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

- Mental health-related emergency department visits increased 24% among U.S. children aged 5-11 years and 31% among those aged 12-17 years between mid-March and October 2020 compared to the same time period in 2019. (8)

- Emergency department visits for suspected suicide attempts increased 51% among U.S. adolescent girls and 4% among adolescent boys in early 2021 compared to early 2019. (4)

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 **TCHATT** 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 TCHATT, including which school districts are currently active:

https://tcmhcc.utsystem.edu/tchatt/

**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.
REFERENCES


REFERENCES


26. Lewis SJ, Munro AP, Smith GD, Pollock AM. Closing schools is not evidence based and harms children. bmj. 2021 Feb 23;372.