

Understanding the Impacts of the COVID-19 Pandemic on our Communities

Introduction

The North Bay Parry Sound District Health Unit, in collaboration with several community agencies and First Nations, is conducting a short survey about the impacts of COVID-19 among people aged 16 and older living in Nipissing and Parry Sound districts. Responses from the survey will be used to inform community programs and services.

What will your participation involve?

Participation in this survey is voluntary. You will be asked questions about your experiences since the start of the COVID-19 pandemic. Questions will be related to your mental health and well-being as well as impacts on income, employment, and safety. You can answer all or some of the survey questions or stop the survey at any time. If you choose to stop after you have answered some or all the questions, your answers may be kept for analyses.

The survey will take about 10 to 15 minutes to complete.

Are there benefits or risks to participation?

You will not directly benefit by completing this survey. There are no anticipated risks with this survey; however, if you feel uncomfortable answering some of the questions, you can select 'prefer not to answer', or stop the survey at any time. If you change your mind about completing the survey at any time, there will be no negative effects and it will not affect the services that you get from any organization. Your relationship with service providers in the community will stay the same.

Some of the questions that we ask you may trigger strong feelings and emotions while thinking of your experiences. If you need to talk about these feelings, links to resources are provided at the end of the survey.

How will your information be protected?

All information will be stored securely on the North Bay Parry Sound District Health Unit's server after it has been exported and deleted from the CheckMarket survey platform. All the data collected for this survey will be securely stored for seven years and then destroyed.

Everyone's information will be grouped together and summarized, and your name will never be connected to your answers. You are anonymous. The anonymous data will be held by the Health Unit.

How will project results be shared?

Findings may be published, presented at conferences, or discussed with other health units or community partners. You will not be identified in any reports or presentations.

What if you have questions or concerns about the project?

Please contact Auburn Larose at Auburn.Larose@healthunit.ca if you have any questions or concerns about taking part in this survey or if you'd like a copy of the survey findings.

What if you have questions about your legal rights?

When you agree to take part, you keep all your legal rights. If you have any questions about ethical issues in the project, you may contact the Research Ethics Review Committee Chair by email at research.ethics@healthunit.ca.

By checking "I agree", you have read the consent information above, agree to participate in this survey, and are 16 years of age or older.

- ☐ I agree
- ☐ I do not agree

A Bit About You

1. How old are you?

- ☐ Less than 16 years of age **[You cannot complete the survey if you are under 16]**
- ☐ 16 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 to 84 years
- ☐ 85 years of age and older

2. Which district do you live in?

- ☐ Nipissing District
- ☐ Parry Sound District
- ☐ I don't live in either district **[You cannot complete the survey if you don't live in either]**

3. Which town, township or First Nation do you live in?

- | | |
|--|--|
| <input type="checkbox"/> Armour | <input type="checkbox"/> Nipissing Unorganized North Part |
| <input type="checkbox"/> Bonfield | <input type="checkbox"/> Nipissing Unorganized South Part |
| <input type="checkbox"/> Burk's Falls | <input type="checkbox"/> North Bay |
| <input type="checkbox"/> Callander | <input type="checkbox"/> Papineau-Cameron |
| <input type="checkbox"/> Calvin | <input type="checkbox"/> Parry Sound Unorganized Centre Part |
| <input type="checkbox"/> Carling | <input type="checkbox"/> Parry Sound Unorganized North East |
| <input type="checkbox"/> Chisholm | <input type="checkbox"/> Part |
| <input type="checkbox"/> Dokis First Nation | <input type="checkbox"/> Perry |
| <input type="checkbox"/> East Ferris | <input type="checkbox"/> Powassan |
| <input type="checkbox"/> Joly | <input type="checkbox"/> Ryerson |
| <input type="checkbox"/> Kearney | <input type="checkbox"/> Seguin |
| <input type="checkbox"/> Machar | <input type="checkbox"/> Shawanaga First Nation |
| <input type="checkbox"/> Magnetawan (Municipality) | <input type="checkbox"/> South River |
| <input type="checkbox"/> Mattawa | <input type="checkbox"/> Strong |
| <input type="checkbox"/> Mattawan | <input type="checkbox"/> Sundridge |
| <input type="checkbox"/> McDougall | <input type="checkbox"/> The Archipelago |
| <input type="checkbox"/> McKellar | <input type="checkbox"/> Town of Parry Sound |
| <input type="checkbox"/> McMurrich/Monteith | <input type="checkbox"/> West Nipissing |
| <input type="checkbox"/> Nipissing First Nation | <input type="checkbox"/> Whitestone |
| <input type="checkbox"/> Nipissing Township | <input type="checkbox"/> Other, please specify: _____ |

Mental Health & Well-Being

Please help us understand how the COVID-19 pandemic is impacting your mental health and health behaviours.

4. Have you experienced any of the following changes since the start of the COVID-19 pandemic (March 2020)?

	Much more often	Somewhat more often	Somewhat less often	Much less often	About the Same	Doesn't apply to me	Prefer not to Answer
Feelings of loneliness or isolation							
Amount of daily recreational screen time/ online gaming							
Difficulties sleeping							
Being physically active							
Feeling stressed to the point where it had an impact on how you live your daily life							
Feeling stressed to the point where you felt like you could not cope/deal with things							
Thoughts of suicide or self-harm							
Ability to manage problems or stressful situations							
Stigma or worry about stigma because of your mental health							
Participating in hobbies and activities (sports, reading, music, arts, etc.)							
Feelings of happiness at home							

5. Thinking about how COVID-19 has changed our lives, are you worried about the loss of:

[Check all that apply]

- ☐ Your personal or household income
- ☐ Your housing
- ☐ In-person health services for you or others in your household
- ☐ In-person community-based programs for you or others in your household
- ☐ Food programs or services for you or others in your household
- ☐ In-person cultural or spiritual programs
- ☐ None of the above
- ☐ Prefer not to answer

6. Thinking about how COVID-19 has changed our lives, are you worried about the impact on:

[Check all that apply]

- ☐ Your mental health or that of others in your household
- ☐ Your physical health or that of others in your household
- ☐ Your social life or that of others in your household
- ☐ Your safety at home or domestic violence in your household
- ☐ Your spiritual or cultural connection or that of others in your household
- ☐ None of the above
- ☐ Prefer not to answer

7. Thinking about the last 7 days, which of the following statements apply to you? [Check all that apply]

- ☐ You feel you have a supportive family and/or friends
- ☐ You have participated in a hobby or an activity that you enjoy
- ☐ You have connected virtually with others (for example, video chat, book club, exercise class, community support group, etc., done online)
- ☐ You have connected in-person with others
- ☐ You have participated in some form of physical activity for 30 minutes or longer
- ☐ You have practiced some form of deep relaxation exercises, such as meditation or yoga

8. Since the start of the pandemic (March 2020) have you accessed any types of resources to support or improve your health and well-being? [Check all that apply]

- ☐ In-person or virtual therapy or counselling sessions
- ☐ Support from friends and/or family
- ☐ Helpline (call or text)
- ☐ Primary care (e.g. physician, nurse practitioner)
- ☐ Hospital care
- ☐ Spiritual/cultural ceremonies
- ☐ Online resources or information from a website
- ☐ Other, please specify
- ☐ Prefer not to answer
- ☐ None of the above

9. Did you experience any challenges, difficulties or concerns with accessing the resources or supports? [Check all that apply]

- ☐ Limited or no access to computer or internet
- ☐ Location of services
- ☐ Transportation issues
- ☐ Cost of services
- ☐ Hours that services are open
- ☐ Need for appointment
- ☐ Lack of child care
- ☐ Lack of culturally appropriate services
- ☐ Fear of discrimination or stigma by service providers
- ☐ Physical accessibility
- ☐ Waitlists
- ☐ Other, please describe: _____
- ☐ I did not experience any challenges

10. Since the start of the COVID-19 pandemic (March 2020), have any of the following behaviours increase for you?

- ☐ Alcohol use (answer Question 11)
- ☐ Cannabis use (answer Question 12)
- ☐ Nicotine use, including smoking and vaping (answer Question 13)
- ☐ Online gambling (answer Question 14)
- ☐ Illegal drug use (answer Question 15)
- ☐ None of the above (Skip Questions 11-15. Go to Question 16)

11. Why do you think your alcohol use has increased? [Only respond to this if you checked "Alcohol" in question 10] (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Lack of regular schedule | <input type="checkbox"/> I cook more/have with supper |
| <input type="checkbox"/> Working from home | <input type="checkbox"/> Pain relief/anxiety |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Social gatherings (online or at home) |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> No reason | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> More time at home | |

12. Why do you think your cannabis use has increased? [Only respond to this if you checked "Cannabis" in question 10] (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Lack of regular schedule | <input type="checkbox"/> More time at home |
| <input type="checkbox"/> Working from home | <input type="checkbox"/> Pain relief/anxiety |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Social gatherings (online or at home) |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> No reason | <input type="checkbox"/> Prefer not to answer |

13. Why do you think your nicotine/smoking/vaping use has increased? [Only respond to this if you checked "Nicotine" in question 10] (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Lack of regular schedule | <input type="checkbox"/> More time at home |
| <input type="checkbox"/> Working from home | <input type="checkbox"/> Pain relief/anxiety |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Social gatherings (online or at home) |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> No reason | <input type="checkbox"/> Prefer not to answer |

14. Why do you think your online gambling has increased? [Only respond to this if you checked "Online Gambling" in question 10] (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Lack of regular schedule | <input type="checkbox"/> More time at home |
| <input type="checkbox"/> Working from home | <input type="checkbox"/> Pain relief/anxiety |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Social gatherings (online or at home) |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> No reason | |

15. Why do you think your illegal drug use has increased? [Only respond to this if you checked "Illegal drug use" in question 10] (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Lack of regular schedule | <input type="checkbox"/> More time at home |
| <input type="checkbox"/> Working from home | <input type="checkbox"/> Pain relief/anxiety |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Social gatherings (online or at home) |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> No reason | |

Child Well-Being

The COVID-19 pandemic has also affected the well-being of children. Please help us understand how the pandemic has impacted your child(ren).

16. Are you the parent or guardian of any children (17 and younger) living in your household?

- ☐ Yes (proceed to Q17)
- ☐ No (proceed to Q20)

17. If yes, how old are your children? Please select the age of each of the children in your home. You may select ages for up to six children. Leave remaining questions blank if there are less than six children in your home.

Children	Age
Child 1	
Child 2	
Child 3	
Child 4	
Child 5	
Child 6	

18. For each statement below, please indicate how much you agree.

Question	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply	Prefer Not to Answer
At least one of my children worries that they will get COVID-19.						
At least one of my children worries that someone they love will get COVID-19.						
At least one of my children is upset by COVID-19 restrictions.						
I am worried about my child(ren)'s education.						

I am having difficulty supporting my child(ren)'s remote learning.						
I am worried about my child(ren)'s level of physical activity.						
I am worried about the amount of sleep my child is getting.						
I am worried about my child(ren)'s social and emotional development.						
I am worried about my child's anxiety and stress.						
It is challenging to get the mental health services and supports I need for my child(ren).						
My child(ren) and I argue more because of COVID-19 restrictions.						
I am worried about managing my child's behaviour.						
I feel I do not have enough parenting support due to COVID-19 restrictions.						
I am worried about maintaining household routines, organization and meals.						
I have had difficulty balancing work and family since restrictions started.						

19. If you had a child born in 2020, please indicate which statements applied to you after their birth:

Question	Yes	No	Prefer Not to Answer
I experienced depression or anxiety.			
COVID-19 restrictions limited the support I received from family and friends.			
I breastfed less than I planned because of COVID-19.			
I got the breastfeeding supports I needed.			

Other Impacts of COVID-19

20. Since the pandemic started (March 2020), which of the following have you experienced?

Please check all that apply.

- ☐ Loss of income
- ☐ Loss of housing
- ☐ Unable to access food because of a lack of income
- ☐ Unable to access usual healthcare
- ☐ Unable to get usual prescription medications and treatments
- ☐ Not enough access to needed technology (computer, tablets) or internet
- ☐ Increased verbal or physical conflict
- ☐ Separation from family
- ☐ Increased time caregiving for young and/or school-aged children
- ☐ Increased time caregiving for older adults

21. Since the pandemic started (March 2020), which of the following have you experienced?

Please check all that apply.

- ☐ New connections with supportive people
- ☐ Increased time to do activities with children
- ☐ Eating meals with family more often
- ☐ More time in nature/being outdoors
- ☐ More time doing enjoyable activities (e.g., reading, books, puzzles)
- ☐ More thankful of things usually taken for granted
- ☐ Increased contact with family and friends (through phone or video)

22. At any point between the closure of businesses and schools in mid-March and now, have you received any financial assistance from the government? This would include CERB, CESB, EI, rent/mortgage or other payment deferrals (e.g. utilities, credit card balance).

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

23. Over the past month, have you worried about or has it been difficult to:

	Yes	No	Does Not Apply to Me	Prefer Not to Answer
Pay your housing costs (e.g. mortgage, rent, major repairs)				
Pay for food				
Pay for utilities (e.g. electricity, water, internet, telephones)				
Pay other expenses (e.g. transportation, health-related costs such as dental care or medications, education, childcare, clothing, etc.)				
Put money into savings or other investments				

Demographic Questions

24. How do you describe yourself?

- ☐ Female
- ☐ Male
- ☐ I identify as: _____

25. In the past two weeks, which of the following best describes your current job?

- ☐ Working outside the home, **with** regular face-to-face interaction with the public
- ☐ Working outside the home, **without** regular face-to-face interaction with the public
- ☐ Working from home
- ☐ Not working because of the pandemic
- ☐ Not working but for other reasons than the pandemic
- ☐ Other, please describe: _____
- ☐ Prefer not to answer

26. Are you a student?

- ☐ Yes, at a high school
- ☐ Yes, at a college or university
- ☐ No, I'm not a student

27. Do you consider yourself to be any of the following? (Check all that apply)

- ☐ A member of a racialized community
- ☐ A person who identifies as First Nations, Inuit, or Métis
- ☐ A person who identifies as Francophone
- ☐ A person who accesses the local food bank or soup kitchen
- ☐ A member of the LGBTQ2S+ community
- ☐ A person with a physical, developmental or sensory disability (e.g., hearing or vision)
- ☐ A person with a chronic (long-term) illness (e.g., asthma, diabetes, cancer, arthritis)
- ☐ A person with a mental health disorder (e.g., anxiety, depression)
- ☐ A recent newcomer to Canada (within the last 5 years)
- ☐ A person who is homeless or at risk for homelessness
- ☐ A person living in poverty
- ☐ None of the above
- ☐ Prefer not to answer

28. (Skip if you are not new to Canada) If you are a newcomer, which of the following categories applies to you:

- ☐ Permanent Resident
- ☐ Temporary Resident
- ☐ International Student
- ☐ Other, please describe: _____

29. In the 2 years before the COVID-19 pandemic, did you experience discrimination or unfair treatment because of:

- | | |
|---|--|
| <input type="checkbox"/> Your Indigenous identity | <input type="checkbox"/> Your sex (Sex refers to sex assigned at birth.) |
| <input type="checkbox"/> Your ethnicity or culture | <input type="checkbox"/> Your sexual orientation |
| <input type="checkbox"/> Your race or skin colour | <input type="checkbox"/> Your gender identity or expression |
| <input type="checkbox"/> Your religion | <input type="checkbox"/> Your age |
| <input type="checkbox"/> Your language | <input type="checkbox"/> A physical or mental disability |
| <input type="checkbox"/> Your accent | <input type="checkbox"/> Some other reason |
| <input type="checkbox"/> Your physical appearance (e.g., weight, height, hair style or colour, clothing, jewelry, tattoos and other physical characteristics) | <input type="checkbox"/> Did not experience discrimination |

30. Since the COVID-19 pandemic began in March 2020, did you experience discrimination or unfair treatment because of:

- | | |
|---|--|
| <input type="checkbox"/> Your Indigenous identity | <input type="checkbox"/> Your sex (Sex refers to sex assigned at birth.) |
| <input type="checkbox"/> Your ethnicity or culture | <input type="checkbox"/> Your sexual orientation |
| <input type="checkbox"/> Your race or skin colour | <input type="checkbox"/> Your gender identity or expression |
| <input type="checkbox"/> Your religion | <input type="checkbox"/> Your age |
| <input type="checkbox"/> Your language | <input type="checkbox"/> A physical or mental disability |
| <input type="checkbox"/> Your accent | <input type="checkbox"/> Some other reason |
| <input type="checkbox"/> Your physical appearance (e.g., weight, height, hair style or colour, clothing, jewelry, tattoos and other physical characteristics) | <input type="checkbox"/> Did not experience discrimination |

31. How else has the COVID-19 pandemic impacted you that was not already asked about in this survey?

Thank you for your participation. Your time is greatly appreciated.

For more information about COVID-19, please visit the North Bay Parry Sound District Health Unit website at www.myhealthunit.ca.

For information about local mental health, substance use, and crisis services, see the next page. Feel free to remove that page from your survey before handing it in.

MENTAL HEALTH SERVICES FOR ADULTS

ConnexOntario:

- 24/7 support to help you find local mental health and addiction services
- 1-866-531-2600
- ConnexOntario.ca

Talk 4 Healing:

- 24/7 support and resources for Indigenous women in 14 languages by phone or text
- 1-855-554-HEAL (4325)

BounceBack

- A free skill-building program designed to help youth 15+ and adults and manage symptoms of depression and anxiety. Delivered over the phone with a coach and through online videos, you will get access to tools that will support you on your path to mental wellness.
- Bouncebackontario.ca

MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

Hands The Family Help Network:

- 1-800-668-8555
- Provides counselling and therapy support for children, youth, and their families

Kids Help Phone:

- 1-800-668-6868
- Free, confidential professional counseling, information, and referrals for mental health and addictions services.
- Text: CONNECT to 686868 (English) or PARLER to 686868 (French)
- Live chat counselling: www.kidshelpphone.ca

LGBT Youth Line:

- Text 1-647-694-4275
- Free, confidential, and non-judgmental peer support
- Sunday-Friday 4:00 p.m.-9:30 p.m.

CRISIS INTERVENTION SERVICES

North Bay Regional Health Centre - Crisis Intervention:

- 1-800-352-1141
- 50 College Dr., North Bay
- 24/7

Alliance Centre – Crisis Intervention:

- 705-753-3110 ext. 288
- 725 Coursol Rd., Sturgeon Falls
- 4:00 p.m.–11:00 p.m., 7 days/week

East Nipissing Mental Health Services (Mattawa) - Crisis Intervention Program

- 705-744-6014
- 217 Turcotte Park Rd., Mattawa
- 9:00 a.m.-5:00 p.m., Monday-Friday

Canadian Mental Health Association Muskoka-Parry Sound Branch - Crisis Support Services:

- 1-888-893-8333
- 24/7

Canada Suicide Prevention Service

- 1-833-456-4566, available 24/7
- Text to 45645, available 4:00 p.m. – 12:00 p.m.

Mental Health Crisis Line for Children and Youth:

- 1-844-287-9072
- Provides 24/7 support for children, youth, parents, and caregivers from Nipissing and Parry Sound districts

For more service information, visit myhealthunit.ca/mentalhealthservices