# Rapid Synthesis

## Understanding Educator and Student Mental Health and Addictions Needs During the COVID-19 Pandemic and Existing Approaches that Address Them

### 18 September 2020

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EVIDENCE >> INSIGHT >> ACTION

**Rapid Synthesis:**
**Understanding Educator and Student Mental Health and Addictions Needs During the COVID-19**
**Pandemic and Existing Approaches That Address Them**
**10-day response**

18 September 2020

McMaster Health Forum

The McMaster Health Forum's goal is to generate action on the pressing health-system issues of our time, based on the best available research evidence and systematically elicited citizen values and stakeholder insights. We aim to strengthen health systems – locally, nationally, and internationally – and get the right programs, services and drugs to the people who need them.

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Timeline

Rapid syntheses can be requested in a three-, 10-, 30-, 60- or 90-business-day timeframe. This synthesis was prepared over a 10-business-day timeframe. An overview of what can be provided and what cannot be provided in each of the different timelines is provided on McMaster Health Forum's Rapid Response program webpage (www.mcmasterforum.org/find-evidence/rapid-response).

Conflict of interest

The authors declare that they have no professional or commercial interests relevant to the rapid synthesis. The funder played no role in the identification, selection, assessment, synthesis or presentation of the research evidence profiled in the rapid synthesis.

Merit review

The rapid synthesis was reviewed by a small number of policymakers, stakeholders and researchers in order to ensure its scientific rigour and system relevance.

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# KEY MESSAGES

**Question**
- What mental health and addictions needs have arisen for educators and students during the pandemic, and what clinical interventions or general approaches have been reported that address these needs?

**Why the issue is important**
- The COVID-19 pandemic interrupted education across the world through school closures, abrupt shifts to remote learning and other adaptations to regular scheduling.
- This has affected educators (i.e., teachers and other professionals in schools), with major disruptions to the way they plan and deliver curricula and little time to put in place necessary supports for them.
- It has also affected students, who may experience gaps in education due to remote learning and other changes, and for whom schools play other important roles.
- The pandemic itself, as well as related changes to the educational experience, may result in increased mental health and addictions concerns for educators and students.
- We undertook a rapid synthesis of the literature to understand these impacts, and to identify COVID-19-specific approaches that have been reported to support the mental health and addictions needs of educators and students.

**What we found**
- We identified eight rapid reviews (of which two were deemed highly relevant), five guidelines developed using evidence synthesis or expert opinion (all of which were deemed highly relevant), and 16 single studies (of which three were deemed highly relevant).
- Synthesized research largely relied on past research not specific to COVID-19 and provided recommendations at a high level of generality, while single studies pertaining to children and youth were predominantly cross-sectional surveys of mental health symptoms conducted during school closures that often draw on non-random samples and rarely include reference to a pre-pandemic baseline.
- We also conducted a jurisdictional scan of 12 countries as well as all Canadian provinces and territories, using publicly available sources.
- With respect to educators, we found that:
  - only one relevant study was identified, which found that American teachers experienced guilt, distress, and a loss of professional self-efficacy; and
  - while no other published research was found describing or evaluating clinical interventions targeting educators during COVID-19, one guideline recommends minimizing uncertainty, preventing discrimination, providing additional training, and making mental health resources available, and initiatives aimed at supporting educator well-being in the workplace were identified.
- With respect to students, we found that:
  - school-aged children and youth report worsening mental health during the pandemic, but limited evidence is available specific to school reopening or regarding the mental health of children and youth with pre-existing mental health concerns, special needs, or other vulnerabilities; and
  - no research evidence was found describing or evaluating COVID-19-specific mental health or addictions interventions targeting students, but guidelines offer broad recommendations for proactive outreach, mobilization of existing resources and services, contextually appropriate supports, differentiated role-specific staff training, and positive messaging.
- Jurisdictions have employed targeted funding for school and community mental health support, additional educator mental health training, enhanced focus on mental health promotion and social-emotional learning, and tools for supporting virtual learning and service delivery.
- Given the scant literature found, decision-makers will need to draw on other sources of knowledge, including sector experts, evidence from other infectious-disease outbreaks, systematically elicited values and preferences of stakeholders, as well as revisiting the evidence on this topic at a later date

## QUESTION

What mental health and addictions needs have arisen for educators and students during the pandemic, and what clinical interventions and general approaches have been developed to address these needs?

## WHY THE ISSUE IS IMPORTANT

The COVID-19 pandemic has already had a significant impact on education in Ontario and across the world through interruptions to learning. For at least some period of time during the pandemic, most countries have had to make quick decisions to close down schools completely for all students or for a subset of them. This has meant many young people have experienced periods of no formal educational opportunities at all, and/or abrupt shifts to remote learning. Aside from educational gaps, schools often play other important roles in students' lives, such as providing access to nutrition, mental health promotion, prevention and early intervention supports, offering opportunities for interactions with peers and physical activity, and acting as a reprieve from home stressors, violence and other forms of abuse. The pandemic-related public-health decisions to close down schools have also meant students are left without access to some of these supports, potentially putting them at risk in other ways. This is especially true for those students who are most deeply affected by social determinants of health, especially poverty, racism and other forms of marginalization.

These decisions have also had effects on educators (i.e., teachers and other professionals in schools), who have experienced major disruptions to the way they are expected to plan and deliver curricula. This is combined with a general lack of access to the equipment, technology and other supports that would normally come with such a large and wide-sweeping change. For educators who are also parents of students, there have been the added challenges of facilitating home learning for their own children while simultaneously delivering virtual education for their students.

As many educators in the northern hemisphere go back to school after a summer break, concerns about a safe return are at the fore. There is now more knowledge about COVID-19 and the measures necessary for reducing the risk of transmission, but there are challenges with the ability to implement these measures effectively across the diverse range of school settings that exist, and ensuring those at most risk for adverse outcomes have additional protections in place.

These circumstances are stressful for all involved and may result in increased mental health and addictions concerns for educators and students. To understand what mental health and addictions needs may have arisen for them during the pandemic, and what COVID-19-specific interventions and general approaches have been

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**Box 1: Background to the rapid synthesis**

This rapid synthesis mobilizes both global and local research evidence about a question submitted to the McMaster Health Forum's Rapid Response program. Whenever possible, the rapid synthesis summarizes research evidence drawn from systematic reviews of the research literature and occasionally from single research studies. A systematic review is a summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select and appraise research studies, and to synthesize data from the included studies. The rapid synthesis does <u>not</u> contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

Rapid syntheses can be requested in a three-, 10-, 30-, 60- or 90-business-day timeframe. An overview of what can be provided and what cannot be provided in each of these timelines is provided on the McMaster Health Forum's Rapid Response program webpage ([www.mcmasterforum.org/find-evidence/rapid-response](www.mcmasterforum.org/find-evidence/rapid-response)).

This rapid synthesis was prepared over a 10-business-day timeframe and involved four steps:
1) submission of a question from a policymaker or stakeholder (in this case, the Ontario Mental Health and Addictions Centre for Excellence);
2) identifying, selecting, appraising and synthesizing relevant research evidence about the question;
3) drafting the rapid synthesis in such a way as to present concisely and in accessible language the research evidence; and
4) finalizing the rapid synthesis based on the input of at least two merit reviewers.

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developed to support their mental health, we undertook a rapid synthesis of the literature, including a jurisdictional scan and a review of a sample of national and international guidelines.

## WHAT WE FOUND

We identified eight rapid reviews (of which two were deemed to be highly relevant), five guidelines developed using evidence synthesis or expert opinion (all of which were deemed to be highly relevant), and 16 single studies (of which three were deemed to be highly relevant). However, the highly relevant reviews and guidelines rely on recontextualizing previous literature (rather than evidence collected during the pandemic) and provide recommendations at a high level of generality.

We focused on documents that addressed the following components of the overarching question provided above: 1) mental health concerns in educators, and clinical interventions and guidelines to address these concerns; 2) mental health concerns of students (as well as studies of mental health concerns of school-aged children and adolescents during COVID-19 that do not explicitly address the school context), and clinical interventions and guidelines to address these concerns; and 3) approaches taken to respond to school mental health needs that were developed or contextualized for school reopening during COVID-19. We only included documents that provided insights about educators and students at the elementary and high school levels, excluding those focusing solely on pre-school or post-secondary levels.

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**Box 2: Our approach**

We identified documents addressing the question by searching the guide to key COVID-19 evidence sources between 3 and 11 September 2020.

We searched for guidelines that were developed using a robust process (e.g., GRADE), full systematic reviews (or review-derived products such as overviews of systematic reviews), rapid reviews, protocols for systematic reviews, and titles/questions for systematic reviews or rapid reviews. Single studies were only included if no relevant systematic reviews were identified.

We appraised the methodological quality of full systematic reviews and rapid reviews using AMSTAR. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. It is important to note that: 1) the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to delivery, financial, or governance arrangements within health systems; and 2) quality-appraisal scores for rapid reviews are often lower because of the methodological shortcuts that need to be taken to accommodate compressed timeframes.

We also purposively searched for guidelines released by relevant national and international organizations.

We identified experiences from select other countries and from Canadian provinces and territories by searching jurisdiction-specific websites (e.g., government ministries and webpages dedicated to COVID-19). Our scan of experiences from other countries focused on those that we identified as being further ahead in their approach to testing.

This rapid synthesis was prepared in 10 days to inform next steps in evidence synthesis, guideline development and/or decision-making related to the question that was posed.

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### Key findings related to educators

*What mental health and addictions needs have been identified for educators during the pandemic?*

**Key messages:**
- One single study was identified that directly addressed the mental health and addiction needs of teachers during the pandemic.
- This study found that American teachers experienced guilt, distress, and a loss of professional self-efficacy during the pandemic.

Very little evidence exists relating to the mental health needs of teachers during the pandemic. One American grey literature report was found, which analyzes interviews of 40 teachers during stay-at-home/safer-at-home orders. The report found that teachers reported feeling overwhelmed by rapid and unpredictable change, experiencing a loss of professional self-efficacy when existing strategies and plans did not translate to the

digital learning environment, and feeling guilt and distress as a result of barriers to effectively meeting the needs of their most vulnerable and marginalized students.(1) No information was found regarding the mental health needs of teachers with pre-existing mental health concerns or other vulnerabilities. Further, no evidence was available regarding the mental health needs of educational workers who are not teachers (such as educational assistants or other school staff).

*What clinical interventions and general approaches have been described or evaluated to address educator mental health and addictions needs during the pandemic?*

**Key messages:**
- No evidence was found describing or evaluating clinical interventions addressing the mental health or addictions concerns of educators during the pandemic.
- One guideline document suggested broad approaches to supporting educator mental health during school reopenings.
- This guideline recommends minimizing uncertainty to teachers, preventing discrimination, providing additional staff training, and making mental health resources available.

No evidence was found describing or evaluating clinical interventions addressing the mental health or addictions concerns of educators during the pandemic. One relevant guideline document was retrieved.

This guideline, jointly produced by UNESCO, the International Labour Organization, and the International Task Force on Teachers for Education, makes a number of recommendations relating to teacher mental health. The recommendations include prioritizing teacher and student well-being over academic obligations, including through guaranteeing salary and benefits to reduce uncertainty, and streamlining reporting requirements. The document also recommends protecting teachers and learners who are members of at-risk groups, and preventing discrimination on the basis of actual or perceived COVID-19 infection (including discrimination on the basis of ethnicity). Finally, the document suggests training staff to recognize teacher and student distress, and making resources available to address mental health needs.(2)

Some jurisdictions' school reopening plans acknowledge the mental health needs of educators and students (see Table 2 for the international jurisdictional scan, and Table 3 for Canadian provinces). Common approaches across these jurisdictions include directing educational staff to existing resources such as employee assistance plans, offering webinars or other resources relating to self-care, and encouraging peer support and social interaction among education workers. The Australian state of Victoria uniquely includes expanded mentorship supports for principals and school leaders in its reopening plan. In Canada, the EdCan network has developed resources relating to educator well-being during the pandemic.

**Key findings related to students**

*What mental health and addictions needs have been identified for primary- and secondary-school students during the pandemic?*

**Key messages:**
- We identified six rapid reviews, one guideline, and 13 single studies that addressed mental health or addictions needs of school-aged children and adolescents during the COVID-19 pandemic (or which contextualized findings from previous research for COVID).
- In one guideline and one single study specific to Ontario, it was found that Ontario youth report worsening mental health during the pandemic.
- Internationally, cross-sectional surveys conducted during school closures have been described as showing high levels of mental health symptoms, although caution is required in interpreting these studies as most do not include pre-pandemic baseline data.

- Limited evidence is available regarding the mental health of children and youth with pre-existing mental health concerns, special needs, or other vulnerabilities.
- No evidence was located regarding mental health needs during or following school reopenings.

We identified six rapid reviews, one guideline, and 13 single studies that addressed mental health or addictions needs of school-aged children and adolescents during COVID-19. One rapid review solely included studies conducted during COVID-19, while the remainder mixed COVID-19-specific studies with previous literature. All but one of the single studies were conducted during periods of school closures or online learning (with the remaining study covering two points in time: before and during school closures).

Two Ontario studies provide insight into child and youth mental health during the pandemic in this province. Both were conducted at points when in-person schooling was closed. One survey of over 1,300 youth and 700 parents (reported in a document produced by the Ontario Centre of Excellence for Child and Youth Mental Health (OCoECYMH) and Children's Mental Health Ontario (CMHO)) found that two-thirds of youth reported a deterioration in their mental health during the pandemic.(3) Youth with pre-existing mental health concerns were more likely than their peers to report worsening mental health during the pandemic, and half of youth with pre-existing mental health concerns experienced service disruptions.(3) Participants with greater needs expressed a preference for individual counselling (either virtual or in person), while those with less severe needs preferred self-help-based approaches.(3) A different study asked youth from clinical and community cohorts to complete two standardized screenings with one for their current mental state, and another reflecting their state three months prior to the crisis.(4) Mental health deteriorated in both clinical and community participants, with a steeper decline in community participants. In addition, rates of likely mental health concerns in the community sample during COVID-19 were greater than retrospective pre-COVID-19 rates in the clinical sample. However, participants reported that their substance use in fact declined during the pandemic.(4) In addition, 45.4% of clinical and 16.5% of community participants in the study reported unmet needs for mental health services. One-quarter of clinical participants and one-tenth of community participants in the study specified therapy or counselling as an unmet need, and among participants expressing a need for counselling, in-person counselling was preferred by one-fifth of clinical participants and one-tenth of community participants.(4)

The international studies we identified were similarly conducted during school closures. A medium-quality rapid review identified 10 studies of the effects of quarantine measures on child and adolescent mental health. Three included studies relating to COVID-19, conducted in China, Spain, and Italy, found that parents reported their children displaying increased clinginess, irritability and restlessness.(5) A further medium-quality rapid review located six cross-sectional studies measuring child and adolescent mental health during COVID-19, four conducted in China and two in the United States. Included studies found 20-40% prevalence rates for symptoms of depression or anxiety, common symptoms such as clinginess, worry, and inattention, and parent observations of children's distress.(6) A number of single studies have been conducted in China. Surveys of Chinese youth aged 14-35 found a 14.4% prevalence of PTSD symptoms two weeks following the emergence of COVID-19,(7) and 12.8% prevalence one month after the onset of the crisis.(8) A survey of rural high school seniors in China found that 71.5% reported symptoms of depression, 54.5% reported symptoms of anxiety, and 85.5% reported symptoms of PTSD following the lockdown measures put in place during COVID-19, with 31.3% reporting suicidal ideation and 7.5% reporting suicide attempts (although it is unclear from the study if these attempts occurred during the time frame of the pandemic).(9) Meanwhile, a survey of 8,079 Chinese students aged 12-18 in March 2020 found that 43.7% met criteria for depression of any severity; the authors compare this to a meta-analysis suggesting a pre-pandemic prevalence of 15.4%.(10) Outside of China, 719 students from three American high schools participated in a survey carried out in May 2020. In that survey, 14.8% of participants' responses to a free-text question about their greatest current challenges indicated concerns about their mental health.(11) Finally, a study of high-school students in Saudi Arabia found that more than half had moderate stress levels and a third had high stress levels during the transition to online learning.(12)

The cross-sectional nature of the studies described above make it unclear whether these symptoms reflect a point in time or persistent changes in child and youth well-being. We identified one longitudinal study that was carried out in the U.K. It found increased rates of depression, but not anxiety or general emotional distress, in children aged 7-11 during the lockdown as compared with before the lockdown.(13) Age, gender, and socio-economic status were not found to be associated with mental health symptoms or changes. Meanwhile a medium-quality rapid review considered the impact of loneliness on depression and anxiety, and found loneliness predicted later depression and anxiety.(14) The authors suggest that this may have implications for the mental health effects of lockdown going forward.

The OCoECYMH and CMHO report suggests that some groups of children and youth will likely be at increased risk of new or worsening mental health concerns. Those with pre-existing mental health concerns, special-education needs, or undiagnosed or sub-clinical mental health and behavioural concerns, may be particularly vulnerable. Those who have been exposed to or contracted COVID-19, or who have experienced loss during the pandemic are also suggested to be at additional risk. Finally, members of racialized and marginalized communities may also experience greater risk of new or worsening mental health.(3) However, limited evidence was found quantifying or describing the mental health needs of school-aged children and adolescents with pre-existing mental health concerns or other vulnerabilities in the context of COVID-19. As noted above, one Ontario study showed youth with pre-existing mental health concerns were more likely to report worsening mental health,(3) while another study found a steeper decline in the mental health of those not previously accessing services.(4) However, both studies pointed to issues in service access and unmet needs. In one study focusing on ADHD, children experienced greater behavioural challenges during lockdown,(15) while in another two-thirds of parents reported no change or even improvements attributed to the removal of stressors and negative feedback associated with the school environment.(16) A qualitative study of 241 parents of children with disabilities in the United Kingdom during the first two weeks of school closures identified themes including worry, loss, and feeling overwhelmed (for both parents themselves, and parents reporting on behalf of their children).(17) Finally the American study of high-school students found that non-binary and trans youth, and biracial youth with Black and white ancestry, were more likely to report mental health concerns than their peers, although this is based on a small number of respondents as fewer than 20 respondents out of over 700 fell into either of these categories.(11)

A number of critical gaps are evident in the literature reviewed above. First, all of the included studies were carried out during periods of school closure. No information was found about child and youth mental health during school reopenings. Furthermore, no registered protocols were identified that will directly address student mental health during school reopenings. There is therefore a critical need to study student mental health during school reopenings to ensure that supports can be matched to needs. Second, minimal data is available about the persistence of observed mental health changes over time. Third, little is known about the current mental health of students with pre-existing mental health concerns, although evidence from Ontario described above suggests worsening symptoms and substantial unmet need. Fourth, there is an urgent need for information regarding the mental health of students with special needs such as learning disabilities or chronic illnesses, or facing additional stressors such as poverty or family violence. Methodological limitations are evident in the current literature. In particular, the included studies are predominantly cross-sectional. As such it is unclear how findings compare to pre-pandemic rates of mental health symptoms. As well, in the absence of longitudinal data, it is uncertain how mental health symptoms may change over time throughout the pandemic. Further, studies do not distinguish between normative and maladaptive responses to the stressors of the pandemic. Finally, many of the included studies rely on non-random sampling methods such as online surveys or recruitment through service organizations. Findings therefore may not reflect the population as a whole.

*What clinical interventions and general approaches have been described or evaluated to address student mental health and addictions needs during the pandemic?*

**Key messages:**
- No research evidence was found describing or evaluating mental health or addictions interventions targeting school-aged children or adolescents during the pandemic.
- Two guideline documents suggested broad approaches to supporting student mental health during school reopenings. (A third related guideline document will be addressed in the section on frameworks, below).
- These guidelines, from UNICEF and the American Academy of Pediatrics, recommend proactive outreach to at-risk children and families, collaborating with existing mental health supports, tailoring supports to local contexts and unique needs, enhancing staff training, additional funding for mental health supports, and use of positive messaging around mental health and public-health measures.
- Ontario has a School Mental Health Ontario Framework that has been developed using a robust process and is being used to support the response for students in Ontario.
- A range of approaches are evident in other jurisdictions, including targeted funding, additional staff training, focusing on social-emotional learning, and leveraging of existing school-based mental health supports.

No research evidence was found describing or evaluating clinical interventions addressing the mental health or addictions concerns of school-aged children or adolescents during the pandemic. Two guideline documents suggested broad approaches to supporting student mental health during school reopenings: one from UNICEF, and one from the American Academy of Pediatrics.

However, guideline documents based on expert opinion include recommendations for approaches to supporting mental health during the return to school. In an appendix to UNICEF guidance on school reopening, a number of broad recommendations are made with regards to mental health and psycho-social supports. These include identifying and collaborating with existing psycho-social supports, tailoring supports to local contexts, and ensuring they are accessible and tailored to unique needs due to gender, disability, language and other factors. The guidelines also recommend proactive outreach to marginalized children. Moreover, to address risks of trauma and abuse, the guidelines suggest schools take steps to protect students from cyber-bullying during online learning, train staff in gender-based violence and protection against sexual abuse, and collaborate with child-protection services. Finally, the guidelines also suggest using positive messaging that combats stigma, normalizes worries, and promotes self-care.(18) Meanwhile the American Academy of Pediatrics calls for additional funding for mental health support staff and training, outreach to students who do not return to school, and developing protocols for remote assessment of suicide risk during periods of school closures. The guidelines also advise against the use of fear-based messaging around public-health measures, and also caution against accelerating the pace of academic content to "make up" for missed work during closures. To support students with special needs, the guidelines recommend reviewing all individualized education plans and implementing response-to-intervention services where formalized evaluations are delayed.(19)

A detailed jurisdictional scan of international approaches to address educator and student mental health during school reopenings that were publicly available can be found in Table 2, with Canadian provinces' plans in Table 3. Ontario (the jurisdiction where this rapid review originated) is relying on the School Mental Health Ontario Framework. This framework, developed using a set of robust processes, includes a number of resources across a multi-tiered system of supports to guide the response related to student mental health. In particular it includes: a toolkit of resources for educators, school and system leaders, and students and families addressing student mental health; training for school mental health professionals; and system-level partnerships to facilitate referral to specialized services as needed.

A number of common elements are evident across jurisdictions' plans to address student mental health. One such element is targeted funding to scale up mental health supports, which may be earmarked for specific initiatives or which may be offered through granting processes for eligible schools and community organizations. For instance, New Zealand has announced a dedicated school mental health fund to which schools can apply, while in Alberta schools are encouraged to collaborate with community organizations who

have received mental health funding. Additional staff training is also common across jurisdictions, with topics including recognizing and responding to student distress, trauma-informed approaches, and suicide prevention. A number of jurisdictions have committed to a focus on social-emotional learning (including culturally responsive social-emotional learning) and establishment of basic routines during the initial transition back to in-person schooling, and incorporation of mental health and wellness into curricula. Many reopening plans point to existing mental health resources in the school system, such as school counsellors and school-based mental health support teams, and encourage consultation and referral to ensure access to more specialized supports.

In addition to the common approaches described above, some innovative elements were present in specific jurisdictions. California's detailed return-to-school plan includes universal screening of returning students to identify unmet mental health and basic needs, and to inform planning at the school and district level. New Zealand has partnered with a national behavioural service provider to ensure educators can call for telephone behavioural consultations, with no referral needed. South Korea has adjusted academic assessment practices to mitigate student stress. Jurisdictions with previous exposure to natural disasters, including New Zealand and the Australian province of Victoria, have also directed school administrators and educators to draw on resources developed for those purposes.

**Evidence needs, gaps, and ways forward**

**Key messages**
- While the literature described above has important gaps, it is also clear that it is emergent, and more evidence and information regarding jurisdictional approaches are likely to be added as the pandemic progresses, suggesting a need to revisit these questions again in the future.
- Decisions related to the mental health and addictions needs of educators and students are urgent and will need to be made without a robust COVID-19-specific evidence base.
- Multiple sources of knowledge will therefore need to be utilized to support immediate decision-making.

The evidence on mental health needs of educators and students during school reopenings is necessarily in its infancy. Schools in the Northern hemisphere are only beginning to reopen, and as such the full mental health implications will not be known for some time. There is very little research regarding the mental health and addictions needs of educators during the pandemic, including during school reopenings. As such, further study is required to identify the mental health needs of teachers and educational workers, in order to inform responses. There is also a clear need to study student mental health during the school-reopening process, including the mental health of students with pre-existing mental health concerns, special needs, or additional vulnerabilities. Finally, there is a need to evaluate interventions to address mental health and addictions concerns for both educators and students during the pandemic. This may include novel interventions, as well as adaptations of existing interventions.

Some of this research is likely already underway. We did not identify any protocols relating to teacher and education worker mental health or addiction needs. However, we identified several registered protocols pertaining to the mental health needs of school-aged children and adolescents. These include studies of the prevalence of mental health concerns during COVID-19 as well as reviews considering mental health impacts of previous infectious-disease epidemics. We did not locate protocols addressing addictions concerns of school-aged children and adolescents, addressing school reopening, or students with previous mental health concerns, special needs, or other vulnerabilities. One protocol is specific to a clinical intervention, namely using active video games to address child and adolescent self-esteem during the pandemic.

As school reopenings in Ontario are underway, decisions about how to address educator and student mental health and addiction needs are being made before the literature on this subject is mature. Fortunately, there are existing systems and supports that have allowed the education sector to mobilize quickly in the area of

student mental health in some jurisdictions, including Ontario. However, there appears to be less-well-established approaches across jurisdictions in relation to educator mental health and addictions in the province. Given the small but emergent literature, decision-makers need to draw creatively on multiple sources of knowledge. These sources may include:

- research and grey literature on educator and student mental health needs and interventions in the context of other infectious-disease outbreaks;
- research and grey literature on educator and student mental health needs and interventions in the context of other forms of prolonged, wide-scale social disruption such as conflict or natural disaster;
- research and grey literature on the mental health needs of other occupational groups during the pandemic, and associated interventions (in particular, needs of and interventions targeting health workers);
- expert opinion regarding the likely type, prevalence, and distribution of mental health needs among educators and students, and appropriate interventions;
- ethical insight regarding resource allocation, prioritization, and innovation in mental health services given evidence and resource limitations and crisis conditions; and
- engagement processes with people with lived experience, and systematically elicited values and preferences of children, youth, family members, educators, and community members.

It would also be helpful to revisit the evidence regularly, as we anticipate more documents will become available as the pandemic progresses. In a context of uncertainty and rapidly developing scientific evidence, using a range of sources of knowledge can support appropriate, informed system responses to school-related mental health and addictions needs.

**Table 1: Summary of key findings from the literature search and jurisdictional scan relating to needs, clinical interventions, and general approaches to educator and student mental health and addictions during the pandemic**

| Population | Emerging mental health needs | Pandemic-specific clinical interventions | Recommended approaches from guidelines developed based on synthesis and expert opinion | Inter-jurisdictional approaches |
|---|---|---|---|---|
| *Educators* | | | | |
| General | A single study found that teachers have struggled with student motivation, burnout and loss of professional identity, and widening inequities during the pandemic (1) | None found | Prioritize teacher and student well-being over academic obligations, including through guaranteeing salary and benefits to reduce uncertainty, and streamlining reporting requirements (2)<br><br>Ensure clear, consistent communication and opportunities to participate in decision-making (19)<br><br>Train staff to recognize teacher and learner distress (2) | Expansion of mentorship programs for principals and assistant principals (Australia)<br><br>Encouraging use of Employee Assistance Plans (Australia, Manitoba) or other outside resources such as iCBT (British Columbia, Northwest Territories)<br><br>Encouraging staff peer support (California, Minnesota)<br><br>Disseminating resources relating to staff mental health (Australia, California, Indiana, |

| Population | Emerging mental health needs | Pandemic-specific clinical interventions | Recommended approaches from guidelines developed based on synthesis and expert opinion | Inter-jurisdictional approaches |
|---|---|---|---|---|
| | | | Offer supports to education staff, including peer support groups (18) and Employee Assistance Plans (19)<br><br>Provide workplace accommodations to staff as needed (19) | Saskatchewan, Newfoundland and Labrador, Northwest Territories)<br><br>Targeted funding for teacher and staff well-being (New Zealand), or mental health funding that includes teacher and staff well-being (British Columbia) |
| Teachers and education workers with previous mental health concerns | None found | None found | None found | None found |
| Teachers and education workers with other vulnerabilities | None found | None found | Protect teachers and learners who are members of at-risk groups, and prevent discrimination on the basis of actual or perceived COVID-19 infection (including discrimination on the basis of ethnicity) (2) | None found |
| *Students* | | | | |
| General | In Ontario, evidence from a single study suggests that two-thirds of youth reported worsening mental health during lockdown.(3) In another single study 45.4% of youth in a clinical sample, and 16.5% of a community-based sample reported unmet needs for mental health services during lockdown; rates of likely mental health concerns in the community sample during COVID-19 were greater than retrospective | None found | Prioritize physical safety and maximize routine, consistency, and clear communication (22)<br><br>Provide funding for staff training to support identification of student needs (19)<br><br>Identify and coordinate existing mental health and child protection resources, strengthen referral systems, and ensure students are referred to | Additional funding, including mental health grants to which schools can apply (New Zealand, Alberta), targeted funding to school districts (British Columbia), or unspecified funding pathways (Ontario)<br><br>Leveraging and/or expanding existing school-based resources including school mental health teams (British Columbia, Ontario, Nova Scotia, Prince Edward Island, Northwest |

| Population | Emerging mental health needs | Pandemic-specific clinical interventions | Recommended approaches from guidelines developed based on synthesis and expert opinion | Inter-jurisdictional approaches |
|---|---|---|---|---|
| | pre-COVID-19 rates in the clinical sample.(4)<br><br>Internationally, evidence from single studies and medium-quality rapid reviews suggest that children and adolescents displayed high rates of symptoms of depression and anxiety,(6; 10; 13) common symptoms of distress,(5; 6) PTSD symptoms,(7; 8) high stress,(12) and suicidal ideation (9; 20) during lockdown measures.<br><br>In a low-quality and a medium-quality rapid review, loneliness and social isolation associated with lockdown measures may be associated with future mental health concerns in children. (14; 21) | | specialized support as needed (18; 19)<br><br>Identify and assess traumatic stress (22) Ensure staff are trained in gender-based violence and protection from sexual exploitation and abuse (18)<br><br>Collaborate with families (22)<br><br>Ensure supports are responsive to local context (18)<br><br>Practise cultural responsiveness and restorative discipline (22)<br><br>Spread positive, anti-stigma messaging about mental health and avoid fear-based messaging about public health measures (18; 19)<br><br>Avoid accelerating the pace of academic material to "catch up" (19) | Territories, Nunavut) and traumatic incident teams (New Zealand)<br><br>Facilitating direct access to consultation with behavioural support specialists (New Zealand)<br><br>Universal mental health screening for students (California) and regular monitoring of school mental health (British Columbia)<br><br>Offering staff training relating to student mental health (Australia, New Zealand, California, Georgia, Ontario, Manitoba, Newfoundland and Labrador, Nunavut)<br><br>Dissemination of resources with mental health tips and strategies; tailoring resources to support students and caregivers (Australia, Israel, New Zealand)<br><br>Altering academic expectations including through prioritizing social-emotional learning during the initial reopening (Indiana), or through broader changes to assessment practices (South Korea) or curricula (Alberta, Newfoundland and Labrador, Yukon)<br><br>Ensuring that school mental health staff are |

| Population | Emerging mental health needs | Pandemic-specific clinical interventions | Recommended approaches from guidelines developed based on synthesis and expert opinion | Inter-jurisdictional approaches |
|---|---|---|---|---|
| | | | | trained in evidence-based approaches (California)<br><br>Increasing the number of school mental health professionals (Minnesota) |
| Students with previous mental health concerns | Nearly half of Ontario youth in a clinical sample reported unmet mental health needs in a single study.(4) While youth from a community sample in the same study experienced a steeper mental health decline than those in a clinical sample,(4) in another single study Ontario youth with pre-existing mental health concerns were more likely to report worsening mental health during the pandemic.(3) | None found | Special attention should be paid to the following three groups of students during school reopenings: students who developed mental health concerns during lockdown, students with pre-existing mental health concerns, and students whose mental health improved during lockdown as a result of the alleviation of school-related stressors (such as bullying or unaddressed learning and behavioural needs) (3) | None found |
| Students with other special needs or vulnerabilities | A guideline document based on expert opinion and evidence synthesis suggests that groups at particular risk of mental health deterioration include: those with pre-existing mental health concerns; those who have been exposed to or contracted COVID-19, or who have experienced loss during the pandemic; members of racialized and marginalized communities; those with additional support or special education needs; those with undiagnosed or sub-clinical mental | None found | Proactively reach out to marginalized children, and ensure supports are accessible and tailored to unique needs due to gender, disability, language, and other factors (18)<br><br>Review all IEPs prior to reopening and plan for a backlog of evaluation referrals (19) | Considering mental health needs in student-specific return-to-school plans for students with special needs (Manitoba) |

| Population | Emerging mental health needs | Pandemic-specific clinical interventions | Recommended approaches from guidelines developed based on synthesis and expert opinion | Inter-jurisdictional approaches |
|---|---|---|---|---|
| | health or behavioural concerns.(3)<br><br>A single study suggests that children with ADHD may experience greater behavioural challenges during lockdown,(15) but another single study finds they may also experience improvements attributed to the removal of stressors and negative feedback associated with the school environment.(16)<br><br>Parents of children with disabilities in the United Kingdom during the first two weeks of school closures identified themes including worry, loss and feeling overwhelmed, in a single study.(17) | | | |

**Table 2: International responses to educator and student mental health needs during the pandemic**

| Country | Key findings |
|---|---|
| **Australia** | • Nationally, Australia has developed guidance resources through <u>Be You</u>, a previously existing national school mental health initiative. The <u>Australian Student Wellbeing Hub</u> also offers resources for teachers including webinars on supporting students and practicing self-care, and a framework for student MH<br>• Education is primarily a state responsibility, and each state has developed a range of responses to school mental health needs during the pandemic:<br>  o Victoria offers links to <u>resources for supporting student mental health in the context of natural disasters</u>. The state recommends the use of <u>Psychological First Aid</u> following disasters, framed by the key principles of "Listen, protect, connect." <u>COVID-19-specific guidance produced under the Employee Health, Safety and Wellbeing Policy</u> encourages principals to be available to staff, reinforce the use of resources including Employee Assistance Plans, and create opportunities for online socializing. "Proactive wellbeing supervision" for principals has been extended to assistant principals, and a mentorship program for principals has been expanded. Well-being webinars are offered online to all staff<br>  o Western Australia and South Australia provide links to Be You and the Australian Student Wellbeing Hub, described above, and other external resources<br>  o New South Wales, Tasmania and Queensland do not provide resources or information related to school mental health during the pandemic |
| **Belgium** | • The Flemish Ministry of Education and Training in Belgium provides a link to a program called <u>"check jezelf"</u> funded by the Flemish Government. This program is not specific to teachers or students but can be used by anyone who is experiencing stress, loneliness, fear and burnout during the covid-19 pandemic and beyond. They provide tips, information and exercises that focus on self-care |
| **Israel** | • Unable to identify specific strategies or initiatives related to mental health supports for teachers and children, however the Ministry of Health of Israel has developed <u>a guidance document for parents</u> to help them maintain a normal routine for children and support discussions about mental health with their children |
| **Finland** | • Unable to identify specific strategies or initiatives related to mental health supports for teachers or children |
| **France** | • Public Health France has created <u>a space dedicated to mental health</u> supports for the general public during the covid-19 pandemic. These supports are not teacher or student specific but can benefit anyone who is looking for remote support options. In collaboration with the Ministry of Health and the Government Information Service, a series of short and informative videos called "<u>My everyday life in confinement</u>" was created to support French people living in confinement<br>• Public Health France is investigating the impact of the pandemic on the mental health of French people with the aim of identifying vulnerable populations. One of these investigations is the <u>ViQuoP study</u> that used qualitative surveys and followed an online community of 60 homes in metropolitan France for three months. This survey revealed an increasing trend in stress and anxiety levels during confinement. As the economy recovered and confinement measures were slowly lifted, the average mood score of the participants increased significantly and a feeling of recovered freedom was described by participants. Public Health France also |

| Country | Key findings |
|---|---|
| | launched the CoviPrev survey in the general population to observe any changes in behaviour and mental health. Public Health France hopes to repeat this survey on a regular basis during both confinement and post-confinement periods. The first stage of this survey asked participants about symptoms of depression and anxiety, and trends in the use of tobacco and alcohol<br>• A website was created by the student association Nightline Paris with support by the Ministry of Higher Education to support students' psychological well-being during the covid-19 pandemic. This website includes tips and reliable information on support services available in both French and English in France. The focus is on self-care and resources on how to help other students who are struggling to cope with the recent changes in lifestyle due to covid-19 |
| **Germany** | • Unable to identify specific strategies or initiatives related to mental health supports for teachers or children |
| **New Zealand** | • New Zealand has made funding available to support school mental health including a $50 million NZD Urgent Response Fund, to which schools and early-learning centres can apply to cover costs related to student well-being needs; and $16 million NZD to support educator well-being<br>• New Zealand also directs schools towards previously existing traumatic incident teams located in all "learning support offices" and which offer expertise in responding to emergencies in the school setting<br>• Behaviour support specialists have been made available to all schools that typically receive disability support services, via the national behavioural support provider Explore; teachers and support workers can contact these specialists directly without a referral<br>• Resources have been produced including a Wellbeing Guidance document with tips for teachers to support students, and modules for parents supporting distance learning |
| **Singapore** | • It is unclear whether specific initiatives have been implemented to support student, teacher and education-worker mental health during the pandemic. However, on 10 April 2020, the Government of Singapore launched the National Care Hotline to provide mental health support to all residents experiencing COVID-19-related challenges |
| **South Korea** | • It is unclear whether specific initiatives have been implemented to support student, teacher and education-worker mental health during the pandemic<br>• To reduce stress and workload on students once students can attend schools, performance evaluations for assessments and evaluations have been reshaped in accordance to new school guidelines |
| **Sweden** | • The government has ordered $24 million SEK to be provided to regions to develop and strengthen digital contact channels to activities that receive patients with mental health concerns; however this is not specific to students or teachers |
| **Taiwan** | • It is unclear whether specific initiatives have been implemented to support student, teacher and education-worker mental health during the pandemic |
| **United States** | |
| • **California** | • *Stronger Together: A Guidebook for the Safe Reopening of California's Schools* lays out a framework for promoting and supporting mental health during school reopenings with a tiered checklist, with universal (tier 1) and targeted (tier 2/3) supports:<br>  o "Tier 1: Whole School Safety and Prevention Planning" includes: universal screening to identify social-emotional needs; routine check-ins; implementation of, and staff training in, trauma-informed and trauma-responsive approaches; staff training in Psychological First Aid and de-stigmatization; sharing of mental |

| Country | Key findings |
|---|---|
| | health resources including crisis resources; and review of staffing ratios to ensure mental health needs can be supported<br>○ "Tier 1: Community and Family Engagement and Support": collaboration with local stakeholders including mental health supports and resources for meeting basic needs<br>○ "Tier 1: Universal Supports: Staff Wellness": staff training on secondary trauma and self-care e.g., Support for Teachers Affected by Trauma program; promote mindfulness, self-care, and use of staff social groups; provide communication about resources<br>○ "Tier 1: Classroom strategies": use trauma-informed approaches, include mindfulness and stress management in daily routines; use restorative circles<br>○ "Tier 2/3: Early and targeted intervention for staff and students": provide staff with EAP resources; maintain or expand student mental health services; offer social-emotional learning for students; ensure that school mental health staff are trained in evidence-based approaches and that remote technology is compliant with privacy legislation; promote use of services and anti-stigma messaging |
| • **Indiana** | • Indiana's *In-Class: COVID-19 Health and Safety Re-entry Guide* suggests that student-health plans should be reviewed, including mental health needs, and that professional development opportunities should be offered which include training in trauma-informed practices, recognizing signs of distress, and social-emotional learning<br>• The *Road Map for SEL Re-Entry* states, "SEL [social-emotional learning] has moved from a 'nice to do,' to a 'must do'." The road map is divided into three phases:<br>○ End of school year 2020: continuing to teach SEL remotely, engaging in closure activities to mark the end of the school year, and encouraging educators to practise self-care<br>○ Summer planning: plan for increased mental health and basic needs among students, professional development related to trauma and grief, reassure guardians of student and educator safety during school re-entry<br>○ Start of school year: acknowledge students' feelings related to COVID-19; dedicate time in the first three days of school to social and emotional learning, and continue to offer social and emotional-learning programming; ensure specialized resources are available to students who need these, via a Multi-Tiered System of Supports; support staff well-being through staff meetings and education about additional support |
| • **Minnesota** | • Minnesota's *2020-2021 Planning Guide for Schools* includes requirements and recommendations under three scenarios: in-person learning for all students, a hybrid model on in-person and distanced learning, and distance learning only<br>○ Under the first two scenarios (in-person and hybrid learning), schools are required to provide students with information on accessing mental health supports, and recommended to increase the number of social-support professionals, and to encourage staff, students, and family members to talk about their feelings with a trusted person<br>○ No requirements or recommendations for mental health are given for the third scenario (distance learning only) |

**Table 3: Canadian provinces' and territories' responses to student, teacher and education-worker mental health needs during the pandemic**

| Province/ territory | Key findings |
|---|---|
| British Columbia | • School districts will receive a total of $3.75 million to <u>fund</u> the development and implementation of mental health and wellness services for all students and educators<br>   o Funding can support staff mental health trainings (e.g., trauma-informed practices), the creation of mental health and addiction resources, the expansion of existing programs to incorporate staff well-being, and development of student workshops/programs<br>• On 17 April 2020, the release of WE Well-being, a virtual mental health program that provides online resources for students and educators was <u>announced</u><br>   o This program is geared towards helping kindergarten to Grade 12 students experiencing mental health challenges<br>• Regular <u>assessment</u> of staff and students' well-being will be tracked by school districts<br>• A total of five school districts in the province will now feature <u>Integrated Child and Youth</u> teams. These support teams focus on providing culturally safe, individualized care for all the mental health and addiction needs of students<br>   o Integrated child and youth teams may consist of a variety of stakeholders, including but not limited to, school counsellors, mental health clinicians, Indigenous support workers and psychologists<br>• British Columbia is expanding its <u>mental health support services for students and educators</u>; this includes:<br>   o <u>SOGI 123</u>, an online platform that provides educators with appropriate resources to help support students that identify with the LGBTQ2S+ community<br>   o <u>Everyday Anxiety Strategies for Educators</u>, an assembly of mental health resources – initially designed for educators – that have now been transformed for caregiver use to meet the mental health needs of students in kindergarten to Grade 7<br>   o Additional support systems, such as BounceBack, Living Life to the Full, and virtual counselling services |
| Alberta | • The <u>Mental Health and Addiction COVID-19 Community Funding</u> grant provides $25 million in funding to help facilitate mental health and addiction recovery projects in the community<br>   o It is recommended that school boards collaborate with successful organizations to ensure mental health services are available for elementary and secondary students<br>• Early Childhood Services to Grade 12 educational facilities have implemented additional <u>mental health support</u> programs for both staff and students:<br>   o The revised kindergarten to Grade 9 curriculum will now include wellness outcomes that place specific emphasis on student mental health and well-being<br>   o Secondary students are to continue participating in Career and Life Management (CALM) – which provides students with pertinent information pertaining to mental health – as part of the province's health education<br>• A portion of Alberta Education's <u>Specialized Learning Support Grant</u> will help establish a Student Wellness Program in schools<br>   o This program aims to provide students with the appropriate services needed to enhance educational outcomes. Specific <u>support</u> may include counselling, community liaisons, mental health workers and behavioural consultants |

| Province/ territory | Key findings |
|---|---|
| | • <u>Positive Behaviour Supports</u> and <u>Comprehensive School Health</u> are two frameworks that have been developed to help integrate the "whole-school approach" and promote positive mental health and well-being among educators and students<br>• Additional mental health and addiction <u>services</u> are readily available for students, some of which include <u>Text4Hope</u>;, <u>Mental Health Helpline</u>, <u>Kids Help Phone</u> and <u>Addiction Helpline</u> |
| Saskatchewan | • According to the Saskatchewan Teachers' Federation, the <u>primary concern</u> regarding the reopening of schools is ensuring the mental health and well-being of all educators and students<br>• In response to concerns pertaining to individual wellness, "<u>Safe Supports</u>" is one of the eight core elements that has been prioritized to facilitate the reopening of elementary schools<br>  o This core area includes establishing protocols to promote positive mental health and well-being among staff and students<br>• Several <u>mental health support systems</u> are to be available for both educators and students upon the reopening of elementary and secondary schools. The following mental health guidelines have been released to help support individualized <u>school district</u> plans:<br>  o School boards are advised to incorporate trauma-informed practices – such as learning about stress management and coping strategies, and maintaining a welcoming learning environment – to support educator and student well-being<br>  o Emphasis will be placed on incorporating health outcomes into the curriculum and ensuring appropriate mental health services are accessible for students as needed<br>  o Regular mental health support for staff and students will be offered by the Ministry of Education (e.g., online resources, Kids Help Phone, SaskTel, and staff and student trainings) |
| Manitoba | • As per the plan for <u>Restoring Safe Schools</u>, each <u>school division</u> will be responsible for independently addressing the mental health needs of their staff and students. Certain interventions have been implemented:<br>  o Educators receiving <u>training</u> specifically from North American Center for Threat Assessment and Trauma Response<br>  o Educators obtaining additional <u>professional development and learning</u> training to support staff and student mental health (e.g., Trauma Informed Classrooms, safeTALK, START, and Healthy Boundaries)<br>  o Supports offered to educators through the <u>Employee Assistance Program</u><br>  o Offering school-based <u>counselling</u> services for elementary and secondary students<br>  o Increased promotion of mental health resources for both staff and students (e.g., AbilitiCBT and Stress Hacks respectively)<br>  o Effectively communicating and utilizing mental health professionals and agencies to support students as needed<br>• While educators will place an emphasis on assessing mental health and checking in with students regularly, further individualized <u>accommodations</u> will also be made for students with special learning needs |
| Ontario | • On 30 July 2020, the Government of Ontario announced a second $10-million <u>investment</u> to support the mental health needs and well-being of students<br>  o This will supplement an existing $10-million investment that was put forth to facilitate the development of mental health programs and resources for elementary and secondary schools |

| Province/ territory | Key findings |
|---|---|
| | • As part of <u>Ontario's reopening plan for elementary and secondary schools</u>, School Mental Health Ontario has developed a framework entitled *Mentally Healthy Return to School*, which aims to help school boards provide a safe and inclusive learning environment<br>  o This framework details three tiers of <u>supports</u>: 1) a comprehensive toolkit which features culturally responsive resources related to student mental health for educators, school and system leaders, and students and families; 2) training for school mental health professionals; and 3) system partnerships to facilitate referrals to more specialized services as needed<br>• Additional mental health and addictions support <u>services</u> outside of school environments include: Kids' Help Phone, COVID Youth Mental Health Resource Hub, and Child and Youth Mental Health organizations |
| Quebec | • As per the reopening <u>plan</u> for schools in Quebec, significant mental health focus will be on ensuring that: 1) protocols for contacting specific <u>health networks</u> and community organizations are in place (e.g. Alloprof and Tel-Jeune); 2) providing mental health support and resources for all educators and students; and 3) healthy food programs continue to be offered |
| New Brunswick | • While additional <u>mental health and wellness support services</u> will reportedly be implemented upon the reopening of elementary and secondary schools, the exact specifics regarding these services for staff and students are unclear<br>• Additional online resources, and phone-based mental health <u>services</u> have been listed for educators, including inConfidence resources and crisis hotlines |
| Nova Scotia | • As per the province's <u>Back to School</u> plan, the kindergarten to Grade 12 education system will prioritize the mental health and well-being of all students<br>  o Educators are to emphasize "daily activity", continually assess student mental health, and cater all lesson plans and teaching practices to ensure student well-being<br>  o Specialized mental health supports – such as TeleEducation and <u>SchoolsPlus</u> – will be made available to elementary and secondary students as needed<br>  o No specific mental health support services and needs were highlighted for educators<br>• The Government of Nova Scotia has put forth several mental health and addiction <u>services</u> and <u>resources</u> for students and educators across the province:<br>  o <u>Road to Resiliency</u> is a video series designed to prepare and help navigate all parties with the upcoming year<br>  o IWK Health Centre's <u>Mental Health and Addictions Program</u> provides a wide breadth of support to ensure the well-being of all children and youth<br>  o Additional support offerings include the Provincial Mental Health Crisis Line, <u>Wellness Together Canada</u>, <u>MindWell-U</u> and <u>Therapy Assistance Online</u> |
| Prince Edward Island | • School-based mental health support systems – including <u>Student Well-being Teams</u> – are now available for use in all public schools<br>  o Student Well-being Teams are designed and trained to assist students experiencing mental health challenges<br>  o Teams can consist of nurses, social workers, counselling consultants and occupational therapists<br>• Additional mental health services will continue to be offered, including: telehealth services as part of the *Strongest Families* program; support through the <u>Behavioural Support Team</u>; <u>walk- and call-in mental health clinics</u>; and <u>addictions walk- and call-in clinics</u> |

| Province/territory | Key findings |
|---|---|
| Newfoundland and Labrador | • Professional development trainings, such as social-emotional learning and trauma-informed practice will be offered to educators to help reduce the mental health impacts of COVID-19 for staff and students<br>• The kindergarten to Grade 9 curriculum will now include wellness outcomes that place specific emphasis on improving student mental health<br>• The province has expanded their mental health and addiction services during the pandemic to support those in need; additional support systems include resources such as Bridge the gapp, Starling Minds, and Stronger Minds; and text- and call-based services, including Provincial CHANNAL Warm Line, Crisis Text Line, and the Provincial Opioid Dependence Treatment Line |
| Yukon | • It is unclear whether additional school-based services will be implemented to support the mental health needs of staff and students as no specific guidelines have been addressed in the school reopening plan<br>• It is reported, however, that high schools in the province will be introducing the Mental Health and High School Curriculum Guide<br> o This is a mental health literacy program for Grades 9 and 10 students and educators to help guide them through all their mental health needs |
| Northwest Territories | • As kindergarten to Grade 12 schools reopen, significant emphasis will be placed on maintaining positive mental health and ensuring staff and student well-being<br> o Many school-based counselling supports have expanded their services to provide greater student accessibility (e.g., offering in-person and remote delivery of care)<br> o Mental health resources and workshops will be available to educators remotely<br> o Starling Minds and Lifespeak platforms will provide wellness supports for educators (i.e., cognitive-behavioural therapy will be offered through Starling Minds while Lifespeak will provide resources and expert advice) |
| Nunavut | • On 31 March 2020, the Department of Education announced the launch of Angirrami Ilinniarniq, an educational and mental health resources website to help support elementary- and secondary-school students during COVID-19<br>• Mental health and addiction interventions have been addressed for staff and students in the province's plan to reopen kindergarten to Grade 12 schools:<br> o Educators will receive further detailed information with resources to guide and improve student mental health<br> o Students will continue to be referred to interagency partners – such as mental health services – as needed<br> o Counselling and wellness programs will operate for students during each of the four reopening stages (i.e., support programs are available during both in-person and remote learning)<br>• Outside of the education system, many mental health and addiction services continue to be available for students in Nunavut, such as Kamatsiaqtut Help Line and Kids Help Phone |
| Pan-Canadian | • Through its Well at Work initiative, EdCan offers resources relating to educator mental health during COVID-19 |

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# APPENDICES

**Appendix 1: Methodological details**

For this rapid synthesis, we drew on a standard protocol developed for preparing each rapid evidence profile (REP) relating to COVID-19. This protocol ensures that our approach to identifying research evidence as well as experiences from other countries and from Canadian provinces and territories are as systematic and transparent as possible in the time given to prepare the profile.

**Identifying research evidence**

We searched our continually updated guide to key COVID-19 evidence sources for:
1) guidelines developed using a robust process (e.g., GRADE);
2) full systematic reviews;
3) rapid reviews;
4) guidelines developed using some type of evidence synthesis and/or expert opinion;
5) protocols for reviews or rapid reviews that are underway;
6) titles/questions for reviews that are being planned; and
7) single studies (when no guidelines, systematic reviews or rapid reviews are identified).

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid evidence profile, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages other than Chinese, English, French and Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing.

**Identifying experiences from other countries and from Canadian provinces and territories**

We collectively decide on what countries to examine based on the question posed. For other countries we search relevant sources included in our continually updated guide to key COVID-19 evidence sources. These sources include government-response trackers that document national responses to the pandemic. In addition, we conduct searches of relevant government and ministry websites. In Canada, we search websites from relevant federal and provincial governments, ministries and agencies (e.g., Public Health Agency of Canada).

While we do not exclude countries based on language, where information is not available through the government-response trackers, we are unable to extract information about countries that do not use English, Chinese, French or Spanish as an official language.

**Assessing relevance and quality of evidence**

We assess the relevance of each included evidence document as being of high, moderate or low relevance to the question and to COVID-19. We then use a colour gradient to reflect high (darkest blue) to low (lightest blue) relevance.

Two reviewers independently appraise the methodological quality of systematic reviews and rapid reviews that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality reviews are those with scores of eight or higher out of a possible 11, medium-quality reviews are those with scores between four and seven, and low-quality reviews are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to health-system arrangements or to economic and social responses to COVID-19. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1):S8.

**Preparing the profile**

Each included document is hyperlinked to its original source to facilitate easy retrieval. For all included guidelines, systematic reviews, rapid reviews and single studies (when included), we prepare declarative headings that provide a brief summary of the key findings and act as the text in the hyperlink. Protocols and titles/questions have their titles hyperlinked given that findings are not yet available. We then draft a brief summary that highlights the total number of different types of highly relevant documents identified (organized by document), as well as their key findings, date of last search (or date last updated or published), and methodological quality.

**Appendix 2: Summary of findings from COVID-END taxonomy of evidence sources**

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| Guidelines developed using a robust process (e.g., GRADE) | | | |
| Full systematic reviews | | | |
| Rapid reviews | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic <br> o Interventions to address elementary-student mental health and addictions needs during the COVID-19 pandemic <br> ▪ Interventions to prevent the emergence of student mental health and addictions needs <br> ▪ Interventions to address emerging mental health and addictions needs in students in general <br> • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic <br> o Interventions to address secondary-school student mental health and addictions needs during the COVID-19 pandemic <br> ▪ Interventions to prevent the emergence of student mental health and addictions needs <br> ▪ Interventions to address emerging mental health and addictions needs in students in general | • Interventions should be put in place to limit the negative consequences of restrictive measures on the development and well-being of young people during the COVID-19 pandemic, including at the family, community, school/day care, and recreational/cultural levels, as well as interventions targeting digital environments (INESSS) <br> • In the context of school closures, distance-education programs may include resources for play-based learning for preschoolers, instruction in hygiene and infection prevention, and social and emotional learning to promote resilience in times of crisis <br> • When returning to school, it is important to take measures to catch up with schooling, provide emotional support to students and continue to develop the capacities of the education system for distance learning, in preparation for the next wave of the pandemic <br> Source(23) <br> • AMSTAR 3/11 | June 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic <br> o Emerging student mental health and addictions needs <br> ▪ For students in general | • School closures and confinement, although necessary for the management of the pandemic, will have short-term and long-term consequences on the physical health, the mental health and the well-being of students. Thus, specific measures | 20 May 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | o Interventions to address elementary-student mental health and addictions needs during the COVID-19 pandemic<br>   ▪ Interventions to prevent the emergence of student mental health and addictions needs<br>   ▪ Interventions to address emerging mental health and addictions needs in students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>   ▪ For students in general<br>  o Interventions to address secondary-school student mental health and addictions needs during the COVID-19 pandemic<br>   ▪ Interventions to prevent the emergence of student mental health and addictions needs<br>• Interventions to address emerging mental health and addictions needs in students in general | should be adopted to support the mental health and well-being of students, as well as to prevent stigma. (Santé publique France)<br>Source (24)<br>• AMSTAR 3/11 | |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>   ▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>   ▪ For students in general | • A rapid review was conducted on the effect of quarantine on the mental health of children and adolescents under the age of 18<br>• Ten studies were included, three of which pertained to COVID-19 directly, three to other infectious diseases, and four to other disasters<br>• The three studies relating to COVID-19, conducted in China, Spain, and Italy, found that parents reported their children displaying clinginess, irritability and restlessness<br>Source (5)<br>• AMSTAR: 5/10 | Published July-August 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students in general | • A rapid review of child and adolescent mental health during COVID-19 located six studies: four conducted in China, and two in the United States. All were cross-sectional<br>• Studies found 20-40% prevalence rates for symptoms of depression or anxiety, common symptoms such as clinginess, worry and inattention, and parent observations of children's distress<br>• Two studies found higher prevalence of mental health symptoms in areas with higher COVID-19 rates<br>• Other findings on risk factors were mixed<br>• Existing studies did not compare findings to baseline data or include longitudinal information on whether symptoms were maintained<br>Source (6)<br>• AMSTAR: 5/9 | Published online July 16 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students in general | • A rapid review was conducted on the impact of loneliness on the mental health of previously healthy children and adolescents, in order to support inferences about the psychological impact of COVID-19 containment measures on this population<br>• 83 articles were included<br>• In cross-sectional studies, loneliness had moderate to large correlations with depression, and small to moderate correlations with anxiety<br>• 12 of 15 longitudinal studies found that loneliness predicted depression months to years later, and three of four longitudinal studies found that loneliness predicted later anxiety<br>• Duration of loneliness was correlated with future mental health problems | Accepted May 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | | • One included study reported on children who experienced isolation in the context of previous infectious-disease outbreaks (SARS, H1N1, avian flu) and found that 28-30% of children exposed to disease containment measures were five times more likely to receive mental health services. 28-30% of children exposed to containment measures scored above the cut-off for PTSD on standardized screening measures, compared with 1.1-5.8% of children not exposed to containment measures<br>• The authors suggest that these findings point to the potential for COVID-19 containment measures to lead to mental health concerns, but they also note that the current context is distinct from general issues of loneliness, and as such, more specific research is needed<br>Source (14)<br>• AMSTAR: 5/9 | |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students in general<br>  o Interventions to address elementary-student mental health and addictions needs during the COVID-19 pandemic<br>    ▪ Interventions to prevent the emergence of student mental health and addictions needs<br>• Frameworks for organizing system responses to school-related mental health and addictions needs during the COVID-19 pandemic<br>• Frameworks addressing student mental health and addictions needs | • Mitigation strategies should be put in place to address the impact of the COVID-19 pandemic on the development of children aged 0 to 5 (INSPQ)<br>• Mitigation strategies should aim at five protective factors:<br>  o Basic needs met and positive parenting practices conducive to quality time spent with family<br>  o Routines that help develop the child's cognitive, language, social and emotional skills<br>  o Family practices that help develop the child's physical skills and safety, as well as the well-being of parents | Published June 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | | o Contacts with other living environments and supportive adults who provide a sensitive and reassuring presence for children<br>o An inclusive discourse to help reduce inequalities<br><u>Source (21)</u><br>• AMSTAR: 2/9 | |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>o Emerging student mental health and addictions needs<br>▪ For students in general<br>o Interventions to address elementary-student mental health and addictions needs during the COVID-19 pandemic<br>▪ Interventions to prevent the emergence of student mental health and addictions needs<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>o Emerging student mental health and addictions needs<br>▪ For students in general<br>o Interventions to address secondary-school student mental health and addictions needs during the COVID-19 pandemic<br>• Interventions to prevent the emergence of student mental health and addictions needs | • Evidence from influenza outbreaks and other respiratory-virus outbreaks suggests school closures can lead to social isolation and psychological harms among students<br>• Evidence is sparse about the role of school closures in mitigating the spread of COVID-19, but less disruptive measures such as school social-distancing measures should be considered and further studied as a way to minimize harms to students, staff and society more generally<br><u>Source (25)</u><br>• AMSTAR: 4/9 | Literature last searched 19 March 2020 |
| Guidelines developed using some type of evidence synthesis and/or expert opinion | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>o Emerging student mental health and addictions needs<br>▪ For students in general<br>▪ For students with pre-existing mental health and addictions concerns | • A guidance document targeting community mental health-services providers was developed by the Ontario Centre for Excellence in Child and Youth Mental Health and Children's Mental Health Ontario, drawing on a literature review of COVID-19-related studies, research from | Published August 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | ▪ For students with other special needs or vulnerabilities<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>　o Emerging student mental health and addictions needs<br>　　▪ For students in general<br>　　▪ For students with pre-existing mental health and addictions concerns<br>　　▪ For students with other special needs or vulnerabilities | previous infectious-disease outbreaks, and more general evidence on school transitions<br>• Literature from previous infectious disease outbreaks as well as COVID-19 suggests multiple sources of mental health impacts including fears of self and family members being infected, social impacts of public-health measures including loneliness, disruptions to services, financial insecurity and issues meeting basic needs, stress related to prolonged uncertainty, anxiety relating to media messaging, and potential neurological impacts of COVID-19<br>　o These risks are amplified by developmental factors including still-developing emotion regulation and coping skills along with limited understanding of the crisis<br>• The document cites a survey in Ontario of over 1,300 youth and 700 parents (not yet published) which found:<br>　o Two-thirds of youth reported worsening mental health during the pandemic, with risk factors including northern residence, female gender, lower family socio-economic status, and previously receiving services for mental health<br>　o Young people already receiving services expressed a preference for provider-led care, while youth not currently receiving services preferred self-help. Over 90% of youth respondents reported feeling that mental health services would be useful to them in the future<br>　o Parents reported greater impacts of school changes on older (high school and post- | |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | | secondary) children and youth compared to children in elementary school<br>• School transitions broadly can pose a challenge to students, especially those with special-education needs and inadequate social supports; feelings of connectedness, positive relationships with teachers, and supportive caregivers are protective factors<br>• The report recommends special attention to the following three groups of students during school reopenings:<br>  o Students who developed mental health concerns during lockdown<br>  o Students with pre-existing mental health concerns<br>  o Students whose mental health improved during lockdown as a result of the alleviation of school-related stressors (such as bullying or unaddressed learning and behavioural needs)<br>• Groups at particular risk of mental health deterioration include:<br>  o Those with pre-existing mental health concerns<br>  o Those who have been exposed to or contracted COVID-19, or who have experienced loss during the pandemic<br>  o Members of racialized and marginalized communities<br>  o Those with additional support or special-education needs<br>  o Those with undiagnosed or sub-clinical mental health or behavioural concerns | |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | | • The Ontario Centre for Excellence in Child and Youth Mental Health is developing a service plan in response to COVID-19<br>Source (20) | |
| | o Interventions to address elementary-student mental health and addictions needs during the COVID-19 pandemic<br>  ▪ Interventions to prevent the emergence of student mental health and addictions needs<br>  ▪ Interventions to address emerging mental health and addictions needs in students in general<br>  ▪ Interventions to address mental health and addictions needs for students with pre-existing mental health and addictions concerns<br>  ▪ Interventions to address mental health and addictions needs for students with other special needs or vulnerabilities<br>o Interventions to address secondary-school student mental health and addictions needs during the COVID-19 pandemic<br>  ▪ Interventions to prevent the emergence of student mental health and addictions needs<br>  ▪ Interventions to address emerging mental health and addictions needs in students in general<br>  ▪ Interventions to address mental health and addictions needs for students with pre-existing mental health and addictions concerns<br>  ▪ Interventions to address mental health needs for students with other special needs or vulnerabilities | • In an appendix to UNICEF guidance on school reopening, the following recommendations are made with regards to mental health and psycho-social supports:<br>o Ensure supports are responsive to local contexts<br>o Proactively reach out to marginalized children, and ensure supports are accessible and tailored to unique needs due to gender, disability, language and other factors<br>o Ensure remote learning does not result in exposure to cyber-bullying<br>o Ensure staff are trained in gender-based violence and protection from sexual exploitation and abuse, and collaborate with child protection to encourage children to seek support<br>o Offer supports to education staff, including peer support groups<br>o Identify and coordinate existing mental health resources, and strengthen referral systems<br>o Spread positive, anti-stigma messaging about mental health, normalize worries, and promote self-care<br>Source (18) | Published 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | • Interventions to address teacher and education-worker mental health and addictions needs during the COVID-19 pandemic<br>  o Interventions to prevent the emergence of teacher and education-worker mental health and addictions needs<br>  o Interventions to address emerging teacher and education worker mental health and addictions needs in general | | |
| | • Interventions to address elementary student mental health and addictions needs during the COVID-19 pandemic<br>  o Interventions to prevent the emergence of student mental health and addictions needs<br>  o Interventions to address emerging mental health and addictions needs in students in general<br>  o Interventions to address mental health and addictions needs for students with pre-existing mental health and addictions concerns<br>  o Interventions to address mental health and addictions needs for students with other special needs or vulnerabilities<br>• `Interventions to address secondary-school student mental health and addictions needs during the COVID-19 pandemic<br>  o Interventions to prevent the emergence of student mental health and addictions needs<br>  o Interventions to address emerging mental health and addictions needs in students in general<br>  o Interventions to address mental health and addictions needs for students with pre-existing mental health and addictions concerns | • The American Academy of Pediatrics makes the following recommendations regarding student mental health during the return to school:<br>  o Additional funding for staffing and training to support student mental health<br>  o Train educators in supporting students, and ensure that educators refer students with mental health concerns to school mental health professionals<br>  o Develop protocols for assessing risk of suicidality during periods of remote learning, and pathways for in-person support as needed (even if schools are operating remotely)<br>  o Avoid fear-based messaging around physical distancing<br>  o Plan outreach to families of students who do not return to school<br>  o Provide academic accommodations to students struggling to focus due to stress, and avoid trying to "catch up" on missed work through accelerating the pace of material<br>  o All student IEPs should be reviewed prior to reopening<br>  o Prioritize new evaluations for IEPs over re-evaluations, and implement response-to- | Updated 19 August 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | o Interventions to address mental health needs for students with other special needs or vulnerabilities<br>• Interventions to address teacher and education-worker mental health and addictions needs during the COVID-19 pandemic<br>o Interventions to prevent the emergence of teacher and education-worker mental health and addictions needs<br>o Interventions to address emerging teacher and education-worker mental health and addictions needs in general<br>o Interventions to address mental health needs for teachers and education workers with pre-existing mental health and addictions concerns<br>o Interventions to address mental health and addictions needs for teachers and education workers with other vulnerabilities | intervention services where eligibility determinations relating to IEPs are postponed<br>• Recommendations relating to staff mental health are as follows:<br>o Ensure resources such as Employee Assistance Plans are available prior to school reopening<br>o Provide workplace accommodations to staff as needed<br>o Ensure clear, consistent communication and opportunities to participate in decision-making<br>Source (19) | |
| | • Interventions to address teacher and education-worker mental health and addictions needs during the COVID-19 pandemic<br>o Interventions to prevent the emergence of teacher and education-worker mental health and addictions needs<br>o Interventions to address emerging teacher and education-worker mental health and addictions needs in general<br>o Interventions to address mental health needs for teachers and education workers with pre-existing mental health and addictions concerns<br>o Interventions to address mental health and addictions needs for teachers and education workers with other vulnerabilities | • Guidelines jointly produced by UNESCO, the International Labour Organization, and the International Task Force on Teachers for Education makes a number of recommendations relating to teacher mental health, including:<br>o Prioritize teacher and student well-being over academic obligations, including through guaranteeing salary and benefits to reduce uncertainty, and streamlining reporting requirements<br>o Make resources available, and train staff to recognize teacher and learner distress<br>o Protect teachers and learners who are members of at-risk groups<br>o Prevent discrimination on the basis of actual or perceived COVID-19 infection (including discrimination on the basis of ethnicity) | Published May 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | | Source(2) | |
| | • Frameworks for organizing system responses to school-related mental health and addictions needs during the COVID-19 pandemic<br>  ○ Frameworks addressing both student and teacher, and education-worker mental health and addictions needs | • A guidance document is available from the National Child Traumatic Stress Network that contextualizes and adapts its <u>Trauma-Informed Schools framework</u> for COVID-19. Key recommendations include:<br>  ○ Prioritizing physical safety in decisions around school reopening; supporting staff well-being by ensuring public-health recommendations are enforced and offering wellness resources<br>  ○ Creating trauma-informed learning environments through maximizing consistency and routine and incorporating social-emotional learning<br>  ○ Identifying and assessing traumatic stress, particularly in students with vulnerabilities exacerbated by the pandemic and public-health responses<br>  ○ Addressing traumatic stress through checking in with students and collaborating with school and community mental health supports<br>  ○ Supporting students and families to develop feelings of safety, connectedness, and hope<br>  ○ Partnering with families, including by providing opportunities for family input and feedback<br>  ○ Practising cultural responsiveness through awareness of inequities and attention to how identities can function as sources of strength and resilience<br>  ○ Clearly communicating reopening plans and addressing concerns about physical and psychological safety | Published 2020 (no month indicated) |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | | o Incorporating restorative, non-punitive disciplinary practices, and identifying emerging needs and community supports <br> Source (22) | |
| Protocols for reviews that are underway | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic <br> o Emerging student mental health and addictions needs <br> ▪ For students in general | • Prevalence of depression, anxiety and insomnia in primary-education (elementary and middle school) students during the COVID-19 pandemic <br> Source | Anticipated completion 31 July 2020 |
| | • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic <br> o Emerging student mental health and addictions needs <br> ▪ For students in general | • Prevalence of depression, anxiety and insomnia in high-school or secondary-school students during the COVID-19 pandemic <br> Source | Anticipated completion 31 July 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic <br> o Emerging student mental health and addictions needs <br> ▪ For students in general <br> • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic <br> o Emerging student mental health and addictions needs <br> ▪ For students in general | • Short- and long-term physical and mental health impacts of school closures or other isolation measures in childhood during the COVID-19 pandemic <br> Source | Anticipated completion 31 August 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic <br> o Interventions to address elementary-student mental health and addictions needs during the COVID-19 pandemic <br> ▪ Interventions to address emerging mental health and addictions needs in students in general <br> • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic | • Screening and interventions for the mental health impacts of infectious-disease epidemics and major incidents on children and young people <br> • Source | Anticipated completion 1 October 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | o Interventions to address secondary-school student mental health and addictions needs during the COVID-19 pandemic<br>• Interventions to address emerging mental health and addictions needs in students in general | | |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Interventions to address elementary-student mental health and addictions needs during the COVID-19 pandemic<br>    ▪ Interventions to address emerging mental health and addictions needs in students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>  o Interventions to address secondary-school student mental health and addictions needs during the COVID-19 pandemic<br>• Interventions to address emerging mental health and addictions needs in students in general | • Impact of active video games on physical activity for improving the self-esteem of children and adolescents during COVID-19<br>• Source | Anticipated completion 31 July 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students in general | • Prevalence of anxiety and depression in children and adolescents during the COVID-19 pandemic<br>Source | Anticipated completion 31 July 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs | • Impact of COVID-19 on mental health outcomes in children and adolescents<br>Source | Anticipated completion 10 August 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | ▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br> o Emerging student mental health and addictions needs<br>• For students in general | | |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br> o Emerging student mental health and addictions needs<br> ▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br> o Emerging student mental health and addictions needs<br>• For students in general | • Psychological impacts of COVID-19 on children and adolescents<br>Source | Anticipated completion 30 June 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br> o Emerging student mental health and addictions needs<br> ▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br> o Emerging student mental health and addictions needs<br>• For students in general | • Prevalence and the magnitude of emotional-, behavioral-, and psychological-related conditions in children and adolescents during the COVID-19 pandemic<br>Source | Anticipated completion 01 December 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br> o Emerging student mental health and addictions needs<br> ▪ For students with other special needs or vulnerabilities | • Interventions for supporting early childhood development (ECD) during the COVID-19 pandemic in lower-middle income countries (LMICs), and the potential barriers and facilitators to implementing these interventions<br>Source | Anticipated completion 31 December 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | o Interventions to address elementary-student mental health and addictions needs during the COVID-19 pandemic<br>• Interventions to address mental health and addictions needs for students with other special needs or vulnerabilities | | |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>o Emerging student mental health and addictions needs<br> ▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>o Emerging student mental health and addictions needs<br>• For students in general | • Prevalence of mental health difficulties (including anxiety, depression, and stress-related disorders) in children 4-18 years and adults since the emergence of COVID-19<br>Source | Anticipated completion 03 July 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>o Emerging student mental health and addictions needs<br> ▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>o Emerging student mental health and addictions needs<br>• For students in general | • Impacts of infectious-disease epidemics and major incidents on the mental health of children and young people<br>Source | Anticipated completion 28 September 2020 |
| | • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>o Emerging student mental health and addictions needs<br>• For students in general | • Potential impact of a pandemic (e.g., COVID-19) on the mental health of young people aged 12-25 years<br>Source | Anticipated completion 31 May 2020 |
| Titles/questions for reviews that are being planned | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic | • Impact of COVID-19 pandemic on mental health of young people and adults: a systematic review protocol of observational studies | Published online 1 July 2020 |

| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
|---|---|---|---|
| | o Emerging student mental health and addictions needs<br>▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>o Emerging student mental health and addictions needs<br>▪ For students in general | Source | |
| Single studies in areas where no reviews were identified | • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>o Emerging student mental health and addictions needs<br>▪ For students in general<br>▪ For students with pre-existing mental health and addictions concerns | • 622 youth in Ontario, aged 14-28, were recruited from existing cohort studies. 276 participants were drawn from clinical populations, and 346 from the community<br>• Participants were surveyed using a number of standardized tools along with custom questions designed by youth co-researchers. Participants were asked about the previous two weeks and retrospectively three months prior to the crisis<br>• Mental health deteriorated in both clinical and community participants, with a steeper decline in community participants; rates of likely mental health concerns in the community sample during COVID-19 were greater than retrospective pre-COVID-19 rates in the clinical sample. Substance use decreased in both groups during COVID-19<br>• 45.4% of clinical and 16.5% of community participants reported unmet needs for mental health services. One-quarter of clinical participants and one-tenth of community participants specified therapy or counselling as an unmet need; among participants expressing a need for counselling, in-person counselling was specified by one-fifth of clinical participants and one-tenth of community participants | Published 14 July 2020 |

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| Type of document | Relevance to question | Key findings or recommendations | Recency or status |
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| | | • Participants' recommendations for supporting youth included free counselling and remote support groups, youth-focused financial supports such as rent and tuition relief, and access to reliable information about COVID-19 and available mental health supports <br> Source(4) | |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic <br> ○ Emerging student mental health and addictions needs <br> ▪ For students in general <br> ▪ For students with other special needs or vulnerabilities | • 719 students from three U.S. high schools participated in a survey carried out in May 2020, during which time all were under stay-at-home or safer-at-home orders <br> • Content analysis was conducted regarding responses to an open-response question, "What are your three biggest challenges right now?" <br> • Adolescents' self-reported challenges during the COVID-19 pandemic included following themes: academics and work habits, mental and physical health, friends, family, routine, social connection and community, COVID-19 rules and adjustment, future, socio-economic, important events, contraction/exposure to COVID-19, and technology <br> • 14.8% of participants included responses in the mental health category <br> • Gender minority students (trans or nonbinary) reported more struggles with mental and physical health, as did students reporting their race as "Black-White" (i.e., biracial students with Black and white ancestry); however, both of these conclusions are based on fewer than 20 students in each of the above categories <br> Source (11) | Report (non-peer-reviewed) published 01 September 2020 |

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| | • Mental health and addictions needs of teachers and education workers during the COVID-19 pandemic<br>  o Emerging teacher and education-worker mental health and addiction needs or<br>  o Teachers and education workers in general | • 40 U.S. teachers were interviewed in April and May 2020 about teaching during the pandemic<br>• Key themes included:<br>  o Student motivation: teachers struggled to maintain relationships with students and foster engagement during periods of distance learning<br>  o Professional loss and burnout: teachers reported feeling disconnected from important parts of their professional identity, guilt over reduced efficacy, substantial uncertainty in the face of changing policies, and frustration with accountability measures that were perceived as punitive of teachers<br>  o Exacerbated inequities: students' housing situations, technology access, and additional responsibilities complicated access to remote learning, while students with disabilities and English-language learners also faced barriers to participation. Policy guidance focused on sticking with pre-existing curriculum standards reduced flexibility to meet diverse needs. Teachers reported feeling demoralized by being unable to support their most vulnerable students<br>• The report recommends centering equity and relationship-building in reopening plans; addressing student motivation through flexibility and competency- and interest-based approaches; addressing teacher burnout through managing workload and encouraging collaboration and social connection; and mitigating uncertainty through strategies such as consistent weekly schedules, stable technological infrastructure, and planning short blocks of times with scheduled | Preprint published July 2020 |

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| | | transition points where larger changes may be introduced<br>Source (1) | |
| | • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students in general | • 584 Chinese participants aged 14-35 were surveyed two weeks after the emergence of COVID-19<br>• Nearly three quarters of participants were aged 21-30<br>• 40.4% of participants reported psychological problems, and 14.4% reported PTSD symptoms<br>• Lower education levels were associated with greater distress<br>Source (7) | Published 21 April 2020 |
| | • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students in general<br>    ▪ For students with pre-existing mental health and addictions concerns<br>  o Interventions to address secondary-school student mental health and addictions needs during the COVID-19 pandemic<br>• Interventions to address emerging mental health and addictions needs in students in general | • A survey of rural high-school seniors in China found that 71.5% reported symptoms of depression, 54.5% reported symptoms of anxiety, and 85.5% reported symptoms of PTSD following the lockdown measures put in place during COVID-19<br>• Young women and those with poor academic records were found to have the most severe depression, anxiety and suicidal ideation, though having siblings was found to be a protective factor against suicidal ideation<br>• Psychological interventions should prioritize vulnerable senior high-school students and an increase in exercise frequency should be recommended to maintain mental well-being<br>Source (9) | Published 10 July 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students in general | • An online study assessed symptoms of depression, anxiety, and mixed depression and anxiety in 8,079 Chinese students aged 12-18 in March 2020<br>• Assessment tools included the PHQ-9 and the Chinese version of the GAD-7 | Published June 2020 |

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| | • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>　o Emerging student mental health and addictions needs<br>　　▪ For students in general | • The following prevalence rates were found: mild depression, 26.4%; moderate depression, 43.7%; mild-to-severe depression, 10.1%; mild anxiety, 27.0%; moderate anxiety, 7.4%; mild-to-severe anxiety, 37.4%; comorbid anxiety and depression, 31.3%<br>• Female gender, rural residence, higher grade level, and lower knowledge of COVID-19 were associated with greater proportions of depression and anxiety<br>• The point prevalence found in this study was higher than estimates from other studies conducted before COVID-19, with a previous meta-analysis suggesting a 15.4% prevalence of depression<br>Source (10) | |
| | 　o Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>　o Emerging student mental health and addictions needs<br>　　▪ For students in general<br>　o Interventions to address secondary-school student mental health and addictions needs during the COVID-19 pandemic<br>• Interventions to address emerging mental health and addictions needs in students in general | • In switching to distance learning, more than half of students in Saudi Arabia showed moderate levels of stress, while one-third registered high levels<br>• Online counselling and stress management programs may be helpful to mitigate the stress of students<br>Source (12) | Published 1 August 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>　o Emerging student mental health and addictions needs<br>　For students in general | • This study measured depression, anxiety, and general emotional distress symptoms in 168 U.K. children aged 7-11, both before and during lockdown (by contacting a subsample of participants in a cohort study of child mental health) | Pre-print made available 10 July 2020 |

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| | | • A medium-to-large increase was found for depression symptoms (using the RCADS short-form depression scale), while no change was observed on scores for the RCADS short-form anxiety scale or the SDQ Emotional Difficulties subscale<br>• Age, gender, and socio-economic status were not found to have an impact on the results<br>• Source (13) | |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students with pre-existing mental health and addictions concerns<br>    ▪ For students with other special needs or vulnerabilities<br>• Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students with pre-existing mental health and addictions concerns<br>• For students with other special needs or vulnerabilities | • During the COVID-19 outbreak, children's ADHD behaviours significantly worsened compared to normal state<br>• ADHD symptoms seemed to reduce with longer student time, and those students who can focus longer may be best-suited to at-home online learning during the pandemic<br>• There is a need to pay attention to and identify the unique needs of children with ADHD who may be vulnerable during the outbreak<br>Source (15) | Published online 9 April, 2020 |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>  o Emerging student mental health and addictions needs<br>    ▪ For students with pre-existing mental health and addictions concerns<br>• For students with other special needs or vulnerabilities | • Some children with ADHD were found to experience worse well-being during the COVID-19 lockdown in France, but about two-thirds showed no changes or improvements in well-being<br>• Many parents of children with ADHD noted that lockdown improved school-related anxiety given the ability to adjust to their child's rhythms, and less exposure to negative feedback at school | Published online 7 June, 2020 |

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| | | • Parents also noted that at-home schooling was a struggle during lockdown with inadequate attention to academic accommodations<br>Source (16) | |
| | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br> o Emerging student mental health and addictions needs<br>  ▪ For students with other special needs or vulnerabilities<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br> o Emerging student mental health and addictions needs<br>• For students with other special needs or vulnerabilities | • 241 U.K. parents of children with special-education needs and disabilities were asked about the impact of COVID-19 on their own and their child's mental health (in a single free-response question as part of a larger study)<br>• This study was conducted two weeks after schools closed<br>• While 73% of participants had been offered a school place for their child (under a U.K. policy that maintained in-person schooling for children of essential workers and children with disabilities), only 8% had elected to send their child to school<br>• Content analysis found themes of "worry," "loss," "mood, emotion, and behaviour," "knowing what is going on" (e.g., elevated distress in children who were unable to understand the cause of disruptions to their routine),"overwhelmed," and – for a minority of participants – "minimal or positive impact"<br>Source (17) | Pre-print made available 21 April 2020 |
| | • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br> o Emerging student mental health and addictions needs<br>  ▪ For students in general | • 570 Chinese participants aged 14-35 were surveyed regarding post-traumatic stress disorder symptoms one month following the emergence of COVID-19<br>• Nearly three-quarters of participants were aged 21-30<br>• Prevalence of PTSD was 12.8%<br>• Greater distress was associated with higher risk of PTSD; the association between distress and PTSD | Published 6 July 2020 |

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| | | was stronger among male participants than female participants<br>• The effect of distress on PTSD was also moderated by negative coping styles<br>Source (8) | |
| | • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>   o Emerging student mental health and addictions needs<br>      ▪ For students with other special needs or vulnerabilities | • 486 participants were recruited from within an ongoing cohort study of youth aged 10-24 living with HIV in Kenya, during the 10 weeks following detection of the first COVID-19 case in the country<br>• 9% reported mild depression symptoms and 1% reported moderate-to-severe symptoms, with those under 20 years of age being less likely to report depression<br>Source (26) | Published 20 August 2020 |
| | • Mental health and addictions needs of teachers and education workers during the COVID-19 pandemic<br>   o Emerging teacher and education-worker mental health and addiction needs<br>      ▪ For teachers and education workers in general | • 293 Vietnamese teachers were recruited for a survey via Facebook teachers' groups<br>• A database was constructed for teachers' perceptions of teaching during COVID, including their satisfaction with teaching and their perceptions of school readiness and the effectiveness of online learning, sources of support (e.g., teaching unions, government) and changes to their income<br>• The dataset does not include information directly about mental health or substance use<br>• Descriptive statistics are presented for a number of variables, along with ANOVA tests for the influence of a number of factors on teacher satisfaction<br>Source (27) | Pre-print made available 26 May 2020 |
| | • Mental health and addictions needs of secondary-school students during the COVID-19 pandemic | • Study examines the impact of information on COVID-19 on adolescents' anxiety levels | Published 11 August 2020 |

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|  | o Emerging student mental health and addictions needs<br>    ▪ For students in general<br>For students with pre-existing mental health and addictions concerns | • The majority, 88.2% of adolescents, said that they followed the developments of COVID-19 and obtained their information from the television<br>• Overall, anxiety scores increased 2.41 times among adolescents who used television as a source for information on COVID-19, and 4.39 times among adolescents who had previously sought psychiatric treatment<br>Source(28) |  |
|  | • Mental health and addictions needs of elementary-school students during the COVID-19 pandemic<br>   o Emerging student mental health and addictions needs<br>     ▪ For students in general<br>• Mental health and addictions needs of secondary-school students during the COVID-19 pandemic<br>   o Emerging student mental health and addictions needs<br>     ▪ For students in general | • 353 parents of school-aged children in Japan were surveyed about their parenting stress during school closures, and their retrospective perspective on their parenting stress before school closures<br>• Respondents indicated higher parenting stress during school closures<br>• Parents were also asked about their coping mechanisms, with a co-occurrence network analysis of commonly used words demonstrating use of exercise, music, social support, and seeking time for oneself<br>Source (29) | Published 17 June 2020 |

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