COVID-19 AND CHILDREN'S BEHAVIORAL HEALTH IN THE DISTRICT OF COLUMBIA:

THE PANDEMIC'S IMPACT ON CHILD BEHAVIORAL HEALTH OUTCOMES AND THE BEHAVIORAL HEALTH CARE SYSTEM

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June 2021

Children's National

EXECUTIVE SUMMARY

The COVID-19 pandemic has severely impacted the health and well-being of children and families worldwide. However, the pandemic's effects have not been felt equally in all communities. In the District of Columbia, Black, Hispanic/Latinx and biracial families have experienced disproportionate rates of COVID-19 infections and deaths and continue to face dire stressors related to social influences on health. COVID-19 has only perpetuated longstanding physical and mental health inequities that existed prior to the pandemic. These issues require sustained and focused attention as we enter the next phase of the pandemic's management.

National and local data have revealed that the COVID-19 pandemic is significantly and negatively impacting children and families' behavioral health.* Children and adolescents have experienced many of the pandemic's consequences including school closures, isolation, disruptions to typical family life and gaps in health and mental health care services. As schools closed and in-person extracurricular activities went on hiatus, an increasing number of children, both nationally and in the District, experienced increased anxiety, sadness, loneliness and stress due to isolation and many struggled with the transition to virtual learning. Many children have also been affected by grief, isolation and loss due to COVID-19 related deaths in their families, schools and communities.

Children have also faced increased exposure to additional family stressors related to food, housing, employment and financial insecurities during the pandemic, all of which may lead to tension in the home and contribute to behavioral health difficulties. While these effects are seen both nationally and locally, such stressors are disproportionately affecting the District's communities of color.

The need for behavioral health supports has only grown during the pandemic. Despite the emphasis that the District has placed on behavioral health prior to the pandemic, access to behavioral health services and supports remains strained. Data from local community providers show that the District continues to be affected by pre-pandemic systems issues like insufficient access to high quality behavioral health services, appointment shortages and long waitlists. In addition, District providers are struggling to provide the services that children and families need due to a lack of funds, coordination and resources during the pandemic.

The COVID-19 pandemic has jeopardized the emotional well-being and mental health of many of the District's children and their families. It is vital that we prioritize equitable solutions to address the behavioral health needs of the District's children and families as we continue to respond to the pandemic and its effects. Given the intersections of health, education, employment, housing and justice with behavioral health, it is crucial that policymakers take an interagency approach to ameliorating these issues while partnering with the community, funders and other stakeholders.

This report is being published over one year into the pandemic to provide an overview of COVID-19's impacts on the behavioral health of children and families in the District as well as broad, initial recommendations to address these issues. Since the landscape described herein is rapidly changing, this report represents a snapshot in time of existing needs and recommendations. This report is intended to support the work of stakeholders across sectors in understanding and addressing the behavioral health needs of children and families during this most challenging time.

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* *For the purpose of this report, behavioral health will be used interchangeably with mental health.*

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ACKNOWLEDGMENTS

This paper was made possible through the sharing of knowledge and data from Children's Law Center, Children's National Hospital, Catholic Charities of the Archdiocese of Washington, Center for Health and Health Care in Schools at the George Washington University (CHHCS), D.C. Council Committee on Health, DC Mental Health Access in Pediatrics (DC MAP), D.C. Health Matters Collaborative, MedStar Georgetown Center for Wellbeing in School Environment (WISE), Parents Amplifying Voices in Education (PAVE), the Diana L. & Stephen A. Goldberg Center for Community and Pediatric Health at Children's National, the Healthy Generations program at Children's National and the Wendt Center. Special thanks to Nisha Sachdev, DrPH, Psy.D, from Premnas Partners; Lee Beers, MD, FAAP, from Children's National; Olivia Soutullo, PhD, from Children's National and Leandra Godoy, Ph.D., from Children's National for their significant research, writing and editing contributions. We also wish to thank Monika Lemke, Ciera Rawson, Victoria Smith and Ali Van Sambeek from Premnas Partners for their research and design support. Questions and comments are welcome and can be directed to CMHCORE@childrensnational.org.

INTRODUCTION

COVID-19 has severely impacted the lives of children and families in the District. Since the onset of the pandemic, children have endured many of the pandemic's worst consequences including stress, isolation and loneliness in the face of mass quarantine, physical distancing, limited public gatherings and activities, school closures, the traumatic loss of family members affected by COVID-19 and the immense disruption caused by each of these issues. In addition to the restrictions and changes to everyday life caused by the pandemic, many children and families have experienced additional stressors that are related to social influences on health such as a loss of family income, heightened food insecurity, instability in housing and technology, lack of access to safe transportation, inadequate access to health and mental health care and increased risks of domestic violence and child abuse. The combination of these factors has led to emotional instability, gaps in social and health-related services and prolonged exposure to grief, depression, anxiety and trauma. **The disproportionate social and economic impacts of COVID-19 on historically under-resourced communities of color are of particular concern, and it is reasonable to expect that the mental health impacts of COVID-19 will be similarly inequitable. It is imperative to equitably address the effects that the pandemic has already had on the behavioral health of children and families as vaccines are made available, restrictions are lifted and in-person activities return in order to prevent future sequelae and repair the damage already caused by the pandemic.**

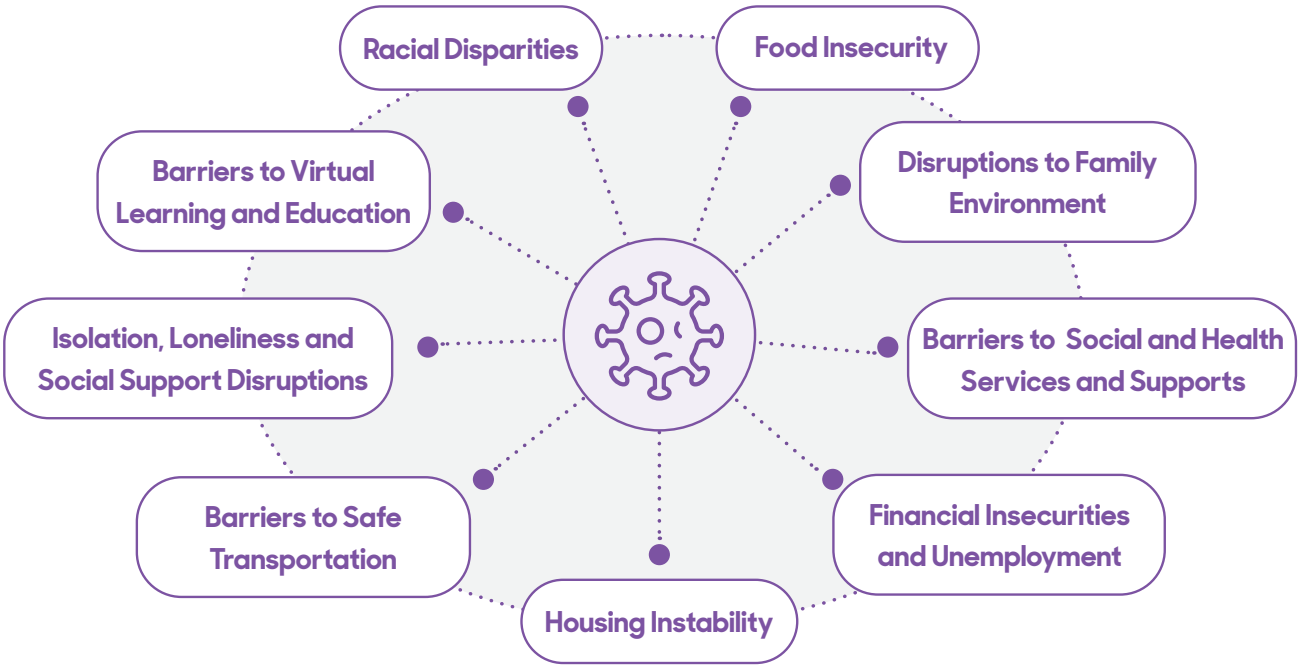
In addition to the COVID-19 pandemic, communities of color are facing an additional pandemic of systemic racism. This "double pandemic" has underscored the deep-rooted

Behavioral health *is a critical component of general health that can be impacted by many factors including a person's biology, development, the environment, stress, access to resources, changes in daily life, relationships and economic hardship.* ***COVID-19 has impacted family and youth behavioral health and has been associated with increased anxiety, depression, domestic violence, child abuse, and discrimination.***

inequities in the justice, social and health care systems faced by communities of color and has furthered pre-existing disparities. Racism is at the root of many of the racial and ethnic inequities observed at the national and local levels, and experiencing racism has been well-linked in research to poorer physical and mental health. For example, Black, Hispanic/Latinx and Asian American children who are the targets of racism have higher rates of depression, anxiety and behavior problems. Experiencing racism can lead to a sense of helplessness in both children and teens.[1] In addition, a higher proportion of Black parents rated racism as a big problem for children and teens, compared with Hispanic/Latinx and White parents.[2] Prior to COVID-19, Black adolescents in the District reported an average of over five experiences of racial discrimination per day.[3] While inequities in social influences on health have existed for many years, the combination of the COVID-19 pandemic and the call to action in the wake of racial injustice has highlighted the need to focus now – more than ever – on the persistent structural racism within our society and systems.

This report is being published over one year into the COVID-19 pandemic to provide an overview of the pandemic's impacts on the behavioral health of children and families in the District as well as broad, initial recommendations to address these issues. The District's many child-serving entities (including government agencies, schools, health care providers, behavioral health care providers, insurers, funders, policymakers, researchers and more) rapidly pivoted at the onset of the pandemic to address children's behavioral health needs by taking actions such as connecting with families regarding immediate basic needs, focusing on increasing the capacity of providers to shift to delivering services via telehealth (services provided over audiovisual conferencing platforms or via phone) and revising services to meet emerging needs. The pandemic remains an evolving public health issue, and there is currently a dearth of published literature on the pandemic's impact on children's behavioral health. Considering this, the present report was developed using a review of available national datasets, peer-reviewed studies and grey literature. Local data sources and anecdotal local data were incorporated when available, but more robust local data are needed to fully understand the impact of the pandemic on children's behavioral health in the District specifically. This report captures the present conditions as they exist at the time of publication, and the landscape may continue to change as the pandemic and its recovery evolves.

Stressors Heightened by the COVID-19 Pandemic



DISPARITIES IN THE DISTRICT IMPACTED BY THE COVID-19 PANDEMIC

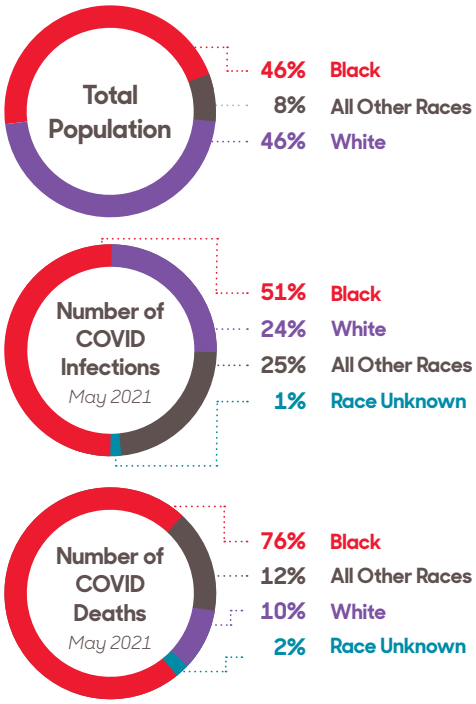
Social and Demographic Disparities in the District Before the Pandemic

Dramatic disparities have long existed between different groups in the District's overall population. Racial and ethnic demographics vary across wards, with almost 90% of Wards 7 and 8 identifying as Black, Hispanic/Latinx, or biracial and over 70% of Wards 2 and 3 identifying as White.[4] There is also an immense disparity in income and poverty across wards; the median household income ranges from $128,670 in Ward 3 to $45,318 in Ward 7 and $35,245 in Ward 8.[5] Wards 7 and 8 also have a poverty rate of over 40%, compared to less than 2% in Ward 3.[6] While a full review of these factors is beyond the scope of this paper, please see the 2019 Community Health Needs Assessment by the D.C. Health Matters Collaborative for a more in-depth review of current social and demographic trends and community needs.[7]

Given these disparities, it is not surprising that pre-pandemic, almost 50% of District students (many of whom are from Wards 7 and 8) were identified as being "at-risk" per the District's Office of the State Superintendent of Education, or OSSE (i.e., experiencing homelessness, being in the foster care system, having qualified for Temporary Assistance for Needy Families [TANF] assistance and/or being high school students one or more years older than the expected age for the grade in which they are enrolled).[8] Moreover, nearly 1 out of 5 students in the District have an identified disability, and one-third of these students have a specific learning disability as their primary identification.[9] Finally, although over the past decade there has been a steady decline in the rate of children placed in foster care or in juvenile detention and group homes, racial disparities in these rates persist.[10,11]

Prior to the pandemic, 11.4% of adult residents in the District reported having poor mental health for more than 14 consecutive days, and 14.3% of the District's population had been diagnosed with a depressive disorder.[12] The burden of poor mental health is not distributed equally across the city and can be attributed to a range of factors including poverty, geographic locations, race/ethnicity, and education level. **Nearly every neighborhood in Ward 7 and 8 experiences poorer mental health compared to the rest of the city,** with 23-26% of residents in Ward 8 having been diagnosed with a depressive disorder.[13]

COVID-19 Disparities in the District's Population



As of June 2021, almost **28%** ***of D.C.'s COVID-19 deaths were residents of Wards 7 and 8***

Although disparities in COVID-19-positive tests between Wards 7 and 8 and the remaining wards have decreased since March 2020, they were almost ***4X higher than other wards at some points over the last year.***

As the District began vaccine distribution, early data show there have been disparities in the rollout process. The same wards with the highest COVID-19 rates show the lowest percentage of vaccines due to issues such as: lack of internet access, communication about the process, lack of supply and oversight of geographic distribution.

Source for data above: https://coronavirus.dc.gov/data/

Children's Behavioral Health in the District Before the Pandemic

Prior to the pandemic, about one in five U.S. children had a diagnosable mental health disorder, but only half of these children received mental health treatment within a year of being diagnosed.[14] Similar rates are seen in the District, with over 20% of all children aged 3-17 years in the District reportedly experiencing a mental, emotional, developmental or behavioral problem; rates are higher in Black children at about 25%.[15,16] According to the 2019 District of Columbia Youth Risk Behavior Survey (YRBS), 33% of high school students reported feeling sad or hopeless almost every day for at least two weeks in the past year, and only one in every four students who reported having felt sad, empty, hopeless, angry or anxious was generally able to get the help they needed.[17] The YRBS also revealed that about one in seven District middle school students and one in six District high school students attempted suicide in the past year, with even more reporting having suicidal ideation.[18] Data from the YRBS also suggest that at least one in five District high school students has used marijuana or had at least one drink of alcohol in the past month.[19] Access to care is also an issue in the District. For example, 48.7% of District youth with a major depressive episode did not receive mental health services in 2020.[20] This is a significant concern for the District's children of color, who are often at higher risk for poor mental health outcomes and may be less likely to have access to mental health services and supports.

Rates of adverse childhood experiences (ACEs) are elevated in the District. ACEs are potentially traumatic events that occur in childhood (0-17 years) including experiencing abuse or neglect, substance use, incarceration, racism, violence exposure and having family members with severe mental disorders or substance use disorders. Almost 50% of the District's children had experienced at least one ACE, and almost 22% had experienced two or more ACEs prior to the pandemic.[21] It should be noted that the more ACEs and the fewer protective factors such as social connections, access to resources and healthy relationships a person has, the greater the risk for poor physical and mental health outcomes. Most youth in the District experiencing ACEs were Black, non-Hispanic/Latinx children.[22,23] Given these alarming rates, it is necessary to focus on the needs of children and families and work to minimize the continued behavioral health disparities that will likely be perpetuated by the impact of COVID-19.

Child Mental Health in the U.S.

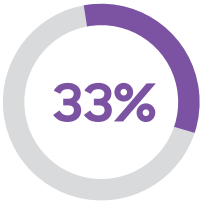
Pre-pandemic, **one in five** U.S. children had a diagnosable mental health disorder

Only half of these children received mental health treatment within a year of being diagnosed

Child Mental Health in the District

20%
of the District's children overall reported a mental, emotional, developmental or behavioral problem

25%
of Black children in the District reported the same



of the District's high school students reported feeling sad or hopeless almost every day for at least two weeks

Only one in four students was generally able to get the help they needed

IMPACT OF THE COVID-19 PANDEMIC ON CHILD AND FAMILY BEHAVIORAL HEALTH OUTCOMES IN THE DISTRICT

The pandemic has amplified stressors on families across the District and has had particularly severe impacts on communities of color. Such stressors, when unmitigated or insufficiently buffered by needed supports, have the potential to negatively impact children's behavioral health and well-being. While it is beyond the scope of this paper to address all of these factors, we acknowledge that important social and economic factors and social influences on health – such as employment, housing, finances, racism, food security/nutrition and affordable health care – are inextricably linked with children's behavioral health and well-being.

Family Environment, Health and Well-Being

The pandemic has brought additional stressors related to racism, food, housing, employment, family conflict and financial insecurities

Mental Health and Social-Emotional Development

Loneliness and social isolation (that many children experienced during quarantine) increase the long-term risk of depression and anxiety in children

Education

Rapid transition to virtual learning resulted in disruptions in routine, social isolation from peers and trusted adults and other community supports and has led to emotional difficulties

"In the past ten months I have seen a drastic change in [my granddaughter's] behavior. She has shut down socially and has become emotionally distant. I have also seen many of the children in our community [...] suffer from loss of services causing mental breakdowns and suicide threats. While some children receive medicine, that is not enough without the necessary support services. It's causing our children to not be able to adjust well."

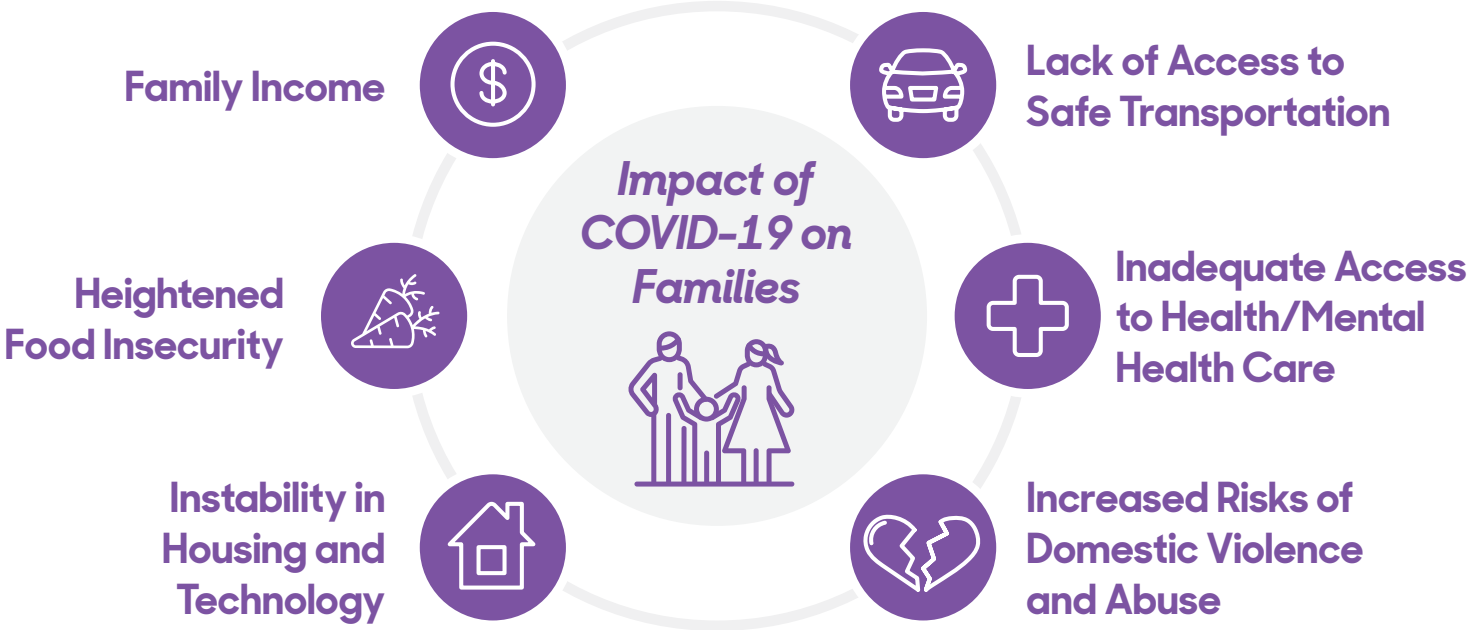
– PAVE (grand)parent leader, Ward 6

Impact on Family Environment, Health and Well-Being

A predictable, positive family environment serves as a protective factor for child and family mental health,[24] but the COVID-19 pandemic has caused significant stress and burden for caregivers and may endanger some families' stable home environments. Children whose basic needs (such as housing and nutrition) are unmet may have greater rates of stressors and traumatic experiences that put them at further risk for behavioral problems, delays in development and mood disorders.[25] This section explores the impact of the pandemic on caregivers and families given the immense importance of caregiver well-being in ensuring positive child behavioral health outcomes.

National data clearly demonstrate that adult mental health and emotional well-being have been negatively impacted by the pandemic. Research shared by the Kaiser Family Foundation (KFF) found that in January 2021, 41% of adults nationally reported symptoms of depression and anxiety, compared to 11% prior to the pandemic. In addition, KFF reported in July 2020 that many adults were suffering from pandemic-specific impacts on their mental health, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%) and worsening chronic conditions (12%), all of which were attributed to worry and stress over the novel coronavirus.[26] Relatedly, a national survey of parents conducted in June 2020 by Vanderbilt University to assess how the pandemic affected physical and emotional well-being found that 27% of parents reported worsening mental health for themselves.

The U.S. Census Bureau's Household Pulse Survey, which is an ongoing survey assessing state level data on health and economic impacts of the pandemic, also found that local District families with children have experienced direct and indirect mental health challenges. As of February 2021, 27% of all adults in the District with children reported feeling down, depressed or hopeless for more than half of the days in the past week, and 35% felt nervous, anxious or on



edge for more than half of the days or nearly every day in the past week.[27] In the same period, 43% and 41% of Black adults in households with children said the same, respectively.[28] Furthermore, in an ongoing community mental health needs assessment survey conducted by Children's National Hospital, 98% of District family respondents reported new onset of behavioral and emotional health concerns since the pandemic, including signs and symptoms of anxiety (64%), irritability (60%) and worries about their children's social health (52%).[29]

> *"My personal experience as an adult throughout the pandemic is that I have often felt overwhelmed and at a loss for how to move forward - and that same emotion is felt by our children. It is urgent that we avoid any tragedies and future harm by investing in mental health supports - proactively and powerfully. The burden of the pandemic is taking an outsize toll on the mental health of children and families. We need to ensure that children and families across the District have access to the mental health services that they need to thrive."*
>
> **– Ward 1 parent leader**

Families are also facing stressors in keeping themselves safe from the coronavirus, managing COVID-19 infections when they do occur and dealing with the emotional impact of isolation as well as traumatic loss and grief when loved ones die from the virus. In September 2020, the D.C. Student Well-Being Survey was administered to almost 2,500 students in grades 3 through 12 from 22 District public charter schools. The survey asked students about the pandemic-related challenges they have experienced, the impact of the pandemic on their relationships and their experiences with virtual schooling. The survey found that in the District, 77% of students reported feeling worried that their family will be exposed to COVID-19. Nearly one in five students reported having recently experienced the loss of a family member they live with due to COVID-19.[30] Given the disproportionate impact of COVID-19 infections and deaths on Black, Hispanic/Latinx and biracial families living in the District, these children's concerns are not unfounded.

Since the start of the pandemic, District families already living in challenging circumstances have experienced hardship not only due to the concerns about isolation and virtual learning but also because of the additional stressors created by racism and insecurities in food, housing, employment or finances. A June 2020 survey including almost 50 caregivers, conducted by the MedStar Georgetown Center for Wellbeing in School Environments (WISE) found the top five sources of stress that caregivers experienced during the pandemic included childcare, mental health, relationships, finances and health.[31] Teen parents are especially affected by the pandemic. The Healthy Generations program at Children's National, which provides physical and mental supports to teen-headed families in the District, interviewed 22 teen mothers in July 2020 and found an almost 50% increase in their stress levels since the pandemic. Finances, fear of contracting COVID-19 and fear of family members contracting COVID-19 were reported as the most significant sources of stress.[32]

Many District families have experienced severe financial stressors during the pandemic. The February 2021 Pulse Household Survey found that 60% of Black adults in the District (and 49% of all District adults) living in households with children reported a loss of income since March 13, 2020. Of these households, over 85% did not receive pay for the time they were not working. As of the end of February 2021, 45% of Black District adults living

in households with children were still unemployed. Families who have experienced unemployment during the pandemic are likely at even greater risk of stress as they juggle competing financial obligations to pay for basic needs like housing and food without ready opportunities for re-employment. This is particularly concerning given that the February 2021 Pulse Household Survey reported that 42% of Black adults in the District with children had slight or no confidence in paying their rent or mortgage, compared to 26% of all District adults.[33] The same survey found that 68% of adults living in households with children reported being very or extremely likely to have to leave their home due to eviction or foreclosure in the next two months.[34] As of February 2021, the Pulse Household Survey indicated that 63% of Black adults (and 45% of all adults) living in households with children in the District reported having difficulty paying for usual household expenses in the past week.[35] The Pulse Household Survey also found that 19% of District adults with children reported sometimes or often not having enough food to eat in the prior week, with 24% of Black adults with children reporting the same.[36] Students have also reported similar stressors and resulting negative feelings. For example, in the D.C. Student Well-Being Survey, students who were living in unstable housing situations and who experienced food scarcity were more likely to feel negatively about themselves and about their lives.[37]

Globally, domestic conflict has also increased due to economic stress and consequences of quarantine like decreased freedom and privacy.[38] Some families may also have increased exposure to intimate partner violence and greater barriers to leaving such relationships during the pandemic.[39] To this end, the District's Attorney General's Office reported that there was a surge in domestic violence calls from District residents in April 2020, which was during the initial COVID-19 quarantine period.[40] The pandemic-related surge in domestic violence is not limited to domestic relationships; it has also led to increases in physical, emotional and sexualized violence against children. Data from the District of Columbia Child and Family Services Agency (CFSA) shows a 39% drop in hotline calls during the height of COVID-19 (April 2020 – June 2020), which was not surprising given children had less contact with mandated reporters such as teachers (who typically report one in five cases of suspected abuse and neglect to hotlines).[41] Once more consistent contact between children and trusted adults such as teachers, mentors and providers resurfaced, the number of CFSA calls in other months in 2020 rose back to 2019 levels. However, the Child and Adolescent Protection Center at Children's National reported that while referral calls to CFSA were much lower early in the pandemic, there was a nearly twofold increase in the number of abuse-related injuries managed by the team at that time.[42] Further, there was a 33% increase in gun violence and 19% increase in homicides in the District from 2019 to 2020, which may be related to the changes in policing due to COVID-19 restrictions and high levels of pandemic-related stressors.[43] Black victims accounted for 95% of the homicides, which underscores the impact of pre-existing disparities and added to the already high deaths in this group from COVID-19.[44] Exposure to domestic violence, neglect, abuse and community violence significantly affects children's mental health and has the potential to create negative long-term consequences.

Impact on Mental Health and Social-Emotional Development

While local data on the behavioral health impacts of COVID-19 are limited, national research has revealed the emergence of significant negative behavioral health effects in children and families since the pandemic began. A national survey of parents conducted in June 2020 by Vanderbilt University found that 14% of parents reported that their children's behavioral health had worsened during the pandemic.[45] National research has also found increased levels of substance use among adolescents as well as increased levels of irritability, stress, anxiety and fear among children.[46]

From the limited District-specific data available, there are similar trends in rising emotional and behavioral concerns during the COVID-19 pandemic. This is especially concerning given that prior to the pandemic, children in poverty in the District were already at high risk of ACEs, poor behavioral health outcomes and lack of access to supports and services. **Results from the D.C. Student Well-Being Survey showed that 77% of District students endorsed experiencing anxiety related to the pandemic, and two-thirds of students have been unable to participate in an activity that they normally do and makes them happy.[47]**

Local behavioral health service providers have reported that the children and youth they serve are also experiencing these negative outcomes. For example, Catholic Charities, an organization providing therapy among other social services to children in Wards 7 and 8, has reported an increase in self-injurious behaviors like cutting in children as young as first graders. Catholic Charities has also reported an increase in hospitalizations resulting from calls to its youth mental health crisis hotline, ChAMPS (Child and Adolescent Mobile Psychiatric Service), which is the District's main provider of emergency mobile psychiatric services for children and youth.[48] These findings indicate a heightened need for mental and behavioral health supports in the light of the significant social-emotional and mental well-being challenges faced by youth in the District during the pandemic.

Impact on Education

While schools are an obvious setting for children to acquire a formal education, schools are also a primary source of routine and structure as well as social-emotional learning, socialization and interpersonal interaction. It is thus understandable the near-overnight closure of in-person learning in March 2020 – which resulted in disruptions to routine, social isolation from peers and trusted adults and changes to other community supports – has led to emotional difficulties like boredom, frustration, anxiety, confusion and disappointment for many youth.[49] The effects of isolation due to school closures and the cessation of school-related activities (like extracurriculars and social opportunities) are of particular concern, as research has found that loneliness and social isolation (which many children have experienced during the pandemic) increase the long-term risk of depression and anxiety in youth, with negative impacts on mental health evident up to nine years later. Worse effects were noted the longer the loneliness endured.[50] Such findings show that imposed social isolation and loneliness can have long-lasting impacts on children's mental health, which underscores the need for more supports now in the next phase of the response to the pandemic.

The rapid shift to virtual learning has had an impact on the academics and well-being of students across all ages. In the D.C. Student Well-Being Survey conducted in November 2020, only 55% of elementary school students, 35% of middle school students and 31% of high school students reported feeling very confident that they would perform well in school during distance learning.[51] The survey also revealed that high school students felt more negatively about their lives and their school situations than their younger counterparts and often reported liking "nothing" about the 2020 school year.[52] This is similar to research indicating that 2020's high school juniors and seniors have struggled with uncertainty and fears about graduation, college application activities (e.g., scholarships and college placement exams) and a sense of loss and anxiety as they missed important transitional events.[53] Despite the increased struggles experienced by students, over 50% of 38 teachers surveyed by the WISE Center indicated that it is harder to meet student's social emotional needs now compared to before distance learning, and 45% reported experiencing increased stress themselves during the current pandemic. They also reported that the loss of relationships and strong bonds with students has been a significant challenge during the pandemic.[54]

Despite these noted challenges, research has found that virtual learning can be successful for students that have consistent access to internet and technology and if teachers have targeted training and support to provide instruction virtually; however,

this is not always the case for students in the District.[55] Families living in under-resourced areas during the pandemic, such as Wards 7 and 8, have experienced limited and unequal access to high quality learning opportunities that meet their children's educational needs.[56] This is complicated by uneven access to technology, infrastructure, supplies and conducive space to support remote learning from home. As of the February 2021 Pulse Household Survey, 93% of families in the District had to pay for their own internet during virtual learning, and only 86% of households had internet and a computer or digital device which were usually or always available to children for educational purposes.[57]

Virtual learning can also present unique challenges for some children and families. For example, children with Attention-Deficit/Hyperactivity Disorder (ADHD) may have trouble concentrating at a computer for extended periods of time, and a child with Autism Spectrum Disorder (ASD) may have difficulty adjusting to routine changes. Likewise, children already experiencing anxiety and depression may feel unable to cope with the uncertainty and changes brought on by the pandemic. English language learners accounted for 13% of the District's public and charter students,[58] and 20% of all students in the District were identified as having disabilities;[59] both groups usually receive additional services that became more difficult to deliver remotely. Families who primarily speak a language other than English have also encountered barriers due to insufficient communication of materials such as homework packets and instructions in languages other than English. Youth with specific pre-pandemic needs — such as students with academic performance below grade level, students with disabilities or Individualized Educational Programs (IEP) and students who are involved in the juvenile justice system — are at especially critical risk of being missed or not being served adequately in the virtual learning environment.

The impact of virtual learning has been felt not only by children but also by their adult caregivers. The COVID-19 pandemic has interrupted care arrangements outside of schools as well as education and leisure services offered by early childhood centers, school and other organizations.[60] Caregivers have been faced with learning how to assist their children with online learning while often still working themselves. Caregivers who are essential in-person workers have experienced additional stressors of maintaining their work performance during the pandemic in rapidly changing conditions while still ensuring their children's virtual learning continues at home, often without adequate and affordable childcare options. Some caregivers who are essential in-person workers have even, at times, had to take time off work to care for their children during the pandemic. Caregivers who can work remotely have experienced increased pressure to work from home while overseeing virtual learning. These competing demands of work and home life are intersecting at a time when access to other typical supports, such as the assistance of grandparents and the wider family network, has been restricted.[61] PAVE (Parents Amplifying Voices in Education), a

District organization that connects, informs and empowers parent leaders, conducted a survey that was completed by 324 families across the District in April 2020 to understand how the pandemic has impacted children and families. Of these families completing the survey, 44% of caregivers listed managing school at home the most challenging issue for them.[62]

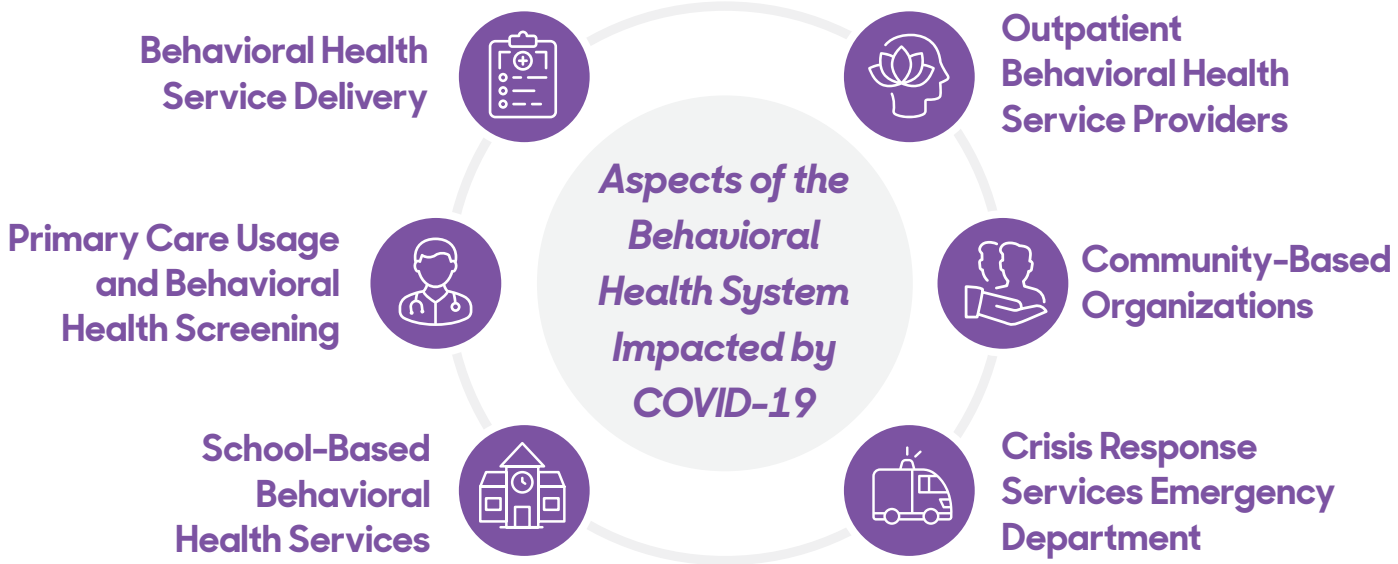
These challenges have exacerbated the learning gaps that the District's students already experienced. Nationally, students of color are, on average, about three to five months behind in mathematics and reading learning compared to their white peers, who were about one to three months behind grade-level expectations when returning to school in Fall 2020.[63] This is similar to findings from a report released by EmpowerK12 in December 2020, revealing that the District's at-risk students have lost five months of learning in math and four months of learning in reading.[64] They also reported that reading proficiency has decreased by 12% in kindergarteners through second graders, with students from Wards 7 and 8 experiencing the greatest drops in proficiencies.[65] This is concerning given that this learning loss not only impacts an individual's health and wellness but also has economic implications, given that a lost school year can be considered equivalent to a loss of between 7% and 10% of lifetime income.[66]

These academic challenges must be addressed in real-time as students begin to transition back to the classroom. However, the return to in-person learning poses its own significant challenges, including ensuring equitable access to in-person schooling; providing continued virtual learning opportunities for those who need them; and establishing and implementing protocols for personal protective equipment (PPE) use, hygiene practices and social distancing within a school setting. Such procedural hurdles represent only a few of the challenges that must be addressed in the return to in-person learning. Schools will also have to consider how to balance the need for accelerated instruction in core subject areas to account for learning loss during the pandemic with the need for additional social-emotional learning, social interaction and engagement opportunities and social support for students re-entering the classroom for the first time in over a year.

THE IMPACT OF THE COVID-19 PANDEMIC ON THE BEHAVIORAL HEALTH SYSTEM FOR CHILDREN IN THE DISTRICT

While the District has made strides in the past decade to strengthen the behavioral health system of care for children and families, the COVID-19 pandemic has disrupted the functioning and stability of this system. Most District children receive their supports and services through pediatricians, community-based providers, schools, hospitals, family support organizations and childcare providers, all of which experienced disruptions due to COVID-19 that furthered existing access-related challenges. Given the already high need for services and supports pre-pandemic and the impacts of the pandemic on child and family well-being, the District is likely to see a surge in the need for behavioral health supports. A study by FAIR Health found that since the start of the pandemic, while nationally all total private medical claims lines (which are individual services or procedures listed on an insurance claim) for individuals aged 13 – 18 years decreased, there was a significant rise in mental health claims lines, which peaked at a 104% rise in April 2020.[67] Children's Law Center, the largest provider of free legal services for youth in the District, has reported an increased demand for services including therapy, medication management, family therapy, outpatient mental health programs and Applied Behavior Analysis (ABA) services during the pandemic.[68]

Despite the clear need for increased behavioral health supports, the District (like many other cities) still struggles with access to and availability of such services. This is especially problematic as there was already a shortage of qualified providers (including child psychiatrists, child psychologists, substance abuse counselors and fully licensed therapists) to meet the demand for behavioral health services even prior to the pandemic, with Wards 7 and 8 experiencing the brunt of the distribution disparity.[69] Increases in the number of Medicaid beneficiaries due to pandemic-related unemployment may further burden the system with unmet needs.



In addition to a dearth of qualified behavioral health providers, the District continues to face additional pre-pandemic behavioral health systems issues such as poor care coordination and lack of systems integration between healthcare providers, housing services, social service agencies and educational systems. These issues are particularly salient for individuals insured by Medicaid. Such siloed and disconnected systems pose a significant challenge for discharge planning, referral feedback, sharing medical records and prescription fulfillment to improve mental health outcomes.[70] DC Mental Health Access in Pediatrics (DC MAP), a program that provides District pediatric primary care providers with consultative support from care coordinators and child psychiatrists from Children's National and MedStar Georgetown University Hospital, has reported on notable barriers to accessing mental health resources since January 2020 and throughout the pandemic. Identified barriers include resource availability issues (i.e., waitlist too long or closed/appropriate service unavailable), insurance or financial issues, referral provider unresponsiveness from in-person to teletherapy transition, transportation issues, dissatisfaction with quality of service, custody/consent issues and other logistical issues (e.g., childcare).[71] Adding to these barriers are provider-related difficulties such as difficulties establishing trust and rapport in the context of high provider turnover and a lack of culturally responsive and language-supportive services, concerns which may be intensified by the pandemic.

Taken together, these issues represent important concerns that must be addressed in the next phase of the pandemic's management. The pandemic's impact on specific sectors of the child and adolescent behavioral health care system is described below.

Impact on Behavioral Health Service Delivery via Telemedicine

While telemedicine or telehealth service delivery existed prior to the pandemic, the rapid closure of in-person services led to a dramatic shift toward telemedicine practice at the pandemic's onset. In March 2020, an estimated 420 mental health professionals (including licensed professional counselors, licensed/independent social workers, psychiatrists and psychologists) had to shift to providing services virtually.[72] To facilitate this shift, many rules and regulations (such as those related to interstate licensure, location of patient and provider at the time-of-service delivery and procedures related to billing and reimbursement) were relaxed or altered to allow for a more seamless transition into telehealth as the primary mechanism for service delivery. The District successfully pivoted to rapid implementation of telehealth. However, many families have struggled with accessing care via telehealth during the pandemic due to unstable technology and internet connectivity, lack of privacy for service and delivery at home regarding mental health services.

The pandemic and the rapid shift to telemedicine or telehealth service delivery have posed challenges for many behavioral health service providers. The Wendt Center, a grief and trauma center serving youth in the District, anecdotally shared that children are not able to engage in teletherapy in the same way they are able to engage in face-to-face treatment. Many of the children they provide services to, who used to receive 55-minute face-to-face sessions, can only manage 30-minute teletherapy sessions now during the pandemic.[73] In addition, it was difficult to provide quality and comprehensive services in an online environment for individuals with specific needs such as children with ASD. [74]

However, many programs have seen significant benefits from the shift to telemedicine or telehealth service delivery. For example, the Parent Infant Early Childhood Enhancement Program (PIECE) has anecdotally seen a notable increase in the use of telehealth services for their families served and a corresponding decrease in no-show rates for scheduled visits. Telemedicine has made behavioral health care accessible to families with adequate technology from the comfort of their own homes, which has increased flexible scheduling options, eliminated the need for costly and inconvenient transportation to and from clinics, and reduced the burden of finding childcare for other siblings during appointments. These unique aspects of service delivery via telemedicine point to the promise and potential that telehealth offers for children and families even after the pandemic's conclusion.[75]

Although there have been challenges with telehealth, when referrals have been made, the District of Columbia. Department of Behavioral Health (DBH) has reported that there has been a dramatic decrease in the time from enrollment (calling Access Helpline or presenting to a clinic) to an intake (the first paid claim) assessment as well as from enrollment to a diagnostic assessment. DBH reported that from FY2020, which includes the height of the pandemic (October 1, 2019 – September 30, 2020), to FY2021 year-to-date (October 1, 2020 – February 2021), the average days from enrollment to intake decreased from 24 to 8 days and enrollment to diagnostic assessment decreased from 22 to 6 days. This decrease has been attributed to providers reporting that telehealth has made it easier to connect with families for intake interviews due to more flexibility with scheduling.[76] DBH also indicated a drop in no-shows due to providers being able to reach some families who were previously difficult to reach and telehealth allowing for reducing the total time commitment involved with session attendance and transportation burdens.[77] Similar decreases in lag time between referral and linkage to services due to telehealth were seen with children involved with CFSA. From pre-pandemic months (October – December 2019) to well into the pandemic (July – September 2020), the time to linkage for receipt of a first service declined from 41 days to 17 days.[78] The Department of Behavioral Health has also developed and implemented a new, virtual Parent Support Program to support families affected by the pandemic which includes online parent support groups to promote self-care and management of parenting stressors, phone- or video-based consultation and counseling through the Access Helpline, and an on-demand library of resources and information for families.[79] Other virtual support resources in the District include the Virtual Family Assistance Center for families who have lost loved ones due to COVID-19[80] and virtual self-care supports for providers through the Department of Behavioral Health. Given these strengths and challenges, the District will need to continue to improve telehealth services while building the capacity for in-person services for children and families not served well solely by telehealth.

Impact on Primary Care Usage and Behavioral Health Screening

Primary care physicians (PCPs) are often the first access point for children with mental health problems given their accessibility and familiar space to discuss sensitive issues like mental health.[81] Yet it is important to recognize the limitations in PCP training, knowledge and confidence in addressing mental health concerns.[82] The Goldberg Center for Community and Pediatric Health at Children's National, which is the largest provider of pediatric primary care services in the District, has seen the number of well-child visits drop by about 115,000 visits since March 2020.[83]

Lower rates of primary care utilization during the pandemic mean that preventative screenings and opportunities to provide prevention services have been missed. The Goldberg Center staff shared anecdotally that mental health screening rates have declined during the pandemic and noted that some patients do not use telehealth services, instead preferring to be seen in person. This poses challenges as many behavioral health clinics are still primarily operating through remote service delivery.[84]

Low-intensity concerns, which could have been mitigated in a primary care setting, may have evolved into greater behavioral health needs by the time they are first identified, warranting more treatment than is available in primary care. To this end, DC MAP found that their mental health consultation call volumes increased during the pandemic despite a significant decrease in primary care visit volumes in the same time span.[85] This indicates a rising need to address mental health concerns in the primary care setting and the importance of routine primary care visits in children's health care.

Impact on School-Based Behavioral Health Services

The District has invested heavily in integrating school-based behavioral health supports into public and public charter schools across across the city. This vital investment in school-based behavioral health has fortunately been sustained despite the financial impact of the pandemic. Supports provided through this programming can include needed universal prevention strategies, targeted assistance for youth at risk of developing a behavioral health concern and individualized services to address behavioral health problems when they occur.[86] The presence of such supports is a protective factor for children, and access to these supports is likely to improve children's behavioral health outcomes; however, due to school closures, school-based services saw a decrease in the number of children receiving treatment, leaving many children and families with limited access to social-emotional resources and services.

Since the pandemic, behavioral health services transitioned from in-person services to telehealth services as schools transitioned to virtual learning platforms. Behavioral health clinicians in schools have experienced similar difficulties to community providers in delivering virtual services to children and families. Referral processes have also grown more complicated during the pandemic. School-based behavioral health service providers are also experiencing financial losses due to lesser capacity for billing for treatment-based services because of low number of referrals and caseloads during virtual learning. Prior to COVID-19, the average community-based organization (CBO) clinician's monthly billing was approximately $45,000 compared to the most recent school year at approximately $20,000, which represents about a 50% reduction in billable activities.[87]

At the beginning of the transition, the shift to telehealth was challenging for some youth and families due to a lack of technology; challenges establishing when, where and how clinicians can integrate behavioral health services in the classrooms; locating and connecting with youth; and "Zoom fatigue" or distress associated with too many virtual meetings. The Center for Health and Health Care in Schools at the George Washington University (CHHCS), which is the technical assistance provider facilitating the D.C. Comprehensive School Behavioral Health Community of Practice (CoP), reported that participating CoP providers have noticed an increase in their students' behavioral health needs and subsequently have benefited from additional guidance on how to support their students during the pandemic.[88] As schools are now reopening, the District must continue to strengthen school-based services and prepare for the transition back to in-person services to adequately address the behavioral health needs of students.

Impact on Outpatient Behavioral Health Service Providers and Community-Based Organizations

In the District, community-based organizations (CBOs) are the front-line behavioral health providers and are often co-located in the schools and communities they serve. These organizations are often staffed with community members and persons with lived experience who can better relate to their clients and constituents, which may increase trust in the populations they serve. As more children and families are seeking services and resources, community-based providers are reporting high call volumes and spikes in demand. However, as the demand has increased, these organizations are facing financial and staffing shortages that have not allowed them to meet this increasing need. As of September 2020, 52% of behavioral health organizations nationally have seen an increase in demand for services but had diminished capacity; over 50% of organizations had to close programs, and 65% had to cancel, reschedule or turn away patients.[89] In the District, data from the District of Columbia Behavioral Health Association (DCBHA) from the beginning of the pandemic found that three-quarters of the behavioral health service organizations surveyed had only 12 or fewer weeks of cash on hand to weather

through an emergency like the pandemic.[90] Adding to these operational issues is the fact that many behavioral health service organizations in the District were not originally designed to provide services remotely. Shifting operations from traditional in-person services to a virtual service delivery model has been challenging for many organizations and led to decreased service availability, at least initially.

Impact on Crisis Response Services

During the pandemic months of FY20, Child and Adolescent Mobile Psychiatric Service (ChAMPS) reported the number of calls decreased by almost half compared to pre-pandemic months, from 1,066 calls (541 deployments) during October 2019 through March 2020 to 568 calls (265 deployments) from April through September 2020.[91] As mentioned previously, schools are the primary source of identification and referral for services, but the distance learning environment has posed challenges to identification. This trend should continue to be observed as students are transitioning to in-person learning. Of note, recent changes enacted through the 1115 Waiver that went into effect during the pandemic may also allow opportunities for the expansion of billing for crisis services, and the impact of these changes should also continue to be monitored.[92] ChAMPS also shared anecdotally that when responding to a child crisis call placed by a caregiver, the services they traditionally provide have been limited during the pandemic. For example, after conducting an initial screening on the child, ChAMPS providers have often found the "real" crisis is occurring with the parent and not the child. They have also reported that since parents are now often the sources of the requests for crisis supports, some families have been reluctant to receive services. Some reasons identified were their fears of increased risk of exposure to COVID-19 by allowing non-family members into their homes or their child going to a hospital emergency department. Adding to these challenges is the reported response time for ChAMPS, which has increased from an average of 39 minutes to 49 minutes due to telework (deployment from homes rather than a central location) and lack of parking due to limited spaces with more people at home during the pandemic.[93]

Impact on Emergency Department Usage for Behavioral Health Concerns

Emergency departments (ED) are often the first point of care for children's mental health emergencies when other services are inaccessible or unavailable. Nationally, ED visits for persons of all ages declined by 42% from the previous year when widespread shelter-in-place orders were in effect (March-April 2020).[94] However, since April 2020, while ED visits for injury and non-COVID-19-related diagnoses decreased, ED visits for psychosocial factors increased and remained elevated through October 2020.[95] Nationally, the proportion of mental health-related ED visits increased by 24% for children aged 5-11 and by 31% for children 12-17 years during this time frame compared to 2019.[96] This indicates that, while families may have been forgoing preventative and early intervention care, urgent and crisis-level behavioral health concerns were still occurring at rates equal to or greater than what was observed in pre-pandemic times.

CONCLUSION

The COVID-19 pandemic has disproportionately affected communities of color and created additional stressors that are related to social influences on health. The COVID-19 pandemic's impacts on children and families including school closures, isolation and disruptions to family life have heightened preexisting stressors. This has led to new or exacerbated mental health disorders for many communities that have already faced historical barriers to accessing care. In the wake of COVID-19, we must revamp mental health services to make them more accessible, equitable, inclusive and affordable. Local families and community members should be involved in designing services and supports to mitigate the pandemic's impacts experienced by children and families. An intentional focus on health equity and monitoring of implementation effectiveness are also essential to ensure that community and family needs are being met. As researchers, practitioners, funders and policymakers continue to discuss further actions to alleviate the burdens of the COVID-19 pandemic, we hope that the behavioral and mental health of the District's children and families will be prioritized in the District's response to this ongoing crisis.

RECOMMENDATIONS

Investing in behavioral health services can foster resilience in individuals, families and entire communities. Given that people of color are being disproportionately affected by both the health crisis and by the resulting economic disruption, an equity lens must be used to view current and emergent needs related to this crisis and subsequent recommendations. Children and families struggling with stress, anxiety and isolation need mental health supports, resources and services to cope with the many stressors and traumas caused by the pandemic over this extended period of time. As the District responds to these individual and community needs, evidence of long-standing racial inequities brought into new light by COVID-19 must be considered. Resources and supports should be designed and implemented equitably and should respond to the evident inequities leading to higher incidences of COVID-19 illness and death among persons of color, especially among the District's Black and Hispanic/Latinx populations. ***It is imperative that the mental and behavioral health needs of children and families are addressed, and racial and ethnic health equity must be prioritized in this response.***

Our approach moving forward should center families, use disaggregated data, and engage community stakeholders to ensure the policymaking process is informed by the diverse perspectives of those hardest hit by the crisis and that solutions are created in partnership with communities. In order to make a meaningful impact on children's behavioral health in this new phase of the pandemic's management, all stakeholders will need to coordinate with one another and work together to address these systemic needs in partnership with children and families in the District.

Schools

In alignment with guidance from the American Academy of Pediatrics and the Centers for Disease Control and Prevention, schools should expedite allowing all students to return to in-person learning as soon as possible, with recognition that some students may still need or prefer to remain in virtual learning and with consideration of federal and local guidance for in-person reopening.[97] Schools must prioritize the social-emotional and mental health needs of the entire school while addressing learning loss incurred over the pandemic. It is important to consider how children's psychosocial and cognitive development may shape what is appropriate for students at different ages and

how expected developmental milestones link to student mental health. In addition, school leaders should acknowledge that many school staff have faced the same losses and stressors as the students they are returning to teach, and schools should offer supports to promote staff mental health and well-being. Ultimately, schools should commit to promoting emotional well-being and connectedness among students, their peers and caring adults. Due to physical distancing, innovative strategies for promoting connectedness must be employed such as providing structure and routines, promoting self-regulation and resilience, conducting emotional check-ins and maintaining ongoing communication. Lastly, as schools are a natural setting for addressing child and family needs, school staff should continually assess for additional stressors that students and their families may experience during the pandemic, such as decreased social support, increased anxiety, food insecurity, abuse and violence and disruptions in routines; schools should be prepared to respond to these stressors with increased support and resources when they are identified. Families can also continue to partner with schools and teachers to supplement formal curricula with additional learning and age-appropriate activities for children at home.

Providers

It is imperative to orient all child and family providers – including nurses, ambulance drivers, volunteers, social workers, teachers and community leaders – on how to provide basic emotional and practical support to those with behavioral health needs. Ongoing assessment and monitoring of COVID-19 related stressors (such as exposures to potential COVID-19 infections, having a family member with COVID-19, loss of loved ones and social distancing), secondary adversities (e.g., economic loss) and mental health effects (such as depression, anxiety, increased substance use and domestic violence) are also critical to ensure needs are being appropriately identified. Any plans for addressing children's behavioral health needs must also address family, parent and caregiver wellness. In addition, it is important to strengthen referral processes and care coordination during this time to alleviate care-related stressors. Lastly, clinicians and other health care professionals should be supported during this time as they also are at risk of experiencing burnout and poor mental health.

Community-Based Organizations

CBOs in the District, including community-based mental health providers, faith-based organizations and other youth and family providers, have strong relationships with the children and families they serve. In addition to the social, behavioral and academic services and supports CBOs provide to promote health and development, they also are a strong partner in providing awareness and resources to help mitigate poor health outcomes and enhance prevention efforts. This includes providing or linking children and families to social and mental health services. CBOs can also help with learning loss by supplementing ongoing academic and social-emotional curricula with additional tutoring, mentoring and other youth development programming.

Policymakers

Policymakers should focus on not only ensuring access to basic needs, like food and housing, but also on continuing to strengthen the child behavioral health system as a whole. Given the cross-sector issues children and families are facing, there should be a focus on addressing the community's mental health needs construed broadly through effective coordination across agencies and by prioritizing mental health plans and policies. Such efforts could include advancing the integration of behavioral health supports in health care and educational settings, supporting preventative efforts to address adverse childhood experiences and trauma and improving coordination and data-sharing between government agencies and community partners on children's behavioral health and social needs. COVID-19 vaccines, along with education on the vaccine that employs a health equity framework, should be made available to all and prioritized for those who have historically faced with inequalities.

Researchers

Given that the long-term mental health implications of the pandemic may manifest over time, it is important to prioritize real-time behavioral health data collection efforts. This will allow for greater understanding of immediate population needs, strengthen data-driven decisions and improve communication about findings. In addition, there is a need to further community-based participatory data collection efforts and to build capacity for community-led research. Such research is needed to understand the perspectives of children and families as well as their experiences of COVID-19 and to develop culturally responsive solutions to address their identified needs.

Funders

Many child- and family-serving sectors are facing financial distress. This does not allow them to meet ongoing basic needs in addition to the increasing emotional distress their constituents are experiencing. Funders can assist by providing immediate financial relief for organizations serving children and families and by assisting in filling financial gaps that the District is experiencing. Some examples include providing necessary technology, cellular service and broadband internet connection for participation in telehealth and educational services as well as funding for operational expenses to allow staff to provide services safely. Other opportunities could include funding mental health professional pipeline programs, funding neighborhood-level research programs and convening partners in the behavioral health system to share their best practices and identify policy and systems-change solutions.

Children's National is invested in continuing to partner with District stakeholders to advance meaningful solutions that address these behavioral health concerns as we continue our recovery from the COVID-19 pandemic together.

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