

SickKids VS Mental Health Crisis

Cold Open

Hannah: Jessica—a high school teacher and mother of two boys—vividly recalls where she was when the pandemic began.

Jessica: So it was the Wednesday. And I remember leaving work. And that day I had worked a half day. I stopped by a Walmart, and it was mayhem, and people were just grabbing, grabbing, grabbing. And I was still like, is this happening? Like, what's going on? And I was pretty oblivious to the world and what was about to happen. And I can remember finding the formula that Theo had. He was on a particular formula that was hypoallergenic that was tricky to find, and there was only one left. I remember calling my mom bawling my eyes out saying, oh my gosh, what if I can't get the formula for my kids. And they were also on some supplements. So I remember trying to buy this stuff. And, you know, everyone's walking around the store getting like salt and eggs and flour, and here I am like trying to find formula and like these supplements for our kids.

Hannah: While many people were scrambling to gather supplies, at SickKids, staff were readying themselves for a deluge of cases. For Dr. Jennifer Crosbie, a Clinical Psychologist and Associate Scientist, her role in the pandemic wasn't as clear—yet—but she was concerned.

Jennifer: Right from the beginning, those of us who work in mental health knew that this was going to have an impact, even a weekend, even when schools are shut down and kids are told to stay home and stop seeing people and stop going outside. Even a few days of that can have an impact on kids and how they perceive kind of risk and stress in their environment.

Hannah: One of Jennifer's colleagues, Dr. Daphne Korczak, a Child and Adolescent Psychiatrist and Associate Scientist at SickKids, shared similar fears.

Daphne: Just having expertise in child development, we know what's important for children. We know what children need to thrive. The idea that there would be very few of those things, if any, and children's lives were going to be fairly unrecognizable was very concerning to us. You know, we weren't intensivists, we weren't emergency physicians, but we could contribute from a scientific perspective. We could quantify and examine and understand the impact to kids so that we would be able to then advocate for them in a way that would be helpful.

Hannah: In this episode, you'll hear about the impact of COVID-19 on the mental health of kids and caregivers—what SickKids research reveals, but also, what it means for individual families like Jessica's-- and yours. You're listening to SickKids VS, where we take you to the frontlines in the fight for child health. I'm Hannah Bank, and this is SickKids VS Mental Health Crisis.

ACT 1

Hannah: Jessica and her husband George are no strangers to adversity. Their two boys, Theo and Christian, were born with a rare congenital condition called gastroschisis. It's when a baby's intestines extend outside of their body at birth through a small hole near their belly button.

Jessica: So I think what a lot of people don't know is kind of like the worries and the uncertainties happen really early on, even before the baby is born. When Theo was born, it was kind of like I was in a dream. So when he was born, and he was taken to the SickKids team right away, and I didn't see him for about an hour. And then the first time I did see him, his whole intestines were wrapped up. He looked like a mummy. His middle of his body in tubes and wires everywhere. And he was taken directly to SickKids, where George was told that he needed immediate surgery, and he might not make it out. So it was pretty surreal.

Hannah: Theo recovered from the surgery, but for a year after he would require a g-tube, which is a feeding tube inserted directly into his abdomen. When their second child Christian was born with the same condition, he too was transferred immediately to the SickKids Neonatal Intensive Care Unit.

Jessica: what we went through with the boys was really traumatic. And I don't think you understand the trauma until you kind of step away from the situation, because when you have a sick child, you are in fight and flight. And with our boys, you know, there were nights where we didn't know if they would make it through the night. They had a lot of complications. And then you go home from the hospital, you think everything's going to be okay, and then, you know, you're in and out, in and out. And then I felt like we could kind of catch our breath.

Hannah: Just before the pandemic began, the family was still facing many challenges, but their lives had settled into a routine.

How would you describe your mental health at the time? And if you can sort of glean any sort of memory of the boys' mental health.

Jessica: So in terms of the boys, they were still quite young. I don't really know if I can articulate their mental health for a two and a four-year-old, but they were definitely still dealing with some health challenges. And, like, our eldest, Theo, did not sleep. He seemed to have these terrible night terrors all the time, and the boys got sick. It seemed more often than like a typical kid. So the nights were really challenging.

For myself, I really struggled after the boys were born with anxiety and depression, PTSD, postpartum, and I kind of felt like I was on the mend getting out of it, still dealing with some stuff. But I felt okay. I felt like the yellow brick road was in front of us, like there was a path now, and the worst was behind us.

Hannah: And what about yourself, George?

George: it was just more typical, just busyness. I mean, I feel like when I'm busy, I had work, I had the kids, you know, work life, home life was busy, so I didn't really have too much time to stress about my mental health. I think I was very occupied with work and kids and everything else. So it didn't really take a toll on me. But having said that, I mean, I know the trauma was still there because there's underlying trauma from the past that I don't think we dealt with and I think I felt okay at that time, but things were just building up. And the pandemic definitely did not help after, for sure.

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ACT 2

Hannah: On March 11, 2020, the World Health Organization declared the outbreak of COVID-19 a global pandemic.

World Health Organization (WHO) News Clip: WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity and by the alarming levels of inaction. We have therefore made the assessment that COVID-19 can be characterized as a pandemic.

Hannah: Six days later, Ontario Premier Doug Ford declared a state of emergency. Schools and daycares closed, sports and rec programs paused, workers were sent home, and months of lockdowns began.

Hannah: what was it like for you both as working parents with this lockdown?

Jessica: Schools at the beginning, no one really knew what was going on, and we were still trying to navigate online learning. So it was definitely tricky to try to figure that out with little ones at home. And then George can talk more about the real estate, but that whole world kind of closed down too, and no one really knew it was happening.

George: Yeah. No, I was like, I had a bunch of clients that wanted to buy or sell, and then nobody knew what was happening, right? So everyone just put the brakes on.

Hannah: So, you know, your lives, as all of our lives did, changed quite dramatically. I was hoping you might be able to take me through once sort of we settled into the reality that lockdown is happening, what was a sort of a typical day like for you at home?

Jessica: I think like most parents, we started off strong, like we're going to have a routine and, you know, we got the, "O Canada" from the kids' school and the little alphabet song they sang every morning to start that routine with them. We're really fortunate we live outside the city, and we have like a nice sized backyard and live near a park. So we were able to get out and walk every day, which was a lifesaver for us. But it was also really hard because the boys school provided so much support for them and at least for me, it took off so much stress, because I knew they were having that social interaction, and I knew they were eating. So when they're at home with me, I felt like I'm the primary person that needs to get these calories in. And then they feel that stress, and then they don't eat, and then I'm paranoid about it.

George: It's hard when you lock everybody back in the house. I mean, everyone's got the routine, Jess goes to work. I go to work. You know, we have a few hours a night to, you know, chat and this and that. But when you're in someone's face all day, it's challenging, right when everyone's just all at home and you're trying to go on with your daily routine, but yet, you know, everyone's stepping on each other's toes.

Hannah: Jessica and George hoped things would improve, and even rebooked a trip they had cancelled when the pandemic began.

Jessica: I think like most people, we rebooked our trip for the summer because, you know, we're like, oh, everything will be fine for the summer. Right? But as it continued, I know for me it was hard. George started to really struggle during that time.

George: You know, when you're sitting there, you're not busy, occupied with work and this and that, you have time to think and you start thinking, over thinking this, that, and then, you know, reactions, feelings and all that start sparking. And you don't really know when these traumas and things come back into your life or trigger you, right so.

Jessica: I felt like I was doing everything. So I was, you know, doing most of the cooking and the cleaning. And not that George didn't do that stuff, he just wasn't coping. He wasn't coping at all. And he coped by trying to figure out what was going on the computer, you know, listening to all these seminars doing this. And, you know, I was just, you know, Googling all day, like what to do with my kids. I felt the weight of the world all on me. And he was in a place where I couldn't really explain that to him. I always think, you know, we were financially okay. You know, we could go and buy groceries and we did have outdoor space, but we were really struggling. We were fighting a lot. It definitely affected the kids. Yeah, it definitely affected them in terms of their behavior.

Hannah: As time went on, Theo and Christian became more irritable and began having epic meltdowns.

Jessica: just complete, utter meltdowns, the little one with Christian, extreme temper tantrums, which he still has, but they were different. I can't describe it. Just out of their body, temper tantrums, and with the older one, just very emotional, like just crying over nothing like a complete meltdown.

Hannah: Jessica recalls one particularly bad episode.

Jessica: One night, George was out, and I was putting the boys to bed, and Christian was just like, he was just hysterical, throwing things in his room trying to hit me, like he was like out of his body. I still remember that vividly. We had been fighting a lot then, like a lot, ugly fighting. And then the older one was just crying in the background and Christian's having this temper tantrum, and I'm yelling, being like, you need to calm down. But just making him more upset. Yeah, that's pretty vivid still for me.

ACT 3

Hannah: Jessica, George and their boys were not the only family grappling with mental health challenges during the pandemic. Many families were struggling. As the waves of COVID-19 rose and fell, Jennifer Crosbie and Daphne Korczak—the SickKids doctors you heard from earlier—studied the impact on child, youth and family mental health. Their initial goal was to look at how kids with pre-existing mental health challenges fared compared to those without such vulnerabilities. Ultimately, Jennifer, Daphne and their collaborators recruited more than 2,700 patients into their study. In July 2021, the team released some of their earliest findings. And they were alarming.

Daphne: The very first thing we found that was notable was just the magnitude of deterioration that kids were reporting and families were reporting. You know, when we found very early that 70 percent of kids were saying that they were worse in at least one mental health domain and a large proportion of kids were worse across multiple domains, and only 10 percent were saying that they were feeling a bit better, I think that was surprising to us.

Jennifer: So consistently, whenever we looked, and we took a little deeper dive, what we found is that the rates across these mental health traits were elevated. But not only were they elevated in kids who had pre-existing mental health concerns, but they were clinically elevated in children and youth that prior to COVID had no concerns. So we saw this massive elevation in kids who we wouldn't have necessarily thought were as at risk for negative outcomes.

Hannah: Two other findings surprised them. One was the persistence of mental health challenges.

Jennifer: Once these elevations happened, once we saw this rise in, say, mood or anxiety, it was then sustained. So the pandemic kind of waxed and waned in that we would have waves and things would be closed and then things would get better and things would open. And this sort of happened over two years. Unfortunately, the magnitude of the mental health concerns didn't necessarily follow that same pattern. Once the expression of these traits went up, they tended to stay that way.

Hannah: Another surprise finding was the massive impact of social isolation.

Daphne: So when we look at impacts, we quantify them and we get an idea of how much, you know, this is a factor, but how much is it really impacting our outcome? And in this case, the magnitude of the impact of social isolation was very, very large. And I think we were very surprised to see those numbers.

Jennifer: One of the key factors that came up over and over and over again was the fact that although there was some increase and decrease around public health measures, there was a sustained period where nobody was having a normal degree of social interactions. So the normal amount of being outside with friends, interacting with different people, being involved in recreation and sports, sort of all the key social factors that we know are important to normal development and positive mental health, those did not come back online. Schools in Ontario were a great example. We had school closures for a very long period of time. And even when schools did open, they opened up at this like very restricted way in which kids just sat in desks and couldn't interact with each other. And so I think what happened was, is this the sudden turning off of social interactions for children and youth on top of high stress, elevated these scores, this sort of rating and these feelings of attention, concentration, mood, anxiety and just making things a little bit better wasn't enough.

Hannah: The loss of in-person school was a huge driver of social isolation and a key contributor to negative mental health outcomes. It wasn't just learning loss. It was the loss of a gateway to sports, food programs, friendships, and other social supports.

Daphne: I think what wasn't immediately appreciated by the adult world is when we closed down our lives and made all these changes, we did remove the safety net that we had been building for children for over 50 years. You know, all of that, the protection, the nutrition that schools and communities and extracurriculars afford, many of our children, and they became locked inside their homes for weeks and months with none of those buffers.

Hannah: For Jessica and George's family, removing the safety net of their boys' daycare was devastating. Jessica described the critical role it played in not just her kids' physical and mental health, but her own.

Jessica: The teachers were just all very aware of the boys' conditions. And I felt like they were being really taken care of. There was a lot of communication with us in terms of how much they were eating, if they ever had stomach upsets, with gastro things, you know, talking about like if they've gone to the

bathroom, how's that going? I just felt like they were very patient with the boys, especially Theo, because he was older, and they just really, really cared for them. And when Theo went there with his g-tube, it was really hard to coordinate a nurse, and his teachers actually connected his milk to his g-tube, which is definitely not a job requirement of a preschool teacher. And they did that. Like they really, really cared for our kids. It was just like million pounds off of me. And it was great because I knew again that eating piece was taking care of it, and they had the social interaction, which was great.

Hannah: Things didn't begin to turn around for the family until they were able to rebuild their support system. They were eventually able to find a home daycare for their boys, when it was safe to do so. They found a counsellor who could help them work through the conflict in their marriage and process the trauma they had experienced. More recently, they found another counsellor who specializes in kids to help them address some of the boys' behavioural challenges. Today, when asked how their boys are doing they both say "pretty good." And describe their own mental health as improved, but also a work-in-progress.

Jessica: Last year was pretty difficult. It was really, really challenging. Very lucky to have supportive family and friends, we both are and to have therapy. But I think I don't think anyone is really okay right now. Based on the people that I know, I think a lot of people are struggling because like George was saying, for us, we went through fight and flight and then it was like, boom, into this pandemic. And now getting out of it, you're still trying to navigate your new normal, new relationships with friends and family. I think it's still a work in progress, at least for me.

Hannah: Jennifer and Daphne are continuing to study the pandemic's long-term impact on the mental health of children and families, including what factors make children and families more vulnerable to poor mental health outcomes. What they've learned so far has already had huge implications for policy makers. Their research influenced the SickKids Return to School guidelines and the provincial government's commitment to in-person school. But there's much more to uncover and many more ways their work could impact families and shape the future of child and youth mental health. Here's Jennifer:

Jennifer: Within families, parental mental health can have an impact on children, and children's mental health can have an impact on parents. So the results from our study would really highlight the need to provide support to children and youth directly, but also to parents and families. Having parents who are feeling kind of positive and well and are supported from a mental health perspective are going to have positive impacts on children and youth. And in a system where both are struggling, the outcomes are worse. So from a policy perspective, I think in general we need more access to mental health resources for children and youth and parents and family. But most definitely at a time of crisis and stress, we need to mobilize interventions. And when we think about effective interventions for children and youth, that includes support for parents as well, and they are equally important.

Hannah: Daphne sums up some of the key takeaways this way:

Daphne: I think that we have learned that we fell into a little bit of a black and white type thinking, of things were either open or closed. They were either running as usual or they were canceled. I think what we have learned is that as much as we can we have to resist the temptation to fall into that black and white kind of thinking. And we have to live in the gray. And so that means that rather than canceling, we need to think about, okay, well, it's important to keep it running. How can we run it safely? What can we do to keep it, to modify, to keep things going? So I think that's one implication for the future

We really can't dismiss or minimize the importance of children's mental health. And we really do see it quite starkly. And I think, in our society, we have historically prioritized physical health. And I think in this case, we had the virus in our equation. What our data show is that we also need to put children's mental health in the equation. So that when we are considering policy implications, we have to consider harms across multiple domains and balance those to come to a solution that's going to be safe but also going to be supportive. I'm hoping that our study and our data sort of contribute to that conversation.

Hannah: Like Daphne, Jennifer hopes their work will continue to have an impact.

Jennifer: We have been asked to present it and share it, and we will continue to do so. It will be published and available. I really do hope that the findings that we've highlighted here will offset the potential for the same magnitude of impact in the future. People are describing us as currently being in a mental health crisis. I think that mental, I know, that that mental health crisis was, in fact, under the surface, not too far under the surface before the pandemic. And the pandemic really just brought it to light. But it's here now. And I think that there is already some work to mobilize increased access to mental health care for children and youth and for families. Hopefully, they'll be maintained. And hopefully they'll be created and built in a way that they can ramp up if needed in the face of similar kinds of major stressors.

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