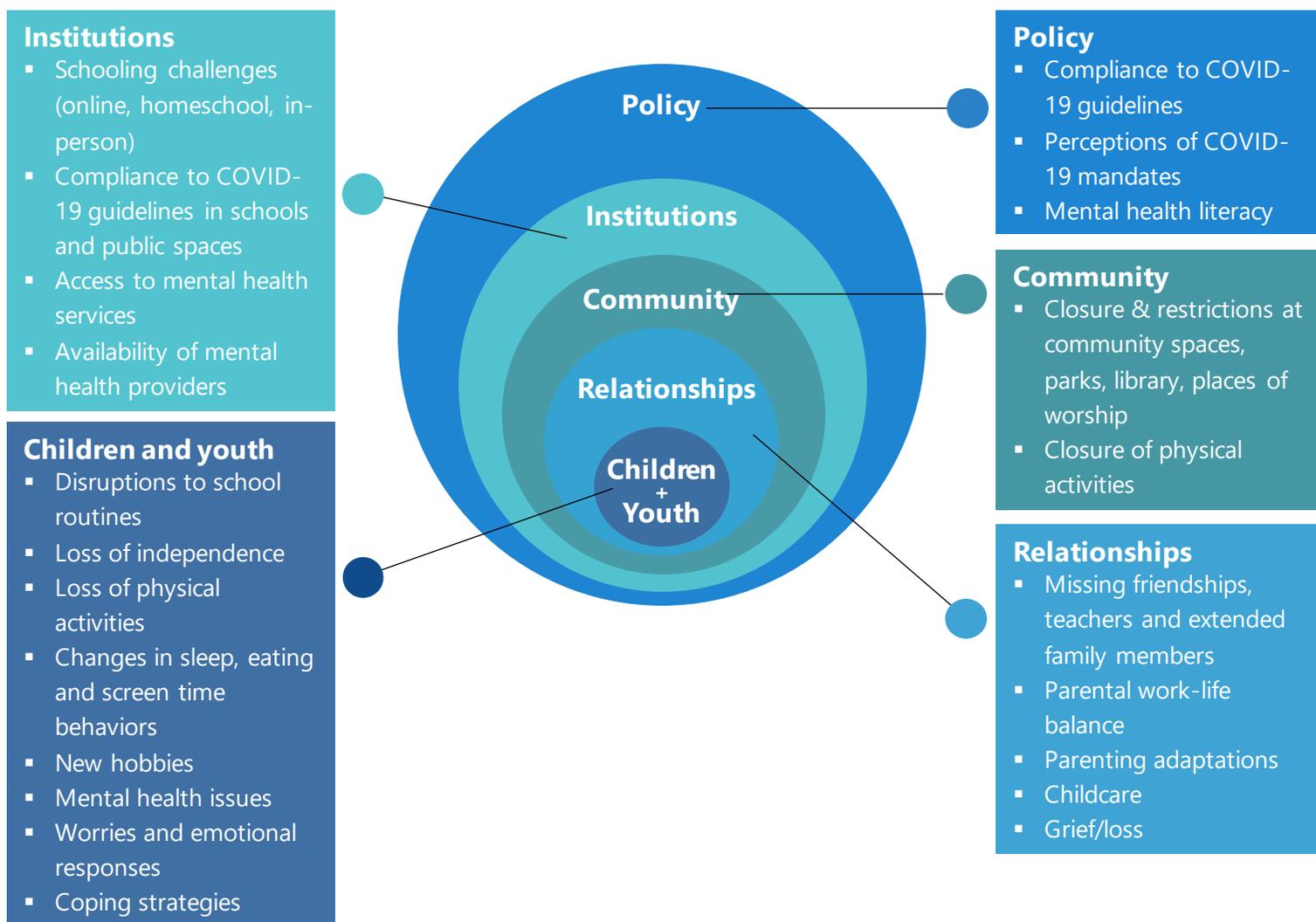
Data collection



Characteristics of the 30 child-parent dyads



3. SUMMARY OF FINDINGS



- This **figure** shows the categories of factors that influence the well-being of children and youth based on our interviews.
- The pandemic disrupted the structure and routines children and youth need to thrive.
- The impacts of the pandemic, both positive and negative, were experienced differently by children depending on their age, family characteristics, and geographic location.
- Children's psychological and social needs were exacerbated, especially for those with pre-existing mental health diagnoses and learning and developmental disabilities.
- Families learned to cope with their children's mental health conditions by seeking formal or informal support and services.
- Participants emphasized the importance of prioritizing mental health services for children and youth and articulated what needs to be different going forward.
- Children and their families have shown resiliency amidst the COVID-19 pandemic.

4. COVID-19 PANDEMIC IMPACTS: PARENT AND CHILD PERSPECTIVES

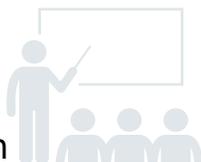
4.1 IMPACT ON SCHOOLING

School closures and the subsequent shift to online learning at home placed a lot of stress on most children and their parents. Some children did online schooling the whole time, while others returned to in-person schooling when it was possible. Still others decided to homeschool due to challenges with online learning and following COVID-19 mandates with return to in-person schooling. Many children said that when the pandemic first hit in March 2020, they felt happy about not having to attend school. However, for some, this happiness was short-lived. Families expressed substantial concerns about schooling, as well as some benefits.

➤ Online schooling

Negative aspects/barriers to success:

- Poor concentration and motivation
- Difficulties getting help from parents
- Difficult to understand online system
- Difficulties following some courses, for example, getting help online from the teacher with math
- Internet connection issues (rural)
- Lack of devices at home
- Social disconnection from school activities, events and peers



Positive aspects/facilitators of success:

- Getting help from siblings/parents
- More spare time to learn new things
- Teachers solving issues through emails
- Improved computer skills
- Engaging in virtual games, interactions with teachers and peers
- More relaxed attitude towards schoolwork by parents
- Working on the computer as compared to pen and paper and limited distractions helpful for children with learning disabilities



[Child, 12-15]: The first couple days of online school, and we were all there like, Yay! Freedom! This is so cool! But then a week passed, and then a month, and then yeah, the end of the year, then it became, very sad, there wasn't as much fun as there was in in-person school.

[Child, 8-11]: It was super hard to follow everything posted on like the website... it was really hard to get questions answered because we have to email our teacher and then wait for our response.

[Child, 12-15]: When you're trying to do like math...it's kinda hard to understand when you can't be in front of a board and having a teacher helping you.

[Parent, 16-18]: Without the structure of being in class... [child] was finding it really hard to get his work done and find motivation to get it done.

[Parent, 16-18]: We... felt that [teachers] worked harder to connect with us and to be helpful... answering emails, being very understanding.

4. COVID-19 PANDEMIC IMPACTS: PARENT AND CHILD PERSPECTIVES

➤ In-person schooling

When schools re-opened, most children returned to class. In-person schooling was modified in many ways due to the pandemic, and families reported a mix of negative and positive aspects.

Negative aspects/barriers to success:

- Negative feelings about COVID-19 mandates
- Block and quint system and staggered recesses
- Teacher shortages
- Masking hindered additional language learning
- Few or no school activities/sports
- Being in cohorts led to less social interaction
- Limited participation by some children due to masking mandates

Positive aspects/facilitators of success:

- Getting used to masking
- Resuming school routines
- Accessibility of teachers and finding “safe space” with them.
- Easier to read emotions compared to online
- Ability to comfort friends



➤ Homeschooling

COVID-19 mandates placed challenges on homeschooling routines. Parents were unable to rent spaces, such as the library, and homeschooling groups could no longer meet. This took away an important social outlet for them.

Some positive aspects to homeschooling expressed by families were that they did not have to go through online learning system. They created their own curriculum, allowing them to incorporate life skills training at home. Unlike in-person schooling, homeschoolers were happy that they did not have to wear masks.

“ [Child, 12-15]: ...there was less participation [at school] and that could have been...for many reasons but...for me, I felt like it was because...with masks, you can't really see people as much, like their faces.

[Parent, 16-18]: That [block system] wasn't very good because it was just confusing for everybody. What's going on and what-not.. odd blocks of time where he [child] had nothing going on.

[Parent, 8-11]: I think that [being with friends] did improve her mood, somewhat, being back in school with her friends.

[Parent, 12-15]: Just because of all the restrictions on gathering and that we couldn't rent spaces like at the library... all of those things were also taken away, so like the kind of our social outlet.”



4. COVID-19 PANDEMIC IMPACTS: PARENT AND CHILD PERSPECTIVES

4.2 BEHAVIOURS

➤ Physical activities

Many parents and children reported disruptions in curricular and extracurricular physical activities during the first year of the pandemic, which affected their ability to manage stress.

Factors contributing to reduction in physical activity included:

- Public health mandates regarding activities with close contact,
- Lack of motivation,
- Not having access to necessary space or facilities,
- Cancellation of sports at school and other extracurricular activities.

On the positive side, some teachers gave students exercises to do at home. Older children did more biking or walking to school due to school bus service disruptions. Many saw an increase in physical activity levels in the summer, while individuals living on farms in rural areas reported being more active year-round.

➤ Sleep

Among all age groups, most children went to bed and woke up later than usual when they were not attending school. Many parents also relaxed children's schedules.

Children with mental health issues reported substantial difficulties with sleep. Some younger children, especially ones with anxiety slept with their parents to cope with poor sleep. For some of the older children, schoolwork-related stress led to sleep disturbances.

“ [Parent, 16-18]: She...was planning for a lot of tournaments...she wanted to go to the national one. This was just blown away because of the pandemic...so every athletic ambition that she had was just destroyed.

[Child, 12-15]: Since we live on the farm, have pigs, so we'll walk to the barn to feed them. So, every day... depending on how cold or what season.

[Youth, 16-18]: Since the bus basically...a small enclosed space, it's a high chance of a spreading [COVID]. So instead of, just been walking to school for most of the days and walking back, so fair bit of exercise, which is nice.

[Parent, 8-11]: ...pre-pandemic, [child] would still sleep with me every once in a while...it was definitely increased, like it was noticeable, the increase of how much he started coming into my bed...I think he just...wanted...the comfort and to be close.

[Parent, 16-18]: [child] didn't sleep well because of all these assignments and stuff that she has to do... when I wake her up, she's like screaming and talking while she's sleeping and anxious in sleep, it was harsh. ”

4. COVID-19 PANDEMIC IMPACTS: PARENT AND CHILD PERSPECTIVES

➤ Eating habits

Some children reported no changes to their eating habits, while others spoke of changes in eating patterns such as eating in front of the computer instead of at the table with family and eating at irregular times due to lack of school routine. Many families made efforts to eat healthier at the onset of the pandemic. Children who ate more tended to do so out of boredom.

➤ Recreational screen time



Most parents and children themselves reported an increase in screentime because children used their devices for social interactions and playing video games with friends and family. Electronic devices and social media helped children combat boredom and families watched movies together more often. Parents who worked from home utilized screentime to facilitate work-life balance. Some concerns reported by parents were that it was “very difficult to police” what the child was watching and to ensure that children were truly engaged in online school-work.

4.3 PARENT WORK-LIFE BALANCE



There was a great shift in parenting roles during the first year of the pandemic. Increased responsibility for children’s schooling at home, closure of childcare centers for younger kids whose parents were frontline responders, transition to work-from-home, parental job loss, and lack of adequate space and devices for everyone in the household to work and study simultaneously are some of the factors that contributed to mental health issues in many families.

“ [Child, 12-15]: ..often I would eat lunch in front of the computer. I would often never come eat at the kitchen, or, with other people, we would be in front of the computer.



[Parent, 16-18]: He does drink a lot of pop. I don’t necessarily think that is a sign of mental health, but I think almost a sign of boredom.

[Child, 12-15]: ...big increase there... I was still using my phone to just talk to my friends, or through social media...

[Parent, 12-15]: ...biggest struggles was to manage [screen time] especially when they are on [it for] school... making sure that that’s what they’re doing... YouTube instead of listening to their teacher or finding funny emojis to post in the classroom chat.

[Parent, 8-11]: I was probably working, more than I should... and I think in terms of the impact on [child], I was probably not as patient... you know when she would need something during the day and I’m in the middle of something at work...it was hard for me to switch gears.”

4. COVID-19 PANDEMIC IMPACTS: PARENT AND CHILD PERSPECTIVES

4.4 PSYCHOLOGICAL RESPONSES TO THE PANDEMIC

Children and youth reported feeling sad, lonely, anxious, angry, and frightened during the pandemic. Families had concerns about the risk of getting infected by COVID-19 at school or in public spaces and in turn infecting vulnerable or immunocompromised family members such as grandparents. Some expressed worries of being excluded from activities due to incomplete vaccination status. Meanwhile, some families in rural areas faced challenges complying with COVID-19 mandates while living within communities that held different views about the mandates. Children also expressed worries about their grades and homework as well as difficulties with online schooling. Some were anxious and uncertain about the future.

There were also times during the pandemic when children and parents felt better. Positive feelings included being thankful (especially for the family time) and feeling comforted by family members and friends.



Figure: Psychosocial responses to the COVID-19 pandemic by children, youth and parents. This word cloud is based on text analysis conducted using NVivo software showing the frequently mentioned words by participants in the interviews.

“ [Child, 8-11]: Right at the beginning, just the first couple weeks was a bit, frightening, I guess. Since then, it's been fine. It's just that, new disease and no vaccinations. Some people are getting very sick.

[Child, 8-11]: To be honest my anxiety got a bit worse... worst things about my anxiety is being sick, it always triggers my anxiety, especially knowing that if you have COVID there's a chance that you might throw up. So I was hoping to not get it, but it's just still a big worry the entire time, pretty much.

[Youth, 16-18]: We didn't see any family for over a year. So [youth] was worried about, you know, when are we going to be able to see family again.

[Parent, 12-15]: That has been a large struggle for our family that we are making decisions that are not popular in our community, and our children have often felt isolated because we are doing things so differently from everybody in our area. ”



4. COVID-19 PANDEMIC IMPACTS: PARENT AND CHILD PERSPECTIVES

4.5 COPING

➤ Coping with the pandemic in general

Parents and children reported various factors which either helped or hindered their ability to cope during the pandemic. Barriers were online schooling, parents working from home, parents' lack of mental health literacy, not seeing friends or extended family members, lack of extracurricular activities, not traveling for family holidays and grief and loss. For some, not being vaccinated excluded them from participating in certain activities.

Factors that facilitated coping were social interactions, talking to family (mostly mothers), finding new hobbies, physical activities, "pandemic pets" (mainly dogs), having a stable home, financial stability and finding ways to stay as "normal" as possible during the pandemic.

➤ Coping with mental health issues

The most common mental health diagnoses were anxiety, ADHD and depression. Families reported that pre-existing mental health conditions were exacerbated by the pandemic.

Factors that made it harder to cope included long wait times to access help, the cost and side effects of medications, and the cost and/or dissatisfaction with mental health services. Coping was more challenging for children whose parents had low mental health literacy as well as families in which other members had mental health issues. School closures and social isolation also affected coping.

Other factors supported coping: financial stability, parents' work benefits that covered mental health care, prior experience with obtaining care, medication, and having a family doctor. Activities like getting fresh air, being physically active, arts and crafts, and reading books were also beneficial. Younger children found it helpful to co-sleep with their parents. Having a good support system was emphasized across age groups.

“
[Child, 12-15]: My self-esteem was really low. I just didn't know what to do at that point. I was out of options almost. I was throwing the bone in my backyard for my dog all the time.

[Child, 8-11]: The video games definitely helped because I had a bunch of friends who did them and I could just do that, with them. And then I could kinda feel a little bit closer to them.

[Youth, 16-18]: ...talking to my mom or my dad about like common anxieties that I felt...talking to like an adult that I trusted, helped me.

[Parent, 8-11]: We're lucky enough that we can pay for them...didn't matter whether we were covered or not...by benefits...and we didn't have to wait for referrals...we were able to go direct to counselors.”

5. PANDEMIC CHALLENGES BY SUBGROUPS

➤ Shared perspectives across groups

Our findings suggest that children, youth and parents expressed similar perspectives on the pandemic challenges. Specifically, children and youth talked about how the pandemic disrupted school routines, the transition to online learning, the cohort/quint system in schools, and difficulty maintaining or interacting with friends, particularly, while online schooling. Some became fearful of getting infected with COVID-19, while others struggled to engage with online extracurricular activities. Parents faced added responsibilities as they had to adjust to their children's schooling transitions while complying with COVID-19 mandates. Many parents allowed screentime to facilitate work-from-home. Finding a balance between the risk of infection and the benefits of children engaging in activities was often challenging. Some families also dealt with grief and loss and could not travel to be with their extended family members during trying times.

“ [Child, 12-15]: I don't want to feel like everybody is bringing death to me.

[Parent, 16-18]: [child] was just starting to kind of build some friendships, relationships...and so without school there he really was kind of alone.

[Parent, 8-11]: That was challenging actually—when our boys were not in school because we had to work out how to parent, and both have full time jobs and do online school with them.”

➤ Perspectives by age group

8-11 years

- Small birthday parties
- Super-compliers, e.g., unwilling to eat out
- Co-sleeping as a coping mechanism
- Dependence on adults in family for participation in physical activity
- Sense of disconnect with school/teacher



12-15 years

- More understanding of why they couldn't see friends
- Lack of parental access to child's online learning
- Increased screentime from chatting with friends



16-18 years

- Loss of independence
- Gave up extracurricular activities to protect family's health
- Less time in school allowed for greater self-exploration and doing things of interest
- Missed field trips abroad



6. RECOMMENDATIONS BY CHILDREN, YOUTH AND PARENTS TO IMPROVE MENTAL HEALTH SERVICES IN SASKATCHEWAN



Increase access to mental health services outside of school hours (evenings and weekends).



Increase mental health crisis units and providers in rural areas.



Reduce student-to-counsellor ratio by adding one full-time counsellor in each school.



Incorporate more mental health training in school curriculum.



Reduce stigma associated with accessing supports in mental health.



Educate parents on signs and symptoms of mental illnesses.



Urge the government to put children and teachers first.



7. CONCLUSION

Children and youth in Saskatchewan have been significantly impacted by the COVID-19 pandemic in many areas of their lives. They have shared vividly their experiences during the pandemic. The recommendations they have spoken provide urgency to prioritize children’s mental health needs in the province. It will be a missed opportunity to truly “see and hear” Saskatchewan children if we fail to act now.

“I think that I would like to see government that has, you know, kids in perspective and less politics and economics” - [Parent, 12-15]



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