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MATTHEW J. PECORARO AND JACQUELINE SHEN

## Dealing with mental health fallout of COVID-19

Last fall, some schools across the nation opened their doors for the first time in months. Amidst uncertainty about what the new school year would bring, and with many experts projecting a resurgence of pandemic numbers, safety protocols were implemented, masks were worn, and hand sanitizer was at the ready.

Since then, schools, teachers and families across the state have demonstrated Herculean efforts to create safe learning environments for students, while being called upon to navigate increasingly complex and stress-inducing circumstances. A rise in COVID-19 cases nationally has driven many schools to again close their doors.

Even with a COVID-19 vaccine on the horizon, we are far from out of the woods. Under normal circumstances, 1 in 5 youth experience a diagnosable behavioral health concern; half of all behavioral health issues begin by age 14, 75 percent by age 24. The COVID-19 pandemic will almost certainly exacerbate these needs among youth. This is especially true for historically marginalized communities, most notably communities of color, who have been disproportionately impacted

by the virus.

Promoting the best possible outcomes for youth and families requires the decisions made in the coming weeks and months be rooted in research, data, and the science of what we know works. Solutions must be evidence-based, equity-driven, and responsive to the unique needs of families and communities.

With this in mind, there are several research-informed strategies that can help craft policy, systems and practice-level initiatives to help communities respond to the anticipated pandemic-driven youth behavioral health crisis:

Build supportive environments for youth. During this pandemic, youth are at higher risk of experiencing prolonged feelings of loss, social isolation, loneliness, anxiety, depression and separation from family members, among many other stressors. Strategies to mitigate these and other stressors should be designed in active collaboration with youth and families themselves, as well as professionals such as child psychiatrists, psychologists, social workers, pediatricians and other behavioral health experts.

Give caregivers the resources to talk to children about COVID-19.

Talking to children about COVID-19 can be extremely difficult. Given the stress and anxiety often associated with the topic, it is crucial that caregivers have access to accurate information, as well as strategies to role model appropriate coping skills and practice age-appropriate communication with their child.

Support caregiver well-being. Right now, caregivers are being asked to wear many hats: parent, employee, teacher, nanny, spouse; all while facing increased social, financial and professional stressors. Efforts to support youth must also take into account caregiver well-being and give caregivers the tools and space to engage in self-care.

Make evidence-based, culturally and linguistically responsive behavioral health care accessible to youth. The coming months will bring an increased need for behavioral health supports and services. School systems should take advantage of existing infrastructure to provide students with access to high quality, evidence-based care, including tele-health. Supports and services should be culturally and linguistically responsive, paying particular attention to histor-

ically marginalized and underserved populations, especially communities of color. At the policy level, legislative and funding priorities should be geared specifically toward implementing evidence-based practices across the Commonwealth.

Ensure public information about COVID-19 is accurate and accessible. Publicly available, accurate and up-to-date information about COVID-19 is essential to: a) reinforce evidence-based public health prevention measures, b) facilitate transparent and effective contact tracing and other disease containment strategies and c) dispel harmful myths that may impact infected individuals and scapegoated minority communities.

Take care of our most vulnerable communities. Among the youth most affected by this pandemic are families with few socioeconomic resources, children with pre-existing physical and behavioral health conditions, children at increased risk for child abuse, homeless youth, and youth of ethnic and racial minority communities. Strategies moving forward must prioritize equity to ensure the needs of historically marginalized communities are addressed.

COVID-19 has taken an immense toll on youth and families. By identifying youth behavioral health needs now and intervening promptly through research informed strategies, we can mitigate negative, lasting effects the pandemic may otherwise have on youth as well as harmful long-term outcomes for families, communities and the Commonwealth as a whole.

*If you'd like to learn more about the impact of COVID-19 on children, youth and families, please see the Evidence-based Policy Institute's Sept. 2020 Spotlight Brief: The Impact of the COVID-19 Pandemic on Children, Youth, and Families ([https://jbcc.harvard.edu/sites/default/files/impact\\_of\\_the\\_covid-19\\_pandemic\\_on\\_children\\_youth\\_and\\_families\\_2.pdf](https://jbcc.harvard.edu/sites/default/files/impact_of_the_covid-19_pandemic_on_children_youth_and_families_2.pdf)).*

*Matthew J. Pecoraro, MSW, is associate director of The Evidence-based Policy Institute, Judge Baker Children's Center. Jacqueline Shen is an intern at The Evidence-based Policy Institute, Judge Baker Children's Center and an MD/MPH Candidate, Tufts University School of Medicine.*