

# RETURN TO SCHOOL DURING COVID-19

**Considerations for Ontario's child and youth  
community mental health service providers**

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Ontario Centre of Excellence  
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## Preamble

This resource is intended to provide community-based mental health service providing agencies with evidence and information that may help them prepare to meet the needs of children, youth and families that are likely to emerge – or become amplified - during the transition to school in the context of COVID-19.

Community-based clinicians were consulted in the development of this resource and provided insights on key concerns associated with the return to school during the pandemic, including a particular focus on the support needs of children and youth with pre-existing mental health challenges.

A rapid, non-systematic and non-exhaustive scan of academic and grey literature yielded several relevant, evidence-based resources offering timely and practical recommendations on how support providers can support families during the transition to school. This search was completed in August 2020. The evidence and resources shared herein reflect information available at the time of writing; as new evidence emerges, the information in this report may be updated.

### Suggested citation:

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# INTRODUCTION

## The current challenge

The Ontario government declared a state of emergency on March 17, 2020 to prevent the spread of COVID-19. This resulted in the closure of schools, childcare centres, many public service facilities and businesses. Six months of quarantine and physical distancing restrictions have led to a series of cascading social and economic impacts. A growing body of evidence demonstrates the pandemic's negative impact on the mental health and wellbeing of Ontario's children, youth and their caregivers - particularly amongst those with pre-existing mental health challenges (Hawke et al., 2020; CMHO, 2020; Radomski et al., 2020a; 2020b).

Many regions in the province have now moved to stage three in the Ontario government's plan to reopen the province (Government of Ontario, 2020b), which involves the gradual reopening of nearly all businesses, community services (including face-to-face child and youth mental health supports) and public spaces. On July 30, the Government of Ontario (2020a) released a plan for the safe reopening of schools.

In a July 29, 2020 report endorsed by Ontario's paediatric hospitals (Sick Kids, CHEO, Holland Bloorview Kids Rehabilitation Hospital, Kingston Health Sciences Centre, Children's Hospital at London Health Sciences Centre, McMaster Children's Hospital and Unity Health Toronto) experts in paediatric care, infectious diseases, school health and mental health recommended that the province reopen schools with infection prevention and control risk mitigation strategies in effect to optimize physical, developmental and mental health and learning for children and youth (Science et al., 2020).

Many parents/caregivers and school staff have expressed concern about the physical health risks of returning children and youth to school in September. Ontarians continue to face much uncertainty about what the next several months will look like in the absence of a vaccine for COVID-19 and with concerns about a second wave of the outbreak. This ongoing uncertainty may increase stress and tension in some families, and for many children and youth who experience mental health challenges (either those that pre-date the pandemic, or those that have emerged in recent months). School transitions are difficult for some children and youth under normal circumstances; within the pandemic context, this transition may be even more difficult for some and a challenge for most.

## What we're doing to help

The Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) has been working in partnership with Children's Mental Health Ontario (CMHO) and School Mental Health Ontario (SMH-ON) to equip Ontario's child and youth mental health service providers with training, emerging evidence and timely, high-quality knowledge products to support necessary transitions in service delivery and planning throughout the COVID-19 pandemic.

To ensure that community-based and school mental health service providers, parents/caregivers and youth have the knowledge they need to ensure good mental health as school resumes, our organizations have developed a set of complementary resources. SMH-ON has developed a [Mentally Health Return to School Toolkit](#) to support system and school leaders, educators, school support professionals, and parents and families in promoting and protecting mental health at school.

To address the knowledge needs of community service providers, the Centre has developed this current resource, which includes information on:

- the impacts of the pandemic on child and youth mental health (drawing on new research and existing evidence from previous infectious outbreaks) to support service planning;
- supporting school transitions generally, as well as identifying children/youth with additional complexities and vulnerabilities to ensure unique supports as required; and
- resources and tools community-based providers can access to support children, youth and families with the transition to school during the pandemic.

Using the evidence and sources in this document, CMHO and their youth and family partners have created a [Back-to-School Mental Health Kit](#) with resources tailored to the needs and interests of youth and parents/caregivers preparing for the transition back to school.

# UNDERSTANDING THE IMPACT OF COVID-19 ON THE MENTAL HEALTH OF CHILDREN AND YOUTH

## Lessons from the literature on the psychology of pandemics<sup>1</sup>

There has been widespread recognition in the mental health research community that the COVID-19 pandemic has had adverse – possibly sustained – mental health impacts on children, youth and families across the globe (e.g., Brooks et al., 2020; Chen et al., 2020; Holmes et al., 2020; Vigo et al., 2020; Yao et al., 2020).

In a recent rapid review (Brooks et al., 2020) of the psychological impacts of quarantine, social distancing and self-isolation in response to previous pandemics (e.g., SARS, H1N1) findings from 24 studies showed negative psychological effects on children and youth (e.g. post-traumatic stress symptoms, confusion and anger). Some studies suggested that these effects are long-lasting (e.g., months to years post-pandemic) (Brooks et al., 2020). Common stressors included longer duration of quarantine, fears of infection, frustration, boredom, inadequate supplies, insufficient information, financial loss in the family and stigma.

### Sources of distress for young people during a pandemic

Drawing on existing knowledge about the impacts of previous infectious outbreaks and emerging evidence and theories about COVID-19, scholars (e.g., Arim et al., 2020; Brooks et al., 2020; Holmes et al., 2020; Kaddatz, 2020; Taylor et al., 2020; United Nations, 2020, May 13; Vigo et al., 2020) have identified interrelated sources of distress young people may be experiencing currently. These include, but are not limited to:

- Stress associated with fear that family members, friends or they themselves will become ill/infected by the novel coronavirus.
- Adverse social and economic impacts of physical distancing, quarantine and isolation.
  - Loneliness; grief and bereavement complicated by physical distancing measures
  - Stigmatization – particularly for individuals infected with - or believed to have been exposed to - the virus (including health care and other essential services workers).
  - Financial insecurity and challenges in accessing basic needs
  - Tensions in relationships and domestic violence related to household confinement.
  - Access to health, community and social supports – e.g. many children access supports through schools, which have been closed in order to contain the disease.

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<sup>1</sup> For a detailed summary of existing evidence about the impacts of pandemics on child and youth mental health, please [follow this link](#) for a recent report produced by the Centre and CMHO.

- Stress associated with uncertainty around the duration of the pandemic, vulnerability to infection, physical distancing measures, and longer-term impacts of the social and economic upheaval both locally and globally.
- Stress resulting from intensified media coverage (risk-elevating messages can amplify anxiety; social media can be a source of misinformation).
- Potential neurological effects of COVID-19 itself.

## **Vulnerability to mental health impacts of pandemics: Developmental perspective**

The recent and existing literature around pandemics has identified children and youth as being particularly vulnerable to the mental health impacts of infectious outbreaks and associated disease containment measures (Holmes et al., 2020; Sprang & Silman, 2013; Vigo et al., 2020; Whaley et al., 2017), since young people of all ages possess cognitive and psychological developmental characteristics that make them more vulnerable to the immediate and long-term impacts of crises (Whaley et al., 2017).

Specifically, children's limited understanding of dangers, how to remain safe or when/how to access help and limited problem-solving skills can make them vulnerable to increased stress, fear, anxiety, academic challenges, contact with dangerous situations or materials during or in the aftermath of a disaster (Whaley et al., 2017). Psychologically, children's limited coping and emotion regulation skills place them at elevated risk of increased symptoms of posttraumatic stress, depression, anxiety and behavioural problems during or in the aftermath of a disaster (Whaley et al., 2017).

Young children are impacted by their caregivers' responses and can experience significant distress when these are insufficient or problematic. Evidence suggests that children in households with a distressed family atmosphere, where the adults/caregivers have underdeveloped coping strategies, demonstrate lack of knowledge or preparedness around the pandemic, or are unavailable to support the child are at higher risk of experiencing adverse mental health impacts (Whaley et al., 2017).

Because of their limited capacity to understand the crisis and their developing emotion regulation and coping skills, toddlers, preschoolers and some school-aged children are at risk of experiencing heightened levels of distress, fear and anxiety, and can face challenges in learning due to feelings of distraction, distress, anxiety and/or depression (Whaley et al., 2017).

## **Summary**

These findings from the existing literature on the psychology of pandemics and disasters point to the common, interrelated sources of distress young people may be exposed to as a result of COVID-19 (e.g. Morganstein, 2017; Huremović, 2019). Taken together, this body of work suggests the most pervasive mental health impacts of outbreaks are related to a) the isolation that stems from physical distancing measures implemented to slow the spread of infection, and

b) the uncertainty around the efficacy of these measures and the length of time that they will need to be in place.

A return – or new transition – to school may help to reduce the isolation some young people have experienced through the pandemic as they reunite with friends, teachers and the broader school community. However, we know that a return to school this fall will not be a return to “normal”. A great deal of uncertainty remains regarding the efficacy of safeguards in place, the potential of a second wave and how teachers, students and families will adapt to this “new normal”.

As community mental health service providers plan to help young people and families navigate the return to school this fall, it may be useful to consider:

- The key sources of distress identified in the literature and the potential for compounded impact when exposed to multiple stressors.
- That younger children – and young people with underdeveloped emotion regulation and coping skills – are at risk of heightened levels of distress, anxiety, distraction, and may consequently face challenges in learning and require additional supports as classes resume.
- That young people are impacted by caregivers’ responses during pandemics and caregiver stress related to the transitions this fall may contribute to young people’s stress (Cortina et al., 2020). Caregivers and family members grappling with the stress and uncertainty of the pandemic and the return to school may require supports to aid their own coping and a family-focused approach may be beneficial for the wellbeing of the child.

## New findings on the mental health impacts of COVID-19 on Ontario’s young people

Between April and June 2020, a pair of interrelated studies were conducted by a team of clinician-scientists to gather information about young people’s mental health experiences, service needs and preferences in relation to the COVID-19 pandemic. Over 1300 youth and young adults<sup>2</sup> (12 to 25 years of age) (Radomski et al., 2020a) and over 700 parents/caregivers<sup>3</sup>

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<sup>2</sup> The average age of youth respondents was 18.3 years; 73.2% identified as male, 23.1% as female and 3.7% as other. Almost all (97.6%) reported English as their primary language; 2.4% reported French. The majority (87%) reported living with their family; 56.2% considered their family to be well-off and 38.4% considered their family to be somewhat well-off. Almost 20% had lost their job because of COVID-19; nearly one-third were employed when they completed the survey.

<sup>3</sup> The average age of caregiver respondents was 43.3 years old. Most identified as female (92.7%; male 6.9%, other 0.4%), a mother (92.4%; father 5.2%, stepparent 1.1%, other guardian 1.3%), as English speakers (92.6%; French 7.4%), and as Canadian citizens (97.2%). Most respondents were currently employed (74.8%), were living in Eastern Ontario (60.8%) with a spouse or partner (81.8%). Caregivers



of children (4 to 25 years of age) (Radomski et al., 2020b) in Ontario responded to a web-based survey advertised through various social media and communication channels.

The findings demonstrate the extent and types of lifestyle changes, concerns and mental health needs youth and families have experienced during the pandemic and their service preferences. Below we highlight findings most relevant to the transition to school to help community mental health agencies better understand service needs and build capacity to address them as young people return to school.

## **Findings from the youth and young adult survey (Radomski et al., 2020a)**

Young people were asked to report on their feelings and experiences over the past two weeks prior to completing the survey. The findings offer a snapshot into how youth were experiencing the pandemic in the earlier stages of the lockdown in Ontario in April 2020.

### *Mental health and wellbeing*

Nearly two-thirds of youth said that their mental health had gotten worse since the pandemic. Young people who were already getting help for their mental health before the pandemic were especially vulnerable for experiencing worsening mental health during the pandemic. Those who were older (18–25 years), female, living in a northern community, working or whose family was not so well-off were at an increased risk for mental health distress.

- Over 60 percent of youth reported feeling a combination of worried, upset, sad and angry about the abrupt end to the school year, ability to see their friends, and uncertainty about the future.
- Almost 30 percent said they felt sad nearly every day in the two weeks prior to completing the survey; one-quarter of respondents reported feeling lonely every day in that time period.
- Over two-thirds of respondents reported experiencing mild to moderate levels of anxiety, while just under 20 percent reported severe levels anxiety.

The survey results identified some additional concerns and disruptions youth had experienced earlier in the pandemic, that, if sustained, could impact their functioning as they return to school. Over the two weeks prior to completing the survey in April:

- nearly 80 percent of respondents experienced several days of disturbed sleep;
- more than half of the young people surveyed said that for several days they had difficulty concentrating; and

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were asked to report on their youngest (or only) child within the age range of 4 to 25 years old. The average age of the child reported on by caregivers was 10.1 years. Over three-quarters of the children were in elementary school (Kindergarten to Grade 8). The median number of children a respondent had was 2 and most (97.0%) were living at home.

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- over one-quarter reported physical symptoms related to anxiety (e.g., headaches, stomach aches, appetite disturbances).

Young people were also asked how likely they thought it was that things would go back to normal for them when the COVID-19 outbreak ends. School was the domain in which young people expressed the most uncertainty around a return to normality post-pandemic.

- Over one-quarter of young people were “unsure” school would return to normal, whereas 17% indicated they were unsure about healthcare and just over 10% indicated they were unsure about life, in general, returning to normal.

Because these data were collected in April 2020 when even greater uncertainty existed around the course of the pandemic and provincial state of emergency, they cannot be interpreted as a *current* reflection of young people’s feelings and concerns about the return to school. Much has changed in the months since these data were collected, including a phased reopening of the province of Ontario and provincial and regional plans for reopening schools. It may be useful, however, for service providers supporting young people around the transition back to school to consider the relative weight of uncertainty young people expressed earlier this spring about a return to school compared to reopening of healthcare services and return to life, in general.

#### *Service use and preferences*

About 30 percent of young people said they were getting help for a mental health concern at the time of the survey. While another 30 percent reported not currently needing mental health services, almost all (92.4 percent) felt certain services might be helpful in the future. Young people who were not getting help but were feeling stressed because of COVID-19 preferred online sources of information and self-help supports (lower-intensity services). Young people who were already getting help for their mental health preferred to meet with a healthcare provider, either in person or online.

### **Findings from the parent/caregiver survey (Radomski et al., 2020b)**

A survey of parents and caregivers was conducted to gather data about the mental health experiences of younger children not represented in the youth/young adult survey (caregivers reported on children aged 4 to 25 years) and to better understand caregiver perspectives and the relationship between caregiver and child mental health during the pandemic.

#### *Parent/caregiver mental health and wellbeing*

Ontario’s infection prevention and control response to COVID-19 required the abrupt closure of childcare centres, schools and many places of employment, resulting in unemployment for some and rapid shifts to balancing work-from-home and home-schooling for many families. Many parents and caregivers surveyed in this study had to step in as educators for their children due to school closures.

- Over one-third (34.5 percent) of parents were ‘quite a bit’ or ‘very much’ bothered by the added responsibilities of teaching and doing schoolwork with their child.



- Over one-quarter (28.9 percent) of respondents reported feeling moderate to severe levels of caregiver strain. Changes in parenting roles and responsibilities during the pandemic may have contributed to this strain. Caregiver strain was significantly related to the overall self-reported mental health of parents; those experiencing greater strain reported worse overall mental health.
- Nearly one-third (32.5%) of parents expressed that they had already sought – or were planning to seek - mental health support because of the impact of COVID-19 on their daily life.

### *Parent/caregiver perceptions on child mental health and wellbeing*

Changes to their child's school year was one of the top three most influential impacts caregivers believed the pandemic had on their child's life. Ranking slightly higher in influence were changes in their child's ability to 'see their friends and peers' and 'participate in their regular fun activities, such as sports or hobbies'.

- The impact of the school changes resulting from the pandemic seemed to be greater for high school or post-secondary school students than for elementary school students.
- The extent to which parents considered their child to be impacted by changes to their school year was significantly related to the overall mental health of both parents and children since COVID-19.

## **Summary**

The changes and strains caused by the pandemic have adversely impacted the mental health and wellbeing of Ontario's young people and their parents and caregivers.

The return to school in Ontario may be beneficial for young people and families, offering a return to routine and community and school supports. The transition may be more challenging, however, for those who have been struggling with mental health challenges throughout the pandemic. Earlier this spring, young people surveyed in Ontario expressed uncertainty around the likelihood of a "normal" return to school, disrupted sleep patterns and trouble concentrating. Their parents and caregivers identified changes to their child's school year as one of the most influential impacts of the pandemic on their child's life.

Almost all young people reported that they would be interested in future mental health services, signalling the likelihood of increased demands for mental health supports as young people transition back to school this fall.

# UNDERSTANDING THE MENTAL HEALTH IMPACTS OF SCHOOL TRANSITIONS DURING COVID-19

## Lessons from the literature on school transitions under normal circumstances

### School transitions and mental health

School transitions are difficult for some children and youth under normal (non-pandemic) circumstances. The return to school after a break, the beginning of a new school year, the transition to a new school or setting, changing grades or classrooms - can spark a variety of concerns for young people under normal circumstances about: how to orient to a new environment and new routines, social inclusion/exclusion, fear of bullying and social aggression, changes in peer relationships and adult supports and anxiety about coping with an increased workload (Zeedyk et al., 2003).

The school mental health literature has identified types of transitions that may be particularly stressful for young people, including, but not limited to the following examples:

- School transitions that involve a change in environment (e.g. new classroom or new school) have been associated with increased reports of depression and anxiety symptoms in children and youth (e.g. Wong & Power, 2019), even in the younger population of primary school students (Kulkarni et al., 2019; Wong & Power, 2019).
- Young children entering kindergarten experience a significant change in environment, expectations, structures and daily transitions. A child's level of social-emotional development is often reflected in their ability to manage these demands. Some young children begin to demonstrate social, emotional and behavioural problems in educational settings, which often become barriers to social and academic success (Kulkarni et al., 2019).
- The transition from middle school to secondary school is particularly difficult for students (Longobardi et al., 2019), in part, because it coincides with early adolescence – a time of significant social, biological and psychological development (Evans et al., 2018).
- The transition from secondary to post-secondary school is a time when mental health challenges become more prevalent and complex (e.g. Cleary et al., 2011; Fowler & Lebel, 2013; Marcotte et al., 2018). Changes that may be associated with entry to post-secondary – more independent academic workload, parental absence, change in environment, financial instability, sleep disturbances, and disconnection from usual support services may all contribute to the increased risk, or exacerbation, of mental health challenges during the transition to post-secondary school (Cleary et al., 2011).

The literature has noted that youth who may have poor academic skills, lower socioeconomic status and are a member of a marginalized group may be at risk for poor transitions back to

school (Evans et al., 2018). However, young people *most* at risk of poor school transitions are those with special education needs and/or inadequate social supports from their network of peers, family, teachers, etc. (Evans et al., 2018).

Transitions that young people perceive as stressful can adversely affect their psychological adjustment, wellbeing and academic outcomes (e.g. Evans et al., 2018; Jindal-Snape, 2008). Young people who express greater worry during school transitions tend to experience increased anxiety (Evans et al., 2018; Rueger et al., 2014), depression, externalizing symptoms and disruptive behaviours (Evans et al., 2018), and lowered self-esteem (Jindal-Snape, 2010) and academic performance (Longobardi et al., 2019).

## Protective factors

There is evidence that assets and supports in a young person's life can buffer the impacts of stressful school transitions. A young person's sense of school connectedness, belongingness and peer supports are protective factors buffering the negative emotional outcomes of stressful school transitions (Evans et al., 2018). The provision of social support during a school transition can improve psychological, emotional and relational wellbeing (Longobardi et al., 2019).

Positive relationships with teachers and support from parents/caregivers prior to a school transition have been shown to protect emotional health and increase achievement following the transition to secondary school (Evans et al., 2018). Parent/caregiver support is a critical indicator of emotional difficulties experienced by adolescents. Evans et al. (2018) reported that the most significant predictor of a youth's positive transition to secondary school is having a parent/caregiver at home before and after school.

Teacher and parent/caregiver support around a young person's transition to middle school has been shown to reduce levels of depressive symptoms for as long as 20 months after middle school entry (Reuger et al., 2014). Evidence from one study of over 1000 middle schoolers in the United States (Reuger et al., 2014) has shown that support from multiple sources – in this case, both mothers and teachers - may have an “amplifying, synergistic effect” (p.655) on reducing young people's depressive symptoms related to school transitions.

## Summary

An understanding of the impacts of stressful school transitions on young people's wellbeing, and the factors that place students at higher risk for – or protect against - adverse outcomes may be helpful for community mental health providers helping families navigate the return to school this Fall. Young people lacking a strong support network and those with special education needs and learning challenges have been shown to struggle emotionally and academically with school transitions under normal circumstances. We anticipate COVID-19 will amplify existing stressors and risk factors. Consequently, these young people and their families may require amplified supports and services this fall.

It is clear from the existing evidence around school transitions that supports at home are critical to protecting young people's emotional health and learning as they proceed through difficult school transitions. The evidence supports a family-focused approach, where possible and

appropriate, to help young people feel secure and supported through the return to studies during the uncertain times of COVID-19. Understanding that caregiver supports at home can compound school supports to ease student transitions (Reuger et al., 2014), community mental health providers may need to work more closely with mental health providers in schools to ensure young people are optimally supported during this challenging time.

## School transitions in the context of COVID-19

While school transitions can be difficult for some young people in normal circumstances, the transition back to school (or to remain in a virtual/home school setting) in the context of COVID-19 may be challenging for most. Many students will be returning to the same school this year, but as a result of prevention and infection control measures, the environment will look different and the routine may feel very different, which may increase student anxiety (Science et al., 2020).

Although the return to school may not be happening under normal circumstances, for many young people, the stress and worry they will experience about the return to school during a global pandemic is indeed *normative* and not indicative of pathological concerns.

Results shared earlier from studies completed by Radomski et al. (2020a; 2020b) highlighted the large proportion (approximately 60 percent) of young people who reported deterioration in their mental health during the COVID-19 pandemic. As students return to school, it will be important for community mental health providers to consider, in their service planning, key groups of young people who may need additional support with the transition – a) those who developed mental health challenges throughout the pandemic (and may not have yet accessed services as a result of the lockdown), b) those with pre-existing mental health issues (particularly those whose health declined during the pandemic or whose access to services was disrupted due to the lockdown), and c) those whose mental health improved temporarily during lockdown (as a result of reduced exposure to key stressors), but who may struggle significantly with reintegration in school and other stressful environments as the province reopens.

More data is accumulating about the needs of the former two groups – particularly those with pre-existing, deteriorating mental health challenges (e.g., Hawke et al., 2020; Radomski et al., 2020a). Less attention has been paid to the latter group.

Findings from an IPSOS survey commissioned by Children's Mental Health Ontario (2020) this spring included responses from over 400 parents/caregivers of young people aged 25 years and younger revealed that seven percent of caregivers believed their child's mental health has improved since schools closed in response to COVID-19. While the study did not include analyses related to why this small proportion of young people fared better with school closures, clinicians consulted in the development of this report speculated that while the home environment can be stressful for some young people, for others with psychological, social, behavioural or learning challenges exacerbated by a school or social environment, home schooling may have actually mediated these issues. Examples of those who may have experienced relief at home and may be anxious about returning to school, include:

- young people with intense worries of contracting and spreading COVID-19 to family members
- young people with pre-existing mental health challenges who struggle with their symptoms at school
- young people who have experienced bullying and are fearful of victimization at school
- young people who experience separation anxiety related to their family members or caregivers
- young people with (undiagnosed or diagnosed) learning disorders who might be avoiding shame and embarrassment in school
- young people experiencing behavioural challenges (e.g. chronic irritability, outbursts, hyperactivity, defiance, anger) who may struggle in the school environment

### **Sub-populations of young people who may need additional mental health supports through the transition to school during COVID-19**

In an earlier [report](#), we outlined the evidence around sub-populations that have been associated a heightened risk of experiencing mental health consequences of the COVID-19 pandemic. Below, we expand upon this list to include young people who may be particularly vulnerable during the return to school in the context of COVID-19.

#### *Children and youth with pre-existing mental health challenges and substance use disorders*

- Young people with pre-existing mental health or substance use issues, particularly those with more severe challenges, intensive in-person support needs, medical comorbidities, who are immunocompromised and those in congregate housing situations (e.g. live-in treatment facilities, shelters or group homes) are at elevated risk because of the potential disruption to their regular services/supports and higher levels of distress about their risks of contracting COVID-19 (Fegert et al., 2020; Holmes et al., 2020; United Nations, 2020, May 13; Vigo et al., 2020; Yao et al., 2020).
- Brooks et al. (2020) reported that psychiatric history is associated with psychological distress after any disaster-related trauma and noted that those with pre-existing mental illness require additional supports and services while quarantined during a pandemic.
- Data collected from parents/caregivers and young people in Ontario about the psychological impacts of COVID-19 on children and youth has shown that the mental health of those with pre-existing mental health challenges has declined since the onset of the outbreak in March 2020 (Children's Mental Health Ontario, 2020; Hawke et al., 2020; Radomski et al., 2020a; Radomski et al., 2020b).
- In an Ontario study of 622 young people aged 14 to 27 years, Hawke, et al., (2020) found that half of respondents with pre-existing mental health challenges reported disruptions in their access to mental health services and supports during the pandemic.

- Young people with complex needs may also have lost contact with services or virtual services may not be meeting all the needs of children and youth with complex needs (Cortina et al., 2020; Science et al., 2020).

*Children and youth who have been exposed to or contracted the virus or experienced loss during COVID-19*

- As young people return to school, those identified as having been exposed to the virus will require testing, quarantine or self-isolation. This experience may be stigmatizing and stressful for children and youth.
- Holmes et al. (2020) note that many of the potential consequences of quarantine and physical distancing measures are also significant risk factors for mental health issues. Such consequences include “suicide and self-harm, alcohol and substance misuse, gambling, domestic and child abuse, and psychosocial risks (such as social disconnection, lack of meaning or anomie, entrapment, cyberbullying, feeling a burden, financial stress, bereavement, loss, unemployment, homelessness, and relationship breakdown)” (Holmes et al., 2020, p. 2).
- It has been reported that the 2003 SARS epidemic has been associated with sustained anxiety, depression and insomnia among patients who recovered after contracting the virus (Holmes et al., 2020; Tsang et al., 2004). Evidence from previous pandemics also suggests individuals who become ill during a pandemic may experience significant social isolation and discrimination as a result of the *stigma* associated with having contracted the virus (Morganstein et al., 2017). We can, therefore, expect to see similar trend in families directly affected by the novel coronavirus.
- Young people are susceptible to feelings of survivors’ guilt and may blame themselves for the death of loved ones experienced during major events like disasters and pandemics (Whaley et al., 2017). COVID-19 has impacted the way families and children are able to grieve and mourn the death of a loved one<sup>4</sup>. The combination of stress and loss due to the pandemic and the death of a loved one means young people’s grief reactions at this time may be unexpected, complicated and vary widely (Ferow, 2019).

*Children and youth who are members of marginalized or racialized communities, including Indigenous populations, migrants and refugees, and individuals who are living in low-income households, are homeless or precariously housed*

- Researchers have cautioned that members of some marginalized groups may not have living environments conducive to physical distancing or heightened hygiene guidelines. Marginalized and low-income youth and families may find it more difficult than others to access basic needs (as a result of finances, supply shortages, access to safe transportation) and are already vulnerable to stigmatization and discrimination (Fegert et

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<sup>4</sup> For a detailed summary of evidence about how to support bereaved children, youth and families during COVID-19, please [follow this link](#) for a recent report produced by the Centre and CMHO.



al., 2020; Holmes et al., 2020; United Nations, 2020, May 13; Vigo et al., 2020). Young people who live and work on the streets are at particularly vulnerable during the COVID-19 pandemic (United Nations, 2020, April 15).

- Indigenous communities may be at heightened risk as a result of marginalization as well as given historical exposure to pandemics and associated intergenerational trauma (Vigo et al., 2020).
- Children and youth from lower socioeconomic groups tend to have lower academic achievement and fewer social and academic supports when compared with peers from higher socioeconomic groups. It is speculated that the transition and return to school may be especially stressful for this group of young people (e.g. Evans et al., 2019; Gassman-Pines et al., 2020; Virtanen et al., 2019).

#### *Children and youth with complex support needs*

- School transitions be especially challenging for children and youth with additional support needs (e.g. neurodevelopmental disorders, Autism Spectrum Disorder, Attention Deficit Disorder) who have been particularly challenged by the lack of in-person and/or in-home respite support services. COVID-19 restrictions have led to the closure of early intervention services, EarlyON centers and early childhood special education services that are critical to the development of children with medical, developmental and/or behavioural complexities (Warner-Richter & Lloyd, 2020). These families have been impacted by the loss of in-person support services, limited access to special education materials and increased likelihood of strict social isolation due to increased risk.
- Children and youth who have been receiving additional support services (e.g. occupational therapy, physical therapy, speech and language supports, special education, mental health) while schools have been closed may require a transition plan to prevent service disruption and ensure service coordination and continuity of care. There may also be a number of children and youth who were not able to access the same type of in-person supports during the pandemic and who will require additional support during the time of transition and reintegration (Centers for Disease Control and Prevention, 2020; Petretto et al., 2020; Science et al., 2020).

#### *Children and youth with sub-clinical, low grade or undiagnosed mental health and behavioural concerns*

- Students who show a pattern of difficulty with their behaviour or emotions, but present with sub-clinical concerns are often supported by schools, early learning and childcare centres to build social-emotional skills like identifying and managing emotions, problem-solving and navigating peer relationships (Kulkarni et al., 2019). Families supporting a young person with low-grade or undiagnosed behavioural challenges (e.g. irritability, outburst, defiance, anger) who, as a result of the pandemic, have been unable to access usual promotion, prevention and early intervention supports may have experienced significant challenges at home. The disruption to these supports may have exacerbated existing behavioural concerns, resulting in mental health consequences for both young

people and their caregivers/family members. Parents/caregivers may require guidance in learning how to support their child's emotion and behaviour regulation more effectively (Derella et al., 2020). Young people with behavioural challenges may have difficulty adjusting to a return to school and the addition of new rules and restrictions in place due to COVID-19 (Psychological Society of Ireland, 2020).

- Schools and educational childcare settings are often a critical, first-line source of early identification, early intervention, assessment and service referral for child and youth mental health issues. It has been speculated that these important prevention, identification and intervention services have been disrupted in the wake of COVID-19 closures. Students with existing sub-clinical or low-grade concerns may have declined in the absence of regular school supports. The return to school may result in the identification of a larger than usual proportion of students with unmet behavioural and mental health needs and an increased volume of referrals to community service agencies for more intensive supports.

## Summary

The school mental health literature shows that school transitions can lead to increased symptoms of depression and anxiety in children and youth (e.g. Kulkarni et al., 2019; Wong & Power, 2019). We can anticipate that the school transitions occurring in the context of COVID-19 may amplify these mental health impacts for children, youth and their families.

Some young people and families have a heightened risk of experiencing stress and mental health impacts associated with COVID-19 and the transition to school and may require additional attention and supports from community mental health service providers. These include, but are not limited to, children and youth:

- with pre-existing mental health challenges and substance use disorders.
- who have been exposed to or contracted the virus.
- who are members of marginalized or racialized communities, including Indigenous populations, migrants and refugees, and individuals who are live in low-income households, are homeless or precariously housed.
- with comorbidities and complex support needs.
- with sub-clinical, low grade or undiagnosed mental health and behavioural concerns.

## HOW COMMUNITY-BASED SERVICE PROVIDERS CAN PREPARE TO SUPPORT YOUNG PEOPLE IN THE RETURN TO SCHOOL DURING COVID-19

Some children and youth may be very excited for the return to school, their routines and ability to play and interact with their peers. Schools provide services, supports, structure, relationships, and socialization for children and youth (Centers for Disease Control and Prevention, 2020;

Stratford, 2020). However, it is likely that children and youth will experience some level of stress during the return to school and the transition may be more difficult for some families than others (Psychological Society of Ireland, 2020).

Evidence synthesized in a recent systematic review of the psychological impacts of pandemics on child and youth mental health, demonstrates that young people are likely to experience high rates of mental health issues (e.g., depression, anxiety, post-traumatic stress disorder) during and after a pandemic, resulting in increased mental health service use (Loades et al., 2020).

Mental health agency leaders in Ontario have raised concerns about how to estimate demand for services as physical distancing restrictions are relaxed across the province and young people navigate the transition back to school and clinics reopen – in the midst of a pandemic.

There are children and youth who would have been referred to service during the pandemic but were not because of school, childcare and primary care closures (common sources of early identification and referral). While we can estimate the number of referrals once school resumes (and other common referral sources fully reopen) based on incidence and typical referral patterns, actual numbers are likely to be greater.

Evidence gathered in Ontario this spring (Radomski et al., 2020a) suggests a likely increase in demand for child and youth mental health services. Radomski and colleagues surveyed over 1300 young people (12 to 25 years of age) in Ontario during the earlier stages of the pandemic in April 2020. Almost all of the young people surveyed reported that they would be interested in future mental health services. As such, service providing agencies must be prepared to meet the increased, and situation-specific needs, of young people to intervene as soon as possible.

A variety of services should be available based on individual needs — with those who have greater mental health needs matched to more specialized services, and those with milder symptoms provided with short-term resources or self-management tools. Early assessment of mental health, including key risk factors, clear referral procedures and care pathways between school and community service providers will be needed to support service access.

Engaging youth and families in developing solutions that are meaningful for them is critical. Parents and caregivers play an essential role in young people's mental health and experience of accessing services.

The Centre is currently working with partners to co-design a mental health service plan in response to COVID-19 with a group of youth, caregivers and researchers. This service plan will be shared with healthcare providers, agencies and policy makers to suggest changes in mental health care delivery, from the perspective of those who may be using these services moving forward.



# ADDITIONAL RESOURCES AND STRATEGIES TO SUPPORT YOUNG PEOPLE AND FAMILIES WITH THE RETURN TO SCHOOL DURING COVID-19

## Resources

### General guidance

#### *Canadian resources*

- Sick Kids: [COVID-19: Recommendations for school reopening \(Updated\) \(Canada\)](#)

#### *International resources*

- American Psychological Association [Transitions to school: What helps children succeed \(US\)](#)
- Harvard T.H. Chan School of Public Health: Schools for health - [Risk reduction strategies for reopening schools \(US\)](#)
- Anna Freud National Centre for Children and Families: Mentally healthy schools [COVID-19 toolkit \(UK\)](#)
- Anna Freud National Centre for Children and Families: [Managing the transition back to school COVID-19 \(UK\)](#)
- Northamptonshire Educational Psychology Service: [Promoting Positive Transitions during and after the COVID-19 crisis: Guidance on supporting children and young people to start or return to school \(UK\)](#)
- The Psychological Society of Ireland: [The Relaunch: Back to school after COVID-19 restrictions \(Ireland\)](#)

### Resources for parents

#### *Canadian resources*

- Sick Kids: About kids health [Back to school resource \(Canada\)](#)
- Anxiety Canada: [Coping with back to school anxiety](#) and [Coping with COVID-19 \(Canada\)](#)

#### *International resources*

- [Sesame Street: Resources for families and children \(US\)](#)
- The Child Mind Institute: [Back-to-school tips for kids who are struggling](#) and [Back to school anxiety \(US\)](#)
- Zero to three [Managing the preschool transition post-COVID \(US\)](#)

### Resources for young people

- Jack.org: [COVID-19 youth mental health resource hub \(Canada\)](#)
- Ontario Universities Application Centre: [University student transition resources \(Canada\)](#)
- Centre for Innovation in Campus Mental Health: [Graduate student mental health toolkit \(Canada\)](#)

## Sample strategies

Outlined below are some examples of strategies to support children and youth during school transitions during COVID-19.

- Acknowledge and discuss the concerns raised by the child or youth (Anxiety Canada, n.d.; Miller, n.d.). Answer questions and address concerns in a developmentally appropriate manner.
- Encourage open and honest discussion about the changes, routines and expectations that will be in place for the return to school during COVID-19 (Science et al., 2020): Handwashing/hand hygiene, screening, physical distancing, the use of non-medical and medical face masks for students and staff, modified attendance.
- Practice new routines (e.g. handwashing, putting on a mask), use visuals and pictures when possible to demonstrate activities or layouts of new spaces (Psychological Society of Ireland, 2020).
- Orient children to the new school environment (Anxiety Canada, n.d.).
- Be aware of changes in a child's behaviour that may indicate a sense of increased stress and anxiety (e.g. a child who begins acting out, withdrawing, has trouble sleeping or eating, or shares complaints of physical symptoms such as headaches or stomach pains) (Psychological Society of Ireland, 2020).
- Children and youth who struggle with behavioural concerns or mental health challenges may require additional supports such as:
  - initiating a slower integration into a program (e.g. modified start date, modified times for attending), having the child arrive to class at a quieter time, exercising flexibility around program expectations, having increased one-on-one support for the child or using child-specific plans (Kulkarni et al., 2019).



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