Mental Health Impacts of COVID-19 Pandemic on Youth

Prior to the COVID-19 pandemic, children and youth exhibited growing rates of mental health problems. In 2018-2019, among youths aged 3-17, an average of 8% had an anxiety disorder, 4% had a depressive disorder, and 9% had attention deficit disorder or attention deficit/hyperactivity disorder. In October 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association declared a joint national state of emergency in children's mental health. The declaration stated that the worsening crisis in child and adolescent mental health is "inextricably tied to the stress brought on by COVID-19."

Assessing the Link Between COVID-19 and Mental Health

According to a Jed Foundation report, 31% of parents believed that their child's mental or emotional health was worse than before the pandemic. Many children and youth experienced loss for the first time as a result of the pandemic, as they faced the death of a parent, caregiver, or friend. Isolation, loneliness, loss of routine, and economic instability also contributed to these detrimental mental health effects. Populations who are particularly vulnerable, such as LGBTQ+ youth, children of color, and those with pre-existing mental health needs, also experienced heightened challenges.

Between January 2020 and November 2021, more than 167,000 children and youth under 18 lost a parent or in-home caregiver to COVID-19, with children and youth of racial and ethnic minorities accounting for 65% of those cases. Loss of a caregiver is an adverse childhood experience (ACE). ACEs are potentially traumatic events that occur during childhood. The toxic stress from these experiences can alter brain development, affect how the body responds to stress, and can be linked to chronic health problems, substance misuse, and other mental health concerns as children ages. The death of a parent or caregiver in childhood or adolescence leads to increased threats to emotional well-being such as anxiety, depression, and a perceived lack of control over one's life. It has also been linked to increased mortality risk and long-term risk of suicide. Children and youth who lost a caregiver due to COVID-19 are likely to experience these effects more strongly. Many of these families were disproportionately impacted by the pandemic and therefore less likely to be well-equipped with successful coping strategies.

States across the country have seen a dramatic increase in emergency department visits for all youth mental health emergencies, including suicide attempts. Conversely, preventive pediatric mental health care usage declined. CMS found that in 2020, there were 34% fewer mental health visits for youth under 18 covered by Medicaid than in 2019, which translates to roughly 14 million fewer visits. While access to mental health care via telehealth has expanded, access via schools, which is a common pathway for children and youth to receive care, may have decreased due to the closure of in-person schooling.

Racial, Ethnic, and Other Marginalized Populations

While children and youth's mental health is already more vulnerable than adults', certain subgroups are at even higher risk. Youth who identified as Asian or Latino were more likely to report poorer physical, cognitive, and mental health since March 2020 than any other racial or ethnic group. Additionally, Black and Indigenous students are 2.5 times more likely to receive mental health services at school than their White counterparts. With the cancellation of in-person schooling, these higher risk subgroups couldn't access the services that they may have relied on before the pandemic, including school-based healthcare and meal accessibility.

Outside of the classroom, LGBTQ+ students were among those at highest risk for increases in anxiety symptoms and were significantly more likely to exhibit symptoms of depression, anxiety, or both than their straight or cisgender peers. Loneliness brought on by the pandemic was most acutely felt by transgender and Black LGBTQ+ youth. According to The Trevor Project, 70% of LGBTQ+ youth stated that their mental health was "poor" most of the time or always during the pandemic.

State Action

In 2021, 14 states passed 36 bills to improve children's mental health services and expand mental health training opportunities for school resource officers and teachers. At least eight states have enacted laws allowing excused school absences for mental health reasons or expanded on existing laws. In addition, states also used executive powers and other means to offer opportunities and resources to children and youth. The following examples illustrate some key ways in which states are addressing this issue.

Florida

In Florida, the board of education voted to require every public school to provide students in grades 6-12 at least five hours of mental health instruction, including around signs and symptoms of mental health disorders, the process for getting and seeking help, and what to do when peers are struggling.

Virginia

The Virginia Department of Education is in the process of developing an early childhood mental health consultation program. This program, which is available to any child living in the state, provides early childhood teachers and families with the resources they need to promote healthy social-emotional development skills at a young age.

Washington State

Washington state's governor followed the declaration of a youth mental health crisis state of emergency and signed a bill requiring school districts to develop and implement a comprehensive school counseling program, and requiring school counselors and educational staff associates (e.g., nurses, social workers) to spend a minimum 80% of their work time providing direct and indirect services to benefit students.

Recommendations

In late 2021, the U.S. Surgeon General released his recommendations for protecting youth mental health, with a focus on what can be done during and immediately after the pandemic. Selected recommendations for what state health departments can do include providing resources to strengthen school-based mental health programs, expanding the use of telehealth for mental health care, and supporting the continued reduction in biases, discrimination, and stigma related to mental health.

There are several recommendations endorsed by the Department of Education for states to follow. These recommendations touch on many of the same areas as above and include prioritizing wellness, enhancing mental health literacy, implementing evidence-based prevention practices, enhancing workforce capacity, and using data to ensure equitable decision-making.

This brief is part of ASTHO's Public Health Transformation series, which explores how state and territorial health departments have adapted during the COVID-19 pandemic.