

Editorial: *The gathering storm*: a US perspective on the scientific response to the COVID-19 child and adolescent mental health crisis

It has been nearly 2 years since the COVID-19 global pandemic exerted its grip on humankind. It is hard to overestimate the impact that the SARS-CoV-2 virus has had on global public health, as well as the staggering economic and social costs that have been incurred as a result of mitigation strategies across local, regional, and national governments.

It has been acknowledged since early in the pandemic that the mental health consequences of COVID-19 are likely to be profound. In fact, at a policy level, this anticipation arguably led to a number of important and swiftly enacted changes to help promote the provision of care in response to new mental and behavioral health challenges. For example, within days of the declaration of a national emergency in the United States in March 2020, unprecedented modifications were made by payor groups (i.e. the insurance entities that largely pay for healthcare in the United States), including the *Centers for Medicare and Medicaid Services*, to facilitate the provision of virtual care for patients who were being advised to not leave their homes. More specific to mental health, The *US Food & Drug Administration* issued guidance during April 2020 to ‘...help expand the availability of digital health therapeutic devices for psychiatric disorders to facilitate consumer and patient use while reducing user and healthcare provider contact and potential exposure to COVID-19...’ (US Food and Drug Administration, 2020) during the pandemic.

Perhaps recognizing the need for targeted action across stakeholders, there have been two announcements issued in recent months in the United States from influential entities. *The American Academy of Child and Adolescent Psychiatry* (AACAP), *The American Academy of Pediatrics* (AAP) and *The Children’s Hospital Association* (CHA) jointly issued a *Declaration of a National Emergency in Child and Adolescent Mental Health* in October 2021 (American Academy of Pediatrics, American Academy of Child, and Adolescent Psychiatry (AACAP), & Children’s Hospital Association, 2021). This declaration called on policymakers and advocates for children and adolescents to coalesce around 10 key action items. These points are largely focused on funding priorities, promoting delivery models that increase access to care, and ensuring policy to enforce equitable provision of services and adherence to mental health parity laws.

More recently, in early December 2021, the *US Surgeon General*, Dr. Vivek Murthy, issued an

advisory entitled ‘*Protecting Youth Mental Health*’ (US Surgeon General, 2021) that set out a broad agenda for how different stakeholders should work together to address the growing mental health crisis. These stakeholders included family members and individuals, educators, health care organizations, media organizations, video game and other technology companies, community agencies, funders and foundations, employers, and government agencies. Though not focused exclusively on the effects of the COVID-19 pandemic on youth mental health, this report highlights the complex ways that biological, social, and technological factors interact to place the mental health of children and adolescents in greater peril than before the pandemic.

It is notable that both documents highlight the importance of taking an evidence-based approach to handling what each expect to be a surge in pandemic-related youth mental health problems in the coming years even after

the pandemic ends—providing some key themes around which clinical scientists can rally. Both recognize that in order to be optimally prepared to address mental health challenges in our youth that arise during the pandemic, it is critical to establish a solid foundation of methodologically rigorous evidence to guide policy and practice. Already, of course, there have been hundreds of publications documenting and dissecting the mental health impact of the pandemic. A meta-analysis of 29 studies and more than 80,000 youth worldwide reported that 25% of the world’s youth are experiencing depressive symptoms and ~20% are experiencing anxiety symptoms during the pandemic. These estimates are roughly double similar assessments made prior to the pandemic and, importantly, higher rates have been reported in studies assessing functioning later in the pandemic (Racine, 2021). These trends during COVID are observed against the backdrop of already increasing rates of mental health problems prior to the pandemic. It is important to note that it is challenging to identify specific

The issuance of this declaration and advisory represent an important signal of how seriously the US authorities are taking the negative impact of the pandemic on the collective mental health of children and adolescents up to this time but also as we move forward into the post pandemic period.

mechanisms underlying changes in mental health burden in the context of observational studies. There are a number of ways that the COVID-19 pandemic could be adversely affecting the mental health of our youth. There is evidence that infection itself can increase subsequent rates of mental health disorders, though this pathway may be less likely for youth, who were far less likely to be infected or become seriously ill (Taquet, 2021). More plausibly, the effects of social isolation and mitigation strategies can also be considered to be risk factors via a range of mechanisms, even in uninfected individuals (Sonuga-Barke & Fearon, 2021).

Within the pages of *JCPP*, there have been dozens of articles or editorial perspectives published addressing various pandemic-related issues. Here, I highlight some of the more recent ones.

Several recent articles and commentaries within the pages of *JCPP* have direct relevance to addressing the specific calls to research action by the US academies and the US Surgeon General's advisory. The first relates to improving mental health data collection and integration. This theme is highlighted in Solmi, Cortese, and Correll (2022), who succinctly delineate a number of key limitations to conducting research on the effects of COVID-19 on child mental health focusing on key challenges to reliable data capture and propose a solution to help address them. They describe an international collaborative effort to address many of these limitations in the form of an anonymous online data collection platform for youth and their families—the Collaborative Outcomes Study on Health and Functioning during Infection Times (COH-FIT; www.coh-fit.com). Their web-based solution is a step in the right direction to gather information in a consistent and representative manner to characterize the mental health and other related outcomes of children and families during the pandemic. Additional work that seeks to harmonize disparate data sources that could provide insights into patterns of functioning should also be undertaken and encouraged.

Additionally, Fosco (2022) examined the critically important question of whether pre-existing family vulnerability versus pandemic-related familial disruption contributed more to child maladjustment. They found that disruption to family dynamics were more strongly associated, a finding that provides actionable solutions for how best to mitigate the negative effects of the pandemic on family functioning.

Another important goal highlighted in both the Surgeon General's and AACAP/AAP/CHA reports that has been explored in the pages of *JCPP* (Kollins, 2021) is that of ensuring equitable provision of services to traditionally underserved populations. We must be vigilant to ensure that research that enhances the quality and efficiency of data collection, or that evaluates novel tech-enabled tools is

sensitive to patient factors that may bias outcomes in unintended ways.

In the August 2021 issue of *JCPP*, Asarnow and Chung provided a clear summary of what had been learned from published literature about youth suicide and suicidal behavior to that point. They noted that actual suicide rates showed little changes in the early months of the pandemic, especially for youth; though there were increases in suicidal ideation and ED visits, as well as drug overdoses through the latter half of 2020. Moreover, racial and ethnic minorities bore a disproportionate brunt of the COVID impact on suicide-related outcomes (Asarnow & Chung, 2021).

Another central theme of the AACAP/AAP/CHA report was to improve access to appropriate care. The demand for evidence-based mental health services is likely to increase and we must validate and disseminate tools to promote better access to these services. There has been an explosion in the number of technology-enabled tools with the potential to address this need, from digitally-based treatments (see Cervin and Lundgren (2022) for a review of such approaches for pediatric anxiety disorders) to novel platforms for virtual mental health care delivery. It is essential that future research uses high quality randomized controlled trials to critically evaluate these tools to ensure that stakeholders can be confident that these attempts to promote increased access also provide effective and well-tolerated services.

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