

COVID-19 Intensified Pre-Existing Mental Health Crisis for Children

The global COVID-19 pandemic has swept through communities of color at alarming and disproportionate rates. The ensuing school closures, social isolation and dramatically reduced access to services and care, combined with the overall threat of the virus, have contributed to the alarming mental health trends for young people. Children's distress, especially that of children of color, has also been intensified as public attention turned to the historical and ongoing racial injustice that resulted in protests across the country in the summer of 2020.

California has experienced one of the greatest declines in children's mental health services during the pandemic (Centers for Medicare & Medicaid Services, 2020), accelerating the decline in children's mental health care since 2016 that placed California as 48th in the nation for children with an unmet mental health need (30 percent) compared to the national best of only 5 percent in 2018 (Commonwealth Fund, 2020).

The picture in California since the global pandemic began in early 2020 is dire:



1 in 3 adolescents in California reported symptoms that meet the criteria for serious psychological distress (California Health Interview Survey, 2020). Children and youth living below the federal poverty level had the highest levels of psychological distress. (California Health Interview Survey, 2020)



Only 14% of low-income teenagers on Medicaid in California received screenings for depression and a follow up plan. Less than 6% of Indigenous youth received a screening and plan. (Centers for Medicare & Medicaid Services, 2020)



63% of surveyed parents are concerned about their child's socioemotional and mental health, and **only 36%** reported that their schools were providing resources on social-emotional and mental health for students. (PIQE, 2020)



42% of parents indicated that their children's stress levels were slightly higher or much higher than normal. (PIQE, 2020)



17% of Black parents are stressed about discussing racial justice protests with their children, double the number of white parents who are stressed about discussions of the protests. (8%) (BlueSky Parenting & Mental Health Survey, 2020)



Youth ages 10-18, girls and Black youth have all experienced an increase in suicides as compared to adults, non-Black youth, and boys, with a total of 12,400 deaths in youth under 18. (CDPH, 2021)

Nationally,





Emergency room visits for mental health for children increased by **nearly 25%** for children ages 5-11 and by **nearly one-third** for teenagers in 2020. (Centers for Disease Control, 2020)



More than 1 in 4 children reported an increase in losing sleep because of worry, feeling unhappy or depressed, feeling constantly under strain, or experiencing a loss of confidence in themselves. (America's Promise, 2020)

Globally:

2021)





Clinical elevated depression symptoms have doubled - 1 in 4 youth globally are experiencing depression and 1 in 5 youth have shown elevated anxiety. (Journal of the American Medical Association,



Elevated depression and anxiety symptoms increased by 25%, showing higher elevated symptoms in girls ages 4-17 years. (Journal of the American Medical Association, 2021)

The pre-pandemic data showed alarming disparities across several youth populations, nationally and in California, and we have every reason to believe the pandemic has exacerbated the following:



Black, Indigenous and youth of color in California experienced more

depressive-like symptoms than their white peers in 2015-17. (California Healthy Kids Survey, 2019)





High school girls across all races and ethnicities had made plans to attempt suicide more than boys. (CDC, 2019)



Black and Latina girls were nearly twice as likely to attempt suicide as Black and Latino boys. (CDC, 2019)



22% of girls had seriously considered suicide, and nearly 12% had attempted it. (CDC, 2019)





LGBTQ+ youth from American Indian and Alaskan Native backgrounds were 2.5 times more likely to report a suicide attempt in the past year, compared to their non-Native LGBTQ+ peers. (The Trevor Project, 2020)

California's Policy Opportunities for Children's Mental Health

- Ensure school districts, county programs and mental health providers have the appropriate structures and resources necessary to partner meaningfully with each other. Utilize Medicaid reform efforts (CalAIM, managed care plan re-procurement) to eliminate administrative barriers to mental health care and Medicaid funding so it can be successfully braided with other public resources (such as the Local Control Funding Formula and Mental Health Services Act funds) to reduce poor outcomes and mental distress in young people, especially low-income children and youth of color.
- Leverage the Prevention and Early Intervention funding stream of the Mental Health Services Act to ensure children and youth receive equitable and culturally responsive investments across the state.
- Amplify youth voice in mental health policy development and advocacy, such as youth-driven policy solutions like SB 224 (Portantino) which would require middle and high school students to receive education on mental health in health courses.
- Advance the adoption of telehealth to increase access to health services through the implementation of AB 2315 (Quirk- Silva), which creates a cross agency workgroup to support the use of school-based telehealth for mental health services.

For more information, contact Angela M. Vázquez, MSW, at avazquez@childrenspartnership.org.