



Under the Microscope

December 2021

Coalition Declares ‘National Emergency’ in Child and Adolescent Mental Health *Youth behavioral health issues “soar” during COVID emergency, fallout seen in schools now*

ISSUE

In late October, three national organizations – the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children’s Hospital Association (CHA) – declared a “National Emergency” in child and adolescent mental health. The trio cited [recent data in the CDC’s Youth Risk Behavior Surveillance System \(YRBSS\)](#) that indicated “soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic.” They say that the recent spike in mental health problems has exacerbated the already difficult situation that existed prior to the pandemic. It adds that, children, adolescents and families “have experienced enormous adversity and disruption, with inequities resulting from structural racism further contributing to disproportionate impacts on communities of color.”

The trio explain that two major stressors – COVID-19, together with ongoing tension and struggle for racial justice – are combining to accelerate negative trends present before the pandemic, including rising childhood mental health concerns and suicide rates. By 2018, suicides had already emerged as the second leading cause of death (top cause: accidental injuries, with homicides third) for youth aged 10-24. The rise of the pandemic drove “dramatic increases” in hospital ED visits for mental health emergencies and suicide attempts, with ED visits rising by 24% for children ages 5-11 and 31% for children ages 12-17 between March and October 2020. These included a 45% increase in self-injury and suspected suicide attempts among 5- to 17-year-olds compared to the same period in 2019.

However, the bad news doesn’t end there. Recent CDC reports estimate that 140,000 American children – as well as some 1.5 million worldwide – have lost a parent or grandparent to COVID, placing them at higher risk for lifetime physical, emotional and mental health problems, as well as poverty, abuse or removal to kinship or foster care. Among these and other young people highlighted in the report, rates of suicidality, depression, anxiety, trauma, and loneliness “soared.”

ANALYSIS

NACBHDD members around the country are feeling the practical impacts of the youth mental health crisis in many ways:

Texas – Stacy Spencer, LCSW, works with Integral Care of Austin/Travis County as practice administrator for school-based systems of care. She works with 30 therapists who assist students in three Austin-area school districts – Del Valle, Maynor, and Pflugerville – as well as an east Austin charter school. These therapists

represent the third tier of a multi-tiered mental health system, with teachers providing social-emotional learning approaches in the classroom, school counselors providing next-level support, and Integral’s therapists providing crisis response, assessment, and counseling services to students with the most serious needs.

“Now that students are back on campus, I believe that we’re seeing the fallout from COVID and the quarantine – the fallout from social isolation, family stress, and job loss and financial stress leading to the need to move or live with relatives,” Spencer said. “Some of our youth have lost one or even both parents, or other family members or friends to COVID.”

She offered a few comparisons from the Del Valle school district to illustrate the changing situation as students return to school:

	2020	2021
Referrals for counseling	115	323
Crisis response calls (suicidal ideation/plans/attempts)	0	33
Completed suicides	0	2

“We have definitely noticed a lot of challenges now that kids are back on campus,” continued Spencer, noting that “our teachers are trained and tuned in to their students and are sensitive to things that parents may not have recognized when students were home.” Overall, she explained that elementary students are having more outbursts, crying, and tantrums. Among older students, there have been a lot of fights, increased physical aggression and unrest. “Our therapists are getting far more referrals and are being called into many more crisis situations—suicidal ideations, family and personal struggles—than before.” Requests for postvention (post-suicidal support) have also risen.

But students aren’t the only ones who are suffering: “Teachers are also really stressed out, and more of them are seeking counseling,” she says, noting that “Last year, they had to work extra-hard last year to prepare and deliver hybrid lessons online. Now that they’re back in the classroom, they’re having to work with kids that are way behind. And substitute teachers have been more difficult to find.”

Spencer concludes, “It’s going to take a long time for things to settle down.”

Illinois – Lynn Canfield, ED of Champaign County Mental Health Board, noted that a local public health director said recently that she is “concerned about the many children in the area who have lost their parents to COVID and fears that on top of the ‘normal’ burden of that loss, the children of ‘anti-vax’ parents are or will become aware of the role their parent’s political beliefs played in their deaths.”

Canfield added that the ongoing pandemic has slowed mental health programs in Champaign County, forcing a hold on Mental Health First Aid trainings planned for youth and teens in the county’s public schools. It has also put a damper on school-based training programs offered community-based providers (sexual assault prevention, suicide prevention, substance abuse prevention) because access to schools has been reduced by COVID-related safety and the inability to conduct certain programs (e.g. suicide prevention) using virtual training methods.

Canfield reported a third key concern for local families is the growing risk of homelessness along with an upward trend in gun violence.

Michigan – After a “lull” in school-related shootings during 2020, as many students were off campus due to epidemic restrictions, gun-related violence has increased once again as students return to campus. The 15-year-old suspect in the Oxford High School shootings in Oakland County, Michigan on November 30 was reportedly a victim of bullying. His recent behavior had begun to trigger alarm among students and school officials, who met

with the student the day before and his parents the very morning of the shooting. Unfortunately, the suspect acted later that day, killing four and wounding seven with a new semi-automatic pistol legally purchased by his father only days before.

According to [Education Week](#), this incident was the most recent of 21 school shootings that have occurred in the U.S. since August 1. In all, these incidents left eight students and three staff dead and 49 injured. While all such cases raise questions about the mental health of the young people who resort to deadly violence – and the ease with which they come into possession of weapons – it bears repeating that individuals with mental health disorders or traumas are far, far more likely to be victims of violence than perpetrators. And it remains to be seen whether the media attention focused on the violence committed by one young individual will aid or distort the public’s understanding and support for addressing the mental health challenges that are affecting millions of young people.

ACTION

To address the national emergency in child/adolescent mental health, this new coalition, [SoundtheAlarm4Kids.org](#), calls upon national policymakers to:

- Increase funding for evidence-based mental health screening, diagnosis, and treatment for families and children.
- Expand access to telemedicine as a means of access.
- Support implementation and funding for school-based mental health programs, including clinical strategies and models for payment.
- Improve suicide prevention programs in schools, primary care, and community settings.
- Expand access to acute psychiatric care, in part by expanding step-down programs from inpatient stays, short-stay crisis stabilization units, and community-based response teams
- Fully fund comprehensive, community-based systems of care that connect young people EBP-based treatment.
- Address mental health workforce challenges
- Accelerate parity compliance enforcement.

NACBHDD agrees with the recommendations and has signed onto the coalition. NACBHDD members across the country continue to advocate for increased staffing and resources for school-based mental health programs and improved community-based systems of care for adults and children alike. NACBHDD members are also encouraged to take advantage of a new advocacy toolkit provided at [SoundtheAlarm4Kids.org](#).

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