

# What Canadian researchers are discovering about the psychosocial effects of the pandemic

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## News

Intimate partner violence, families with young children, people with disabilities and Indigenous mental health are among the many areas under investigation.

BY WENDY GLAUSER | NOV 18 2020

We know that the pandemic has led to an increase in depression and anxiety. But which groups are most at risk and why? What are the policy and service delivery adaptations that can reduce the burdens of social isolation, financial stress and fear of the unknown? What are the coping measures that are helping families and communities to be resilient? Across Canada, university researchers are working to understand the particular psychosocial effects of the pandemic, discovering concerning ripple effects – and also reasons for hope.

## **Supporting women experiencing intimate partner violence**

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Patricia O’Campo wasn’t surprised to hear that service providers in Canada were reporting an increase in calls of around 20 to 30 percent from people experiencing intimate partner violence (IPV). “That trend was happening in every single country that was hit by COVID and instituted lockdowns,” says Dr. O’Campo, who holds the Canada Research Chair in Population Health Intervention Research at University of Toronto’s Dalla Lana School of Public Health. It’s not the first time this has happened – violence against women and girls increased during the Ebola epidemic in Africa. The pandemic has led to job losses, especially for those in lower-income households; financial stress is associated with higher rates of violence in the home, Dr. O’Campo explains.

But when Dr. O’Campo scoured the literature, she found no recommendations for people experiencing IPV in a public health crisis. So Dr. O’Campo and her team surveyed over 100 women, around half of whom were IPV survivors and the other half service providers. Some of the proposed recommendations, like hiding alcohol or hiding a weapon, were warned against by those who had been abused in past relationships. The anger such moves would spur would outweigh the benefits, they explained.

Based on these conversations, Dr. O’Campo’s team updated an app for women experiencing IPV which had been set to launch just before the pandemic hit. The app lets women assess their risk of danger and it also details how to plan for a safe exit when one’s

partner is home throughout the day. An “escape” button hides the information if an abuser is nearby.

While the app is a useful tool, a wide range of supports and interventions are required to address IPV, which has been at crisis levels since before the pandemic, Dr. O’Campo says. “Intimate partner violence is happening all the time, every day, before COVID, during and after. We always need to pay more attention to this issue, and give more funding to this issue, especially prevention efforts,” she says.

## **Learning how families with young children are coping**

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When provinces locked down all but the most essential services and businesses in March, Jessie-Lee McIsaac, who holds the Canada Research Chair in Early Childhood: Diversity and Transitions at Mount Saint Vincent University, was driven to find out how the massive changes were affecting childhood development and parental stress. Dr. McIsaac, an assistant professor in the faculty of education, brought in her colleague Joan Turner, a professor of Child and Youth Study also at MSVU.

By the end of April, they’d sent out their survey through the social media accounts of community and early childhood organizations. They were floored by the response – over 2,200 parents participated in the online survey, 90 percent of whom were mothers. In normal times, a few hundred responses would have been great, says Dr. Turner. “I think parents needed to be heard. It was cathartic,” she says. The initial survey was followed up with in-depth interviews of 30 parents.

The first survey revealed some silver linings: 70 percent of respondents said they were playing together with their kids more, and just over half reported cooking together more. But there were also warning signs, with 68 percent of parents saying they were taking less time to themselves, and 63 percent reporting challenges balancing working from home with parenting/ teaching duties. And that was just in the first month. Subsequent interviews revealed longer-term impacts. Many parents worried about what the researchers called “missed opportunities.” For example, parents of kids who have autism were worried about “aging out” of their eligibility for publicly funded therapies. Others worried about how the cancellation of ear surgery would affect their child’s ability to communicate in the long term.

In the next survey, Drs. Turner and McIsaac want to understand how parents have adapted over the longer term, how they made decisions – about whether to send their children to school or do homeschooling, for instance – and what lockdown “adaptations” have become permanent, such as doing larger, less frequent grocery store trips and cooking more at home. “You might go, ‘You know what, this is working for me,’” Dr. Turner explains.

A number of government departments are interested in the research, says Dr. Turner. By studying how young families were coping and the challenges they were facing, the researchers hope they can help governments pivot services and prioritize needs during this pandemic, as well as support parents' resiliency in future emergencies.

## **Including people with disabilities in pandemic planning**

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One of the groups hardest hit by the pandemic, from a psychosocial standpoint, are people with intellectual disabilities. Pandemic restrictions have affected their lives in all respects, from their basic services, to their social relationships and structured activities, says Ann Fudge Schormans, an associate professor at McMaster University's school of social work.

People with intellectual disabilities who live in facilities have been intermittently "locked in," says Dr. Fudge Schormans, who is leading a project to help people with intellectual disabilities express their experiences of the pandemic in written and artistic formats. They were barred from visits with friends, family and sometimes even privately hired personal support workers. "They would see very few people for very short periods of time for only the very basic things. Otherwise, they were left on their own," she says. For some, that meant they weren't eating well and were struggling to keep up with laundry and hygiene tasks.

Compounding the feelings of isolation, activities like sports or community clubs have "for the most part shut down," says Dr. Fudge Schormans. That loss has been profoundly felt by people with intellectual disabilities, many of whom have far fewer opportunities for social engagement in the first place and need structure. "A disruption in routine is really challenging," she says.

Meanwhile, virtual solutions available for other Canadians are often out of reach for people with intellectual disabilities. Many can't afford devices or internet fees on poverty-level disability supports, and others have trouble navigating software like Zoom. As a result, many people with intellectual disabilities have been watching more TV. "They're hearing the news and it's all very, very scary."

Much of the worst effects, says Dr. Fudge Schormans, could have been avoided had governments and service providers consulted with people with intellectual disabilities – about how vital various activities and services are to them, how they could be adapted to be safer, and the importance of assistance with computer literacy skills. "People with intellectual disabilities haven't even been included in any kind of conversations around how to plan for or respond to a pandemic," she says.

While she recognizes that the "quick thinking" required in the first few weeks may have made consultation impossible, "there has been lots of time since then to talk with people about what the issues have been for them, and how those could be addressed. That doesn't

seem to be happening,” she says.

## **Understanding the effect of restrictions on mental health in Indigenous communities**

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Like most of his colleagues, Jeffrey Ansloos was worried that the psychological and financial stresses of COVID-19 would lead to an increase in suicides, a phenomenon his research links to continuing racism, colonialism and poverty. His fears seem to have been borne out: crisis lines in urban areas are reporting higher numbers of callers who are suicidal, says Dr. Ansloos, an assistant professor and holder of the Canada Research Chair in Critical Studies in Indigenous Health and Social Action on Suicide at the Ontario Institute for Studies in Education of the University of Toronto.

“It’s not just merely social isolation, but the speed and the scale of the level of adaptation that people have had to experience in almost every aspect of their day-to-day lives over the last few months,” he says. But so far he says he hasn’t seen any pandemic-related increases in Indigenous communities, several of which were already responding to suicide epidemics.

Bracing for a surge in depression and anxiety, many Northern and remote communities have been proactive in both physical and mental health promotion, says Dr. Ansloos. One community sent out care packages for young people that included hand sanitizer, books, video games, prepaid cellphones and recorded stories from elders. The care packages were meant to help young people feel less alone and more connected to their culture.

Another community encouraged social bubbles very early on, understanding that intergenerational families and neighbours depend on and support each other. Their public health messaging talked about their community’s historical experience with smallpox, to show how their ancestors survived an emergency in the past, while hitting home the importance of physical distancing. “I think what stood out to me more than anything is that Indigenous communities have long had a history of lifting each other up and supporting each other in the midst of difficulties,” he says.

Dr. Ansloos’s research project is examining best practices in “culturally relevant public health communication” across the country. The project is revealing that communities where Indigenous leaders and community members were widely involved in the pandemic response have had far more buy-in to public health measures, as well as a greater focus on mental and spiritual well-being, compared with those that took a more top-down approach.

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