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Structural Inequities and the Impact of COVID-19 on Latinx Children: Implications for Child and Adolescent Mental Health Practice

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In the United States, the Latinx community (Latinx is a gender-neutral term to describe any person of Latin American descent or heritage) is a heterogeneous population with diverse cultural origins, different migratory experiences, and different socioeconomic and educational realities. The disruptions to daily life and the associated stresses of the 2019 novel coronavirus disease (COVID-19) pandemic have been perhaps most acutely felt by Black and Latinx children from low-income families, including first-generation and undocumented immigrants.¹ Structural inequities, such as the lack of employer-sponsored insurance in the service and retail industries; barriers to applying for public benefits, even for those who qualify; chronic poverty; and the lack of linguistically and culturally effective services have contributed to the disproportionate impact. In this article, the authors consider how structural inequities have rendered Latinx children particularly vulnerable to the devastating physical and psychological effects of the pandemic, identify risk and protective factors that are related to mental health outcomes, and recommend ways in which child and adolescent psychiatrists can respond to the escalating needs.

More Latinx children are living in poverty (6.1 million) than any other group of children in the United States.² It is anticipated that the economic fallout of the pandemic will soon cause peaks of unemployment, with rates for Blacks and Latinx expected to be as high as 31%.³ With little safety-net supports in place for immigrants, especially undocumented people, members of these populations and those living in poverty are rendered at a higher risk for stress-related mental illness and substance abuse problems during the COVID-19 pandemic.

Latinx constitute approximately 18% of the US population, yet make up one third of all COVID-19 cases, nearly twice the percentage of cases compared with other ethnic

groups.⁴ Additionally, Latinx younger than 17 years of age represent 52.4% of cases, the highest percentages of COVID-19 for all ethnic groups among children.⁴ Pregnant Latinx and Black women are 5 times more likely to be exposed to COVID-19 than non-Latinx White and Asian women,⁵ which raises concerns as to the sequelae of COVID-19 on future generations of Latinx children. Hospitalization rates for COVID-19 among Latinx have been 4.7 times higher than the general population, and Latinx and African Americans are now twice as likely to die of COVID-19 than non-Latinx Whites.⁴ Disproportionate rates of death combined with escalating anxiety and depression have resulted in increased mental health needs and acuity among Latinx children.⁶

VIGNETTE 1

Hector is 16-year-old boy of Puerto Rican descent with a history of depression who receives psychotherapy without medications. He was taken to the pediatric emergency department after he intentionally ingested an overdose of pills. On investigating the reasons for his suicide attempt, his sister reported that Hector sent her a text an hour before the event stating, "I will kill myself and things will be better off ... I can't stand seeing so many people dying" His father added that one of the boy's friends had died of COVID-19 the week before and that he was already mourning the death of another family friend. His mother had been visibly distraught and withdrawn but had no mental health supports. When asked why he attempted suicide, Hector stated, "I can't tolerate so many of my friends dying."

This clinical situation illustrates how the cumulative emotional losses, experienced in rapid succession, overwhelmed the coping capacities of an already vulnerable adolescent.

VIGNETTE 2

Rosa is a 17-year-old girl with no prior psychiatric history; her parents are undocumented immigrants from Mexico. Her father was quarantined from his job owing to COVID-19 symptoms and did not qualify for unemployment support because of his immigration status. He became withdrawn, depressed, and dismayed owing to not being able to provide for his family. Rosa feared he was going to die. The school counselor identified Rosa as depressed and referred her to a pediatrician, who discovered that she was thinking about killing herself by overdosing with her parents' medications. She shared that she felt she was a burden to her parents.

Rosa's circumstances illustrate how her perception of her family's helplessness and distress led to feelings of guilt and depression. These public health and economic inequities that affect her undocumented family have been exacerbated during the pandemic.

A recent study by the US Centers for Disease Control and Prevention showed that in June 2020, 35.5% of Latinx adult respondents met survey criteria for anxiety disorders, 31.3% for depressive disorders, and 35.1% for COVID-19 trauma- and stress-related disorders. Also, 21.9% started using substances to cope with pandemic-related stress and emotions, 18.6% seriously considered suicide in the last 30 days, and 52.1% had more than one adverse mental health or conduct-related symptom.⁷ These statistics were found to be 40%–135% higher for Latinx than for non-Latinx Whites. Before the pandemic, Latinx families were more likely to work in low-wage service jobs, such as in the service industry and food production. Most of these jobs were declared by the government as essential work, creating situations of increased risk of exposure to COVID-19. Immigrant and Latinx families often live in multigenerational, highly congregate households that make social distancing difficult and increase the risk for transmission. Many undocumented Latinx are not provided with appropriate protective equipment and are not eligible for government relief benefits—all while facing increasing xenophobia and discrimination. Latinx who have continued to work during the pandemic have had to rely on relatives for child care, the separation increasing both the child's risk of exposure to COVID-19 and anxiety about parental exposure.

Economic downturns also negatively impact the ability of child-serving systems' (ie, schools, pediatric services, child welfare) to support children.⁸ Black and Latinx children are overrepresented in foster care and are at increased risk of being undersupported during the pandemic.

VIGNETTE 3

Maria is a 6-year-old Latinx girl in foster care. Her foster parents are immigrants from Latin America. Maria received psychotherapy and pharmacologic treatment for post-traumatic stress disorder and symptoms of behavior dysregulation caused by severe trauma and neglect in her first years of life. During the COVID-19 pandemic, Maria exhibited increased behavioral dysregulation in the context of disrupted predictability in her environment, including not being able to physically meet with her biological family, psychiatrist, and therapist or attend school. Maria was able to see her therapist and psychiatrist through video visits. However, the equipment used for telehealth visits and Wi-Fi in her foster home were unreliable, and her foster parents needed support in using the technology.

This clinical situation illustrates how children in foster care or in other out-of-home placements experience disruptions in their connections with family, natural supports, and providers when in-person visits and contacts are interrupted and further exacerbated by the telehealth technology chasm faced by Latinx and immigrant families.⁷ Community-based organizations that serve as culturally appropriate and socially responsive support networks for Latinx communities are also stretched during the pandemic.

The Latinx population possesses important protective values, including religiosity, spirituality, and *familismo*—strong family loyalty, closeness, and interdependence of the nuclear and extended family and kinship networks. These values promote psychological coping, sharing in child care, sharing finances and shelter with family members in need, and affiliation to community-based and faith-based organizations.⁷ These values and practices can be protective against suicide and other mental health risks, but can also be overwhelmed in times of severe distress as has been experienced during the COVID-19 pandemic.⁹

HOW CAN CHILD AND ADOLESCENT PSYCHIATRISTS HELP?

Child and adolescent psychiatrists need to provide evidence-based, culturally responsive treatment for Latinx children and address structural inequities as part of their clinical practice, research, teaching, advocacy, and collaborative leadership. From a family-centered approach, child and adolescent psychiatrists can proactively evaluate and address the mental health needs of overstressed families and identify any increased risk for suicide, domestic violence, and child maltreatment and practice cross-cultural competence, humility, and awareness of one's own personal biases¹⁰ by recognizing cultural barriers to mental health care access and engagement (eg, stigma, explanatory models, fears of discrimination, immigration

status). From a systems of care perspective, child and adolescent psychiatrists can do the following:

1. Link families to resources to address food and housing insecurity, unemployment support, and immigration needs.
2. Work collaboratively with schools and pediatricians to identify and address the multiple needs of children and adolescents with disabilities, trauma, and preexisting mental health conditions and who are of migrant background and low socioeconomic status. This may include increasing mental health consultation, even if virtually, in primary care and, for community-based organizations, offering case management and family navigation for access to child behavioral services.
3. Address the technology chasm by partnering with health care, child welfare, and other community organizations and local leadership to advocate for and ensure families have access to teleservices/technology.
4. Advocate for public benefits and culturally appropriate and accessible mental health services for children and families regardless of their immigration status.

Millions of Latinx children are living in poverty. Their future is now further threatened by the COVID-19 pandemic. The current crisis is calling on child and adolescent psychiatrists to think and act outside of the box by addressing the mental health consequences of inequities working across systems and with specific emphasis on culturally responsive and trauma-informed care now and into the future.

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