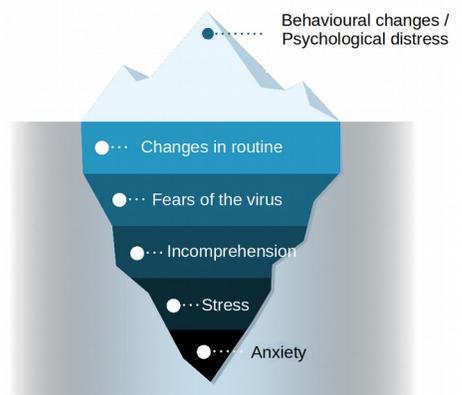


**Taking care of the mental health of elementary school-aged children during the COVID-19 pandemic:
A portrait of applicable recommendations, namely within educational settings**

Since the beginning of the year 2020, Canadian children have had to adapt to numerous changes in various spheres of life. In addition to disruptions to routines at school (stopping/returning to school, remote schooling) in the child’s family and in their social circle, many other aspects have been affected (healthcare appointments, outings and leisure activities). Added to this was anxiety regarding the virus, unpredictability, as well as the confusion or even misunderstanding of certain government measures (e.g., wearing a mask, lockdown of public spaces). Although the pandemic has affected all children, some are more at risk than others when it comes to the effects of COVID-19 on their well-being and their mental health, notably those who already had neurodevelopmental difficulties or a chronic health condition prior to the pandemic.

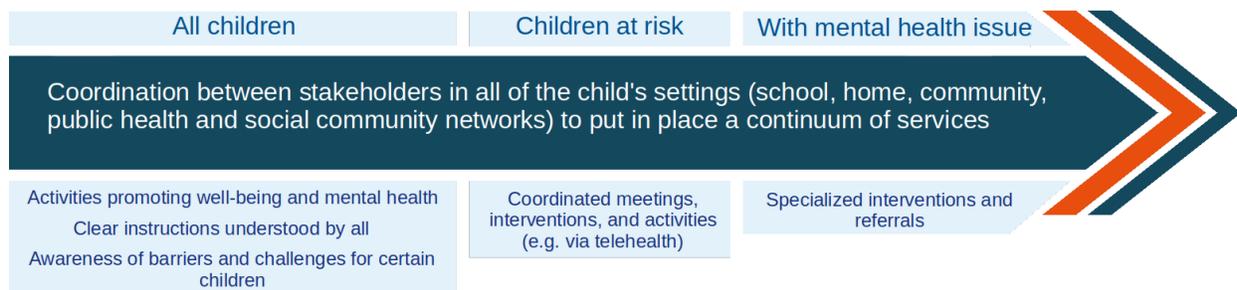


A team of around thirty university researchers, health professionals, and partners from public and private organizations conducted a study to explore the impact of the pandemic on children aged 5-12 years-old, highlighting the specific impacts on children with disabilities or with a chronic health conditions, with the aim of proposing recommendations to support the mental health of children during and following the pandemic. This document aims to summarize the recommendations drawn from our study to make them accessible to schools and school staff. This document proposes certain courses of action to concretize these recommendations, as well as helpful and accessible resources (indicated in brackets and available in the appendix). The main recommendations, detailed in the following pages, are to:

RECOMMENDATIONS

- 1. Take care of the mental health and educational well-being of all students.**
- 2. Equip those who are close to children to recognize the signs of anxiety or mental health difficulties, to detect these difficulties and to act early.**
- 3. Strengthen the health-education-community-family continuum, and synergize their efforts to minimize the impact of COVID-19 on children’s mental health.**

These recommendations are part of tiered approach to intensifying support which resembles the response-to-intervention approaches implemented in schools.



Recommendation 1 :

Take care of the mental health and educational well-being of all students.

The disruptions to the various spheres of life resulting from the pandemic have affected all children. Whether they study at school or at home, the mental health of all children aged 5 to 12 years-old is an important concern when planning all activities, including educational activities.

“He was breaking things, he was throwing punches. He was trying to hurt himself”

“For my son, having a routine is extremely important and having a sense of belonging as well.”

“I noticed that it had an impact on sleep. [He] were not going to bed before 10:30-11:00 at night because they were not tired.”

-Communicate with the students using the guiding principles of benevolence and positive interventions.

- The best pre-pandemic practices (e.g., positive interventions, response-to-intervention) are still required, and are even more important in order to reduce educational and health inequities.
- Special attention should be taken to ensure that all children can understand and comply with socio-sanitary measures.
- School teams are invited to use the resources that are already available to them (as outlined in the appendix, specifically resources #1, 2, 3, and 4).

-Maintain a routine and activities that are as close to normal as possible.

- At school and in a general manner, try to maintain typical routines and activities as much as possible, and clearly explain the underlying reasons for any change that has been made.
- For students who attend school remotely, organize the day in such a way that there is some variation between structured periods ('class' time) and more flexible periods ('recess' time) and schedule times for follow-ups with the educational network. It is equally important for students who attend school remotely to have a predictable and consistent routine.

-Maintain a regular link with the educational network to sustain the feeling of belonging to the classroom, even during remote schooling.

- It is important to maintain communications with the student via their teacher or specialized school staff (the same one each time) in order to keep track of the student and promote a sense of belonging.

-Working in collaboration with teams and resources within the school and the community.

- The availability of specialized school staff and resources vary in each setting. Mental health professionals/experts who are capable of offering support to students and school teams should be identified.
- For example, professionals working in Quebec's EKIP program could collaborate with families and the community to help plan actions that promote mental health and well-being in school settings (#5).

-Offer workshops/activities to all students pertaining to benevolence, empathy, and the management of emotions, or about other subjects that promote health and well-being.

- These activities can be offered by specialized school staff, or in collaboration with professionals from the health network or from mandated community organizations.
- These sessions should be accessible to all students, whether they attend school in person or remotely. If it is impossible broadcast the activity live, it should be possible to record the session and share the recording with children who were not in class.
- These activities could support the mental health of children and indeed that of the teachers.

Recommendation 2 :

Equip those who are close to children to recognize the signs of anxiety or mental health difficulties, to detect them and to act early. Their mental health is also important, so that they can look after that of others. In addition, special attention should be paid to children who were already exhibiting difficulties (e.g., educational, familial, social or health) prior to the pandemic.

"I'm just thinking of a child who has ADHD and who needs to move. It will be harder because they can't start walking around the classroom; movement is limited because of the management of masks, distancing, and all that."

"It is those who already had difficulties who will be the most difficult to get back, the gaps will have widened and will have an even greater effect. It will be even harder to rectify that."

-Be aware of signs of anxiety or of mental health difficulties (to react and refer) and conscious of protective mental health factors (to strengthen one's own mental health and, consequently, care for the mental health of students).

- Training sessions or webinars led by professionals, discussing signs to look out for, protective mental health factors, as well as ways to react with concrete examples related to the current situation could be offered to school teams and to the parents of the students. The animators of these training sessions and webinars could be specialized school staff or professionals from the health network or from mandated community organizations.
- These training sessions and webinars should give appropriate information regarding the signs to look out for both in children and in adults, to also bring attention to the mental health of parents, as there is a link between the mental health of parents and that of their children.
- The use of resources that have already been created could help facilitate the implementation of such activities (refer to resources #2, 6, 7, and 8).

-Pay special attention to children who are more vulnerable (e.g., those who were already known to have a disability or adaptation difficulties), while staying vigilant of all students.

- Several risk factors exist, both at the biological level (e.g., health conditions or pre-existing mental health problems) and at the level of the family (e.g., parents are essential workers, parents lost their jobs or are themselves experiencing mental health problems, loved ones who have contracted or are at risk of contracting COVID-19, the family lives in a more urban setting).
- Knowing these risk factors allows for special attention to be paid to these students, and to rapidly identify emerging problems and prevent the exacerbation of symptoms.

-Advise specialized school staff to guide them in their interactions with students, on how to support students waiting for services, provide preventative help to all children, and answer specific questions.

- Sessions offered to small groups of students about specific subjects (e.g., talking about emotions, dealing with grief) that would target the needs of the group could be offered at school, and made accessible remotely (live broadcasting).
- It is important to know when and where to direct families who require the services of a health and social services professional, based on the needs of the student and the resources available at school and in the community (e.g., occupational therapist, physiotherapist, psychoeducator, speech-language pathologist, psychologist, specialized educator, school nurse, social worker or counsellor).
- These interventions could be in a physical space or offered remotely, and use resources offered by health professionals (#6, 7).

Recommendation 3 :
Strengthen the health-education-community-family continuum, and synergize their efforts to minimize the impact of COVID-19 on children's mental health.

"Much of my frustration was with the fact that, for the parents of young children who were working, we did not think of the psychological impact that this had on the parents, which then unfortunately had an impact on the children. I would have liked some form of recognition from the government, for them to admit: 'We know it is difficult, we are trying to find solutions.'"

-Develop and strengthen existing partnerships to sustain continuums of services and to enhance support where needed.

- It is important that links exist between school teams, families and parent committees, stakeholders in health and social services including public health teams, and community associations that have a relevant expertise, in order to support students during the pandemic.
- It is important to plan the actions to be implemented at school in the event of changes brought on by new socio-sanitary measures while identifying the resources available in case some students require individualized support.

-Use an online platform to post training sessions that are offered by and for school teams (teachers, specialized school staff, etc.), community counsellors, and health and social services professionals.

- One of the sources of burnout for teachers is the constant and time-consuming search for resources. By centralizing all the information and making it available at all times, various stakeholders will easily be able to find and access the information, and this will avoid duplicating resources that already exist.

-Establish more specific measures for children in need based on a gradual intensification of services, all while promoting the involvement and collaboration of health-education-family networks.

- A continuum of services including general information for all children, group interventions for those with more specific needs, training targeting parents, or specialized psychological treatment should be offered according to the general and specific needs of children and families.
- This continuum should be offered using both remote (telehealth) and face-to-face modalities, so that networks and organizations can stay active during health emergencies involving quarantine or home confinement (or more generally so that the services can be accessible to more isolated families).
- Consult the detailed results of our report to help guide future decisions related to the gradual intensification of services (Camden et al., 2020).

TO CONCLUDE: Although most children have adapted to the socio-sanitary crisis, it is important to remain vigilant, to promote the well-being of all children, to identify those who are experiencing more difficult times or who have mental health issues, and to ensure that they are provided with the necessary support. This requires work between families, school teams, health and social services professionals, and community partners. Best practices and resources exist to support the implementation of the recommendations presented in this report. You will find a few examples in the following pages.

How to cite the study? Camden, C., Malboeuf-Hurtubise, C., PRISME-COVID-19 research team. Nov. 2020. 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 Canadian Institutes of Health Research.

For more details : Please contact the research coordinator by email (elodie.herault@usherbrooke.ca) and/or see full report at https://labo-grandir.com/wp-content/uploads/2020/11/Camden_Rapport_IRSC_COVID.pdf

Examples of available resources

	Resources (mostly in french)	Themes and/or type of information	Langua- ges
1	Videos from the Regroupement des CPE des Cantons de l'Est: 15 to 20 min videos for parents and schoolsetting 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
2	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
3	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
4	'Carrefour éducation' webpage: https://carrefour-education.qc.ca/guides_thematiques/lintervention_positive_en_action#intervenir	How to communication and intervene with children at schools	ANG, FR
5	ÉKIP - Health, well-being and educational success for young individuals: https://www.quebec.ca/education/prescolaire-primaire-et-secondaire/sante-bien-etre-jeunes/ekip/	How does intervene an EKIP worker? Understand their actions.	FR
6	'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	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
7	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 neurodevelopmental disabilities (ADHD, ASD, anxiety disorders, etc.).	ANG, FR
8	'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

Other interesting resources:

- Recension des programmes de prévention en matière d'anxiété et de stress chez les enfants et les adolescents : <https://sante-mentale-jeunesse.usherbrooke.ca/wp-content/uploads/2018/02/Recension-programmes-prevention-stress-et-anxiete-31-janvier-2018.pdf>
- Revue de la littérature sur l'impact de la pandémie et du confinement sur la santé mentale des enfants et des adolescents : <https://cihr-irsc.gc.ca/e/documents/MONTREUIL-Initial-Knowledge-Synthesis-2020-06-22.pdf>
- Site web destiné aux enfants et aux jeunes pour partager leur vécu de la pandémie : www.covid19enfants.com
- Page décrivant les résultats de la présente étude sur le site web du laboratoire GRAND-IR, le rapport complet et les autres documents publiés : <https://labo-grandir.com/favoriser-la-sante-mentale-des-enfants-de-5-12-ans-durant-la-covid-19/>