

Supporting Mental Health for Children and Youth

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The pandemic has been a time of unparalleled upheaval in everyone's lives, and especially in the lives of those who experience inequities. An often-undiscussed topic has been the impact of the pandemic on children and youth, and the implications of that on long-term health and well-being outcomes for our society. This article reviews current data on the mental health of children and youth in the context of the pandemic, the long-term impacts of the pandemic on children and youth from a population health planning perspective, and what boards can do to protect the next generation.

The Impact of the Pandemic on Children and Youth

Mental Health America published a report that includes a spotlight on the impact of COVID-19 on mental health, using data from the over 1.5 million people who took their online mental health screening test from January to September 2020.¹ From these screens they found:

- The number of people looking for help with anxiety and depression skyrocketed by 93 percent from January to September 2020, with loneliness or isolation as one of the top three things contributing to their mental health concerns.
- Rates of suicidal ideation are highest among youth, including 36 percent of LGBTQ+ youth who took the screener.

While children were protected from the initial strains of COVID-19, they had profound impact on their lives. Children and youth transitioned to learning from home, often from parents who were juggling much more than they were pre-pandemic and themselves had record levels of depression. A review of articles on children and adolescent mental health in the context of the pandemic revealed that home

1 Mental Health America, "[The State of Mental Health in America 2021](#)."

confinement was associated with uncertainty and anxiety, as well as disruption of education, physical activities, and socialization in children and adolescents.² Young children and adolescents were particularly affected, with more attention-seeking behaviors and separation anxiety. Children's increased use of the Internet and social media also made them more vulnerable to getting bullied or abused.³ In addition, many children were experiencing a substantial increase in everyday levels of household toxic stress and adverse childhood experiences as their families coped with issues such as job loss and financial security and increased trauma/violence resulting from stress and confinement, with low or no access to schools and legal protections

→ Key Board Takeaways

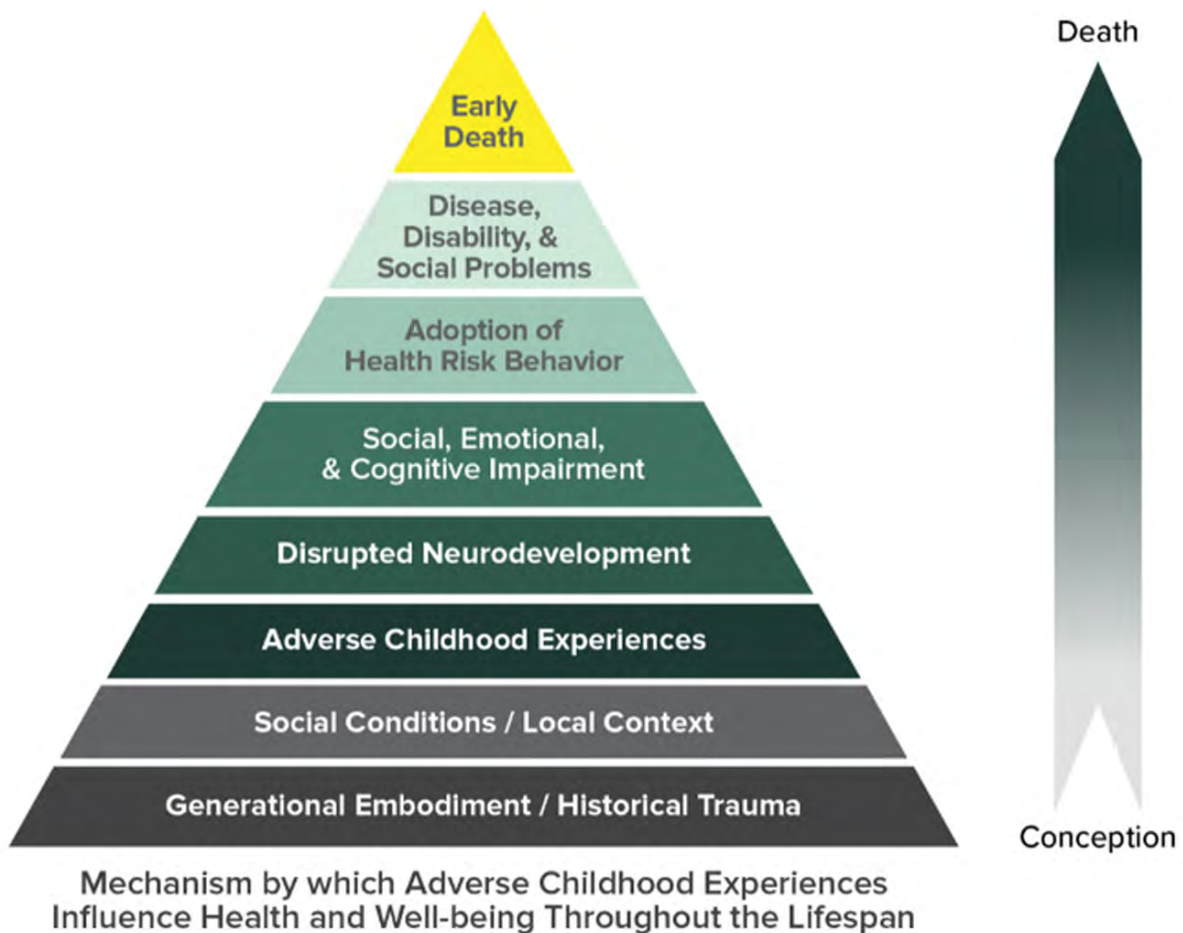
- The pandemic has exacerbated an already substantial epidemic of growing mental health and addictions issues in children and youth, especially in communities of color and those in poverty.
- This will lead to a substantial worsening of long-term population health outcomes for physical and mental health if adverse childhood experiences (ACEs) are not proactively addressed.
- ACEs can be both prevented and mitigated if boards take action today. For example, boards of children's hospitals should ask management:
 - » What services do we currently provide to support the mental health of children and youth? What additional services are offered in our community?
 - » What benefits do we offer that support employees in improving and addressing their own well-being?
 - » How can we partner with others to help improve the health of those in the poorest zip codes we serve?
 - » How are we engaging youth in creating solutions for addressing the newfound or intensified stressors caused by the pandemic?

- 2 Shweta Singh, et al., "Impact of COVID-19 and Lockdown on Mental Health of Children and Adolescents: A Narrative Review with Recommendations," *Psychiatry Research*, Elsevier, August 24, 2020.
- 3 Henrietta Fore, "Don't Let Children Be the Hidden Victims of COVID-19 Pandemic" (press release), UNICEF, April 9, 2020.

that would normally be in place. This was exacerbated in communities that came into the pandemic experiencing historic inequities and trauma.

The long-term impact of this on child development outcomes and toxic stress is likely to be substantial. The CDC-Kaiser Adverse Childhood Experiences (ACE) survey,⁴ whose findings have been replicated in a number of other studies since then, found substantial association between the number of adverse experiences and a range of negative health outcomes, from heart disease to mental health and addictions to risky behaviors leading to long-term outcomes for HIV/STDs, unintended pregnancy, etc. (see **Exhibit 1**).

Exhibit 1: The ACE Pyramid



4 For more information on this study, see www.cdc.gov/violenceprevention/aces/about.html.

What Boards Can Do

Since the initial study on ACEs came out, we have learned ACEs can be prevented and their impact mitigated if they are addressed proactively. What can all boards do to prevent this impact?

To mitigate ACEs during the pandemic and beyond:

1. **Engage and support children and youth in creating solutions.** The agency of youth over their own lives in and of itself builds resilience, and the ideas youth have around solutions are likely to be some of the most creative and successful. Boards could invite youth to a board meeting to share their ideas and could develop a microgrant fund to support these ideas.
2. **Ensure that mental health and addiction services are covered for your organization's employees,** for both children and adults. Access requires both low-deductible, low co-pay coverage of behavioral health services and access to behavioral health services in the community. Boards can ensure that these services are in place and that there is parity in payment for behavioral health services in your health plan.
3. **Develop a rainy-day fund and paid sick leave to allow for grieving and mental health leave for employees.** In the absence of this support, the poorest members of the workforce, who will experience a disproportionate amount of illness and loss throughout the pandemic, are unlikely to be able to have the time and space to grieve or resources to pay for funeral expenses for loved ones. This is likely to exacerbate mental health issues across both generations. If the employee has no option but to turn to a payday lender, this will likely lead them into a cycle of debt that may substantially worsen their poverty.
4. **Understand the pipeline of mental health and addiction services in the community.** Many organizations pay for mental health insurance, but care is not truly accessible in their community, especially for children. By understanding who is able to provide these services and how to both build a pipeline of care providers and peers that can support mental health for children and adults in your communities, you will mitigate an epidemic of chronic illness for decades.
5. **Invest in peer-to-peer, clinician-supported platforms,** like the Support Wall, that allow youth and adults to connect with their peers in an environment that is supported by clinicians. These peer-to-peer connections both address social

isolation and can be scaled in a way that has shown to reduce depression and anxiety scores in the context of the pandemic. In addition, they are accessible 24/7/365.

To help with prevention of ACEs:

1. **Provide financial security for your lowest-earning workers and contractors.** To prevent adverse childhood events, one of the most important things boards can do is ensure that their entire workforce is working at or higher than a living wage for their area. Financial insecurity is one of the most preventable drivers of toxic stress. A longitudinal study of data from the Great Smoky Mountains Youth Study found that an additional \$4,000 a year in the lowest-earning households was sufficient to improve child development and educational outcomes by a year at age 21 and decrease ever having committed a minor crime by 22 percent.⁵ This was largely mediated by reduced fighting within the home—with just \$4,000 a year as sufficient to mitigate that. Besides providing a living wage, you can support employees to obtain earned income tax credits, which have been demonstrated to improve reading and math scores in children.
2. **Create a rainy-day fund for employees.** Nearly 40 percent of employees, in the bottom quartile of income earners, are likely to not be able to afford a \$400 emergency expense. During the pandemic, this became a reality every month, leading many to feel the need to access money from predatory lending providers, which resulted in a cycle of high-interest loans and a cycle of poverty and poor credit.
3. **Leverage your power with vendors and contractors** to ensure they are paying a living wage, have adequate coverage of mental health, etc.
4. **Partner with communities** to plan proactively to create the vital conditions (food, housing, transportation, etc.) for the short and long term in the poorest zip codes in your organization's service area.
5. **Apply an equity lens** to address historic inequities that leave some communities in conditions where children and youth are far more likely to experience ACEs and historical trauma.

5 Randall K.Q. Akee, et al., "Parents' Incomes and Children's Outcomes: A Quasi-Experiment," *American Economic Journal: Applied Economics*, American Economic Association, January 2010.

The pandemic revealed historical inequities that, if not addressed, will lead to decades of generational trauma and ill health. This is the moment for boards to act to protect future generations, and to understand that we can impact the future health and well-being of our nation based on the decisions we make today on behalf of children who desperately need hope and are our nation’s reservoir of resilience.

The Governance Institute thanks Somava Saha, M.D., M.S., Founder and Executive Lead, Well-Being and Equity (WE) in the World, and Executive Lead, Well-Being in the Nation (WIN) Network, for contributing this article. She can be reached at somava.saha@weintheworld.org.

