

Protecting our Children's Well-Being During Covid-19:

Recommendations for Supporting Children and Families Who Have Experienced Trauma and Stress During the Pandemic

A Report of the Childhood Trauma Task Force

JUNE 2020

<https://www.mass.gov/lists/childhood-trauma-task-force-cttf>

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The Childhood Trauma Task Force is a Committee of the Juvenile Justice Policy and Data Board.

¹Michael Glennon and Sarah Gottlieb of the Suffolk County District Attorney’s Office have participated in the work of the CTTF, as an interim MDAA representative during the period over which this report was compiled.

EXECUTIVE SUMMARY

The Childhood Trauma Task Force (CTTF) was established by *An Act Relative to Criminal Justice Reform* (2018). The CTTF was tasked by the Legislature with determining how the Commonwealth can better identify and provide services to children who have experienced trauma, with the goal of preventing future juvenile justice system involvement.

The following findings and recommendations, which build on the findings and recommendations from the group's December 2019 report ([“Next Steps for Addressing Childhood Trauma: Becoming a Trauma-Informed and Responsive Commonwealth”](#)), are the result of the CTTF's research on post-disaster trauma and analysis of the Commonwealth's capacity to meet children's mental health needs during the Covid-19 pandemic.

Finding #1: During this Pandemic, Stressors Could Lead to Increase in Childhood Traumas

During this Covid-19 pandemic, many children are living through traumatic and stressful experiences that may have a significant, long-term impact on their mental health, including:

- Potential increase in experiencing or witnessing emotional, physical, or sexual abuse/neglect or other traumatic incidents in the home, such as opioid overdoses
- Death of loved ones and community members due to Covid-19
- Sudden increase in economic insecurity, including food scarcity and homelessness
- Social isolation, disintegration of support networks, and restrictions on practicing developmentally appropriate skills (e.g. playing with other children, sharing toys)
- Experiencing or witnessing discrimination/hate crimes, which has been further highlighted by the recent protests regarding racial equity and police violence

This is compounded by the reality that, as families isolate at home, abuse may be going undetected, leaving children in vulnerable situations for longer than they otherwise would have been. One potentially concerning indicator of this is a ~50% drop in child abuse and neglect reports from mandated reporters (i.e. teachers, pediatricians, etc.) since the start of the stay-at-home advisory.²

Additionally, children's specific circumstances will affect how they cope with the situation and the type of intervention they will need. Previous history of trauma, different types and length of trauma experienced, the type of support available to families and communities, as well as myriad special circumstances means there is no “one-size-fits-all solution” and a wide variety of supports and interventions will be needed to help respond to the impact Covid-related trauma has on children and families.

Finding #2: Under-Resourced Communities Will Require Targeted Support

Although every child in the Commonwealth is impacted in some way by Covid-19, some

² Betancourt, S. (2020, May 21). Big drop in child abuse reports is cause for concern. *Commonwealth Magazine*. <https://commonwealthmagazine.org/education/big-drop-in-child-abuse-reports-is-cause-for-concern/>

communities – primarily lower-income communities and communities with a high percentage of the population that are people of color – have been harder hit than others. This is due in part to the fact that many of our essential workers come from these communities. Environmental inequities, such as poor air quality, overcrowded housing or homelessness, which disproportionately affect people of color in Massachusetts, are also thought to contribute to the high rates of Covid-19 in these communities.³

Existing racial, ethnic, and income disparities in our state are being further exacerbated by this pandemic, and the current pandemic-related trauma is compounding the high levels of trauma many children and families in these communities were already experiencing. For example, children living in communities that have experienced significant trauma pre-Covid-19 (such as communities highly impacted by the opioid crisis, high rates of crime, or who have large immigrant and refugee populations) are at a heightened risk of experiencing cumulative and complex trauma.

Of note, research shows that socioeconomic status, race, and ethnicity are predictors of vulnerability in disaster situations. Post-disaster research has consistently demonstrated that systemic inequities in mental health support as well as logistical barriers (such as access to reliable transportation and child care) leave children of color and of lower socioeconomic status more vulnerable to the effects of trauma.

Finding #3: Impact of Covid-Related Trauma Will Have Serious Consequences for Children

Disasters and mass trauma can have important and long-lasting consequences for children, who are especially vulnerable because of their limited coping skills and dependence on social supports. In the wake of the Covid-19 outbreak, we can expect an increase in children’s behavioral and mental health issues as well as lower academic performance—all of which could last well beyond this pandemic.

Finding #4: Our Current Behavioral Health System Cannot Adequately Meet the Needs of Children During This Crisis

While Covid-19 will exert new pressures on Massachusetts’ child behavioral health system, this system has faced resource shortages, difficulties meeting child behavioral health needs, and other challenges prior to the Covid-19 outbreak. Both the Legislature and the Baker-Polito Administration have prioritized increasing access to mental health and addiction services across the Commonwealth – yet despite these efforts, barriers persist, including long delays in receiving services, high out-of-pocket costs, a scarcity of child mental health providers accepting MassHealth, limited access to emergency pediatric behavioral health programs, and limited availability of providers with the cultural competency and/or language skills needed to serve immigrant communities and other communities of color.

³ Bagley, K. (2020, May 7). Connecting the dots between environmental injustice and the Coronavirus. Yale Environment 360. <https://e360.yale.edu/features/connecting-the-dots-between-environmental-injustice-and-the-coronavirus>

Finding #5: Technology-Based Resources Hold the Potential to Overcome Many (But Not All) Barriers to Mental Health Services – If Allocated Equitably

The use of telemedicine, which has increased substantially since the beginning of the outbreak, has enabled many children to receive the mental health support they need during Covid-19. Of note, there are some indications that telehealth has increased families' access to linguistically and culturally diverse providers. Nevertheless, if we are not mindful of already existing barriers, such as the state's "digital divide," telehealth could also increase inequalities of access, especially for children in rural areas, low-income households, and non-English speaking families.

Finding #6: Caring Adults in Regular Contact with Children are Key to Recovery

Given the current gaps in mental health services available to children, it is especially important that parents, caregivers, and individuals working directly with children (e.g. staff at child care centers, schools, and congregate care facilities) have the capacity, skills, and support to foster children's healing and posttraumatic growth. Adults whose physical, mental, and emotional needs are tended to are in a better position to help children cope and recover, so it is necessary to prioritize their economic support systems and mental health needs as well.

Finding #7: There Are Many Existing Initiatives and Intervention Models Focused on Childhood Trauma and Mental Health Upon Which We Can Build

While this pandemic is unprecedented in our times, research on trauma in the aftermath of natural catastrophes (e.g. hurricanes, wildfires) and man-made disasters (e.g. mass shootings, 9/11) show effective intervention models for children and their families are available for both clinical and school settings and can be applied to the current situation.

Fortunately, there are also a variety of innovative local initiatives and pilot projects throughout Massachusetts focused on effectively responding to the impact of childhood trauma and the need for expanded behavioral health services. These initiatives, often born from partnerships between trauma-informed organizations and school districts, have demonstrated the efficacy of their efforts by reducing students' mental health issues and behaviors that lead to suspensions, office referrals, and expulsions.

RECOMMENDATIONS

To ensure that children who experience trauma and stress during this pandemic have access to the support they need, the CTFP recommends that action be taken on three important fronts:

1. Building capacity on the child-serving "front line" to address traumatic stress and behavioral health needs
2. Increasing availability of behavioral and mental health services and supports in schools
3. Increasing availability of community-based behavioral health services

In doing all of the above, the Commonwealth must prioritize services that will serve communities hardest hit by Covid-19 as well as those already made vulnerable by economic hardship, the opioid crisis, and systemic inequities.

Recommendation #1: Build Skills and Capacity on the Child-Serving “Front Line” to Address Traumatic Stress and Behavioral Health Needs

Parents, caretakers, and staff at child care centers and schools are the first to experience the consequences of children’s unmet emotional and mental health needs. As our children’s mental health first responders in this crisis, parents and “frontline” child-serving professionals need access to culturally competent and real-time services and supports that can help them navigate these challenging times.

To ensure “frontline” adults can tend to the needs of the children they care for, **staff working with children need training and, importantly, coaching/mentoring** in:

- Responding to stress- or trauma-related behaviors and challenges for all ages/developmental stages
- Applying trauma-informed practices (including de-escalation, helping ensure children’s emotional safety, and teaching children how to build resilience)
- Determining when more significant interventions are needed and knowing how to find help

Parents/caretakers could particularly benefit from **an interactive, family-friendly website**, available in multiple languages, that provides them with information they need to understand changes in their child’s behavior and how it may be related to the current pandemic, information on helping children build resilience and de-escalating crises, and easy-to-use connections to existing behavioral health system navigation and treatment locator tools. The website could also be built out to include sections designed for child care staff and K-12 teachers.

As such, the CTF recommends the state:

1. **Provide free virtual trainings for child-serving professionals on trauma and resilience**, as well as videos and/or written materials with **practical techniques for supporting children’s mental health/well-being and addressing trauma-related distress and resulting behavioral challenges**, tailored to the current situation.
2. **Provide access to coaching for child care and congregate care staff** from coaches who have training in trauma-sensitive responses as well as experience applying them in similar care settings and can provide practical advice. This could potentially be done through a coaching hotline for quick, individualized advice.
3. **Create an interactive website for parents/caretakers and front-line child-serving professionals**, which would provide:
 - Education around typical and atypical behavior for children at different developmental stages.
 - Information on helping children and families build resilience.
 - Tips on de-escalating crises and empowering children and parents/caretakers.
 - Connection to existing behavioral health system navigation and treatment locator tools.

Recommendation #2: Increase Availability of Mental and Behavioral Health Services and Supports for Students

As the place where children spend most of their time, schools are key to ensuring they build the resilience and engagement that then enable academic success and thriving in life. Additionally, research on post-disaster childhood trauma highlights the effectiveness of school-based interventions.

Each school district will ultimately have to develop their own plan for addressing the mental/behavioral health needs of students in their district. **State government can play a role, however, in ensuring schools have access to practical, timely training, coaching, and consultation in developing plans and implementing effective interventions this fall and throughout the next school year.**

As such, the CTTF recommends:

1. **Increasing schools' ability to identify children who are struggling by supporting schools in implementing behavioral health screenings for all students.** Behavioral health screenings can proactively identify students in need, avoid escalation, and identify those whose internalizing behaviors (e.g. anxiety, depression) do not always come to the attention of adults. Of note, school screenings can help districts focus limited resources on interventions that are most needed.

The CTTF recommends that the state make training and coaching available to school districts interested in implementing a behavioral health screening this coming academic year, which should include information on how to conduct screenings virtually if it is not possible to do in-person. The state could also **provide incentives and support for schools to participate** by providing stipends to cover staff time for training and implementation. (Depending on funding availability, stipends could be targeted toward lower-income school districts and/or those most heavily impacted by Covid-19.)

2. **Increasing schools' ability to offer school-based interventions and referrals to community service providers by providing them training, coaching, and technical assistance on:**
 - Conducting a school system needs assessment and resource mapping to ensure resources are focused on gaps/needs and that schools have strong partnerships with community providers
 - Identifying and implementing evidence-based practices and interventions that address individual schools' specific situations and needs

3. **Supporting schools' enrichment activities, such as art, music, and physical activity, to promote students' well-being.** Enrichment activities can also be an opportunity to teach students social and emotional skills and provide opportunities for managing anxiety and other emotions. While screening and interventions can help children cope with their traumatic experiences, building resilience and hope is also a core part of children's recovery.

Recommendation #3: Build Capacity in Community to Provide Culturally Competent Behavioral Health Services

While parents, caretakers, child care facilities, and schools can provide support and interventions for lower-level behavioral health issues, a significant number of children will need help from trained mental health professionals in the community. The CTTF recommends that the state continue to prioritize action on issues related to children's mental well-being and positive social connections. This can be done by:

1. Increasing access to culturally competent, multi-lingual crisis, inpatient and outpatient behavioral health services.
2. Increasing funding for Family Resource Centers and MHAP for Kids.
3. Providing mental health and economic support for adult caregivers.

INTRODUCTION

The Covid-19 pandemic has impacted the life of every child in Massachusetts. Whether they are grieving the loss of a family member, experiencing a sudden increase in household stress and dysfunction, struggling with the sudden change to remote learning or dealing with feelings of loss, separation and isolation, children are living through stressful and even traumatic experiences that could have a significant, long-term impact on their mental health.

Although every child⁴ in the Commonwealth is impacted in some way by Covid-19, some communities have been harder hit than others. Existing racial, ethnic, and income disparities in our state are being further exacerbated by this pandemic, as the current trauma compounds the high levels of trauma many children and families in these communities were already experiencing.

There is a coming surge in need for behavioral health supports, and the surge is likely to be large: research on past mass-traumatic experiences shows that a large percentage of children will need mental health services, and the impact of the trauma they have experienced can last for years.

The Childhood Trauma Task Force (CTTF) was established by *An Act Relative to Criminal Justice Reform* (2018). The CTTF was tasked by the Legislature with determining how the Commonwealth can better identify and provide services to children who have experienced trauma, with the goal of preventing future juvenile justice system involvement.

In response to this crisis, the Childhood Trauma Task Force (CTTF) offers recommendations for urgent steps the Commonwealth should take as part of the overall pandemic response. This report, which builds on the findings and recommendations from the group's December 2019 report ([“Next Steps for Addressing Childhood Trauma: Becoming a Trauma-Informed and Responsive Commonwealth”](#)), identifies traumas children and their families may experience during Covid-19, presents findings based on post-disaster trauma research and interventions, highlights child-

What is Childhood Trauma?

The CTTF has chosen to use the definition of individual trauma developed by the federal Substance Abuse and Mental Health Service Administration (SAMHSA) in 2014:

*“Individual trauma results from an **event, series of events, or set of circumstances** that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”*

When a child experiences a traumatic event or series of events, it can interfere with the child’s development, which may result in changes in the child’s behavior or cognitive functioning. Common cognitive issues associated with trauma include problems with memory, attention, and emotional regulation. In addition, some children will experience physical symptoms such as headaches, stomachaches, and muscle pain. It is important to remember that no two children will react to the same traumatic event in the same way.

⁴ This document uses the terms child, children and youth interchangeably. Unless otherwise indicated by the context, the term refers to individuals age 0 to 18.

centered trauma and mental health initiatives throughout Massachusetts, and recommends concrete actions our state can take to address the coming needs of children and families.

Given the known consequences of childhood trauma and the urgency of the situation, the Commonwealth must actively and rapidly address the mental health needs of children, their families, and the staff who care for them. Massachusetts has the experts, infrastructure, and means to proactively respond to this unusual situation. By applying evidence-based practices and targeting those most in need, the Commonwealth can ensure our children survive, recover, and ultimately thrive in our post-pandemic future.

FINDINGS

Finding #1: During this Pandemic, Stressors Could Lead to Increase in Childhood Traumas

Isolation, economic hardship, and the disintegration of support networks place children and youth at risk of experiencing serious traumas and stressors during the Covid-19 pandemic.

Most notably, we anticipate increases in the number of children experiencing emotional, physical or sexual abuse and neglect or other traumatic incidents in the home (e.g. opioid overdoses), and/or witnessing it in their household. The American Psychological Association, for example, warns that reduced access to resources, increased stress due to economic hardship, and isolation will lead to an increase in domestic violence and child abuse, an argument supported by emerging local reports.⁵

This is compounded by the reality that, as families isolate at home, abuse may be going undetected, leaving children in vulnerable situations for longer than they otherwise would have been. One potentially concerning indicator of this is a ~50% drop in child abuse and neglect reports from mandated reporters (i.e. teachers, pediatricians, etc.) since the start of the stay-at-home advisory.⁶

The pandemic has also amplified the likelihood that children will experience other traumas:

- **Death of a loved one or community member:** As of June 17, 2020, over 7,700 people have died from the coronavirus in Massachusetts, which suggests that thousands of children and youth will have experienced losing someone they know and care about. Beyond the devastation of the virus, experts also warn of a sharp increase in “deaths of despair” (i.e. deaths due to drug, alcohol, and suicide), with an annual projected increase between 27,000 and 154,000 nationwide.⁷
- **Economic hardship:** The loss of income, which has affected over a million Massachusetts residents who filed for unemployment since the outbreak, means more children and families

⁵ Abramson, A. (2020, April 8). *How COVID-19 may increase domestic violence and child abuse*. American Psychological Association. <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse>; Kingkade, T. (2020, April 5). Police see rise in domestic violence calls amid coronavirus lockdown. *NBC News*. <https://www.nbcboston.com/news/coronavirus/us-police-rise-domestic-violence-calls-coronavirus-lockdown/2102792/>

⁶ Betancourt, S. (2020, May 21). Big drop in child abuse reports is cause for concern. *Commonwealth Magazine*. <https://commonwealthmagazine.org/education/big-drop-in-child-abuse-reports-is-cause-for-concern/>

⁷ Petterson, S., Westfall, J. M. & Miller, B. F. (2020). *Projected deaths of despair from Covid-19*. https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair-COVID-19-FINAL.pdf

are exposed to food insecurity, homelessness, and heightened stress.⁸ At the end of the rent and mortgage moratorium, which was passed by the Legislature in April and ends on August 18, 2020 or 45 five days after the Governor's emergency order is terminated (whichever is sooner), many more residential tenants and tenants of small businesses may be faced with housing and income insecurities.

- **Experiencing or witnessing racism and discrimination:** Asian American youths and their families are currently at heightened risk of experiencing discrimination as anti-Asian bias has spiked in the last few months. Though to date there are no state initiatives to track these data, reports crowdsourced by doctoral candidates at Harvard University demonstrate dozens of verbal and physical assaults motivated by anti-Asian bias in the Commonwealth.⁹

Further, although the recent killings of George Floyd, Breonna Taylor, and Ahmaud Arbery and the subsequent wave of national protests are not directly related to the Covid-19 pandemic, they are occurring in this same time period and are likely contributing to higher rates of stress and experiences of trauma among Black children and families. Racial trauma (i.e. the cumulative effects of racism on individuals' and communities' mental and physical health) has complex, yet very real consequences on children's physiological, psychological, and emotional development as well as their capacity to cope with other life stressors.¹⁰

Even those children and youth who are not experiencing traumatic incidents during the pandemic face significant stressors that could adversely affect their emotional, mental, and physical well-being. Some of the factors that can result in high levels of stress and anxiety are:

- Isolation and abrupt separation from friends and family members
- Loss of points of reference as daily routines are upended
- Lack of freedom of movement, access to recreational facilities, and opportunity to practice developmentally appropriate skills (e.g. playing with other children, sharing toys)
- Media exposure to the pandemic, making children and youth vulnerable to vicarious stress
- Frequent reminders about how the virus is transmitted, which could lead to anxiety and reluctance to return to normal activities once the pandemic has ended
- Possible new surges of the coronavirus, which could lead to schools and public spaces closing intermittently over the next year, as well as repeated stay-at-home advisories

A child's specific circumstances will affect how they cope with the situation and the type of intervention they will need. Some of the factors that can affect children's recovery are:

- **Previous history of trauma:** Research demonstrates that repeated exposure to trauma has a cumulative effect on children's well-being and may result in some children having more difficulty coping with and recovering from trauma during this pandemic.¹¹

⁸ Solis, S. (2020, June 9). During coronavirus pandemic, Massachusetts AG's office got nearly 300 calls from people believed to have been hit by unemployment scam. *Mass Live*. <https://www.masslive.com/coronavirus/2020/06/during-coronavirus-pandemic-massachusetts-ag-office-got-nearly-300-calls-from-people-believed-to-have-been-hit-by-unemployment-scam.html>

⁹ Lee, B., Choi, J. Y. (2020, May 18). *COVID-19 racial aggression live map*. <https://iamnotavirus.net/>

¹⁰ Jernigang, M. M. and Daniel, J. H. (2011). Racial trauma in the lives of Black children and adolescents: Challenges and Clinical Implications. *Journal of Child and Adolescent Trauma*, 4, 123-141. <https://link.springer.com/article/10.1080/19361521.2011.574678>

¹¹ Stafford, B., Schonfeld, D., Keselman, L., Ventevogel, P., Stewart, C. L., (n.d.). *The emotional impact of disaster on children and families*. American Academy of Pediatrics. https://www.aap.org/en-us/Documents/disasters_dpac_PEDsModule9.pdf

- **Types of traumas experienced:** Children’s mental health needs depend on the types of trauma they have experienced. For instance, children who have previously experienced natural or human-made disasters will need very different types of intervention than those who have been the subject of physical, emotional, or sexual abuse.
- **Length of trauma and level of traumatic stress experienced:** Children have vastly different experiences of the pandemic; some might experience prolonged and intense trauma during the stay-at-home period, while others only experience minimal stressors.
- **Type of support:** Children’s family and community support systems are an integral part of their recovery during this pandemic. While some children have strong support systems and/or have benefitted from behavioral health services in the past, others might be affected by their own family’s difficulty coping with the pandemic and/or might not have existing connections with mental health providers.
- **Special circumstances:** Children with autism or developmental disabilities, as well as children receiving support in home or at school (i.e. Early Intervention, Individualized Education Program, etc.) have seen their outside support significantly diminish during this pandemic. Additionally, children living in congregate care settings are experiencing physical separation from their families (including restrictions on in-person visits) and other challenges due to being isolated in facilities that in some cases were not designed for youth to be present 24/7 for many weeks in a row.

“Children and families who have previously endured traumatic experiences, or have lived with chronic adversity, including violence, abuse, separation from caregivers, abject poverty, discrimination and social exclusion have a greater risk of experiencing serious adverse emotional reactions to disaster.”
American Academy of Pediatrics

As a result of these variations, there is no “one-size-fits-all solution”: a wide variety of supports and interventions will be needed to help respond to the impact Covid-related trauma has on children and families.

Finding #2: Under-Resourced Communities Will Require Targeted Support

Socioeconomic status, race, and ethnicity are predictors of vulnerability in disaster situations.¹² Post-disaster research has consistently demonstrated that systemic inequities in mental health support as well as logistical barriers (such as access to reliable transportation and child care) leave children of color and of lower socioeconomic status more vulnerable to the effects of trauma.

These same communities in Massachusetts are those that have been harder hit by the coronavirus than others. Data from the UMass Donahue Institute highlights the link between race/ethnicity, poverty, and confirmed Covid-19 cases. The table below shows that the five towns and cities hardest hit by Covid-19 also have a large share of people of color and low per-capita income.

¹² Becker-Blease, K., Turner, H., & Finkelhor, D. (2010). Disasters, victimization, and children’s mental health. *Child Development*, 81(4), 1040-1052. <https://doi.org/10.1111/j.1467-8624.2010.01453.x>

Correlation between Covid-19, race/ethnicity, and poverty¹³

| | Covid-19 Cases Per 10,000 people | Percentage of People of Color | Per Capita Income |
|----------------------|----------------------------------|-------------------------------|-------------------|
| Chelsea | 718 | 79% | \$24,000 |
| Brockton | 436 | 66% | \$26,000 |
| Lynn | 375 | 64% | \$26,000 |
| Everett | 368 | 55% | \$27,000 |
| Lawrence | 428 | 86% | \$19,000 |
| Massachusetts | 148 | 28% | \$41,794 |

This is due in part to the fact that many of our essential workers come from these communities. Environmental inequities, such as poor air quality, overcrowded housing or homelessness, which disproportionately affect people of color in Massachusetts, are also thought to contribute to the high rates of Covid-19 in these communities.¹⁴ Inequalities related to social determinants of health transcend socio-economic status and disproportionately affect communities of color. In the U.S., African Americans who earn \$50,000-\$60,000 per year are “exposed to much higher levels of industrial chemicals, air pollution and poisonous heavy metals, as well as pathogens” than White Americans with annual incomes of \$10,000.¹⁵ In Massachusetts, Attorney General Maura Healey has warned that long-term exposure to air pollution—as is the case in cities with greater populations of people of color like Chelsea, Brockton, Everett or Lynn—is linked to a much higher rate of death from Covid-19.¹⁶

Moreover, children living in communities that have experienced significant trauma pre-Covid-19 are at a heightened risk of experiencing cumulative and complex trauma. As such, children in communities strongly impacted by the following, for example, might be more at risk of experiencing complex trauma:

- **Opioid crisis:** The Opioid Response Network warns that the same populations already at risk for substance use disorder are also the people most impacted by Covid-19, as economic hardship, social isolation, and hopelessness are key reasons for drug use.¹⁷

¹³ UMass Donahue Institute. (n.d.) *Donahue data dash: visualizing the disproportionate impact of COVID-19 on MA's communities of color and urban areas*. <http://www.donahue.umassp.edu/news-events/institute-news/donahue-data-dash-visualizing-the-disproportionate-impact-of-covid-19-on-ma>

¹⁴ Bagley, K. (2020, May 7). Connecting the dots between environmental injustice and the Coronavirus. *Yale Environment 360*. <https://e360.yale.edu/features/connecting-the-dots-between-environmental-injustice-and-the-coronavirus>

¹⁵ Washington, H. A. (2020, May 19). How environmental racism is fueling the coronavirus pandemic. *Nature*. <https://www.nature.com/articles/d41586-020-01453-y>

¹⁶ Moran, B. (2020, May 12). Healey report highlights COVID-19 impact on environmental justice communities. *WBUR*. <https://www.wbur.org/earthwhile/2020/05/12/massachusetts-coronavirus-environment>

¹⁷ Opioid Response Network. (n.d.). *The opioid epidemic and COVID-19: How social determinants of health create differential impacts*. https://opioidresponsenetwork.org/documents/SDH_OUD-COVID-19.pdf

- **High rates of crime:** Youth living in communities where violence is prevalent are at increased risk for a broad range of negative health and behavior outcomes.¹⁸
- **Large immigrant/refugee population:** In Massachusetts, almost a third of children have at least one immigrant parent.¹⁹ As individuals who may have survived economic precarity, persecution, mass violence, or torture, immigrants and refugees can be especially vulnerable to traumas and stressors. Intergenerational trauma can impact the ways in which youth understand, cope with, and heal from Covid-19-related traumas.

Finding #3: Impact of Covid-Related Trauma Will Have Serious Consequences for Children

Children are “especially vulnerable to disasters because of their limited coping skills and dependence on social supports.”²⁰ Research demonstrates that disasters and mass trauma can have important consequences for children’s well-being and success in school and society. In the wake of the Covid-19 outbreak, we can expect:

- **Increased mental health concerns:** Children experience a variety of psychiatric disorders after episodes of mass trauma. A study conducted six months after the terrorist attacks of 9/11 describes the mental health consequences of the attacks.²¹ Among the 8,000 students grades 4-12 surveyed six months after:
 - 15% had agoraphobia (or fear of going outside or taking public transportation)
 - 12% had separation anxiety disorder
 - 11% had PTSD
 - 8% suffered from depression
- **Increased behavioral issues:** For some children, stress and trauma can lead to “inappropriate behavior in the classroom and difficulty forming relationships.”²² If schools and child care facilities do not take appropriate measures to help children cope, we will likely see a rise in classroom disruptions, suspensions, expulsions, and arrests. Additionally, there is a strong correlation between juvenile justice involvement and mental health issues. Research shows that 70% of justice-involved youth meet criteria for at least one mental disorder and more than half of justice-involved youth meet criteria for two.²³

¹⁸ Patrick J. F. et al. (2009, January). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and Psychopathology* 21(1), 227-259. [10.1017/S0954579409000145](https://doi.org/10.1017/S0954579409000145)

¹⁹ Massachusetts Immigrant & Refugee Advocacy Coalition. (2018, January 27). *Immigrants are our Commonwealth*. <https://miracoalition.org/wp-content/uploads/2020/01/Mass-Immigrant-Facts-Jan2019.pdf>

²⁰ Grolnick, W.S. et al. (2018). Improving adjustment and resilience in children following a disaster: Addressing research challenges. *American Psychologist*, 73(3), 215-229. [10.1037/amp0000181](https://doi.org/10.1037/amp0000181)

²¹ Schonfeld, D.J., Demaria, T. & The Disaster Preparedness Advisory Council and Committee on Psychosocial Aspects of Child and Family Health. (2015, October). Providing psychosocial support to children and families in the aftermath of disasters and crises. *Pediatrics*, 136(4), 1120-1130. <https://pediatrics.aappublications.org/content/136/4/e1120>

²² Trauma and Learning Policy Initiative. (n.d.). *Traumatic experiences can impact learning, behavior and relationships at school*. <https://traumasensitiveschools.org/trauma-and-learning/the-problem-impact/>

²³ Kinscherff, R., et al. (2019). *Promoting positive outcomes for justice-involved youth: Implications for policy, systems and practice*. Judge Baker’s Children Center. https://jbcc.harvard.edu/sites/default/files/jbcc_juvenile_justice_policy_brief_interactive_spread_version.pdf

- **Lower academic performance:** Research demonstrates that stress and trauma undermine engagement in learning.²⁴ Indeed, evidence shows that trauma and chronic stress can “diminish concentration, memory, and the organizational and language abilities children need to succeed in school.”²⁵ If schools and childcare facilities are unable to meet the mental health needs of the children in their care, efforts to ensure children’s continued education during this pandemic could be undermined in the long-term.
- **Long-term consequences:** Illustrating the lasting impact of a disaster, in the academic year following Hurricane Katrina (2005), 49% of students in south Louisiana met the cut-off score for needing a mental health referral. In 2006-2007, the need for services was still high, as 42% of students met the cut-off score for mental health referral.²⁶ Although baseline data for students in south Louisiana prior to Hurricane Katrina does not exist, for general comparison purposes, a study conducted in Wisconsin between 2005 and 2009 showed that 19.6% of screened students were at risk for mental health issues.²⁷

Finding #4: Our Current Behavioral Health System Cannot Adequately Meet the Needs of Children During This Crisis

While Covid-19 will exert new pressures on Massachusetts’ child behavioral health system, this system has faced resource shortages, difficulties meeting child behavioral health needs, and other challenges prior to the Covid-19 outbreak.

Both the Legislature and the Baker-Polito Administration have prioritized increasing access to mental health and addiction services across the Commonwealth, yet despite these efforts children requiring behavioral health services still encounter a fragmented system with unequal capacities, qualities, and types of available services.²⁸

Potential service recipients face multiple barriers to receiving services, including:²⁹

²⁴ The Aspen Institute. (2020, May). *Recovery and renewal: Principles for advancing public education post-crisis*.

https://assets.aspeninstitute.org/content/uploads/2020/05/AESP-Principles-for-Recovery-and-Renewal.pdf?_ga=2.266298959.1346405069.1589813729-332322905.1589813729

²⁵ Trauma and Learning Policy Initiative. (n.d.). *Traumatic experiences can impact learning, behavior and relationships at school*.

<https://traumasensitiveschools.org/trauma-and-learning/the-problem-impact/>

²⁶ Osofsky, H. J., Osofsky, J. D., Kronenberg, M., Brennan, A., & Hansel, T. C. (2009). Posttraumatic stress symptoms in children after hurricane Katrina: Predicting the need for mental health services. *American Journal of Orthopsychiatry*, 79(2), 212–220.

[10.1037/a0016179](https://doi.org/10.1037/a0016179)

²⁷ Husky, M.M. et al. (2011, September). Mental health screening and follow-up care in public high schools. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(9), 881–891. [10.1016/j.jaac.2011.05.013](https://doi.org/10.1016/j.jaac.2011.05.013)

²⁸ Children’s Mental Health Campaign. (2019). *Report on pediatric behavioral health urgent care*.

<https://childmentalhealthcampaign.org/report-pediatric-behavioral-health-urgent-care>

²⁹ Sirkin, J.T., Sheedy, K., Hunt, M., Hoffman, C., Pfefferle, S., Kogan, A., Olsho, L. (2017). *Navigating the outpatient mental health system in Massachusetts: Consumer and stakeholder perspectives*. Blue Cross Blue Shield of Massachusetts Foundation.

https://bluecrossmafoundation.org/sites/default/files/download/publication/Outpatient_MH_Navigating_ExecSum_v05_final.pdf

Association for Behavioral Healthcare. (2017). Services of the Association for Behavioral Healthcare members with outpatient services: June 2017. Cited in Children’s Mental Health Campaign. (2019). *Report on pediatric behavioral health urgent care*.

<https://childmentalhealthcampaign.org/report-pediatric-behavioral-health-urgent-care>; Kowalczyk, L. (2018, October 20). For many, a struggle to find affordable mental health care. *Boston Globe*. <https://www.bostonglobe.com/metro/2018/10/20/for-many-struggle-find-affordable-mental-health-care/AAK3aYmk89sRLicmTFpn6O/story.html>;

- Long delays in accessing child behavioral health services, with initial intake for outpatient behavioral health care taking between 2-9 months,³⁰ and child psychiatric services taking up to 6 months
- High out of pocket costs
- A relative scarcity of licensed child mental health providers who accept Medicaid, which low-income service seekers rely on
- Insufficient availability of inpatient psychiatric care services and crisis stabilization unit beds for children and adolescents
- Uneven access to provider facilities across different parts of Massachusetts.
- More restricted access for children with special needs or co-occurring substance use and mental health disorders
- Limited availability of providers with the cultural competency and/or language skills needed to serve immigrant communities and communities of color³¹

There are also particular challenges with emergency/crisis behavioral service programs for children, including:³²

- Substantial challenges to accessing pediatric emergency behavioral service programs in some regions of Massachusetts
- Many emergency behavioral service programs require insurance

Finding #5: Technology-Based Resources Hold the Potential to Overcome Many (But Not All) Barriers to Mental Health Services – If Allocated Equitably

The use of telemedicine in the Commonwealth has increased substantially since the beginning of the outbreak.³³ Governor Baker's March 10, 2020 order that health insurers cover telehealth services for all in-network providers and reimburse these services at the same rates as face-to-face encounters has increased access to behavioral health services for children and their families.

Of note, telemedicine has eased previous barriers to children's access to behavioral health services, most notably transportation and childcare. There are also indications that telehealth has also increased some families' access to linguistically and culturally diverse providers, as those are not consistently available throughout the state. Finally, service providers have also noted that some children are in fact more comfortable with virtual therapy, as they frequently use video telecommunication services and products (e.g., FaceTime, Skype, Duo) with friends and family.³⁴

³⁰ Sirkin, J.T., Sheedy, K., Hunt, M., Hoffman, C., Pfefferle, S., Kogan, A., Olsho, L. (2017). *Navigating the outpatient mental health system in Massachusetts: Consumer and stakeholder perspectives*. https://bluecrossmafoundation.org/sites/default/files/download/publication/Outpatient_MH_Navigating_ExecSum_v05_final.pdf

³¹ For example, a 2015 study of access to substance use disorder treatment in the state showed that the current behavioral health workforce cannot sufficiently meet the needs of the Commonwealth's diverse population, in part because they do not offer services in clients' native language. See Center for Health Information and Analysis. (2015, April). *Access to substance use disorder treatment in Massachusetts*. www.chiamass.gov/assets/Uploads/SUD-REPORT.pdf

³² Children's Mental Health Campaign. (2019). Report on pediatric behavioral health urgent care. <https://childrensmentalhealthcampaign.org/report-pediatric-behavioral-health-urgent-care>

³³ Duggan, M. (2020, April 9). Telemedicine use has nearly tripled among Mass. residents, poll shows. *WBUR*. <https://www.wbur.org/commonhealth/2020/04/09/telemedicine-mass-residents-poll>

³⁴ Conn, M. (2020, May 15). Stuck on a screen, therapists rush to respond to mental health crises among foster youth. *The Chronicle of Social Change*. <https://chronicleofsocialchange.org/childrens-mental-health/stuck-on-a-screen-therapists-rush-to-respond-to-mental-health-crisis-among-foster-youth/43336>

Despite observable benefits of the increased use of telehealth, without appropriate measures, children in rural areas, low-income households, or non-English speaking families will continue to face important barriers to access remote services, including the following:

- The state’s “digital divide” remains a barrier to access to telehealth for many children and their families, particularly in rural communities. In Massachusetts, 49,000 children under eighteen still do not have Internet service at home and more than 14,000 lack a computer at home.³⁵
- Even when children have Internet access, it can be unreliable, especially in rural areas.
- Children living in close quarters without access to a private space can find it difficult to discuss issues pertinent to their behavioral and mental health.
- The device children use might be shared among different family members who have competing demands (professional, school-related, etc.).
- In a survey of providers and families, the Children’s Behavioral Health Knowledge Center found that the “honeymoon” phase of telehealth has ended and that providers and families report increasing exhaustion with providing and receiving telehealth services.³⁶

If we are not mindful of these barriers, the growing use telehealth could inadvertently *increase* inequalities of access, especially for children in rural areas or low-income households. Although telehealth is a powerful tool that has the potential to greatly improve children and families’ access to mental health services, it is not *sufficient* to meet the needs of children impacted by this pandemic.

Finding #6: Caring Adults in Regular Contact with Children are Key to Recovery

Family, kin, and community members are integral to helping children cope with trauma and build long-term resilience.³⁷ Given the current gaps in mental health services available to children, it is especially important that parents, caregivers, and individuals working directly with children (e.g. staff at child care facilities, schools, and congregate care facilities) have the capacity, skills, and supports to foster children’s healing and posttraumatic growth.

- **Families:** Research shows that trauma not only impacts individual family members, but also their relationships with each other and overall family functioning.³⁸ While trauma experienced by families can lead to greater resilience and coping skills for all members, it can also lead to strained relationships that can further undermine children’s recovery. It is therefore vital to put parents and family members at the center of trauma services.

³⁵ Ulloa, J. (2020, April 9). Coronavirus exposed the lack of Internet access. Now some in Congress want to close that digital divide. *The Boston Globe*. <https://www.bostonglobe.com/2020/04/09/nation/coronavirus-exposed-lack-internet-access-now-some-congress-want-close-that-digital-divide/>

³⁶ CBH Knowledge Center. (n.d.) *Learning from COVID-19: Emerging issues*. <https://www.cbhknowledge.center/learning-from-covid-week-4>

³⁷ Walsh, F. (2007, June). Traumatic loss and major disasters: strengthening family and community resilience. *Family Process*, 46(2), 207-227. <https://pubmed.ncbi.nlm.nih.gov/17593886/>

³⁸ National Child Traumatic Stress Network. (n.d.). *Families and trauma: Introduction*. <https://www.nctsn.org/trauma-informed-care/families-and-trauma/introduction>

- **Child-Serving Professionals:** Individuals working directly with children (e.g. teachers, counselors, congregate care staff, and early childcare providers) are also critical members of a child’s support network. Because a majority of children and youth spend most of their days in child care centers and/or schools, these spaces are key settings for ensuring their emotional and mental well-being during the Covid-19 pandemic. At the same time, staff working with children are experiencing their own traumas and stressors during the pandemic and run the risk of suffering from secondary traumatic stress.³⁹ The adverse impact of personal exposure to a traumatic event and direct contact with children’s traumatic stories can have dire consequences for adults and the children they serve, including professional burnout and high staff turnover.

Adults whose physical, mental, and emotional needs are tended to are in a better position to help children cope and recover.⁴⁰ As such, parents, caregivers, and staff working with children should be actively supported to cope with their own traumas and stressors and avoid secondary traumatic stress.

Finding #7: There Are Many Existing Initiatives and Intervention Models Focused on Childhood Trauma and Mental Health Upon Which We Can Build

A. Post-Disaster and Mass Trauma Research Shows Effective Intervention Models

While this pandemic is unprecedented in our times, research on trauma in the aftermath of natural catastrophes (e.g. hurricanes, wildfires) and human-made disasters (e.g. mass shootings, 9/11) offer a blueprint to prepare for the rise in children’s mental health needs during Covid-19.

There are multiple examples of intervention models with documented efficacy in improving PTSD, depression, and other symptoms for children who have experienced post-disaster trauma. Over the years, these models have been adapted for different audiences and contexts. Two commonly used models include:

- **For families:** Trauma-focused cognitive behavioral therapy (TF-CBT)⁴¹ is a time-limited intervention provided to children and their caregivers, often in a clinical setting. The Substance Abuse and Mental Health Services Administration (SAMHSA) has given TF-CBT its highest rating as a “Model Program.” TF-CBT is increasingly used by clinicians throughout the Commonwealth.
- **In schools:** Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) is a group model for addressing trauma in school settings. It has been adapted to be used by clinicians as well as teachers for children across grades. Based on data showing the program’s effectiveness in addressing symptoms of PTSD, depression, and other forms of mental illness, the recent Promote Prevent Commission report highlighted CBITS as the most cost-effective program used in Massachusetts. The Commission found that “for every one dollar invested per participant, a

³⁹Borntrager, C. et al. (2012, March). Secondary traumatic stress in school personnel. *Advances in School Mental Health Promotion*, 5(1), 38–50. <https://psycnet.apa.org/doi/10.1080/1754730X.2012.664862>

⁴⁰ Hoagwood, K. E. (2005, July). Family-based services in children’s mental health: A research review and synthesis. *Journal of Child Psychology and Psychiatry*, 46(7): 690-713. <https://pubmed.ncbi.nlm.nih.gov/15972066/>

⁴¹ See: <https://www.nctsn.org/interventions/trauma-focused-cognitive-behavioral-therapy>

value of \$63.47 is expected from avoided long-term costs of health care utilization, criminal justice system involvement, and wage loss from disrupted employment.” CBITS is currently being used by some schools in the Commonwealth, including a Department of Mental Health-funded project in several Boston public middle schools.⁴²

Experts are also rapidly responding to the need for assessment and screening tools for mental health issues during the Covid-19 pandemic. For example, the International Society for Traumatic Stress Studies has created a Covid-19 Assessment Repository for researchers and practitioners.⁴³ UCLA has also developed a free screening tool for children and adolescents dealing with mental health issues related to Covid-19.⁴⁴

B. In Massachusetts, There Are Promising Local Initiatives Focused on Trauma and School-Based Mental Health Needs

Throughout the Commonwealth, there are a variety of innovative local initiatives and pilot projects focused on effectively responding to the impact of childhood trauma and the need for expanded behavioral health services. In this moment of crisis, we can learn from, adapt, and build upon many of these existing initiatives as we look for concrete actions our state can take to address the coming surge of children and families in need of support:

Trauma-Informed Initiatives

The **Building Resilient Children** initiative, funded by the Office of the Child Advocate and conducted by UMass Medical School, is a pilot program in Worcester County focused on promoting resilience in young children. The initiative provides trauma and resilience trainings and coaching for early childhood educators as well as parent workshops. Its trauma-informed approach is particularly attuned to the racial and ethnic inequities of the impacts of trauma and seeks to create a strong partnership between early childhood teachers and families.

Since the initiative’s launch in November 2019, Building Resilient Children has trained 49 teachers in 15 centers. Preliminary data from the implementation of the initiative’s coaching model in twelve classrooms with twenty-six teaching staff shows a notable decrease in:

- Incident reports due to possible trauma-related behaviors (e.g., biting, hitting). Prior to coaching, 31% of children had two or more incident reports; after coaching, that figure dropped to zero.
- Child absences due to challenging behavior, which dropped from 8% to zero.
- School suspensions and expulsions, which dropped from 15.4% to 4.2%.

Since 2008, the Plymouth County **Drug-Endangered Children Initiative**, a project led by the Plymouth County District Attorney’s office which provides trainings for law enforcement, schools, and community partners on identifying drug-endangered children and developing the proper trauma-sensitive response, has partnered with the **Trauma and Learning Policy Initiative (TLPI)**,

⁴² Promote Prevent Commission. (2018, April). *A plan to promote mental, emotional, and behavioral health and to prevent behavioral health issues in our Commonwealth*. <https://www.promoteprevent.com/final-report>

⁴³ International Society for Traumatic Stress Studies. (n.d.). *Covid-19 resources*. <https://istss.org/public-resources/covid-19-resources>

⁴⁴ International Society for Traumatic Stress Studies. (n.d.). *UCLA brief COVID-19 screen for child/adolescent PTSD*. <https://istss.org/getattachment/Clinical-Resources/Assessing-Trauma/UCLA-Posttraumatic-Stress-Disorder-Reaction-Index/UCLA-Brief-COVID-19-Screening-Form-English-4-13-20.pdf?lang=en-US>

which is a Massachusetts-based organization that works to help schools create trauma-sensitive environments. Through that partnership, TLPI is training school administrators, educators, and School Resource Officers in Plymouth County on TLPI's Flexible Framework, a tool that promotes a "whole-school" culture to ensure all students experience academic success and develop skills to cope with trauma. Schools that underwent training with TLPI saw an 80% drop in suspendable offenses and a 43% decrease in office referrals.⁴⁵

School-Based Mental Health Initiatives

Since 2013, **Methuen Public Schools** (MPS) have worked with local community service providers and national partners to meet the mental health needs of its student population. In collaboration with the National Center for School Mental Health, MPS provides training for school staff, administers yearly universal mental health screenings, and provides targeted school-based interventions. MPS's comprehensive school mental health program has proved its effectiveness: the district has seen a 50% reduction in anxiety symptoms exhibited by students across grades 3-12. Additionally, up to 90% of Methuen's Tier III students (those with the most significant mental health needs) experienced successful mental health interventions.⁴⁶ MPS's data-driven approach to providing appropriate mental health services to its students not only ensures schools identify gaps in services, but also helps Methuen engage in rigorous continuous quality improvement to monitor progress both on the individual student level and the systemic level.

Inspired by the success of MPS's initiative, Methuen district leaders founded in 2018 the **Massachusetts School Mental Health Consortium** (MASMHC), which promotes a tiered system of screening and evidence-based mental health services and support. So far, 130 out of 412 school districts have joined the Consortium. Since its inception, MASMHC has engaged hundreds of school mental health staff and educators in professional development, developed and distributed resources to promote school mental health implementation, and awarded funding to districts wanting to implement school mental health systems.⁴⁷

Boston Public Schools, in partnership with Boston Children's Hospital and UMass Boston, has implemented a **Comprehensive Behavioral Health Model** (CBHM) in over seventy schools. Like the above-mentioned Consortium, CBHM uses a tiered approach to support children's mental health needs as well as provides social and emotional learning instruction as part of students' core academic program. As the foundation of this work, CBHM uses the Behavior Intervention Monitoring Assessment System (BIMAS-2™) to measure the social, emotional and behavioral functioning in children and adolescents ages 5 to 18 years.⁴⁸

RECOMMENDATIONS

It is clear that a significant number of children will experience trauma and stress during this pandemic period and need intervention in the coming months and years to support their emotional and mental well-being. At the same time, it is likely that the need for services will be much greater

⁴⁵ Threadgill, M. (2020, May 27). Personal communication. (Information provided by Plymouth County District Attorney's Office).

⁴⁶ Prachi, N. (2020, April 7). *Serving the whole child: Scaling comprehensive school mental health systems across the commonwealth*. [Unpublished Manuscript]. Harvard Kennedy School, Harvard University.

⁴⁷ Massachusetts School Mental Health Consortium. (n.d.). *About*. <https://masmhc.org/about/>

⁴⁸ Boston Public Schools Behavioral Health Services. (n.d.). *Annual reports*. Comprehensive Behavioral Health Model. <https://cbhmboston.com/annual-report/>

than our behavioral health system can currently provide – even with the addition of telehealth capacity.

Tackling this challenge will require action on three important and interconnected fronts:

1. **Build Capacity on the Child-Serving “Front Line”:** Adults who spend significant amounts of time with children – parents, caretakers, and staff at child care centers, schools, and congregate care setting – are our children’s mental health first responders in this crisis. We must ensure they have the skills and supports needed to identify, understand, and appropriately respond to changes in children’s behaviors that they are seeing.
2. **Increase Availability of Behavioral and Mental Health Services and Supports in Schools:** Schools are where children spend a large portion of their day, and research demonstrates that school-based interventions can be particularly effective. There is no doubt that it will be extremely challenging to ramp up the availability of mental health supports in schools at the same time as implementing new safety and social distancing standards and continuing to improve upon the delivery of remote learning. Yet our ability to keep children safe, help them adhere to social distancing standards, and foster their ability to learn is *reliant* upon ensuring their sense of emotional safety and addressing their mental health needs. One cannot exist without the other.

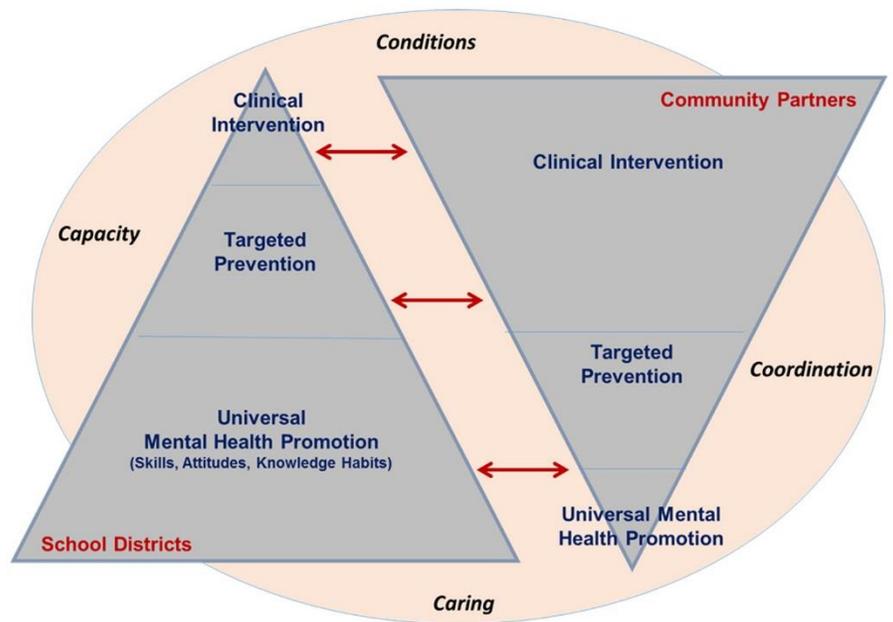


FIGURE 1 TIERED INTERVENTION MODEL WITHIN A SYSTEM OF CARE⁴⁹

3. **Increase Availability of Culturally Competent Community-Based Behavioral Health Services:** While schools can do a lot, they do not have the capacity to meet all the mental health needs of students, their families, and the staff that care for them. Given the critical role parents and caretakers play in mitigating children’s stress and supporting their well-being, it is vital to build the capacity of culturally competent community-based behavioral health services. All stakeholders in the community—schools, parents, providers—should work together to support students, families, and child-serving professionals with mental health struggles. These stakeholders should intentionally collaborate and coordinate their efforts to serve the children in their care. As the figure above shows, this is especially the case for targeted and more intensive mental health services (Tier 3).

⁴⁹ Short, K. H. (2016, February 5). Intentional, explicit, systematic: Implementation and scale-up of effective practices for supporting student mental well-being in Ontario schools. *International Journal of Mental Health Promotion*, 18(1), 33-48. <https://doi.org/10.1080/14623730.2015.1088681>

In doing all of the above, **the Commonwealth must prioritize services for vulnerable communities and those hardest hit by Covid-19.** While the pandemic will affect children and families throughout the Commonwealth, communities hardest hit by Covid-19 and made vulnerable by negative social determinants of health (e.g. poverty, access to healthcare) will likely have higher behavioral health needs. Additionally, some parts of the state lack appropriate behavioral health services. Commonly referred to as “service deserts,” areas such as Central, Northeast and Southeast Massachusetts have many fewer mental health professionals than the rest of the state.⁵⁰

As such, to the extent there are insufficient resources to launch some of the recommendations listed below statewide, **the CTTF recommends focusing efforts on communities and children at heightened risk of experiencing trauma, as described above in Finding #2, as well as in parts of the states facing a shortage of mental health professionals.**

Recommendation #1: Build Skills and Capacity on the Child-Serving “Front Line” to Address Covid-Related Traumatic Stress and Behavioral Health Needs

Parents, caretakers, and staff at child care centers, schools, and congregate care facilities are our children’s mental health first responders in this crisis. In this role, they need to be able to:

- Respond appropriately to stress- or trauma-related behaviors and challenges for all ages/developmental stages
- Provide children of all ages with support and comfort, ensure their emotional safety, and teach them how to build resilience
- Learn how to de-escalate a mental health crisis in the moment, when possible
- Determine when more significant interventions are needed and know how to find help
- Connect children with mental health professionals who can provide those interventions

Although this is a role many play already, some aspects may be new. In all cases, the demands and challenges are significantly harder given the widespread impact of the pandemic and the challenges of maintaining social distancing. (For example, consoling a young child will be much more difficult if a caretaker is trying to stay 6 feet away.)

To help our children’s mental health responders in their new role, the CTTF recommends the state provide parents and “front-line” child-serving professionals (e.g. staff at child care facilities, schools, and congregate care facilities) access to a variety of real-time and culturally competent services and supports that can help them learn and apply these skills in this unprecedented and fast-changing situation.

These supports must be developed and made available quickly. Due to the ongoing need for social distancing, supports will also need to be primarily virtual for the time being.

Recommendation 1A: Provide Virtual Training for Child-Serving Professionals

As the CTTF noted in its 2019 report, **training and coaching staff in trauma-sensitive approaches is central to ensure children’s recovery from traumas and stressors.** In a survey

⁵⁰ Sparks, A., et al. (2017). *Access to behavioral health care in Massachusetts: The basics.* Blue Cross Blue Shield of Massachusetts Foundation. https://www.bluecrossmafoundation.org/sites/default/files/download/publication/BH_basics_Final.pdf

sent to community-based organizations, state agencies, and juvenile justice practitioners to learn about their services and activities aimed at addressing childhood trauma, the CTTF found that training staff is the primary focus of most organizations, but efforts often give way to organizations' need for financial and logistical support to implement training and coaching.⁵¹ The Covid-19 pandemic has heightened the necessity to provide support to organizations needing trauma-informed and responsive training and coaching.

Similarly, the 2018 Promote-Prevent Commission also recommended investing in training to prepare caregivers, educators, first responders, students, and the general public on how to identify and support individuals in emotional crises.⁵²

Building off the recommendations in these reports, the CTTF recommends the state provide **free virtual trainings for child-serving professionals on trauma and resilience**, as well as videos and/or written materials with **practical techniques for supporting children's mental health/well-being and addressing trauma-related distress and resulting behavioral challenges**, tailored to the current situation. In-state experts, such as those at the Child Trauma Training Center at UMass Medical, already have much of the curriculum for such trainings developed, but funding would be needed to tailor the training content to the needs of specific audiences/circumstances and modify the delivery to support effective virtual learning.

Recommendation 1B: Provide Coaching for Child Care and Congregate Care Staff

As discussed in Finding #7, in FY20, the OCA and UMass Medical School launched a pilot program that provided trauma and resilience trainings and coaching for staff at child care centers. Although the pilot was interrupted by the Covid-19 pandemic, early results are promising, including significant decreases in behavioral incidents in the classroom, school suspensions, and expulsions. A key finding from that pilot, which is backed up by significant research in the field of implementation science⁵³, is that **for training to be effective over the long-term, adults caring for children also need coaching/mentoring to implement ideas from the training into day-to-day interactions with children**. Ideally that coaching would include in-person observations, but given the need for social distancing, other models could be adopted.

Although all child-serving professionals would benefit from access to coaching, **the CTTF recommends limited resources dedicated to coaching be focused on two key groups: staff at child care centers and in congregate care/group home settings**. These staff work with children at critical developmental points and often do not have access to the same professional development opportunities and organizational supports that staff in K-12 school settings have. (Further, coaching for K-12 staff can likely be delivered more effectively within a school district.)

Child Care Staff: The Department of Early Education and Care currently operates an Early Childhood Mental Health Consultation (ECHMH) program, which provides services to address and support the social-emotional development and behavioral health of children in early education and

⁵¹ Childhood Trauma Task Force. (2019). *Next steps for addressing childhood trauma: becoming a trauma-informed and responsive Commonwealth*. <https://www.mass.gov/doc/next-steps-for-addressing-childhood-trauma-becoming-a-trauma-informed-and-responsive/download>.

⁵² Promote Prevent Commission. (2018, April). *A plan to promote mental, emotional, and behavioral health and to prevent behavioral health issues in our Commonwealth*. <https://www.promoteprevent.com/final-report>

⁵³ National Implementation Research Network. (n.d.). *Coaching*. Active Implementation Hub. <https://nirn.fpg.unc.edu/module-2/coaching>

care programs. Among other services, this program provides classroom observations and strategies for creating supporting learning environment, training and coaching for educators, and help with the development of individualized behavior support plans for children.

This program could be enhanced to expand the program's reach and ensure ECHMH providers have the capacity to offer coaching and consultation on behavioral management and classroom dynamics in response to Covid-related trauma. Alternatively, the state could create a coaching hotline that any child care provider could call to get quick, individualized advice on how to handle challenging classroom behavioral issues or mental health concerns. This hotline, which could operate using a model similar to the hotline operated by the Massachusetts Child Psychiatry Access Project (MCPAP), could connect callers who need more intensive support to the ECHMH system.

Congregate Care Staff: Staff at congregate care settings, such as group foster homes for youth in the custody of the Department of Children and Families, have always been the front-line responders for children coping with significant trauma. In addition to the challenges these staff have always responded to, the Covid-19 pandemic has created a variety of new issues to navigate, including children coping with increased isolation and separation from school, youth resisting the use of PPE, and Covid-related staffing shortages.

These staff could benefit from access to similar coaching opportunities as those for child care staff, described above. The CTTF recommends providing individuals working on congregate care setting with access to coaches who have training in trauma-sensitive responses as well as experience applying them in similar care settings and can provide practical advice on how to appropriately respond in a given situation.

Recommendation 1C: Create an Interactive Website for Parents/Caretakers and Front-Line Child-Serving Professionals

Earlier this year, the Department of Mental Health (DMH) launched "Project Picasso," which explored the question of how DMH might reach youth and their families earlier in their mental health journey. Interviews with parents/caregivers and other key stakeholders revealed the need to: a) help parents identify the early signs of a mental health condition, b) assist parents in navigating the behavioral health system, c) help schools be a source of support and d) provide flexible help.

One recommendation from that project was to **develop an interactive, family-friendly website** that provides education around typical and atypical behavior for different ages/stages (e.g. infants, toddlers, elementary-age, tweens & teens) so parents know when to seek help, information on helping children build resilience, tips on how to de-escalate crises and empower parents to help their child, and integrated connection to existing behavioral health system navigation and treatment locator tools (e.g. Network of Care Massachusetts, Mass Substance Use Helpline, LINK-KID Trauma Referral Service, etc.).

There is more need now than ever to launch and build upon such a resource and **include information that is tailored to the particular needs of families in this crisis and available in multiple languages.**

Although families should be the first audience for the website, **the platform could also be expanded to create sections with targeted information for child care/early education providers and K-12 staff, in addition to the supports listed below.**

Recommendation #2: Increase Availability of Mental and Behavioral Health Services and Supports for Students

As a recent Aspen Institute report on the implications of re-entry for children points out, “student safety, belonging, and connectedness to school – through relationships with teachers and other students – are foundational to resilience and engagement that then enable academic success and thriving in life.”⁵⁴ Additionally, research on post-disaster childhood trauma has highlighted the effectiveness of school-based interventions.⁵⁵

Schools are actively looking for ideas, guidance, and support preparing for the expected rise of mental/behavioral health needs they will be facing this fall. Webinars offered by the Department of Elementary and Secondary Education (DESE) on topics related to trauma, mental health, and return to school have been in high demand, and over 600 school representatives attended a recent virtual presentation conducted by the Massachusetts School Mental Health Consortium on conducting universal behavioral health screenings in schools.

Each school district will ultimately have to develop their own plan for addressing the behavioral health needs of students in their district. **State government can play a role, however, in ensuring schools have access to practical, timely training, coaching, and consultation in developing these plans and implementing effective interventions this fall and throughout the next school year.**

Recommendation 2A: Increase Schools’ Ability to Identify Children Who Are Struggling

Informed by post-disaster trauma research and successful local initiatives (see Finding #6), as well as recommendations by the Safe and Supportive School Commission⁵⁶ and a number of national organizations (including the National Alliance on Mental Illness, the National Association of School Nurses and the National Association of School Psychologists), the **CTTF recommends that schools throughout the Commonwealth implement behavioral health screenings for all students** and use them to identify children in need of additional support as well as to inform overall mental health intervention planning efforts. Universal behavioral health screenings are useful for:

- **Proactively identifying students in need** of support and **avoiding escalation** of their conditions and behaviors.

⁵⁴ The Aspen Institute. (2020, May). *Recovery and renewal: Principles for advancing public education post-crisis*. https://assets.aspeninstitute.org/content/uploads/2020/05/AESP-Principles-for-Recovery-and-Renewal.pdf?_ga=2.266298959.1346405069.1589813729-332322905.1589813729

⁵⁵ Grolnick, W.S. et al. (2018). Improving adjustment and resilience in children following a disaster: Addressing research challenges. *American Psychologist*, 73(3), 215-229. [10.1037/amp0000181](https://doi.org/10.1037/amp0000181)

⁵⁶ In its 2020 report, the Safe & Supportive Schools Commission recommended funding “professional learning opportunities (in part this could be accomplished through already existing conferences by school committees/administrators associations etc.)” Of note, part of this recommendation is for staff to get training on “Promising models for implementing universal behavioral and mental health screening efforts and behavioral threat assessments that inform prevention efforts for all students, as well as early intervention and more intensive quality services for others.” See Safe and Supportive School Commission. (2020, February). *Fifth annual report*. <http://www.doe.mass.edu/sfs/safety/commission.html#reports>

- **Identifying students with internalizing behaviors** (e.g. anxiety, depression) who need support, but don't always come to the attention of school staff in the way students with externalizing behaviors (e.g. disruptiveness, aggression) do.
- **Focusing resources on mental health interventions that are most useful** to address the specific needs of a district's student population.

“The youth who do not like school and do not have to go to school now will likely struggle in September when we return. Many people have also experienced loss in some way (death of a relative, loss of finances, inability to obtain resources due to documentation status). It is likely children will experience some type of post-traumatic stress even if it does not rise to the level of PTSD.”

**Children’s Behavioral Health Knowledge Center,
Learning from Covid-19: Emerging Issues**

As students return to school this fall, universal behavioral health screening can identify those students in need of support while helping schools triage and determine how best to use limited resources.

A variety of free screening tools are available, but to put universal screening into place, schools need training and coaching on how to choose and implement appropriate tools, how to develop effective school implementation teams, and how to use the information gathered from the behavioral health screening to inform next steps. Training should also include information on how to conduct screenings virtually if it is not possible to do in-person.

The CTF recommends that the state make training and coaching available to school districts interested in implementing a behavioral health screening this coming academic year. The state could also **provide incentives and support for schools to participate** by providing stipends to cover staff time for training and implementation. (Depending on funding availability, stipends could be targeted toward lower-income school districts and/or those most heavily impacted by Covid-19.)

Recommendation 2B: Increase Schools’ Ability to Provide School-Based Interventions and Referrals

Recent data on high school students’ increasing mental health needs even before the pandemic began further highlights the urgency of providing mental health support in schools. In 2017, approximately 23% of Massachusetts children ages 0-17 experienced some form of trauma, abuse, or significant stress in the prior year, with more than 15% experiencing multiple traumas.⁵⁷

In addition to implementing universal behavioral health screenings, schools can increase their ability to provide interventions and make referrals to services by:

⁵⁷ Child and Adolescent Health Measurement Initiative. 2017 National Survey of Children’s Health (NSCH) data query. Cited in Children’s Mental Health Campaign. (2019, July 8). RE: In Support of S.244 An Act Relative to Mental Health Education and H.482 An Act Relative to the Promotion of Mental Health Education. <https://www.mamh.org/assets/files/Joint-Cmte-on-Education-July-9-19-In-Support-of-H482-S244.pdf>

- **Conducting Needs Assessment and Resource Mapping:** At a time when resources will be stretched thin, schools will need to be able to effectively map the resources that are available to them – including community-based resources – and accurately assess needs and gaps. In recent years, many schools across the Commonwealth have begun to use a free assessment tool (called the School Health Assessment and Performance Evaluation, or SHAPE)⁵⁸ to aid this process. **More schools could likely benefit from using this tool; this is another area where training and coaching on how to do so would be of value.**

- **Identifying and Implementing Evidence-Based Practices:** With the above information, schools will have a good sense of the gaps in behavioral health services and supports they need to fill. There are numerous, targeted, and free evidence-based practices that schools could implement to address identified needs.⁵⁹ **To do this quickly, schools need technical assistance in choosing and implementing the right practices for their school and situation.** SAMHSA and other organizations describe many disaster-specific trauma interventions schools can use, including:⁶⁰

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is a group intervention aimed at relieving symptoms of Post-Traumatic Stress Disorder, depression, and general anxiety among children exposed to trauma for children in grades 5-9.
- Classroom-Based Intervention (CBI), designed to assist teachers and administrators with stabilization and resilience building through highly structured expressive-behavioral activities.
- Friends and New Places, for children in grades K-12, is intended to reframe how children think about their experiences in a new environment, both at school and at home.
- Healing After Trauma Skills (HATS), designed to be facilitated by teachers, psychologists, and other counselors working with kindergarten, elementary, and early middle school children.

“A growing number of Massachusetts high school students are reporting feelings of sadness or hopelessness that last longer than two weeks. Students of color are at particularly high risk. In 2017, more than 35% of Hispanic Massachusetts high school students reported feeling sad or hopeless over at least two weeks and stopping of some of their usual activities. This compares to 28.6% of Black, 27.4% of Asian, and 25% of White high school students. Across all Massachusetts high school youth in 2017, 10.9% reported making a suicide plan and 5.4% reported attempting suicide in the past year.”

Massachusetts Association for Mental Health (MAMH)

⁵⁸ Flanders, J. (2019, Nov 11). *School health assessment and performance evaluation system (SHAPE): School leader perspectives*. Center for Educational Improvement. <http://www.edimprovement.org/2019/11/school-health-assessment-and-performance-evaluation-system-shape-school-leader-perspectives/>

⁵⁹ Jaycox, L. H., Morse, L. K., Tanielian, T., Stein, B. D. (2006). *How schools can help students recover from traumatic experiences: A toolkit for supporting long-term recovery*. RAND Gulf States Policy Institute. https://www.rand.org/content/dam/rand/pubs/technical_reports/2006/RAND_TR413.pdf

⁶⁰ SAMHSA. (2015, May). *Disaster technical center supplemental research bulletin: Disaster behavior health interventions inventory*. <https://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-may-2015-disaster-behavioral-health-interventions.pdf>; Jaycox, L. H., Morse, L. K., Tanielian, T., Stein, B. D. (2006). *How schools can help students recover from traumatic experiences: A toolkit for supporting long-term recovery*. RAND Gulf States Policy Institute. https://www.rand.org/content/dam/rand/pubs/technical_reports/2006/RAND_TR413.pdf

- The Journey to Resiliency (JTR), designed to help adolescents with posttraumatic stress symptoms to better cope and function in school and at home.
- Psychosocial Structured Activity (PSSA), a short-term and classroom-based resilience-building intervention, designed to normalize students' reactions to fearful events, rebuild self-esteem and develop coping skills.
- Silver Linings: Community Crisis Response Program, a first-response classroom program designed to provide a safe place among a caring group of adults and peers for students to express and explore feelings such as anger, sadness, and guilt, while participating in physical activities.

In addition to training and coaching on implementing behavioral health screenings, the state can also provide training and coaching on the above ideas.

Recommendation 2C: Support Schools' Enrichment Activities

Research has demonstrated that enrichment activities, such as art, music, and physical activities, are beneficial to children who have experienced trauma. Enrichment activities can also provide opportunities to teach students social and emotional skills and methods of managing anxiety and other emotions. Art therapy, for instance, has been found to “reduc[e] anxiety and provid[e] a vehicle for people to begin to construct a narrative of their trauma.” Additionally, for families wary of clinical interventions, enrichment activities have a “a positive social value and so are less stigmatizing.”⁶¹

Yet school districts in Massachusetts, faced with the need to make budget cuts, have started laying off teachers in specialized subject areas such as arts, music, and physical education.⁶² **The CTF recommends that schools continue to fund and promote enrichment activities for their students** as part of an overall strategy to support children’s well-being. While screening and interventions can help children cope with their traumatic experiences, building resilience and hope is also a core part of children’s recovery.

Recommendation #3: Build Capacity in Community to Provide Culturally Competent Behavioral Health Services

While parents, caretakers, child care facilities, and schools can provide support and interventions for lower-level behavioral health issues, a significant number of children will need help from trained mental health professionals in the community. As noted above, equitable access to these services has been a challenge for years, and the impact of the Covid-19 pandemic will only exacerbate the problems. The CTF joins the Promote-Prevent Commission (2018) in recommending investments in family-based programs that promote the social and emotional well-being of children of diverse background, support, and educate caregivers as well as strengthen the economic and housing security of the family. These services will be all-the-more necessary once the April legislative act on a rent and mortgage moratorium ends (on August 18, 2020 or 45 days after

⁶¹ Markland, F. (2011). *Effectiveness of school based art therapy for children who have experienced psychological trauma*. [Dissertation, University of Manchester]. ProQuest.

⁶² Irons, M. E. (2020, June 8). Teachers brace for layoffs in unprecedented times. *The Boston Globe*. <https://www.bostonglobe.com/2020/06/08/metro/unprecedented-times-teachers-brace-layoffs/>

the emergency order is lifted—whichever is sooner), as tenants and small business owners may be faced with increased housing and income insecurity.

Recommendation 3A: Increase Access to Crisis, Inpatient, and Outpatient Behavioral Health Services

There have been numerous studies and plans proposed for improving access to community-based behavioral health services for children in recent years, including:

- The January 2019 “Report on Pediatric Behavioral Health Urgent Care” from the Children’s Mental Health Campaign.⁶³
- The Mental Health ABC Act of 2020, recently passed by the Massachusetts Senate.⁶⁴
- An Act Relative to Children’s Health and Wellness, which was signed into law in the fall of 2019.⁶⁵
- The Executive Office of Health and Human Services (EOHHS) ongoing behavioral health redesign effort, which seeks to strength access to behavioral health treatment across the lifespan, with a policy roadmap forthcoming in late Summer 2020.

All of these efforts include a variety of policy ideas that, if implemented, could make a substantial difference for children of the Commonwealth in need of behavioral health support. The CTTF strongly recommends that the Legislature and the Baker-Polito Administration prioritize further action on issues related to children’s mental health this year as part of the overall state response to the Covid-19 crisis.

Within that response, actions to accomplish the following objectives are particularly important:

- **Expand access to Mobile Crisis Intervention (MCI) programs** to make them more readily available statewide and accessible to children and youth regardless of whether or what kind of health insurance they have. Continued work is also needed to improve the quality and consistency of MCI.
- **Expand availability and access to inpatient psychiatric care services** and crisis stabilization for children and adolescents.
- **Increase availability of walk-in/service-on-demand capacity** for outpatient behavioral health services for children and youth, to ensure children in need can be quickly connected in services rather than waiting for the situation to escalate.
- **Take action to reduce cost barriers** for children and families seeking mental health services.
- **Increase availability of culturally competent, multi-lingual mental/behavioral health services**, which may include strategies to increase/incentivize recruiting and training of culturally/linguistically diverse providers.

⁶³ Children’s Mental Health Campaign. (2019, January). *Report on pediatric behavioral health urgent care*. <https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:59ce2a16-6a02-4376-a7ad-8848d3733df6#pageNum=1>

⁶⁴ An Act Addressing Barriers to Care for Mental Health. S.2519. (2020). <https://malegislature.gov/bills/191/s2519>

⁶⁵ An Act Relative to Children’s Health and Wellness. S.2377. (2019). <https://malegislature.gov/Bills/191/S2377>

Recommendation 3B: Increase Funding for Family Resource Centers and MHAP for Kids

Family Resource Centers (FRCs) are families' front door to community services and supports. In addition to providing children and families with referrals to behavioral health services, FRCs also offer guidance and support in areas such as housing, economic stability, academic success and peer support – all of which are intricately tied to children's overall well-being and success in life. Of note, FRCs, established in each county, offer multi-cultural parenting programs, support groups, early childhood services, information and referral resources and education for families whose children range in age from birth to 18 years of age. Given the importance of economic stability and community building in helping children recover from traumatic experiences, FRCs play a critical role in ensuring children and families thrive in the next phase of this pandemic. Ensuring FRCs have the necessary resources to meet the needs of children and their families is especially important as the state is projected to end the rent and mortgage moratorium on August 18, 2020 or 45 days after the Covid-19 emergency declaration is lifted (whichever is sooner)—a move which may increase housing and income insecurity for many families throughout the state.

Without sufficient funding, community providers will not be able to respond to the increased needs of families during and after the Covid-19 pandemic. To build capacity for mental health referrals and other important community services in communities, **the CTTF joins the Safe and Supportive Schools Commission and the Families and Children Requiring Assistance (FACRA) Advisory Board in recommending additional funding for Family Resource Centers.**⁶⁶

Additionally, FRCs in seven counties (Suffolk, Middlesex, Essex, Hampden, Worcester, Norfolk, and Bristol) have partnered with **Health Law Advocates** to provide Mental Health Advocacy Programs for Kids (MHAP for Kids) to ensure youth with mental health needs have access to the services they need and avoid contact with the juvenile justice system. MHAP for Kids does so by assisting families getting health insurance coverage, improving special education services, and collaborating with state agencies (such as the Department of Developmental Services, the Department of Children and Families, and the Department of Mental Health). A two-year study conducted by Boston University has demonstrated the efficacy of MHAP for Kids, including improved school attendance and overall mental health of children, decreased needs for emergency mental health services and inpatient psychiatric hospitalization, as well as significantly reduced parental rates of depression and stress.⁶⁷ Of note, the decrease of inpatient hospitalization (from 44% to 14%) resulted in significant cost savings for the Commonwealth, as the majority of low-income families served were insured by MassHealth. As such, **the CTTF joins FACRA Advisory Board in recommending funding to expand MHAP for Kids statewide** to help improve children's access to mental health services.⁶⁸

⁶⁶ Safe and Supportive School Commission. (2020, February). *Fifth annual report*. <http://www.doe.mass.edu/sfs/safety/commission.html#reports>; Families and Children Requiring Assistance Advisory Board. (2020, January 3). 7th annual report of the Families and Children Requiring Assistance Advisory Board on recommendations relative to the implementation of section 16U of chapter 6A.

⁶⁷ Health Law Advocates. (n.d.) *Initiatives: Mental health advocacy program for kids*. <https://www.healthlawadvocates.org/initiatives/mhapforkids>

⁶⁸ Families and Children Requiring Assistance Advisory Board. (2020, January 3). 7th annual report of the Families and Children Requiring Assistance Advisory Board on recommendations relative to the implementation of section 16U of chapter 6A.

Recommendation 3C: Provide Mental Health and Economic Support for Adult Caregivers

This report focuses on the needs of children in the Commonwealth. It is important to emphasize, however, that ensuring caregivers have access to economic and mental health support is critical, as adults whose physical, mental, and emotional needs are tended to are in a better position to help children cope and recover.⁶⁹ Economic stability is foundational to ensuring children and their families can cope with stressors and recover from traumatic experiences during this pandemic. As such, the **CTTF urges the state to continue funding programs that address children and families' food and housing insecurity and provide economic assistance to households throughout the Commonwealth.**

In addition to dealing with their personal situations during the pandemic, educators, caregivers, and child-serving professionals are also focusing much of their energy tending to the needs of children and youth. Adults caring for children and youth who are experiencing traumas and stressors can develop Secondary Traumatic Stress, which can lead to professional burnout and high staff turnover. **To ensure that adults can effectively support the children they care for, the state must provide them with adequate mental health support.**

This includes:

- **Improving access to mental healthcare**, generally
- **Increasing funding for programs designed to support parents**, such as the Family Resource Centers, mentioned above
- Encouraging/incenting/supporting child-serving organizations (e.g. schools, child care congregate care) to **actively support their staff in coping with their own traumas and stressors and avoiding/recovering from secondary traumatic stress**

⁶⁹ Walsh, F. (2007, June). Traumatic loss and major disasters: strengthening family and community resilience. *Family Process*, 46(2), 207-227. <https://doi.org/10.1111/j.1545-5300.2007.00205.x>

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