

The Impact of the COVID-19 Pandemic on Children's Mental Health What We Know So Far



Child Mind
Institute



The Child Mind Institute is dedicated to transforming the lives of children and families struggling with mental health and learning disorders by giving them the help they need to thrive. We've become the leading independent nonprofit in children's mental health by providing gold-standard evidence-based care, delivering educational resources to millions of families each year, training educators in underserved communities, and developing tomorrow's breakthrough treatments. Together, we truly can transform children's lives.

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The Morgan Stanley Alliance for Children's Mental Health combines the resources and reach of Morgan Stanley with the knowledge and experience of distinguished nonprofit partner organizations to help deliver positive, tangible impact on the critical challenges of stress, anxiety and depression in children, adolescents and young people.

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Practicing Prevention and Building Resilience

Even before the onset of the coronavirus pandemic, mental health professionals were struggling to meet the needs of the one in five children and adolescents with a mental health or learning disorder. Then the pandemic hit, bringing an upsurge in youth reporting mental health challenges. In surveys now, about 30–40% of young people say they feel anxious, depressed and/or stressed. Parents tell the same story when asked about their kids.

The pace of disruption in our world is increasing, not slowing down. How can we reduce the mental health impacts of the next global public health crisis — and the remainder of this one?

The first step is to identify who is most affected. The Child Mind Institute has been devoted to tracking the impact of COVID-19 on youth and families since the first days of the pandemic. The research highlighted in the 2021 Child Mind Institute Children’s Mental Health Report demonstrates that the most negative impacts of the pandemic have been concentrated in uniquely vulnerable populations. Who are they? Poor kids. BIPOC kids. LGBTQ+ kids. Kids with unstable home lives. Kids with mental health disorders like anxiety, depression or ADHD — especially those who don’t get treatment. Kids with learning disabilities. Kids with autism.

The next step is determining how to help them weather the coming storms. We cannot solve the factors that contribute to risk — poverty, stigma, racism — all at once. Instead, we must focus on protecting at-risk youth and fostering their resilience. How?

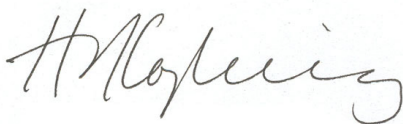
Prevention and preparation. Most young people, as you will see in this report, respond to challenges and disruption with resiliency. Supporting resilience in at-risk populations is an important (perhaps the most important) tool in the behavioral public health tool belt. My colleagues in this field often talk about going beyond the emphasis on “risk” factors in order to focus our efforts on how to build “protective” factors.

Where do we instill resilience? Our families. Our schools. Our health care system. The Child Mind Institute approaches this challenge in many ways, including by:

- Giving families tools to help their children with our Family Resource Center
- Providing curricula and teacher training in our School and Community Programs
- Offering direct clinical care, support and professional development
- Running community research studies of at-risk youth and resilience

But we can’t do this alone. I hope you will read this report, use these findings to advocate for change, and join the Child Mind Institute’s mission to transform children’s lives.

Best regards,



Harold S. Koplewicz, MD
President and Founder, Child Mind Institute

The Impact of the COVID-19 Pandemic on Children's Mental Health: What We Know So Far

In this report, we examine the growing body of research on the effects of the COVID-19 pandemic on children's mental health, including the results of a survey of thousands of parents conducted by the Child Mind Institute. Though our understanding of these impacts is still evolving, it's clear thus far that despite the challenges of the pandemic, children and young adults are remarkably resilient and able to cope with the ongoing stress and uncertainty in healthy ways.

At the same time, certain identifiable groups of people and children are more at risk for negative mental health outcomes, and certain pandemic-related stress factors are likely to be more impactful than others. Responding to the mental health impacts of the pandemic effectively requires both tailoring supports to these vulnerable groups and, simultaneously, recognizing and building on the strengths and resilience that young people already possess.

In **Chapter One**, we review the available data on the pandemic's impact on children in general and on certain subgroups within the general population. We also put the coronavirus pandemic into historical context by looking back at the mental health effects of previous disasters.

In **Chapter Two**, we look at the major conclusions of the Child Mind Institute's own research into the experiences of caregivers and their children.

And in **Chapter Three**, we examine the results of two recent surveys in which educators and teenagers were asked about their perceptions of specific challenges related to weathering the pandemic and starting a new school year. We also look at what sort of resources they felt would help them navigate these issues.

What Do We Know About the COVID-19 Pandemic's Impact on Mental Health in Children and Adolescents?

Key Takeaways

The pandemic has had meaningful impacts on mental health, but not everyone has been affected to the same degree or in the same way.

Economic instability, living in an area hit harder by the virus, and preexisting mental health problems are some of the most notable risk factors for adults experiencing mental health challenges during the pandemic.

There is less information about children's mental health specifically, but the available data indicate that many of the same risk factors apply.

However, research and historical context also suggest that young people are resilient and that many (especially those with fewer risk factors) will likely emerge from the pandemic without significant mental health challenges.



There is much more data on how the pandemic has affected the mental health of adults than there is on how it has impacted children and adolescents. While we're concerned here with the latter, looking at studies on adults is an important means of gaining insight into kids' experiences. One of the most salient takeaways from the studies conducted is that while COVID-19 has broadly affected the mental health of many adults, not everyone was affected to the same degree or in the same way.

In the early days of the COVID-19 pandemic, many headlines warned that a global mental health crisis was coming.^{1,2}

But in reality, not everyone's mental health was affected equally (and, as we'll see later, many people proved to be extraordinarily resilient).

Studies showed that groups who lived in certain environments tended to be more afraid of the virus, and this fear was itself associated with higher levels of anxiety and depression. These groups included:

- Those who lived in areas where the outbreak was more severe
- People who lived in urban areas³
- Families of health care workers

Studies also consistently showed that during the pandemic, certain subgroups reported higher levels of stress and symptoms of mental health disorders like anxiety and depression regardless of their environment. These groups included:

- Women
- Racial minorities, particularly Latinx people
- People with preexisting mental health problems
- Parents of young children^{4,5}

COVID-19 also didn't occur in a vacuum: even before the virus, frustration over persistent economic disparity had grown, particularly in the United States, where income inequality is higher than in almost any other developed nation.⁶ The pandemic led to mass job losses and disproportionate professional stressors for people working low-paid jobs with little professional security, such as nursing home aides and delivery workers.

Those who experienced job loss or were otherwise economically vulnerable during COVID-19 were at high risk of developing anxiety or depression, which fits in with what we already knew about the strong connection between low income and mental health challenges.^{7,8}

Increased stress had notable behavioral ramifications. Studies showed that women and parents of young children reported drinking more alcohol, and that parents who had experienced income loss were more likely to lose their tempers and yell at their children.^{9,10}

Studies have shown that children, like adults, have also reported higher rates of distress during the COVID-19 pandemic.¹¹

- In a survey conducted in late March 2020 by the UK charity YoungMinds, 83% of young people with preexisting mental health needs reported that the pandemic had worsened their mental health to some degree.¹²
- According to a study published in October 2020, 22.28% of children and adolescents in China exhibited signs of depression, compared to the 13.2% estimated in previous research.¹³
- Researchers studying the effect of lockdowns on parents and children in Italy found that children's emotional and behavioral challenges were significantly affected by how stressed their parents were, and how their parents responded to this stress.¹⁴

“ Those who experienced job loss or were otherwise economically vulnerable during COVID-19 were at high risk of developing anxiety or depression, which fits in with what we already knew about the strong connection between low income and mental health challenges.”^{7,8}

“ A growing body of research has shown that for many people, the distress experienced early on in the pandemic has evened out over time.”²⁷

Though there are less data overall on how the pandemic has affected children’s mental health as opposed to adults’ mental health, the information we do have suggests some overlap between the risk factors for distress among children and adults. Like adults, children who lived in urban areas and those whose families experienced either economic uncertainty or a food shortage showed greater levels of psychological distress than others. They often exhibited signs of:

- Anxiety
- Depression
- Attention issues
- Sleep disturbances^{15, 16}

In times of crisis at home, many children find solace at school, but during the pandemic, kids around the world were forced to switch to remote learning. While some socially anxious kids experienced relief at this change, many more experienced it as a loss of vital outlets like sports and socializing with friends.¹⁷ The increased reliance on the internet also raised red flags for some researchers, who have linked increased screen time to poorer sleep habits, difficulty focusing and problematic behavior.¹⁸ In addition, kids who used the internet to take part in school lessons might have utilized their greater access to media to overconsume COVID-related news, which has been associated with higher levels of stress.¹⁹

The evidence also suggests that for children with autism spectrum disorder (ASD) and their families, the disruption to schooling and to services like occupational, speech or applied behavioral therapies was especially significant. In a survey of 3,502 caregivers of children with ASD:

- 64% reported that the lack of services had “severely or moderately” impacted their child’s symptoms or behavior.
- 80% of those with preschool-aged children on the autism spectrum said the disruption caused those children “extreme to moderate stress.”

- Though many therapeutic services were continuing via telehealth, most survey respondents were not taking advantage of them after a month, and those that were “reported minimal benefit.”²⁰

But while the risks to vulnerable young people are real, it’s hard to say what the long-term impacts for most kids will be.

COVID-19 was (and is) a unique global phenomenon for most people alive today. Historical precedents, where available, show that experiencing a traumatic event may be linked to worse mental health in subsequent years. But many of these events were singular catastrophes, like tsunamis or earthquakes, that affected a relatively small pool of people, whereas COVID has impacted nearly everyone. Also, few of these previous studies focused on children.

- In one study of the mental health effects of the Chernobyl disaster, rates of depression, anxiety and PTSD were two to four times higher among “Chernobyl-exposed” subjects than the general population up to 11 years after the disaster.²¹
- In looking at the experience of evacuees after the Fukushima Daiichi nuclear disaster of 2011, researchers found that 14.6% of their subjects expressed marked levels of psychological distress, mostly related to uncertainty over the long-term ramifications of radiation exposure, compared to just 4.4% of the general Japanese population.²²
- Children who witnessed the events of the 9/11 attacks were nearly three times more likely to have symptoms of depression or anxiety and nearly five times more likely to have sleep problems, relative to those who had not been exposed.²³

The closest corollary to COVID in recent history is the Spanish flu of 1918, but little research was done on the long-term mental health ramifications of that pandemic. Some research has indicated an uptick in psychiatric hospitalizations or suicides beginning at the onset of the Spanish flu, but it's hard to assess its validity.²⁴

Studies of more recent epidemics and disasters have consistently found that the perception of impact of the event was one of the most potent influences on longer-term outcomes. Accurate and consistent information that can allay these concerns is therefore a critical public health priority. Accordingly, conflicting messages about the pandemic and mitigation steps are likely at least partial explanations for the widespread increase in reported stress and anxiety in youth in the United States.²⁵ The Surgeon General of the United States has recently released a report that provides some measures to reduce the misinformation that may be driving these negative mental health outcomes.²⁶

So, while history suggests that some long-term mental health challenges may persist in the years following this pandemic, the evidence is far from conclusive.

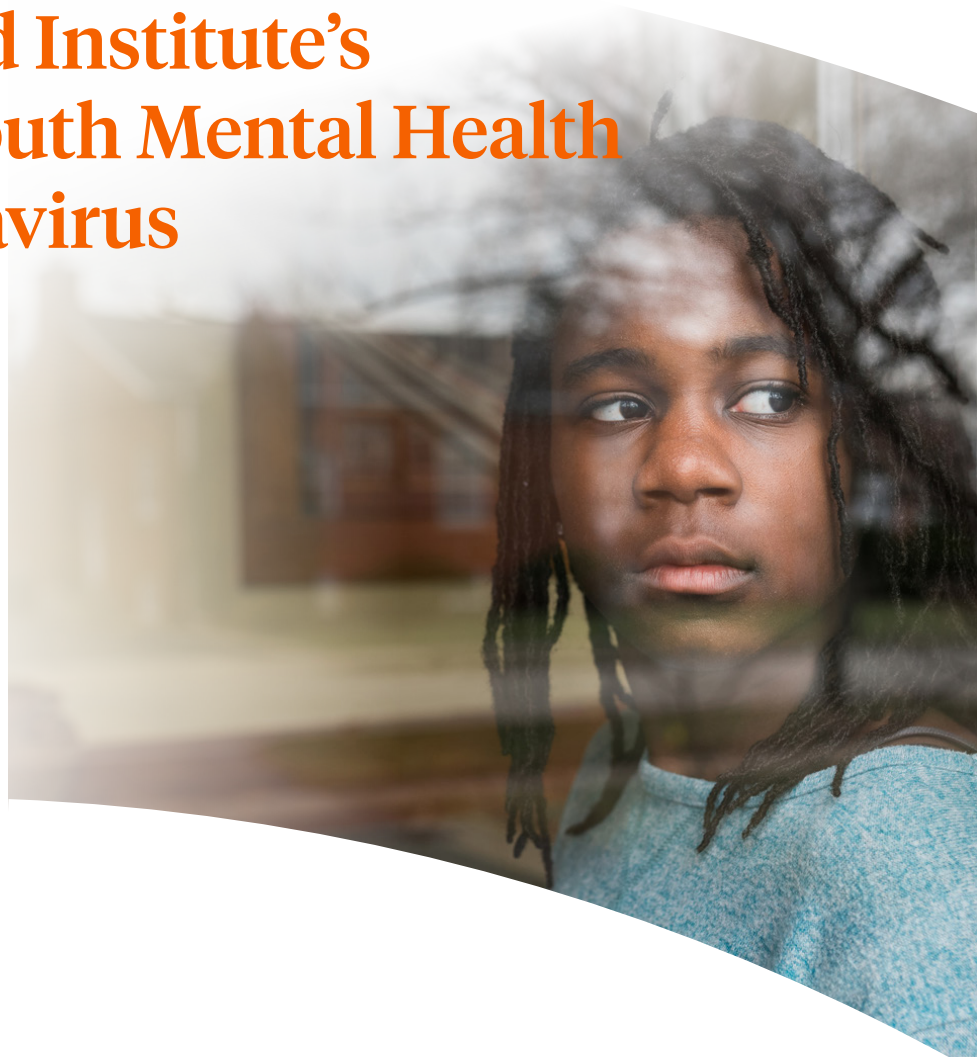
There is also cause for optimism: **a growing body of research has shown that, for many people, the distress experienced early on in the pandemic has evened out over time.**²⁷ Psychologists and other professionals have invoked the idea of a “*psychological immune system*” that protects us much the same way the biological one does.²⁸ Ultimately, we expect that, like adults, most kids are naturally resilient, but others may require extra support from their parents, social networks, health care providers, and others in their orbit.

In the next chapter, we'll look at some of the specific characteristics that put kids at greater risk for psychological distress during and after the pandemic. These characteristics include:

- Having a preexisting mental health disorder, including but not limited to depression, anxiety, or ADHD
- Having experienced a previous trauma
- Being food insecure or economically vulnerable
- Experiencing a disproportionate disruption to one's daily schedule



The Child Mind Institute's Research on Youth Mental Health and the Coronavirus



Key Takeaways

Parent reports indicate that high percentages of both adults and kids experienced psychological distress early in the pandemic.

Children in our study who lived in financially unstable households or who experienced food instability during the pandemic experienced worse mental health outcomes than their more financially secure peers.

Our data indicate that a child's mental health three months before the pandemic began was the factor most closely correlated with their mental health during the pandemic.

From the onset of the COVID-19 pandemic, the Child Mind Institute's science team recognized a need for robust research that could fill the gaps in the existing literature and provide nuance to the dialogue. We knew that the pandemic was making some children's mental health worse, but it was crucial to know which subgroups were suffering most, and which aspects of the pandemic were most impactful. In previous pandemics, like SARS and MERS, as well as catastrophes like earthquakes, most of the research was conducted long after the event. We wanted to track how people were coping in real time, and we are making a continuing effort to follow the changing situation as we move into the new school year.

With support from the Morgan Stanley Alliance for Children’s Mental Health, the team at the Child Mind Institute joined forces with the National Institute of Mental Health and New York State’s Nathan Kline Institute to create the **CoRoNaVirus Health and Impact Survey**, or CRISIS.²⁹ The survey delved deep into a number of measures of well-being, including but not limited to:

- Mental health both before and during the pandemic
- Lifestyle changes
- Health behaviors including physical activity and sleep
- Substance use
- COVID-19 virus exposure and infection
- Demographic information including race, profession, and physical health

In April 2020, the survey was sent to 5,646 adult participants from the United Kingdom and the United States, mostly in areas that had been significantly impacted by COVID-19, like New York City, Manchester, London, and parts of California. About half of the respondents from each country answered on behalf of themselves, while the other half filled out the survey on behalf of their children, who ranged in age from 5 to 17.

Partner Perspective

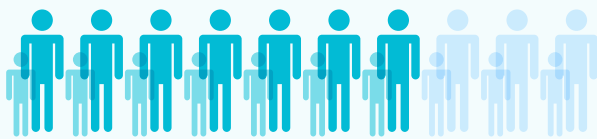
“Before the pandemic we launched the Morgan Stanley Alliance for Children’s Mental Health in February 2020 with a \$20 million commitment to address the increasing challenges of stress, anxiety and depression in youth. We had no idea that within a month, the world would turn upside down and the very crisis we had identified would explode. The pandemic is obviously awful, but there have been silver linings. The situation sped up the work of the Alliance and the collaboration across our nonprofit members, including the Child Mind Institute. Together, we have advanced game-changing mental health care solutions for children and young people, especially within vulnerable communities. And there has been a marked change in stigma, as parents, including our own employees, are openly discussing their children’s mental health and actively seeking support and care. We have a long way to go, but I am heartened and hopeful that mental health can stay front of mind and that more will join Morgan Stanley and the Child Mind Institute in actively helping.”

Joan Steinberg, president of the Morgan Stanley Foundation

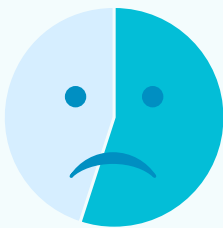
“ Children who lived in financially unstable households or who experienced food instability during the pandemic experienced worse mental health outcomes than their more financially secure peers.³² ”

We found some similarities — and some differences — between adults’ and kids’ stressors.

Our initial findings supported the idea that children and adults alike were experiencing higher levels of emotional distress.



About 70% of both children and adults reported some degree of mental discomfort, resulting in loneliness, irritability or fidgetiness.



Children



Adults

55% of children felt more “sad, depressed or unhappy,” versus **25% of adults.**³⁰

Adults generally said they were more “distracted, anxious, fatigued and worried” than their children.³¹

Children who lived in financially unstable households or who experienced food instability during the pandemic experienced worse mental health outcomes than their more financially secure peers.³²

One of the most telling findings from the initial wave of the study is that children’s moods during the pandemic were most closely related to the lifestyle changes they’d experienced, such as not being able to attend school, see friends, have in-person conversations with extended family members, and being confined to their homes due to lockdowns.³³ These findings dovetail with other research that has demonstrated the protective effects of regular, predictable routines for children.³⁴

Though some studies have shown that strict lockdowns are a source of stress for adults, in our research, the adults generally ranked disruption to daily life as *less* impactful to their mental well-being than specific worries about COVID-19, such as fear of infection and illness.

As was the case with many adult responders, our data indicated that a child’s mental health three months before the pandemic began was the factor most closely correlated with their mental health during the pandemic. **In other words, a child struggling with depression prior to the pandemic was more likely to be struggling during the pandemic than one who was not.**

Like many other studies, this one was conducted during a short window of time in locations that were experiencing very high infection rates. In accordance with our desire to gain holistic, long-term insight into the pandemic’s impact on mental health, we’ve surveyed a portion of our original subjects twice more since the first round of research. We have begun publishing the data from those later rounds as well, and these early results indicate that similar factors continued to be strong predictors of mental health symptoms even many months into the pandemic.³⁵



Practical Applications for Our Findings

Our research underscores the idea that for children at risk due to preexisting mental health problems, every effort should be made to increase their access to care. This finding is especially relevant in the context of previous data that point toward ongoing deficiencies in children’s mental health care:

- About half of the estimated 7.7 million children in the United States who had a treatable mental health disorder in 2016 did not receive adequate treatment.³⁶
- There is a serious lack of accredited professionals, including child psychiatrists, therapists and social workers, in almost every state.³⁷

Our research also highlights the connection between economic hardship and mental health outcomes.

As important as access to care is, promoting financial stability and food security for young people and their families is an equally crucial means of supporting mental health.

In that vein, the Biden administration in the United States has recently rolled out a program to provide a tax credit to American families, which is estimated to cut child poverty rates by up to half and could be enormously impactful on the mental health of America’s children.³⁸

Finally, the data indicate that minimizing disruptions to daily routines can do a lot to protect children’s mental health, even in very stressful situations. Knowing this can not only help caregivers and educators set priorities at home and school — it can also guide public policy toward measures that minimize lifestyle disruptions for kids.

In the next chapter, we’ll share personal perspectives from educators, adolescents and children’s mental health professionals. These anecdotal reports speak to many of the same needs that our own research and other studies have highlighted, and they offer insights into how these broad trends can shape individual lives.

Perspectives From Teens and Educators



Key Takeaways

Educators reported that their biggest concerns about students' adjustment to the new school year were learning deficits and anxiety over returning to school in person.

Educators also said they expected economic hardship to be the highest hurdle for those students who experience it, more significant than either learning deficits or anxiety.

Teenagers surveyed reported that their biggest worries about the new school year were falling behind academically and experiencing social anxiety.

Non-white teens reported more concern than their white peers about nearly every re-emergence issue, including negative impact of the pandemic on focus and academic progress, coping with loss and grief, economic struggles or food insecurity, and mental health challenges.

Nonetheless, teens were optimistic: 67% agreed with the statement, "I am hopeful that I will adapt and rebound from the challenges of the pandemic."

In the last chapter, we discussed parents' reports of how the pandemic had affected their children's mental health. Here, we complement the findings from parental perceptions by summarizing reports from young people themselves. Because many school districts around the country are open for full-time in-person learning this fall after a year of remote or hybrid classes, we were especially interested in whether or not teens felt prepared for this shift and what concerns they had over returning to the classroom environment. We also wondered what aspects of re-emergence school employees were most concerned about, and how those concerns could be best addressed by mental health professionals, school administrative bodies and the government.

In the summer of 2021, the Morgan Stanley Alliance for Children’s Mental Health conducted two surveys on the following groups:

- 552 U.S.-based high school employees, including teachers, administrators, school counselors and nurses
- 516 U.S. teenagers between the ages of 15 and 19

The surveys covered a wide variety of issues facing both educators and students returning to in-person learning, including:

- Concern over handling pandemic-related academic loss
- Social anxiety
- Coping with grief over the loss of a loved one, or helping students dealing with grief
- Addressing economic hardship in the student body
- Addressing trauma due to race, LGBTQ+ identity, disability, or other minority status in the student body

To learn more about the report on teenagers, visit <https://www.morganstanley.com/assets/pdfs/reemergence-program-teen-survey-factsheet.pdf>

And for more about the findings from educators, visit <https://www.morganstanley.com/assets/pdfs/reemergence-program-educator-survey-factsheet.pdf>

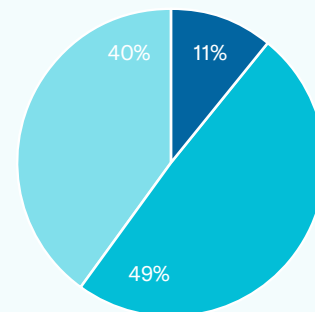
What Teachers Reported

Not surprisingly, a majority of educators we surveyed said they conducted remote learning at some point during the 2020–2021 school year. This figure changed somewhat over the course of the year: 4 in 10 educators said their school was fully remote in the fall, but that had dropped to 16% by spring.

While a small portion of both students and educators preferred online learning to full-time in-person classes, many reported problems. Issues that students and educators pointed to included increased student distractibility and the ease with which students could neglect assignments or skip school altogether. **Nine in ten educators reported that absenteeism was a problem during the past year, with hybrid or online settings being more affected.**

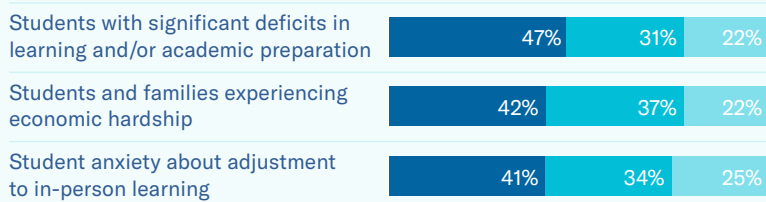
This high rate of absenteeism may have led to educators’ reported concerns about loss of learning, academic focus and skill acquisition over the past year. **Of the 12 potential student re-emergence issues identified in the survey, educators rated “significant deficits in learning and academic preparation” as likely to have the most impact on student learning this upcoming year.**

To what extent was student absenteeism a problem for your school/district during the 2020–2021 school year?



- Not a problem at all
- Minor problem
- Major problem

Nearly half of educators expect that students with significant deficits in learning will have a large impact on the quality of learning in the upcoming year

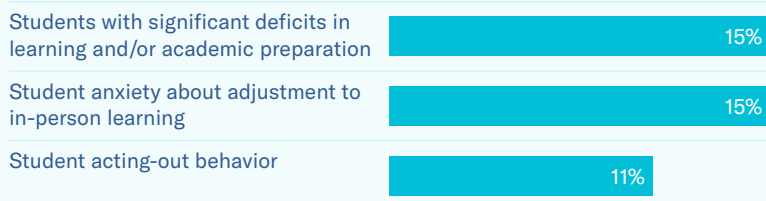


- A lot/a tremendous amount of impact
- Some impact
- No impact

“It is my job as a high school teacher to cover big areas of history content and to build upon previous years’ learning. There is no time in the curriculum to reteach things that weren’t learned through virtual learning.”

High school teacher

Which one of the following issues do you expect to be the greatest challenge for you during the upcoming school year? (2021–2022)



“After spending most of the year remote learning, many [students] have lost appropriate social and communication skills.”

School counselor

Research indicates that students of color and/or those with fewer economic resources are likely to have experienced greater learning deficits.³⁹ The teachers’ responses here highlight the risk that these gaps may have widened during the pandemic.

Educators ranked student anxiety over the return to school as the next most impactful issue after academic loss. In a question about what educators’ greatest challenge this fall would be, learning deficits and student anxiety about adjusting to in-person learning were the two top responses.

And as we saw in the previous chapter, economic instability is also a predictor of mental health challenges during the pandemic, meaning that low-income students are more likely to struggle with *both* of the top two concerns that educators identified.

Educators themselves also anticipated the ways that stressors might impact specific groups differently.

Indeed, their top concerns aside from learning deficits and anxiety varied based on the demographics of their school.

For example, educators at schools with more than 20% ELL (English-language learning) students were more likely than other educators to believe that the following would have a significant impact on student learning:

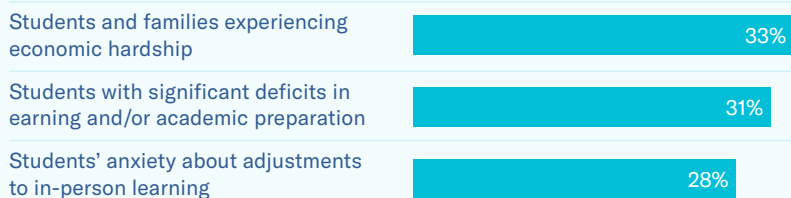
- Experiencing discrimination (15% vs. 6% in schools with a smaller percentage of ELL students)
- Living for a prolonged period in an unsafe home environment (22% vs. 15%)
- Student trauma associated with incidents of police use of force against unarmed people of color (13% vs. 5%)

Clinical Perspective

“ I’ve been concerned about what the impact of the pandemic will be from an equality standpoint because of the disparities in our health care system. Most of the kids I see have autism and neurodevelopmental disorders, with co-occurring developmental delays. They come from a variety of socio-economic backgrounds. It’s been hard to see that the families whose children have had the least degree of disruptions in their services are the ones who have the most resources to advocate for in-person services, live in neighborhoods that have had more availability of therapists and teachers who will provide in-person services, and/or have the financial means to receive all their services privately. For the families who have gotten to us, we guide them by informing them of their child’s rights as a person with a developmental disability and help them navigate the public and private systems to advocate for their children. But what about the families who have not gotten to us and do not have another provider who can guide them? Or the families who just do not have the bandwidth to navigate such a complex system because they are balancing many other hardships and realities that this pandemic has placed on their shoulders? We know that early intervention is key, and we know that young children with autism need intensive services. What will the long-term impact be on the toddler and preschool-age children with autism who went a year or more without services?”

Cynthia Martin, PsyD, senior director of the
Autism Center at the Child Mind Institute

Which of the following issues do you expect to have the greatest impact on the quality of student learning among students eligible for free or reduced-price student lunch?”



Educators also said they expected economic hardship to be the highest hurdle for those students who experience it, more significant than either learning deficits or anxiety.

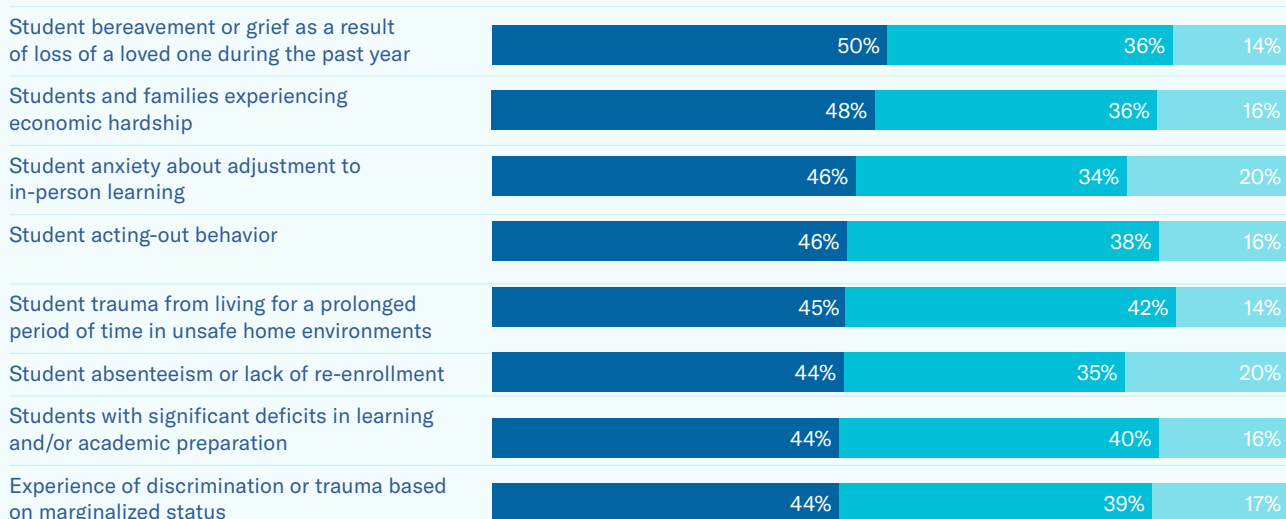
The teachers' perceptions here seem to align with the trend observed earlier in this report that economic instability is one of the biggest risk factors for experiencing negative outcomes during the pandemic.

Sixty-six percent of educators reported that it would be very or extremely useful to have access to resources to help them support parents and families that are struggling financially, which reinforces again what a significant problem economic instability is in educators' eyes.

Despite the fact that learning deficits were the main concern of educators in advance of the 2020–2021 school year, only about half felt that their school was very prepared to address them. An additional 36% said their school or district was “somewhat prepared.” The gap between student need and school preparation points toward a need for more comprehensive support for both schools and students.

Next, we'll look at what teenagers themselves said about the challenges they're facing this fall.

How prepared is your school/district to address the following issues in the upcoming school year?

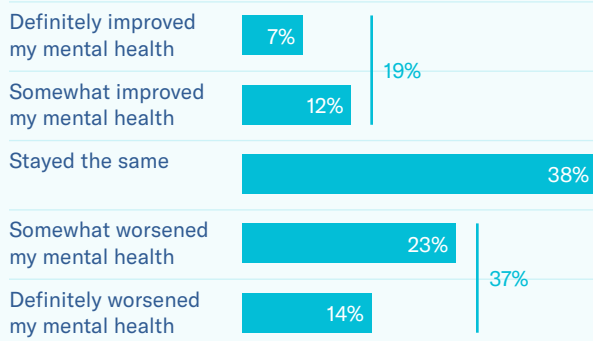


- Very/extremely prepared
- Somewhat
- Not very/not at all prepared

Teens and Teachers Agree: Learning Deficits Are the Biggest Hurdle to Re-emergence

Many teens surveyed said that the pandemic had impacted their mental health in some way, **with 37% saying it had made their mental health worse.**

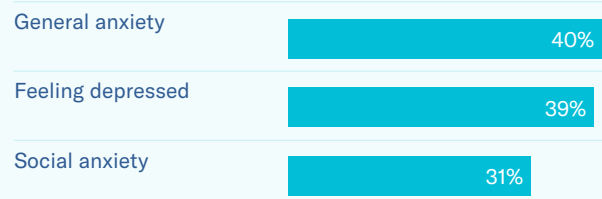
Thinking about your mental health before the COVID-19 pandemic (i.e., before March 2020) compared with now, to what extent do you feel the pandemic has improved or worsened your mental health, or has it stayed the same?



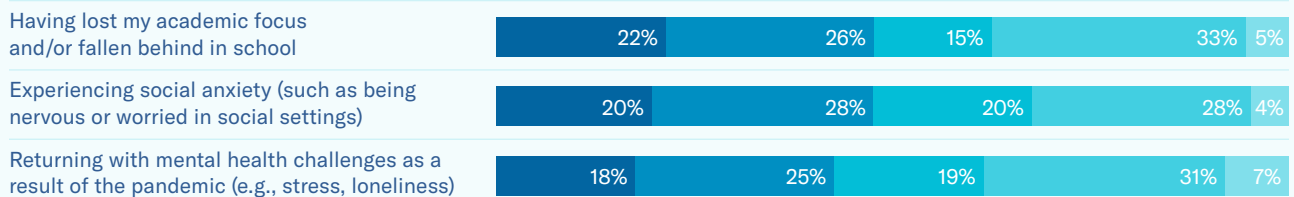
The most common mental health symptoms teens reported dealing with were general anxiety, depression and social anxiety.

Like educators, teens are especially worried about having fallen behind in school or lost the ability to focus academically. They also expressed significant concern about experiencing anxiety in social settings or public spaces. (As with younger children discussed in the previous chapter, teens tended to rank fear over the health effects of COVID-19 as low on their list of worries.)

Which, if any, of the following mental health challenges have you experienced since the beginning of the pandemic (March 2020)?



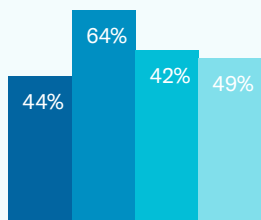
Having lost academic focus and/or falling behind in school was top on the list of concerns among teens regarding returning to their regular activities post-pandemic. Additionally, teens are about as concerned with mental health challenges as a result of the pandemic (43%) as they are with COVID-19-related health concerns (40%).



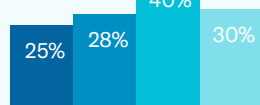
- Very concerned
- Somewhat concerned
- Not very concerned
- Not at all concerned
- Don't know

Very/Somewhat concerned

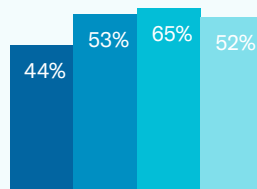
● White ● Black ● Hispanic ● Other



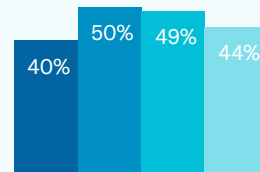
Experiencing social anxiety (such as being nervous or worried in social settings)



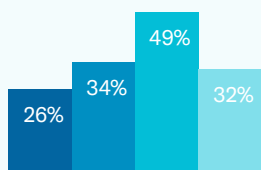
Spending less time at home with family



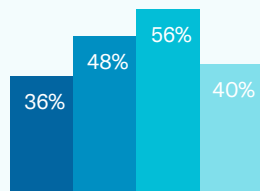
Having lost my academic focus and/or fallen behind in school



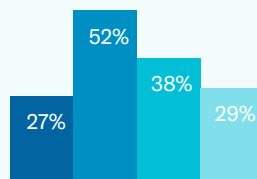
Returning with mental health challenges as a result of the pandemic (e.g., stress, loneliness)



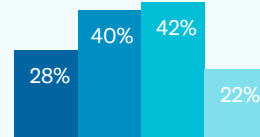
Family struggling with food, housing or money



COVID-19-related health concerns



Coping with trauma



Coping with loss and grief

Clinical Perspective

“With patients during the pandemic, I’ve seen the good and the bad and the ugly in terms of what people have had to go through. I’ve seen people be resilient and at the same time very fragile. But we’ve really seen how therapy works. The people who had been working with us already had tools to be able to deal with some incredibly challenging experiences and also had the therapeutic relationship that they could lean on with us. And we were all in this together, trying to figure it out. So I found myself saying to patients and families a lot that we’re all having to deal with uncertainty at once. And it was effective to be able to share, ‘Yes, I’m worried. I’m scared. I’m not sure what to do.’ There’s been a unifying experience that you don’t usually have in therapy that was and continues to be very powerful.”

Jill Emanuele, PhD, senior director of the Mood Disorders Center at the Child Mind Institute

“42% of teens overall say that the pandemic has increased the number of conversations they have around mental health.”

Non-white teens reported more concern than their white peers about nearly every re-emergence issue, including negative impact on focus and academic progress, coping with loss and grief, economic struggles or food insecurity, and mental health challenges related to the pandemic. (See chart on page 19.) Black teens reported greater worries about *coping with trauma* and *experiencing social anxiety*. Hispanic teens were worried about *spending less time with family*, *COVID-19 health issues*, and *economic instability*.

These data reinforce a major point from the pandemic mental health research: Different groups have different reactions to COVID-19 stressors. In order to be effective, efforts to support young people’s mental health moving forward must address the specific stressors consistently reported by vulnerable groups.

Though teens recognize the many issues they face in re-emergence, there is good news, too: 42% of teens overall say that the pandemic has increased the number of conversations they have around mental health. This trend is particularly significant among Hispanic and Black teenagers.

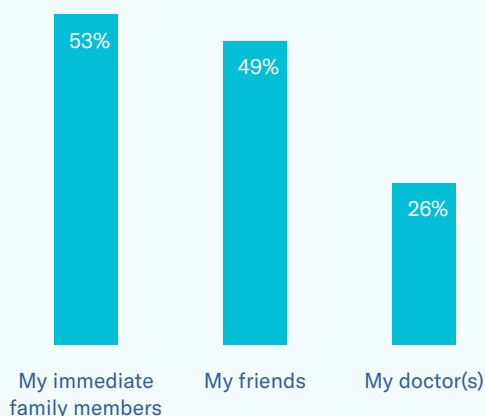
A little more than half (53%) of teenagers say they are comfortable discussing their mental health with their family members; the next most trusted individuals were friends (49%), followed by doctors (26%).

Black teens (22%) were twice as likely as white teens (11%) to say they were not comfortable discussing mental health with anyone.

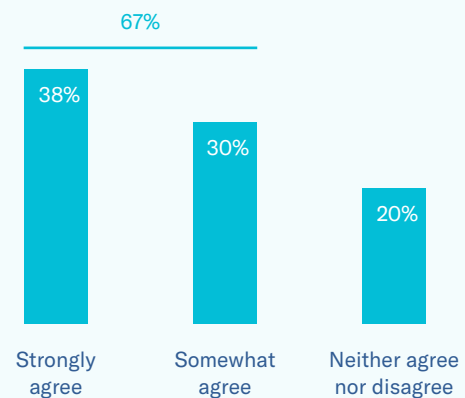
Overall, teens were optimistic about their ability to recover from the pandemic: 67% agreed with the statement, “I am hopeful that I will adapt and rebound from the challenges of the pandemic.”

Interestingly, this was true both of teens who said their mental health had improved during the pandemic (78%) and those who said it had worsened (79%). Perhaps this is best interpreted as teenagers’ “mental health immune system” at work, and speaks to the innate resilience of young people that has been a key finding of the broader research landscape.⁴⁰

With which, if any, of the following do you feel comfortable discussing your mental health?



Do you agree with this statement? “I am hopeful that I will adapt and rebound from the challenges of the pandemic.”



Partner Perspective

“The resilience of the human spirit has always fascinated and inspired me. I never expected, however, to be living it so firsthand as we grapple with the utterly unexpected circumstances of a global pandemic. And yet, even as I marvel at our capacity for adaptation, I have experienced deep grief at the loss of life, health and hope that so many of us have experienced. Even worse is the stark reality that it has been the most vulnerable among us who have suffered the most: BIPOC communities, individuals with preexisting physical and mental health challenges, economically insecure households. Perhaps it is because of the intensity of this time, when our collective vulnerability is paired with our indelible desire to live and create, that I am left primarily with a feeling of gratitude to simply be alive in this momentous time in history. I am struck most by the intensity and durability of the human experience. It is this I will take from this time and that I will use to work for a more just, life-sustaining world that honors the interconnectedness of us all.

Janis Whitlock, PhD, MPH, The Jed Foundation

Insights for the Future: Educators

The insights that educators shared in this survey aren't just a resource for meeting schools' and students' needs this fall; they can also inform school supports throughout the remainder of the pandemic's uncertain trajectory. We can use what we know about the impacts on schools and students so far to shape mitigation measures and preventive services ahead of the challenges to come.

Among the educators surveyed, most believed two issues were the most pressing: learning deficits or academic gaps caused by a year of often sporadic schooling, and student anxiety related to returning to the classroom. To remedy learning issues, many educators said there was one main fix: time. This could come in the form of:

- After-school sessions
- An extended school year
- Supplementary tutoring sessions

Teachers were also broadly in support of having more counselors or other mental health professionals available to help students address their mental health concerns upon return.

“[We need] money and support for buses so students can stay after school for extra help.”

High school teacher

“[Students need] psychological support and encouragement to return to school.”

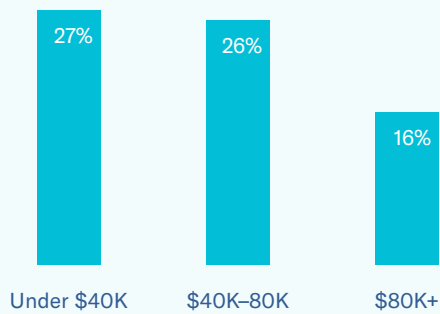
School administrator

Insights for the Future: Teens

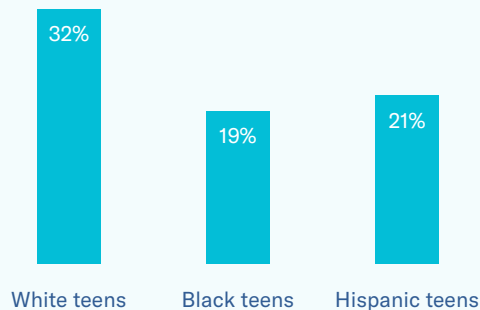
During the pandemic, 33% of teenagers said they had access to mental health resources but did not use them, while another 22% said they did not have access to any mental health resources. Teens who did not have access to mental health resources were more likely to be from lower income brackets and/or be Black or Hispanic.

About a third of teens said that they would like more information about how to cope with anxiety and depression.

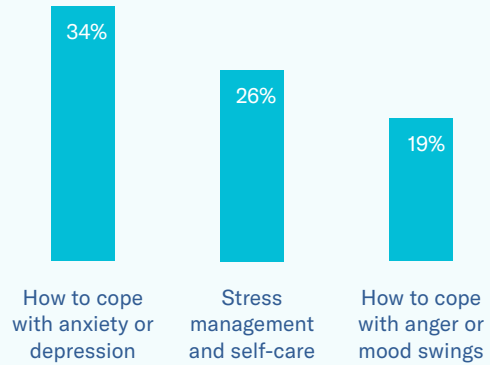
Teens saying that they do not have access to mental health resources is higher among those in lower-income households.



White teens were more likely than Black and Hispanic teens to say that they have access to all the mental health resources they need or want.



Which if any of the following mental health resources would you like?



Overall, though, many teens are satisfied with the number of mental health resources they currently have access to.

Forty-nine percent of those surveyed said that they were not interested in receiving additional mental health resources.

Clinical Perspective

“ I’ve been struck by how little attention we’ve often paid during the pandemic to all the rituals of closing we’ve missed. My patients have been hoping so much for a return to normal that we’ve often glossed over the graduations, breakups, transitions from old jobs, moments when we’ve had to leave home and old friends, and perhaps most importantly, the deaths of family and friends that have not occurred due to COVID. I’ve scarcely seen patients feel that they have the opportunity to really mark the closing of a major life event or stage, whether by celebration, remembrance or mourning, so much has planning for the next stage in the context of the pandemic occupied their thoughts. My hope is to help my patients claim more space to be present at the end of certain experiences prior to focusing their attention on the next transition or attempt to reclaim the *normal*.”

Dave Anderson, PhD, clinical psychologist and vice president of School and Community Programs at the Child Mind Institute

But the survey suggests that those who did utilize mental health services benefitted from doing so: **Teens who said that their mental health had improved during the pandemic were more likely to report using in-person or online counseling services, compared to their peers who said that their mental health stayed the same or worsened.**

“ **Teens who did not have access to mental health resources were more likely to be from lower income brackets and/or be Black or Hispanic.**

Key Conclusions

Much of what we can glean from these data reinforces the conclusions of the last two chapters. The biggest takeaway remains that while it's clear that some people are suffering, the impacts are different depending upon a variety of individual, familial and societal factors. Different subgroups are suffering in different ways and to varying degrees, and many of the aspects of the pandemic that affect them the most have exacerbated individual, familial or social factors that *predated* the pandemic.

Broadly speaking, women, racial and ethnic minorities, essential workers and their families, and those dealing with economic instability are experiencing more symptoms of stress, anxiety and depression across age groups. Many questions remain about how young people and their families will weather the continuing storm, particularly as the situation is always changing. What is clear is that while mental health resources and support can make a significant difference, unequal impacts will remain as long as economic and racial inequality persists.

At the same time, the available data also indicate that children and young adults are more resilient than we sometimes assume. Although it's crucial to devote resources to meeting their mental health needs, we should take heart from the fact that even the teens who said they were struggling right now felt positive about the future. This speaks volumes about innate human resilience, particularly that of young people, and it's a hopeful sign that many children and teenagers will emerge from the pandemic without lasting harm.

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Endnotes

- Ornstein, N., Miller, B.F., & Patel, K. (2020, May 14). The coming mental health crisis. *The Atlantic*. <https://www.theatlantic.com/ideas/archive/2020/05/coming-mental-health-crisis/611635/>
- Solomon, A. (2020, April 9). When the pandemic leaves us alone, anxious and depressed. *The New York Times*. <https://www.nytimes.com/2020/04/09/opinion/sunday/coronavirus-depression-anxiety.html>
- Fitzpatrick, K. M., Harris, C., & Drawve, G. (2020). Fear of COVID-19 and the mental health consequences in America. *Psychological trauma: theory, research, practice, and policy*, 12(S1), S17-S21. <https://doi.org/10.1037/tra0000924>
- Browning, M. H., Larson, L. R., Sharaievska, I., Rigolon, A., McAnirlin, O., Mullenbach, L., Cloutier, S., Vue, T.M., Thomson, J., Reigner, N., Metcalf, E.C., D'Antonio, A., Helbich, M., Bratman, G.N., & Alvarez, H. O. (2021). Psychological impacts from COVID-19 among university students: Risk factors across seven states in the United States. *Plos One*, 16(1), e0245327. <https://doi.org/10.1371/journal.pone.0245327>
- Varga, T. V., Bu, F., Dissing, A. S., Elsenburg, L.K., Herranz Bustamante, J.J., Matta, J., van Zon, S.K.R., Brouwer, S., Bültmann, U., Fancourt, D., Hoeyer, K., Goldberg, M., Melchior, M., Strandberg-Laren, K., Zins, M., Clotworthy, A., & Rod, N.H. (2021). Loneliness, worries, anxiety, and precautionary behaviours in response to the COVID-19 pandemic: A longitudinal analysis of 200,000 Western and Northern Europeans. *The Lancet Regional Health – Europe Volume 2* (2021), Article 100020. <https://doi.org/10.1016/j.lanepe.2020.100020>
- Siripurapu, A. (2020, July 15). Background: The U.S. Inequality Debate. Council on Foreign Relations. Retrieved July 13, 2020, from <https://www.cfr.org/background/us-inequality-debate>
- Codagnone, C., Bogliacino, F., Gómez, C., Charris, R., Montealegre, F., Liva, G., Lupiáñez-Villanueva, F., Folkvord, F., & Veltri, G. A. (2020). Assessing concerns for the economic consequence of the COVID-19 response and mental health problems associated with economic vulnerability and negative economic shock in Italy, Spain, and the United Kingdom. *Plos One*, 15(10), e0240876. <https://doi.org/10.1371/journal.pone.0240876>
- Kivi, M., Hansson, I., & Bjälkebring, P. (2021). Up and about: Older adults' well-being during the COVID-19 pandemic in a Swedish longitudinal study. *The Journals of Gerontology: Series B*, 76(2), e4-e9. <https://doi.org/10.1093/geronb/gbaa084>
- Rodríguez, L. M., Litt, D. M., & Stewart, S. H. (2020). Drinking to cope with the pandemic: The unique associations of COVID-19-related perceived threat and psychological distress to drinking behaviors in American men and women. *Addictive behaviors*, 110, 106532. <https://doi.org/10.1016/j.addbeh.2020.106532>
- Kalil, A., Mayer, S., & Shah, R. Impact of the COVID-19 crisis on family dynamics in economically vulnerable households. Becker Friedman Institute for Economics at the University of Chicago. Working Paper NO. 2020-143 https://bfi.uchicago.edu/wp-content/uploads/2020/10/BFI_WP_2020143.pdf
- Panchal, N., Kamal, R., Cox, C., Garfield, R., & Chidambaram, P. (2021, May 26). Mental health and substance use considerations among children during the COVID-19 pandemic. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/>
- YoungMinds (March 2020). Coronavirus: Impact on young people with mental health needs. https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf
- Duan, L., Shao, X., Wang, Y., Huang, Y., Miao, J., Yang, X., & Zhu, G. (2020). An investigation of mental health status of children and adolescents in China during the outbreak of COVID-19. *Journal of affective disorders*, 275, 112-118. <https://doi.org/10.1016/j.jad.2020.06.029>
- Spinelli, M., Lionetti, F., Pastore, M., & Fasolo, M. (2020). Parents' stress and children's psychological problems in families facing the COVID-19 outbreak in Italy. *Frontiers in Psychology* 11(1713). <https://doi.org/10.3389/fpsyg.2020.01713>
- Yeasmin, S., Banik, R., Hossain, S., Hossain, M. N., Mahumud, R., Salma, N., & Hossain, M. M. (2020). Impact of COVID-19 pandemic on the mental health of children in Bangladesh: A cross-sectional study. *Children and Youth Services Review*, 117, 105277. <https://doi.org/10.1016/j.childyouth.2020.105277>
- Westrupp, E., Bennett, C., Berkowitz, T. S., Youssef, G., Toumbourou, J., Tucker, R., Andrews, F., Evans, S., Teague, S., Karantzas, G., Melvin, G.A., Olsson, C., Macdonald, J., Greenwood, C., Mikocka-Walus, A., Hutchinson, D., Fuller-Tyszkiewicz, M., Stokes, M.A., Olive, L. ... Sciberras, E. (2020). Child, parent, and family mental health and functioning in Australia during COVID-19: Comparison to pre-pandemic data. <https://doi.org/10.31234/osf.io/ydrn9>
- Esposito, S., Giannitto, N., Squarcia, A., Neglia, C., Argentiero, A., Minichetti, P., Cotugno, N. & Principi, N. (2021). Development of Psychological Problems Among Adolescents During School Closures Because of the COVID-19 Lockdown Phase in Italy: A Cross-Sectional Survey. *Frontiers in Pediatrics*, 8:628072. <https://doi.org/10.3389/fped.2020.628072>
- Restrepo, A., Scheininger, T., Clucas, J., Alexander, L., Salum, G. A., Georgiades, K., Paksarian, D., Merikangas, K.R., & Milham, M.P. (2020). Problematic internet use in children and adolescents: associations with psychiatric disorders and impairment. *BMC Psychiatry* 20(252). <https://doi.org/10.1186/s12888-020-02640-x>
- Duan, L., Shao, X., Wang, Y., Huang, Y., Miao, J., Yang, X., & Zhu, G. (2020). An investigation of mental health status of children and adolescents in China during the outbreak of COVID-19. *Journal of affective disorders*, 275, 112-118. <https://doi.org/j.jad.2020.06.029>
- White, L.C., Law, J.K., Daniels, A.M., Toroney, J., Vernioia, B., Xiao, S., The SPARK Consortium, Feliciano, P., Chung, W.K. (2020). Brief Report: Impact of COVID-19 on individuals with ASD and their caregivers: A perspective from the SPARK cohort. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-020-04816-6>
- Bromet, E. J., & Havenaar, J. M. (2007). Psychological and perceived health effects of the Chernobyl disaster: a 20-year review. *Health Physics*, 93(5), 516-521. <https://doi.org/10.1097/O1.HP.0000279635.14108.02>
- Suzuki, Y., Yabe, H., Yasumura, S., Ohira, T., Niwa, S. I., Ohtsuru, A., Mashiko, H., Maeda, M., & Abe, M. (2015). Psychological distress and the perception of radiation risks: the Fukushima health management survey. *Bulletin of the World Health Organization*, 93, 598-605.
- Chemtob, C.M., Nomura, Y., & Abramovitz, R.A. (2008). Impact of conjoined exposure to the World Trade Center attacks and to other traumatic events on the behavioral problems of preschool children. *Pediatric Adolescent Medicine* 162(2) 126-133. <https://doi.org/10.1001/archpediatrics.2007.36>
- Eghigian, G. (2020). The Spanish flu pandemic and mental health: A historical perspective. *Psychiatric Times*, 37(5), 26.
- Czeisler, M.É, Lane, R.I., Petrosky, E., Wiley, J.F., Christensen, A., Njai, R., Weaver, M.D., Robbins, R., Facer-Childs, E.R, Barger, L.K., Czeisler, C.A., Howard, M.E., & Rajaratnam, S.M.W. (2020, August 14). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — United States, June 24–30, 2020. *Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report*, 69(32):1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>
- Office of the Surgeon General (OSG). (2021). Confronting health misinformation: The U.S. Surgeon General's advisory on building a healthy information environment. Washington (DC): U.S. Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf>
- Aknin, L. B., De Neve, J. E., Dunn, E. W., Fancourt, D., Goldberg, E., Helliwell, J., Jones, S.P., Karam, E., Layard, R., Lyubomirsky, S., Rzepa, A., Saxena, S., Thornton, E., VanderWeele, T., Whillans, A., Zaki, J., Caman, O.K., Ben Amor, Y. (2021, February 19). Mental health during the first year of the COVID-19 pandemic: A review and recommendations for moving forward. <https://doi.org/10.31234/osf.io/zw93g>
- Aknin, L., Zaki, J., & Dunn, E. (2021, July 4). The pandemic did not affect mental health the way you think. *The Atlantic*. <https://www.theatlantic.com/ideas/archive/2021/07/COVID-19-did-not-affect-mental-health-way-you-think/619354/>

29. The coronavirus health impact survey (CRISIS). (n.d.) <http://www.crisissurvey.org/>
30. Nikolaidis, A., Paksarian, D., Alexander, L., Derosa, J., Dunn, J., Nielson, D.M., Droney, I., Kang, M., Douka, I., Bromet, E., Milham, M., Stringaris, A., & Merikangas, K.R. The Coronavirus Health and Impact Survey (CRISIS) reveals reproducible correlates of pandemic-related mood states across the Atlantic. *Scientific Reports*, 11(8139). <https://doi.org/10.1038/s41598-021-87270-3>
31. Ibid.
32. Ibid.
33. Ibid.
34. Spagnola, M., & Fiese, B. (2007). Family routines and rituals. *Infants and Young Children* 20(4), 284-299. <https://doi.org/10.1097/01.IYC.0000290352.32170.5A>
35. Nikolaidis, A., DeRosa, J., Kass, M., Droney, I., Alexander, L., Di Martino, A., Bromet, E., Merikangas, K., Milham, M.P., & Paksarian, D. (2021). Heterogeneity in COVID-19 pandemic-induced lifestyle stressors predicts mental health in adults and children in the US and UK. medRxiv.
36. Whitney, D.G. & Peterson, M. (2019). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics*, 173(4), 389-391. <https://doi.org/10.1001/jamapediatrics.2018.5399>
37. American Academy of Child & Adolescent Psychiatry. Child and adolescent psychiatrists workforce maps by state. https://www.aacap.org/AACAP/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx
Retrieved July 14, 2020
38. Center on Poverty and Social Policy at Columbia University (2021, January 25). A poverty reduction analysis of the American Family Act. <https://static1.squarespace.com/static/5743308460b5e922a25a6dc7/t/600f2123fd-fa730101a4426a/1611604260458/Poverty-Reduction-Analysis-American-Family-Act-CPSP-2020.pdf>
39. Dorn, E., Hancock, B., Sarakatsannis, J., & Viruleg, E. (2021, July 27). COVID-19 and education: The lingering effects of unfinished learning. McKinsey & Company. <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-education-the-lin-gering-effects-of-unfinished-learning>
40. Aknin, L. B., De Neve, J. E., Dunn, E. W., Fancourt, D., Goldberg, E., Helliwell, J., Jones, S.P., Karam, E., Layard, R., Lyubomirsky, S., Rzepa, A., Saxena, S., Thornton, E., VanderWeele, T., Whillans, A., Zaki, J., Caman, O.K., Ben Amor, Y. (2021, February 19). Mental health during the first year of the COVID-19 pandemic: A review and recommendations for moving forward. <https://doi.org/10.31234/osf.io/zw93g>