



# The Effects of COVID-19 on Children, Youth and Families

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# The Effects of COVID-19 on Children, Youth, and Families Across Populations

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**Abstract:**

COVID-19 has had a devastating mental health effect on children and adolescents, who were, prior to the emergence of the Delta variant, largely spared the physical effects of the associated infection. However, more recent data has shown an increase in hospitalizations and the need for medical care while also demonstrating an increase in mental health conditions, including anxiety and depression. Poverty, low educational achievement and other social determinants have further complicated the lives of children and adolescents during this pandemic. The medical and mental health impact of COVID-19 has been more acute in Black, Latinx and Native American communities. The educational system, which serves as a safety net for many youth, has been severely impacted by the pandemic with many schools relying on technology and virtual attendance to educate youth. This has meant that many youth, especially minority youth, have experienced declines in school attendance as many do not have access to computers or broadband to allow them to fully participate. This has resulted in these youth falling three to five months behind academically. There is concern that many of these youth will never overcome these losses. Furthermore, school has been a safe haven. Youth were more likely to experience episodes of domestic violence and abuse without the support and reporting mechanisms that are available when teachers and other school personnel are interacting with youth on a daily basis. These losses place youth at risk for contact with other systems, including juvenile justice and child welfare. It is incumbent upon policymakers to provide adequate support and assist youth in navigating these difficult times.

**Highlights:**

- COVID-19 has significantly impacted children and adolescent physical and mental health.
- Black, Latinx and Native American youth have been disproportionately affected by the pandemic.
- Poverty and financial inequality have further exacerbated the effects of the pandemic among poor youth.

**Recommendations:**

1. School systems must think creatively to encourage ongoing learning over the summer. Initiatives might include expanding existing summer-school programs, working with agencies that run summer camps and youth programs so that they add academics to their activities, and enlisting corporations to identify and train volunteer tutors.
2. Health systems must engage with other systems (school, social welfare, and juvenile justice) to educate and encourage youth to engage in behaviors that will prevent COVID-19 infections, but also provide preventive measure to prevent or limit the effects of depression and anxiety.
3. Policymakers should advocate for full funding of social welfare programs for youth and families affected by the pandemic so that there will be an adequate safety net.

Past pandemics, such as the Influenza of 1918, 2009 H1N1 flu, and the 2014 Ebola virus were all associated with increases in depression and anxiety in the population.<sup>1</sup> Like these prior pandemics, COVID-19 has similarly been associated with increased depression and anxiety; however, these mental health issues have been further exacerbated by the social unrest that that has occurred concurrently.<sup>2</sup> In addition, COVID-19 has impacted people of color disproportionately. Infection case rates, hospitalizations, and death rates among Black, Latinx and Native Americans in the U.S. were two to five times higher than among the white population.<sup>3</sup> Further compounding the pandemic stressors among these minority groups are the well-publicized and distressing police murders resulting in emotionally charged national protests and a collective outcry against racism and inequality.

Children and adolescents, for the most part, have largely been spared from the physical consequences of COVID-19. Although the general population child infection and death rates from COVID-19 have remained low over the past year, early findings suggested that Black, Brown and Indigenous children and young adults represented an overwhelming number of the COVID-19-related deaths for those under the age of 21.<sup>4</sup> However, with each new variant, it appears that the medical risk to children and adolescents appear to be increasing.<sup>5</sup> This is especially true with the Delta variant that appears to have a higher rate of infectivity than prior variants.<sup>6</sup>

In addition to considering the physical impacts of the virus, much attention has been given to the mental and developmental concerns and risks related to the significant disruption to everyday lives of children and youth. Although pediatric emergency department visits have decreased overall during the pandemic, the number of pediatric emergency department-related visits for mental health concerns have increased.<sup>7</sup> These trends continue to be called out, with at least one state—Colorado—declaring the gaps in services for youth mental health a “state of emergency” within the overarching disaster of the pandemic.<sup>8</sup>

Many schools struggled to locate many of their students, and concerns about the increase in domestic violence, child trafficking and the health and well-being of America’s children and youth was voiced by many child advocates.<sup>9</sup> Psychological distress in families has hit unprecedented levels in the United States with 40% of adults struggling with mental health issues by June 2020 during the pandemic.<sup>10</sup> While the full impact on youth is unclear from the current literature, it has been suggested that there are likely long-term repercussions of COVID-19 on children and adolescents.<sup>11</sup> The degree to which youth are impacted will depend on vulnerability factors, such as developmental age, pre-existing mental health condition, and socioeconomic status, and other social determinants of health.

The demand for psychiatric acute care beds has also substantially increased.<sup>12</sup> Parents voiced concerns about the inability to provide educational support, limited internet access, the struggles to oversee the educational needs of multiple children on different grade levels and the noted changes in their children’s eating, sleeping patterns and behavior. In 2020, our children were more vulnerable than ever to the chronic stress in the home, the social isolation, involvement in, and awareness of the murders at the hands of the police to people of color, the social unrest and the lack of support, i.e. meals, provided in schools and communities.<sup>13</sup>

The abrupt closing of in-person instruction has, for many across the country, continued well into 2021, significantly hindering children’s social interactions and activities. The transition to online learning came with challenges for many, and the ability of students to effectively work remotely is proving to be

disproportionate across socio-demographic groups. Black youth **are more likely to be learning solely online** than their white counterparts,<sup>14</sup> which carries a host of immediate and long-term educational gaps and developmental consequences. Although the goals have been to return to in-person learning in the fall of 2021, there remains tremendous anxiety and uncertainty about this plan, especially with mask mandates and other precautions returning by summer of 2021 in the context of the spread of the Delta variant. The disruptions that have occurred by the time of this writing and that will likely continue to be experienced will undoubtedly impact the social, mental, and physical well-being of youth, adolescents and young adults for years to come.

## **COVID-19 Educational Disparities in Children and Youth**

The pandemic has negatively impacted school readiness and has resulted in educational gaps for all students. Youth from Black, Hispanic, and low-income communities have been negatively impacted more than white youth.<sup>15</sup> Many of these youth were already dealing with the loss of loved ones, increasingly difficult financial situations, and parental stress. These situations were worsened as the pandemic has continued. School shutdowns and transition to online learning presented challenges for students from many communities. The United States educational system was not designed to weather the effects of a pandemic such as extended closures, rapid changes in teaching methods with an increase reliance on technology.

When students started school in Fall 2020, on average, they were about three months behind in mathematics.<sup>16</sup> Students of color were about three to five months behind in learning; white students were about one to three months behind.<sup>17</sup> School districts, business leaders and others have suggested plans to address the educational gaps, which if not addressed will translate into wider achievement gaps.<sup>18</sup> Although all students are suffering in various ways, those who came into the pandemic with the fewest academic opportunities are on track to exit with the greatest learning loss.

Beyond access and quality of instruction, students must be in a physical and emotional state that enables them to learn. The COVID-19 pandemic has wreaked havoc on families, leaving many children in precarious and vulnerable situations. Feeding America notes that one in four children is at risk of hunger during the pandemic.<sup>19</sup> Efforts to assist in this area are notable, such as a grant program through the National Farm to School Network that stood as one example of targeting communities disproportionately impacted by COVID-19 and hunger to assist getting fresh food to children.<sup>20</sup> The number of children who are housing-insecure has risen as families struggle to pay rent.<sup>21</sup> Parental supervision and support may be more difficult in families in which both parents need to work outside the home, or in which the parents are English-language learners and cannot directly support their child's learning.

With the COVID-19 pandemic shutting down in-person classes and moving to a virtual learning system, families with children who have intellectual and developmental disabilities (IDD) also experienced a new set of challenges. According to the National Center for Education Statistics, about 14% of all US public school children aged 3-21 received special education services through the Individuals with Disabilities Education Act.<sup>22</sup> When schools closed, many families reported a decrease in services offered and some children stopped receiving services at all. In a study by Neece et.al where majority Latinx parents that

had a child with IDD were asked about their pandemic experience, 79.9% of families report that their child's services were decreased.<sup>23</sup>

In addition, many families who still received services virtually, just like other school age children, cited issues with the new model of education.<sup>24</sup> Virtual learning can be especially difficult for children who are vision or hearing impaired. Prior to the pandemic, students with specific learning disabilities often had specially trained instructors to create their individual education plans. With the sudden changes, parents had to take up the role of educators causing a great deal of stress and many worried that they were not able to meet their child's education needs in addition to balancing work and other responsibilities. This was especially amplified in single parent households and low-socioeconomic status families.<sup>25</sup> With the loss of their general support system and normal routines, many of these children began to display an increase in challenging and disruptive behaviors putting further stress on the child and their caretakers. In comparative studies, it was shown that parents of children with IDD were more likely to report increased problematic behavior and mood changes in their children than families with children without disabilities.<sup>26</sup> Families also reported that because their child needs were so great, there was significantly more worry about losing income and the care of their child if a caretaker were to get sick or pass away from COVID-19. With reopening after the lockdowns caused by COVID-19, additional work and planning will be needed to make sure these children and their families can transition back to in person classes in the safest and least stressful way. In doing so, it will be helpful for policymakers to learn from what went right and wrong during this pandemic to make sure in the future there are sufficient plans in place, as well as resources, to better support vulnerable families.

## **Covid-19 Health Disparities in Children and Youth**

Since the onset of the coronavirus pandemic, the nation's health inequalities have become even more glaring, with millions of Americans of color, Black and Latino in particular, experiencing more severe illness and death due to COVID-19 than white Americans.<sup>27</sup> Yet, relatively few children have died from COVID-19 overall. Only 0.26% of all COVID deaths and less than 1% of COVID hospitalizations are in youth less than 18 years.<sup>28</sup> However, children have begun to increase in numbers impacted, and by mid-year 2021, up 21% of new COVID-19 infections are reported in children. This number is likely to rise with the Delta variant growing in prominence in the United States by the summer of 2021 and with plans for school opening to in person learning in Fall 2021.<sup>29</sup> Furthermore, recent data from the Centers for Disease Control and Prevention (CDC) reveals that the same racial and ethnic disparities that have affected adults throughout the pandemic, also extend to children of color.<sup>30</sup>

When it comes to severe illness and deaths from the virus, as noted above, children of color bear a disproportionate burden. Several studies -- and the CDC's database -- reveal that among all children, Black and Hispanic children are more likely to die of the disease.<sup>31,32</sup> According to 2020 data provided by the CDC, overall at least 423 children and adolescents have died of COVID-19.<sup>33</sup> Latino and Black children currently represent approximately 65% of these deaths. Additionally, children of color are more likely to experience a severe COVID-related inflammatory illness, MIS-C. As of July 31, 2021, 4404 U.S. children have been diagnosed with MIS-C. This rare and extreme immune system response is linked to COVID-19, with 37 MIS-C pediatric deaths according to the C.D.C.<sup>34</sup> And at least 63% of reported MIS-C cases have occurred in children who are Hispanic or Latino or Black, non-Hispanic.

The impact of COVID-19 in pediatric populations mirror racial disparities in the adult population. The disproportionately high case rates in Black and Latino children largely reflect how the adults in their lives have been impacted. Affected families are more likely to include essential workers who have had to risk exposures in order to do their jobs. They are also more likely to live in multigenerational homes or more crowded conditions that make distancing or isolating difficult. Communities of color are more likely to experience barriers to high-quality health care and testing, or to face cultural or language challenges in having access to health care. Underlying chronic health conditions that occur in minority youths can adversely affect the course of COVID-19 infection as well.

## **Social Isolation and Social Media Effects**

The COVID 19 pandemic and the associated social isolation for extended periods of time have been linked to worsening mental health.<sup>35</sup> Increased loneliness in children and adolescents has been linked to future mental health problems like depression and social anxiety.<sup>36</sup> Additionally there has been a worsening of pre-existing conditions such as Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), and developmental disorders.<sup>37</sup> Much of the early data has caused concern among experts and practitioners that many of these symptoms may lead to chronic symptoms that will affect youth years after the pandemic. Despite the relative lack of data related to the pandemic, the child development literature has shown that prolonged isolation can have a negative effect on child and adolescent development.<sup>38</sup> Because peer interaction is such an important developmental factor, the lack of stimulation can lead to cognitive, emotional, and psychological changes in youth. Animal studies have shown that complete social isolation in adolescents resulted in structural changes in the brain and limited peer to peer contact within this developmental stage caused anxiety and reduction of growth in the hippocampus.<sup>39</sup> Behaviorally, animal models of social isolation have demonstrated resultant increased aggressiveness, decreased learning and attention, and increased anxiety and depressive symptoms. It is unknown how well the animal studies relate to human development, so more research is needed.

A study by Orben and colleagues demonstrated that social media has had both positive and negative influences on youth during this pandemic.<sup>40</sup> Technology, such as video chat, has been beneficial in maintaining social connectedness. The use of technology has allowed teens to connect with their peers with some remediation of the effects of social isolation. However, Guessoum, and colleagues have shown that social media, when used passively, can lead to more negative outcomes.<sup>41</sup> Increased reliance on technology places youth at risk for internet addiction, which has been linked to depression. The overuse of social media can also be detrimental as many of these youth are at risk of exposure to cyber bullying which has been shown to have a negative impact on mental health among youth.<sup>42</sup> Parents vigilance in monitoring the use of the internet, especially in young children, may better protect their safety and mental health. However, many parents, especially parents with limited economic means and social supports, may not be in a position to provide adequate supervision during periods when their younger children are online.



## **Juvenile Justice Youths and Adults impacted by COVID-19**

Individuals impacted by COVID-19 are from populations that have seen their healthcare vulnerabilities exacerbated during the COVID-19 pandemic.<sup>43</sup> Those who are incarcerated are among the most vulnerable groups as they frequently do not have the ability to physically distance themselves from others or take other precautions to protect themselves from COVID-19 infection. Until May 2021, youth in juvenile detention facilities did not have access to vaccinations to help prevent illness and spread of disease.<sup>44</sup>

Youth impacted by the juvenile justice system are an important, largely overlooked pediatric population that experienced many of the devastating consequences from COVID-19 that affected other poor and minority youth. COVID-19 among detained youth has been reported in 41 states and the District of Columbia. Cases among staff in juvenile detention facilities have been reported in 43 states and the District of Columbia.<sup>45</sup> Correctional facilities experienced high likelihood of COVID-19 outbreaks, and disproportionate risk for the 44,000 incarcerated youth, which includes 80% who have a mental health disorder.<sup>46</sup> Multiple correctional facilities became US epicenters for COVID-19. Incarcerated youth and youth in contact with adults living or working in corrections experienced heightened risk of contracting COVID-19.<sup>47</sup>

The majority of detained youth in the US are poor and from minority groups. They are more likely than white youth to be arrested as juveniles<sup>48</sup> and are five times more likely than white youth to be incarcerated in juvenile facilities.<sup>49</sup> The data on COVID-19 and juvenile justice is limited. Rovner has reported that there are at least 1,677 youth in juvenile facilities have tested positive for COVID-19; however, this number is likely higher.<sup>50</sup>

Although it can be easy to forget the plight of youth and adults who are disproportionately in custody, especially during the COVID-19 global crisis, doing so will also threaten the health and well-being of children and their families across the country and the world. Incarceration in the juvenile justice system subjects that youth to additional detrimental experiences, such as solitary confinement, that contribute to negative long-term outcomes.<sup>51</sup> The stress of being in a juvenile justice facility can be an isolating experience. This level of isolation is greatly exacerbated with COVID-19 and places youth at increased risk for negative mental health outcomes. Disruptions, including decreased educational opportunities, a lack of meaningful programming, no physical contact with family members or visits from professionals or their advocates due to the COVID-19 pandemic, can lead to increased loneliness, depression, and anxiety.<sup>52</sup>

## **Institutionalized Children and Youth during COVID-19**

The pandemic has resulted in closures of schools, decreased employment, and shuttering of faith-based organizations. Local school districts are reporting that there are an increased number of youth who have dropped out of school.<sup>53</sup> These factors have been associated with contact with the juvenile justice system.<sup>54</sup> The reciprocal links between school engagement, youth problem behaviors, and school dropout during adolescence.<sup>55</sup> The pandemic has caused detention facilities and residential placements to limit the number of youth in confinement care.<sup>56</sup> The pandemic paused the US school-to-prison pipeline: potential lessons learned.<sup>57</sup> While the number of youth that are in juvenile detention facilities or other

residential facilities has decreased during the pandemic, the evidence of disproportionate confinement of minority youth became more pronounced.<sup>58</sup>

Youth detention is frequently associated with negative outcomes; however more recent attempts to introduce trauma informed care into detention settings have promise in helping youth navigate the traumas that are antecedents to their detention.<sup>59</sup> Trauma informed childcare residential placements and hospitals often provide a safe space, while catering to the treatment, educational and basic needs of children and adolescents. Many of the youth that may have benefitted from being in a residential setting have remained in community settings where there is decreased treatment availability and safety net services as a result of the pandemic.<sup>60</sup>

For youth that have been detained during the pandemic, social distancing mandates were enacted and, non-resident staff and family members had to be kept off the premises during the height of the pandemic. The necessity of arranging additional quarantine space for those infected, the supervision of children under physical mandated distancing policies with limited staff aggravated the system of care needed to support the confined youth and address this crisis. This social isolation has understandably resulted in increased anxiety and depression in detained youth.<sup>61</sup>

Although much of the mental health continuum of care for youth is moving towards maintaining youth in their natural home environments, given the myriad of challenges facing youth, residential placements have also been in demand. As such, capacity building is needed to effectively manage the need for an array of mental health services to handle the crisis. Relaxing the eligibility for admissions to adequately address the crisis experienced by families and community members could offer another approach to providing access to needed supports.

## **Financial Inequalities Impacting Youth and their Families During COVID-19**

Loss in income, employment, and food security can have both direct and indirect negative effects on children. **Family instability**, such as that produced by sudden unemployment, can affect children's social-emotional, cognitive, and academic outcomes. Furthermore, children who experience **sustained poverty** are more likely to drop out of high school, have irregular employment, and experience poverty as adults.<sup>62</sup>

Families living in households where the rent or mortgage payment was late and where there was not enough food have struggled during this pandemic. At the national level, the Household Pulse Survey Phase 1 data (April 23, 2020-July 1, 2020) indicated that about 11.8 million children live in households that missed a mortgage or rent payment or sought a deferment, while roughly 3.9 million children were experiencing COVID-19 induced food shortages.<sup>63</sup> However, these groups include substantial overlap — nearly 1.3 million children live in households facing both food and housing types of insecurities.

In preparation of future pandemics, narrowing existing **equity gaps** is critical to ensuring a path to a more equitable future that promotes shared prosperity, health and well-being for all. There are policies and programs that point the way forward, both in the short and long term. In addition to the funds made available through the Coronavirus Aid, Relief, and Economic Security Act, Policymakers can also **consider** steps to reduce the pandemic's economic effects, such as increasing protection and pay for essential workers, supporting **efforts to stabilize renters**, improving **access to refinancing** for

homeowners, and establishing a **federal jobs program** to get people back to work and prevent extended periods of unemployment and food insecurity for those disproportionately impacted such as families of color.

## **Telemedicine, COVID-19 and Impact on Youth**

As recently as February 2020, before the current pandemic was declared, there was evidence supporting teen interest in and acceptance of receiving primary healthcare virtually. The work by Sequeira et. al suggests that many gender-diverse youth were open to using telehealth to receive gender-affirming care and were particularly interested in doing so for ongoing care (such as for laboratory monitoring and medication refills).<sup>64</sup> A potential benefit of virtual visits for children and adolescents includes the ability to avoid stigmatized reactions and receive confidential services without alerting caregivers because of travel needs.

As adolescents embrace the use of telemedicine during the COVID-19 pandemic, we must continue to work to ensure that care is available as widely as possible. This includes decreasing barriers to care including lack of broadband connectivity, lack of equipment, limited knowledge of the technology needed to connect, and lack of access to providers offering telemedicine. Ideas for future telemedicine uses include increasing school-based telehealth services, partnering with community agencies to help reach youth who are homeless or involved in the juvenile justice system. Focus on rural areas and provider shortage locations is critical to decreasing the inequalities of health care. One area of significant concern is the access to confidential services (reproductive health, contraception, mental health, addiction services, and medicine) that may be otherwise difficult to access.

Policy makers and funders should also consider how to develop care teams that incorporate telemedicine even though providers may work remotely, and team members may not in the same physical location. More research is needed on health care delivery to adolescents and young adults using technology-based solutions.

Guidelines must be developed on how to involve learners in care and teach the future adolescent health providers how to think creatively about solutions for reaching youth without compromising safety elements in care delivery, such as suicide risk assessment and management. One thing is certain moving forward, now that patients and providers have experienced digital technology for health care, school, and social connection, technological innovation in healthcare is here to stay and likely increase. Over time, specific methodologies and research analytics will help drive shifts in how telemedicine is delivered for continuous quality improvement.

### **Recommendations to strengthen youth and families in the context of COVID-19\***

1. Ensure that race and equity are primary considerations as policies are developed.
2. Ensure that physical and mental health is prioritized across all youth
3. Assist youth and families with economic stability and recognize its importance in emotional well-being
4. Advocate for equivalent and adequate funding for schools to meet the needs of all youth including those disproportionately impacted by the pandemic.

\*Adapted from recommendations by The Annie E. Casey Foundation

<https://www.aecf.org/blog/new-report-finds-many-families-with-children-are-depressed-uninsured-hungry>. December 14, 2020

Confidentiality will continue to be a cornerstone of adolescent visits. When using telemedicine, top priorities of the health care teams will include ensuring the virtual environment is established to be private as well as safe. This is particularly challenging when the youth is meeting with a provider or a care team from home, given the often-crowded living environment for youth of color and those in crowded urban settings with multi-generational families residing in small residential settings. In the office setting, family members and other caregivers are asked to leave the examination room, so the provider and adolescent can speak freely. This may not be feasible when providing care to a patient at home, so youth may need to be asked to move to a more private location (if available), use a headset, or use the chat feature of the video conference tool to obtain and share confidential information.

Screening for mental health may require providers to send documents via email or utilize an electronic health record ahead of scheduled encounters. This pre-visit screening necessitates the need for safety protocols to address acute concerns (such as suicidality or disclosed abuse) outside of the telemedicine encounter.

Despite challenges, providers saw patients using telemedicine during the pandemic<sup>65</sup> and there is growing evidence that telemedicine is feasible for providing care to youth for a variety of health concerns, including contraception, gender-affirming care, behavioral health, substance use, eating disorder treatment, and for continuing the clinical education of future leaders in adolescent health.

## **Conclusion**

More than one year after the death and trauma of so many who succumbed to COVID-19, where are we now and what must we do to ensure families, children and communities can move to a state of health and wellness? With the toll of Covid-19 hopefully soon more on our heels, how do we begin to address racial disparities among children, and families which could impact their health and well-being today as well as later in life? The pandemic's impact has yet to be fully realized as states continue to struggle to move beyond the crisis and as the virus continues to evolve. As stated earlier, pandemics of the past have always left many young people experiencing anxiety and depression and in need of services and supports. How do we meet the needs of those whose mental health challenges have been exasperated by the pandemic-- all while engaging families who have never received services for their children? Much has been realized with regard to priorities and needs, including: the need to improve the mental health care provided for children, adolescents and their families; the need to embrace a workforce of professionals to provide the continuity that children, especially children and adolescents struggling with anxiety, deserve; and last but not least, the need to build trust during numerous events of highly publicized racial injustices. Put simply, the COVID-19 pandemic has brought racial/ethnic disparities in health, education, the justice system, income, into plain sight, and this has been alarmingly apparent for adults, as well as for children. We can and we must improve the inequities that plague our country. Now more than ever silos need to fall, family's voices should be heard, and faith-based organizations need to be acknowledged and embraced as a resource to provide care in many communities of color, while local community leaders are more embraced and supported. We need systems of care and these systems must be energized to focus on youth who hold the promise of tomorrow.

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