

See us, Hear us: Children, youth and families coping with mental health during the pandemic

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Background

Two years into the pandemic, in June 2022, families were still finding their way back to a healthy life. Indirect impacts (screen time (ST), low physical activity (PA), sleep changes, lack of social connectedness (SCN) and changes to schooling situation all potentially influence mental health (particularly mood states) of youth (8-18 years). Recent Saskatchewan data concludes that in July 2021, 33% of youth reported having low to moderate quality of life and around 58% reported more negative than positive changes since the onset of the pandemic.¹ Using data from the “See us, Hear us 2.0” study, we aimed to address the impact of COVID-19 on mental well-being in Saskatchewan youth two years into the pandemic.

Objective and Hypotheses

Primary objective: Study the indirect impacts (changes to school experience, screen time, physical activity, sleep changes, and social connectedness) as well as mental well-being during the second year of the COVID-19 pandemic.

Hypotheses

Ho 1: Youth who report negative indirect impacts (negative school experience, increased ST, decreased PA, low SCN worsened sleep) will also report poor mental health outcomes.

Ho 2: Youth from equity-seeking groups (ethnocultural minority, low financial security) will have exacerbated negative indirect impacts as well as poor mental health compared to non-equity-seeking counterparts.

Materials and Methodology

Design: Cross-sectional survey.

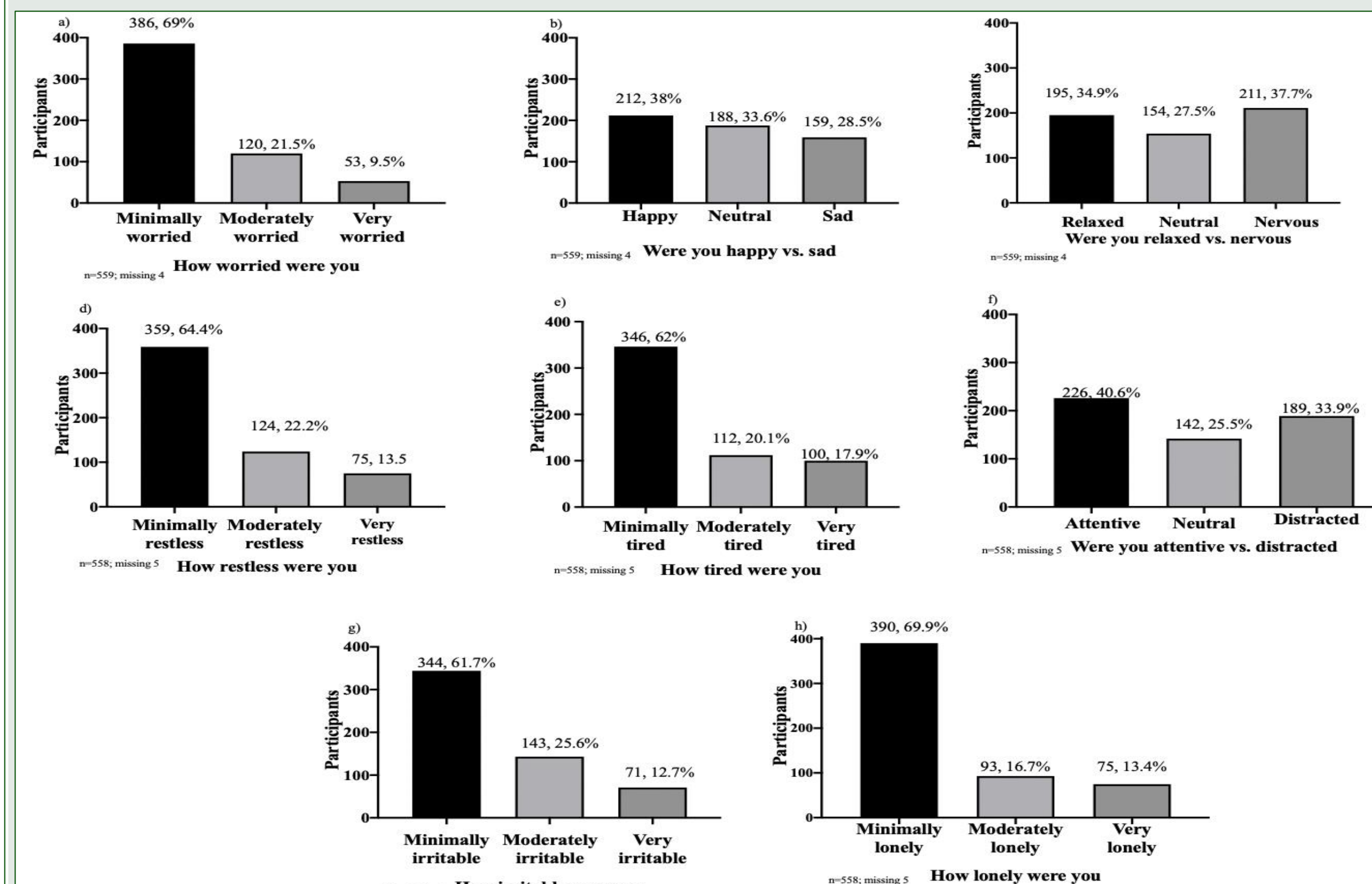
Materials: Online survey with individual youth and their parent/caregiver

Statistical Analysis:

- **Descriptive frequencies** for CoRonavIrus health and impact survey (CRISIS) scale items, social connectedness items, and indirect impact questions.
- **Nominal regression analyses** to assess the relationship between the dependent variables (school experience, mental health impact from changes in ST, PA and sleep) and independent variables: CRISIS score, respective change in behaviour in question, and equity seeking groups (age, gender, ethnocultural minority, financial insecurity)
- **Binary logistic regression** to assess the association between covariables and dichotomized social connectedness.

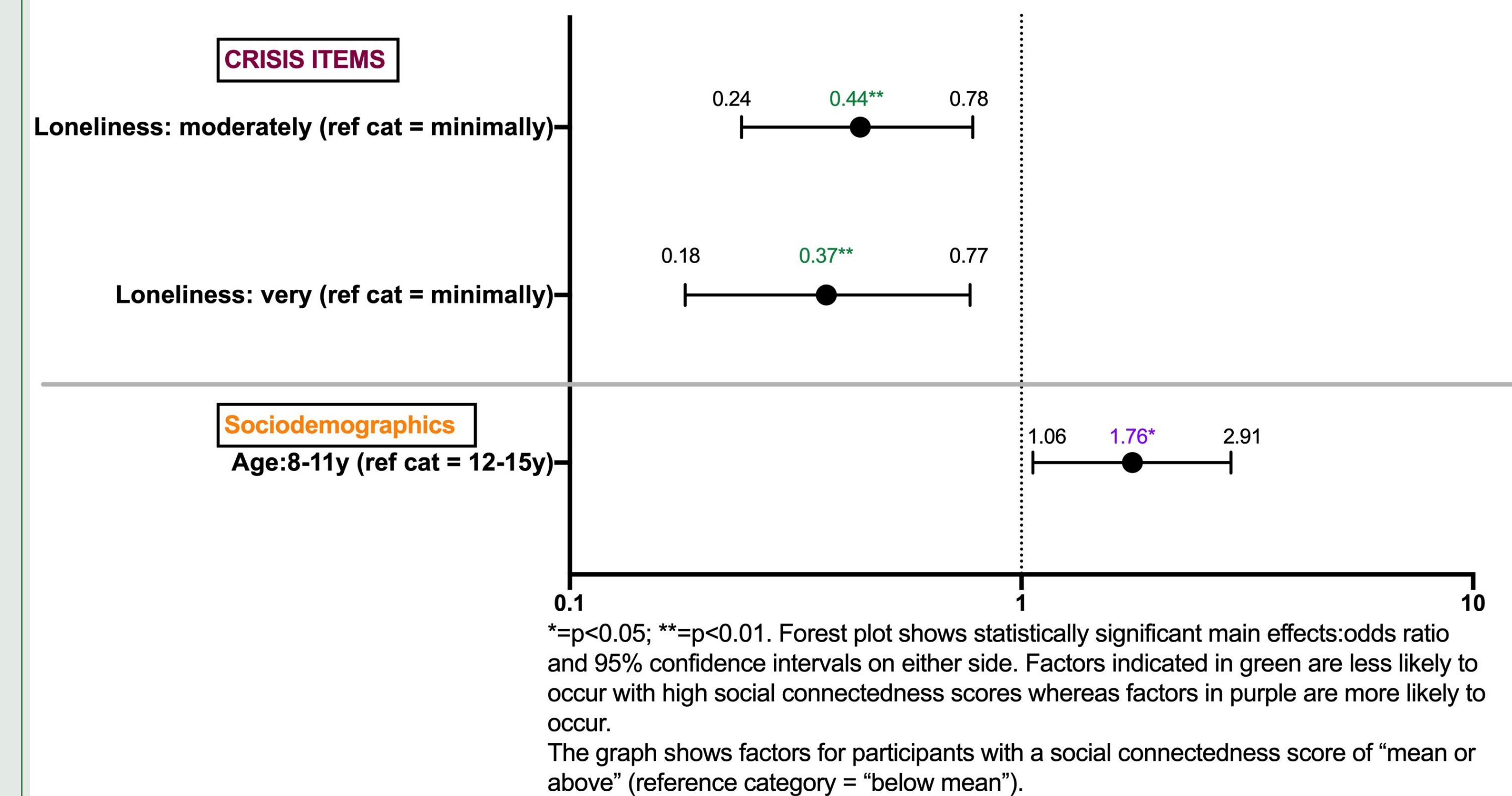
Results & Discussion

CRISIS Items Score

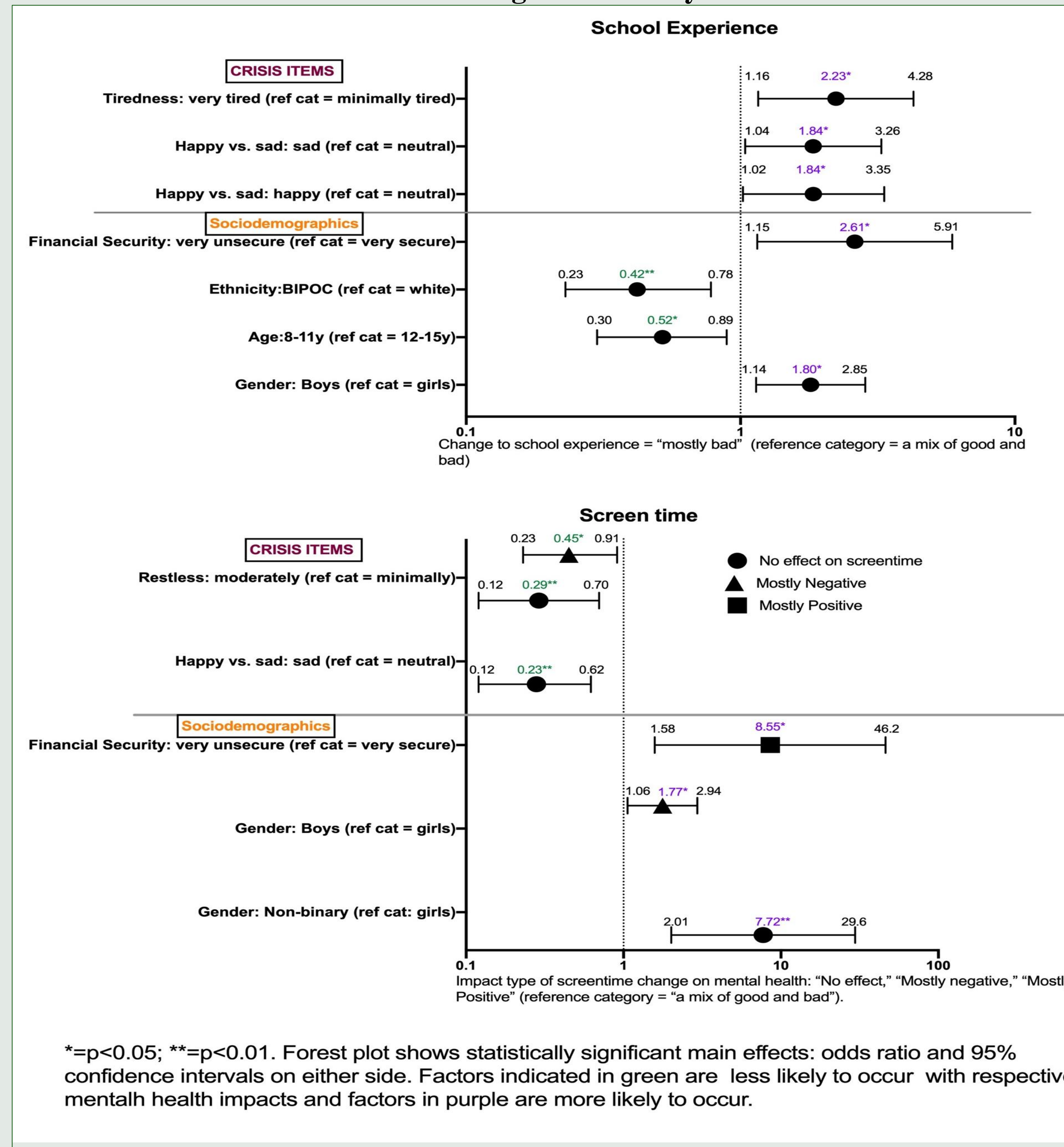


Logistic Regression Analysis

Mean Social Connectedness score



Nominal Regression Analyses



Demographics: N=563

- **Mean age** 12.8±3.11 years
- **Gender:** Boys (48%), Girls (48.5%), Non-binary (4.4%)
- **Descriptive Statistics for indirect impacts and mental health**
- **CRISIS score:** 1.66±0.44 (overall good mental well-being)

Conclusion

Indirect impacts associated with PA and ST persist two years into the pandemic, but the magnitude of the impacts has reduced. As per the study findings, Saskatchewan saw a milder impact compared to other places^{2,3,4}. The following public health recommendations are proposed for improvements:

- **Increase unstructured physical activity:** recreational activities can positively impact mental health. If free, or subsidized community programs promote free play it can make PA more accessible for those from a lower socioeconomic status.
- **“Screen hygiene”** the aim is to reduce passive screen time. This can be done by setting family restrictions for screen time use. Parental role modelling will help make a positive change.

References

