

Are the kids alright?

Special Issue: Taking the Pulse of COVID-19 in Saskatchewan—in 7 charts

Preliminary results from *See Us, Hear Us: Children, youth, and families in Saskatchewan coping with mental health during the first year of the COVID-19 pandemic (SUHU 1.0)*

February 15, 2022 (Issue 9)

Led by Principal Investigators Dr. Nazeem Muhajarine (SPHERU Director and Professor, Community Health and Epidemiology) and Dr. Tamara Hinz (child and adolescent psychiatrist with Saskatchewan Health Authority and Assistant Professor, Psychiatry), *See Us, Hear Us* is a multi-project research study on mental health in children, youth, and families in Saskatchewan. It aims to address mental health and quality of life during and throughout the COVID-19 pandemic, how they are coping, if they can get the help they need for their mental health, and how satisfied they are with the services they've received since COVID began.

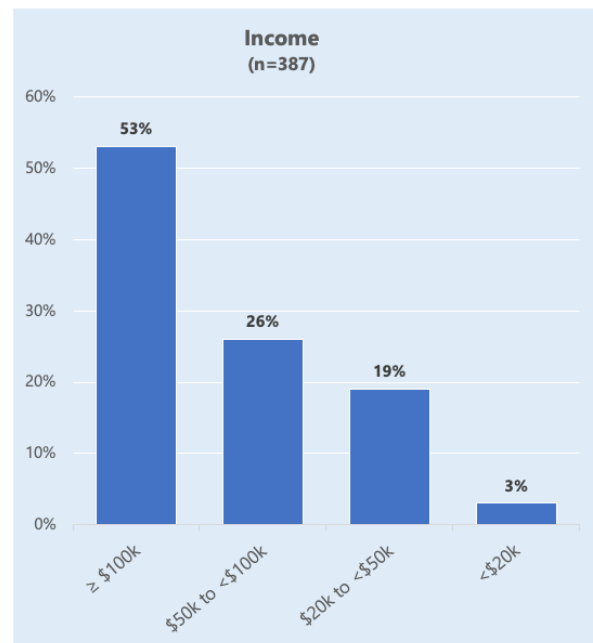
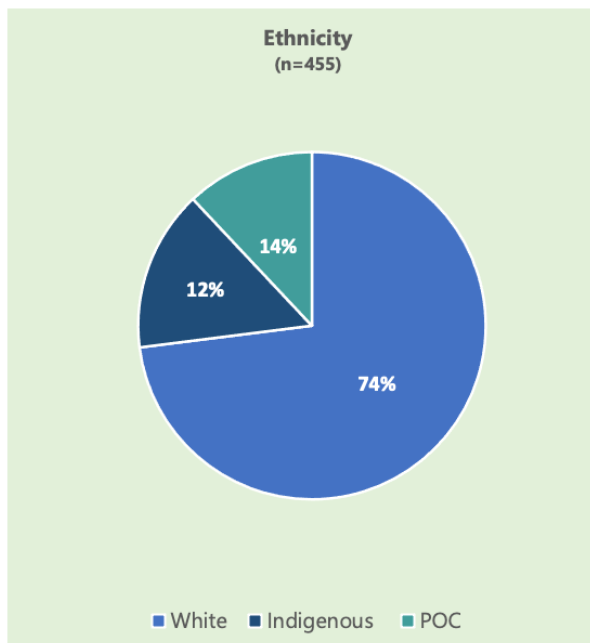
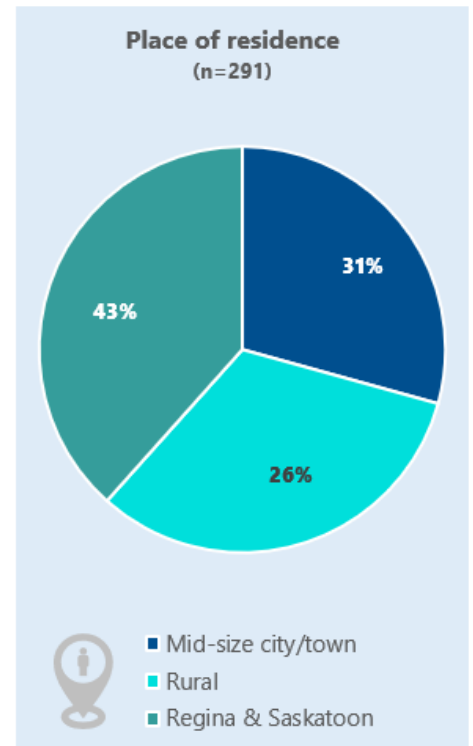
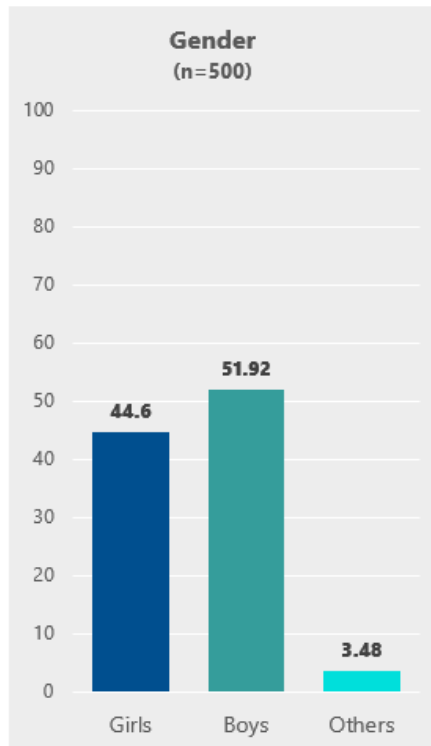
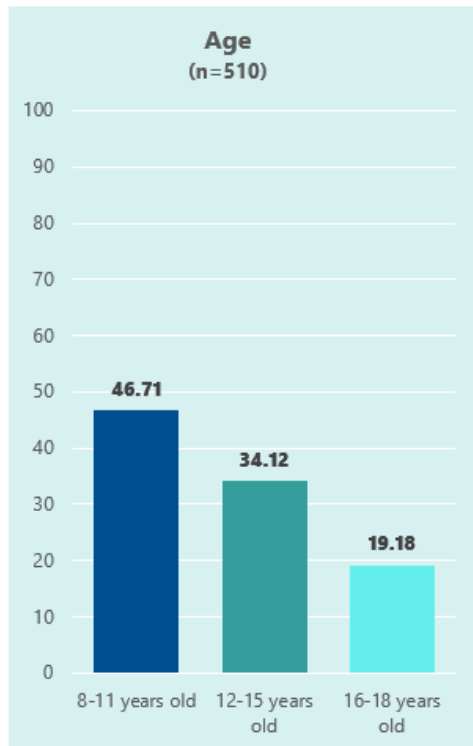
Data were collected from [510 children and youth \(8-18\) and their parent/caregivers \(1,020 individuals\)](#) via an online survey conducted between March 19 and July 27, 2021.¹ Participants were recruited via 1) Canadian Hub for Applied and Social Research (CHASR) Saskatchewan Community Panel and participating SK public and Catholic school divisions, First Nations-administered schools, and independent schools. The survey was conducted in English and French; paper and telephone-based surveys were available upon request.

In this issue, we present key takeaways and descriptive results for child and youth respondents in three age groups: 8-11, 12-15, and 16-18 years old.

Key Takeaways

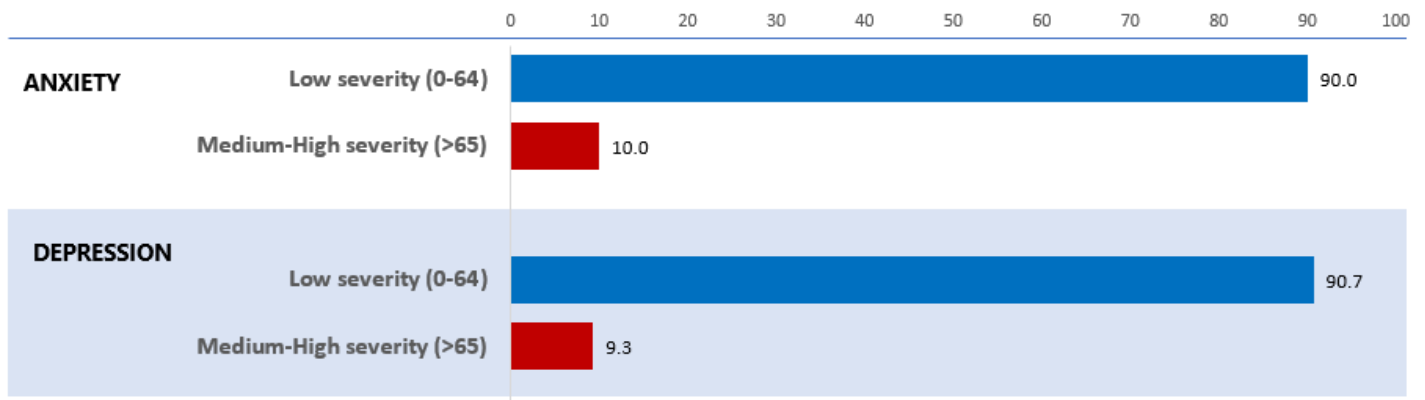
- The majority of children and youth said changes to life due to the pandemic were more negative than positive (59%). For 1 in 4, there was no real change and only 1 in 6 said the changes were more positive than negative.
- In terms of overall changes to mental health, 38% of children and youth said the pandemic made it worse. 22% experienced fluctuations in their mental health: 15% said they experienced lots of ups and downs since the beginning of the pandemic and 7% their mental health was worse at the beginning but better now. About 1 in 3 said there was no real change and 4% said their overall mental health was better since the pandemic.
- Point-in-time (i.e., in the 7 days prior to taking the survey) prevalence of moderate to high anxiety and moderate to high depression was about 1 in 10 (10% and 9% respectively), and the prevalence of emotional dysregulation (i.e., inability to self-regulate emotions) measured was 24%.
- For 1 in 3 children and youth, their quality of life was low to moderate (33.4%).
- Kids who reported more recreational screen time (≥ 3 hours per day) are more likely to report overall mental health had worsened, experienced depression, and had lower quality of life (3 to 8 times more) as well.
- Those who get 8 or more hours of sleep are less likely to experience depression (94% lower) and more likely to say their mental health hadn't changed during the pandemic.

1. Demographic characteristics (selected) of the children, youth, and families participating in the SUHU 1.0 survey



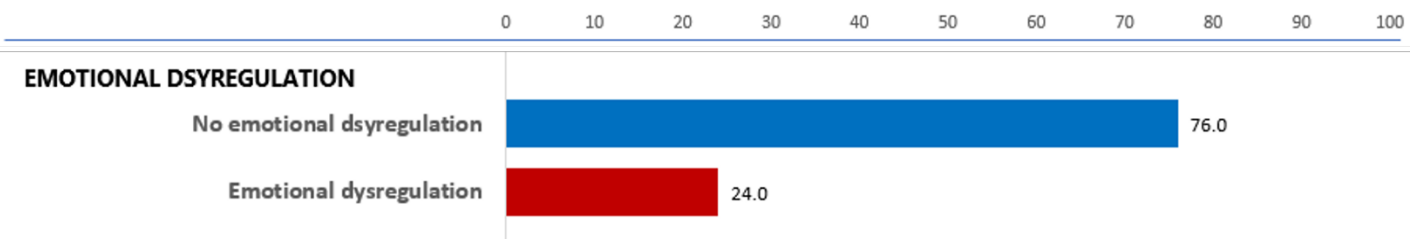
The three target age groups (8-11, 12-15, 16-18) are well represented and slightly more who self-identified as boys than girls or another gender. In terms of geography, urban, mid-size towns, and rural regions were all well represented. 1 of 4 self-declared their ethnicity is a group other than white: 12% Indigenous (slightly under-representative of the SK Indigenous child-youth population) and 14% Black or visible minority (proportionately represented). The sample skewed to families with relatively higher income (53% ≥ \$100K); 24% of participants did not indicate their family income level (we labeled them as missing data for income and kept in the analysis).

2. In the 7 days prior to taking the survey, about 1 in 10 children and youth experienced moderate to high anxiety or depression.



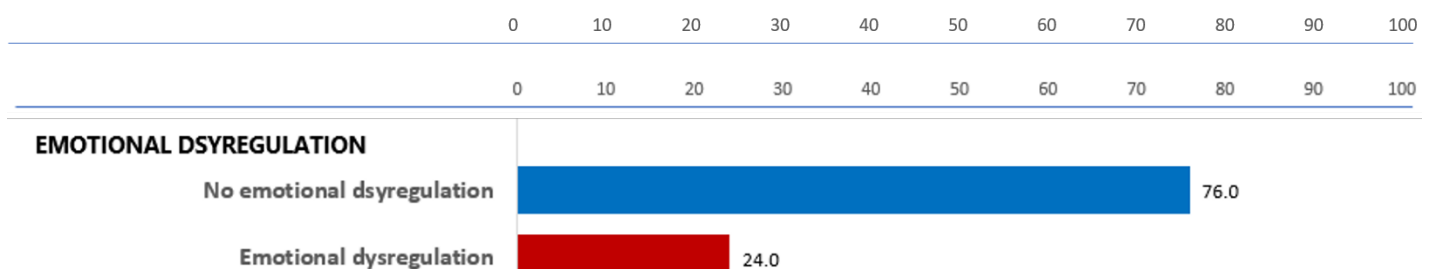
Anxiety and depression levels are assessed based on the Revised Children’s Anxiety and Depression Scale (RCADS-25)ⁱⁱ 25-item point-in-time (i.e., 7 days before) self-report questionnaire. Of note, most participants (88%) completed the survey in the last two months of the school year before the summer break. Also, by May-June 2021 the spread of COVID-19 in Saskatchewan was trending down (7-day average of daily new cases on May 1 at 19.8 per 100,000 and on June 30 at 3.7 per 100,000).

3. In the 7-day prior to taking the survey, almost 1 in 4 (24%) experienced emotional dysregulation.



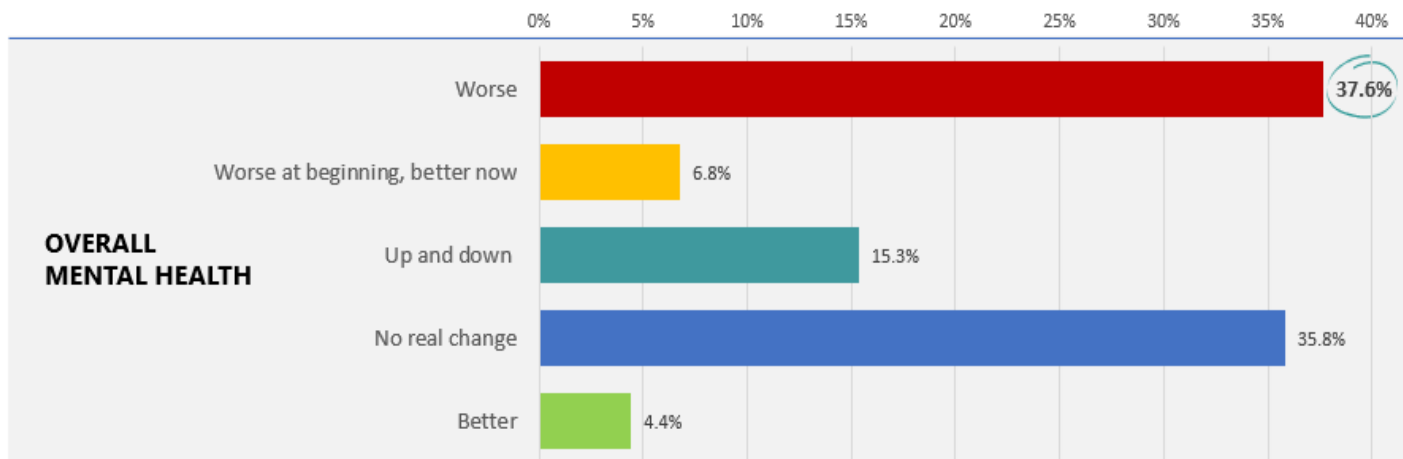
Emotional dysregulation (i.e., irritability and inability to regulate their emotions)ⁱⁱⁱ was highest in the 16–18-year-old age group (30%), as compared those 8-11 (24%) and 12-15 (21%).

4. In the 7 days prior to taking the survey, 1 in 3 children and youth indicated their quality of life^{iv} was low to moderate.



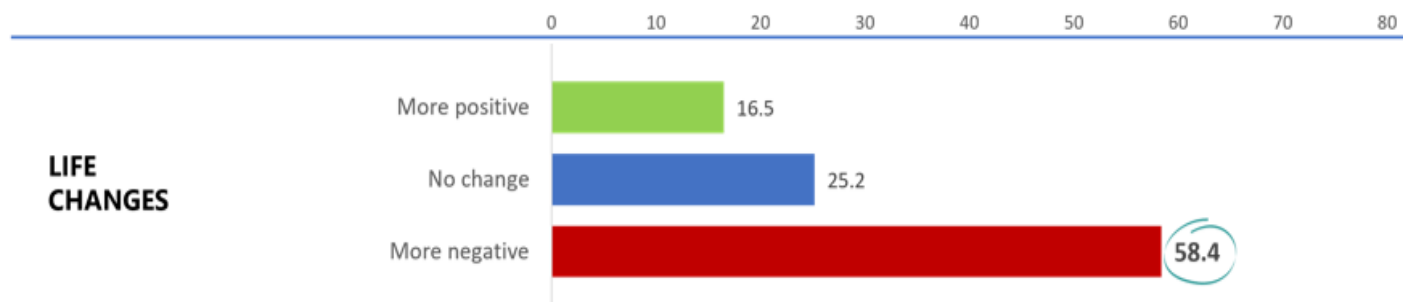
Quality of life was lowest (low-moderate) in the 16–18-year-old age group (43%), next in the 12-15-year-old group (34%), and then in the 8-11-year-old group).

5. 38% said since the pandemic began, their mental health overall was worse than pre-pandemic.



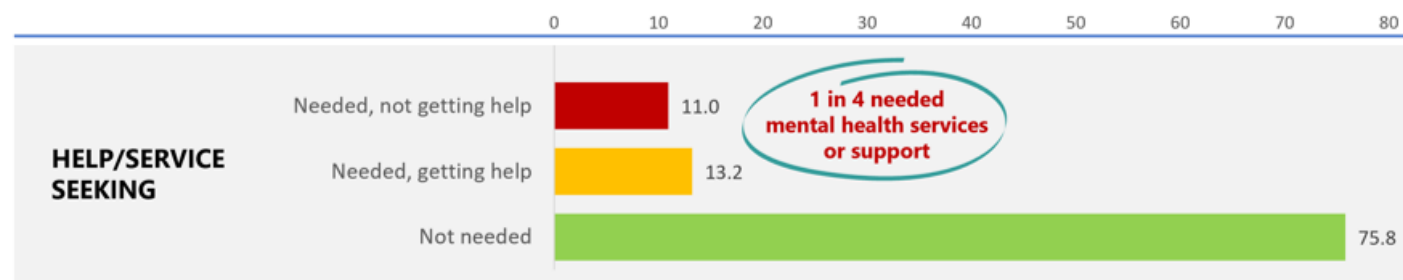
Only 4% of children and youth said their mental health was better than before the pandemic. 22% experienced a lot of fluctuations throughout and for 36% the pandemic had no real impact on their mental health.

6. The majority of children and youth surveyed (58%) experienced more negative than positive life changes since the beginning of the pandemic.



About 1 in 4 reported the pandemic did not change their lives, negatively or positively, and 17% experienced more positive than negative change.

7. Since the pandemic began, 1 in 4 respondents needed mental health support or services. While 13% of those children and youth were getting the help that they need, 11% were not.



Those who reported that they needed but did not get help were more likely to experience anxiety, depression, emotional dysregulation, and low quality of life. The most common sources of help for those who needed and did get help were family/friends (75%), therapist/ psychologist (51%), teacher/school counsellor (40%), and family doctor (15%).

See Us, Hear Us—Children, youth, and families in Saskatchewan coping with mental health during the first year of the COVID-19 pandemic (SUHU 1.0)

Principal Investigators: Dr. Nazeem Muhajarine and Dr. Tamara Hinz

College of Medicine | Saskatchewan Population Health and Evaluation Unit (SPHERU)
University of Saskatchewan

Research Team:

Aubrie Grasby, Youth Rep, EGADZ Saskatoon Downtown Youth Centre
Christa Jurgens, Council Member, EGADZ Saskatoon Downtown Youth Centre
Daniel Adeyinka, Postdoctoral Fellow, Community Health & Epidemiology, USask
Fady Sulaiman, Medical student, College of Medicine, USask
Isabelle Dena, PhD student, Community Health & Epidemiology, USask
Janice Braden, then-Provincial Network Manager, SPOR-PIHCIN, USask
Jessica McCutcheon, Survey Research Manager and Specialist, CHASR, USask
Kathryn Green, former Faculty, Community Health & Epidemiology, USask
Lloyd Balbuena, Faculty, Psychiatry, USask
Mariam Alaverdashvili, Research Facilitator, Psychiatry, USask
Marin Habbick, Queens University Visiting Research Intern, USask
Natalie Kallio, Research Officer, SPHERU, USask
Senthil Damodharan, Faculty, Psychiatry, USask
Stuti Munshi, MPH student, School of Public Health, USask
Thuy Le, Research Officer, Psychiatry, USask
Vaidehi Pisolkar, PhD student, Community Health & Epidemiology, USask
Vithusha Coomaran, Medical student, College of Medicine, USask
and all our partners, collaborators, community council members, and knowledge users

Special thanks to our funders:



For more information, email seeus.hearus@usask.ca or visit <https://spheru.ca/covid-19/childrenmentalhealth/childmentalhealth-suhu1.php>. Further results (modeling and mental health in families) are forthcoming and stay tuned.

ⁱ The majority of survey responses (88%) were collected following the release of the Government of Saskatchewan’s “[Re-Opening Roadmap](#)” (May 4, 2021), a 3-step plan culminating in the lifting of remaining public health orders on July 11, 2021, including gathering and capacity limits, indoor masking, physical distancing requirements, and restrictions on youth and adult sports.

ⁱⁱ Anxiety and depression levels were measured using Revised Children’s Anxiety and Depression Scale-25 (RCADS-25). Chorpita, B. F., Yim, L. M., Moffitt, C. E., Umemoto L. A., & Francis, S. E. (2000). Assessment of symptoms of DSM-IV anxiety and depression in children: A Revised Child Anxiety and Depression Scale. *Behaviour Research and Therapy*, 38, 835-855.

ⁱⁱⁱ Emotional regulation measured using the Clinical Evaluation of Emotional Regulation-9 (CEER-9) tool. Pylypow, J., Quinn, D., Duncan, D., & Balbuena, L. (2020). A Measure of Emotional Regulation and Irritability in Children and Adolescents: The Clinical Evaluation of Emotional Regulation-9. *Journal of Attention Disorders*, 24(14), 2002-2011.

^{iv} Measured using the health-related quality of life (HRQoL) KIDSCREEN-10 Index instrument developed for children and adolescents aged 8-18 years. The KIDSCREEN Group Europe. (2006). *The KIDSCREEN Questionnaires - Quality of life questionnaires for children and adolescents. Handbook*. Lengerich: Pabst Science Publishers.