The Long Haul: Pandemic Intensifies Youth Mental Health Crisis

WILLIAM D. BINDER, MD

Like many parents, our children were affected by the stressors associated with the pandemic. In early 2020 we were excited for the highs of girl's lacrosse and the final term of high school. Instead, my daughter wallowed in the lows associated with online education and diminished social interaction with peers. Our third-year college student returned home to a life he wasn't prepared to live. My wife and I continued to see patients in our respective fields, but as March faded into April, then May, and then the summer, we saw our children's adventurous spirits decay into pessimism and hopelessness.

Fortunately, my children have been resilient, and we have been lucky thus far. However, for many children and adolescents, the pandemic exacerbated a crisis a long time in the making. Prior to the pandemic, according to CDC data, about 20% of children were noted to have a mental health disorder, yet only 20% of these received care from a mental health provider.[1]

It is no surprise that waiting lists to see a therapist are long. Only about 4% of US psychologists are child and adolescent clinicians, and school psychologists are also in short supply. Disparities in care are evident as well. Students with marginal socioeconomic backgrounds often have lower rates of counselors and school psychologists in their systems.[1] The pandemic has been an accelerant. As Walters et al note in a special focus section in May on suicidal behavior in children and adolescents in the *Rhode Island Medical Journal* (RIMJ), psychiatric emergency department visits have risen about 25% since the start of the pandemic.[2] Adults have not been spared either. From January to June 2019, about 10% of adults reported symptoms of anxiety and depressive symptoms. By January 2021, up to 40% of adults had symptoms of anxiety and/or depression.[3]

While it may be convenient to cherry-pick data, the national trends correlate with personal experience. My wife, a pediatrician in the region, increasingly manages psychoactive medications for her growing panel of depressed and anxious patients. Patients with mental health needs routinely board for days in our emergency departments. Bed availability for patients requiring acute psychiatric care are in short supply in Rhode Island and in our region. During a recent trip to a hospital in western Massachusetts, I was stunned to learn that an adolescent had been in the psychiatric wing of the emergency department for 40 days, as the health system looked for a scarce inpatient adolescent psychiatric bed. Worse yet, he had not been outside during this time – there was no staff to allow him to walk the hospital grounds or exercise.

In addition, substance abuse by adults and children, a chronic problem in Rhode Island, has only worsened. During a recent ED shift, over 50% of my patients were there due to either substance abuse or mental health issues, including both suicidal ideation and gestures. Recent articles in The Providence Journal and The New York Times underscore the local and national scale of our mental health crisis.[4,5]

Numerous variables, including social media's deleterious impact, increased screening and diagnosis, and changing behaviors such as decreased sleep and exercise, have all likely contributed to rising levels of anxiety and depression in adolescents. Yet, as the Times reported, the physical threat from the crisis has changed.[5] Among adolescents and young adults, suicide is the second most common cause of death in the US, with rates rising steadily since the turn of the century.[6] While overall rates of suicide declined in 2020, suicide increased in adolescent males and females nationwide.[7]

We are fortunate in Rhode Island to have strong training programs in clinical psychology and psychiatry, but it is apparent that the state needs to take a multifaceted approach to easing the crisis in mental health. In the short term, we need more inpatient beds, therapists, increased federal and state funding, and improved reimbursement from insurance companies to help alleviate this immediate problem. In the longer term, solutions are undoubtedly more complex. However, it is not a reach to suggest that our state needs to invest in schools with innovative programs in order to meet the intellectual, social/emotional, and physical needs of children as they grow and navigate adolescence. The May issue of RIMJ published a Declaration of Emergency prepared by The American Academy of Pediatrics, Rhode Island Chapter (RIAAP); the Rhode Island Council of Child and Adolescent Psychiatry (RICCAP), Hasbro Children's Hospital, and Bradley Hospital, which offers comprehensive action steps to address this crisis.[8] If we continue to merely react to this catastrophe, we will perpetuate a multigenerational calamity.

References

1. Abramson A. Children's mental health is in crisis. American Psychological Association. January 1, 2022; 53(1):69. https://www.apa.org/monitor/2022/01/special-childrens-mental-health
2. Walters AS, Wolff J. Suicidal Behavior in Children and Adolescents: A Special Edition of the *Rhode Island Medical Journal*. RI Med J (2013) 2022 May 2;105(4):7-8. PMID: 35476728.
3. Panchal N, Kamal R, Cox C, Garfield R. The Implications of COVID-19 for Mental Health and Substance Use. KFF.Feb 10, 2021. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use
4. Brindle A, Bassen D. We must address the mental-health emergency impacting RI's youth. Providence Journal. April 18, 2022.
5. Richtel M. It's Life or Death: The Mental Health Crisis Among US Teens. New York Times. April 23, 2022.
6. Hedegaard H, Curtin SC, Warner M. Suicide Mortality in the United States, 1999-2019 NCHS Data Brief. 2021; 398. https://www.cdc.gov/nchs/data/databriefs/db398-H.pdf
7. Curtin SC, Hedegaard H, Ahmad FB. Provisional Numbers and Rates of Suicide by Month and Demographic Characteristics: United States, 2020. NCHS. Vital Statistics Rapid Release. November 2021, Report No. 16. https://www.cdc.gov/nchs/data/vsrr/VSRR016.pdf
8. Declaration of a Rhode Island State of Emergency in Child and Adolescent Mental Health. R I Med J (2013). 2022 May 2;105(4):74.PMID: 35476743.

Author

William D. Binder, MD, Associate Professor of Emergency Medicine, The Warren Alpert Medical School of Brown University; Editor-in-Chief, *Rhode Island Medical Journal*.

Correspondence

William_binder@brown.edu