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The COVID-19 Child Mental Health Study

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The COVID-19 Child Mental Health Study

Summary of Findings

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Considerable prior research established the broad negative impact of crises and traumatic experiences, such as natural disasters and pandemics, on the mental health of both adults and children affected. Research on many different forms of crises, disasters, and even traumatic experiences that befall individuals demonstrates particularly negative outcomes for children and youth, who may be particularly vulnerable to the psychological impact of both acute and chronic stress. Especially given their heightened vulnerability, this study examined how the COVID-19 pandemic impacted the mental health of children in Southwestern Ontario, specifically the Windsor-Essex region, from June 2020 through April 2021. Specifically, 190 families of children aged 8 to 13 were recruited to report on how the pandemic impacted children's daily lives as well as on children's irritability and symptoms of anxiety, depressive, and posttraumatic stress syndromes. To capture the range of ways that the pandemic might affect children in this age range, both children and a parent or legal guardian completed each study questionnaire separately. Families were asked to complete study questionnaires at baseline then once per month for 6 months and once 9 months after the baseline assessment. This allowed us to study the acute impact of the pandemic on children's well-being in the Summer 2020 and to study how children's well-being changed over the course of 2020 through 2021 as the pandemic progressed. It also allowed us to examine factors that might buffer the impact of the pandemic on children's mental health, such as support from family and friends.

Since the study began, the research team secured additional funding to support the participation of more families from across Southwestern Ontario. These additional families were recruited later in 2020 and are currently participating in the follow-up period of the study.

A new summary of results will be posted at the very end of the study, that is in November 2021, to summarize all results from the full sample of families across Southwestern Ontario. The results summarized here reflect results from the initial group of families who finished their participation in the study. For each questionnaire of irritability and symptoms of anxiety, depressive, and posttraumatic stress syndromes, there is a cut off published in prior research based on research conducted before the COVID-19 pandemic that compared children with various psychiatric disorders to children without each disorder. These cut off scores cannot be used for diagnosis, but they often indicate the need for further evaluation. More detailed results about the Summer 2020 are available in the first scientific publication from this study, which will be available in the *Journal of the Canadian Academy of Child and Adolescent Psychiatry* for free at <https://www.cacap-acpea.org/learn/journal/>. More detailed results about change in children's well-being and distress over time are available from Dr. Rappaport by email to Lance.Rappaport@uwindsor.ca.

At baseline, in June and July 2020, irritability was the most commonly endorsed problem in this study; based on reports from children and parents/guardians, approximately 50% and 34%, respectively, of children reported irritability in a range that may warrant further evaluation. Depending on the anxiety syndrome assessed, 22-34% of children and 19-36% of parents/guardians reported anxiety symptoms in a range that may warrant further evaluation. Specifically, symptoms of separation anxiety were the most common among both children (34%) and parents/guardians (36%) while symptoms of panic were the least common among both children (22%) and parents/guardians (19%). Similarly, based on the reports from children

and parents/guardians, approximately 25% of children reported depressive symptoms in a range that may warrant further evaluation. Finally, despite widespread coverage of the COVID-19 pandemic as a 'traumatic event,' we found considerably lower rates of symptoms related to posttraumatic stress disorder; approximately 11% of children and 7% of parents/guardians reported that children experienced symptoms in a range that may warrant further evaluation.

Follow-up surveys demonstrate that children's well-being and distress varied substantially over the course of the COVID-19 pandemic through April 2021. We are currently evaluating many factors that might mitigate the influence of the pandemic on children's well-being, such as the severity of the pandemic, which fluctuated considerably over time; public health measures that were instituted at specific times; and family risk factors, some of which varied over time, to identify the factors that might help to reduce the impact of the pandemic on children's distress. For example, we hope to identify factors, like support from family and friends, that protect children from worsened distress. In our initial paper, available in the *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, we identify that social support from friends and family, the sense that others are available to help in times of distress, may protect and help children to manage psychological distress. These factors can then inform the development of interventions to help children recover from the pandemic.