



Adolescent Mental Health and the COVID-19 Pandemic

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INTRODUCTION

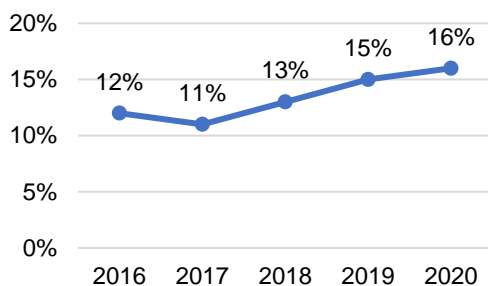
Since March 2020, communities nationwide have been severely impacted by the COVID-19 pandemic. In addition to the immense threat to physical health, the stress and isolation brought on by the pandemic has threatened the mental well-being of many individuals, particularly children and young adults. Pre-pandemic, mental health was already declining among young people, with feelings of hopelessness or sadness increasing by 40% among high school students between 2009 and 2019.¹ By January 2020, 16% of adolescents were experiencing anxiety or depression, as seen in Figure 1.² The pandemic heightened these issues: according to one survey, 71% of parents report the pandemic has taken a mental health toll on at least one of their children, and 64% believe the pandemic will have lasting developmental impacts.³

During the COVID-19 pandemic, emergency department visits for mental health reasons and suspected suicide attempts increased among young people nationwide.^{4,5} In Delaware, Nemours Children’s Hospital saw an 80% increase in patients for intentional harm or suicidality.⁶ More than two years into the pandemic, one in three adults in Delaware with children report their children are nervous, anxious or on edge, and more than one in five report their children are down, depressed, or hopeless.⁷

As a result of the pandemic, the American Association of Pediatrics has declared a national state of emergency in child and adolescent mental health and the U.S. Surgeon General issued an advisory on protecting youth mental health.^{8,9} In May 2022, several government agencies including the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS) and the Administration for Children and Families (ACF) released a joint letter on children’s mental health encouraging states, tribes, and jurisdictions to prioritize mental well-being of children.¹⁰

Adolescent mental health is an issue of national concern. Adolescence is defined as the period between childhood and adulthood, encompassing ages 10 through 19.¹¹ While we focus on adolescents throughout the brief, some sources also include children younger than 10 and young adults older than 19. Although there can be many underlying causes of mental health

Figure 1. Share of Adolescents Experiencing Anxiety or Depression



Source: Center for Community Research and Service, 2022. Data from the Kaiser Family Foundation.

issues, social isolation, remote learning, screen time, fear of the virus, and economic hardship have been cited as some of the reasons why children and young adults are struggling in the wake of the COVID-19 pandemic.^{3,12}

SOCIAL ISOLATION

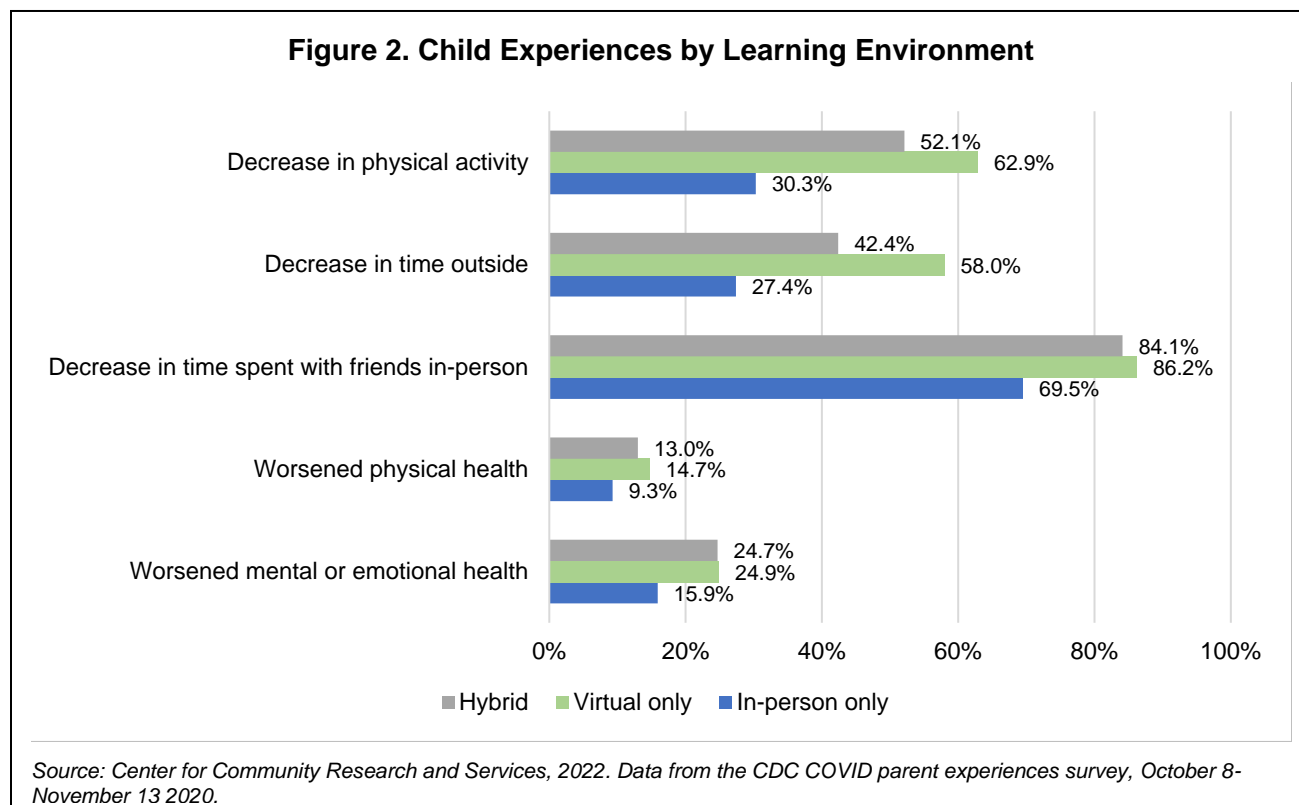
Many children and young people have networks of friends, classmates, and adults outside of their immediate family that they rely on for socialization and support. Lockdowns, mandatory isolation after exposure to the virus, and fewer activities outside of the home removed many children from these extended support networks, which led to increased feelings of isolation and loneliness. Experts note loneliness can increase symptoms of stress, depression, and anxiety.¹³ Although individuals of any age may experience deleterious effects of social isolation, research suggests that children and adolescents are likely more susceptible to experiencing depression and anxiety during enforced isolation and after it

ends.¹⁴ In one survey, more than half of parents reported that a lack of socialization during the pandemic was compromising their child's mental health.³

Periods of social isolation often go hand in hand with loss of routine and missed milestones. Incidences such as this may have a major impact on the health-related quality of life (HRQoL) of young people.^{15,16}

REMOTE LEARNING

To keep students, teachers, and staff safe during the pandemic, numerous school systems in Delaware and nationwide adopted remote or hybrid learning models. In addition to the challenges of a new learning environment, many students struggled with the resultant social isolation. Although students made overall gains during the 2020-2021 school year, these gains—and overall achievement levels—were significantly lower than was typical prior to the pandemic. Students of color and students at high-poverty schools were

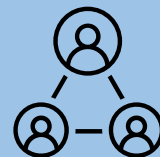


disproportionately impacted by this achievement gap.¹⁷

Remote learning led many students to feel isolated from their school communities. More than one in five students report feeling disconnected from their classmates and school community, and 29% feel disconnected from school adults.¹⁸ This disconnect can negatively impact mental well-being, as students who feel connected to people at school are less likely to experience poor mental health and persistent feelings of sadness and hopelessness.¹⁹ A survey of parents from October and November 2020 found that children in a virtual learning environment experienced greater negative impacts on physical activity, time outside, time spent with friends in-person, and physical and mental health than children in hybrid or in-person learning environments, as shown in Figure 2.²⁰

Students who depend on an in-person educational setting for access to mental or behavioral health services may be at a particular disadvantage. Experts say that some students depend on schools to access mental health services, and that children with attention or behavioral disorders may experience heightened difficulties in a remote learning environment.²¹ When considering the effects of remote learning, it's important to consider how changes were felt by those neurotypical and neurodivergent students.

Educational staff and administrators had to make many challenging but necessary decisions throughout the pandemic to keep students, staff, families, and communities safe. It is important to emphasize the importance of remote learning as a public health tool for mitigating the spread of COVID-19, and to note that not all students have negative experiences with remote learning environments. Experts cite greater flexibility in schedule and learning method and reduced bullying as some of the positive aspects of remote learning.²²



How has the pandemic impacted Delaware's youth, and what needs to be done to support students to promote positive mental health outcomes?

“The pandemic left limited resources and few places to go for support. We all play an important role in our children’s mental health. Schools, communities, agencies/organization or faith-based institutions could invest in education, systems and policies to build supports and reduce mental health risk factors.”

Dr. Sandi Hagans-Morris

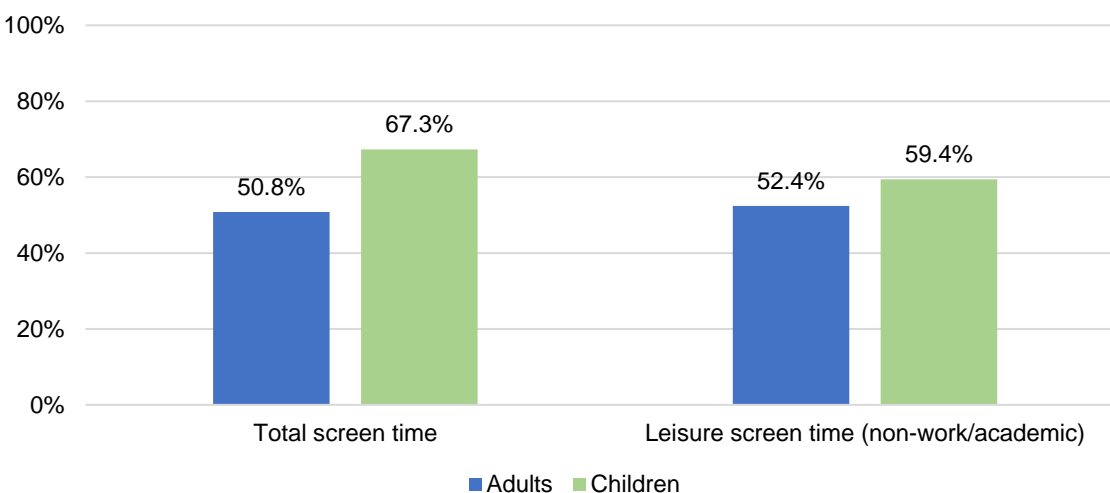
Director, Education, Training & Special Services at the First State Community Action Agency

“The pandemic did not only drive students away from their peers — a devastating loss in itself — it also removed them from potential mentors. The trusted teachers, counselors, and coaches to whom students in crisis might turn for support were suddenly just intimidating email addresses or impassive faces on a screen. I hope that as students have returned to in-person activities, those support networks have begun rebuilding, but if kids continue to struggle with socialization, it could be a concerning ongoing trend.”

Ella Trembanis

Delaware High School Student

Figure 3. Percent of Children and Adults Experiencing an Increase in Screen Time During the COVID-19 Pandemic



Source: Center for Community Research and Service, 2022. Data from Trott, M., Driscoll, R., Iraldo, E., & Pardhan, S. Changes and correlates of screen time in adults and children during the COVID-19 pandemic: A systematic review and meta-analysis. *eClinical medicine*, 2022.

SCREEN TIME

As remote learning and virtual socialization peaked in the early stages of the pandemic, the overall screen time for adolescents, including time spent on computers, phones, televisions, or video games, drastically increased. As Figure 3 shows, children were more likely to experience an increase in screen time than adults, especially children aged 6-10 who had the highest increases in total screen time out of any age group during the pandemic.²³ Data from May 2020 show that 12- and 13-year-old adolescents spent 7.7 hours a day on non-school related screen time, which is more than double the pre-pandemic estimate.²⁴

This increase in screen time can have adverse effects on young people. Research has shown that excessive screen time for children and youth is associated with a variety of physical and mental health issues

including unhealthy diet, depressive symptoms, and perceived stress.^{25,21} Initial research shows that as students returned to school, screen time decreased but remained elevated when compared to pre-pandemic levels,²⁶ indicating that excessive screen time may continue to be a concern post-pandemic.

HEALTH AND WELL-BEING CONCERNS

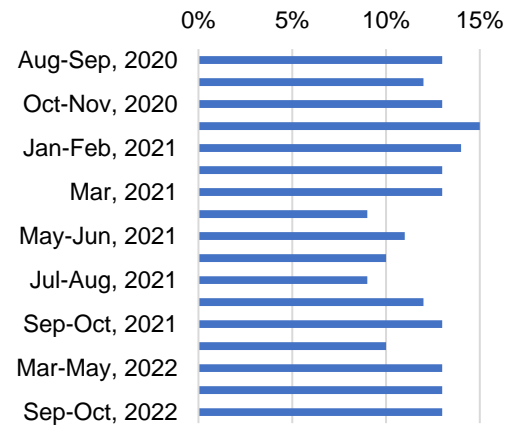
Children are less likely to become severely ill with COVID-19 than adults, representing just under one in five COVID cases since the beginning of the pandemic.²⁷ However, severe cases are still possible, particularly for children with comorbidities including chronic respiratory and cardiovascular diseases.²⁸ The fear of catching the virus, or dealing with the impact of illness in themselves or family members, can be a stressor for young people.

During the pandemic, more than half of adolescents aged 13-19 reported heightened levels of concern about their own or their families physical and mental health.¹⁴ In one survey of public schools, 20% of schools reported that students with, or in families with, a high risk medical condition were more likely to seek out mental health services.²⁹ Moreover, many young people lost family members to the pandemic: between March 2020 and October 2021 one in eight deaths in the U.S. were attributed to COVID-19 during this period.³⁰ Dealing with the anxiety of getting sick, or the loss of a loved one, may critically impact a child's mental and emotional well-being.

ECONOMIC INSTABILITY

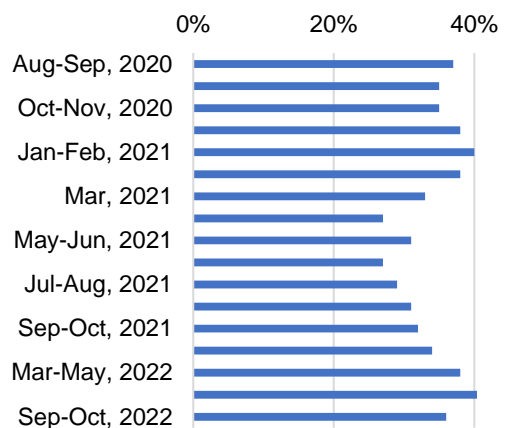
Adolescents (who even pre-pandemic, often find themselves in a time of self-discovery as they transition to adulthood) have either experienced, or witnessed their friends and family endure, a myriad of economic challenges throughout the COVID-19 pandemic. Negative economic conditions have been shown to be harmful to the mental health of children³¹ and adults³², and research shows that adolescents from families experiencing greater economic hardship are more likely to suffer from long-term impacts to mental health as a result of the COVID-19 pandemic.¹² Figures 4 and 5 show data from the Household Pulse Survey, comparing young adult food insecurity in the past week with difficulty paying household expenses in the past week. Changes in employment and affordability of household expenses put stress on our country's youth; many saw parents lose jobs, lost jobs themselves, and/or had to seek employment to support their family structure.

Figure 4. Adults ages 18 to 24 who sometimes or often did not have enough food to eat in the past week in the United States



Source: Center for Community Research and Service, 2022. KIDS COUNT in Delaware Data Center, Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2021-2022

Figure 5. Adults ages 18 to 24 who had difficulty paying for usual household expenses in the past week in the United States



Source: Center for Community Research and Service, 2022. KIDS COUNT in Delaware Data Center, Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2021-2022

ACCESS TO CARE

Although mental health issues among young people have risen throughout the course of the pandemic, many parents and children have struggled to access the healthcare they need. Nearly one in five U.S. children have a diagnosed mental disorder, but just 20% of those with a mental disorder receive care from a specialized mental health provider.^{33,34,35} As the U.S. healthcare system struggled to meet demand at the start of the pandemic, many services were unavailable or halted completely. Between February and October 2020, the number of child Medicaid/CHIP beneficiaries receiving mental health services dropped by 50%.³⁶ Concerns about access to effective mental healthcare have continued to persist more than two years into the pandemic. In an April 2022 survey, 70% of public schools stated that the rate of students seeking mental health services has increased during the pandemic, though just 56% agreed that they are able to effectively provide mental health services to all students in need. Schools cite insufficient mental health staff, lack of access to licensed mental health professionals, and inadequate funding as reasons why they are unable to provide care to all students in need.²⁸

Barriers to access for mental healthcare can include lack of access to appropriate providers, cost, parental reluctance, long waiting lists, lack of insurance coverage, and cultural stigma.^{29,37} While telehealth may expand access for some individuals, in-person visits are important for many children who may not have the private space or quality of internet access necessary to have a telehealth visit with a mental healthcare provider.

Specifically for youth who identify as LGBTQ, a 2022 survey by The Trevor Project of young people ages 13 to 24 showed that many desired mental health care but did not access it. Factors limiting access included fear of discussing

concerns, worries around obtaining permission to access care, fear they wouldn't be taken seriously, affordability issues, concern their identity would be misunderstood, and a lack of transportation.³⁸ Mental health support must meet the needs of all youth, no matter their race, ethnicity, gender identity, sexual orientation, or socioeconomic status.³⁹

Policymakers and program administrators in Delaware have continued to work towards increasing access to youth mental health services. Legislatively, the state recently passed House Bill 301, an amendment to the Delaware code relating to mental health educational programs, requires the establishment and implementation of statewide mental health educational programs for each grade, kindergarten through grade 12, in each school district and charter school in this State.⁴⁰ Additionally, Governor Carney has signed bills expanding access to school counselors in elementary and middle schools.^{41,42}

On the community side, Delaware's adolescents can benefit from programs such as those offered by Sean's House, a nurturing mental health space for young adults ages 14-24, created by the local non-profit SL24: Unlock the Light. Their mission is to reduce the rate of youth suicide.⁴³

LOOKING FORWARD

As students re-enter classrooms full-time, Delaware officials have recognized the need for expanded mental health services among school aged children, resulting in legislation to expand existing and new infrastructure.

Nationwide, schools and educators are working towards acknowledging and adapting to student challenges. Twelve states currently allow students to take a certain number of mental health days as excused absences.⁴⁴ Additionally, teachers across the country are working to better understand the signs of mental distress among their students and establishing

regular check-ins as part of their classroom routines.⁴⁵

While mental health services are vital to ensuring the needs of children and adolescents are met, it is important to note the importance of security in all areas of life for young people. For many adolescents, meeting basic needs, such as security of family relationships, a safe and stable home environment, the availability of nutritious food, and financial stability, can majorly impact their mental health.³¹ Children experiencing adverse childhood experiences (ACEs) — which include forms of abuse, neglect, and household dysfunction⁴⁶— at home during the pandemic were significantly more likely to have poor mental health or a suicide attempt in the past year than children without ACEs.⁴⁷ Tools such as the Household Pulse Survey⁴⁸ will continue to collect data to quantify family experiences during the coronavirus pandemic, with data reported close to real-time. The National Survey of Children’s Health⁴⁹ works to capture detailed health data, with trends to analyze pre-, during- and recovery- from the COVID-19 pandemic. Ensuring children and their families have the mental, physical, and emotional support they need is paramount to ensuring the well-being of Delaware’s children in the pandemic and beyond.

“I think the silver lining is that the youth of my generation are incredibly engaged in this reckoning with mental health. That energy needs to be met with resources, with compassion, and with reciprocal honesty from adult authority figures. I think we have a responsibility to be transparent with young people about mental health — they deserve to hear it, and there are age-appropriate ways to teach that compassion for oneself and for others, and to point kids to potentially life-saving resources. Most importantly, we need to continue listening to kids and taking their distress seriously. I also hope that this experience forces more people to acknowledge the importance of taking time to celebrate and to relax. Kids need to have the opportunity to find a support system, to take breaks, and to mark exciting developmental milestones.”

Ella Trembanis

Delaware High School Student

This report was produced by the University of Delaware Center for Community Research and Service (CCRS), specifically the Medicaid Research Program. The mission of this research team is to obtain and maintain data on health care services, and to carry out research which can lead to improvements in the quality, effectiveness, efficiency, availability, and affordability of health care services in Delaware and beyond.

For more information or with any questions on the contents of this brief, please contact Rebecca McColl (bmccoll@udel.edu) or Erin Nescott (eplynch@udel.edu).

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