



SPOTLIGHT ON

The “New Normal” and Life Beyond COVID-19

Executive Summary by the Evidence-Based Policy Institute

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Executive Summary

The COVID-19 pandemic has had a profound impact on the emotional wellbeing of children and families across the nation. Between April 2020 and June 2021, more than 140,000 children in the United States under the age of 18 lost a caregiver due to COVID-19.¹ That number has continued to increase and may now have reached as high as 175,000.² In addition to the loss of life, pandemic-related stressors such as social isolation due to extended stay-at-home orders and quarantine, family loss and separation, unhealthy coping strategies such as substance use, and caregiver stress and hardship have exacerbated existing behavioral health needs in children and families while introducing a host of new concerns.

The increased need for behavioral health supports and services is exemplified by the concerning rise in challenges such as anxiety, depression, suicidal ideation and eating disorders. The true extent of these conditions may not be fully known for some time, however, data spanning the pandemic's trajectory raises concerns. A global exploration of 80,000 youth showed depressive and anxiety symptoms doubled during the pandemic. One in four youth experienced depressive symptoms; one in five experienced anxiety symptoms.³ Nationally, behavioral health-related emergency room visits increased by 31% for youth ages 12-17 and 24% for those 5-11 in 2020 (compared 2019).⁴ Data from early 2021 show emergency department visits saw a 51% increase in suspected suicide attempts for adolescent girls and a 4% increase for adolescent boys over 2019 numbers.⁵ Older youth were similarly affected. A CDC study conducted in June 2020 found that 26% of transition-age youth 18-24 years old reported having "seriously considered suicide in the past 30 days."⁶

Unprecedented and rapid shifts to virtual or hybrid learning and a highly variable and inconsistent return to in-person schooling has raised concerns over academic achievement and social-emotional development during the pandemic.⁷ Similar shifts from in-person to virtual healthcare services combined with the increase in behavioral health needs introduced new barriers to accessing care. Before the pandemic, workforce shortages, geographic barriers, long

wait-times and limited availability of evidence-based care inhibited the ability of many families to access effective supports and services. All indications are that the COVID-19 pandemic has further exacerbated these barriers.

The health and wellbeing of children is directly tied to the health and wellbeing of their caregivers – both parents and primary caregivers as well as the professional child-serving workforce. According to one national study, 75% of parents reported they did not receive sufficient emotional support during the pandemic.⁸ In addition to the stress and strain families experienced during the COVID-19 pandemic, professionals in education and healthcare were also subjected to greater demands and expectations, resulting in many experiencing "burning out" and leaving the field at a time when demand is at an all-time high.⁹ A 2021 survey by the American Psychological Association found that 41% of psychologists reported being unable to meet patient demand for treatment; 46% of those surveyed reported feelings of burnout.¹⁰ An estimated 28% of teachers are more likely to consider retiring early or leaving the profession since the start of the pandemic. This includes one in five teachers with 10 years of experience or less.¹¹

While universally experienced, the pandemic has particularly impacted historically marginalized communities negatively. Black and Brown people have comprised a disproportionate share of hospitalizations and deaths from COVID-19. Xenophobia and racism have further contributed to stress in these communities, especially for Asian and Pacific Islanders who have experienced increased hate, aggression and unfounded blame for COVID-19.

Despite these challenges, there is reason to hope. In addition to widespread availability of vaccines, boosters, testing and other measures to minimize the spread of COVID-19 and its variants, an unprecedented amount of federal financial aid has been allocated to address the pandemic's impact on communities, increase vaccination rates and expand access to needed supports and services. Community-based responses have been similarly encouraging. Across the nation, teachers and healthcare providers have routinely gone above

¹ Caregiver is defined as parent, custodial grandparent, or grandparent caregiver who provided a child's home and basic needs; National Institutes of Health, 2021

² National Institutes of Health, 2021; Chatterjee & Wroth, 2021

³ Murthy, 2021; Racine, McArthur, Cooke, Eirich, Zhu & Madigan, 2021

⁴ Between the months of March and October; Leeb, et al., 2020.

⁵ Murthy, 2021

⁶ Czeisler et al., 2020

⁷ Flannery, 2020

⁸ Basu & Koenen, 2021

⁹ Flannery, 2020

¹⁰ American Psychological Association, 2021a

¹¹ Flannery, 2020

and beyond to support the children in their care and adapt to the “new normal.” The rapid switch to virtual health and education formats has opened doors for providing innovative care in the future. Video events, phone calls and socially distant activities have, in some cases, replaced typical social gatherings and allowed people to connect with friends and family despite the significant challenges brought on by the pandemic. Many families used the time at home to adopt positive, nurturing activities such as regularly shared meals and family game or movie nights.

While much progress has been made in recent months, the pandemic’s broader, longer-term impact on children’s emotional health and wellbeing cannot be overlooked. Additional steps are needed at the local, state and national levels to proactively address the profound psychological and emotional impact the pandemic has had on families and communities.

At the **policy level**, states would benefit from making significant investments to create and/or improve comprehensive systems of care designed to identify and address the behavioral health needs of children and families as quickly as possible. Given the influx of financial assistance and available funding, policy makers are advised to work together to ensure that all families have access to effective, evidence-based care to reduce behavioral health challenges and help children get back on a healthy developmental track. Additionally, state-level efforts must continue to build on existing initiatives to communicate the effectiveness of vaccination, boosters and other proven prevention and harm-reduction approaches and continue to work to increase their adoption.

At the **systems level**, states would benefit from supporting the health and wellbeing of the child-serving workforce, and building infrastructure for workforce development, training and quality improvement to enhance system capacity to deliver the highest quality care possible. Additionally, states would benefit from developing and implementing outcomes-monitoring strategies to ensure that services delivered are of the highest quality, culturally and linguistically responsive and are facilitating positive child and family outcomes.

At the **practice level**, communities and community-based service providers must focus on increasing access to high-quality care delivered in-person and through telehealth to families in need. This will likely include training and professional development to ensure that providers are offering the highest quality care possible, using interventions that are supported by evidence, strengths-based, culturally and linguistically appropriate and responsive to the strengths and needs of the specific family. Community-based organizations are also encouraged to attend to the health and wellbeing of their staff as well as the children and families they serve.



Recommendations

The following recommendations are intended to support state and local leaders as they work to promote positive outcomes for children and families at the policy, systems and practice levels. For a fully detailed list of recommendations, see the Evidence-Based Policy Institute's full report [*Spotlight On: The "New Normal" and Life Beyond COVID-19.*](#)

1. Sustain and expand comprehensive public awareness and education campaigns designed to promote the use of appropriate, proven prevention and harm-reduction strategies, especially COVID-19 vaccinations and boosters.
2. Foster positive outcomes for children by cultivating supportive, nurturing, loving environments – at home, at school, and in their communities - that identify behavioral health needs and connect children to effective care as quickly as possible.
3. Design and implement state-wide and community-level strategies to provide parents and other primary caregivers with the right tools and resources to take care of themselves and their children's emotional wellbeing.
4. Explore and ascertain the full impact of the COVID-19 pandemic on child-serving systems and develop and implement strategies to address the emotional health and wellbeing of child-serving professionals.
5. Utilize available COVID-relief funding to invest in state-wide systems of care built on effective, evidence-based practices.
6. Invest in research to explore and monitor the long-term impact of COVID-19 on children and families, including monitoring outcomes of children and families receiving behavioral health services and identifying effective strategies to be replicated (including examining telehealth).
7. Sustain COVID-19 data collection and reporting practices to ensure accurate and up-to-date information continues to be publicly available and is used to drive decision making at the policy, systems and practice levels.
8. Identify and implement equity- and inclusion-centered, community-driven strategies designed to support vulnerable communities and diverse populations, and to deconstruct pandemic-related racism and xenophobia that has led to anger and hostility toward specific communities.



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