# The Impact of COVID-19 on Youth Mental Health

COVID-19 can have devastating effects on the children and youth in the Child Welfare System

Research shows that children and youth of all ages may be impacted emotionally by the disruption in normalcy caused by COVID-19. There are implications for the long-term physical and mental health of all children and youth, and financial stability of TAY youth exiting dependency.

### Impact of trauma on children

Children are more likely to be emotionally affected by the disruption of daily events than are adults.<sup>1</sup>

• Children who are most vulnerable to emotional difficulty include: children with previous trauma; children with pre-existing mental, physical, or developmental problems; and children whose parents face mental health disorders, economic instability, or substance misuse.<sup>1</sup>

- Children with previous trauma may re-experience traumatic events during the stressful times associated with COVID-19.  $^2\,$
- Children with previous trauma are more at risk of developing anxiety, depressive, or schizophrenic disorders during the stressful times associated with COVID-19.<sup>2</sup>
- Children with high levels of cortisol may experience reduced physical health, including hormone disruption and unhealthy eating and exercise habits.<sup>2</sup>

# **Expected Increase in Reported Cases**

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Nationally, instances of reported child abuse are falling. However, severe physical abuse cases are increasing (e.g., hospitalizations due to abuse, head trauma, broken bones).<sup>7</sup>



A wave of aggravated cases is anticipated once children resume regular contact with mandated reporters.  $^{7,8}\,$ 



Children and youth experiencing unreported abuse during stay-at-home orders are more likely to have suffered additional potentially traumatic experiences. This includes witnessing substance use or domestic violence between parents, and experiencing family or financial stress.<sup>7,8</sup>



This type of trauma can have lasting effects on a child's physical and mental health.  $^{2,8,9}\,$ 

## **TAY Exiting Dependency**

Transition age youth, especially those exiting the Child Welfare system and those attending or planning to attend college, are especially affected by the COVID-19 crisis.

In various national surveys of TAY conducted since March 2020, youth reported the following effects or disruptions due to COVID-19:

- 72% do not have enough money for more than one month of stability  $^{\rm 6}$
- 55% are food insecure<sup>6</sup>

- 48% reported negative changes to work (e.g., reduced hours, laid off)^6  $\,$ 

- 69% of high school seniors anticipate financial challenges interfering with their college plans<sup>5</sup>
- 16% of college-bound students may give up on attending college in the fall<sup>5</sup>
- $\bullet$  56% report anxiety or depression of clinical severity  $^{\rm 6}$



Top 10 needs expressed by TAY:<sup>3</sup> Food - Housing - Healthcare - Tech (laptops, wifi, etc.) - Financial Assistance - Employment - Transportation - Education - Household supplies -Parenting/Childcare

# **Alternative Ways to Engage Youth**

COVID-19 has caused significant disruption of normalcy for youth in need of stability.<sup>1</sup> Visitation with biological parents and siblings is more crucial than ever.<sup>10</sup> Virtual visitation provides an effective means of contact when inperson visits are not feasible.<sup>11</sup>



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#### Tips for young children:

It is possible to engage children who are too young for conversation. Through videoconferencing, parents can sing, create stories together, read books, do homework, engage in imaginative play, and follow their child's lead in choosing activities to do together.<sup>11</sup>

The youngest children might not be effectively engaged through screens. Some states recommend physically distanced visits at parks without playgrounds.<sup>12</sup>

#### Sources:

- 1- Child Trends
- 2- Washington Post3- Child Welfare COVID
- 4- Think of Us
- 6-University of Pennsylvania 7 - Public Broadcasting Service

5-School House Connection

- 8 The Brookings Institute
- 9 Psychology Today
- 10 NBC News
  - 11-GeorgiaSupremeCourtCommittee
  - 12 The Marshall Project



EVALCORP Research & Consulting The agencies serving youth in care responded swiftly to the needs of the community in response to COVID-19. The information presented below highlights the actions taken by each agency.



#### **Public Health**

Public Health Nursing has worked collaboratively with HSA/CFS to educate staff and children in STRTPs to decrease the risks associated with Covid-19, such as:

- Best practices for proper hygiene (e.g., hand washing, touching of surfaces, not touching the face, keeping physical distance).
- Guidance on when/how to isolate an individual who may have been exposed to Covid-19, or who is exhibiting signs and symptoms.
- Guidance on placing signage regarding hand washing at the facilities.

Public Health continues to be a resource to the STRTPs as well as other foster care providers who may have questions or concerns related to the virus.

Public Health nurses have continued face to face visits with youth in care, and their care providers. Nurses assigned to youth in care are the "go-to" for many of the care providers, who have expressed concerns related to the children in their care and possible exposure to Covid-19.

Public Health nurses have worked with physicians and dentists, in spite of closed medical offices, and advocated on behalf of youth in care, to continue annual physical and dental exams for youth in care.

#### Probation



Due to the vulnerability of the youth in congregate care, all probation placement staff were deemed as essential workers. The Ventura County Probation Agency continued to adhere to all standard practices during the pandemic:

- Face-to-face contacts were conducted on all in-county youth; however, the visits were modified using the following
  practice: The probation officers met with the youth outside of the residence practicing social distancing within 6 feet of others
  and not entering homes where others were reported as ill.
- Weekly check-ins were also conducted with STRTPs, Group Homes and Resource Families to ensure they had the resources and items they needed during this trying time.
- All out-of-county youth were met with on a weekly basis via video conferencing calls.
- Child and Family Team Meetings (CFTMs) continued during the quarantine; Zoom meetings and conference call options
  were made available for CFTs.
- Contact with family was arranged for all in-custody youth via telephone or video conferencing calls.
- Video Court was set up at the Juvenile Facilities for all in-custody youth to ensure their cases continued to be heard in a timely manner.

Additionally, youth and families were sent resources and materials to assist in their safety during the pandemic:

- Care packages were mailed to youth to ensure they had hygiene products and activities to do during the quarantine.
- Educational material regarding hygiene practices was distributed to youth and families.
- **Personal Protective Equipment (PPE)** was also distributed to all youth in custody.

#### **Human Services Agency**

Actions taken by the Human Services Agency include but are not limited to:

- Allowing essential work duties to continue, such as social worker visits, while ensuring social workers are safe and have all formal accommodations needed.
- Virtual contacts were permitted for families not posing a severe risk/safety concerns (SDM); Personal Protective Equipment (PPE) was made available for all staff completing in-person visits.
- Clients with active COVID symptoms are provided care by the field-based STAR team, who have access to the necessary level of PPE (e.g., N-95 masks).
- Working with home-caregivers, STRTPs, and Public Health nurses to provide placements for exposed or infected children/youth.
- Working to continue normal activities such as Resource Family Approval, through teleconferencing.
- Developing remote work protocols for social workers and supervisors; telework was utilized by a majority of staff.
- Exploring, in partnership with our public agency partners, strategies to partner with contract providers and other community organizations to increase the virtual support and "surveillance" to families who are isolated and under extreme stress.
- Scheduling training of teachers and school counselors to help them better identify signs of family stress and potential risk
  factors for abuse and neglect, in collaboration with Behavioral Health, the Office of Education, and SELPA; as well as
  additional prevention strategies.

Relevant Actions taken by the Ventura County Courthouses include:

- During the initial phases of stay-at-home orders, the courts prioritized cases to be heard after the orders were lifted.
- Subsequently, a safety protocol was developed for continued use of courthouses, to allow for the following types of hearings: Detention, Status Review, 366.26, Jurisdiction & Disposition, Pre-trial and Trial, and Interims. Provisions were made to allow remote attendance for those legally entitled to be present (e.g., parents, caregivers, youth over 10, CASA).
- Calendar requests for non-emergency issues (e.g., educational rights, travel authorization, case conversion, etc.).

#### **Behavioral Health**

Selected BH activities in response to the pandemic include but are not limited to the following:

- BH Clinics kept open for urgent in-person services
- BH Psychiatry services continued by providing Telehealth
- Continued collaboration with HSA to receive referrals for Child Accelerated Access to Treatment and Services (CAATS)
- BH Clinical services continued by offering telephonic and Telehealth options to the community for children and TAY
- BH Crisis Team still responding to community MH emergencies
- STRTPs continued to provide in-person care to children and youth
- CBOs provided essential needs like food, supplies, toys, other necessities

Additionally, Agency and CBO Partners maintained communication and collaborated regarding County updates on COVID and DHCS guidance.