RECOMMENDATIONS FOR ENSURING THE MENTAL HEALTH OF CHILDREN DURING AND AFTER THE COVID-19 PANDEMIC

ISSUE:

Since the beginning of 2020, Canadian children have had to adapt to many changes across different areas of their life. In addition to the disruption of school routines (drop-off / return to school, home schooling), family and social routines, health monitoring, outings and outdoor recreation have all been disrupted. This is without considering the added effects of anxiety about the virus, unpredictability, as well as the confusion or even the misunderstanding around certain government measures (e.g. wearing a mask, closing public places). Although all children have been impacted by the pandemic, some are at greater risk of having their well-being and mental health affected by COVID-19, in particular children who already had challenges, neurodevelopmental disabilities, or a chronic health condition.

A team of thirty university researchers, health professionals, and partners from non-profit and private organizations did a literature review and interviewed Quebec parents to:

1. Explore the impacts of the pandemic on children aged 5-12, with an emphasis on the impacts that are commonly experienced by children with disabilities or with a chronic health condition.
2. Explore the protective and risk factors of children's mental health.
3. Identify promising interventions and recommendations to support children's mental health.
4. Situate information from the scientific literature within the Quebec context.

This policy brief aims to report the recommendations drawn from the results of this study to decision makers in public health. The overall objective of this brief's recommendations is to safeguard the mental health and wellbeing of children during the pandemic.

CONTEXT:

The literature review and interviews took place throughout the month of July 2020. In line with the results from the empirical literature review ($n = 17$ articles), the interviewed parents ($n = 18$ interviews) mentioned several concerns in relation to the pandemic including disrupted sleep routines and cycles, unusual feelings of anxiety and isolation, or signs of psychological distress (confrontation, anger, avoidance). A few families experienced a period of mourning, which represented an additional psychological and emotional challenge during lockdown. In addition, families whose children already had difficulties (e.g. social, educational, or developmental) or those who lived in urban areas without access to private outdoor space appeared to be more affected. Connections to social or support networks were reduced and, for some participants, non-existent altogether. Moreover, families who had a solid and diversified social network (family, friends, school, and colleagues), which included essential personnel (caregivers, workers, educators,

teachers), appreciated the respite that their presence/support provided. It is important to note that some families shared that their children's mental health was not particularly affected and mentioned positive impacts of lockdowns, including a decrease in social demands, the possibility of having more family time, as well as the opportunity to reflect on family priorities.
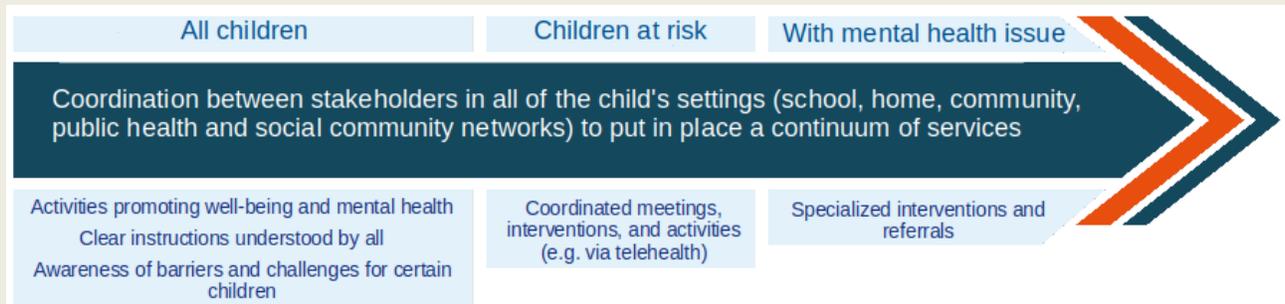
RECOMMENDATIONS FOR PUBLIC HEALTH:

From the outset, it seems important to us to stress that the recommendations drawn from this study are not surprising. Despite their similarities to agreed-upon recommendations drawn before the pandemic, the current socio-health context has reminded us of the urgency of acting on these recommendations. It is therefore essential that sustainable actions are quickly carried out and supported by a strong political will to implement the necessary changes.

The results of our study emphasize the importance of identifying at-risk children to provide them with individualized psychological support tailored to their needs, while continuing to promote and pay attention to the mental health of all children. **The mental health of children, but also that of their parents, MUST be the centerpiece of all future public health actions.** Three main recommendations and courses of action that public health departments and their partners can quickly adopt have been formulated in connection with the 2020-2021 school year (Note that all the recommendations are available in Appendices 1 and 2).

RECOMMENDATIONS

1. Promote the well-being and mental health of all children on an ongoing basis

2. Equip people in children's social and support systems with the tools to recognize and to screen for signs of psychological distress in order to intervene early

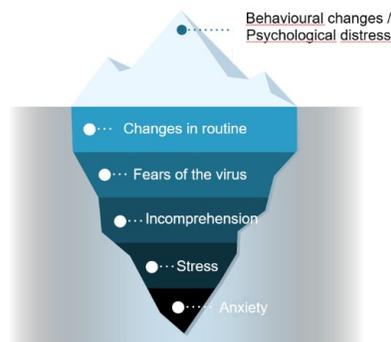**3. Strengthen collaboration and networking to better support children**

All children	Children at risk	With mental health issue
Coordination between stakeholders in all of the child's settings (school, home, community, public health and social community networks) to put in place a continuum of services		
Activities promoting well-being and mental health Clear instructions understood by all Awareness of barriers and challenges for certain children	Coordinated meetings, interventions, and activities (e.g. via telehealth)	Specialized interventions and referrals

RECOMMENDATION 1:
Promote the well-being and mental health of all children on an ongoing basis

Disruptions to daily activities caused by the pandemic have created new situations for children to manage, some of whom already had mental health difficulties before the pandemic. To help promote wellbeing and the mental health of all children on an ongoing basis, public health decision makers and their networks should:

- Facilitate regular contact for children and families with their educational network, whether face-to-face or remotely. This contact could be initiated by the child's teacher or by an educational assistant, the latter who would follow up with the child's teacher.

- Allow families to maintain a routine and activities as close as possible to normal. Establishing and maintaining a routine with children provides them with a safe environment that is more favorable to learning and to cognitive, emotional, and social development. It is important to keep spaces for children to meet their peers indoors or outdoors, as well as participate in structured activities (e.g., sports) or free play. It would be favorable to organize these activities (when, what) and to carry them out in structured settings (e.g., school, community organizations) to supervise the activity in a safe and predictable manner.

- Inform children of the evolution of the pandemic using a positive, age-appropriate approach. Information intended for adults may be difficult for children to understand. It is important to provide public health sources of information that are appropriate for children's age (e.g., TV shows, age-appropriate newscasts, Q&A periods for young people). The messages conveyed should be simple, adapted to the age of the audience, and explain the pandemic and its context (e.g., information about the virus, how it is transmitted, public health regulations).

- Guide parents to adopt attitudes appropriate to children. The lockdonw has influenced the quality of the parent-child relationship in some families. Thus, families should be supported by offering them resources to: manage family life, guide interactions with the child, or adequately reassure the child during difficult discussions (e.g., addressing old age, death, bereavement in the "COVID climate"). Appendix 3 presents some resources that can help families. Of course, health, education, and community sectors could provide this type of support in their facilities via their privileged contact with families (e.g., focus groups, telehealth sessions with a professional).

- Encourage the implementation of activities that support well-being and relaxation as well as inspire a positive outlook. It would be important to guide settings (schools, community organizations, family homes) by proposing activities that create a calm environment for them to carry out. These activities should welcome all children, be a place for active listening, and encourage children to ask themselves questions as well as ask others (for example, by conversing while drawing, writing a letter, or creating a comic strip).

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RECOMMENDATION 2:
Equip people in children's social and support systems with the tools to recognize and to screen for signs of psychological distress in order to intervene early

These signs could be changes in mood, signs of anxiety, trouble sleeping, or the onset of crises. Particular attention should be paid to certain children: those whose loved ones have had or are at risk of having COVID-19, those who live in an urban environment, whose parents are essential workers and those who were already presenting difficulties (e.g., at school, with family, socially or with health). To follow through on this recommendation, public health decision makers and their networks should take the following actions:

Behavioural changes / Psychological distress
Changes in routine
Fears of the virus
Incomprehension
Stress
Anxiety

- Equip staff in childhood settings (i.e. school teams) with the tools they need to be aware of: 1 / signs of psychological distress to know how to react positively and refer to a professional according to the child's needs; 2 / mental health protective factors to strengthen their own mental health and, by extension, that of children. Free webinars could be offered by a mental health professional to explain signs to look out for, mental health protective factors, and intervention techniques with the use of concrete examples that reflect the current situation. These webinars should be tailored to the audience, such as adapted webinars for school or community professionals who may experience varying issues with children due to their different work environment (education, recreation, respite, etc.). In addition, these resources could be used by other people in children's lives (Appendix 3).

- Indicate to the people around the children which ones are at risk, i.e. children with neurodevelopmental disabilities and children who had difficulties with change before the pandemic, while remaining vigilant towards all children. For these children, if unusual signs appear, they must be referred to the appropriate health professional as soon as possible (e.g., occupational therapist, physiotherapist, special educator, speech therapist, psychologist, child and youth worker, school nurse, social worker, social worker technician, etc.).

- Provide the possibility of having regular access to a mental health professional in settings most frequented by children (e.g., schools). This would provide significant help to support those who are waiting for services, in addition to providing preventive help to all children.

- Offer priority access to mental health services for children who study at home (who are not as much on the teacher's radar), particularly those who show signs of psychological distress, or those who already had mental health difficulties. This type of service should be offered to all families with school-aged children who must stay at home, through a telehealth platform. This platform would make it possible to sort requests according to needs, in addition to providing informative resources to parents.

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RECOMMENDATION 3:
Strengthen health-school-family-community network as well as the collaboration and coordination of each party to lessen the impacts of COVID-19 on children's mental health

During our study, we had the opportunity to consult numerous resources, some of which were recommended or developed by our partners. Even though the multiplicity of resources makes it possible to find tools for each case or profile, it is difficult to navigate the large number of tools available, whether for parents, teachers, or health professionals. To help strengthen collaboration, coordination and networking, public health decision makers and their networks should:

- Use resources that are already available and free. Several resources (in English and French) (Appendix 3) have been developed over the last few months that can be used by different communities. This would mean centralizing and organizing them by theme (e.g., "back to school", "home education") or by audience (e.g., teachers, parents) via a platform to facilitate their use and avoid duplication.

- Post training activities offered by school teams, community workers, and health and social service professionals on this platform. Centralizing all the information and making it available at all times would allow each professional to easily find the information as well as not duplicate resources by using pre-existing ones.

- **Rapidly implement measures when a child is at risk of having mental health problems, using a gradual service approach.** A continuum of services including general resources for all children, group interventions for children with specific needs, targeted training with parents, and specialized psychological treatments for children should be offered in accordance with the needs of children and families. This continuum should be offered both via virtual (telehealth) and face-to-face modalities so that networks and organizations can remain active during health emergencies involving quarantine (or more generally so that services are accessible to families that are more isolated).

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TO CITE THIS STUDY:

(1) Camden, C., Malboeuf-Hurtubise, C., *PRISME-COVID-19 research team*. Les répercussions de la pandémie de la COVID-19 sur la santé mentale des enfants de 5-12 ans et les défis particuliers vécus par les enfants ayant un handicap ou une condition de santé chronique : une synthèse des recommandations. Research supported by the 'COVID-19 and Mental Health Initiative' led by the Canadian Institutes of Health Research. Report published in november 2020.
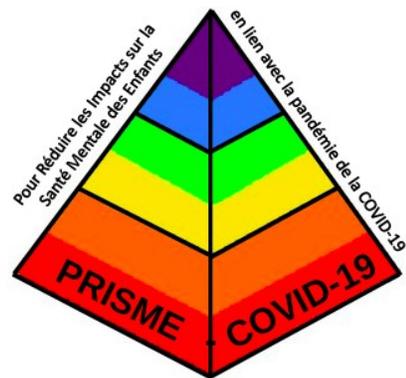
FOR MORE INFORMATION:

Please contact the research coordinator by email (elodie.herault@usherbrooke.ca) or view the report at this link: https://labo-grandir.com/favoriser-la-sante-mentale-des-enfants-de-5-12-ans-durant-la-covid-19/

APPENDIX 1: Recommendations from the literature review

Support the well-being of children and families by watching for abnormal signs and referring as soon as possible

FOR ALL CHILDREN:
- Pay attention to the behaviours adopted by children to adapt to the situation: differentiate whether it is resilience or denial, which could then hide depressive symptoms. (1)
- Promote adaptation strategies aimed at targeting and resolving anxiety-inducing problems: avoid strategies aimed at avoiding / enduring the problem, i.e. which are not directly aimed at finding solutions. (2)
- Communicate and collaborate with children in order to understand their concerns and understand how to alleviate their loneliness. (3)
- Implement prevention and intervention programs to increase the psychological well-being of children and their relatives in situations requiring a lockdown of the population. (4)
- Equip teachers to respond to negative moods and increase their awareness of problems so that they refer the children to professionals. (5)

FOR CERTAIN CHILDREN:
- Propose and implement interventions to teach children with ADHD about how to control their mood. (6)
- Offer activities adapted to children with ADHD to compensate for their usual activities when they are drastically reduced. (1)
- Support for the well-being and mental health of children with disabilities and with special educational needs should be included in all interventions offered to these children upon return to school. (7)
- In children with ADHD, for whom school constraints are a source of conflict and stress, the physical return to school should be closely monitored and supported considering the additional constraints inherent to COVID-19. (8)

Inform children according to their age and level of understanding

FOR ALL CHILDREN:
- The media and children's television channels could play an important role in providing children with access to quality information, including explaining what the virus is or how to learn to live with the virus. Regular communications ('press briefing' style) targeting specific age groups and adapted to their level of understanding could be carried out. (9)
- Limit or better organize children's exposure to news media, while ensuring a fact-based education that is appropriate for their age. (10)
- Provide and promote resources (e.g., storytelling, age-appropriate infographics) aimed at helping children understand the changes, making it easy for people who interact with children to provide good explanations, or to help families identify the characteristics of their environment which can remain similar. (11)

Maintain a 'normal' situation as most as possible

FOR ALL CHILDREN:
- Prioritize physical return to school for all children. (5)
- Propose clear routines. (7)
- Manage sleep difficulties by maintaining routines. (4)

FOR CERTAIN CHILDREN:
- Maintain a clear family structure for Autistic children and adolescents who may experience distress inherent to the loss of a daily routine. (10)

Maintain lifestyle habits aimed at staying active and healthy (diet, sleep, recreation, and sports)

FOR ALL CHILDREN:
- Pay attention to sleep, diet, hobbies, creative activities to help children stay active and interested. (12)

Support the wellbeing of those who have an important role in the lives of children

FOR CERTAIN CHILDREN:
- Improve the financial conditions of households, job security and the flexibility of parents' working hours. (13)
- Promote strategies aimed at limiting the emotional or psychological impacts on people who revolve around children in order to guide them in their parenting or professional practices. (14)
- Offer adapted psychological support to parents, in addition to children. (15)
- Set up psychological intervention services for parents, in addition to the services set up for children. (13)

Guide parents in the attitudes they adopt with children

FOR ALL CHILDREN:
- The last few months of quarantine may have affected the parent-child relationship and everyone's ability to appreciate it. It is important to offer mental health interventions targeting parent-child relationships, regardless of age. (15)
- Provide access to advice on managing family life during lockdowns (11)

Provide support to parents who homeschool due to quarantine measures (or in general)

FOR CERTAIN CHILDREN:
- Provide access to educational resources adapted to the needs of children with disabilities who must remain quarantined at home. (10)

Relax quarantine measures

FOR CERTAIN CHILDREN:
- Quarantine restrictions must be relaxed for families with children with special needs. (16)
- Provide opportunities for children with disabilities to see familiar faces. (11)
- Get closer to a multigenerational lifestyle (especially in the context of a lockdown): encourage mutual aid within social / family bubbles. (12)

Identify children and families who need / will need more support than others

FOR CERTAIN CHILDREN:
- Give more opportunities to families of parents who have children with disabilities to

receive professional advice (related to mental health and home education). (12)
- Some families will not need or want additional support, so it is necessary to identify families who have more difficulties and who want support in terms of education and social services. (12)
- Identify children whose emotional state is altered early on, paying particular attention to families who are under a lot of stress or whose routines have been seriously affected. (14)
- The most vulnerable children are those who live in urban areas, whose parents are more educated or show signs of depression. (13)
- We must pay particular attention to families whose children have pre-existing behavioural issues. (16)
- Health care professionals should ask children who already suffered from mental health problems before the pandemic and their families how they are experiencing the pandemic in order to identify those whose psychopathological symptoms have worsened. (10)
- Children who have mood or anxiety disorders (including obsessive-compulsive disorder) are particularly at risk of having their symptoms exacerbated due to their fear of COVID-19. (10)

Offer interventions or services using telehealth methods

FOR ALL CHILDREN:
- Develop health care offered to families at home. (16)
- Disseminate telehealth modalities more widely given the positive parental perception of remote care. (8)

FOR CERTAIN CHILDREN:
- Offer expert advice to families with pre-existing psychological difficulties (e.g. at risk of developing post-traumatic shock) to support them in their parenting skills at home, during their interactions with children. (17)

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APPENDIX 2: Recommendations from interviews with parents

Support the wellbeing of children and families by watching for abnormal signs and referring as soon as possible FOR ALL CHILDREN: - Increase the presence of psychoeducators in schools. FOR CERTAIN CHILDREN: - Offer psychological support to students who show signs of anxiety.
Inform children according to their age and level of understanding FOR ALL CHILDREN: - Encourage the use of educational toolkits at school or at home so that students. understand and follow the rules that apply to their environment.
Getting closer to a 'normal' situation FOR ALL CHILDREN: - Do not place the school out of context because of imposed measures; instead, keep the motivating elements of school, such as contact with friends, classroom activities, recreation, physical education classes, visual arts, as well as music lessons.
Support the wellbeing of those who have an important role in the lives of children FOR ALL CHILDREN: - Review telehealth options so that they are less generalized and instead adapted to mental health support needs. - Offer psychological support to parents, not just children.
Help educational settings in their work with children at school FOR ALL CHILDREN: - Maintain a low ratio in classes at the start of the school year, especially when there is a child with special needs. - Strengthen school team coordination and tools for teachers.
Deliver support to parents homeschool due to lockdown measures (or in general) FOR ALL CHILDREN: - Use a single platform for online classes to reduce the demands on families who use more than one platform. - Offer more follow-ups by videoconferencing, including breaks so that children can relax. - Encourage work in subgroups for children. - Work towards individualizing plans for all children, regardless of their level of learning. - Set up an organized learning routine with a stable curricula. FOR CERTAIN CHILDREN: - Provide access to computers or tablets for students who live in families that do not have

them.
- Make school materials available to families, especially those with lower incomes.

Relax lockdown measures for

FOR CERTAIN CHILDREN:
- Allow one of the two parents not to work when one of the children has special needs.
- Give parents who have a child with special needs the option of hiring a caregiver.
- Allow accommodations for people raising a child alone, especially when leaving the house to buy supplies or groceries (to either go with their child or to be able to have their child looked after).

Identify children and families who need / will need more support than others

FOR ALL CHILDREN:
- Develop an assessment during the year to assess the learning level of students and identify those who are falling behind in their schooling.

APPENDIX 3: Examples of resources developed and promoted by our partners

Resources (French)	Themes and/or type of information	Languages
Webpage from the Canadian Paediatric Society (CPS) on 'COVID-19 and your child': https://www.soinsdenosenfants.cps.ca/handouts/the-2019-novel-coronavirus-covid-19 ; https://www.caringforkids.cps.ca/handouts/the-2019-novel-coronavirus-covid-19	Protecting myself and my child; what to do if my child is sick; telling my child about COVID-19; helping children and teens cope with stressful public events; getting back-to-school information	FR, ENG
'Conseils aux parents en période de confinement' webpage by l'Ordre des psychologues du Québec : https://www.ordrepsy.qc.ca/conseils-aux-parents-pendant-la-pandemie-de-covid-19?fbclid=IwAR3hgyWix4cZTVU2s49exyJ86q9IbCHr3fkbheYG3F1QBCj8qGk_u00Czfg	Responding to children's concerns about COVID-19; explaining COVID-19 to children; responding to parents' concerns related to children's school learning; how to deal with children's emotions and behaviours as a parent	FR
Jasmin Roy Foundation toolbox to help young people with their emotional and social needs during the pandemic : Brings together several positive intervention strategies to support parents and school staff in supporting young people in a context of isolation and social distancing. https://fondationjasminroy.com/coffre-a-outils/	Managing emotions, anxiety, stress, grief, difficulties with motivation, and sleep disorders.	FR, ENG
Videos from the Regroupement des CPE des Cantons de l'Est: 15 to 20 min videos for parents and school-setting workers. https://www.youtube.com/channel/UCJb0tr9XNbutta0H2zzq5_w/videos	Preparing for the reopening of schools; using your stress positively; welcoming children and parents using a positive approach; remaining benevolent; supporting and ensuring the safety of children; personal reflections and actions to undertake for supporting children.	FR
Robert Debré Hospital's practical sheets: To better support families in their daily lives and share their work with professionals, the child psychiatry branch at Robert Debré Hospital posted its scientific publications and clinical posters online. https://www.pedopsydebre.org/fiches-pratiques	Having a successful start to the school year; identifying symptoms of stress or psychological distress; managing parents' anger; managing stress and that of your students; managing eating difficulties during lockdown; promoting interactions between siblings; attending school from home. ** For all children including special resources for children with	ENG, FR

	neurodevelopmental disabilities (ADHD, ASD, anxiety disorders, etc.).	
'COVID-19 resources' webpage by Child-Bright: A collection of resources for families of children with disabilities. https://www.child-bright.ca/covid-19-resources	General information for parents; support groups/communities; leisure activities for children; information adapted to children. ** For children with disabilities.	ENG
Tools developed by the public health department: Available by email: elodie.herault@usherbrooke.ca	Helps children understand the deconfinement process; explains positive interventions; suggests a course of action to support the return to school.	FR
'Seven tips to recharge' by Mouvement Santé Mentale Québec: https://www.mouvementsmq.ca/campagnes/campagne-2017-2018/outils	Activity sheets (2017-2018 campaign): act, feel, accept yourself, recharge your batteries, discover, choose, create networks.	FR
'Parenting Tips: Proven parenting tips and activities for all ages in worldwide languages' developed by Parenting for Lifelong Health: Free online tools, in collaboration with WHO, UNICEF, etc. https://www.covid19parenting.com/tips/	Explaining COVID-19; dealing with challenging children behaviours; structuring daily routines.	FR, ENG, and others
The University of Missouri's Resource Kit 'Parent Resources During COVID-19' based on the Extension for Community Healthcare Outcomes (ECHO) Framework: Via virtual learning, the ECHO framework gives access to high-quality specialist care in local communities. https://echoautism.org/parent-resources-during-covid-19/	Delivering therapy at home; explaining COVID-19; getting started with parent-child activities; coaching parents on how to react to unusual behaviour. ** For all children including special resources for autistic children.	ENG
Compendium of resources developed by United Nations agencies, including WHO: https://www.who.int/pmnch/media/news/2020/guidance-on-COVID-19/en/	Informative resources about the impacts of COVID-19 on the health of women, children, and adolescents.	ENG
'Conseils aux ados pour traverser la crise de la COVID-19' webpage by l'Ordre des psychologues du Québec : https://www.ordrepsy.qc.ca/conseils-aux-ados-covid-19?fbclid=IwAR1e3Q9YgQproUTBiDcyqNUSb88kVSQYdxANDaiCaKIC7REI-kH1WMr1Eus	Motivating yourself; managing your emotions; coping with boredom; maintaining good habits; managing screen time.	FR