

# The Covid-19 Pandemic and Shifts in Mental Health Services for Children, Youth, and Families

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## ABSTRACT

The context of the Covid-19 pandemic has affected service programming and delivery around the world. In Canada, it changed how mental health and other services continued to support their clients. This article describes how four services adapted by summarizing innovative practices that took place. Implications and future directions are provided.

**Keywords:** Covid-19 pandemic, innovations, innovative practices, service provision

## RÉSUMÉ

La Covid-19 a affecté la programmation et la prestation des services à travers le monde. Au Canada, la façon dont les services de santé mentale et autres services ont soutenu leurs clients a changé. Cet article décrit les pratiques innovantes de quatre services. Les implications et les orientations futures sont présentées.

**Mots clés :** Pandémie Covid-19, innovations, pratiques innovatrices, prestation de services

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Since March of 2020, the Covid-19 pandemic has disrupted mental health service programming and delivery (e.g., Hensel et al., 2020). Restrictions addressing physical proximity necessitated shifts toward the implementation of online programs to support clients (Danseco et al., 2020). Mental health professionals reported disruptions and changes to programs, such as the need to provide mental health services remotely (Jurcik et al., 2020). In Canada, mental health professionals reported greater mental health needs (Dozois & Mental Health Research Canada, 2020). Therefore, there is increasing demand for service providers and other stakeholders to share strategies and insights about how service delivery has adapted, changed, evolved, and/or diminished and to examine the impacts for staff, children, youth, and families.

As part of a larger research study, we conducted interviews with service providers at four organizations that provide mental health supports to children, youth, and families in Saskatchewan, Prince Edward Island, and southern Ontario. In this article, we report on the innovative practices that took place. We were involved with the programs as external evaluators and program partners. This research initiative was intended to examine what mental health providers across Canada did as they changed their programs in creative and innovative ways.

## INNOVATIVE PRACTICES

During 2020, it became evident that mental health service providers were persisting despite the potential challenges and barriers brought by the Covid-19 pandemic. Anecdotally, service providers reported innovations that included reaching youth via social media, counselling via phone or online, and prepping drop-off kits to families and youth to sustain online programs.

Between November and December 2020, a total of 20 interviews were conducted via Zoom with service providers working in the mental health field. Using purposeful and snowball sampling techniques, executive directors and staff leads were contacted first at four main sites across Canada (in Ontario Simcoe County; Picton, Prince Edward County; Kingston; Frontenac; Lennox and Addington counties; and Saskatoon, Saskatchewan). They were invited to submit names of three to five other service providers that supported youth and families in their geographical location.

In their interviews, all participants discussed the changes that their organizations underwent as a direct response to the changing policies and procedures of the pandemic. Service providers perceived some of those changes as positive, in comparison with pre-pandemic programming, because they enhanced youth and family engagement. They perceived some to be less successful than pre-pandemic programs (or approaches to the same programs). During these shifts, many service providers made themselves available online via Facebook messenger groups, Instagram, Zoom “talking circles,” and personal/work cellphones. In all cases, participants discussed forms of innovative practice in their program.

### Care-Kits for Youth

To maintain regular contact with youth and families, a few organizations initiated making and delivering “care-kits.” Service providers would first think of a theme (e.g., graduation, Christmas, wellness, arts & crafts) and then fill up bags of “goodies” to distribute door-to-door. This allowed an informal check-in to occur,

where staff and youth would catch up while physically distanced. Several organizations worked together for this initiative, and participants reported that this activity also enhanced cross-organizational partnerships.

### **Creative Incentives or Tools to Increase Participation**

To enhance online engagement, one service provider incentivized participation in creative ways. One method was to announce that youth could obtain their volunteer hours (required for high school graduation), which was timely because, as one participant noted, the pandemic had drastically reduced volunteering opportunities. Other incentives included a surprise gift card; as one participant reported: “my other gimmicky trick...whenever they hit their fifth meeting attended, they can get a \$20 gift card to somewhere.” This practice worked because not only did it increase participation, but it also sparked some excitement along the way. Other service providers looked for creative ways to stay connected to their clients. For instance, one participant mentioned finding an online Uno card game, which helped clients to open up during virtual counselling sessions.

### **Continual Support of Basic Needs**

Many service providers who have been providing meals for youth or families could not fathom the thought of not being able to do this during closures. They decided to give grocery gift cards or pay for prepared meals that were delivered to their homes, or even make food boxes. It was very important to maintain this basic need, because some clients relied on it. As one participant stated, “A lot of the families sent us emails back really... thanking us for what we did for them. And I said ‘well, we need to, right?’ You can’t feed somebody for like six months straight and then say ‘okay, see ya!’”

### **Increased Networking and Partnership Initiatives**

Some service providers noted that at the beginning of the pandemic, many collaborations halted as they went into “survival mode.” By summer of 2020, they reported new collaborations with other organizations as they applied for funding or received donations. For instance, one location noticed that youth had limited access to technological devices. Knowing it would affect their connection with their youth, they started a donation campaign that was very successful. Many organizations, such as town libraries, schools, and others, donated their old devices and another company refurbished them. Thus, there was an increase in interagency response. Other service providers developed new committees to address any visible barriers for families or service provision. They met regularly to keep their staff informed about their upcoming changes and plans. Some just started reaching out to other organizations to see what they were doing, without focusing on any specific problem, for more open communication and sharing opportunities.

## **IMPLICATIONS AND FUTURE DIRECTIONS**

Service providers achieved remarkable innovations quite rapidly during the pandemic. According to our participants, these types of innovations solidified some relationships, improved engagement, and enhanced the mental health of youth and families. For example, ensuring everyone had access to technological devices

(which some obtained in creative ways) improved the chances of staying connected virtually. Having to make kits or deliver food boxes might have enhanced well-being, because participants' needs were met. There was also improved communication and relationships between service providers and organizational partners; sharing of knowledge, coming together to solve issues, and creating committees and advisories to mitigate some barriers are not often the norm in the fragmented context of the not-for-profit, mental health sectors (Halsall et al., 2019). These innovations could be used as a guide or an idea for other service providers who are seeking or are required to make creative changes to their programs. It is yet to be seen whether service providers choose to maintain these innovations as we move to a post-pandemic era. We hope that it could also assist policymakers, funders, and other stakeholders who are looking to enhance service users' experiences during this time and fund other initiatives that have proven to work well.

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