

Exploring the Mental Health Landscape of Canadian Parents



July 2023

EXPLORING THE MENTAL HEALTH LANDSCAPE OF CANADIAN PARENTS

INTRODUCTION

Mental Health Research Canada's (MHRC) national polling initiative, *Understanding the Mental Health of Canadians: Throughout COVID-19 and Beyond*, has demonstrated multiple demographic groups who have indicated higher levels of anxiety and depression across a number of indicators. One such group is parents of young children at various points throughout the pandemic. Within this group, we also noted specific challenges among women and some variation in mental health indicators based on the age of children.

This report analyzes those mental health indicators from the end of the pandemic and explores the underlying issues driving these indicators by conducting interviews with young parents. We achieved a deeper understanding of their challenges by using the large-scale population data we have mixed with these smaller-scale but more detailed interviews.

A total of **31 interviews were conducted with Canadians who are parents of newborn or younger children**. Specifically, nine interviews were conducted with women who have had a child in the past two years (referred to as *perinatal*), and 22 interviews were had with parents of children between 2 and 9 (referred to as *parents of young children*). All respondents were recruited from those who had answered a blind online survey.

Executive Summary

Our findings indicate that parents' mental health hasn't significantly differed from non-parents in the past year. However, among younger parents with older children, a slightly higher tendency towards depression has been observed. Additionally, our analysis suggests that underdiagnosis may occur among parents who have less frequent medical visits, given the higher likelihood of diagnosis among parents who regularly visit doctors. Moreover, it is worth noting that young people, regardless of whether they have children, face greater struggles than middle-aged individuals.

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A Note on Post-Partum Depression Prevalence

There are challenges when looking at pregnant women who have recently given birth – specifically ascertaining rates of post-partum depression (PPD). A thorough review of the literature to compare demonstrates a wide array of perceptions on how one measures PPD. The initial standard for screening for depression is the PHQ-9, typically followed by assessing against the DSM-IV guide to verify the diagnosis. Critics of this screener and those who believe these are not sensitive enough try other methods.

A relatively recent StatsCan *Maternal Mental Health in Canada* survey suggested 23% of mothers of newborns reported feelings consistent with PPD or an anxiety disorder. Looking deeper, 18% of mothers reported feelings compatible with PPD (10% PPD, 5% anxiety disorder, 8% both). Studies of the PHQ-9 on mothers of newborns suggest that about 8% to 9% of them would score as severe on that screener.

The PHQ-9, though, typically looks at sustained depression symptoms, while some contend that PPD is often a less sustained experience. We also cannot discount the short-term “baby blues” described by medical practitioners – when does the “blues” end and PDD begin?

Another somewhat familiar screener for postnatal care is the Edinburgh Postnatal Depression Scale (EPDS). As this is a specific screener, comparative results do not exist for non-perinatal respondents and, like the others, aren’t universally agreed upon. This confusion and disagreement is one reason many family doctors indicate they don’t feel they have sufficient information about this issue.

In short, how one assesses PPD dramatically affects the prevalence rates. And we are not certain that any screener or validation tool is properly capturing the scale of this issue.

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Our data collection universally uses the PHQ-9 screener, along with self-rated scales. We know that 4% to 5% of all people consistently score as severe on the PHQ-9 screener. This means that when comparing our overall scores against historical research, rates of PPD are approximately double that of the general population. As mentioned, other screeners have pegged prevalence rates at 18% for PPD and 15% for anxiety (as they overlap, in total, 23%).

Looking through our data at the specific PHQ-9 scores for women who identified as having a child recently is not a huge sample, and therefore, the margin of error in evaluating is too large to be definitive. We will revisit the quantitative data on this issue as our sample continues to grow and will consider if unique questions are required for this specific subgroup.

Key Summary

“Are parents of young children indicating worse mental health?”

“If so, what are the factors impacting those negative mental indicators?”

“What are parents doing to address mental health challenges?”

“How are parents doing now?”

At various points in the pandemic, we noted increased indicators of negative mental health among parents of children. This included higher levels of anxiety and depression, subtle increases in new diagnoses, and variations in access to care. With a larger combined dataset over an extended period, we felt it was time to revisit the overall statistics, comparing to non-parents, and specifically control for age (as parents tended to be younger Canadians). It is important to note that the analysis only considered individuals under the age of 55.

We decided to look at data from July 2022 to March 2023 to understand how parents have been coping since the end of the pandemic. We also wanted to contrast these scores against our existing data for the pandemic.

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We noted the following trends in the data from the early COVID-19 recovery period:

- Self-rated anxiety levels were slightly elevated for all younger parents (aged 29 or less) compared to non-parents.
- Self-rated depression scores were higher for young parents of children over the age of 10 compared to all groups. This was also represented in the PHQ-9 Clinical Screener scores.
- In the PHQ-9 Screener (Depression), middle-aged non-parents had higher scores compared to all middle-aged parents.
- According to the Kessler Psychological Distress scale, young people scored higher than middle-aged individuals, regardless of whether they were parents or not.

This is a particularly confounding set of results with smaller variations between them. We have some indicators that parents of children over 10 are struggling the most, particularly with depression, and if they were young themselves when they had their children.

It is worth noting that although parents may have additional life stressors, they also have more of a particular resiliency factor – a higher degree of family and friends you can depend on. Parents with children are more likely to have support than non-parents. The result is that being a parent is only a small factor in mental health indicators.

While we did not find significant variations in new diagnoses' among these groups, we did note that those with children under two did have a higher likelihood of a new diagnosis since COVID-19 (April 2022). Given that this group has similar mental health indicators as others, an increase in diagnosis is more likely connected to more engagement with mental health professionals.

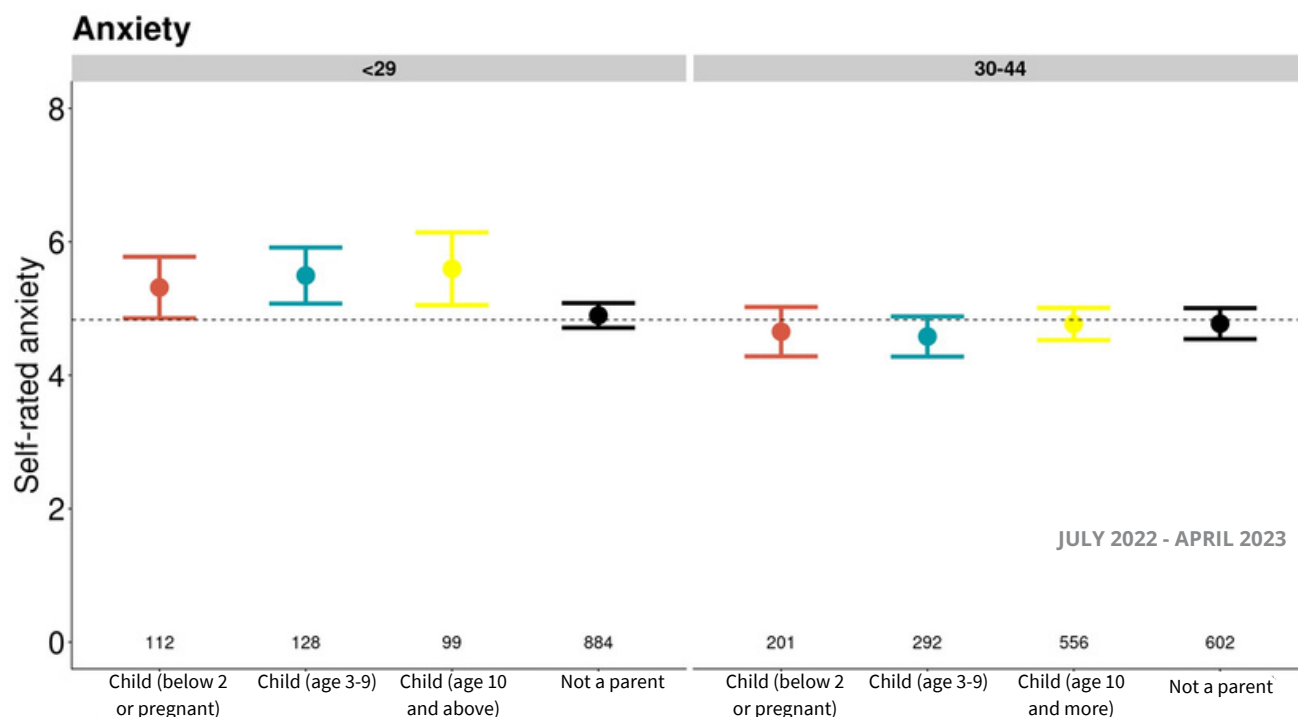
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Detailed Findings

What are the anxiety and depression indicators of parents?

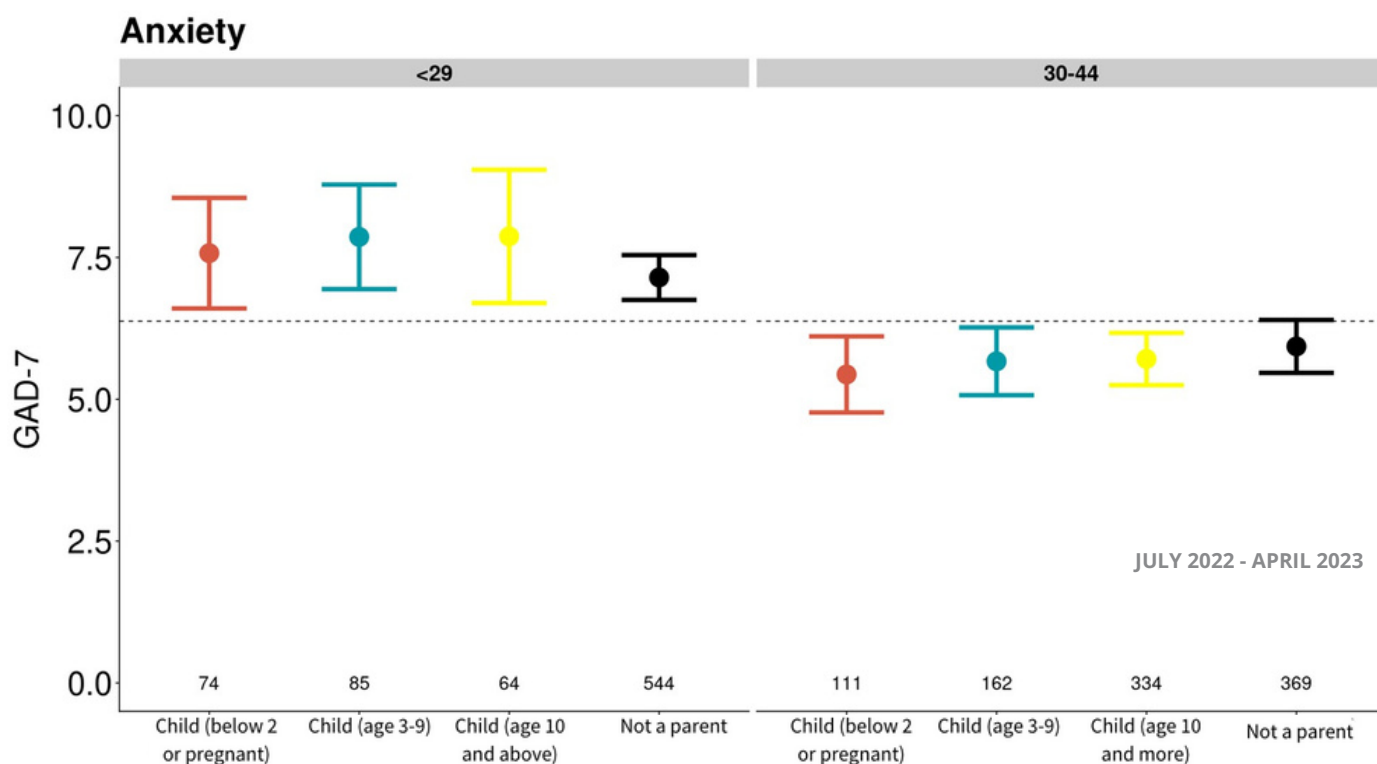
Anxiety Indicators

in the graph below: **self-rated anxiety** for parents with children of different ages controlling for similar age groupings. Note the higher anxiety for all parents compared to non-parents on the left (parents 29 and younger) compared against the right.



Moving away from self-rated scales and using the **General Anxiety Disorder 7-question scale**, there is a notable difference in the overall GAD-7 score between parents aged <29 and parents aged 30-44. Parents aged 30-44 have a lower overall GAD-7 score compared to parents aged <29.

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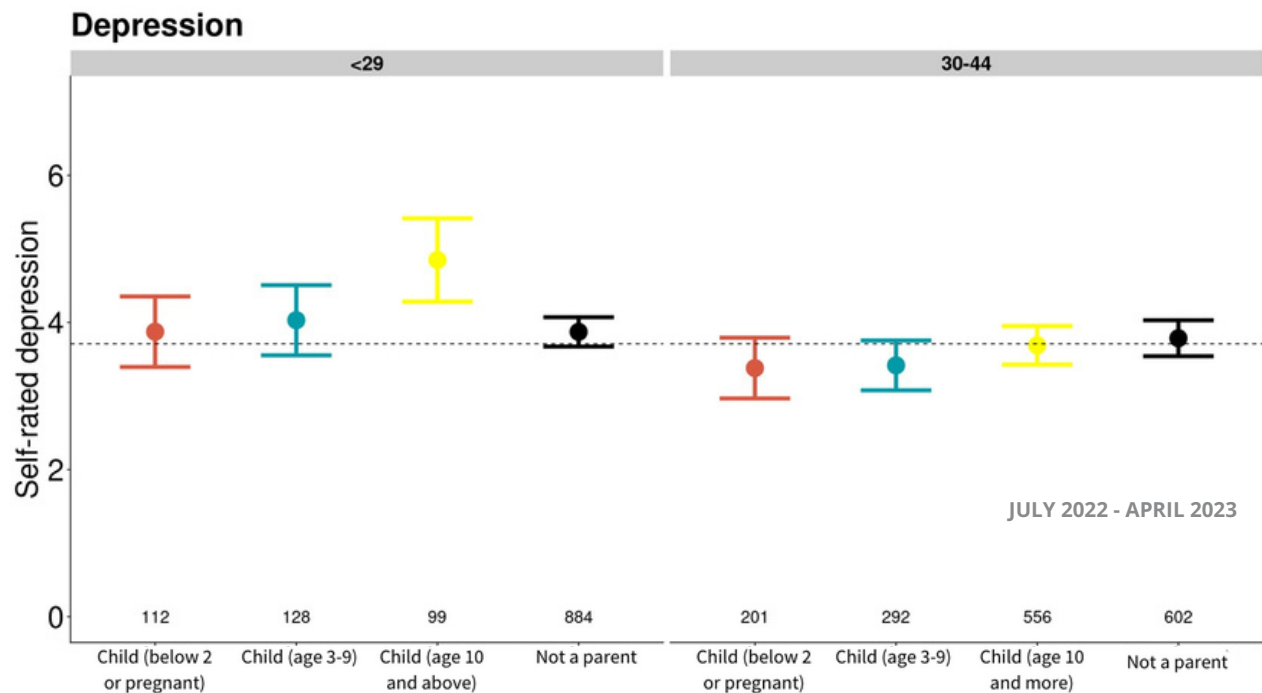
Younger people, specifically those aged 29 and below, have notably higher GAD-7 scores compared to individuals aged 30 to 44, regardless of their parental status.

Depression Indicators

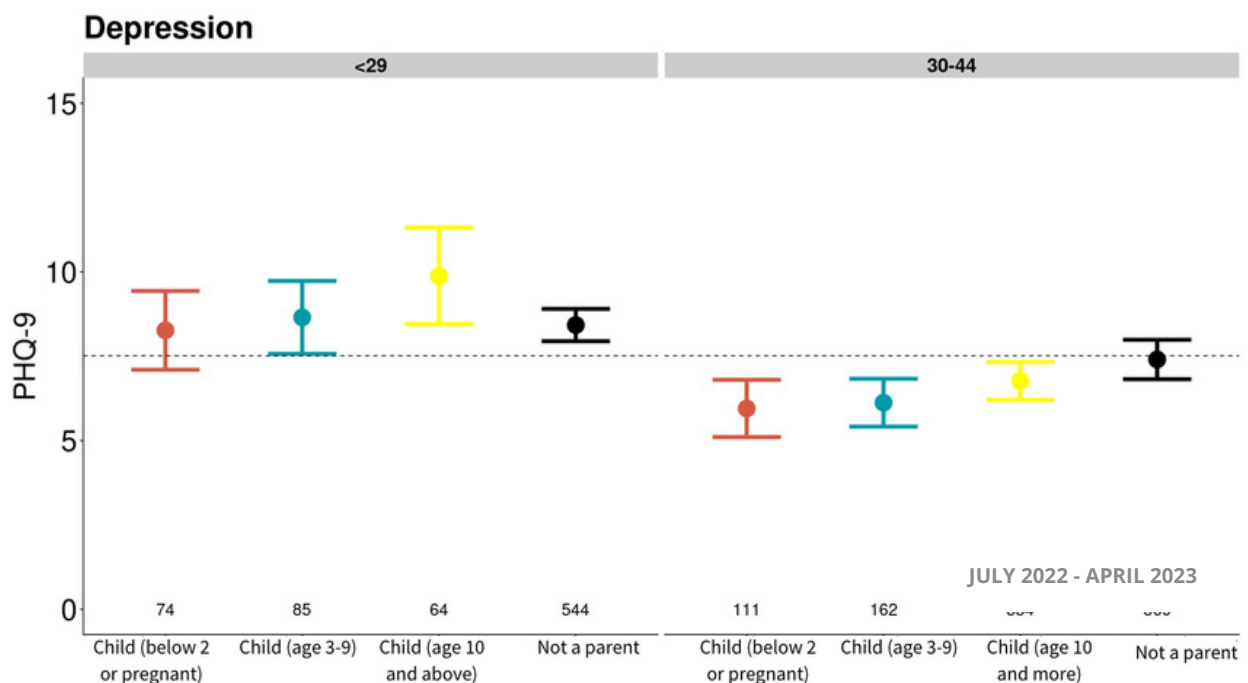
There appears to be minimal variation in self-reported depression levels among parents of different age groups (<29 and 30-44). However, **parents below the age of 29**, who have children above the age of 10, **tend to experience higher levels of depression** compared to parents between the ages of 30 and 44.

It is important to note that in order for a parent who is 29 or younger to have children who are 10 years or older, they would have become a parent during their teenage years (unless they adopted or the children are step-children).

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Considering the PHQ-9 (Depression) Screener, we can see that self-rated depression was highest among parents under 29 who have children aged 10 and older.

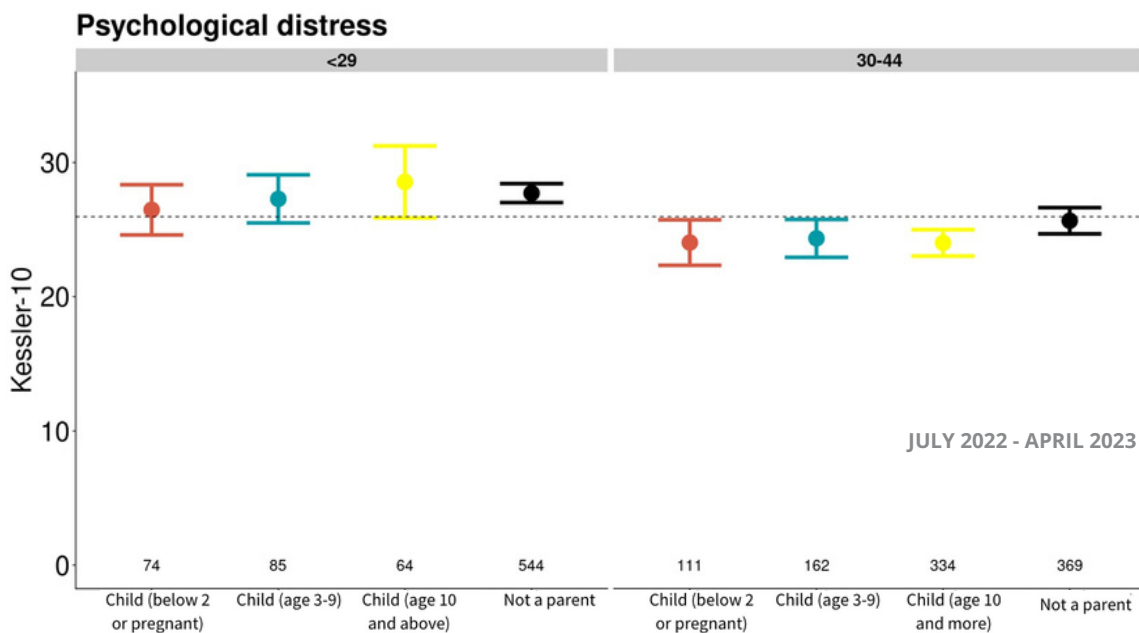


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Psychological Distress

When looking at the Kessler Psychological Distress, a similar trend is observed where individuals under 29 years old have higher scores than middle-aged parents.

The Kessler Psychological Distress scale assesses general levels of distress, which is not necessarily linked to anxiety or depression alone (as these conditions can often co-occur). While the scores on this scale may align with self-reported depression and PHQ9 Depression scores, there may be some overlap, and the correlation may not be as strong.

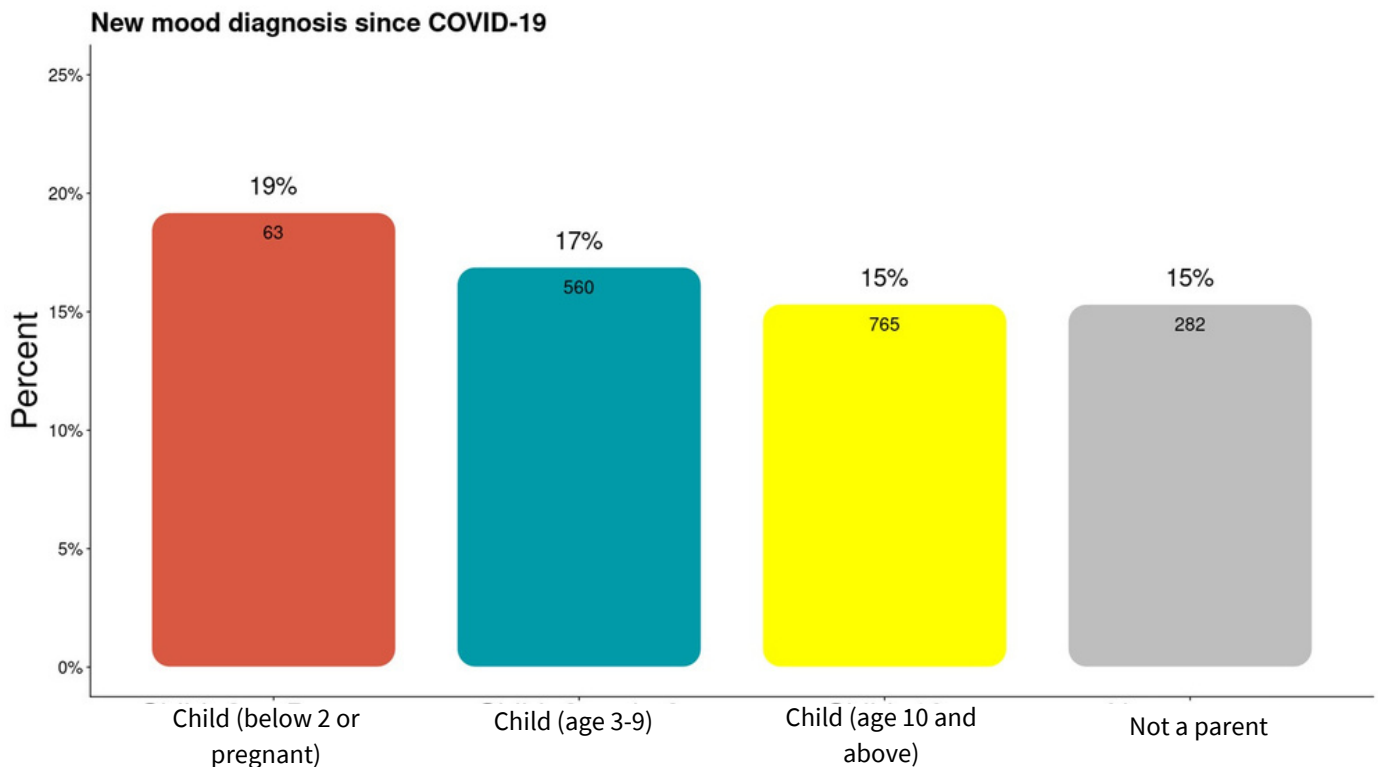


New Diagnoses

Despite relatively similar levels of depression and anxiety, and indeed higher levels of depression among parents of older children, we see only marginal differences in diagnosis rates of mood disorders with a slightly higher diagnosis rate among parents of younger children. It is important to highlight that it includes a joint diagnosis of anxiety, depression, and mood disorders.

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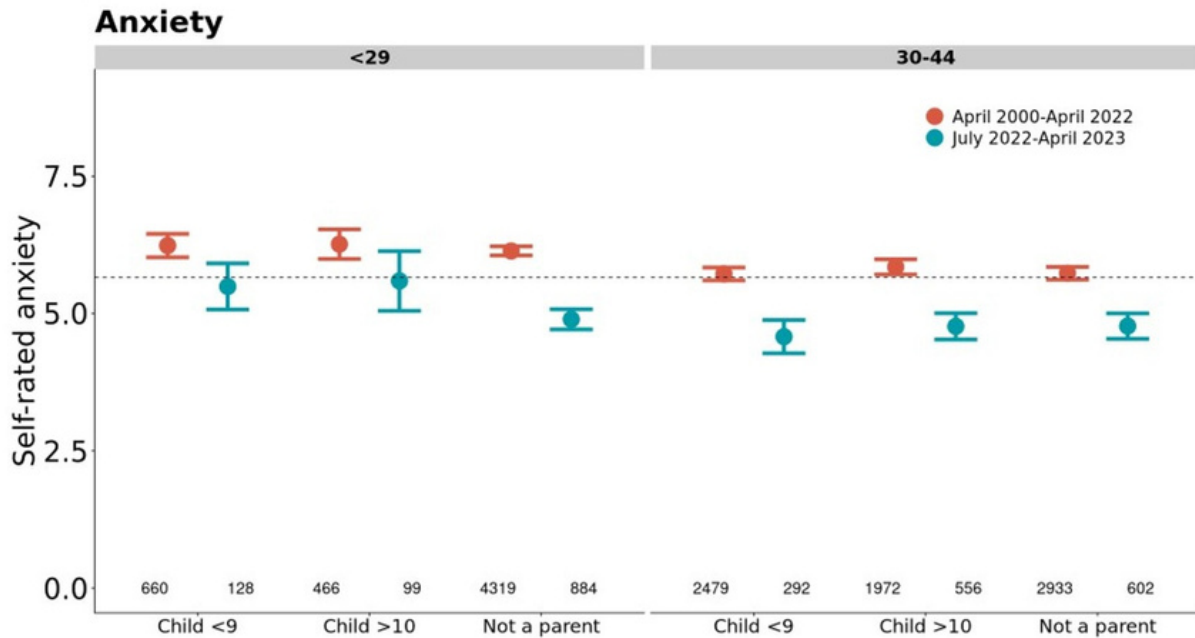
As this does not coincide with clinical screeners or self-rated scales, one possible explanation is the higher frequency of engagement with a medical professional for parents of younger children.



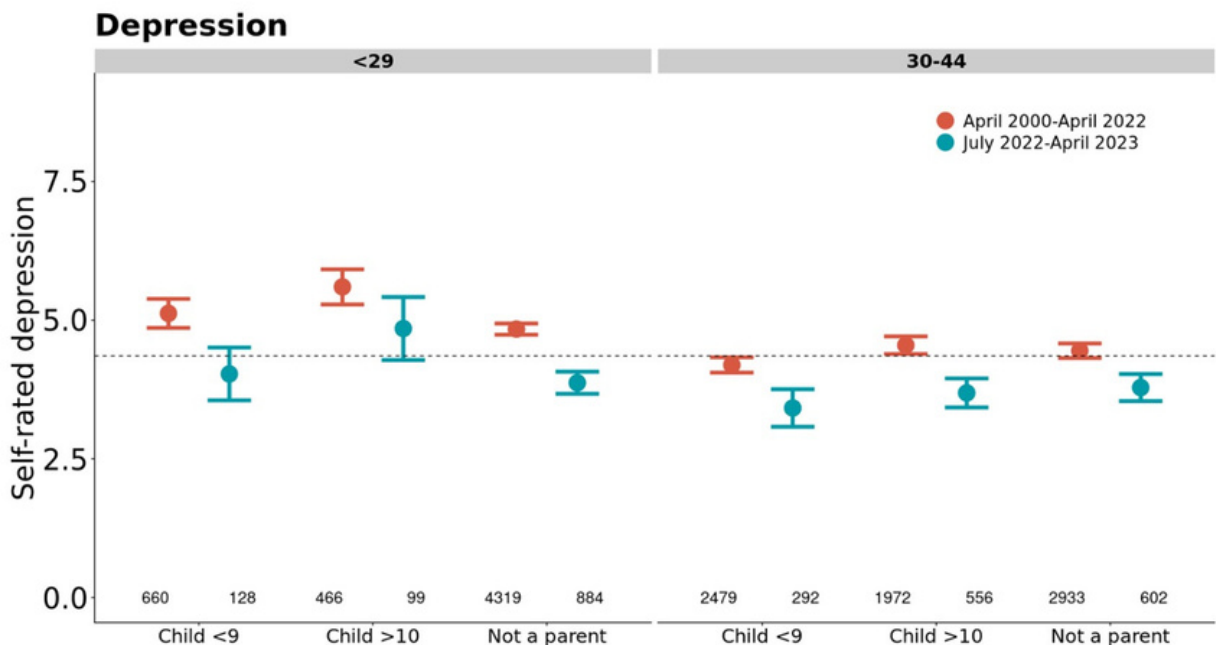
The Pandemic Compared to Pandemic Recovery

In looking at rates of anxiety during the pandemic and into the recovery period, there has been a decline in self-rated anxiety among all groups. However, young parents have not seen as much improvement as other groups.

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Depression indicators are similarly structured with less improvement for young parents of children over 10.



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What are the anxiety and depression indicators of parents?

We did explore the role of gender in parents' mental health – that is, did mothers or fathers have different mental health indicators? The analysis reveals distinct variations between males and females concerning anxiety and depression levels. In the non-parents group, females exhibit higher self-rated anxiety levels and GAD-7 scores compared to males. However, this disparity does not hold true for individuals with children. Similar findings are observed for PHQ-9 scores.

These results suggest that females tend to experience elevated levels of anxiety and depression, but primarily in the absence of children. Conversely, anxiety and depression levels among parents remain relatively consistent, regardless of gender.

What are the factors affecting the mental health of parents?

Looking at our large-scale datasets, we studied the specific factors that could impact mental health to compare parents (of children of differing ages) against non-parents. We found only marginal differences between the groups, with the one variation being non-parents under 29 having lower negative mental indicators around job concerns and challenges than parents.

In light of inconclusive quantitative data, we turned to our interviews to better understand how mental health challenges were being experienced by parents of young children (children under 9). Responses from our interviews provided context for these challenges and added information with areas of concern that our broader data collection did not address. Below is a sample of consistent responses heard from interviewees:

“My son was young, so he didn’t know the difference... but for me, it was very lonely. We couldn’t see people. We couldn’t share him. His baptism, his first Christmas. We were alone. He didn’t even meet his grandfather until he was a year old.”

Female, 33, Quebec, parent of young children

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“I went back to work at the start of the pandemic (from maternity leave), and it was hard. There was no daycare possibility. I had a 5-year-old who was doing virtual school. And I was trying to work a full-time job at home. And with that, in the lockdown – no support, nothing. On your own.”

Female, 36, Nova Scotia, parent of young children

“It was never-ending. Not going anywhere, no social interaction... you can’t even go grocery shopping! And then things would re-open, and you would think it was over. But then another wave, Omicron, and everything is closed again. We had a newborn at the time... it was particularly hard for my wife.”

Male, 41, Ontario, parent of young children

“It was hard for my mental health... My child is very active and wants to be outside doing things. But we couldn’t go out. And on top of it, I was pregnant... it was really tough. My husband works in health-care, so he was really busy. He couldn’t help take care of her – I had to do it and while I was pregnant.”

Female, 29, Nova Scotia, parent of young children

“It is still difficult. My son grew up in the pandemic... he is not socialized. He doesn’t know what to do. So you still deal with it when it is over.”

Female, 32, Alberta, parent of young children

It’s important to note a common thread in these comments about concerns with the lasting repercussions of challenges to be dealt with in a post-COVID world.

“I felt so sad for him... those early years are really important, important for his development. But everything was cancelled – the swimming, other activities. He had to stay home and isolate. I felt bad,”

Female, 40, Ontario, parent of young children

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“Having two young kids with no daycare was definitely a contributor to our stress. Me and my husband sharing an office with a child sleeping on one hand and another dealing with online classes. He’s 5 – he doesn’t understand computers, how to switch it on, how to mute it. It was chaos.”

Female, 36, Nova Scotia, parent of young children

Many mothers who were pregnant or had a child early in the pandemic were particularly challenged with a lack of proper health, mental health, and family support. This, along with a genuine concern about a deadly virus on their newborn's health:

“I just tell myself to sit down and shut up. I have no time to deal with this... I have no time to have a breakdown. I will have a breakdown next month... but I have been telling myself that for months now. I will schedule a breakdown for June, but I have no time before then.”

Female, 37, Ontario, perinatal

“It was terrible! My husband couldn’t even come to the ultrasounds... And at the hospital, I had to stay a couple of days after and couldn’t have visitors at all. When my husband had to leave, I sat and cried.”

Female, 28, Ontario, perinatal

“When my wife was in the hospital, they wouldn’t even let me come in. I was not allowed to be with my wife until the ‘birth was imminent’. That’s what they said. What does that even mean? I was sitting in my car in the parking garage, and my wife was in there alone.”

Male, 35, Alberta, parent of young children

“We found out we were pregnant in March 2020. We felt completely bad. I wanted to go with my wife to the appointments. I wanted to hear the baby’s heartbeat, to do all the special moments with her. But I couldn’t. We couldn’t even tell our friends the happy news in person.”

Male, 33, Ontario, parent of young children

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“I was worried more during COVID. I had my new baby and my older child... what if they get sick? They are young and don’t have the immunity to fight it.”

Female, 37, Saskatchewan, perinatal

“I was very anxious my whole pregnancy... what if I get COVID? They didn’t know what COVID would do to babies. So as soon as I got pregnant, I was hyper-sensitive about everything, about meeting anyone, what if they have it?”

Female, 33, Saskatchewan, perinatal

A subset of parents noted children's positive effects on their mental health. In our data, we noted the positive impact of family supports in offsetting mental health challenges:

“Being with my child helps. When I am really stressed at work, I can spend time with my child and that helps to calm me down.”

Male, 42, Alberta, parent of young children

“Sometimes you don’t want to play with your kids... but then you do. You watch a movie with them, maybe a cartoon. Or you cook with them. It is stress relief.”

Male, 37, Ontario, parent of young children

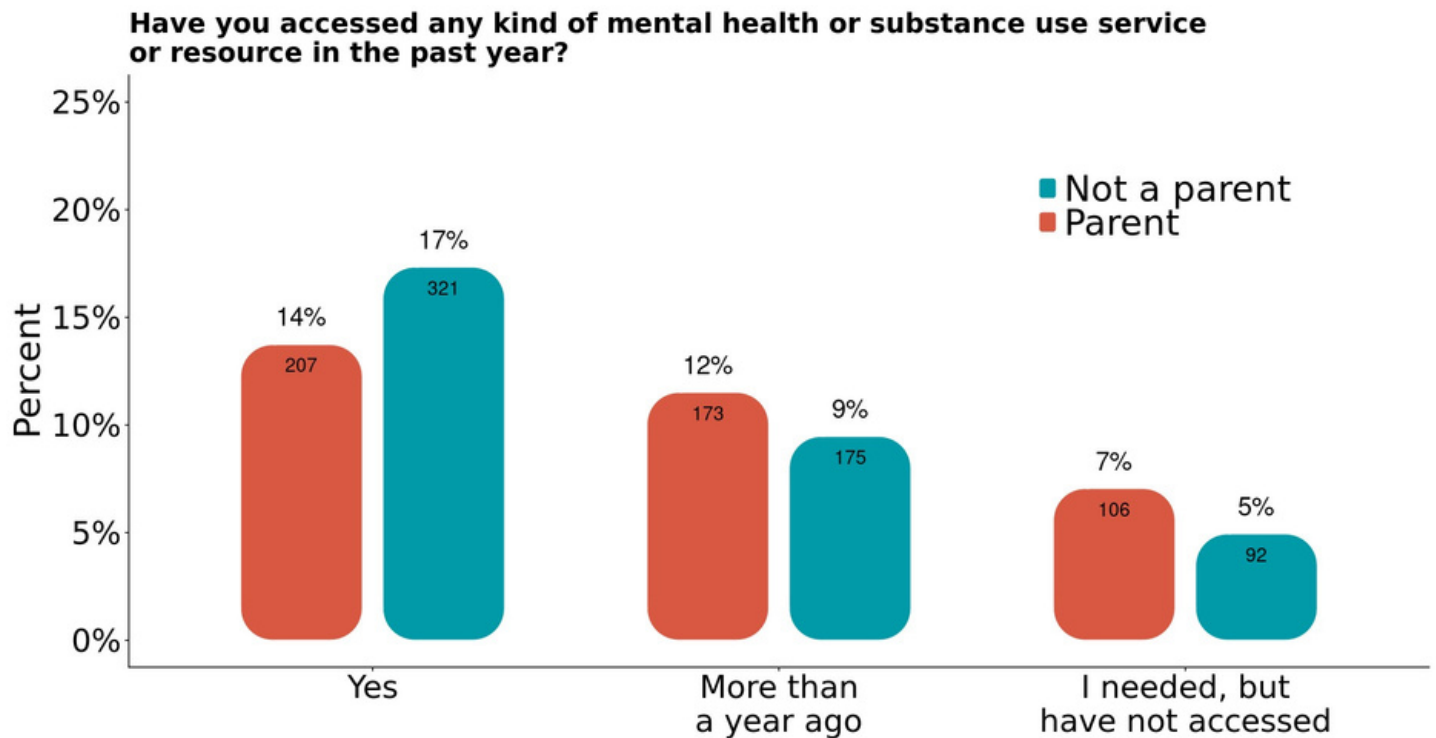
What did parents of young children do to support their mental health?

Our data indicated only small differences in access to mental health services between parents and non-parents.

As a reminder, approximately 10% to 12% of Canadians accessed a mental health resource in the past year. Our sample sizes at this time are too small to analyze service access differences by the age of children and parents.

Where we did note a small difference was in recent access to service. Parents were less likely than non-parents to report accessing mental health or substance use services in the last year (17.3% non-parents vs 13.7% parents, +3.6 percentage point gap).

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Our interviews allowed us to expand our understanding of the barriers to care, including cost, system navigation, insufficient time/priority, and stigma.

“Honestly, they try to emphasize self-care. But come on. My break is going for groceries. That is all the time I had. When things started to open up, then going to the chiropractor was my big break.”

Female, 36, Nova Scotia, parent of young children

“You have to manage your time... managing everything. You are taking care of the kids, doing other household tasks. There wasn’t that opportunity for self-care.”

Male, 41, Ontario, parent of young children

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“Living in a small town, it was hard to find someone locally for my daughter. We weren’t comfortable with online, but we didn’t know where to find someone in person.”

Female, 33, Alberta, parent of a young child

“I would have gone to a counselor if it was affordable. That is the barrier. If you want to find free mental health services, you have to go on a long waitlist. Or go to group sessions. You can’t get it.”

Female, 33, Ontario, perinatal

Those with group benefits shared that they only considered mental health services because it was paid for:

“I went for counselling just before I went back to work. I had so much anxiety. It was good, through the EAP program – there was not a long wait. But the cost... it was fine for what was covered... but after that, it gets very expensive. I am glad I didn't need to keep it up because I couldn't afford it.”

Female, 33, Quebec, parent of young children

“Cost. It costs \$150 a session. I wouldn't be doing it if we didn't have coverage. I couldn't afford to.”

Male, 35, Ontario, parent of young children

Stigma remains a significant barrier:

“It is the stigma attached... you want to go and talk to someone about what is going on... but at the same time you need to make sure they see you as a competent parent.”

Female, 47, Ontario, Parent of young children

“If you are going to talk to someone, it has to be anonymous. That is very important. We have facilities in town.. but I don’t know... people talk... and then suddenly people are using words they shouldn’t be using. They are saying you are crazy. The kids would find out and then your kids get targeted.”

Female, 37, Saskatchewan, Perinatal

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*“I had a couple of sessions with a therapist. It was helpful but could only afford a couple. EAP offers group sessions, but I can’t do that. I can’t relate to other mothers... everyone is so happy, so thrilled. They don’t feel the same way I feel – they would judge me. So, I can’t do group sessions. I wouldn’t be honest about how I feel, so why bother?”
Female, 37, Ontario, perinatal*

And system navigation was a significant barrier:

*“I need to be able to access certain services when I need them, when I am in stress and need to deal with it now. You don’t have a lot of time and energy to deal with getting mental health supports. You need to spend that time and energy on your family. So have something available 24/7. When I need it, when I have time, I can talk to someone.”
Male, 37, Ontario, parent of young children*

*“It’s more knowing where to go... what is available for certain conditions. It is awareness. There needs to be more awareness.”
Female, Nova Scotia, parents of young children*

*“There is not enough information. Services are not advertised. You need to go through hoops to get anyone – get a referral from a doctor and then you wait. I used to go see a doctor, but that was four years ago and I stopped going. So I can’t go there now... Now I don’t know where to go.”
Male, 37, Ontario, Parent of young children*

As well-established, new mothers have an increased risk of post-partum depression. Therefore, access to care is especially important to this group to diagnose and ensure the right supports are available.

We wanted to understand barriers to care for this group specifically. It's worth noting that perinatal mothers highlighted a lack of proper follow-up for mental health as an issue:

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“Someone from the hospital should check on them after the baby to make sure they are OK. So many have postpartum depression, and no one knows. Go to their house because they can't always get out with the baby.”

Female, 28, Ontario, perinatal

“We had a nurse come after a few days that we were home to check on us. And we went to the doctor to see how the baby was doing and also how are family was doing. But after about 2 months there was nothing. No one to ask questions to except my mother, no one to check on me except my mother. It should be done more often.”

Female, 33, Saskatchewan, perinatal

“They used to have Healthy Beginnings, where a nurse would come to your house. They should do that. Now its over the phone, which is OK... but it is easier to hide the issues you are having over the phone. Have someone come to the house so they can see what is going on.”

Female, Alberta, 32, perinatal

Are parents of young children recovering as we move past the pandemic?

As noted in the large-scale datasets above, parents are recovering from the pandemic, consistent with the other populations in Canada. Some groups, notably younger parents with older children, are returning to normal at a slower pace.

A major driver in that recovery was the return to normal. We consistently heard that the vaccine rollout and the reduction in COVID-19 had a dramatic impact on parents:

“It is better now. We and our son have had the shots. And my parents are vaccinated, all the people we see. We are still taking precautions to stay safe. But it is much better since my son was vaccinated.”

Female, 40, Ontario, parent of young children

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"You hear all this stuff in the news about the side effects of the vaccine...And that caused worry. Should I give it to my kids if there are side effects? But it is better now, not so many cases, and there doesn't seem to be a lot of side effects."

Male, 37, Ontario, parent of young children

"It is a lot of better now. In my current job, I have the opportunity to work from home but I can go to office too. That helps. Being able to interact with other individuals is better. We send our daughter to go to preschool too so she can experience things."

Male, 41, Ontario, parent of young children

"Life is better. COVID is not as severe as it was before. We got vaccinated and had no side effects. Things are stable right now."

Male, 37, Ontario, parent of young children

"Better. Now that things are pretty much back to normal, it has been good."

Male, 29, Nova Scotia, parent of young children

"Now it is OK. Better compared to two years back. We are not as scared. Our baby is 26 months old – the steps we took during the pandemic turned out to be right. Now she is going to daycare and we can go out. Our mental health is good."

Male, 33, Ontario, parent of young children

That said, we repeatedly heard about how inflation's effects have replaced the anxiety around the virus. Families, of course, have more mouths to feed, and food inflation has been one of the leading.

"The situation with COVID, it is still there... but it is like an annual flu, you will get the flu shot every year and that's that. But now it's more the economic sustainability. That's the stressor. You still have the physical stress, it's just not about COVID now."

Female, 36, Nova Scotia, parent of young children

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"It's better because now you can go out, you can see people and have some fun. But financially, it is not. I am still looking for a job. A lot of the jobs that left during COVID, they didn't come back... companies are not hiring. Now I am worried about that."

Male, 29, Ontario, parent of young children

"My business went through bad times during COVID. Now that COVID is over, my business problems are not. My business has not bounced back. And now I have to look after a baby and my business."

Female, 37, Ontario, perinatal

Concluding Thoughts

The data and analysis related to this group is complex. The prevailing opinion is that parents of younger children were struggling more during the pandemic. Our data seems to indicate that emerging from the pandemic, this is no longer the case. We also expected more depression indicators among perinatal and postnatal women which we didn't find in any significant way. We have come to understand that similar to how unique scales exist for children's mental health challenges, the overall and general use clinical screeners and scales of PHQ-9 and Kessler may be inappropriate for understanding the mental health challenges of this group.

We covered a significant amount of information in this brief. When looking at it in totality, our data demonstrate that parents' mental health is not as dramatically different than non-parents in the last year. We note a higher propensity for depression among younger parents of older children. We further note that based solely on mental health indicators, a higher likelihood of diagnosis for parents (who are more likely to see a doctor regularly) could be an indicator of underdiagnosis among those seeing a doctor less frequently.

This brief should serve as a starting point for a continuing look at mental health symptoms and perceptions as we continue a steady climb to improved mental health indicators through the pandemic recovery period.

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Acknowledgments

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Full reports of our findings can be found at www.mhrc.ca