

COVID-19's Impact on Children, Youth and Families

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The Grim Data

- From January to May 2020 for Medicaid and CHIP-enrolled Youth:
 - 40% decline in health screenings
 - 44% decline in outpatient MH services
 - 75% decline in dental services
 - 30% decline in children <2 receiving vaccines
- Post-lockdown numbers are not returning to baseline.
- Reports to Abuse and Neglect Hotlines are down across the country by as much as 50%

Lessons from Healthcare Spending on Primary Care

- Dropped 38% in April 2020 compared to a year ago. June was 10% lower.
- PCP volume improved to 70-80% of pre-COVID volume in July and August
- Telehealth visits *declined* from 69% of total visits in April to only 21% of visits in July
- Do patients and providers prefer in-person visits? Is this also true for BH? Are reimbursement rates for tele less attractive?

Adults are Struggling

- CDC survey from June 2020 of 5412 US Adults:
 - 40.9% reported at least one adverse MH or BH condition including depression, anxiety, post-traumatic stress and substance abuse
 - Rates were 3-4 times higher than a year ago
 - 10.7% reported seriously considering suicide in the last 30 days (**25.5% for 18-24 yo**)
- And we know, if adults are struggling so are the children.

Millennials as Parents

- Born between 1980 and 1994, 24-39 yo
- Nearly 1/3 have a BH condition and rates are rising by double digits
- Rates of Major Depression, alcohol use do (AUD), tobacco use do (TUD), SUD and ADHD rising
- 5 yr prevalence rates:
 - Depression 43% --AUD 5% --TUD 10%
 - ADHD 39%

Impact of COVID on Millennials

- 34% increase in alcohol consumption
- 20% increase in smoking
- 17% increase in vaping
- 16% increase in non-medical drug use
- Negative perceptions of their MH and 80% reporting their MH has had a negative impact on the physical health
- Deaths of despair (OUDs, Suicide) were already on the rise pre-Covid so the pandemic didn't land on a blank page

The Second, BH Wave

- Rising rates of MH and SUDs
- Disproportionate impacts for black, brown and indigenous families, lower SES, older adults and front-line workers including our children's BH workforce.
- Deaths from COVID are 4 times the number of Americans killed in the Vietnam War.
- Each COVID death is estimated to leave 9 family members bereaved > 2,000,000 in the US
- Social distancing, while essential, takes away a key source of support.
- Hurricanes, Fires, Floods, Racial Trauma, ...

Tiered Responses using a Public Health Approach

- Screening: prevent normal grief and distress from becoming prolonged and disordered
- MH Risk Assessments: return prolonged grief and PTSD to normal grief and distress trajectories (via primary care)
- Treat those at highest risk: to prevent morbidity and mortality

Supporting the Workforce

- Same CDC study reported 22% of essential workers seriously considered suicide.
- Early childcare providers, teachers, MRSS and in-home therapists never expected to become *front-line workers in a pandemic!*
- How are you supporting the workforce that is being sent into harms way?
- How have you adapted your direct services to ensure client, family and worker safety?
- What % of your Children's BH Services are still being conducted virtually?

How is this Pandemic different from other Disasters we have experienced?

- Unclear timeline, i.e. when will it end?
 - Marathon, not a sprint is important to manage expectations. Chronic vs acute stress
- Universality of risk, i.e. not just happening to others, managing our own response while also remaining focused on the needs of others
- Racial disparities in infection and death rates
- Context: no consensus on how we should respond to the crisis leading to divisions vs coming together in this time of crisis

How do we support Resiliency?

- Finite amount of “adaptive energy” to cope with stress and we didn’t go into this on a full tank!
- Children look to their parents to know how concerned to be...so how do we support parents resiliency and modeling positive adaptation and coping?
- Not everything that is stressful results in PTSD and can actually be an opportunity to develop competency
- The greatest predictor of resilience is collaboration and cohesiveness.

How do we support Resiliency?

- We have trauma-informed and responsive approaches and supports
- We have some EBPs that are proving to be even more effective via telebehavioral health (e.g. PCIT, behavioral coaching/PMT)
- Physical distancing doesn't require social distancing...how do you create virtual or safe opportunities for connection?
- Psychological First Aid?
- Other strategies?

What do we want the New Normal to look like?

- What aspects of tele do consumers want to see continue post-pandemic?
- Who does tele work well for and who does it leave out or is less effective? Hybrid models?
- Given the nature of COVID, how do we prepare for *years* of waxing and waning flare-ups?
- How do we keep those in need of services engaged in treatment?

Final Thoughts

(thanks for Frances Collins at NIH)

- We can stay socially close and reach out to each other in different ways.
- We're going to get through this, but get through it in a way that will change us. Will we be changed by becoming stronger and more resilient, having learned some lessons about ourselves and about each other?
- We cannot simply hide our heads under our pillows and wait for this to pass. When you wake up in the morning, say to yourself: "I'm engaged in something that matters. I'm not just a passive victim of this terrible pandemic. I'm trying to do what I can and work toward getting us through."



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- National experts in child, youth, family services
- Working to expand & sustain Systems of Care across U.S.
- Expert consultation & technical assistance
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- Advising on the development & financing of effective youth- & family-serving systems
- Guiding the development of a well-prepared workforce
- Offering innovative strategies grounded in implementation science & best practices
- Connecting to emerging & evolving federally-funded initiatives & programs