

A RESOURCE FOR IMPROVING MEASURABLE IMPACT

Impact of COVID-19 on Child Mental Health

During Fall 2021, the American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP), and Children's Hospital Association (CHA) declared a national emergency in child and adolescent mental health. (1)

As a result of altered experiences at home, school, and in the community during the COVID-19 pandemic, a vast number of children have faced social, emotional and academic challenges, increasing their risk for **depression, anxiety, suicide, sleep disorders, and substance use.** (2-5) The U.S. Surgeon General issued a public health advisory on December 7, 2021, to address the nation's youth mental health crisis. The Advisory on Protecting Youth Mental Health outlines the pandemic's unprecedented impacts on the mental health of America's youth and families. (6) On March 1, 2022, the AACAP called on the Administration to declare the crisis in children's mental health a Public Health Emergency to provide critical immediate resources to communities across the nation. (7)

Children's Mental Health During COVID-19 Pandemic

- For many children, school closures and remote learning have resulted in increased **food insecurity** and need for **social and academic support** (including special education programming), which can have long-term mental health consequences. (2, 3, 8, 9)
- Reduced in-person interactions with friends, teachers, school counselors, pediatricians, child welfare workers, and other professionals or social supports have made it more difficult to recognize signs of **child abuse or neglect** and other mental health concerns. (11)
- Mental health disorder rates are likely to increase over time given that sustained COVID-19 stressors may result in **years-long mental health impacts.** (12, 13)

Globally, between January 2020 and mid-February 2021, symptoms of depression and anxiety doubled among youth compared to pre-pandemic estimates. (10)



1 in 4 youth experienced depressive symptoms during the first year of the pandemic.



1 in 5 youth experienced anxiety symptoms during the first year of the pandemic.

Some children are at greater risk of experiencing mental health struggles during the COVID-19 pandemic.

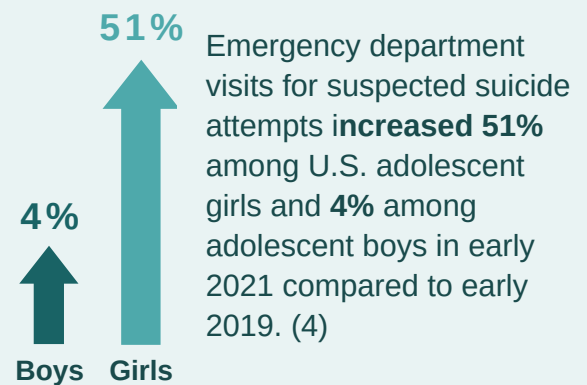
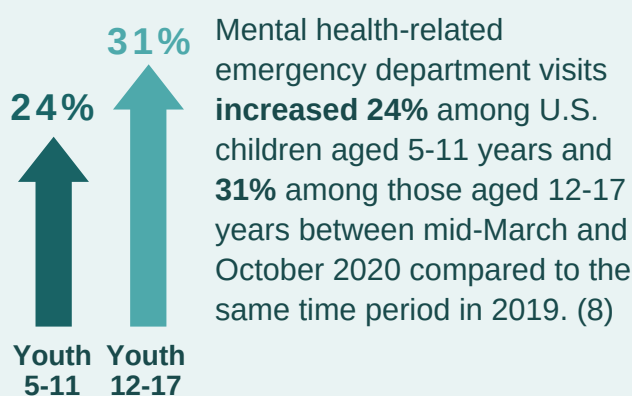
The COVID-19 pandemic heavily affected the mental health of youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, low-income youth, youth in rural areas, youth in immigrant households, youth involved with the child welfare or juvenile justice systems, and homeless youth. (6)

Risk factors for mental health struggles during COVID-19 include experiencing or having: (11)

- Trauma (e.g., loss of a loved one)
- Mental health challenges before the pandemic
- Parents/caregivers who are frontline workers
- Disruptions to routine
- Adverse childhood experience
- Food insecurity
- Financial or housing instability

As of November 2021, more than 167,000 U.S. children have lost a parent or caregiver to COVID-19. (14)

Percent Increases in Emergency Department Visits During the Pandemic



Though Texas had made significant strides in funding mental health issues, there is still more to be done.

- Among youth ages 11-21 years admitted to a Texas pediatric emergency department, odds of a **recent suicide attempt were significantly greater** in February (1.58), March (2.34), April (1.75), and July (1.77) 2020 compared with the same months in 2019, coinciding with school closures and increases in COVID-19 cases. (5)
- **67.1% of Texas children** with diagnosed major depression do not receive any mental health treatment, compared to 59.6% nationwide. (15)
- 1.9 million Texas students currently have access to Texas Child Health Access Through Telemedicine (TCHATT) services, **but not all schools and districts are enrolled in the program.** TCHATT, established in 2019 by the Texas legislature, addresses student mental health needs by providing telemedicine or telehealth programs to school districts. (16, 17)
- In 2021, Texas ranked 50th in mental health workforce availability, with a ratio of **880:1 persons to one provider.** Across the U.S., the availability of mental health workforce ranges from 160:1 to 990:1. (18) Kaiser Family Foundation (KFF) estimates that Texas has met **32.9% of our mental health professional needs.** (13)

Recommendations for Policymakers and Other Stakeholders

- Increase **access to affordable mental and behavioral health services** - including via telehealth - for both adults and children.

Expand **TCHAT** to all districts, which provides telemedicine or telehealth programs to school districts to help **identify and assess the behavioral health needs** of children and adolescents and **provide access to mental health services**. (16, 17)

Provide **adequate funding** for student mental health services, CPS, early childhood programs (including Early Childhood Intervention), school nutrition programs, and community programs to support child mental health. (19)

Make **Multisystemic Therapy for Texas Youth (MST)** available in Medicaid managed care programs, add MST as a Medicaid benefit, expand MST through general revenue appropriations, and expand MST availability through the Youth Empowerment Services (YES) waiver. (20)

- Advance **equitable approaches** to deliver mental health care to youth with disabilities (e.g., phone appointments, integration of behavioral and primary care, routine check-ins with community outreach organizations). (21-24)
- Ensure **unemployment benefits** reach families and children, safeguard families from evictions during crises, and support community and school-based mental health services. (25)
- **Protect schools from closure or virtual learning** by taking preventative actions such as wearing a mask, physical distancing, and washing your hands regularly. School closures have been associated with increased mental health challenges, reduced social interaction, isolation, learning loss, reduced physical activity, and potential for increased abuse or neglect. (26, 27)
- Increase **investment in research** to identify youth mental health needs and develop innovative approaches to support child wellbeing. (11)

Texas Child Mental Health Care Consortium's (TCMHCC) interactive database provides more information about TCHAT, including which school districts are currently active:

<https://tcmhcc.utsystem.edu/tchat/>

Summary

The COVID-19 pandemic has resulted in **unprecedented mental health challenges** for children and adolescents. Social isolation, absence of safety from abuse in the home, lack of academic support, loss of school-based programming, and economic instability have all contributed to **increased risk of depression, anxiety, suicide, substance use, and sleep disorders** among the youngest and most vulnerable Texans. Child and adolescent mental health needs must be addressed to ensure long-term mental and emotional health.

TX RPC Network Member Content Experts

Sandra L. McKay, MD

University of Texas Health Science Center (UTHealth) McGovern Medical School

Zoabe Hafeez, MD

University of Texas Health Science Center (UTHealth) McGovern Medical School

Katelyn Jetelina, PhD, MPH

University of Texas Health Science Center (UTHealth) School of Public Health in Dallas

Alexandra (Sandra) van den Berg, PhD, MPH

University of Texas Health Science Center (UTHealth) School of Public Health in Austin

Deanna Hoelscher, PhD, RDN, LD, CNS, FISBNPA

University of Texas Health Science Center (UTHealth) School of Public Health in Austin

Clayton Travis, MSSW

Texas Pediatric Society

David Lakey, MD

The University of Texas System

REFERENCES

1. AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. American Academy of Pediatrics (AAP). <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>. Updated October 19, 2021. Accessed December 16, 2021.
2. New findings about children's mental health during COVID-19. Psychiatric Times. <https://www.psychiatrictimes.com/view/new-findings-children-mental-health-covid-19>. Updated October 7, 2020. Accessed December 17, 2021.
3. Loades ME, Chatburn E, Higson-Sweeney N, Reynolds S, Shafaran R, Brigden A, Linney C, McManus MN, Borwick C, Crawley E. Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *J Am Acad Child Adolesc Psychiatry*. 2020;59(11), 1218-1239. PMC32504808.
4. Yard E, Radhakrishnan L, Ballesteros MF, Sheppard M, Gates A, Stein Z, Hartnett K, Kite-Powell A, Rodgers L, Adjemian J, Ehlman D, Hollan K, Idaikkadar N, Ivey-Stephensen A, Martinez P, Law R, Stone DM. Emergency department visits for suspected suicide attempts among persons aged 12-25 years before and during the COVID-19 pandemic – United States, January 2019-May 2021. *MMWR*. 2021;70(24):888. PMID34138833.
5. Hill RM, Rufino K, Kurian S, Saxena J, Saxena K, Williams L. Suicide ideation and attempts in a pediatric emergency department before and during COVID-19. *Pediatrics*, 2021 Mar 1;147(3). Accessed January 6, 2022.
6. U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic. Health and Human Services (HHS). <https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>. Updated December 7, 2021. Accessed December 16, 2021.

REFERENCES

7. AACAP Calls on Administration: Declare Children's Mental Health Crisis a Public Health Emergency. American Academy of Child & Adolescent Psychiatry (AACAP). https://www.aacap.org/AACAP/zLatest_News/SOTU_2022.aspx. Updated March 1, 2021. Accessed March 16, 2022.
8. Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental health-related emergency department visits among children aged <18 years during the COVID-19 pandemic— United States, January 1-October 17, 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69:1675-1680. PMC33180751.
9. Lee, J. Mental health effects of school closures during COVID-19. *Lancet Child Adolesc Health.* 2020; 4(6):421. PMC32302537.
10. Racine N, McArthur BA, Cooke JE, Eirich R, Zhu J, Madigan S. Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19. A meta-analysis. *JAMA Pediatr.* 2021;175(11):1142-1150. PMID34369987.
11. Protecting youth mental health, the U.S. surgeon general's advisory. Health and Human Services (HHS). <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>. Updated December 7, 2021. Accessed December 17, 2021.
12. The implications of COVID-19 for mental health and substance use. Kaiser Family Foundation (KFF). www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/. Updated February 10, 2021. Accessed December 17, 2021.
13. Mental Health in Texas. Kaiser Family Foundation (KFF). <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/texas/>. Updated December 13, 2021. Accessed January 6, 2022.
14. Treglia D, Cutuli JJ, Arasteh KJ, Bridgeland JM, Edson G, Phillips S, Balakrishna A. Hidden Pain: Children Who Lost a Parent or Caregiver to COVID-19 and What the Nation Can Do to Help Them. *COVID Collaborative.* 2021. <https://www.covidcollaborative.us/assets/uploads/img/HIDDEN-PAIN-FINAL.pdf>. Updated December 2021. Accessed January 16, 2022.
15. Youth Ranking 2021. Mental Health America (MHA). <https://mhanational.org/issues/2021/mental-health-america-youth-data>. Updated 2021. Accessed December 17, 2021.
16. Texas Child Health Access Through Telemedicine (TCHAT). Texas Child Mental Health Care Consortium (TCMHCC). <https://tcmhcc.utsystem.edu/tchatt/>. Accessed December 16, 2021.
17. Texas Child Health Access through Telemedicine (TCHAT). Meadows Mental Health Policy Institute (MMHPI). <https://mmhpi.org/project/texas-child-health-access-through-telemedicine-tchatt/>. Accessed December 17, 2021.
18. Access to Care Ranking 2021. Mental Health America (MHA). <https://mhanational.org/issues/2021/mental-health-america-access-care-data>. Updated 2021. Accessed December 17, 2021.
19. Children's policy priorities for 2021 legislature. Texas Care for Children. <https://txchildren.org/posts/2020/11/19/childrens-policy-priorities-for-the-2021-texas-legislature>. Updated November 23, 2020. Accessed December 17, 2021.
20. Multisystemic Therapy (MST) for Texas youth - February 2020. Meadows Mental Health Policy Institute (MMHPI). Updated February 2020. Accessed December 16, 2021.
21. So M, McCord RF, Kaminski JW. Policy levers to promote access to and utilization of children's mental health services: A systematic review. *Adm Policy Ment Health.* 2019;46:334-351. PMID30604005.
22. Effects of a COVID-induced economic recession (COVID-19 impact series, volume 1). Meadows Mental Health Policy Institute (MMHPI). <https://www.texasstateofmind.org/blog/mhsud-impacts-of-a-covid-19-economic-recession/>. Accessed December 17, 2021.
23. KFF health tracking poll – early April 2020: The impact of coronavirus on life in America. Kaiser Family Foundation (KFF). <https://www.kff.org/health-reform/report/kff-health-tracking-poll-early-april-2020/>. Updated April 2, 2020. Accessed December 17, 2021.
24. Your Local Epidemiologist. Our Youth are Struggling with Mental Health. <https://yourlocalepidemiologist.substack.com/p/our-youth-are-struggling-with-mental>. Published January 8, 2022. Accessed January 11, 2022.
25. Children's mental health. Texas Health and Human Services (TX HHS). <https://hhs.texas.gov/services/mental-health-substance-use/childrens-mental-health>. Accessed December 17, 2021.
26. Lewis SJ, Munro AP, Smith GD, Pollock AM. Closing schools is not evidence based and harms children. *bmj.* 2021 Feb 23;372.
27. TX RPC Health Policy Resources. Protecting our Children from COVID-19: How Texans can help. <https://sph.uth.edu/research/centers/dell/legislative-initiatives/Protecting%20our%20Children%20from%20COVID-19.pdf>. Published November 11, 2021. Accessed January 11, 2022.