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Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

COVID-19 and the Mental Health and Substance Use Crises

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Chairwoman DeLauro, Ranking Member Cole, and members of the Subcommittee, thank you for the opportunity to testify today regarding the mental health and substance use crises associated with the COVID-19 pandemic. My name is Dr. Lisa Amaya-Jackson and I am a child and adolescent psychiatrist and Co-Director of the UCLA-Duke University National Center for Child Traumatic Stress, the coordinating center for the National Child Traumatic Stress Network, also known as the NCTSN.

As you know, the NCTSN was created by Congress in 2000 to raise the standard of care and increase access to services for children and families in the U.S. who experience or witness traumatic events. This premier federally-funded child trauma initiative is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and includes 116 current grantees and nearly 200 active formerly funded centers and members working in hospitals, universities, and community-based programs in 43 states and the District of Columbia.

The COVID-19 pandemic has transformed our children's lives with dramatic changes in the way we work, attend school, and receive physical and mental health care. Americans living under the prolonged threat of danger associated with the pandemic, even in our own homes, have reported a range of emotional reactions, including anxiety, depression, grief, substance use, and thoughts of suicide. But the greatest burdens fall upon our most vulnerable, including communities of color, those with prior mental health conditions and trauma exposure, and other underserved populations.[i,ii] The pandemic has disrupted feelings of safety and protection for many children and caregivers, adding stressors such as death of a loved one, illness, intimate partner violence, child abuse, and poverty. For children who have experienced prior trauma, new pandemic-related loss and adversity can result in disturbed sleep, nightmares, outbursts, and school challenges, and can

lead to complex trauma and grief reactions. Many overburdened caregivers are struggling to buffer the effects of our children's suffering.

On behalf of the NCTSN, I would like to identify several pandemic-related stressors that we are observing around the country, highlight some of our NCTSN efforts to mitigate these issues, and offer priority recommendations for your consideration.

Pandemic-Related Stressors for Children, Families, and Systems

First, children and families are at increased risk for traumatic stress and loss. For example, families experiencing the death of loved ones may be unable to observe traditional mourning rituals. Some children are experiencing traumatic separation from caregivers due to virus exposure, illness, or employment in essential occupations. Families in quarantine may be at risk for increased conflict, especially with overcrowding, which is a stressor disproportionate for youth living in poverty. The economic strain of the pandemic also increases risk for substance use, neglect, and family violence.

Next, racial and ethnic minority families are impacted by the pandemic at disproportionate rates. COVID-19 compounds the impact of racial discrimination, stigma, and implicit bias. It has exacerbated systemic disparities in quality of, and access to, essential resources, including health care, education, technology, and other basic needs such as adequate food and housing. Communities of color comprise large proportions of the frontline, essential workforce and have experienced higher rates of hospitalization and death due to COVID-19.[iii] Limited access to culturally and linguistically responsive mental health care, fear of institutional bias and discrimination, and historical trauma create a troubling context for COVID-19 among many racial and ethnic minorities.

Third, our nation's schools are facing unprecedented challenges. School routines, milestones, and important aspects of social and emotional learning have been disrupted, with particular impact on students with special needs. Students who received trauma-informed, evidence-based, mental health services in schools may currently lack sufficient access to such supports. School disruptions make it more difficult to conduct health wellness checks, report suspected child maltreatment, identify students experiencing suicidal ideation, and connect students to services when needed. Further, many educators and school personnel are also in need of mental health support.

Finally, the pandemic has had an impact on child maltreatment risk and child welfare. While reports of child abuse decreased nationally early in the pandemic, child welfare and public health professionals fear abuse is increasing, given that children are sheltering in place where abuse may be occurring but not reported.[iv] Contact between children in placement and their families has been reduced or suspended; services to support parents seeking reunification have been disrupted; and non-emergency hearings have been postponed indefinitely, leaving many families in limbo.

NCTSN Response to the Traumatic Impact of COVID-19

The NCTSN's response to the traumatic impact of COVID-19 on children and families has focused on several important priorities. **First, we have been tracking the pandemic's impact on our NCTSN centers and providers**. The challenges of working remotely and managing economic stress, coupled with fear of illness, and death of loved ones all contribute to provider distress. In response, NCTSN experts have continued to focus on secondary traumatic stress, thus improving the health and resilience of the helping professionals in children's lives, across child-serving systems.

Next, we are bolstering NCTSN members' provision of trauma treatment, training, education, and other services to children, families, and providers. NCTSN members are finding new and innovative methods of using telehealth. Developers of evidence-based, trauma-focused treatments and interventions have been adapting their models for virtual delivery. NCTSN members have created virtual tools and protocols for conducting safety and wellness checks and assessing risk for suicide, substance use, violence, and abuse, in pediatric and community-based settings. Further, NCTSN members have adapted in-person trainings to virtual formats. Between April and July 2020, NCTSN members provided training to 278,461 contacts across child serving systems, and 93% of these trainings were virtual.[1]

Third, we are developing and disseminating trauma-informed COVID-19 specific resources and providing trauma-informed training and consultation to federal, state, and local partners as well as national organizations. Our NCTSN resources are designed to enhance the resourcefulness of parents, caregivers, educators, and child-serving personnel so that they are better prepared to help children meet the changing challenges during the pandemic. Use of our NCTSN.org website and our Learning Center for Child and Adolescent Trauma has increased considerably during this time, with the largest number of downloads, pageviews, and enrollments focused on our pandemic-related resources. Examples of our training and consultation partners from federal and national organizations include SAMHSA, the Office of Refugee Resettlement, the Office of the Assistant Secretary for Preparedness and Response, the School Superintendents Association, the National Children's Alliance, the Boys and Girls Club of America, and the American Academy of Pediatrics.

[1] Data related to NCTSN training contacts is provided by the NCTSN CoCap Quarterly Reports FY20Q3.

Finally, we are documenting lessons learned and practice innovations, including those that should be maintained throughout and post-pandemic. There will be a significant need for stress and trauma behavioral health services for children and families well beyond the formal end of the pandemic. Later this year, the NCTSN will launch an initiative that will bring together NCTSN experts and national stakeholders to further explore and define the impact of COVID-19 on children and families, identify key challenges for longer-term planning, and generate recommendations for agency leaders, child serving systems, and policymakers.

Child Trauma-Related Recommendations

While we await new evidence and data regarding the totality of mental health and substance use consequences of the pandemic, I will conclude by offering six recommendations for your consideration.

1. Ensure that children and families have resources to meet basic needs (e.g., food, housing, technology), which are essential for overall mental health, well-being, engagement, resilience, and prevention of violence.
2. Increase access to evidence-based, trauma-informed services for children and families experiencing mental health and substance use challenges resulting from the complex interplay between the COVID-19 pandemic and other national crises and disasters.
3. Support schools in developing and implementing trauma-informed programs and practices to address gaps in education, development, and mental health to assist children, parents, and school personnel throughout and post-pandemic.
4. Support essential child-serving systems, such as child welfare, juvenile justice, and the Unaccompanied Alien Children Program, in developing and implementing trauma-informed practices and policies throughout the pandemic and afterwards.

5. Support research to first understand the mental health, substance use, and traumatic stress consequences of the pandemic on children and families and then to identify effective treatments and interventions that are developmentally and culturally responsive.
6. Prioritize the needs of at-risk and vulnerable communities of children and families, including racial and ethnic minorities; individuals with disabilities; immigrants, refugees, and English Learners; LGBTQ persons; and those living in poverty.

Conclusion

On behalf of the UCLA-Duke University National Center for Child Traumatic Stress and the NCTSN, I would like to thank the Subcommittee for your longstanding and continued commitment to the needs of children and families who have experienced or witnessed trauma. As the primary child trauma initiative in the U.S., the NCTSN stands ready to assist our children and families, child-serving providers and systems, and policymakers as we all work together to address the mental health and substance use crises associated with the pandemic.

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[i] Holman, A.E., Thompson, R.R., Garfin, D.R., & Silver, R.C. (2020). The unfolding COVID-19 pandemic: A probability-based, nationally representative study of mental health in the US. *Science Advances, 6(*42). https://doi.org/10.1126/sciadv.abd5390

[ii] Osofsky, J.D., Osofsky, H.J., & Mamon, L.Y. (2020). Psychological and social impact of COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy, 12(*5), 468-469. http://dx.doi.org/10.1037/tra0000656

[iii] Centers for Disease Control and Prevention. (2021, February 12). Covid-19 in racial and ethnic minority groups. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html

[iv] Campbell, M.A. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports, Volume 2*, 2020, 100089. https://doi.org/10.1016/j.fsir.2020.100089.