

Secondary Impacts of the Pandemic on Children and Youth

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- Cascading effects of the COVID-19 pandemic led to downstream impacts on child well-being that could affect our community for decades to come.
- This project aims to address the negative secondary impacts of the pandemic on children and youth in Wellington, Dufferin, and Guelph (WDG) by developing evidence-informed strategies and recommendations.
- The following themes emerged from research on the pandemic impacts on children and youth: mental health, education, relationships, nutrition, movement behaviours and equity.

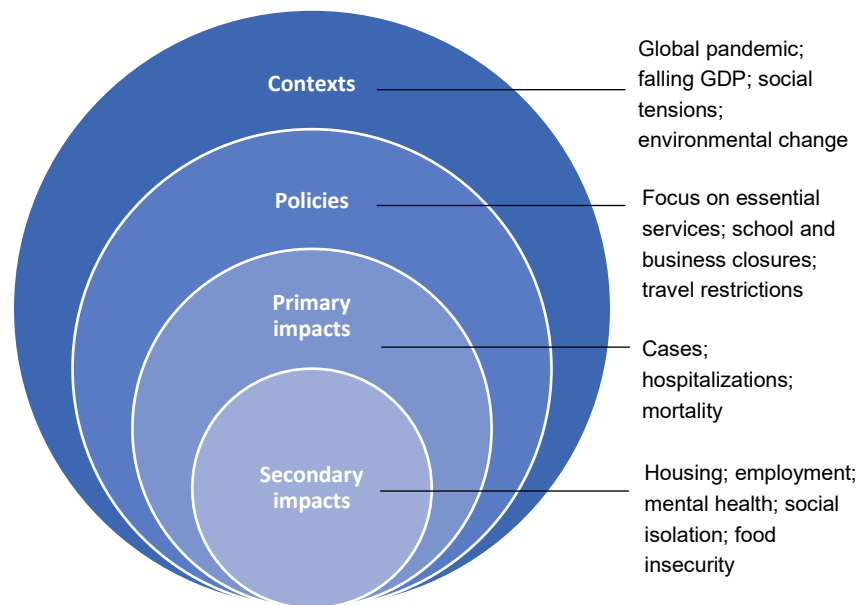
- Engaging with community organizations and youth for feedback on the impact of the pandemic ensured they reflected the experiences of children and youth in our community.
- Recommendations were made to address the negative impacts to mental health, digital consumption, lifestyle behaviours and health equity in children and youth.
- A fall forum will be hosted with community partners to work toward implementing the recommendations outlined for each of the main areas impacted by the pandemic.

Background

In 2020, Wellington-Dufferin-Guelph Public Health (WDGPH) and Toward Common Ground brought together community partners to explore how secondary impacts of the pandemic had and could continue to impact our community. This collaboration included members from the following organizations: Toward Common Ground, WDGPH, City of Guelph, County of Wellington, The Guelph Community Foundation and the Guelph Wellington Ontario Health Team. This collaboration produced evidence briefs on the following: (1) food insecurity, (2) alcohol & substance use, (3) mental health, (4) employment, (5) families with children, (6) people with disabilities, (7) access to the internet & digital devices, (8) older adults and (9) chronic disease prevention & management.

Cascading effects of the COVID-19 crisis led to downstream impacts on child well-being. The pandemic led to changes in policies, which were focused on maintaining essential services, school and business closures, travel restrictions and limited contacts (see Figure 1). Society became accustomed to hearing about the primary impacts of the pandemic, such as positive case counts, hospitalization rates and deaths. But these direct impacts of the pandemic are only part of the story. Secondary impacts refer to changes in individuals and communities related to living through a pandemic and the measures that are being taken to control it.¹ Due to the pandemic's wide-reaching effects on our work, family, and social lives, as well as differing experiences and coping mechanisms, secondary impacts of the pandemic are far reaching, complex and have the potential to affect our community for decades to come.

Figure 1. The cascading impacts of the COVID-19 crisis on child well-being (adapted from the Innocenti Report Card 17 broad conceptual framework).²



This project aims to address the negative secondary impacts of the pandemic on children and youth in WDG. To do so, we must have a clear understanding of how secondary impacts of the pandemic are affecting children locally. This will allow us to develop evidence-informed strategies and recommendations to address the main areas of children and youths' lives that were impacted by the pandemic.

What is The Research Telling Us?

The following themes emerged from research looking at COVID-19 impacts on children and youth: mental health, education, relationships, nutrition, movement behaviours and equity.

Mental Health

Public Health Ontario (PHO) conducted a report on the negative impacts of pandemic policies on children and youth and found that children's mental health and behaviour had been negatively impacted overall by the COVID-19 public health measures.³ These negative impacts included significantly lower optimism, lower life satisfaction and higher sadness. A review of 116 articles on mental health outcomes for children and youth related to the pandemic identified a higher percentage of children and youth with depressive symptoms and increased levels of anxiety.⁴ Parents carried additional

burden as they supported their youth in the absence of available and adequate mental health services, which meant that parental stress was a factor in negative child outcomes.³ Visits for mental health reasons increased in the later weeks of the pandemic, notably in relation to pediatric eating disorders.^{3,5} Another issue to come out of the pandemic was the rise in suicide ideation in youth.⁶

Education

The PHO report also highlighted negative educational outcomes that happened because of the pandemic.³ These included decreased school engagement, less time spent on schoolwork, increased school stress and finding it harder to concentrate during school closures. Many schools did not have the appropriate infrastructure to support online learning and in-person social services offered by schools, such as social workers and counselors, were real losses during the pandemic.⁷ Additionally, there was evidence of a “digital divide”, with lower socio-economic status (SES) and rural populations having less access to internet and technologies. A study in Québec showed that few of the educational differences experienced during the pandemic were based on youth behaviours, or life choices, but rather stemmed from differences in material and structural opportunities, such as differences seen between public and private schools.⁸

Relationships

Social isolation was a challenge during the pandemic with lingering consequences. Quarantine and lockdowns reduced opportunities for social interaction and children were exposed to increased family violence and poor coping strategies during the pandemic.^{7,9} However, peer and parental relationships were shown to act as protective factors to negative outcomes, and were important predictors of students’ optimism, life satisfaction and lower sadness.¹⁰

Nutrition and Movement Behaviours

The PHO report highlighted that movement behaviours, including decreased physical activity, increased sedentary behaviour and screen time and food insecurity were negatively impacted by the pandemic.³ Only 4.8% of children and 0.6% of adolescents were meeting Canada’s movement behaviour guidelines.¹¹ The closure of schools led to increased food insecurity, with some children missing one or more meals a day.⁷ Canada saw the largest grocery cost rises in decades in 2022, causing our food affordability ranking to go from 18th in the world in 2019 to 24th in 2021.¹² With the removal of pandemic social programs in 2022, food insecurity is extremely important to monitor and track.

Health Equity

An overarching theme of the studies above, was the lack of reporting, discussion and action on equity. Marginalized youth were at particular risk of COVID-19 and its impacts.¹³ Families from diverse, racialized communities, are more likely to experience greater social and health inequities and are systematically underrepresented in pandemic impact studies. In studies that did look at sub-groups of children and youth, LGBTQ2s+ youth isolated at home with unsupportive family members were more vulnerable to abuse, did not feel safe to express themselves or were cut-off from supportive peers.¹⁴ Black, Indigenous (and) People of Colour (BIPOC) and low SES LGBTQ2S+ youth had diminished access to services due to barriers resulting from the combination of their identities.

Engaging Community Organizations and Youth

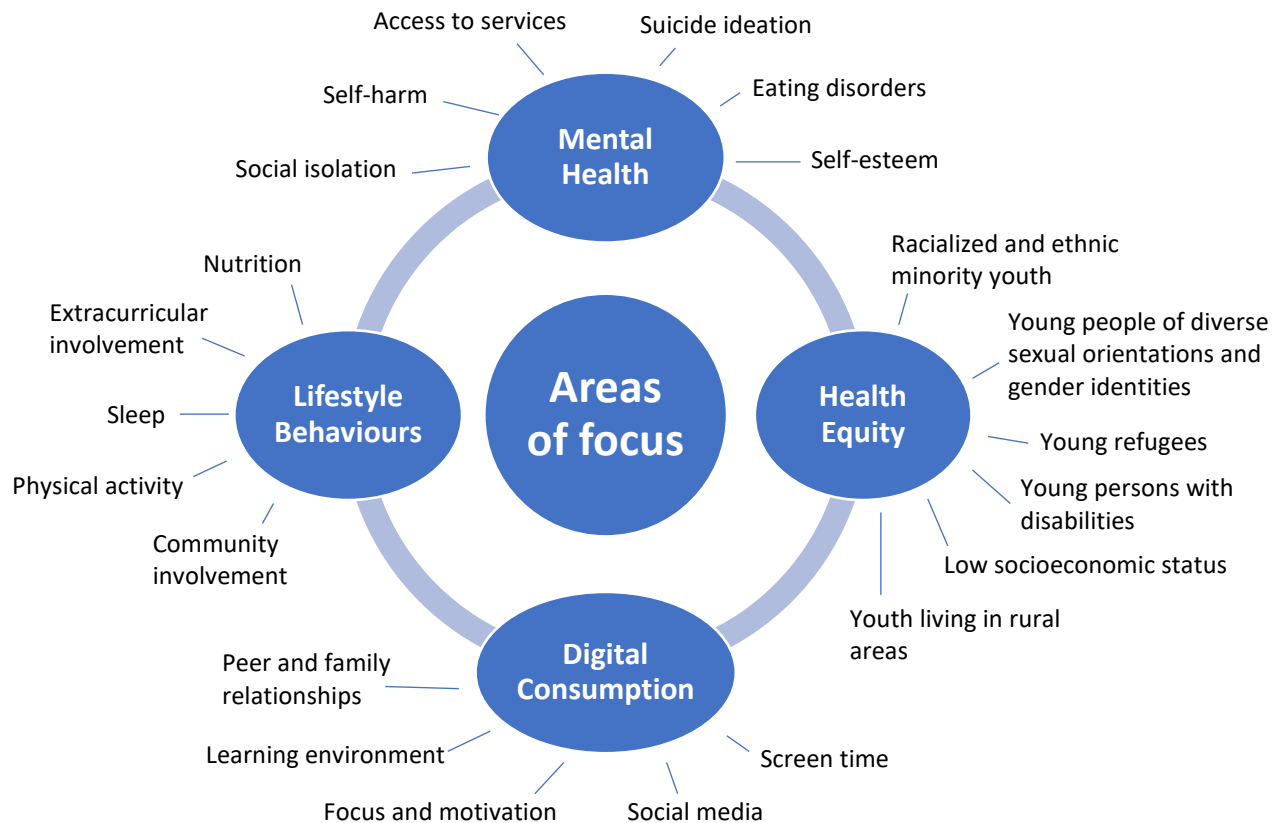
An important component of this work was engaging with community organizations and youth for feedback on the main areas impacted by the pandemic to ensure they reflected the experiences of children and youth in our community. The following community organizations and youth advisory groups were engaged in discussions on areas of children and youths’ lives most impacted by the pandemic (see Figure 2).

Figure 2. Community organizations and youth advisory groups.

Community organizations	Youth advisory groups
<ul style="list-style-type: none"> • Growing Great Generations (GGG) • Community Resilience Coalition • Dufferin Area Family Health Team 	<ul style="list-style-type: none"> • Canadian Mental Health Association’s (CMHA) YouthTalk • The Grove Palmerston • Wellington Catholic District School Board (WCDSB) Student Senate • Upper Grand District School Board (UGDSB) Student Senate

These discussions happened in three different formats: (1) in-person, (2) virtual and (3) survey. The following areas of focus were selected as main impacts of the pandemic on the lives of children and youth based on community organization and youth engagement (see Figure 3).

Figure 3. Conceptual model of the main impacts of the pandemic on children and youth.



Discussion

Mental Health

In WDG, there were increases in mental health challenges across every indicator, when comparing Well-Being and Health Youth (WHY) Survey results from November 2019 to February 2022. The largest increases were seen in struggling with eating issues, being distracted, psychological distress and body image (see Table 1).

Table 1. Percent of students with mental health challenges, grades 4-12, Wellington-Dufferin-Guelph, 2019 and 2022

Percent of Student Respondents who:	2022	2019	% Change
Report often or always struggling with eating issues	23.1%	13.7%	↑ 68%
Report often or always struggling with being distracted	36.9%	27.3%	↑ 35%
Have a high score on the Psychological Distress scale	10.9%	8.5%	↑ 28%
Report often or always struggling with body image	31.8%	25.2%	↑ 27%

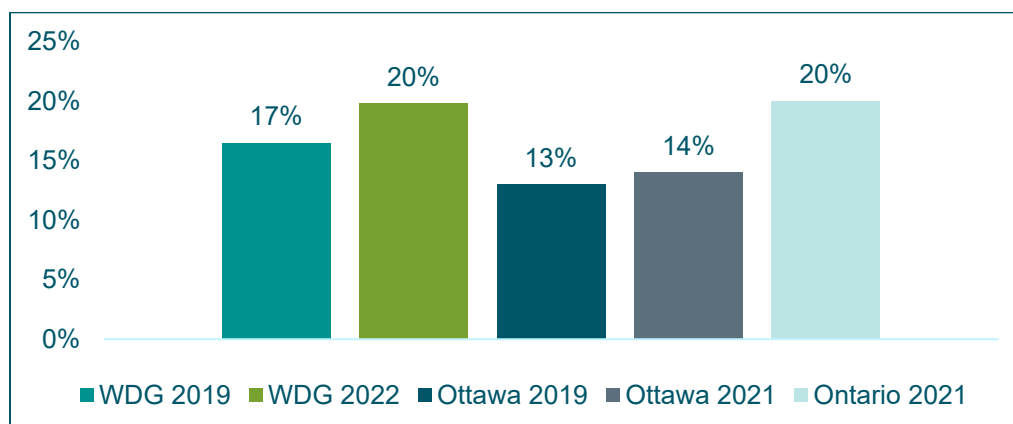
There were decreases in positive mental health across every indicator, with the largest decreases seen in self-esteem, coping and feeling hopeful about their future (see Table 2).

Table 2. Percent of students with mental health challenges, grades 4-12, Wellington-Dufferin-Guelph, 2019 and 2022

Percent of Student Respondents who:	2022	2019	% Change
Have a high score on the Self-Esteem asset	56.1%	64.0%	↓ -12%
Cope well with issues and difficulties they experience at school	45.2%	50.4%	↓ -10%
Feel hopeful about their future	62.8%	69.3%	↓ -9%

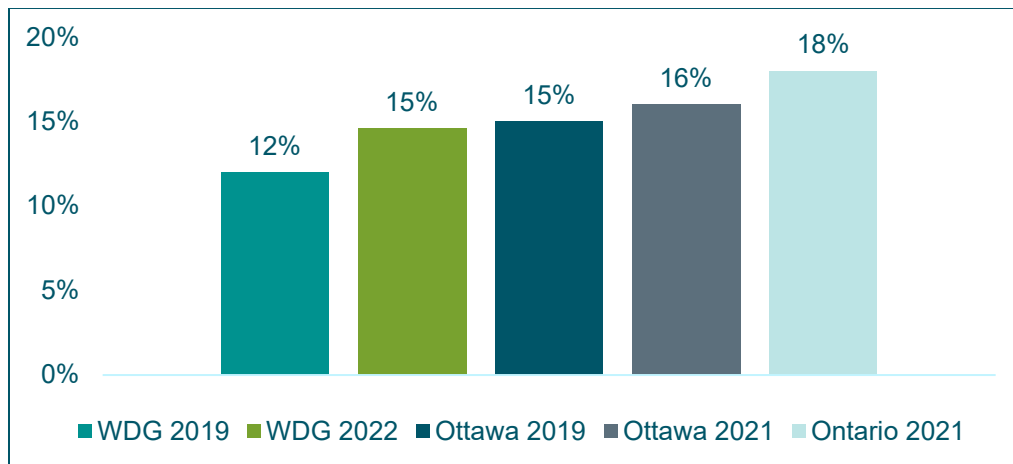
In 2022, 1 in 5 (20%) WDG students harmed themselves in the past year. This was an 18% increase from 2019. This proportion is larger compared to Ottawa area students and similar to the Ontario average reported in 2021 in the Ontario Student Drug Use and Health Survey (OSDUHS).^{14,15}

Figure 4. Percent of students (grades 7-12) who harmed themselves in the past 12 months, by geographic area and year.



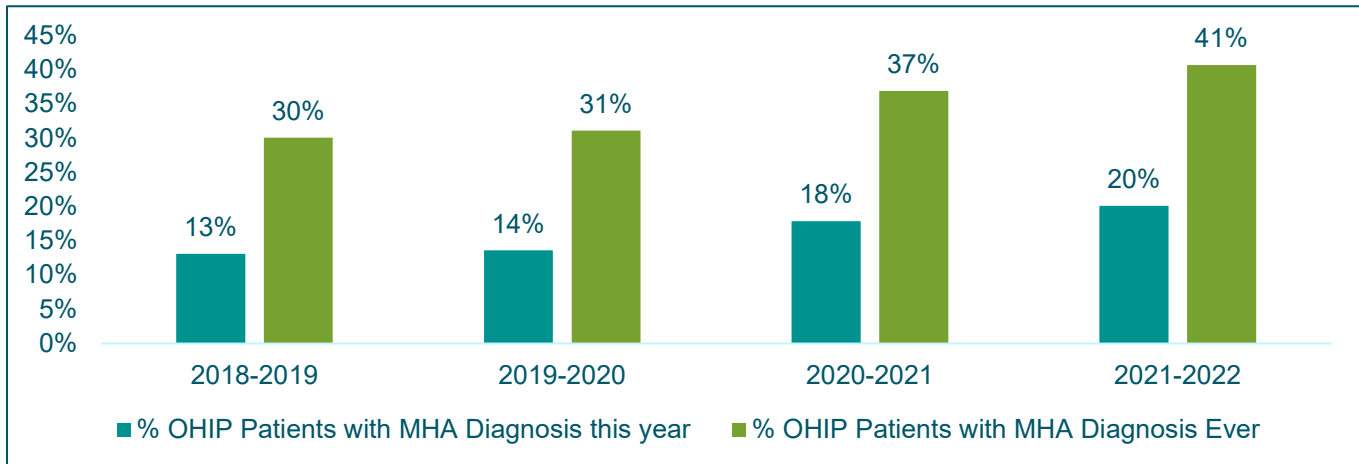
In 2022, 1 in 6 (15%) WDG students reported thoughts of suicide in the past year. This was a 25% increase from 2019. This proportion is similar to Ottawa-area students and smaller than the Ontario average reported in 2021.^{14,15}

Figure 5. Percent of students (grades 7-12) who reported thoughts of suicide in the past 12 months, by geographic area and year.



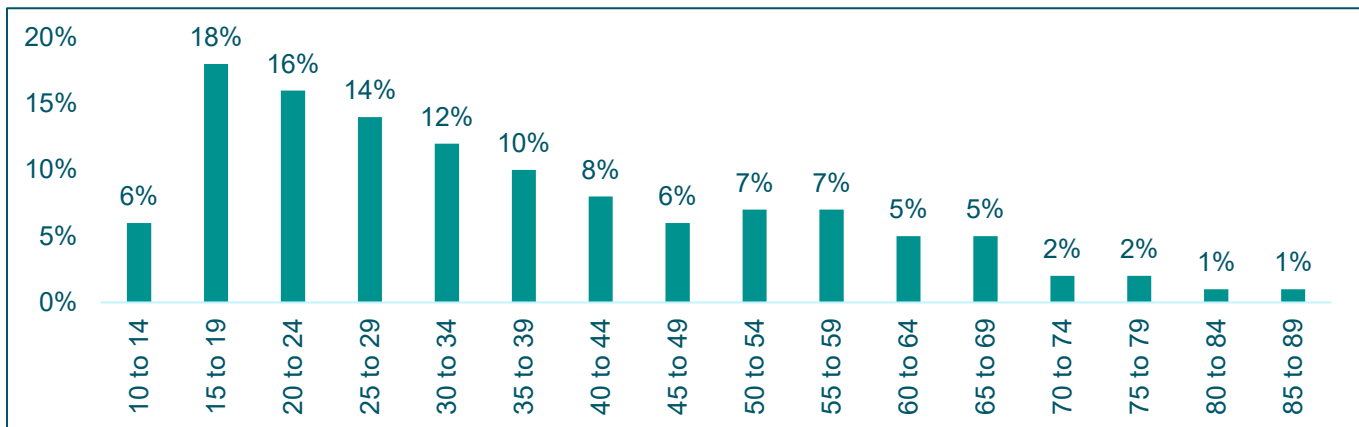
Service use for mental health and addictions (MHA) has increased both in the community and hospitals for children and youth in WDG. From 2019 to 2021, rates of MHA-related visits to family physicians, psychiatrists, and pediatricians significantly increased in 0–17-year-olds and were higher than the Ontario rates for family physicians and psychiatrists.¹⁶ Since 2018-2019, the proportion of physician visits where a patient has a MHA diagnosis has been gradually increasing for the pediatric age group (see Figure 6). In 2021-2022, 15–19-year-olds were the largest group of patients in the emergency department (ED) for MHA in comparison to adults and seniors (see Figure 7). This age group also sees a higher proportion of patients in the ED as their first contact for MHA (25%) than adults 20-49-years-old.

Figure 6. Physician Visits Where Patient has MHA Diagnosis, Guelph Wellington OHT, 2018-2019 to 2021-2022



Source: Ontario Health Insurance Plan (OHIP).

Figure 7. Age distribution of ED MHA patients, Guelph-Wellington Ontario Health Team (OHT), 2021-2022



Source: National Ambulatory Care Reporting System (NACRS).

Recommendations

- Work with community partners to develop clear pathway(s) for accessing services in WDG that children and youth need for their mental health concerns.
- Develop communication materials for the pathway(s) that are tailored to the audiences that will use this information, such as children and youth, parents, school staff and health care providers.
- Continue to promote early identification of mental health concerns and tools that build resiliency in children and youth as part of efforts to reduce stigma and improve help-seeking behaviours.

Digital Consumption

With the pandemic moving many to their screens, attention has turned to the growth of social media and the lingering effects this increased screen time has had on children and youth. In WDG, there was a 23% increase in students reporting 3 or more hours of screentime outside of school per day (from 61% in 2019 to 75% in 2022). Senior students (grade 9 and up) have the largest proportion of students reporting 3 or more hours of screentime outside of school per day (88%), followed by intermediate students (grade 7-8) at 80% and junior students (grade 4-6) at 57%.

The 2021 OSDHUS reported on problematic technology use in Ontario secondary school students.¹⁴ A majority (52%) of secondary school students spent at least 5 hours a day on electronic devices in their free time (i.e., not for school or work purposes) and over one quarter (26%) spent at least seven hours a day on electronic devices in their free time. Almost one third of students reported being cyberbullied (bullied over the internet) at least once in the past year. Electronic device use for five and seven hours a day and cyberbullying all increased significantly from the 2019 results. The most common symptoms of problematic technology use are staying on devices longer than intended, loss of sleep, neglected homework and criticism by parents/friends about screen time.

A recent review found that social media usage leads to body image concerns, eating disorder/disordered eating and poor mental health due to social comparison, thin/fit ideals promoted on social media and self-objectification.¹⁷ Almost half of Ontario students grades 7-12 are preoccupied with their weight or body shape (46%) and almost half reported bingeing and/or uncontrolled eating (49%).¹⁴ As mentioned above, struggling with eating issues and body image were two of the largest increases from 2019 to 2022 in WDG students when looking at mental health challenges.

Recommendations

- Promote healthy technology use by encouraging uptake of the recreational screen time guidelines from the Canadian Society for Exercise Physiology¹⁸ and endorsed by the Canadian Pediatric Society¹⁹:

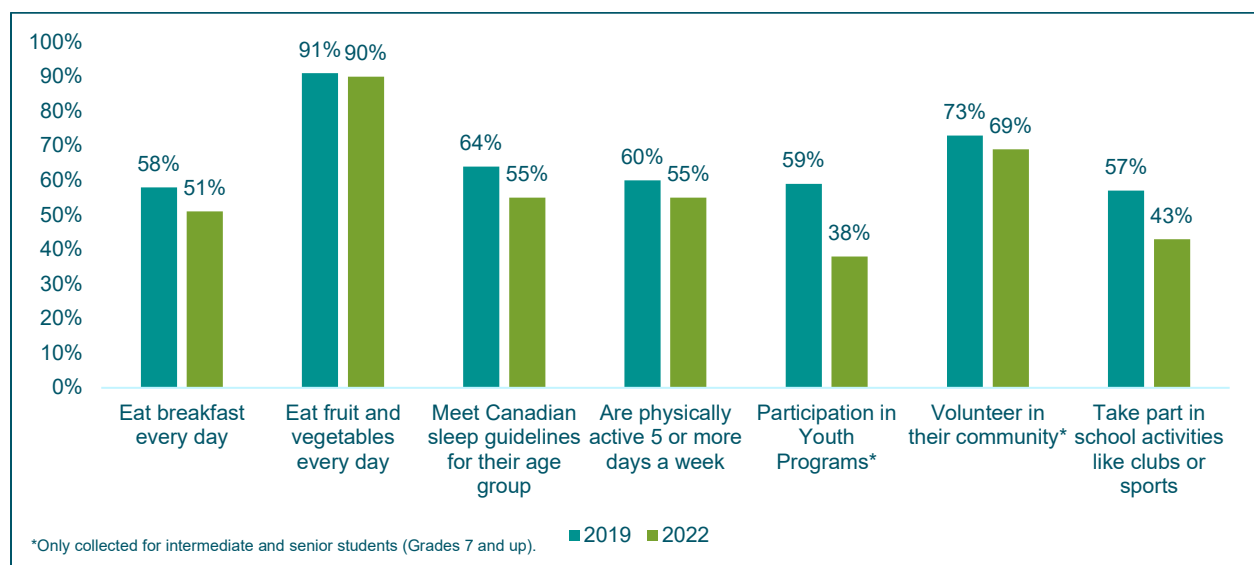
- **Under 2 years old – no screen time**
- **2–4-years-olds – 1-hour daily – less is better**
- **5–17-year-olds – 2-hour daily – less is better**

- Provide education on digital literacy to help parents, children and youth and school staff make informed decisions about technology use, which could include campaigns embedded into pre-existing programs (e.g., Healthy Babies Healthy Children, Growing Great Generations, and The Grove).
- Increase data collection and reporting of digital consumption and social media behaviours of children and youth in WDG to enhance decision making and health promotion in these areas.

Lifestyle Behaviours

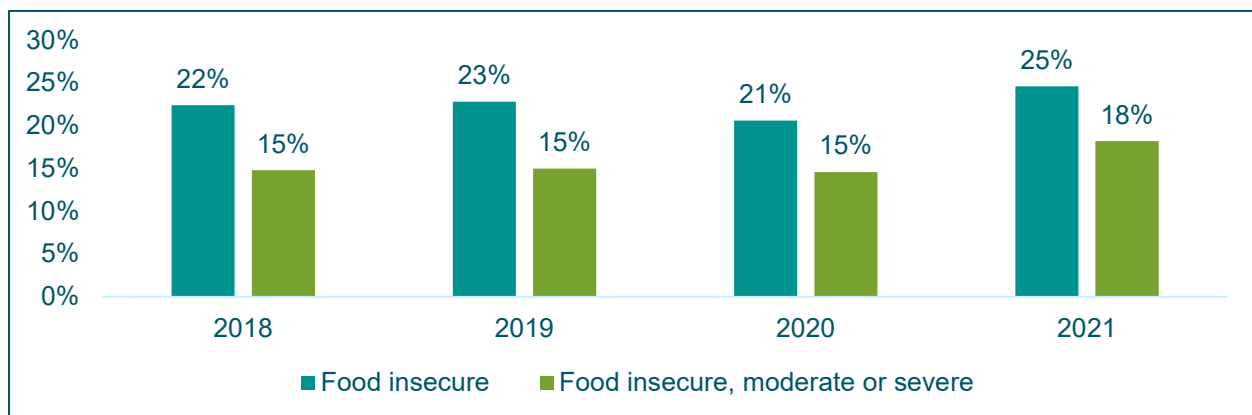
Fewer students in WDG reported physical well-being and extracurricular involvement in 2022 compared to 2019 (see Figure 8). This is a result of the pandemic limiting participation in extracurricular activities and the lingering effects this is still having on children and youth. As mentioned above, a vast majority of children and youth are spending more time on screens, which is taking up time that used to be spent on physical activity, sleep and healthy eating habits. The largest decrease was seen in Participation in Youth Programs (-35%), followed by taking part in school activities like clubs or sports (-24%), meeting the Canadian sleep guidelines for their age group (-13%), and reporting eating breakfast every day (-12%).

Figure 8. Percent of Wellington-Dufferin-Guelph students who reported physical well-being and extracurricular involvement, 2019 and 2022.



The Guelph Family Health Study also reported increased screen time and decreased physical activity since the pandemic from the perspective of Guelph-Wellington area parents.²⁰ Over half of the families also reported changes to their eating habits and meal routines, with some changes leading to lower quality diets, such as eating more snack foods. Eating habits can also be impacted by the unexpected changes in expenses, such as food prices, housing and transportation costs, which have led to food insecurity affecting more people and becoming more severe. In 2021, 25% of Ontarians under 18 years were food insecure and 18% were moderately or severely food insecure – both of which are higher than pre-pandemic (see Figure 9).

Figure 9. Food insecurity, Ontario, 2018 to 2021.



Source: Statistics Canada. [Table 13-10-0835-01. Food insecurity by selected demographic characteristics](#)

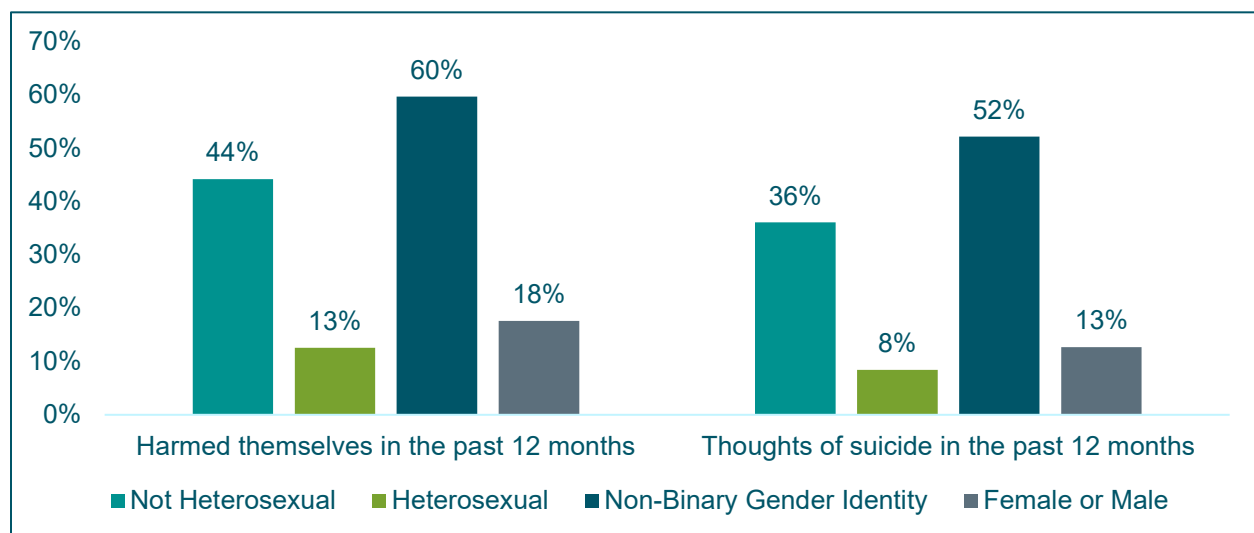
Recommendations

- Work with community partners to create access to sports programs and outdoor recreation for free or reduced cost to encourage children and youth to spend more time in extracurricular activities.
- Promote physical well-being and extracurricular involvement through campaigns within pre-existing programs (e.g., building resilience with the Community Resilience Coalition of Guelph & Wellington) and in schools.
- Continue to advocate with community partners for subsidized, affordable access to nutritious foods in the community.

Health Equity

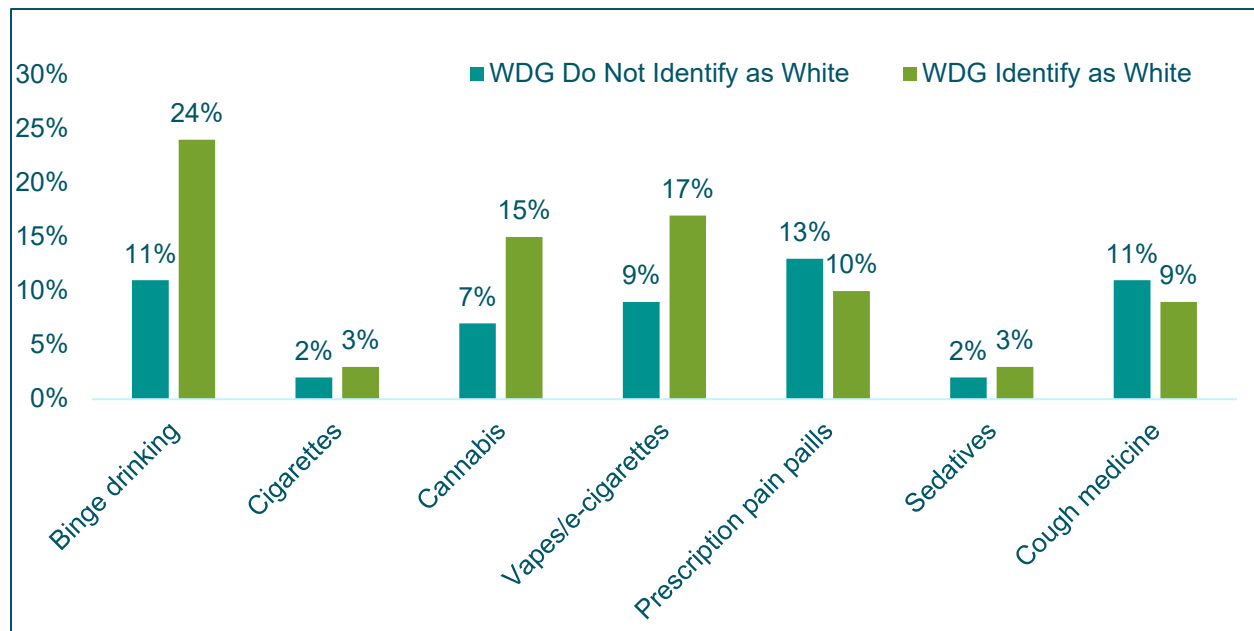
In the WHY Survey Update provided in BH.01.MAR0123.R08, it was reported that some of the largest differences in the self-harm and suicide indicators were reported in the sexual orientation and gender identity sociodemographic sub-groups.²¹ There were much larger proportions of non-binary students and students who reported their sexual orientation as not heterosexual who harmed themselves in the past 12 months and had thoughts of suicide in the past 12 months (see Figure 10).

Figure 10. Percent of students (grades 7-12) who reported self-harm and thoughts of suicide, by gender identity and sexual orientation, 2022.



When looking at ethno-racial identity, more students identifying as not white reported using prescription pain pills without a prescription and cough medicine to get high in the past year (see Figure 11). Double the proportion of students identifying as white reported binge drinking, cannabis use and e-cigarette use compared to students who do not identify as white.

Figure 11. Percent of students (grades 7-12) who reported using substances in the past 12 months, by ethno-racial identity, 2022.



When looking at urban/rural geographic location, more rural students compared to urban students reported using substances. The largest difference was seen in binge drinking, where there was an increase (8%) in rural students who reporting binge drinking in 2022 compared to 2019, and during that same period, there was a decrease in urban students (-10%).

Recommendations

- Develop campaigns, resources, communication materials and education in partnership with the school boards and community organizations to address the health inequities highlighted in the data and through engagement with youth advisory groups.
- Work with community partners that currently serve the groups of children and youth experiencing health inequities to ensure that the health promotion campaigns, resources, communication materials and education are tailored to meet their needs.
- Grow the data collection and reporting of sociodemographic sub-groups in WDG children and youth, particularly on disabilities, racism and discrimination, to better address health equity in the WDG community.

Conclusion

The COVID-19 pandemic has had lingering impacts on the lives of children and youth that require the attention of public health, health care providers, community service providers and partnering community organizations. Research highlighted secondary impacts to the pandemic but engagement with community organizations and youth advisory groups were instrumental in developing evidence-informed recommendations to address the main areas impacted by the pandemic in the lives of children and youth. To work towards actioning the recommendations outlined for each of the areas, a fall forum will be hosted with community partners to brainstorm how to best move forward.

Ontario Public Health Standard

Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management

Program Standards

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

2023 WDGPH Strategic Directions

People & Culture: WDGPH has an organizational culture of engagement, inclusion, and agility.

Partner Relations: WDGPH collaborates with partners to address priority health issues in the community.

Health System Change: WDGPH is positioned to be an agent of change within the broader health sector.

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