

Protecting the Well-Being of Children and Adolescents: Appeasing Vaccine Tension around Schools

This document is intended for Quebec schools and was developed in October 2021 by C. Rousseau (child psychiatrist, McGill U.) and the CoVivre program, in collaboration with È. Dubé (medical anthropologist, INSPQ and U. Laval), L. Monnais (health historian, U. Mtl) and C. Quach-Thanh (pediatric microbiologist-infectologist, CHU Ste-Justine). A 2-page summary sheet is also available, as well as an appendix illustrating the relational and emotional consequences of the debates surrounding the COVID-19 vaccine for children and youth.

1. - Context: Vaccine tension around schools in the fall of 2021

1.1 Vaccination of children and youth against COVID-19

- Vaccination of youth is warranted by available epidemiologic data about transmission of the virus by children, even if they are minimally affected by the virus.
- Using schools as a vaccination site is a pragmatic choice to offer vaccination to the largest number of youth as quickly as possible.
- Vaccination at school requires consent by the parents for those under 14 years of age and by youth 14 years of age and older.
- There are issues associated with using schools as vaccination sites in the current polarized context, namely a loss of the protective character of school for some, and the displacement of conflicts into the school environment.
- Children and youth carry an important symbolic value in our society and are at the heart of the current debates on the issue of vaccines. For both the vaccinated and the non-vaccinated, children represent a part of the population that we want to protect at all costs. There is resistance to the growing intrusion of the government into the family and private spheres of people's lives (parental rights and legitimacy). For some, there is also resistance to what is perceived as the "brainwashing and enslavement of young people", ideas at the heart of conspiracy and anti-system theories.
- Vaccination of 5- to 11-year-olds could accentuate these cleavages and should therefore be planned with this context in mind.

1.2 Escalating tensions between supporters and opponents of vaccination or other health measures, in a context where increasingly restrictive measures are perceived as disguised forms of vaccine obligation

- Different views of the seriousness of the health crisis and the dangers of the virus, and divergent views on which actions to prioritize and the choice of means and policies to implement. While there is a consensus on the desire to get out of the pandemic and to put an end to the limits imposed by the health measures, there is less consensus on the best way out of the crisis, and positions tend to crystallize around two poles. The government, relying on the advice of its Ministry of Health and that of the Public Health Department, has implemented solutions (sanitary measures, vaccination) that have the support of the vast majority of the population (90% of those aged 12 and over are vaccinated), but the disadvantages of these actions (or their collateral effects) are not usually considered in public discourse. A heterogeneous minority opposes these solutions using arguments putting forward the lack of transparency of institutions and a distrust of science and institutions. These debates lead to clashes and a lack of consideration on both sides.

- Use of disqualifying language and insults (idiots, stupid, morons, etc...) on both sides, as well as by the media, politicians, high profile people, and in the general population which, in combination with a position of blame, exacerbates anger and frustration. Unlikely to bring about changes in positions, this language can even exacerbate the crystallization of these positions and legitimize further forms of aggression and expression of hatred.
- Moralization on both sides: each position is associated with a moral valence, considers itself legitimate, and accuses, directly or indirectly, those holding the other position of being criminal.
- Polarization leads to a narrowing of the democratic space in which doubts and criticisms could be expressed in a respectful way.
- Widespread oversimplification of who constitutes the two groups (pro- and anti-vaccination), which are actually very heterogeneous.
- Lack of understanding of the structural barriers that influence choices about vaccination: these are seen as coming solely from the will of individuals. There is a lot of conflation: being hesitant or critical of the institution or government would mean being a conspiracy theorist; conversely, being vaccinated would mean adhering to vaccination without questioning and following the government's instructions without thinking.
- Loss of perspective on what vaccine hesitancy (VH) is: a multiple, complex and dynamic phenomenon that can be seen on a continuum from total acceptance of all vaccines to systematic refusal of vaccines, with a multitude of intermediate positions involving questioning, doubts, fears, delaying, etc., and possibly also, for example, acceptance of the COVID-19 vaccine for one's self and one's elderly parents but not for one's child. Vaccine hesitation is nevertheless normal and even healthy, since it is beneficial to ask questions and to be critical before making a choice.
- The pragmatic considerations needed to be taken into account by the government and various political stakeholders (allowing economic activity and a certain normality for the vaccinated, protecting the most vulnerable, protecting a weakened health system, politicizing the debate for electoral gain), seem to have led to a gradual loss of perspective in the Quebec public health approach to vaccination, which is traditionally based on prevention and awareness rather than coercion. Yet, evidence shows that a motivational approach to vaccine hesitancy ultimately produces better results than coercion or obligation, since it fosters lasting trust in institutions and encourages individuals to exercise choice.
- There seems to be a gradual shift towards a perception of vaccination as quasi-obligatory, through the rise of increasingly restrictive measures: vaccination passport for those aged 13 and over for activities deemed non-essential (including extracurricular activities), compulsory vaccination in certain workplaces, the ban on demonstrating against vaccination within 50 meters of certain places including schools (forms of institutional constraints), setting aside the basic principle that vaccination is an individual or parental choice even if it also implies consideration of collective well-being.
- These constraining measures, which can be seen as disguised forms of vaccine obligation, tend to cause tension among those who are hesitant or refuse vaccination. In other words, the consequences of choosing not to be vaccinated involve being excluded from society to a large extent, and are experienced and seen as a socially and politically accepted form of discrimination that goes beyond the simple public health objective of controlling the virus.
- In addition, several institutions, such as libraries and hospitals, have instituted their own policies with regards to the unvaccinated that further restrict their access to their services, creating for the unvaccinated more anxiety and a sense of exclusion from society.
- These institutional constraints can provoke either silence (among opponents who fear retaliation), or anger and frustration leading to public demands, associated in a small number of cases with violent deviations, or virtual or direct violent acts (threats and violence). The more implicit violence on the



side of the vaccine supporters is minimized overall (insults- derogatory attitudes towards the sick, blame and scapegoating placed on the non-vaccinated).

- Vaccinating in schools, for a number of parents, is going to feel like an incitement, since somewhere along the line, public schools represent the State. These parents, who see vaccination in schools as the school's positioning in favor of vaccination, may see their trust in institutions (the government, the school) diminish, which could have non-negligible consequences on their children, who could be taken out of the school system (see point 2.8).
- Tensions and polarization are also related to the lack of recognition of the underlying emotions (fear, anger, frustration) on both sides. Underlying these tensions are fear (of contracting or transmitting COVID but also of never returning to "normal" life), psychological distress (at the thought of reliving isolation and lockdowns, lack of socialization, estrangement from loved ones, loss of activities). This emotional state, now often referred to as "pandemic fatigue," is related to feelings of frustration (arising from health measures and their consequences, or arising from the fact that unvaccinated people are "threatening" others and "delaying the return to normal life"). These emotions and distress, coupled with the gradual shift towards quasi-obligatory vaccination as the only way out of the crisis, provide fertile ground for polarization and the deterioration of social ties (already damaged by the previous waves and isolation measures). Kindness and empathy, which require tolerance in the face of disagreement, must be prioritized again.

2. - Impact of this context on children, adolescents and young adults

Tensions between supporters and opponents of health measures or vaccines are experienced around the school, but are also present among peers, within the school team, among parents and in the community around the school, weakening ties, leading to the creation of alliances (for or against vaccines) and polarizing the environment. This context has consequences for children's mental health and development.

The consequences described here were documented in the fall of 2021 on a repeated basis. The most frequent ones will be illustrated with **anonymous vignettes in an attached document** (peer relations; student-school relations; family-school-peer relations; school team; school environment).

2.1 Peer-to-peer bullying

- Unvaccinated or partially vaccinated youth may be ridiculed and insulted by their peers, either in groups or individually. These comments may be directed at their families (derogatory comments). The strength of the group heightens the hurtfulness of these interactions.
- Unvaccinated youth may be ostracized and isolated, peers being unwilling to sit near them.

2.2 Increased social exclusion

- Unvaccinated youth constitute a minority group, and are also vulnerable because they cannot participate in certain activities, which increases their sense of exclusion and exacerbates social inequalities, because of the association between vaccination status and parental education level, SES and diversity.
- Beyond the current context, these experiences will impact the perceptions that future parents (today's children) will have of vaccination, which is an important concern.



2.3 Family-School Loyalty Conflicts

- Many young people find themselves caught between their families, friends and school regarding vaccination. They feel like they have to take a stand or hide their family's position regarding the vaccine, as if it were shameful. Some youth 14 and over get vaccinated in secret (without their parents' knowledge).
- For young people in opposition-rebellion with their parents, or with the school, these divisions are an opportunity to aggravate cleavages and conflicts, with one side being protected over another. The school and family can no longer work as a team.
- When parents who disagree with vaccination end up having their children vaccinated so their child doesn't get excluded at school or from other activities, the child may not feel safe, perceiving that his or her parents are concerned. This can undermine trust within the family.

2.4 Fragility of the school team and risk of polarization within it

- Conflicts between vaccinated and unvaccinated staff within the school team. Fear of the non-vaccinated who do not dare to say what their position is. Non-vaccination of some school team members can generate discomfort, tension or stigmatization.
- School teams are not homogeneous. The emotional charge of the debate and its moral character make it difficult to dialogue or even share positions. Tensions, said or unsaid, can affect the school team's ability to cope together with the situation.
- School teams are worn out by the burden of changing health measures. Current tensions can lead to avoidance or burnout.

2.5 Insecurity about the physical and social environment of the school

- Because of demonstrations against vaccines or health measures that have taken place around some schools (banned by the government within fifty meters of schools since then), students, parents, and professionals may feel that school is no longer a safe place to be. The media coverage of such incidents contributes to this feeling of insecurity.

2.6 Increased symptoms associated with stress among youth.

- This environment of vaccine stress elicits or reactivates well-documented anxiety symptoms in youth during the pandemic, anxiety symptoms that did indeed increase significantly during the pandemic.
- This affects the readiness to learn of some youth: when a child or youth is stressed or preoccupied, they may have difficulty focusing on learning.

2.7 Increase in school phobia and behavioural problems for certain groups of young people who are more vulnerable

2.8 Risk of dropping out of school for some youth

- Some parents may choose to withdraw their child from regular school to home school or send him or her to a new type of school in line with their values against health measures or vaccination. The impact of this withdrawal from school could be significant, especially since these are usually children already in a position of social vulnerability.



3. - What to do ? Principles for Action

3.1 Foster transparent, caring, and nuanced health communications.

- Recognize that the science behind institutional choices about vaccination is still limited in terms of immunization and health measures.
- Follow government measures while allowing for respectful criticism.
- Avoid generalizations.

3.2 Avoid confrontation and refuse to escalate while strongly condemning criminal acts (threats, vandalism, aggression)

- Re-establish a respectful language and discourse with regards divergent positions, and normalize these positions.

3.3 Encourage safe spaces for all to speak out and restore legitimacy and respect for individual or parental rhythm and choice

- These spaces should emphasize the legitimacy of the individual or parental choice (even if this choice may be worrisome), while reminding us of our obligations to the collective well-being and the fact that this requires delicate negotiations.

3.4 Preserving connections, beyond disagreements

- Disagreements have always existed (political, organizational and otherwise), but in most cases they do not interfere with the ability to maintain a bond. In light of the current situation, it is necessary to recall the crucial role of these bonds, which unite all school personnel around a precious mandate: the education and development of children and young people.

4.- How to do it ?

4.1 Preventing tensions at school

4.1.1 Within the school administration: messages to parents

- Invite restraint and kindness, and demand respect during exchanges
- Send a clear message to parents that: (1) while encouraging immunization, the administration respects individual or parental choice and protects families and youth from exclusion; (2) encourages tolerance and respect for positions on immunization or health measures; and (3) reassures parents and teachers that health measures are being enforced in the school.

4.1.2 Within the school team

- Recognize the right to individual choice and encourage respect for all choices.



- Work to maintain cohesion and cooperation despite possible tensions.
- Acknowledge tensions if they exist and normalize them (the school is a reflection of society).

4.1.3 In the classroom

- Provide safe and respectful spaces for exchanges by using, among others, the vignettes in the appendix to initiate dialogue.
- Approach vaccination in an open and caring manner and lead discussions about vaccines (what it's for, why it's a collective process, what is the immune system) and about the legitimacy of individual or parental choice (to avoid putting too much pressure to vaccinate, and to avoid parents reacting negatively to these class discussions).
- Offer more information about vaccines that is appropriate to the age and needs of students, moving away from judgmental or moralistic language.
- Familiarize students with vaccine hesitancy to encourage them to understand that it is normal, complex, dynamic, and not just a matter of willingness, and to encourage them to adopt an empathetic and respectful attitude towards those who might have different perspectives on the issue.
- Provide inclusive activities that do not distinguish between vaccinated and unvaccinated, to avoid feelings of exclusion.
- In the event of parent-student disagreement, opt for mediation rather than division, encouraging the preservation of the relationship.

4.2 Dealing with an incident at school

4.2.1 In the case of a demonstration

- Reassure students and explain what is happening according to their developmental stage.
- Remind them that disagreement does not justify disrespect or violence.
- Remain specific and avoid generalizing about any positions (do not say "anti-vaxxer").

4.2.2 In the case of an internal incident

- Ensure cohesion among the school team around the response.
- Implement appropriate consequences regardless of the position supported by the parties involved, but minimize exclusionary measures as much as possible.
- Propose a posture of mediation between the actors involved (youth, parents, schools) rather than being divisive, and encourage the maintenance of the bond.

