

Using Mixed Methods to Identify the Primary Mental Health Problems and Needs of Children, Adolescents, and Their Caregivers during the Coronavirus Pandemic

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# COVID & Family Mental Health

- Coronavirus disease (COVID) and its resulting disruptions to daily life may have especially negative effects on the mental health of children and adolescents, as well as their parents and caregivers
  - Heightened internalizing and externalizing problems among youth
  - Social isolation
  - School closures
  - Increased childcare responsibilities
  - Financial strain and loss of employment / health care coverage
  - Stay-at-home orders and familial conflict



# COVID & Mental Health Interventions

- Mental health professionals have pivoted to virtual care options and researchers have been working to develop and disseminate digital supports that do not require face-to-face contact
- These efforts may well be helpful to families, but the rapid emergence and spread of COVID has forced these programs to be built and launched quickly, and with little available data on the psychological effects associated with the pandemic
  - Are existing interventions equipped to address the mental health needs of families during this time?
- Our understanding of which emotional and behavioral difficulties require attention during the pandemic, as well as any gaps in coverage among existing interventions, might be enriched by input from the consumers these resources are designed to serve

# The Current Study

**We want to hear  
YOUR thoughts!**

You can receive **helpful resources** and be entered into a lottery to win up to **\$125!**

Are you between the ages of **10-26 years old** AND/OR are you a **caregiver** to someone who is between the ages of 0-26 years old who is currently living with you?

Click **HERE** to complete a brief survey to share how **COVID-19** has affected your life

We are scientists at Harvard University, and we study ways to improve mental health and well-being among young people and families.

The Coronavirus Disease 2019 (COVID-19) has caused a lot of changes in all of our lives, and especially for young people and families. Many scientists and doctors want to share tools with young people and families to help them cope with these changes, but we don't know what would be most helpful right now.

**Please complete this brief (5-10 minute) survey to share your current top problems and needs during the COVID-19 crisis, as well as which resources would be most helpful for you right now.**

Please email Olivia Fitzpatrick at [ofitzpatrick@g.harvard.edu](mailto:ofitzpatrick@g.harvard.edu) if you have any questions. Thank you!

We adopted a consumer-driven approach and collected idiographic data from caregivers in the general population to capture what they judged to be the most prominent mental health problems and needs of their families during the COVID crisis

# Sample Characteristics

- Caregivers ( $N = 133$ ) of children and adolescents (1–19 years old) in the general population
- Caregivers (2% Indigenous; 15% Asian; 7% Black or African-American; 72% White; 8% multiracial; 12% Hispanic or Latino) reported a range of household incomes (14% poor; 35% working class; 50% middle class; 2% affluent), and were between the ages of 18 and 60 years old ( $M = 35.80$ ;  $SD = 8.81$ )
- Caregivers largely identified as female (81%; 18% male; 2% transgender or gender non-conforming)
- Caregivers were asked to identify one of their children with the greatest emotional and/or behavioral difficulties and answer several questions with this child in mind
- Given that thematic analysis of participant-generated text data was the primary focus of this study, we followed established guidelines related to this procedure when determining a sufficient sample size
  - *Thematic saturation* → the point at which new themes stop emerging among participant responses

# Measures

- Quantitative measures
  - Behavior and Feelings Survey
  - GAD-7
  - PHQ-8
  - Current living situation
  - Effects of COVID
- Qualitative measures
  - Top problems and needs assessments
  - Coding procedures and thematic analysis

## BEHAVIOR AND FEELINGS SURVEY - CAREGIVER

Thoughts and Feelings		Rating (0-4)
1. Feeling sad		
2. Feeling bad about himself/herself or not liking himself/herself		
3. Feeling down or depressed		
4. Feeling nervous or afraid		
5. Worrying about bad things		
6. Thinking sad or scary thoughts		

### Caregiver-Reported Top Problems of Children and Adolescents

**Survey question:** "Please list up to 3 of the top emotional, behavioral, or mental health problems this child has right now."

**Interrater reliability:** *kappas* for the three top problems ranged from 0.86 to 0.96.

Code	Definition	Examples
(1) Misbehavior	Any problem related to "undesirable" behaviors	"Tantrums" "Disobedience" "Talking back" "Attitude"
(2) Attention/hyperactivity/impulsivity	Any problem related to attention, hyperactivity, and/or impulsivity	"Focusing in online classes" "Distractions" "ADHD" "Impulsivity"
(3) Depression	Any problem related to feelings of depression	"Sadness" "Sad thoughts" "Feeling bad about herself" "Lack of energy" "Keeping to himself" "Low self-esteem"
(4) Anxiety/stress	Any problem related to feelings of anxiety or stress	"Fear for his family contractive COVID-19" "Fear of future" "Worries about failing school"

## Quantitative Results

- Self-reported anxiety and depression among caregivers averaged above the cutoff for clinically significant symptoms
- Caregiver-reported internalizing and externalizing problems among their child identified as most severe in these domains aligned with previous reports among *clinical* samples
- Lower caregiver satisfaction with their living situation and greater leniency of COVID-related policies in residing region was associated with higher caregiver anxiety and depression
- More children living in the home and greater leniency of COVID-related policies in residing region was associated with higher youth internalizing and externalizing challenges

# Qualitative Results

**Table 1** Caregiver-identified emotional, behavioral and mental health top problems of children and adolescents

Problem category	Representative responses	Total problem frequency <i>N</i> (%)
Misbehavior	“Tantrums,” “Disobedience,” “Attitude”	46(35%)
Attention, hyperactivity, and/or impulsivity	“Impulsivity,” “Focusing in online classes,” “ADHD”	12(9%)
Depression	“Sadness,” “Sad thoughts,” “Feeling down”	26(20%)
Anxiety and/or stress	“Fear of the future,” “Worries about failing school,” “Anxiety”	32(24%)
Restlessness/lack of physical activity	“Fidgety,” “Excess energy,” “Antsy”	16(12%)
Screen management	“Screen time,” “Too much TV,” “Asking for more screen time”	9(7%)
Social isolation	“Missing friends,” “Lack of ability to socialize,” “Loneliness”	30(23%)
Sleep	“Insomnia,” “Trouble falling asleep,” “Not sleeping”	14(11%)
Physical health	“Eating junk food,” “Binge eating,” “Stomach problems”	14(11%)
Emotion regulation	“Anger management,” “Being grouchy,” “Irritable”	10(8%)
Lack of routine/structure	“Lack of structure,” “Lack of consistent schedule,” “Loss of structure and routine”	10(8%)
Boredom/lack of engaging activities	“Boredom,” “Lack of activities,” “Not enough mental stimulation”	15(11%)
Motivation	“Lack of motivation,” “Laziness,” “No motivation”	4(3%)
Academics	“Not wanting to do schoolwork,” “Procrastinating on schoolwork,” “School refusal”	22(17%)
Other emotional or behavioral difficulties	“Autism,” “ASD,” “Learning disability”	10(8%)
Dependence on caregiver(s)	“Wants to be near an adult at all times,” “Frustrated about not getting full attention,” “Independence with daily tasks”	10(8%)
Other	“Communicating,” “Space,” “Safety”	8(5%)



# Qualitative Results

**Table 2** Caregiver-identified emotional and behavioral needs of children and adolescents

Needs category	Representative responses	Total problem frequency <i>N</i> (%)
Mental health care	“Psychologist,” “Counselor,” “Emotional guidance”	29(22%)
Routine/stability	“Things to go back to normal, so my kid has some stability and routine,” “More structure,” “More routine”	15(11%)
School or daycare reopening	“School!” “To go back to school,” “Daycare”	9(7%)
Social support	“Support from me and my husband,” “Support of family and friends,” “Social help, someone for him to connect to at his age that he can really empathize with.”	6(5%)
Social interaction	“Access to friends,” “Being able to socialize,” “Face to face contact with his peers.”	36(27%)
Academic support	“Help with learning,” “Help with online schooling,” “IEP.”	9(7%)
Executive functioning skills	“Time management,” “Reminders to complete and submit homework,” “Organization.”	6(5%)
Motivation	“More discipline,” “Motivation to do schoolwork,” “He needs help being more motivated to do his schoolwork.”	4(3%)
Physical/outdoor activity	“Go out and play,” “A good way to burn off energy,” “Outdoor activity.”	9(7%)
Activities that are engaging/ counteract boredom	“Boredom,” “Mental stimulation,” “Doing a variety of activities.”	8(6%)
Validation/reassurance	“Reassurance,” “Just reassurance that things will be okay,” “Positive reassurance.”	8(6%)
Stress management/coping	“The ability to not feel pressure,” “Distress,” “Calming strategies.”	5(4%)
Behavior management	“Behavior,” “Strategies for staying in control of behaviors.” “She is acting out”	8(6%)
Other	“Better care from parent who is watching full time” “Not sure” “How to sleep better.”	6(5%)

# Qualitative Results

**Table 3** Caregiver mental health needs assessment

Needs category	Representative responses	Total problem frequency <i>N</i> (%)
Financial support/material goods	“Money to support my family,” “Get my health insurance back,” “Financial wellness check.”	5(4%)
Work-related support	“Lighter workload,” “More flexible workload,” “Choice of when to return to the work-place.”	6(5%)
Mental health care	“Psychologist,” “Counselor,” “See my therapist”	24(18%)
Routine/stability/normalcy	“Just need this to end quickly,” “Getting back to normal routine,” “I need things to get back to normal.”	4(3%)
Childcare	“I need childcare,” “Respite care for my special needs child,” “A break from the children.”	8(6%)
Parenting support	“Struggling with parenthood skills,” “More parenting strategies for ADHD kids,” “Help with engaging children.”	7(5%)
Stress management/relaxation	“Relaxation techniques,” “Meditation resources,” “Get some relaxation.”	13(10%)
Social support	“Support group for single dads,” “Acknowledgement and support,” “A community that I can reach out to would be helpful.”	9(7%)
Social interaction	“In person contact with friends,” “I need to see friends,” “Social nights.”	7(5%)
Physical/outdoor activity	“Exercise,” “Frequent movement outside,” “Getting outside more.”	10(8%)
Solitary “self-care” time	“A break,” “Just carving more time out for myself,” “I need to take more naps in the afternoon.”	14(11%)
General coping	“Anxiety coping tips designed for this crazy time,” “Keeping a healthy mindset,” “Emotional wellbeing,” “A way to stay focused and motivated.”	14(11%)
Other	“More consistent schooling plan,” “Something to look forward to,” “A feeling of personal freedom.”	9(7%)

# Discussion

- This mixed-methods study was designed to advance our understanding of the potential psychological effects of COVID, as well as which mental health interventions might be most needed during the pandemic
- On average, caregiver and youth mental health symptoms fell within the clinical range, highlighting what appears to be heightened mental health difficulties among this general population sample
- Quantitative analyses revealed that youth mental health symptoms were associated with number of children in the home, and both caregiver and youth symptoms were more pronounced in regions with *more lenient* COVID restrictions
- Through idiographic responses, caregivers reported a substantial need for mental health services among themselves and their children, and a range of mental health problems that may be important pandemic-specific intervention targets
  - Social isolation and loneliness
  - Boredom and lack of motivation
  - Lack of routine
- The study illustrates the potential of mixed methods research to clarify the mental health impact of a complex crisis within families and provides ideas about future directions for mental health care in such crises