Healthy Minds Policy Initiative

The Impact of Coronavirus Disease 2019 (COVID-19) on Child and Youth Mental Health (October 5, 2020)

Introduction

Children are a vulnerable population during the coronavirus disease 2019 (COVID-19) pandemic and the resulting economic downturn: They are directly affected by COVID-19 and the measures taken to prevent and control the spread of this disease.[1,2] Although it is difficult to predict the precise *number* of children and youth who will present with a mental health condition for the first time or whose current conditions will worsen as a result of COVID-19, the prevalence of anxiety disorders and depression in children and youth will likely increase. This increase is especially likely as the prevalence of mental health disorders among children's caregivers and parents increases and as children and youth experience adverse childhood experiences (ACEs) such as the loss of a parent, caregiver, or loved one. Likewise, given that previous economic downturns have been shown to increase ACEs and to affect the mental health and well-being of children and youth,[3] the economic factors of the pandemic add to the increased risk.

This report addresses COVID-19's impact on the mental health of children and youth and is presented in two sections. The first section reviews three areas: The first area considers mental health outcomes and focuses on what previous pandemics and similar events tell us about changes in the levels of mental health conditions in children and youth, the second area focuses on how disruptions to communities and families affect the mental health of children and youth, and the third area considers how school closures and educational disruption affect student mental health. In the second section, we recommend several strategies that Oklahoma can implement to mitigate COVID-19's impact on the mental health of children, youth, and their families.

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[1] The Alliance for Child Protection in Humanitarian Action. (n.d.). *Guidance note: Protection of children during infectious disease outbreaks.* https://alliancecpha.org/en/system/tdf/library/attachments/cp_during_ido_guide_0.pdf?file=1&type=node&id=30184

[2] The Alliance for Child Protection in Humanitarian Action. (n.d.).

[3] Bellazaire, A. (2018, August). *Preventing and mitigating the effects of adverse childhood experiences:* National Conference of State Legislators. https://www.ncsl.org/Portals/1/HTML_LargeReports/ACEs_2018_32691.pdf

The Impact of COVID-19 on Children and Youth

Mental Health Outcomes

Anxiety, Stress, and Fear Related to COVID-19

COVID-19 instantly changed the lives of children and youth by preventing them from attending day care or school, participating in activities, being around friends and extended family, and celebrating important milestones. The ongoing spread of COVID-19 and the measures and time required to contain it continue to shape the composition and function of families and expose children and youth to toxic stress (i.e., strong, frequent, or prolonged stress). These unexpected changes interfere with a sense of structure and security and often result in added stress and feelings of anxiety. For many children and youth, these feelings are exacerbated by parents or caregivers who are unable to provide care because of illness, death, their own psychological distress, or overwhelming economic strain. Children and youth who lack supportive adult relationships that can buffer against toxic stress are at an increased risk for stress-related disease and cognitive impairment well into their adult years.[4]

- Studies on the impact of pandemics on children and youth suggest that young people notice and react to stress in parents, caregivers, peers, and the community. They may worry about their future or fear that they or their family will get sick.[5] Similar effects have been found in children and youth following a natural disaster; when parents experience high levels of post-disaster symptoms, their children have high levels as well.[6]
- Mental Health America (MHA) reported that the per-day number of people who completed their online anxiety screenings was 535% higher in August 2020 than in January 2020 and that the number of completed depression screenings was 709% higher.[7]
- An analysis of the United States' Census Bureau Household Pulse Survey data (Pulse Data) for Oklahoma indicated that, on average, more than one quarter of all adults in homes with children have been feeling anxious, nervous, or on edge several days to

[4] Harvard University Center on the Developing Child (n.d.). *Toxic stress.* https://developingchild.harvard.edu/science/key-concepts/toxic-stress/

[5] Bartlett, J. D., Griffin, J., & Thomson, D. (2020, March 19). Resources for supporting children's emotional well-being during the COVID-19 pandemic. *Child Trends.* https://www.childtrends.org/publications/resources-for-supporting-childrens-emotional-well-being-during-the-covid-19-pandemic

[6] Kousky, C. (2016, Spring). Impact of natural disasters on children. *The Future of Children, 26*(1). https://files.eric.ed.gov/fulltext/EJ1101425.pdf

[7] Mental Health America. (2020, September 17). *Nearly 390,000 excess depression and anxiety screenings since start of pandemic, according to Mental Health America online screening program.* https://www.mhanational.org/nearly-390000-excess-depression-and-anxiety-screenings-start-pandemic-according-mental-health

daily in the seven days prior to taking the survey, and that more than 20% have been unable to stop or control their worrying (see Table 1).[8]

- The impact of COVID-19 is more pronounced in young people ages 11 to 17 years. Roughly 9 out of 10 young people who completed the MHA screening showed moderate-to-severe depression, and 8 out of 10 showed moderate-to-severe anxiety.[9]
- Outbreaks of infectious diseases have been shown to have a psychological effect on non-affected community members. Research on the 2003 SARS outbreak in Singapore suggested that anxiety and fear of infection had a psychological impact on healthy community members; these community-level impacts also affected children.[10]

Table 1: Pulse Data Anxiety Measures[8]

Anxiety Measures	Percentage
Anxious in Past Seven Days (Several Days to Daily)	
Homes with Children—All	26%
Homes with Children—Black/African American	25%
Unable to Control Worry in Past Seven Days (Several Days to Daily)	
Homes with Children—All	23%
Homes with Children—Black/African American	23%

Suicide and Depression in Children and Youth

Suicide accounts for 15% of the deaths among youth and young adults ages 10 to 24 years and is the second leading cause of death for this same age group. It is the third leading cause of death among youth ages 15 to 19 years.[11] Depression, social isolation, school problems, poor parental support, and child maltreatment are all potential consequences of COVID-19. Whether presenting separately or together, these conditions are potential risk factors for youth suicide. In a recent *JAMA Psychiatry* article, Mark Reger of the VA Puget Sound Health Care System and his colleagues noted the substantial risk for an increase in deaths from suicide as well as increases in suicidal thoughts and other forms of suicidality as a result of the COVID-19

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[8] U.S. Census Bureau. (2020). *Household Pulse Survey public use file*. Retrieved on October 1, 2020, from https://www.census.gov/programs-surveys/household-pulse-survey/datasets.html

[9] Mental Health America. (2020, August 1). *COVID-19 and mental health: What we are learning from the www.mhascreening.org, August 1, 2020.* https://mhanational.org/sites/default/files/Coronavirus%20Mental%20Health%20Presentation%208-1-2020.pdf

[10] The Alliance for Child Protection in Humanitarian Action (n.d.).

[11] Buchman-Schmitt, J. M., Chiurliza, B., Chu, C., Michaels, M.S., & Joiner, T., E. (2014). Suicidality in adolescent populations: A review of the extant literature through the lens of the interpersonal theory of suicide. *International Journal of Behavioral Consultation and Therapy, 9*(3), 26–34. https://doi.org/10.1037/h0101637

pandemic.[12] Others have voiced similar concerns.[13] For every person who dies from suicide, hundreds more attempt suicide or struggle with suicidal thoughts. For example, for each young person who dies from suicide in a given year, over 200 attempt suicide, over 400 devise a suicide plan, and more than 1,000 struggle with suicidal thoughts.[14] The Healthy Minds Policy Initiative report, *COVID-19 Projections and Effects on Mental Health and Addition in Oklahoma*, provides data on suicide, suicidality, drug abuse, and overdose deaths for ages 12 years and older.[15]

- A Chegg.org survey of 1,000 high school and college students indicated that one quarter of them knew someone with suicidal thoughts during the pandemic and 5% reported having made a suicide attempt during the pandemic.[16]
- Firearm availability is a community risk factor for youth suicide. Firearm sales between March and July 2020 was double that of the previous year. Suicide risk in youth increases when feelings of despair and hopelessness are combined with a past suicide attempt, family history of suicide, childhood abuse or trauma, and access to a lethal means such as a firearm. For each 10% increase in gun ownership in a state, there is a 25% increase in youth suicides.[17]

Community and Family

Disruption to Family Income

COVID-19 and the resulting impact on the economy can significantly alter family income. A family member's illness, the need for a caregiver to stay home with younger children, job loss, and health care costs can interfere with a child or youth's access to nutritious food, health care, and other basic needs.

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[12] Reger, M. A., Stanley, I. H., & Joiner, T. E. (2020, April 10). Suicide mortality and coronavirus: A perfect storm? *JAMA Psychiatry.* doi:10.1001/jamapsychiatry.2020.1060

[13] Zero Suicide. (n.d.). *Providing suicide care during COVID-19*. http://zerosuicide.edc.org/covid-19

[14] These estimates combine 2017 and 2018 data from two national surveys—the Youth Risk Behavior Surveillance System (YRBSS) and the National Survey on Drug Use and Health (NSDUH)—that include high school age youth and young adults ages 18–25. See also: Han, B., et al. (2017). National trends in the prevalence of suicidal ideation and behavior among young adults and receipt of mental health care among suicidal young adults. *Journal of the American Academy of Child & Adolescent Psychiatry, 57*(1), 20-27. https://doi.org/10.1016/j.jaac.2017.10.013 When adults over the age of 25 are added to the statistics, the number of estimated suicide attempts per suicide death is 70, and the number of people with suicidal ideation is 315 for every one person who dies from suicide.

[15] Healthy Minds Policy Initiative. (2020, April 23). *COVID-19 projections and effects on mental health and addition in Oklahoma.* https://www.healthymindspolicy.org/wp-content/uploads/2020/04/HMPI-COVID-Mental-Health-Projections-April-23-2020.pdf

[16] Chegg.org. (n.d.). *COVID-19 and mental health: How America's high schools and college students are coping during the pandemi*c. https://www.chegg.org/covid-19-mental-health-2020

[17] Everytown Research and Policy. (2020, September 10). *The rise of firearm suicide among young Americans.* https://everytownresearch.org/report/the-rise-of-firearm-suicide-among-young-americans/

The Impact of an Economic Downturn and Unemployment Rates

Children's mental health outcomes in the United States often worsen in economic downturns. For example, a large study using data from the 2001–2013 National Health Interview Survey, which included several years that followed the 2008 financial crisis, discovered that when the economy improved, children's mental health also improved.[18]

- Even a relatively small percentage increase in the housing price index or a modest decrease in the unemployment rate led to a reduced risk for psychological problems. For example, a *1.5% reduction in the unemployment rate reduced youth risk for psychological problems by 13%.*
- The researchers found that utilization of special education services for emotional problems also rose in worsening economic conditions.
- When unemployment among parents *increased* by 10.8 percentage points (based on recent unemployment claims), children's risk for a broad array of mental health problems *increased* by as much as 94%. This does not mean that 94% of children will have a mental health problem. Rather, it means that the average amount of risk for developing a mental health problem across all children would increase by 94%.

Other Community Impacts on Children's Well-Being

We know that poverty, housing difficulties, and other social determinants of health have important implications for children's mental health (see Table 2).

- **Poverty.** There is a strong link between poverty and poorer child health status. Job loss and poverty often lead to loss of access to regular health care.[19]
  - For many children and youth in Oklahoma, the pandemic is decreasing or delaying their access to routine medical care. Our analysis of the U.S. Census Bureau Pulse survey data for Oklahoma indicated that, on average, approximately 423,300 households with children delayed medical care during the four weeks prior to taking the survey.[20]
- **The impact of housing instability.** During the 2008 recession, approximately 43% of families with children reported struggling to afford stable housing.[21]
  - Our analysis of the U.S. Census Bureau Pulse survey data for Oklahoma revealed that there are tens of thousands of children living in families that are struggling to afford

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[18] Golberstein, E., Gonzales, G., & Meara, E. (2019, June 4). How do economic downturns affect the mental health of children? Evidence from the National Health Interview Survey. *Health Economics*, *28*, 955–970. https://doi.org/10.1002/hec.3885

[19] Sell, K., Zlotnik, S., Noonan, K., & Rubin, D. (2010). *The effect of recession on child well-being: A synthesis of the evidence by PolicyLab, The Children's Hospital of Philadelphia.* https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab_Recession_ChildWellBeing.pdf

[20] U.S. Census Bureau. (2020). Household Pulse Survey public use file. Retrieved on October 1, 2020, from https://www.census.gov/programs-surveys/household-pulse-survey/datasets.html

[21] Sell, K., Zlotnik, S., Noonan, K., & Rubin, D. (2010).

stable housing. On average, approximately 112,000 households with children are not current or have deferred their rent or mortgage and, of those, almost 12,600 are Black or African American households.[22]

- **The impact on food insecurity.** During the 2008 recession, the percentage of children in food-insecure households hit a decade high. The limited affordability of and access to nutritious food as a result of food insecurity can have a negative impact on children's health.[23]
  - Our analysis also indicated that there are thousands of children in Oklahoma that are suffering the consequences of food insecurity. On average, approximately 26,500 households with children reported that they often do not have enough food and, on average, more than 29,000 households responded that their children do not have enough to eat because they could not afford food.[24]

Table 2: Food Access, Access to Medical Care, Rent and Mortgage Payment

Measures: Food Access, Access to Medical Care, Rent/Mortgage Payment	Average	Percentage
Current Food Access—Often Not Enough to Eat		
Homes with Children—All	26,500	—
Homes with Children—Black/African American	3,800	—
Current Food Access—Children Often Do Not Eat		
Homes with Children—All	29,00	—
Homes with Children—Black/African American	2,700	—
Delayed Medical Care Over Past Four Weeks		
Homes with Children—All	423,300	15%
Homes with Children—Black/African American	26,000	12%
Not Current/Deferred Mortgage or Rent Payment		
Homes with Children—All	112,700	4%
Homes with Children—Black/African American	12,600	6%

[22] U.S. Census Bureau. (2020). Household Pulse Survey public use file. Retrieved on October 1, 2020, from https://www.census.gov/programs-surveys/household-pulse-survey/datasets.html

[23] Sell, K., Zlotnik, S., Noonan, K., & Rubin, D. (2010).

[24] U.S. Census Bureau. (2020). Household Pulse Survey public use file. Retrieved on October 1, 2020, from https://www.census.gov/programs-surveys/household-pulse-survey/datasets.html

The Impact of Social Distancing, Quarantine, and Isolation

Although social distancing, quarantine, and isolation are beneficial in reducing the spread of infections, they can have negative effects on mental health. Social interaction and play with peers aid in a child's cognitive, linguistic, and social-emotional development. Even adults separated from friends during quarantine and through social distancing commonly feel sad or lonely; children and youth are likewise susceptible.

- In one SARS study, the psychological effects on 129 adult patients quarantined during the epidemic found that 28.9% met criteria for post-traumatic stress disorder (PTSD) and 31.2% for clinical depression.[25]
- A study of children and their parents who had experienced a pandemic found that 30% of children who had been quarantined or experienced isolation met diagnostic criteria for PTSD and that their levels of stress were four times as high as children who had not experienced those disease-containment measures. One in four parents who had been quarantined or socially isolated reported levels of stress that met PTSD diagnostic criteria.[26,27]
- A study of risk factors for youth suicide found that youth who reported feeling socially isolated were 3.5 times more likely to attempt suicide than those who did not feel isolated.[28]

Risk for Child Abuse and Intimate Partner Violence[29]

The stressors of constant fear, worry, or uncertainties related to the COVID-19 outbreak can lead to long-term consequences for families and vulnerable people. These consequences include anger and aggression toward children, spouses, partners, and family members. Research on child maltreatment has indicated a rise in these consequences during prior recessions that remained high after the recessions ended.[30]

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[25] Hawryluck, L., Gold, W. L., Robinson, S., Pogorski, S., Galea, S., & Styra, R. (2004). SARS control and psychological effects of quarantine, Toronto, Canada. *Emerging Infectious Diseases*, *10*(7), 1206–1212. doi:10.3201/eid1007.030703

[26] Sprang, G. & Silman, M. (2013). Posttraumatic stress disorder in parents and youth after health-related disasters**.** *Disaster Med Public Health Prep., 7*(1), 105–110. https://doi.org/10.1017/dmp.2013.22

[27] Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., & Greenberg N. (2020, March 14). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, *395*(10277), 912–920. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext

[28] Buchman-Schmitt, J. M., Chiurliza, B., Chu, C., Michaels, M. S., & Joiner, T. E. (2014).

[29] Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. (2020, February). *Addressing mental health and psychosocial aspects of COVID-19 outbreak.* Version 1.5 https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_0.pdf

[30] Sell, K., Zlotnik, S., Noonan, K., & Rubin, D. (2010).

- According to the 2013–2014 National Survey of Children's Exposure to Violence (NatSCEV), which collected information on 4,000 children ages 0 to 17 years, 15.2% of children and youth experienced maltreatment by a caregiver, which included 5.0% who experienced physical abuse. Approximately 5.8% of children and youth in the survey witnessed an assault between parents.[31]

Given the current context of the COVID-19 pandemic and the resulting economic crisis, significant increases in the percentages of children and youth exposed to maltreatment and domestic violence is likely.

Education

Education can help build emotional resilience, positively affect life outcomes that decrease the risk for mental health disorders, and deliver school-based prevention programs.[32] The shelter-in-place and social distancing orders that have been enacted to mitigate the spread of COVID-19 have disrupted children and youth's access to education. Students are not expected to return to school until after the start of the 2020–2021 school year, at the earliest. To meet the educational needs of their students, schools have shifted toward distance learning, which combines digital learning opportunities with physical lessons and relies on parents to provide additional educational support, structure, and supervision.

For many children and youth, the transition to digital learning can provide normalcy, structure, and an opportunity to continue learning during the COVID-19 outbreak. However, the change to virtual learning can exacerbate existing educational inequalities and increase social and mental health challenges for students who have learning disabilities, are from lower income households, or are racial/ethnic minorities.[33,34]

- Research points to an inverse relationship between suicide risk and academic success. Youth with school problems were identified as being 3.1 to 7.4 times more likely to attempt suicide than those without problems in school, depending on gender and ethnic

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[31] Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence. *JAMA Pediatrics, 169*(8):746–754. doi:10.1001/jamapediatrics.2015.0676

[32] World Health Organization, & Calouste Gulbenkian Foundation. (2014). *Social determinates of mental health.* https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf;jsessionid=5749846F9055655653F04FF97F93E845?sequence=1

[33] Moore, R., Vitale, D., & Stawinoga, N. (2018, August). *The digital divide and educational equity: A look at students with very limited access to electronic devices at home*. ACT: Center for Equity in Learning, Insights in Education and Work. https://www.act.org/content/dam/act/unsecured/documents/R1698-digital-divide-2018-08.pdf

[34] KewalRamani, A., Zhang, J., Wang, X., Rathbun, A., Corcoran, L., Diliberti, M., & Zhang, J. (2018, April). *Student access to digital learning resources outside of the classroom* (NCES 2018-098). U.S Department of Education. National Center for Education Statistics. https://nces.ed.gov/pubs2017/2017098.pdf

background. Conversely, academic success has been found to mitigate the suicide risks associated with social isolation, when combined with other protective factors.[35]

- A link exists between socioeconomic status and learning disabilities and other negative outcomes that affect academic achievement. Children from low socioeconomic status households are twice as likely to display learning-related behavior problems.[36]
- Research suggests that 75% of students with a learning disability are challenged with social competence issues. Social competence is integral to academic success. There is little evidence that online or virtual learning helps a student learn and apply social skills. In addition, few, if any, teachers are prepared to provide online learning to students with disabilities.[37]

School closures and the digitalization of learning can have a significant negative impact on the social and emotional health and well-being of children and youth. This impact is particularly evident for children and youth living in poverty. Children and youth turn to schools for their extracurricular activities and their social lives as well as for education. For many at-risk children and youth, schools also serve as a safety net. The National School Lunch program provides access to nutritious meals, school-based clinics provide basic health and mental health care, and teachers and school personnel are often the first to detect signs of abuse and neglect.

[35] Buchman-Schmitt, J. M., Chiurliza, B., Chu, C., Michaels, M. S., & Joiner, T. E. (2014).

[36] American Psychological Association. (n.d.). *Education & socioeconomic status*. https://www.apa.org/pi/ses/resources/publications/factsheet-education.pdf

[37] Center on Online Learning and Students with Disabilities. (2016). *Equity matters: Digital online learning for students with disabilities.* http://www.centerononlinelearning.res.ku.edu/wp-content/uploads/2017/04/EquityMatters2016Final.pdf

What Can Be Done to Protect Children's Mental Health?

The Healthy Minds Policy Initiative recommends that child-serving systems across Oklahoma partner to prioritize the mental health and wellness needs of children, youth, and their families. We believe a whole-community, integrated response built on communities' current systems of mental health, education, basic needs, and other psychosocial supports is required to successfully reduce the impact of COVID-19 on the mental health and well-being of Oklahoma's children and youth, and the adults that care for, teach, and support them. We encourage Oklahoma to use its recovery from this unprecedented event as a means to strengthen children's mental health services for the future. Our recommendations are organized within the following domains: Family and Community, Schools, and Health Providers.

These recommendations are provided to inform relevant conversations, but do not represent a comprehensive plan or strategy for policy solutions, community services or school-based supports needed to address children's mental health in the COVID-19 era. In many cases, these recommendations are informed by work occurring now in the state that should be supported, expanded or modeled.

Family and Community

Recommendation 1: Engage the lead child-serving agencies in Oklahoma to develop an integrated community outreach plan that disseminates information and educates parents and caregivers on COVID-19; its impact on the mental health and well-being of children, youth, and families; and the availability of supports and services for mental health and basic needs.

Children and youth thrive in families that feel supported by communities that understand and are responsive to their needs. An integrated community outreach plan should include strategies that address the unique characteristics and needs of communities of color, areas of high poverty, and rural and tribal communities. It should be rooted in existing infrastructure such as Oklahoma's 2-1-1 Helpline and the current mental health crisis system; engage trusted community leaders, churches, schools, and primary care providers; and include evidence-based approaches. The plan should recognize the impact of stigma and be informed by families and community data. It should encourage community providers to develop and disseminate a unified message on the impact of COVID-19 on the mental health and well-being of children, youth, and their families. The plan should also recognize that families will need to address their safety and basic needs at the same time that they put in place self-care and coping strategies and participate in the services they need to return to normalcy.

Several state and local resources, initiatives, and programs are available to support the development and implementation of an integrated community outreach plan. We have listed a few of these below.

The Oklahoma Department of Mental Health and Substance Abuse Services Resources
The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has universal, evidence-based suicide and self-harm interventions that should be considered when developing a community outreach plan.

- **Youth Mental Health First Aid Training.** Youth Mental Health First Aid training has been shown to improve participants' attitudes and perceptions about mental health. Participants are trained how to respond to a youth who is experiencing an acute mental health crisis or is in the early stages of a chronic mental health problem.
- **Kognito Interactive Online Training.** Kognito is an evidence-based trauma-informed online training for kindergarten to twelfth-grade teachers. It allows teachers to role-play simulated conversations with students who are at risk of suicide.
- **QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention.** Gatekeepers are parents, friends, teachers, coaches, or caseworkers who are strategically positioned to recognize and refer a person who is at risk of suicide. QPR Gatekeeper training teaches "gatekeepers" the warning signs of a suicide crisis and how to respond.
- **Faith.Hope.Life.** The Faith.Hope.Life campaign provides members of the faith community with communication aids and spiritual resources to promote spiritual health, prevent suicide, and provide support for friends and family after a suicide event.

Community HOPE Centers[38,39]
Oklahoma's Governor Stitt and the CAREs Forward Team allocated an initial $15 million to establish thirty (30) Community HOPE Centers. The Oklahoma Department of Health Services (OKDHS) and Oklahoma University–Tulsa Hopes Research Center will partner with existing community organizations to provide critical services and supports to children ages 5 to 18 years and their adult caregivers, using the science of hope as their foundation. Each Hope Center will be staffed by mental health professionals and OKDHS staff. These centers will provide trauma-informed mental and emotional health services; enrichment activities to combat social and emotional distress; two meals, a snack, and nutritional resources to children and youth during weekends; and wraparound support and assistance with benefits. The HOPE Centers will also work with students to help facilitate their engagement in virtual learning, including help with

[38] Office of Oklahoma Governor Kevin Stitt. (2020, August 3). *Press release: Governor Stitt announces CARES Act investment targeting 30 Community HOPE Centers by year end.* https://www.governor.ok.gov/articles/press_releases/cares-act-investment-targeting-30-community-hope-

[39] H. Burkholder, Oklahoma Department of State Health Services (personal communication, August 10, 2020).

homework. The goal of the Community HOPE Centers is to mitigate the negative impact of COVID-19 in Oklahoma.

Mental Health Association of Oklahoma and the Children's Behavioral Health Network
The Mental Health Association of Oklahoma (MHAOK) is working to address the needs of children, youth, and families who are struggling with mental health challenges. The Children's Behavioral Health Network (CBHN), which functions under the umbrella of MHOA, connects families with children who are experiencing behavioral health or substance use challenges. CBHN provides support, information, training, and opportunities for advocacy and leadership to families. This resource allows professionals and parents to share information on available community resources, coping with the stresses of parenting a child or youth with complex needs during a pandemic, and other information on the impact of COVID-19 on mental health. MHAOK is also is partnering with school districts to gather information on what families need so they can return to school. Through a simple survey, MHAOK collects input from parents, with the goal of developing a statewide information hub.

Schools

Recommendation 2: Continue to prioritize the implementation of a Multi-Tiered System of Support (MTSS) or Interconnected Systems Framework (ISF) to systematically integrate mental health services and supports into all levels of the framework.

Oklahoma needs a framework that supports need-based access to an array of evidence-based services and supports. Successful implementation of MTSS/ISF will provide schools and districts with a framework that includes services for all students, students at risk for mental health issues, those who require targeted mental health supports, and those in need of intensive mental health services. The ability of schools to successfully meet a range of student needs resulting from COVID-19 relies on access to an MTSS that includes an integrated continuum of school-linked, school-based, and community-based mental health services and supports. This goal requires a strong partnership between community mental health providers and schools.

Return to Learn Oklahoma: A Framework for Reopening Schools
The actions and strategies outlined in the "Whole Child and Family" section of the Oklahoma State Department of Education's (OSDE) report, *Return to Learn Oklahoma: A Framework for Reopening Schools*, align with this recommendation.[40] This comprehensive framework for the safe reopening of schools recognizes the impact of COVID-19 on the health and wellbeing of children, youth, and families. The "Whole Child and Family" section encourages districts to address students' social-emotional learning (SEL), consider school-level outreach to at-risk

[40] Oklahoma State Department of Education. (2020, June 3). *Return to Learn Oklahoma: A framework for reopening schools.* https://sde.ok.gov/sites/default/files/Return%20to%20Learn%20Oklahoma.pdf

students, establish ongoing mental health protocols, and provide ongoing counseling. When fully implemented, MTSS and ISF provide a framework to address all students' SEL needs, identify and support at-risk students, and develop an array of services for students who are struggling with a mental health challenge.[41]

Multi-Tiered System of Supports

The OSDE has three MTSS initiatives that address the social, emotional, and mental health needs of students in Oklahoma. It also has just announced the addition of funding to support a second OK AWARE project that includes three eastern Oklahoma districts: Ada, Atoka, and Checotah.[42]

- **OK AWARE** is led by the Office of Student Support's Counseling Department and targets three rural school districts that lacked access to mental health services: Elk City, Woodward, and Weatherford Public Schools. The goals of OK AWARE are to develop a community mental health awareness campaign, refine school discipline policies, increase the number of students and families who receive mental health services, and train faculty in grantee districts to learn how to identify and respond to students with mental health needs or crises.[43]
- **The Oklahoma Tiered Intervention System of Supports (OTISS)** is a division of the OSDE's Office of Special Education.[44] OTISS is Oklahoma's tiered system of support for identifying and addressing students' academic and behavioral difficulties. Its goal is to improve student academic and behavioral outcomes by matching student need to a tiered system of evidence-based interventions.[45,46]
- **The Oklahoma School Climate Transformation grant (OKTransform)** is under the OSDE Office of Student Support and is led by the Department of Prevention Services & School Climate. OKTransform integrates Positive Behavioral Interventions and Supports (PBIS) with social and emotional learning and prevention to improve the climate of Oklahoma schools.[47,48]

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[41] Oklahoma State Department of Education (2020, June 3).

[42] Oklahoma State Department of Education. (2020, October 1). *Hofmeister announces school grants totaling $15.2 million*.

[43] Oklahoma State Department of Education. (2020, February 25). *OK AWARE*. https://sde.ok.gov/ok-aware

[44] Oklahoma Tiered Intervention System of Support. (n.d.). *Upcoming professional development.* http://www.otiss.net/professional-development/

[45] Oklahoma Tiered Intervention System of Support. (n.d.).

[46] Information provided during a key informant interview with OSDE OTISS, on July 29, 2020.

[47] Oklahoma State Department of Education. (2020). *School Transformation Grant*. https://sde.ok.gov/school-climate-transformation-grant

[48] Information provided in a key informant interview with the OSDE Department of Student Support, on July 7, 2020.

Recommendation 3: Implement an evidence-based, universal mental health screening tool to identify students in need of mental health services and supports.

The OSDE's *Return to Learn* framework stresses the importance of early identification and treatment and identifies mental health screening as an action or tool that can increase student access to mental health supports. However, this recommendation comes with some level of caution. Universal mental health screenings should be part of a comprehensive, systematic approach to addressing social and emotional well-being and mental health that is anchored in knowledge, policies, and procedures that recognize the importance of student mental health and well-being and that include targeted follow-up resources. Oklahoma's public school districts and schools should have a formal process for referring students in need to services and supports that are embedded in an MTSS or ISF.

Recommendation 4: Public schools in Oklahoma should prioritize ongoing implementation of the Oklahoma Prevention Needs Assessment (OPNA) and use 2019 data to identify schools that are at greater risk for the impact of COVID-19 because of the number of their students who have significant risk factors and limited protective factors.

Oklahoma schools should employ the OPNA, coupled with the Panorama Survey for Social Emotional Learning or another SEL screening tool, to gather data on student mental health and well-being, risk, and protective factors. Use the information gathered from 2019 to help develop schools and districts' Multi-Tiered Systems of Support for mental health and wellness. Formalize partnerships with community-based and school-linked mental health providers to provide supports at all tiers, with a focus on targeted and intensive mental health and substance use interventions. Engage community and school-based mental health providers to provide training to school personnel and educators.

Recommendation 5: Promote the health and well-being of Oklahoma's teachers and staff by providing access to self-care resources.

Just as the mental health of parents can shape the mental health of children and youth, the well-being of teachers can affect student well-being. Teachers and educational professionals not only face personal struggles and stressors that result from the pandemic, they also face the uncertainties surrounding the new school year, the stress of adapting their curriculum and teaching strategies to a new and rapidly changing teaching environment, and the task of managing the increased stress of students and their families. Self-care practices help teachers and educational professionals maintain the physical and mental health they need to be successful and productive and support students' return to the classroom—virtually or in person. Practicing self-care may include creating opportunities and spaces where teachers can "vent" without fear that expressing frustration or disagreement with policies might threaten their employment. The importance of self-care is stressed in the OSDE *Return to Learn*

Framework for opening schools, which includes a link to self-care strategies and resources for educators.[49]

Health Providers

Pediatricians

Recommendation 6: Increase the number of pediatric primary care providers in Oklahoma (primary care offices, federally qualified health centers, and emergency departments) that implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify, refer, and treat children and youth with mental health and substance use problems before more severe symptoms emerge.

As noted above, COVID-19 will contribute to increased numbers of children, youth, and families who struggle with stress, anxiety, trauma, depression, suicidal thoughts and behaviors, and substance use. As orders to maintain social distancing and uncertainty about how or when schools will reopen continue, pediatricians will be in the most likely position to identify and treat children and youth who are struggling with mild mental health symptoms or substance use. These pediatricians also serve as the front door to mental health and substance use services for children and youth with more intense needs. Without mental health and substance abuse screening in primary care settings, many children and youth with mental health and substance use issues will go undetected and, therefore, untreated. SBIRT is an approach to screening and delivering early intervention and treatment to children and youth who are at risk for mental health issues and substance use disorders.

- SBIRT screening can be billed to Medicaid, and pediatricians can bill for specialty behavioral health screening.
- Oklahoma State University has trained social workers on SBIRT through a SAMHSA grant.
- ODMHSAS SBIRTOK is an initiative that supports primary care providers in developing the infrastructure to implement and sustain SBIRT.
- The Oklahoma Health Care Authority provides a behavioral health toolkit for behavioral health screenings for children ages 5 to 16 years.
- Consider building on current community infrastructure and targeting communities with the greatest need.

COVID-19 and the measures to contain its spread require physical and mental health care providers to deliver all but the most intensive services through telehealth. The SBIRT process can be integrated into routine pediatric care that is delivered virtually. Screenings can be administered in an interview format or can be self-administered using technology. Youth have

[49] Oklahoma State Department of Education. (n.d.). *Self-care for teachers and educational professionals.* https://sde.ok.gov/sites/default/files/UPDATED%20Self%20Care%20for%20Teachers%205.1.20.pdf

been found to be more candid when answering self-administered questions.[50] In addition, computer-facilitated screening paired with brief advice from a physician or a mental health counselor has been shown to be an effective intervention with youth.[51,52] The success of SBIRT implementation depends on a clear process for making referrals and strong relationships with community-based substance use and mental health providers.

An electronic referral platform that embeds screening and referral tools can support access to substance use and mental health services by serving as a central location to send and receive referrals, and by providing real-time access to appointment availability and bed capacity. A referral hub can also provide real-time data to providers for monitoring service need and use.

This recommendation aligns with the 2018 Urban Institute Report recommendation to integrate child and youth mental health and substance abuse clinicians into pediatric practices by expanding the Comprehensive Primary Care Plus (CPC+) model.

Mental Health

Recommendation 7: Ensure access to emergency mental health services and psychological support by expanding the crisis continuum.

Expand the crisis continuum by including increased access to warmlines, crisis text lines, and crisis hotlines as well as to technology-based interventions needed to scale up mental health supports (e.g., text, telephone, video). Children, youth, and their families often begin receiving help only *after* they experience a mental health crisis. For children, youth, and families struggling with mental health challenges in social isolation, access to crisis response services and supports will be critical.

Children's mobile crisis outreach teams (MCOT) in Oklahoma provide telephone and mobile crisis response 24 hours a day, seven days a week. The goal of MCOTs is to stabilize children and youth in their environments, help connect them to services, and prevent unnecessary hospitalizations. However, the crisis continuum would be greatly enhanced by the use of a more evidence-based approach to crisis response and stabilization (Mobile Response and

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[50] National Council for Behavioral Health. (n.d.). *Improving adolescent health: Facilitating change for excellence in SBIRT.* https://www.ysbirt.org/wp-content/uploads/2020/03/032720_NCBH_SBIRT_ChangePackage_Final_v6.pdf

[51] Harris, S. K., Csémy, L., Sherritt, L., et al. (2012). Computer-facilitated substance use screening and brief advice for teens in primary care: An international trial. *Pediatrics, 129*(6), 1072–1082. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3362902/pdf/peds.2011-1624.pdf

[52] Walton, M. A., Bohnert, K., Resko, S., Barry, K. T., Chermack, S. T., Zucker, R. A., Zimmerman, M. A., Booth, B. M., & Blow, F. C. (2013). Computer and therapist based brief interventions among cannabis-using adolescents presenting to primary care: One year outcomes. *Drug Alcohol Dependency, 132*(3): 646–653. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770780/pdf/nihms485795.pdf

Stabilization Services), which notably includes a longer period of follow-up to ensure stabilization.

- ODMHSAS is promoting the use of Mobile Response and Stabilization Services (MRSS) and is contracting with eight providers in 24 counties to provide Mobile Crisis Response (MCR) teams.
- MRSS can help stabilize children and youth and reduce reliance on inpatient hospitalizations or more restrictive placements.
  - MRSS models include stabilization periods that last several weeks (New Jersey and Nevada MRSS models offer examples of this approach).