

ABSTRACTS OF THE 2022 ANNUAL CONFERENCE OF THE CANADIAN PAEDIATRIC SOCIETY

1

AMBULATORY CARE VISITS AND ADMISSIONS FOR SUICIDAL IDEATION AND SELF-HARM IN CANADIAN ADOLESCENTS DURING THE COVID-19 PANDEMIC: A POPULATION-BASED ANALYSIS

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BACKGROUND: The COVID-19 pandemic has challenged the resiliency of Canada's adolescent population. Understanding changes in mental healthcare utilization can shed light on the impact the pandemic has had on Canada's youth.

OBJECTIVES: To assess if during the pandemic there has been an increase in the proportion of ambulatory care visits and admissions for suicidal ideation and self-harm among adolescents.

DESIGN/METHODS: This was a population-based, interrupted time-series analysis of adolescents 10-18 years presenting to an ambulatory care facility (including emergency department) or admitted to a healthcare facility with R458 (suicidal ideation and emotional symptoms), X60-69 (intentional self-poisoning), and X70-84 (intentional self-harm) codes based on the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA). We used the National Ambulatory Care Reporting System, Discharge Abstract Database, and Hospital Morbidity Database. The primary outcome was ambulatory care visits for a composite of suicidal ideation, intentional self-poisoning, and intentional self-harm. Results were stratified by age and sex and expressed as a rate (proportion of encounters with an outcome per 100 encounters). We compared the differences (delta) in slopes (average increase in outcomes) between April 1, 2015, to March 31, 2020, and April 1, 2020 to March 31, 2021 to determine if the expected rate (pre-pandemic) differed significantly from the observed rate (pandemic).

RESULTS: From April 1, 2020, to March 31, 2021, compared to April 1, 2015, to March 31, 2020, the rate of ambulatory care visits and admissions for all conditions decreased. The average quarterly rate of ambulatory care visits for the composite among males 10-14 years, increased by 40.3%, from 0.57 to 0.8 (slope delta=0.1; 95% CI: 0.02, 0.18; p=0.012). Among females 10-14 years, the rate increased by 85.1%, from 1.81 to 3.35 (slope delta=0.7; 95% CI: 0.43, 0.97; p<0.001). Among males 15-18 years, the rate increased by 29.5%, from 1.56 to 2.02 (slope delta=0.13; 95% CI: -0.02, 0.28; p=0.078). Among females 15-18 years, the rate increased by 33.6%, from 3.18 to 4.25 (slope delta=0.26; 95% CI: -0.16, 0.68; p=0.192). The average quarterly rate of admissions was significant for females 10-14 years and increased by 27.7%, from 8.59 to 10.97 (slope delta=1.99; 95% CI: 0.57, 3.41; p=0.017).

CONCLUSION: The proportion of ambulatory care visits and admissions for emotional symptoms, suicidal ideation, and self-harm during the first year of the COVID-19 pandemic increased compared to pre-pandemic rates among adolescents 10-14 years in Canada. Our findings underscore the importance of promoting public health policies that mitigate the impact of pandemics on adolescent mental health.

2

ESTIMATING THE IMPACT OF MENSTRUAL POVERTY ON ADOLESCENTS IN NOVA SCOTIA

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BACKGROUND: Menstrual poverty is defined as the inability of people who menstruate to obtain menstrual products due to financial burden. The impact of menstrual poverty on adolescents is unknown.

OBJECTIVES: This study aimed to estimate the impact of menstrual poverty on adolescents who reside in Nova Scotia (NS), Canada.

DESIGN/METHODS: The authors developed a web-based, 25-item questionnaire, the adolescent Menstrual Poverty Questionnaire (aMPQ), and distributed it via social media. Adolescents who were less than 18 years of age, English-speaking, and living in NS were eligible to complete the survey. Data were analyzed using descriptive analysis. 420 adolescents completed the survey, with a mean age of 16.1 years (14.4 - 17.9 years).

RESULTS: Results revealed that 65% of respondents do not always have enough money to buy menstrual products. This led to unsafe menstrual hygiene practices including using alternatives for menstrual products (e.g., rags), washing disposable menstrual products, and/or wearing products for longer than intended. 40% of respondents reported a lack of affordability of menstrual products as a cause for school absenteeism and lack of participation in sport/social activities. 70% of respondents feel embarrassed to ask for products even when they are provided for free, and almost all supported the idea of having freely available menstrual products in public washrooms.

CONCLUSION: This study determined that menstrual poverty impacts adolescents in Nova Scotia. To address menstrual poverty, menstrual products should be freely available in all public washrooms, as this will provide unrestricted access to menstruators and promote their full participation in society.



The cycle of menstrual poverty as suggested by responses to the adolescent Menstrual Poverty Questionnaire (aMPQ).

3

SELF-CARE AND COPING BEHAVIOURS AMONG TRANS AND GENDER-DIVERSE ADOLESCENTS IN CLINICAL CARE: A MIXED METHODS STUDY

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BACKGROUND: Referrals for transgender and gender-diverse (TGGD) youth to Canadian clinics providing gender-affirming medical care (GAMC) have grown rapidly over time. GAMC includes hormone suppression and/or hormone therapy as safe and effective strategies to modify secondary sexual characteristics and improve psychiatric outcomes in electing TGGD individuals. There are limited data on the types of coping and self-care behaviours TGGD youth in clinical care use to reduce distress and increase wellness.

OBJECTIVES: This research describes the coping and self-care behaviours of TGGD youth in clinical care across Canada and identifies potential self-care and coping behavioural profiles.

DESIGN/METHODS: This mixed methods study uses data from two companion studies. Trans Youth CAN! (TYC!) is a prospective cohort