

SPOTLIGHT ON

Impact of the COVID-19 Pandemic on Children, Youth and Families

A brief produced by the Evidence-Based Policy Institute

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September 2020 | Issue Brief

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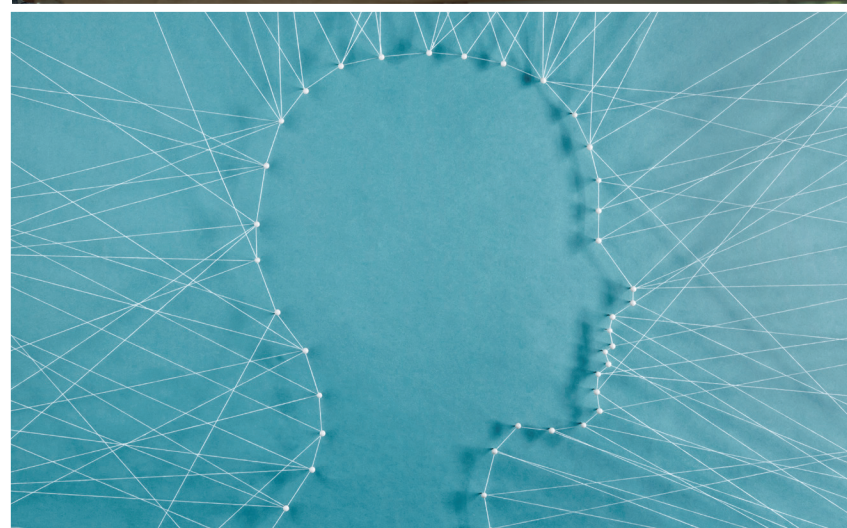
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Introduction

On March 10th, 2020, the COVID-19 pandemic was declared a state of emergency in Massachusetts.¹

Within the next two weeks, schools and child care programs were closed, and a stay-at-home advisory was issued.² In the months that followed, the need for social distancing meant youth ages 5-18 were kept at home and away from their peers, unable to attend school for in-person K-12 education. The full impact of quarantine, social isolation, and the pandemic on youth mental health remains to be seen. However, preliminary research and anecdotal observations suggest that there is a coming tidal wave of behavioral health needs among youth, especially youth from vulnerable and historically marginalized communities. Though there is not yet extensive literature on this recent and ongoing crisis, available research and experiences from previous pandemics can inform our next steps as we seek to identify and respond to the needs of youth in the coming months and years.

Even without the pandemic, a significant number of youth experience mental health challenges. Research shows one in five youth experience a diagnosable behavioral health concern, and half of all mental health issues begin by age 14.³ For youth experiencing a mental health concern, early identification and intervention may be critical to improved health and well-being.⁴ Given that the pandemic will almost certainly exacerbate youth mental health needs, now is the time to consider how those needs will be met. As Massachusetts schools welcome students back, governments, school systems, and communities have an opportunity to consider how we can best provide resources to support our children through this tumultuous time—both now and into the future.



¹Office of Governor Charlie Baker and Lt. Governor Karyn Polito, n.d.

²Office of Governor Charlie Baker and Lt. Governor Karyn Polito, n.d.

³Takkunen & Zlevor, 2018

⁴Takkunen & Zlevor, 2018

Who are the Youth Impacted by COVID-19?

In Massachusetts, roughly 14% of the population is between ages 5 and 18, amounting to nearly one million youths residing in the state.⁵ In 2019, approximately 92% of these youths were enrolled in K-12 programs, and consisted of a diverse racial and ethnic representation, as shown in the table below.⁶

Prior to the pandemic, about 12% of children ages 18 and under lived in households with incomes below the federal poverty level, and about 20% lived in households receiving supplemental security income (SSI, cash public assistance, or food stamp/SNAP benefits).⁷

Enrollment by Race/Ethnicity (2019-2020)	
Race	% of State
African American	9.2%
Asian	7.1%
Hispanic	21.6%
Multi-Race, Non-Hispanic	3.9%
Native American	0.2%
Native Hawaiian, Pacific Islander	0.1%
White	57.9%

Source: Massachusetts Department of Elementary and Secondary Education.⁸

What Conditions in the Home and Community Environment Contribute to Negative Mental Health Outcomes for Youth During the COVID-19 Pandemic?

This report explores potential impacts of the pandemic on youth mental health in Massachusetts, highlighting issues for which there is preliminary supporting data, as well as issues that have arisen out of prior pandemics. The issues listed below are not meant as a comprehensive list, but rather a starting point as we begin the long process of supporting the Commonwealth's children and families during and after COVID-19. This report draws on Bronfenbrenner's ecological systems theory,⁹ beginning first with a child's immediate surroundings and expanding to the larger environment:

1. **Micro-level factors** that may arise in a youth's family and home life;
2. **Meso-level factors** that result from changes to broader systems and structures youth interact with such as schools and healthcare; and
3. **Macro-level factors** that indirectly impact youth and families, but permeate our communal beliefs, values and culture, and drive social functioning.

⁵ United States Census Bureau, n.d.b

⁶ Department of Elementary and Secondary Education, n.d.

⁷ United States Census Bureau, n.d.a

⁸ Department of Elementary and Secondary Education, n.d.

⁹ Bronfenbrenner, 1979

Section 1:

Micro-Level Factors: Family & Home Life

Quarantine

Quarantine can have lasting negative impacts on youth mental health. In the short term, mandatory confinement can bring about irritability, anger, confusion, frustration, loneliness, denial, and despair.¹⁰ In the long term, forced quarantine has been shown to produce post-traumatic stress disorder (PTSD) in children.¹¹ Children with pre-existing mental health conditions are especially at risk for developing these symptoms and behaviors.¹²

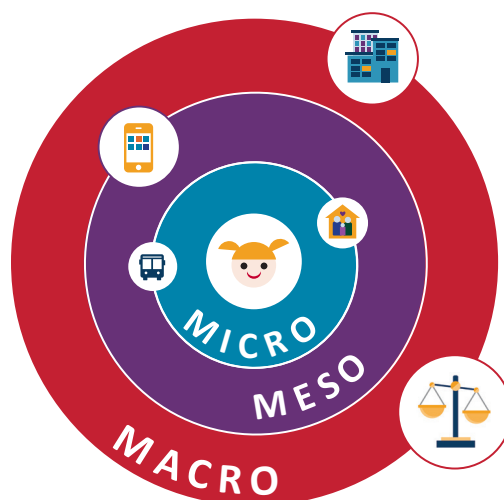
Previous pandemics have demonstrated that quarantine can create the need for additional mental health services for youth. A study examining the effects of social isolation during the H1N1, SARS, and avian flu pandemics in the U.S., Mexico, and Canada revealed that children who had experienced quarantine were five times more likely to require mental health services related to the pandemic and experienced higher levels of post-traumatic stress. One-third of children who had been subject to disease containment measures needed mental health services due to pandemic-related experiences. For children who accessed services, the most common diagnoses were generalized anxiety disorder and adjustment disorder.¹³

Social Isolation

While in quarantine, youth are largely isolated from their peers—a particularly problematic situation since youth rely heavily on peer interaction for identity formation and validation.¹⁴ Peer support at this developmental stage is crucial, and social isolation is associated with an increased risk for depression and anxiety (with duration of loneliness as the factor most strongly associated with anxiety). Isolation has also been linked with suicidal ideation, self-harm, and eating disorder risk behaviors.¹⁵ Notably, social isolation may have long-term effects on mental health and has been associated with mental health problems up to nine years later.¹⁶

Child Abuse & Neglect

In quarantine, children also face an increased risk of domestic violence and abuse. Existing tensions within members of the household are more likely to be escalated and new stressors are likely to arise, potentially



elevating dangerous situations.¹⁷ One such stressor is increased exposure to overcrowding—a stressor that disproportionately affects youth living in poverty.¹⁸ Another major stressor for many families is financial insecurity. From March to May of 2020, the unemployment rate in Massachusetts rose from 2.8% to 17.4%.¹⁹ The mental burden of unstable or inadequate financial support can result in poor adult mental health, which can then translate into secondary stress for youth and risk for child maltreatment.²⁰ Any traumatic events that follow, such as abuse or violence, can adversely affect a child's development in areas such as emotion regulation, attention, memory, and response inhibition.²¹

Quarantine has also meant that reporting child abuse and neglect has become more difficult. Teachers, who have historically been the primary source of child abuse reports during school hours, are less able to monitor students for warning signs due to school closures. Accordingly, reports of child abuse and neglect in Massachusetts initially dropped by 60%.²² While reporting numbers have increased slightly, anecdotal stakeholder testimony suggests decreased visibility of children at risk remains an issue.²³

¹⁰ Jiao et al., 2020

¹¹ Dubey et al., 2020

¹² Dubey et al., 2020

¹³ Sprang & Silman, 2013

¹⁴ Loades et al., 2020

¹⁵ Loades et al., 2020

¹⁶ Loades et al., 2020

¹⁷ Storz, 2020

¹⁸ Holmes et al., 2020

¹⁹ Mass.gov, n.d.

²⁰ Golberstein, Gonzales, and Meara, 2019

²¹ Franks et al., 2017

²² Department of Elementary

and Secondary Education, 2020

²³ American Psychological Association, 2020

Ensuring that parents and other caregivers get the support they need is critical to child well-being, especially with the added stress placed on caregivers. At home, parents and other caregivers need to play many roles (parent, full-time employee, teacher, childcare provider, etc.), while simultaneously experiencing less private time for self-care.²⁴ When children see fear and stress modeled by their adult caregivers, they tend to take those cues and emulate the same emotions. The child's anxiety may manifest itself in more acting out, contributing to stress for the caregiver and perpetuating a cycle of worsening mental health for both the child and caregivers.²⁵ These risks are compounded by the fact that quarantine increases the chances of youth being more irritable and hostile, and of being met with violence from parents and other caregivers who are also facing a multitude of stressors.²⁶ Therefore, supporting the mental and physical wellbeing of caregivers benefits everyone in the household.²⁷ Schools and providers should consider interventions that include the parents and caregivers.

Family Losses & Separations

Surrounded by messages of loss and sickness, children may develop a fear of contracting and spreading infections to family members, causing them great anxiety.²⁸ In instances where a family member is infected and hospitalized, children (especially young children) are prone to developing unhealthy attachment styles that may affect their ability to cultivate healthy relationships well into adulthood.²⁹ Separation from or loss of a parent has been shown to raise the risk of mood disorders and psychosis in the long-term, as well as death by suicide in adulthood.³⁰ Black, Hispanic, and Native American children are especially vulnerable to these developments since these communities are disproportionately affected by COVID-19.³¹ A multitude of reasons are responsible for this disparity, including the fact that Black and Hispanic people are overrepresented in the essential worker workforce and therefore subject to greater COVID-19 exposure. These communities have been exposed to more structural factors that facilitate the development of underlying health conditions, such as exposure to neighborhood pollution leading to the development of asthma.

Exposure to structural racism also leads to chronic stress which disrupts immune and metabolic systems.³² Native American communities also have higher rates of underlying conditions such as diabetes that may make a person more susceptible to infectious diseases.³³

Sleep Disturbances

The impacts of the pandemic on sleep are likely to vary from individual to individual. With a loss of structure and routine, there is a higher chance for sleep problems to emerge.³⁴ Increased time spent in bed may lead to worsening sleep hygiene,³⁵ and confinement inside the home may leave children with fewer opportunities for physical activity, which is beneficial for sleep quality and mental health.³⁶ On the other hand, quarantine may decrease levels of sleep deprivation for some due to fewer obligations requiring them to wake up early, allowing their sleep schedules to align better with their natural circadian rhythms, which tend to swing later in adolescence.³⁷ Youth may also sleep more with the saved time they would have spent on transportation and socialization with peers.

Sleep affects developmentally sensitive outcomes such as intellectual ability, emotion regulation, and reward and motivation.³⁸ Poor sleep results in increased susceptibility to mood and anxiety problems and greater attentional difficulties leading to a potentially worsening cycle of poor sleep and poor mental health. Given the important role sleep plays in adolescent health, continuing to assess sleep quality and associated psychopathologies is critical to identify needs, especially for the subset of youth at increased risk of developing sleep issues. Children with anxiety, depression, Attention Deficit Hyperactivity Disorder (ADHD), or Autism Spectrum Disorder (ASD) should be paid particular attention to since they may have a harder time adjusting to routine changes or find that medication use and pre-existing conditions compound any sleep issues.³⁹

²⁴ Gajee, 2020

²⁵ Dalton, Rapa, & Stein, 2020

²⁶ Dubey et al., 2020

²⁷ Pfitzer & Shonkoff, n.d.

²⁸ Dubey et al., 2020

²⁹ Franks et al., 2017

³⁰ Liu et al., 2020

³¹ The COVID Tracking Project, n.d.

³² Shonkoff & Williams, 2020

³³ van Dorn, Rapa, & Stein, 2020

³⁴ Becker & Gregory, 2020

³⁵ Becker & Gregory, 2020

³⁶ Lubans et al., 2016; Kredlow et al., 2015

³⁷ Becker & Gregory, 2020

³⁸ Tarokh, Saletin, & Carskadon, 2016

³⁹ Becker & Gregory, 2020

Exposure to Unhealthy Coping Behaviors & Environments

At home, youth may have increased exposure to substance misuse and gambling.⁴⁰ Children may use gambling, video gaming, online shopping, or watching pornography as coping strategies to reduce stress and anxiety and/or to alleviate depressed mood.⁴¹ Given the severity of the current situation, increased usage may lead to an increased risk of developing unhealthy dependence on said activities.⁴² Additionally, children may be exposed to increased amounts of cyber-based violence due to increased time spent online.⁴³



Homeless Children

Massachusetts is home to an estimated 480 homeless unaccompanied youth and 3,400 homeless families (about 12,000 people).⁴⁴ Homeless families are disproportionately people of color, who make up 30% of the state population but 50% of the homeless population.⁴⁵ Homeless children and youth face increased difficulty in achieving social distancing and other critical prevention measures. Consistent hygiene, quarantine at home, and social distancing are rarely feasible for those living on the streets, inside shelters, or in other temporary housing. In addition, people experiencing homelessness are more likely to also have chronic mental illnesses, engage in higher rates of substance use, and have prior negative experiences with healthcare and hospitalizations—all factors that make it more difficult for people experiencing homelessness to seek and receive appropriate healthcare.⁴⁶

Section 2:

Meso-Level Factors: Systems & Structures

School Closures & Access to Mental Health Care

Schools are a critical mental health resource for youth.⁴⁷ A majority of students receive mental health care from schools, and are more likely to see a mental health counselor if there are mental health services available on-site at the school.⁴⁸ A study of 4,500 primary school students in North Carolina revealed that of those who received any mental health services, 75% received services from school settings (see chart below), and 35% received services exclusively from school settings.⁴⁹ Youth who were from low-income households, had public insurance, or were from racial/ethnic minority groups were more likely to receive mental health services exclusively from school settings, implying that school closures may disproportionately limit access to mental health services for this subset of students.⁵⁰



⁴⁰ Holmes et al., 2020

⁴¹ Király et al., 2020

⁴² King et al., 2020

⁴³ Holmes et al., 2020

⁴⁴ Henry et al., 2020

⁴⁵ Greenberg, 2020

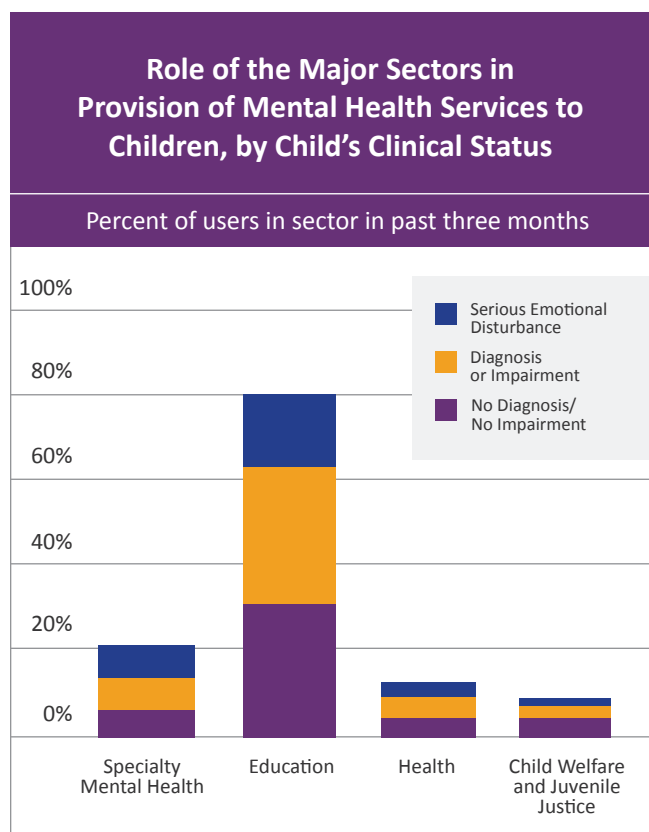
⁴⁶ Dubey et al., 2020

⁴⁷ Burns et al., 1995

⁴⁸ Slade, 2002

⁴⁹ Ali et al., 2019; School Health Assessment and Performance Evaluation System, n.d.

⁵⁰ Ali et al., 2019



Source: Burns et al. "Children's Mental Health Service Use across Service Sectors."⁵¹

Telehealth offered through the school could be one way to circumvent the issue of access that comes with temporary school closures. In many cases, telehealth has been shown to be as effective as in-person mental health services.⁵² Additionally, as many families transition to telehealth care out of necessity during the pandemic, the initial opinion on receiving services virtually seems to be favorable for the majority of users. A survey of parents and children found that many were grateful for the option of telehealth during the pandemic, with 59% of youth and 62% of families rating telehealth as more effective than in-person appointments.⁵³ Parents especially supported the use of telehealth for regular check-ins, management of ongoing health concerns, and medication management, but felt therapy sessions were better held in person. Going forward, it would be valuable to identify and make widely available evidence-based interventions that can be conducted via telehealth.

Despite the overall positive impact of telehealth over the last few months, individual, structural, and political barriers inhibit its long-term implementation. On an individual level, youth may have very different experiences with telehealth. Those with behavioral diagnoses may have a harder time with online applications such as Zoom due to, among other factors, more difficulties focusing or less motivation.⁵⁴

Other challenges include children losing interest in their appointment, being unable to sit still, the home environment being too chaotic, and providers missing nonverbal cues through video.⁵⁵ 20% of parents also reported missing appointments due to challenges accessing the apps. Structurally, telehealth remains inaccessible to those without adequate broadband or electronic devices. One out of five families surveyed expressed concerns about the robustness of their internet connection.⁵⁶ At the policy level, the future of reimbursement for telehealth is uncertain. Though major insurers have extended tele-behavioral health parity until the fall or winter of 2020, at the time of this report's writing it is unclear if parity will be extended beyond the end of the year or the end of the Massachusetts state of emergency.

Section 3:

Macro-Level Factors: Policy & Environment

General Anxiety

In a pandemic rife with uncertainty and scary sound bites from the news, children may struggle to feel a sense of safety and security. A preliminary survey of children in China conducted during February of 2020 indicates that children aged 3 to 18 were commonly displaying behavioral manifestations of anxiety such as clinginess, distraction, and irritability.⁵⁷ Children aged 6 to 18 years were more likely to show inattention and persistent inquiry. Parents indicated that

⁵¹ Burns et al., 1995

⁵² Bashshur et al., 2016

⁵³ Lambert, 2020

⁵⁴ Gajee, 2020

⁵⁵ Lambert, 2020

⁵⁶ Lambert, 2020

⁵⁷ Jiao et al., 2020

their children showed fear of asking about the epidemic and about the health of relatives, poor sleep including nightmares, poor appetite, physical discomfort, agitation and inattention.

Since children are bound to hear about COVID-19, it is critical that they are given opportunities to process their feelings and reactions. Experts recommend strategies such as allowing children to express their emotions, validating their feelings, acknowledging the losses that they have faced (whether it is family members, the prospect of socialization, or just the loss of predictability), and reassuring them that they are not alone.⁵⁸ Pediatricians in China suggest increasing communication with children to address their fears and concerns, playing collaborative games to alleviate loneliness, encouraging activities that promote physical activity, and using music therapy in the form of singing to reduce worry and stress.⁵⁹ Other recommendations include keeping children connected with their peers through virtual hangouts, providing age-appropriate information about the pandemic, and ensuring the presence of a sensitive caregiver.⁶⁰ When caregivers cannot afford to give young children attention, they can ensure opportunities for children to play. For young children, having opportunities to play (alone or with a member of the household) can help build a sense of being able to cope. This is critical to them being able to feel a sense of safety and security.⁶¹

It is also critical that children are able to get accurate information about the pandemic in a way that is considerate of age-appropriate understandings of illness and death. For example, around ages 4 to 7, children develop “magical thinking”, or a belief that their thoughts and wishes can cause external events.⁶² At times, this type of thinking can bring children to blame themselves for the loss or illness of family members. It is important to address these kinds of beliefs and any feelings of guilt that may exist due to these thoughts. Parents and other caregivers should have access to resources that provide guidelines on how to speak to children about COVID-19, many of which are available online.⁶³

Stigma Against Those Testing Positive for COVID-19

In a pandemic, when there is a lot of uncertainty and fear around an evolving situation, there is often a lot of stigma directed towards those who test positive.⁶⁴ Disease-associated stigma is not only psychologically harmful to those on the receiving end, but also logistically harmful to public health efforts such as contact tracing. Anyone feeling stigmatized may delay seeking care or neglect to disclose information about testing positive, hindering efforts to contain the disease. Stigma can also render children who are known to be COVID-19 positive vulnerable to bullying and discrimination. Preliminary studies of children in China show that of children who tested positive for COVID-19, those who perceived there to be greater stigma experienced more PTSD-like symptoms.⁶⁵

Xenophobia & Racism

In the wake of misinformation and accusations of the virus being the fault of Asian communities in the United States, Asian American youth have been exposed to increasing numbers of xenophobic remarks and attacks, including racial slurs and physical assaults.⁶⁶ Racial and ethnic discrimination is associated with poorer mental health outcomes and considered a risk factor for depression, anxiety, and PTSD.⁶⁷ Discrimination is also associated with lower self-esteem and conduct problems in children.⁶⁸ Previous pandemics have shown that people are more likely to turn towards xenophobia when they feel more uncomfortable about uncertainty or perceive themselves to have greater vulnerability to the virus.⁶⁹ Thus, constant communication with the public about risks and guidelines is essential. Public health awareness campaigns are critical for dispelling misconceptions and misinformation that may facilitate the harboring of anger and hostility.

Black, Hispanic, and Native American children face an increased toll from COVID-19 resulting in disproportionate hospitalizations (see chart below) and death rates.⁷⁰ In particular, Black children may be heavily affected. On top of the baseline discrimination they may face on a daily basis, many may feel the trauma of disproportionate numbers

⁵⁸ Pfitzer, Basu, & Koenen, n.d.

⁵⁹ Jiao et al., 2020

⁶⁰ Child Trends, n.d.

⁶¹ Pfitzer & Shonkoff, n.d.

⁶² Dalton, Rapa, & Stein, 2020

⁶³ BC Children's Hospital, n.d.; Mayo Clinic, n.d.

⁶⁴ Person et al., 2004

⁶⁵ Li, Duan, & Chen, 2020

⁶⁶ Aguilera, 2020;

Kambhampaty, 2020; Capatides, 2020

⁶⁷ Elias & Paradies, 2016

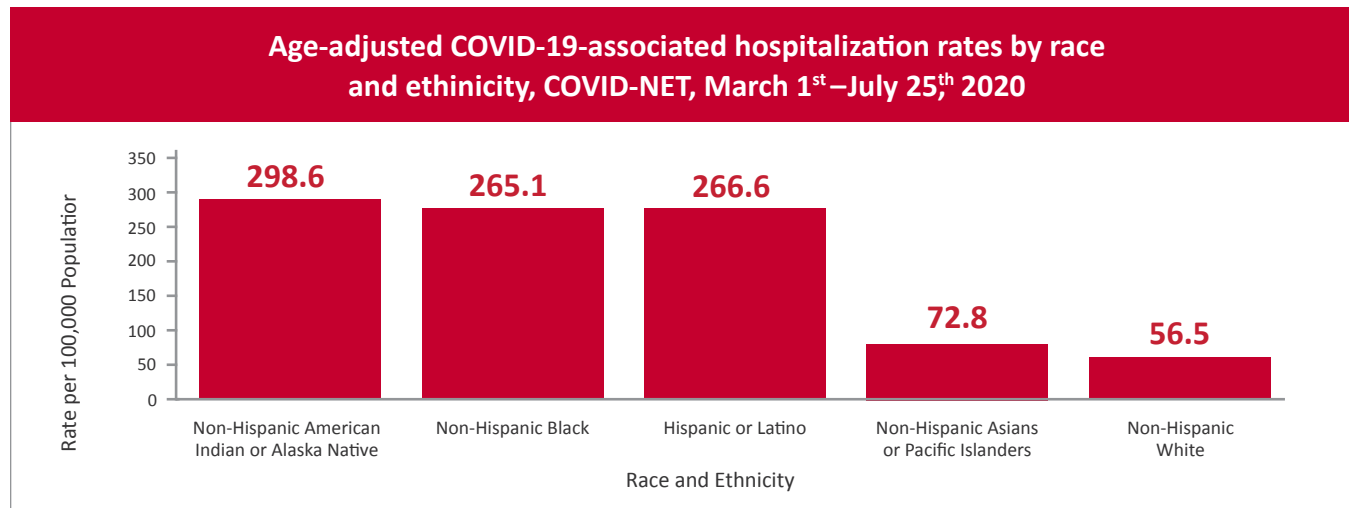
⁶⁸ Priest et al., 2017;

Williams, 2018

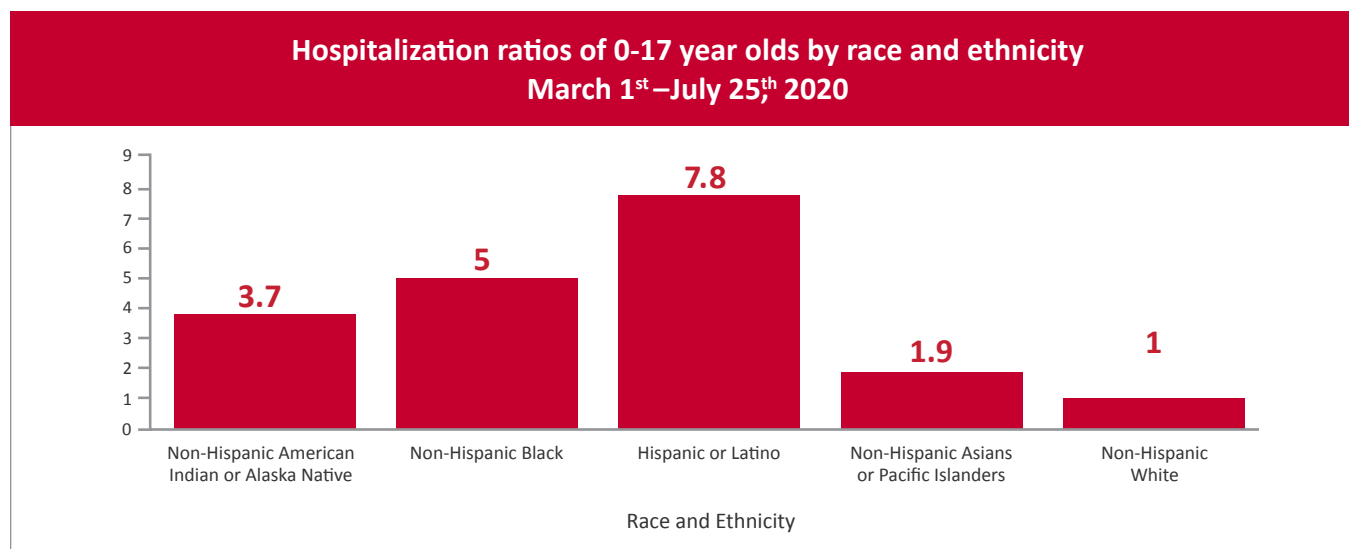
⁶⁹ Taylor, 2019

⁷⁰ Godoy & Wood, 2020

of COVID-19 deaths in their communities. These risk factors are further compounded by the psychological weight of deaths due to police brutality, many of which have been extremely publicized in recent graphic video footage.⁷¹ The high death rates in Black communities are due to a number of long-standing sociopolitical and structural factors that expose minority communities to social, educational and financial disadvantages, fewer nutritious food options and neighborhood green space, unconscious biases that result in less access to high quality health care, and higher rates of pre-existing medical conditions that are associated with increased risk (e.g. hypertension, obesity, heart disease, diabetes).⁷² Addressing these issues is essential and will require deep structural and systemic reforms.



Source: COVIDView, Centers for Disease Control and Prevention⁷³



Source: COVIDView, Centers for Disease Control and Prevention⁷⁴

⁷¹ Milner, 2020

⁷² Shonkoff & Williams, 2020

⁷³ Overall rates are adjusted to account for differences in age distributions within race/ethnicity strata in the COVID-NET catchment area. The age strata used for the adjustment include 0-17, 18-49, 50-64, and 65+ years; Centers for Disease Control and Prevention, 2020

⁷⁴ Rate ratios are the ratios between crude hospitalization rates within each racial/ethnic group and the crude hospitalization rate among non-Hispanic white persons; Centers for Disease Control and Prevention, 2020

Conclusions & Implications

COVID-19 has taken an immense toll on youth and families, especially youth and families from minority communities and other vulnerable populations. As the nation continues to battle COVID-19 in the months and years to come, identifying and responding to youth mental health needs is more important than ever. By identifying needs and intervening now, we can mitigate harmful medium-and long-term outcomes for individuals, families, communities and the Commonwealth as a whole. To meet these needs, it is essential that resources are directed towards evidence-based practices and policies to address the issues that the COVID-19 pandemic has introduced or exacerbated. The following are recommended principles to improve outcomes for youth at the practice/community, systems and policy levels.

Practices/Community

Build supportive environments for youth. Given the increased mental health burdens on youth during this time, it is important that efforts to support youth are driven by expert stakeholders including the youth and families themselves, child psychiatrists, psychologists, social workers, pediatricians, and other experts on youth mental health. This also means providing youth with opportunities to express their emotions around the pandemic, providing youth with avenues to stay connected with their peers in physically distant ways, and, for younger children, allowing them time to play in order to help foster a sense of safety and security and facilitate healthy development.

Give caregivers the resources to talk to children about COVID-19. To minimize fear and anxiety in children, it is important that parents and other caregivers be given the tools and resources to talk to their children about COVID-19 in an age-appropriate manner. Parents and other caregivers having conversations with their children should be conscious of their child's exposure to information through social media, their child's perceptions of illness and death, and their child's level of cognitive and emotional development. For example, they should be aware of their child's ability to process logical statements and abstract ideas, as well as the potential impact of frameworks such as "magical thinking". Caregivers who better understand the thought process of their child will be better able to address the child's concerns.

Support caregiver wellbeing. In thinking about the well-being of youth during the pandemic, we must also recognize the importance of parent/caregiver well-being. Given the many roles that caregivers are being asked to play, as well as the many stressors they may face, it is paramount that they are given the resources to take care of themselves in addition to their children. Ensuring caregivers have the resources to take care of themselves would serve to mitigate stress in the home environment, as well as improve caregiver capacity to attend to their child's needs. Supporting caregivers also means ensuring that they have the resources to take care of their children.

Systems

Make evidence-based mental health care accessible to youth. Given the known effects of quarantine and social isolation on increasing mental health burdens for children and youth, school systems will likely see an increased need for mental health resources throughout the fall and winter. Youth may be dealing with increased rates of depression, anxiety, PTSD, eating disorders, obsessive-compulsive disorder (OCD), paranoia, panic disorders, and/or difficulties with socialization. The federal government has an opportunity to increase funding to public schools, the setting where K-12 students have traditionally accessed mental health care, so that they may expand student mental health resources and mitigate any negative, lasting effects the pandemic may have on youth mental health.

Implement community driven, culturally and linguistically responsive and evidence-based services. Mental health interventions at the systems level should be selected based on evidence of effectiveness. As an example, telehealth is a currently used option that presents an exciting possibility for the future of mental health care. However, despite high satisfaction rates from families and demonstrated efficacy on par with in-person healthcare, at the time of writing this report it is uncertain whether telehealth parity will be extended beyond the fall or winter of 2020. Continued access to tele-healthcare will likely improve mental healthcare access for youth. It is also critical that intervention implementation is nuanced and tailored to local needs. Continuing to identify the most effective uses for telehealth and other applicable services will ensure that the modality is most effectively and efficiently used. For example, telehealth appointments may be more challenging for younger children, those with ADHD, and those seeking first-time therapy appointments. However, they have been shown to be very effective for follow-up appointments and delivering certain interventions. Finally, Massachusetts is home to a racially and ethnically diverse population of K-12 students across varying income levels with varying needs. Supports and services should be mindful to identify and respond to the unique needs of minority communities. Again taking the example of telehealth, it is important to remember that telehealth may not be as accessible or effective for households with fewer electronic devices, those who do not speak English, and those with home environments that are distracting or unable to provide privacy for youth. These populations would benefit from additional resources and services, or alternative ways of accessing mental health care.

Policy

Ensure public information about COVID-19 is accurate and accessible. Ensuring that accurate and up-to-date information about COVID-19 is accessible to the public may help destigmatize the disease, reinforce evidence-based public health prevention measures, and dispel myths that may be harmful to infected individuals and minority communities. Policies and public health campaigns should aim to create community environments that promote healthy youth development and dismantle racial discrimination in all its forms, including, but not limited to: harmful rhetoric, physical assault, and images of racially-motivated brutality. Efforts to destigmatize COVID-19 would not only minimize the psychological toll of stigma, but also increase the chances of transparency for contact tracing and disease containment purposes. Of note, information campaigns should be mindful of those who may lack Internet access or English-reading ability.

Take care of our most vulnerable communities. Finally, particular attention should be paid to the most vulnerable communities. Among the youth who will be most affected by this pandemic are those with few socioeconomic resources, those with disabilities, those with pre-existing mental health conditions, homeless youth, and ethnic and racial minorities.⁷⁵ Youth in low-income families will be most affected by the stress from rising unemployment and lock-down orders. Those living in violent households may suffer from less visibility. Those with pre-existing mental health conditions are especially at risk for exacerbations and the development of new symptoms. Black, Hispanic, and Native American communities will continue to be hit hardest by COVID-19 infections and deaths, while Asian communities may continue to suffer from newly ignited xenophobia.

Ultimately, policies and interventions should aim to protect our most vulnerable youth by providing resources to those with the most need. Interventions must not only be tailored thoughtfully with these populations in mind, but also provide avenues to engage directly with these populations to seek their input and feedback. In response to structural challenges, interventions should target policy and systems reform through upstream and equity-informed approaches. In a time of increased need, resources directed towards evidence-based mental health care should be increased to ensure that all youth and families have access to the best care possible. It is likely that the coming months will bring new ways to treat and prevent COVID-19. However, the effects of the pandemic will be felt by youth for years to come. Through continued diligence and decision-making based on research and data, children and families can be given the tools to overcome these challenges and lead healthy, happy lives.

⁷⁵ Substance Abuse and Mental Health Services Administration, 2018; Milner, 2020; Shonkoff & Williams, 2020

Resources

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