



June 25, 2021

Dear Premier Ford, Minister Lecce and Dr. Moore,

As the 2020-21 school year comes to a close, we are writing to follow up on our letter dated April 20, 2021 to ask again what your government is doing to prepare for a “return to normal” for students in September.

As you know, schools in Ontario were closed to in-person schooling longer than any other jurisdiction in Canada. In-person learning is crucial for the developmental, emotional, psychosocial and mental health of children and youth. Children and youth have suffered from months of social isolation, school closures, and disrupted schedules. The effects on these measures on their health and well-being cannot be dismissed any longer.

The public health measures designed to protect Canadians from COVID-19 inadvertently harmed children and youth. The data from the first two school closures in Ontario are overwhelming.<sup>1 2</sup> Paediatricians and children’s hospitals across the country have been sounding the alarm for months. Children and youth are in serious distress and are presenting at unprecedented levels with anxiety, depression, suicidality, substance misuse, and eating disorders<sup>3</sup>. Countless others are languishing, and we are gravely concerned about their well-being in the weeks, months, and indeed, years to come. In a forthcoming policy brief on child/youth mental health<sup>4</sup>, experts from the Royal Society of Canada conclude that we are on the “cusp of a generational catastrophe.”

The pandemic underscored just how important in-person learning is not just to academic achievement but to all aspects of child and youth well-being. For students relying on school attendance for specialized services and supports—including nutrition programs, programs for students with disabilities (occupational therapy, physiotherapy, speech-language therapy), vocational counselling, and English language learning—online school has been particularly challenging. Students from lower socioeconomic groups and racialized children and youth have been especially vulnerable and are experiencing disproportionate learning losses with potentially lifelong implications for achievement and economic prosperity.<sup>5</sup>

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<sup>1</sup> Cost KT, Crosbie J, Anagnostou E, Birken CS, Charach A, Monga S, Kelley E, Nicolson R, Maguire JL, Burton CL, Schachar RJ, Arnold PD, Korczak DJ. Mostly worse, occasionally better: impact of COVID-19 pandemic on the mental health of Canadian children and adolescents. *Eur Child Adolesc Psychiatry*. 2021 Feb 26:1–14. doi: 10.1007/s00787-021-01744-3. Epub ahead of print. PMID: 33638005; PMCID: PMC7909377.

<sup>2</sup> CMHO. [The impacts of COVID-19 on mental health needs. Evidence brief](#), May 25, 2021.

<sup>3</sup> Szklarski C. [Experts say pandemic fueling apparent spike in eating disorders](#). CTV News. January 20, 2021

<sup>4</sup> Vaillancourt T, Szartmari P, Georgiades K et al. Royal Society of Canada, Working Group on Children and Schools. The impact of COVID-19 on the mental health of Canadian Children and youth. In press, May 2021.

<sup>5</sup> Gallagher-Mackay K, Srivastava P, Underwood K et al on behalf of the Ontario COVID-19 Science Advisory Table. [COVID-19 and Education Disruption in Ontario: Emerging Evidence on Impacts](#). June 2020.

After 15 months of disruption and constraints, it is critical that school routines and supports be fully restored. Students should be in school all day, every day, with options for extracurricular activities and access to allied health supports.

Fortunately, thanks to accelerated vaccine schedules and declining rates of transmission, there should be few barriers to a return to normal for students. Local medical officers of health are best positioned to advise on outbreak protocols and any mitigation measures that may be required in their community.

The Canadian Paediatric Society is calling on Ministries of Education to:

1. Announce plans for the 2021-22 school year as soon as possible to ensure students, families and educators can appropriately plan and prepare.
2. Take all necessary measures to ensure that the school year starts on time, is delivered fully in-person, and adheres to regular (i.e., pre-pandemic) schedules and semesters.
3. Significantly scale up immediate and ongoing funding and support for school- and community-based programming to meet the mental health, learning and developmental needs of all children and youth, with a particular focus on reaching those who have been most disadvantaged by school closures and other pandemic measures. These supports include allied health professionals such as occupational and physiotherapists, and speech-language pathologists.
4. Provide funding and support for enhanced education recovery strategies to address learning losses and school disengagement. At minimum this could include summer programming, smaller class sizes and additional staff.
5. Fully restore extracurricular activities, including sports, arts, and music.

Returning school routines to normal is a critical first step in restoring the well-being of children and youth, but it cannot be the only measure. Enhanced community supports for both parents and children/youth must be available to those who need them. Children and youth must be a priority population in post-pandemic recovery plans, and paediatric health experts need to be part of planning and decision-making.

With over 3,500 members across Canada, the CPS would be pleased to connect you with local paediatric experts to ensure children and youth are appropriately and effectively prioritized in your recovery plan. To help ensure there is paediatric expertise at your decision-making table, contact [samanthag@cps.ca](mailto:samanthag@cps.ca).

We look forward to hearing your plans for a “return to normal” for students in September 2021.

Sincerely,

Eddy Lau, MD  
Board Member  
Toronto, ON

Kim Dow, MD  
Board Member  
Kingston, ON

Mark Feldman, MD  
Vice President  
Toronto, ON