Examining the impacts of the COVID-19 pandemic on family mental health in Canada: findings from a national cross-sectional study

Anne C Gadermann, Kimberly C Thomson, Chris G Richardson, Monique Gagné, Corey McAuliffe, Saima Hirani, Emily Jenkins

ABSTRACT

Objectives In the first wave of the COVID-19 pandemic, social isolation, school/child care closures and employment instability have created unprecedented conditions for families raising children at home. This study describes the mental health impacts of the COVID-19 pandemic on families with children in Canada.

Design, setting and participants This descriptive study used a nationally representative, cross-sectional survey of adults living in Canada (n=3000) to examine the mental health impacts of the COVID-19 pandemic. Outcomes among parents with children <18 years old living at home (n=618) were compared with the rest of the sample. Data were collected via an online survey between 14 May to 29 May 2020.

Outcome measures Participants reported on changes to their mental health since the onset of the pandemic and sources of stress, emotional responses, substance use patterns and suicidality/self-harm. Additionally, parents identified changes in their interactions with their children, impacts on their children’s mental health and sources of support accessed.

Results 44.3% of parents with children <18 years living at home reported worse mental health as a result of the COVID-19 pandemic compared with 35.6% of respondents without children <18 living at home: $\chi^2(1, n=3000)=16.2$, p<0.001. More parents compared with the rest of the sample reported increased alcohol consumption (27.7% vs 16.1%, $\chi^2(1, n=3000)=43.8$, p<0.001), suicidal thoughts/feelings (8.3% vs 5.2%, $\chi^2(1, n=3000)=8.0$, p=0.005) and stress about being safe from physical/emotional domestic violence (11.5% vs 7.9%, $\chi^2(1, n=3000)=8.1$, p=0.005). 24.8% (95% CI 21.4 to 28.4) of parents reported their children’s mental health had worsened since the pandemic. Parents also reported more frequent negative as well as positive interactions with their children due to the pandemic (eg, more conflicts, 22.2% (95% CI 19.0 to 25.7); increased feelings of closeness, 49.7% (95% CI 45.7 to 53.7)).

Conclusions This study identifies that families with children <18 at home have experienced deteriorated mental health due to the pandemic. Population-level responses are required to adequately respond to families’ diverse needs and mitigate the potential for widening health and social inequities for parents and children.

INTRODUCTION

The COVID-19 pandemic has led to unprecedented global morbidity and mortality, with population mental health impacts recognised as a growing concern, and particular risks identified within the family context. Specifically, the COVID-19 pandemic has posed new threats to families through social isolation due to physical distancing measures, school/child care closures, financial and employment insecurity, housing instability and changes to health and social care access. These shifts have profoundly interrupted the systems and structures that previously operated to both support the mental health and well-being of families and mitigate the risks that contribute to health and social inequities.

During the pandemic, many parents have experienced increased pressures and erosions to social supports, with implications for their mental health. In a US survey, the majority of parents expressed that during the pandemic, concerns about finances, social isolation,
criticism from others, as well as emotional experiences of sadness and loneliness were affecting their parenting.6 Globally, school and child care closures and the hiatus of after-school activities has added to parental pressure to balance responsibilities, including becoming the sole providers of supervision and education for their children—all while experiencing heightened financial and emotional stress.7 Families, generally, are affected by the disruptions of the pandemic. However, these pressures disproportionately affect families who experience health and social inequities, including fewer financial and social resources, crowded homes and limited technology and Internet access.7-9 The collision of these stressors has contributed to increases in domestic violence,10 11 and emerging studies have shown increased frequency of shouting and physical punishment of children since the pandemic began.6

In Canada, federal and provincial governments began implementing lockdown measures mid-March 2020 including border closures and restricted travel, restrictions on group gatherings, school/child care closures, mandatory working from home and temporary suspension of non-essential health and public services.12 National COVID-19 incidence rates first peaked in April 2020 with nearly 3000 new cases confirmed daily.13 By early May 2020, incidence rates were decreasing and provinces began easing lockdown measures including re-opening businesses and encouraging rehiring of employees.12 However, there were indications that the pandemic was already impacting the mental health and well-being of Canadian children.1 For example, by April 2020, reports showed a dramatic surge in calls documented by Kids Help Phone, a national helpline for young people, with a 48% increase in calls about social isolation, a 42% increase in calls about anxiety and stress and a 28% increase in calls about physical abuse.14 Experts raised alarms that disruptions to routines and services, combined with increased family stressors, social isolation and domestic violence, were creating conditions that risked increasing child mental health problems on an unprecedented scale, with children from marginalised and socioeconomically disadvantaged backgrounds likely to be disproportionately affected.15 16 Thus, while young people initially appear to be less susceptible to the physical effects of the virus, they are experiencing significant challenges, likely resulting from the social and economic impacts of the pandemic within their family contexts.14 15 This is particularly concerning as research consistently demonstrates that children’s early exposures to stress can have lasting effects.18-21

Families and children are furthermore supported by a social ecological system that has been forced to adapt quickly to support families’ needs, often with limited information or evaluation. School and child care closures due to the pandemic are concerning not only for the

1For the context of this study, children are defined as children and youth below the age of 18.
by the research team in consultation with collaborators from the Canadian Mental Health Association to reflect the Canadian context, aimed at examining indicators of mental health, stress and coping related to the COVID-19 pandemic among the Canadian population. Modifications included adding items on the impacts on young people’s mental health, potential sources of support, family dynamics, financial interventions introduced by the Government of Canada in response to the pandemic (eg, Canada Emergency Response Benefit) and food security systems. Survey items are provided in online supplemental file 1.

### Procedure

Data were collected between 14 May to 29 May 2020, via a rapid online survey distributed by polling vendor Maru/Matchbox. Maru/Matchbox maintains the Maru Voice Canada panel consisting of approximately 125,000 adults. Panel participants were recruited through direct email, with targeted sampling through affiliate community partners to increase inclusion of populations that may be difficult to reach via the Internet (eg, older adults, racialized populations). Surveys were distributed to 3558 panel members to reach a total of 3000 respondents, yielding an invitation-to-response rate of 84%. Members of the panel were randomly invited by Maru/Matchbox to participate in the survey using Canadian national census informed stratifications defined by sociodemographic characteristics (age, gender, household income and region) with

---

### Table 1

<table>
<thead>
<tr>
<th>Sample distribution</th>
<th>Sample distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visible minority (eg, Asian, Latin American, Middle Eastern, African)</td>
<td>122</td>
</tr>
<tr>
<td>European origins (eg, British, German, Russian)</td>
<td>394</td>
</tr>
<tr>
<td>Household Living</td>
<td></td>
</tr>
<tr>
<td>Living with a spouse or partner</td>
<td>500</td>
</tr>
<tr>
<td>Living with other adult family members (eg, parents, grandparents)</td>
<td>26</td>
</tr>
<tr>
<td>Living with grandchildren</td>
<td>11</td>
</tr>
<tr>
<td>Child demographics</td>
<td></td>
</tr>
<tr>
<td>Child age (check all that apply)</td>
<td></td>
</tr>
<tr>
<td>4 years and under</td>
<td>183</td>
</tr>
<tr>
<td>5 to 11 years</td>
<td>292</td>
</tr>
<tr>
<td>12 to 17 years</td>
<td>309</td>
</tr>
<tr>
<td>18 years and over</td>
<td>70</td>
</tr>
<tr>
<td>Child siblings at home</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>325</td>
</tr>
</tbody>
</table>

*Other gender identity options were available but not endorsed in this sample.
Table 2  Changes in parent self-reported mental health since the onset of the COVID-19 pandemic

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Pre-existing mental health condition</th>
<th>Disability</th>
<th>Unemployed due to COVID-19</th>
<th>Parent to a child &lt;4 years old</th>
<th>Parent to a child 5-11 years old</th>
<th>Parent to a child 12-17 years old</th>
<th>Parent with multiple children at home</th>
<th>Financial concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Women</td>
<td>Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=618)</td>
<td>(n=324)</td>
<td>(n=294)</td>
<td>(n=103)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-existing mental health</td>
<td>Worse mental health</td>
<td>Worse mental health</td>
<td>Worse mental health</td>
<td>Worse mental health</td>
<td>Worse mental health</td>
<td>Worse mental health</td>
<td>Worse mental health</td>
<td>Worse mental health</td>
<td>Worse mental health</td>
</tr>
<tr>
<td>Total</td>
<td>Women</td>
<td>Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=618)</td>
<td>(n=324)</td>
<td>(n=294)</td>
<td>(n=103)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worse mental health</td>
<td>274</td>
<td>158</td>
<td>116</td>
<td>70</td>
<td>204</td>
<td>74</td>
<td>200</td>
<td>27</td>
<td>247</td>
</tr>
<tr>
<td>44.3%</td>
<td>48.8%*</td>
<td>39.5%</td>
<td>53.8%*</td>
<td>41.8%</td>
<td>66.7%†</td>
<td>39.4%</td>
<td>60.0%*</td>
<td>43.1%</td>
<td>51.2%</td>
</tr>
</tbody>
</table>

Worse mental health combines slightly and significantly worse mental health. Differences in proportions within groups were tested with $\chi^2$ tests. 
* $p<.05$; † $p<.001$.

In the following when we refer to parents, these are parents living with children <18 years old unless otherwise specified.

Pandemic-related changes in parent mental health

Sample description

Of the 3000 respondents, 618 identified as parents to a child <18 living at home. The average age of the parent subsample was 43.0 years (SD=9.0 years) and 52.4% identified as women. Further sample characteristics are presented in table 1.

Measures and analyses

This investigation focusses on a subsample of participants who identified as parents <18 years old currently living at home (n=618). Changes in mental health due to the pandemic were compared between this parent subsample and the rest of the sample (ie, respondents who were not parents with children <18 living at home). Participants were also conducted with a small honorarium through Maru/Matchbox to compensate for their time.

RESULTs

Sample description

After Invitation to participate and receiving information about the study, 618 parents responded. The parent subsample was 43.0 years (SD=9.0 years) and 52.4% identified as women. Further sample characteristics are presented in table 1.

Statistical analyses

Descriptive and bivariate analyses (frequencies, $\chi^2$ tests) were used to examine self-reported changes in mental health since the onset of the COVID-19 pandemic. Data were analysed using SPSS V.26. The maximum margin of error for proportions derived from the parent subsample was ±3.9% at a 95% level of confidence. This was a complete case analysis. In $\chi^2$ analyses, 'don't know', 'not applicable' and 'prefer not to answer' responses were treated as 'not yes'.
years living at home across a number of mental health constructs. Since the onset of the COVID-19 pandemic, a significantly higher proportion of parents reported deteriorated mental health (44.3%) compared with 35.6% among their counterparts without children <18 years at home, $\chi^2 (1, n=3000)=16.2$, $p<0.001$. Changes to mental health furthermore varied across sociodemographic characteristics within the parent subsample. Table 2 presents the proportions of parents reporting deteriorated mental health since the pandemic according to parent gender, age, pre-existing mental health conditions, disabilities, child age and employment and financial circumstances. Among parents with children at home, deteriorated mental health was significantly more prevalent among women, parents under age 35, parents with a pre-existing mental health condition, parents with a disability, parents of younger children (≤4 years) and parents reporting financial stress. When asked about their emotions in the past 2 weeks as a result of the COVID-19 pandemic, the most frequent response from parents was anxious and worried (51.9%; 95% CI 47.9 to 55.9), followed by stressed (46.1%; 95% CI 42.1 to 50.1) and bored (39.5%; 95% CI 35.6 to 43.5).

Overall, 8.3% of parents reported experiencing suicidal thoughts/feelings as a result of the COVID-19 pandemic in the past 2 weeks compared with 5.2% among their counterparts without children at home, $\chi^2 (1, n=3000)=8.0$, $p=0.005$. Furthermore, 2.6% of parents reported deliberately hurting themselves as a result of the pandemic in the past 2 weeks compared with 1.3% among their counterparts, $\chi^2 (1, n=3000)=4.8$, $p=0.028$.

As a means of coping with deteriorations in mental health and stressors of the pandemic, many parents identified an increase in alcohol use. Specifically, 27.7% of parents reported increased alcohol consumption compared with 16.1% among those without children at home.
home, $\chi^2 (1, n=3000)=43.8$, $p<0.001$. Within the parent subsample, increased alcohol consumption was more prevalent among men (32.3%) compared with women (23.5%), $\chi^2 (1, n=618)=6.0$, $p=0.014$.

**Pandemic-related stressors**

As shown in figure 1, when asked about stressors and worries resulting from the COVID-19 pandemic in the past 2 weeks, parents frequently reported mental health impacts, physical health threats related to the pandemic and relational and financial concerns. Being able to cope with uncertainty (59.2%; 95% CI 55.2 to 63.1), fear of a family member getting sick or dying (58.9%; 95% CI 54.9 to 62.8) and being separated from friends and family (58.7%; 95% CI 54.7 to 62.7) were the most frequent responses. A large proportion also reported being stressed about financial concerns (45.6%; 95% CI 41.2 to 49.7), losing/loss of job (31.4%; 95% CI 27.8 to 35.2) and having enough food to meet their household’s basic needs (20.4%; 95% CI 17.3 to 23.8). Further, 36.9% (95% CI 33.1 to 40.8) of parents reported being stressed about looking after children while continuing to work and 27.8% (95% CI 24.3 to 31.6) were stressed that the pandemic would make their existing mental health problems worse.

Relationship challenges were also a prominent concern among parents. For example, 28.3% (95% CI 24.8 to 32.1) of parents reported being stressed about experiencing relationship challenges with their partner and 11.5% (95% CI 9.1 to 14.3) reported being stressed about being safe from physical or emotional domestic violence during the 2 weeks prior. This proportion identifying concern about being safe from domestic violence was significantly higher among parents compared with the rest of the sample (7.9%), $\chi^2 (1, n=3000)=8.1$, $p=0.005$. Within the parent subsample, a higher proportion of men (14.6%) reported being stressed about being safe from physical or emotional domestic violence compared with women (8.6%), $\chi^2 (1, n=618)=5.4$, $p=0.020$.

**Child mental health and parent–child interactions**

The majority of parents (59.7%; 95% CI 55.7 to 63.6) reported their children’s mental health had stayed the same since the onset of the COVID-19 pandemic; however, 24.8% (95% CI 21.4 to 28.4) indicated that their children’s mental health had worsened. Overall, due to the COVID-19 pandemic, parents reported more negative interactions with their children, including more conflicts (22.2%; 95% CI 19.0 to 25.7), yelling/shouting (16.7%; 95% CI 13.8 to 19.8), disciplining (16.0%; 95% CI 13.2 to 19.2) and using harsh words (10.7%; 95% CI 8.4 to 13.4). However, overall, parents also reported that they experienced increased positive interactions with their children, including having more quality time (65.4%; 95% CI 61.5 to 69.1), feeling closeness (49.7%; 95% CI 45.7 to 53.7), showing love or affection to their children (44.5%; 95% CI 40.5 to 48.5) and observing increased resilience (strength...
and perseverance) in their children (38.2%; 95% CI 34.3 to 42.2). Parents often reported increases in both negative and positive interactions due to the COVID-19 pandemic. For example, a higher proportion of parents who reported more conflicts with children also reported increased feelings of closeness (59.1%) compared with parents who did not report more conflicts with children (47.0%), χ² (1, n=618)=6.3, p=0.012.

Changes in parent-child interactions also varied according to salient sources of stress (ie, financial concerns and worries that the pandemic would make existing mental health problems worse). A higher proportion of parents who reported more conflicts with children also reported increased feelings of closeness (59.1%) compared with parents who did not report more conflicts with children (47.0%), χ² (1, n=618)=6.3, p=0.012.

Parents who reported stress that the pandemic would make an existing mental health problem worse, compared with parents without this stressor, also more frequently reported increased harsh words with children since the pandemic (20.9% vs 6.7%), as well as increased discipline (23.8% vs 13.0%), conflicts (33.1% vs 17.9%) and yelling/shouting (31.4% vs 11.0%), χ² (1, n=618)=10.8 to 37.2, p ≤0.001.

Interestingly, a higher proportion of parents stressed about financial concerns, compared with parents who did not report this stressor, also reported increased quality time with children (71.6% vs 60.1%), showing more love and affection to their children (49.3% vs 40.5%) and observing resilience in their children (43.3% vs 33.9%), χ² (1, n=618)=4.82 to 8.98, p ≤0.028. A higher proportion of parents stressed about an existing mental health problem also reported showing more love and affection to children as a result of the pandemic (53.5%) compared with parents without this stressor (41.0%), χ² (1, n=618)=7.8, p<0.005.

**Sources of support**

Figure 2 presents sources of support identified by parents that had helped them cope with stress related to the COVID-19 pandemic in the past 2 weeks. Parents most frequently identified going for a walk/exercise (59.1%; 95% CI 55.1 to 63.0), connecting with family and friends via phone and video chat (50.5%; 95% CI 46.5 to 54.5), and maintaining a healthy lifestyle (47.6%; 95% CI 43.6 to 51.6) as strategies that had helped them.

Figure 3 presents sources of support identified by parents that had helped their children cope with stress related to the pandemic in the past 2 weeks. Parents most frequently identified these same strategies, as well as maintaining
family routines (53.9%; 95% CI 49.9 to 57.9), playing inside (47.2%; 95% CI 43.2 to 51.3) and playing outdoors (45.8%; 95% CI 41.8 to 49.8) as having helped their children. Furthermore, 34.0% (95% CI 30.3 to 37.9) of parents identified staying in touch with teachers, school adults and child care workers as a source of support during the pandemic, and 5.8% (95% CI 4.1 to 8.0) identified accessing virtual educational or self-help mental health resources (e.g., websites, applications) as a strategy that had helped their children. Additionally, 4.2% (95% CI 2.8 to 6.1) of parents had contacted a school or community-based mental health worker or counsellor virtually (e.g., via phone or video chat).

Regarding structural supports, a significantly higher proportion of parents (23.3%) identified having a supportive employer as a factor that helped their stress related to the pandemic in the past 2 weeks, compared with respondents without children at home (14.1%), \(\chi^2(1, n=3000)=30.9, p<0.001\). Although overall access of structural supports was low, a significantly higher proportion of parents reported accessing federal financial benefits to help cope with stress in the past 2 weeks (13.6%) compared with the rest of the sample (9.2%), \(\chi^2(1, n=3000)=10.2, p=0.001\). When restricted to parents stressed about financial concerns due to the COVID-19 pandemic (n=282), this proportion increased to 19.1% (95% CI 14.7 to 24.2). Finally, a significantly higher proportion of parents (7.9%) reported that they or a member of their household had accessed a food-based community programme since the onset of the pandemic such as the Food Bank, free meal programmes, community kitchens or food vouchers from a charity, compared with the rest of the sample (4.4%), \(\chi^2(1, n=3000)=12.5, p<0.001\). When restricted to parents stressed about having enough food to meet household needs due to the COVID-19 pandemic (n=126), this proportion increased to 17.5% (95% CI 11.3 to 25.2).

**DISCUSSION**

This study identifies that following the first lockdown phase in Canada, 44.3% of parents of children <18 living at home reported worse mental health as a result of the pandemic. This aligns with research in the US identifying similar deteriorations in family mental health due to the COVID-19 pandemic. International studies monitoring mental health trends in the general population throughout the first 5 months of the pandemic estimated prevalence rates of up to 51% for anxiety symptoms, up to 48% for depressive symptoms and up to 54% for symptoms of psychological distress. Within parts of Canada during the same period, the prevalence of depressive symptoms in the general population had more than doubled compared with previous national estimates, with experts projecting national increases in suicide based on trends in unemployment. To our knowledge, the current study is the first national Canadian survey to identify that parents of children <18 living at home are a group at disproportionate risk of worsened mental health due to the COVID-19 pandemic. Compared with the rest of the population, a larger proportion of parents with children <18 at home reported increased alcohol consumption as a result of the pandemic, and suicidal thoughts or feelings, self-harm and stress about being safe from physical or emotional domestic violence in the past 2 weeks. These data validate early public health concerns regarding these mental health consequences of the pandemic.

Within our parent subsample, women, younger parents, parents of small children, those living with a disability and those with a pre-existing mental health condition reported worsened mental health since the start of the pandemic compared with other parents.

Within the subsample of parents with children living at home, more men reported increased alcohol use and being stressed about domestic violence compared with women. This gender difference in alcohol use aligns with pre-pandemic research findings that men generally consume more alcohol than women and are more likely than women to externalise distress through increased alcohol consumption. However, the finding that men reported greater worry and stress from domestic violence than women is contrary to pre-pandemic studies showing that women are disproportionately affected by domestic violence. Our survey question specifically asked about stress/worries about being safe from physical or emotional domestic violence as a result of the COVID-19 pandemic, which may not be comparable to the examination of this experience in other studies. This necessitates further research to unpack this association in the context of social isolation, financial stress and parenting responsibilities.

Parents with children <18 at home reported unique pressures, including worrying about their children’s health, mental health, education and being stressed about looking after children while continuing to work. A high proportion of parents reported being stressed about financial concerns (45.6%), about the pandemic making their existing mental health problems worse (27.8%) and about having enough food to meet their household’s basic needs (20.4%). A larger proportion of parents indicating stress about financial concerns or worsening of existing mental health problems due to the pandemic reported increased negative interactions with their children, including increased conflicts, discipline, use of harsh words and yelling/shouting compared with parents without these stressors. This aligns with other research showing that children have been relatively overlooked as a population vulnerable to the impacts of the COVID-19 virus, but are particularly vulnerable to stressful conditions exacerbated by the pandemic including financial stress, food insecurity, domestic violence and disrupted systems of care and education.

However, the majority of parents also reported increased positive interactions at home, including having more quality time together, feeling closeness, showing love and affection and observing resilience in their children. Parents often reported increases in both negative and...
positive interactions with children due to the COVID-19 pandemic, possibly due to increased opportunities for family interactions overall. Furthermore, a larger proportion of parents stressed about financial concerns due to the pandemic reported having more quality time, showing more love and affection and observing resilience in their children. A larger proportion of parents stressed about worsening mental health problems reported showing more love and affection with their children. Increased time and flexibility at home has created conditions for families to engage in more conversations and activities together. Previous research has found that while parenting pressures during the pandemic have increased, so have opportunities to strengthen family connectedness. Our results indicate that strengthened connectedness may be particularly salient for families experiencing heightened stress due to the pandemic, although the specific mechanisms underlying these associations are unclear.

Free digital technologies have furthermore facilitated connecting with others outside the home, as well as tools for managing parenting stress and enabling children to participate in school and child-friendly activities online. However, digital technologies and online learning are not easily accessible for everyone, particularly for families with limited Internet or digital device access and language barriers, and for children with learning difficulties and special needs. In the current study, fewer than 6% of families reported accessing virtual mental health supports as strategies for addressing children’s stress related to the pandemic. Although online mental health services have been found to be effective, feasible and acceptable among adults and youth, real-world uptake and retention has generally been found to be low. Early COVID-specific research from China has found that uptake of any mental health services since the start of the pandemic has been as low as 3.7%, with concerns raised that online mental health services may still not address present needs due to existing digital divides, appropriateness for all populations and quality assurance.

Considering the needs of diverse families, as well as issues of health equity, early examinations of the COVID-19 pandemic have also emphasised the importance of community organisations and governments in providing access to economic and social supports. In the current study, a significantly greater proportion of parents with children <18 living at home compared with the rest of the population had relied on supportive employers and government financial supports in the past 2 weeks, and had accessed food programmes since the start of the pandemic. Parents also frequently identified school, community and government supports that had helped them and their children cope with stress related to the COVID-19 pandemic. Other studies have also identified supports such as paid emergency leave, unemployment insurance, rent protection and access to safe and secure housing and outdoor spaces as critical in supporting parents to have the time and resources necessary to care for their children. Although these policies and relief systems may not have been designed specifically for families and children, they hold the potential to help address some of the underlying causes of compromised parent and child mental health at the population level, including family financial stress, employment and food insecurity, stigma, overcrowding and violence. The effectiveness of these policies, however, will depend on the human resources to organise, distribute and implement services when workforces are already overloaded. For example, in the current study, fewer than one in five families with financial stress or concerns about having enough food to meet their household basic needs had recently accessed federal benefits or food programmes, respectively, warranting further investigation into the ease of access to these services. Furthermore, many of these underlying causes of health inequities will remain after the COVID-19 crisis has subsided, suggesting that many of these interventions should be sustained irrespective of the pandemic.

**Strengths and limitations**

A notable strength of this study was the large, nationally representative sample that enabled population subgroup analyses to examine disparities in mental health for parents and across parent subgroups. The study was designed to include participation from families of diverse backgrounds, although small numbers of parents identifying as Indigenous or LGBT2Q+ prohibited us from examining these populations of interest. We also did not have a reliable measure of single parent status to investigate mental health trends among this group. Although strategies including oversampling and community partnerships were used to minimise selection bias and reduce possible technology barriers, it is possible that survey respondents differed from survey non-respondents on key measures of interest including mental health, financial security or family conflict, which may have affected our estimates. The study design was cross-sectional, therefore we cannot determine if outcomes such as parent–child interactions and parent stressors were causally related, only that they were associated. We also did not control for potential confounding variables that might have introduced bias; further in-depth investigations would complement this study by providing more understanding of these associations. This study did not measure the prevalence of specific mental health outcomes or include clinical assessments of mental illness which may limit comparability with other research. This study also did not take into account baseline measures of mental health or multiple comorbidities and was specific to the Canadian context during the first re-opening phase of the COVID-19 pandemic. It will be important to monitor the impact of the pandemic on family mental health over time and in different contexts. We were also unable to assess the impact of the pandemic from the perspectives.
of children and youth themselves, including children’s reactions to parents’ stress during the pandemic and children’s reported supports including use of mental health services. This is a critical knowledge gap for future research to address. The purpose of the current study was to assess preliminary impacts of the COVID-19 pandemic on families’ general mental health at a community level and to provide early data to inform relevant policy and programming actions. Examining specific impacts on the prevalence of mental health disorders and effective clinical responses is an important focus for future research.

CONCLUSIONS AND IMPLICATIONS
In response to the COVID-19 pandemic, policymakers and service providers globally have been faced with the challenge of having to make rapid decisions that will have immediate and long-term effects on the mental health and well-being of families and children. In the early days of the first ‘re-opening’ phase in Canada, nearly two in every five people reported worse mental health since the pandemic began, with this proportion increasing to nearly one in every two people for parents with children <18 living at home. Schools/child care, communities and government systems play an essential role in protecting and supporting parents and children, particularly for families without reliable access to the Internet or virtual technologies. While pressure is put on parents, it is important to remember that families exist within a social ecosystem with opportunities to promote child and youth mental health. Supports such as affordable child care, low barrier Internet access, publicly-funded stepped care and psychotherapy and easily available financial supports are interventions that can directly benefit families. Continuations of financial interventions beyond the pandemic have also been suggested, including the idea of a universal basic income. Continuations of financial interventions beyond the pandemic have also been suggested, including the idea of a universal basic income. The effectiveness of these systems further depends on intersectoral communication, collaboration and action, and therefore seeking feedback and advice from community stakeholders will be critical for monitoring whether these systems are working for families and children during the remainder of the pandemic and beyond.

Author affiliations
1Human Early Learning Partnership, School of Population and Public Health, University of British Columbia, Vancouver, British Columbia, Canada
2Centre for Health Evaluation and Outcome Sciences, Providence Health Care Research Institute, Vancouver, British Columbia, Canada
3School of Population and Public Health, University of British Columbia, Vancouver, British Columbia, Canada
4School of Nursing, University of British Columbia, Vancouver, British Columbia, Canada

Correction notice This article has been corrected since it first published. The provenance and peer review statement has been included.

Acknowledgements We are appreciative of the support and partnership we received in mobilising this project from the Canadian Mental Health Association (CMHA) and Mental Health Foundation. We are grateful for the financial support provided by CMHA to fund Maru/Matchbox to deploy the survey. AG and EJ would also like to thank the Michael Smith Foundation for Health Research for financial support (Scholar Awards) and KT would like to thank the Canadian Institutes of Health Research and Michael Smith Foundation for Health Research for financial support (Fellowship Awards). Special thanks to Katherine Janson, Margaret Eaton and Jonathan Morris (CMHA) for facilitating study communications and government relations outreach and to Jacqueline Campbell, Neesha Mathew and Stacey Kinley (Maru/Matchbox) for supporting survey deployment and data preparation. We also thank Dr Antonis Kousoulis for his role in the early conceptualisations of the study, including survey design.

Contributors AG, KT, MG, EJ and CM co-led the conceptualisation of this investigation. AG directed the data analyses, interpretation and writing of this manuscript. KT conducted the data analyses and contributed to data interpretation and writing of this manuscript. EJ, CGR, MG, CM and SH contributed to the interpretation and writing of this manuscript.

Funding The Canadian Mental Health Association (CMHA) funded survey data collection through national polling vendor, Maru/Matchbox. Collaborators from CMHA also contributed to the survey development. CMHA had no further role in the study design, data collection, data analysis or interpretation.

Conflict of Interest Declaration CGR reports receiving personal fees from the University of British Columbia during the conduct of this study. All other authors report no competing interests.

Patient consent for publication Not required.

Ethics approval Ethics approval was provided by the Behavioural Research Ethics Board at the University of British Columbia (H20-01273).

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available upon reasonable request.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

ORCID iDs
Anne C Gadermann http://orcid.org/0000-0001-6947-1052
Kimberly C Thomson http://orcid.org/0000-0002-4508-2463
Chris G Richardson http://orcid.org/0000-0002-7641-7027
Monique Gagné http://orcid.org/0000-0002-3220-7351
Corey McAuliffe http://orcid.org/0000-0002-7888-564X
Salma Hirani http://orcid.org/0000-0003-1084-3039
Emily Jenkins http://orcid.org/0000-0003-4649-2904

REFERENCES
22 Maru/Blue. 28 questions to help research buyers of online samples. ESOMAR; 2018.
42 Rummo PE, Bragg MA, Yi SS. Supporting equitable food access during national emergencies—the promise of online grocery shopping and food delivery services. JAMA Health Forum 2020;1:e200365.
Assessing the mental health impacts of COVID-19: A national survey study

The 2019 novel coronavirus (2019-nCoV), otherwise known as COVID-19, is an infectious disease that has resulted in a global pandemic. Throughout this questionnaire, we will refer to the disease as COVID-19.

For the following questions, we would like you to think about yourself, members of your household, or other family members who have been affected by the COVID-19 virus or response.

We have provided you with a "Prefer not to answer" option, which you can select if you do not wish to share your experiences on a particular question.
**Employment Status** Which of the following describes your current employment status since the outbreak of COVID-19? (Please select all that apply)

1. Working full time (30 or more hours per week)
2. Working part time (fewer than 30 hours per week)
3. Full time student (e.g. school, college, university, job training)
4. Part time student (e.g. school, college, university, job training)
5. Not working (e.g. parental leave, disability, medical leave, etc.)
6. Volunteer (unpaid)
7. Retired
8. Unemployed
9. Other
10. Prefer not to answer

**[If currently working] Essential Service Workers** The job that I am currently working in has been deemed as an essential service during the COVID-19 pandemic

1. Yes
2. No
3. Prefer not to answer

**[If yes to essential service worker] please select the category that BEST describes your essential service role:**

1. Health and health services
2. Law enforcement, public safety, first responder
3. Vulnerable population service provider (e.g., community outreach, childcare for essential service workers, substance use and addiction services)
4. Food and agriculture service provider (farming, food processing, grocery, hardware)
5. Transportation
6. Industry and manufacturing
7. Communications and information technology
8. Financial institutions
9. Other
10. Prefer not to answer
Mental Health: Compared to before the COVID-19 pandemic and related restrictions in Canada, how would you say your mental health is now?

1. Significantly better now
2. Slightly better now
3. About the same
4. Slightly worse now
5. Significantly worse now
6. Prefer not to answer

COVID-19 Disease: Which of the following applies to how you have been affected by COVID-19 at any point during the pandemic? (Please select all that apply)

1. I have been tested for COVID-19 and had a positive result
2. I have been tested for COVID-19 and had a negative result
3. Someone in my household has tested positive for COVID-19
4. Someone in my household has tested negative for COVID-19
5. A family member/loved one living at a different address has tested positive for COVID-19
6. I have self-isolated with symptoms of COVID-19
7. My household has self-isolated because someone else had symptoms of COVID-19
8. My household has self-isolated due to contact with someone else who had symptoms of COVID-19
9. My household has self-isolated due to recent travel
10. A family member/loved one living at a different address has self-isolated with symptoms of COVID-19
11. As part of my work I have worked directly with individuals who have tested positive for COVID-19
12. I have been hospitalized due to COVID-19
13. Someone in my household has been hospitalized due to COVID-19
14. A family member/loved one living at a different address has been hospitalized due to COVID-19
15. A family member/loved one is living at a long-term care facility that had cases of COVID-19
16. Someone in my household has died due to COVID-19
17. A family member/loved one living at a different address has died due to COVID-19
18. None of these
19. Don’t know
20. Prefer not to answer
Emotional Response Which of the following emotions have you felt as a result of the COVID-19 pandemic in the past 2 weeks? (Please select all that apply)

1. Afraid
2. Panicked
3. Anxious or worried
4. Empathetic
5. Indifferent
6. Hopeful
7. Hopeless
8. Ashamed
9. Guilty
10. Lonely
11. Unprepared
12. Fearful
13. Sad
14. Grieving
15. Isolated
16. Angry
17. Stressed
18. Irritable
19. Bored
20. Inspired
21. Depressed
22. Uncertain
23. None of these
24. Don’t know
25. Prefer not to answer

Stressors Have you been stressed or worried about any of the following as a result of the COVID-19 pandemic in the past 2 weeks? (Please select one option on each row)

1. Financial concerns (e.g. going into debt, ability to pay bills, long-term economic impacts, etc.)
2. Being unable to access benefit payments or not being eligible
3. Losing my job / loss of my job
4. Being able to cope with uncertainty (e.g. not knowing what will happen)
5. Becoming ill with the virus
6. Having no-one to care for me, as a result of becoming ill with the virus
7. Not being able to care for friends and family as a result of becoming ill
8. Not being able to care for friends and family due to physical distancing
9. Passing COVID-19 on to someone else if I became infected
10. Experiencing discrimination if I contract COVID-19
11. Being vulnerable because of an existing medical condition, age, etc.
12. Being separated from friends and family
13. Being able to cope with physical/social distancing (including concerns when needing to leave my residence for groceries, exercise, health care, etc.)
14. Having enough food to meet my household’s basic needs
15. My education or career training has been or will be interrupted
16. Looking after my children while continuing to work
17. Making my existing mental health problems worse
18. Worrying about how the mental health of my child(ren) will be affected by the pandemic
19. Worrying about my children’s education
20. Experiencing relationship challenges with my partner
21. Being safe from physical or emotional domestic violence
22. Fear of getting severely sick or dying
23. Fear of a family member/loved one getting severely sick or dying

1. Yes
2. No
3. Don’t know
4. Not applicable
5. Prefer not to say

Food Security Since the onset of the COVID-19 pandemic and related restrictions in Canada, have you or any members of your household accessed food-based community programs to get food? (please select all that apply)

1. Food Bank
2. Soup Kitchens/Free Meal programs
3. Meal or food programs from a school
4. Community Kitchen program
5. Community Garden
6. Food voucher program (e.g., receiving gift cards for food from a charitable organization)
7. Food delivered by a community program
8. Other
9. No – I haven’t accessed any food programs

Stress Overall, how well do you think you are coping with stress related to COVID-19 pandemic?

1. Very well
2. Fairly well
3. Not very well
4. Not well at all
5. Don’t know
6. Prefer not to say
7. Not applicable – I have not experienced any stress related to COVID-19
Coping Which of the following have helped you to cope with stress related to the COVID-19 pandemic in the past 2 weeks? (Please select all that apply)

1. Connecting with those in my household
2. Connecting with my family or friends (e.g. phone, video chat, etc.)
3. Connecting with a mental health worker or counsellor virtually (e.g. via phone, video chat, etc.)
4. Having a supportive employer
5. Spending time with my pet(s)
6. Receiving in-person mental health supports
7. Accessing virtual mental health resources (e.g. online cognitive behavioural therapy, etc.)
8. Maintaining a healthy lifestyle (e.g. balanced diet, enough sleep, exercise, etc.)
9. Keeping up to date with relevant information (e.g. TV news, newspapers, online information, etc.)
10. Limiting my exposure to the news about COVID-19
11. Limiting exposure to social media (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
12. Increasing my use of social media (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
13. Contacting a support group (i.e., where members with the same issues can come together for sharing coping strategies, to feel more empowered and/or for a sense of community)
14. Going for a walk/exercise outside
15. Exercising in my home
16. Doing a hobby
17. Learning or doing something new
18. Volunteering to help
19. Accessing federal government benefits and supports (e.g., Canada Emergency Response Benefit, Canada Emergency Wage Subsidy, Canada Emergency Student Benefit, etc.)
20. Accessing provincial government supports (e.g., emergency benefits for workers)
21. Other [open] please specify _________________________________
22. Don’t know
23. Nothing has helped me to cope with my stress related to COVID-19
24. Not applicable – I don’t feel stressed

Coping2 Please indicate how your use of any of the following has been impacted by the COVID-19 pandemic? (Please select one option on each row)

1. Consumption of alcohol
2. Use of tobacco products (e.g. cigarettes, cigars, chewing tobacco, vaping, etc.)
3. Use of cannabis products
4. Use of prescribed medication
5. Use of other psychoactive substances (e.g., cocaine, heroin)
6. Gambling
7. Eating too much
8. Eating too little
9. Screen time
1. More
2. Less
3. No change
4. Not applicable
5. Prefer not to say

The following questions are on the topic of self-harm and suicidal thoughts. We understand this can be a sensitive topic, so please remember that your answers are anonymous. If you are in crisis, please call 1-833-456-4566 toll free (In QC: 1-866-277-3553), 24/7 or visit www.crisisservicescanada.ca

**Self-harm1** Have you done or experienced any of the following, as a result of the COVID-19 pandemic in the **past 2 weeks**? (Please select one option on each row)

1. Experienced suicidal thoughts/feelings
2. Deliberately hurt myself
3. Worried about someone close to me experiencing suicidal thoughts/feelings or deliberately hurting themselves

   1. Yes
   2. No
   3. Prefer not to say

**[if yes to above] Self-harm2** How often have you done each of the following as a result of the COVID-19 pandemic in the **past 2 weeks**? (Please select one option on each row)

1. Experienced suicidal thoughts/feelings
2. Deliberately hurt myself
3. Worried about someone close to me experiencing suicidal thoughts/feelings or deliberately hurting themselves

   1. Once a day or more often
   2. Nearly everyday day
   3. A few times a week
   4. Passing thoughts
   5. Don’t know
   6. Prefer not to say
Mental Health Support (Open-ended) If you could offer advice to others about how to support mental wellbeing during the COVID-19 pandemic, what would it be?

Demographics

Gender identity Which gender do you most identify with?
1. Man
2. Woman
3. Transgender woman/trans woman
4. Transgender man/trans man
5. Non-binary
6. Two-Spirit
7. Not listed
8. Prefer not to answer

Ethnicity What is your family ethnicity? (Check all that apply)
1. Indigenous origins (for example, First Nations, Inuit, Métis)
2. East Asian origins (for example, Chinese, Japanese, Korean)
3. South Asian origins (for example, Indian, Punjabi, Pakistani)
4. Southeast Asian origins (for example, Filipino, Thai, Vietnamese)
5. Latin American origins (for example, Brazilian, Cuban, Bolivian)
6. European origins (for example, British, German, Russian)
7. Middle Eastern origins (for example, Iranian, Iraqi, Afghan)
8. African origins (for example, Nigerian, Ghanaian, Zimbabwean)
9. Other (please specify) ________________________________
10. Don’t know
11. Prefer not to answer

Sexuality Do you identify as being LGBT2Q+ (lesbian, gay, bisexual, trans, two-spirit, queer, etc.)?
1. Yes
2. No
3. Unsure
4. Prefer not to answer
**Disability** Do you identify as a person with a disability?

1. Yes
2. No
3. Prefer not to answer

**Mental health** Do you identify as a person who has a pre-existing (prior to COVID-19) mental health condition?

1. Yes
2. No
3. Prefer not to answer

**Citizenship** Which of the following best describes your Canadian citizenship status?

1. Canadian citizen by birth
2. Canadian citizen by naturalization
3. Landed immigrant/Permanent resident
4. Refugee
5. Not a citizen

**Parent/Guardian status** Which of the following best describes your parental/guardian status? (Please select all that apply)

1. Not a parent / guardian
2. Parent / guardian (any age)

**[If yes to parent/guardian] Children in household** How many children (under 18 years of age) reside in your household?

1. 0
2. 1
3. 2
4. 3+

**[If yes to parent/guardian] Child’s Age** What age group is/are your child/children? (Please select all that apply)

1. 4 years and under
2. 5-11 years
3. 12-17 years
4. 18 years and over
[if yes to parent/guardian] Child Mental Health Compared to before the COVID-19 pandemic and related restrictions in Canada, how would you say the mental health of your child/children is now?

1. Significantly better now
2. Slightly better now
3. About the same
4. Slightly worse now
5. Significantly worse now
6. It is affecting my children differently (some feel better/some feel worse)
7. Prefer not to answer

[if yes to parent/guardian] Child Coping Strategies Which do you think have helped your child(ren) cope with stress related to COVID-19 pandemic in the past 2 weeks? (Please select all that apply)

1. Connecting with family who live outside our home (e.g. phone, video chat, text etc.)
2. Connecting with friends (e.g. phone, video chat, text etc.)
3. Contacting a school or community-based mental health worker or counsellor virtually (e.g. via phone, video chat, etc.)
4. Receiving in-person mental health supports
5. Staying in touch with teachers, school adults, childcare providers virtually (e.g. phone, video chat, text etc.)
6. Accessing virtual mental health resources through medical professionals (e.g. online cognitive behavioural therapy, etc.)
7. Accessing virtual educational or self-help mental health resources through websites, apps, or phone (e.g., Headspace, KidsHelpPhone)
8. Participating in a child/youth support group
9. Maintaining a healthy lifestyle (e.g. balanced diet, enough sleep, exercise, etc.)
10. Maintaining family routines (e.g., family meals, bedtime routines)
11. Keeping up to date with relevant information (e.g. TV news, newspapers, online information, etc.)
12. Limiting their exposure to the news about COVID-19
13. Limiting their exposure to social media (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
14. More time for social media use (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
15. Going for a walk/exercise outside
16. Exercising in our home
17. Spending time with pet(s)
18. Playing outdoors
19. Playing inside (e.g., games, toys, telling stories)
20. Doing a hobby (e.g., music, reading, arts & crafts)
21. Volunteering to help
22. Other [open] please specify

________________________________________________________________________________________

23. Don’t know
24. Not applicable
25. Nothing has helped my child(ren) to cope with stress related to COVID-19

[if yes to parent/guardian] Parent-Child Interactions Please indicate how each of the following have been impacted by the COVID-19 pandemic. (Please select one option on each row)

1. Having quality time with my child(ren)
2. Feeling closeness with my child(ren)
3. Showing love or affection to my child(ren)
4. Observing resilience (strength and perseverance) in my child(ren)
5. Disciplining my child(ren)
6. Conflicts with my child(ren)
7. Using harsh words with my child(ren)
8. Yelling/shouting at my child(ren)
9. Spanking or hitting my child(ren)

   1. More
   2. Less
   3. No change
   4. Not applicable
   5. Prefer not to say

Household living Which of the following best describes your living arrangements? (Please select all that apply)

1. I live alone
2. Living with a spouse or partner
3. Living with friend(s) or housemate(s)
4. Living with siblings
5. Living with my child(ren) who are over 18
6. Living with my child(ren) who are under 18
7. Living with other adult family members (e.g., parents, grandparents)
8. Living with grandchildren
9. Other
10. Prefer not to answer
11. None of the above
Age demographics Which age category do you belong to?

1. 18-24 years
2. 25-34 years
3. 35-44 years
4. 45-54 years
5. 55-64 years
6. 65-74 years
7. 75+

Geographic region In which province or territory of Canada do you live?

1. Alberta
2. British Columbia
3. Manitoba
4. New Brunswick
5. Newfoundland and Labrador
6. Northwest Territories
7. Nova Scotia
8. Nunavut
9. Ontario
10. Prince Edward Island
11. Quebec
12. Saskatchewan
13. Yukon

Rural Urban Do you live in a rural or urban area?

1. Rural
2. Urban

Education Which of the following best describes your highest education level?

1. Less than high school completion
2. High school completion (or equivalent)
3. Some post-secondary education
4. Post-secondary certificate or diploma
5. Undergraduate degree
6. Graduate or professional degree
7. Other ______________
8. Prefer not to answer
Marital Status Which of the following best describes your current marital status?

1. Single (never been married)
2. Married or in a domestic partnership
3. Divorced/Separated
4. Widowed
5. Other (please specify) ____________________
6. Prefer not to answer

Income Which of the following is the best estimate of your overall household income last year before taxes?

1. Under $20,000
2. $20,000 to $49,999
3. $50,000 to $74,999
4. $75,000 to $99,999
5. $100,000 to $149,999
6. $150,000 to $199,999
7. $200,000 or more
8. Prefer not to answer

Thank you for taking part in this survey. If you’ve been affected by this topic and would like any more information, need advice, or support, you can go to the following place for help:

Canadian Mental Health Association