Childhood Trauma Task Force

May 3, 2021

1pm-3pm

Agenda

- Approval of March 1 and April 5, 2021 Meeting Minutes

- Trauma Screening in School Settings Presentations
  – OCA Introduction
  – John Crocker
  – Dr. Whitney Walker

- Discussion of COVID-19 Follow-Up Report
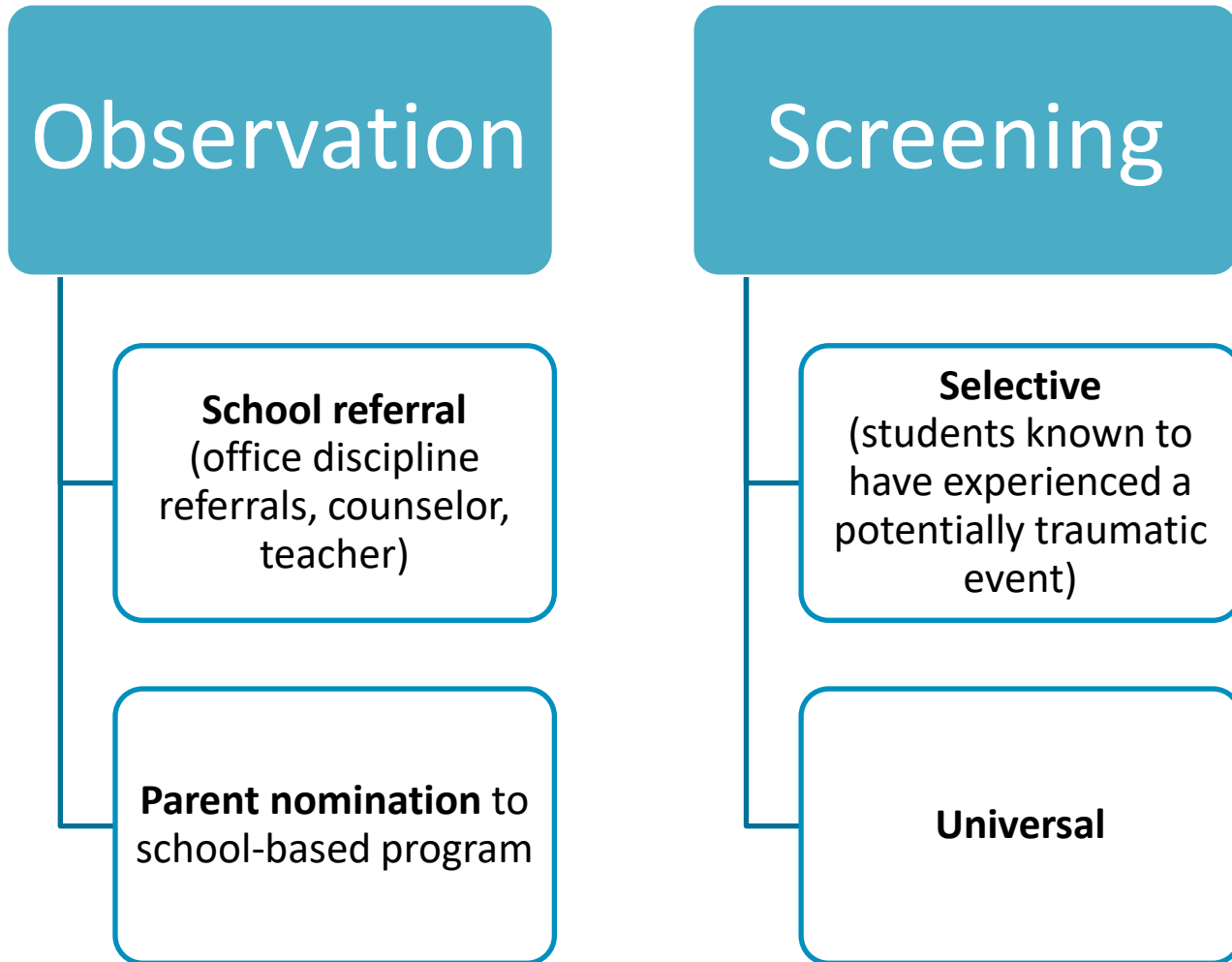
Youth Mental Health in Massachusetts

- High School Youth Risk Behavior Survey (2019):
  - 1/3 felt sad or hopeless in the past 12 months
  - 18% seriously considered attempting suicide in the past 12 months

- National survey estimates that between 20-27% of children in MA have a MH disorder, about half of which are not receiving needed treatment or counseling from a MH professional

- Centers for Disease Control and Prevention. (2019). *High School YRBS. Massachusetts 2019 Results.* https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=MA
- Whitney, D. & Peterson, M. (2019, April). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics 173*, 4, 389-391.

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Schoolwide Screening for Mental or Behavioral Health

- "Peer relationships, social interactions, academic attainment, cognitive process, emotional control, behavioral expectations, physical development and moral development are all mediated through school, and all of these areas are affected by mental health" (McNamee)

- One study found that 71% of parents think their child's school should screen all students for depression (most favored 6th & 7th grade)

- Yet only an estimated 13% K-12 schools throughout US conduct schoolwide emotional or behavioral screening

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Ways to Identify and Refer Students with Mental Health Needs

Observation

- **School referral** (office discipline referrals, counselor, teacher)

- **Parent nomination** to school-based program

Screening

- **Selective** (students known to have experienced a potentially traumatic event)

- **Universal**

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Many Students Experience Trauma Every Year

2019 MA Youth Risk Behavior Survey shows that in the past 12 months:

- 18% were in a physical fight
- 10% experienced sexual violence by anyone
- 7% experienced physical dating violence

In fact, many potentially traumatic events are experienced in school:

- 16% were bullied on school property
- 6% did not go to school because they felt unsafe at school or on their way to or from school (on at least 1 day during past 30 days)
- 5% were threatened or injured with a weapon on school property

Mental/Behavioral Health or Trauma Screening in Schools?

- To date, there is both *more research* and *more buy-in* for MH/BH screening in schools
  - In 2012, the Council for Children with Behavioral Disorders argued for the need to "actively screen for those in need of mental health services" in schools.
  - In 2019, SAMHSA published *Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools*
  - In 2020, the School Mental Health Collaborative published *Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide*

- But there is emerging research and advocacy of trauma-specific screening
  - Since mid-2010s, increasing number of studies advocate and promote trauma-related screening
  - In 2016, the Defending Childhood Initiative published *Guidance for Trauma Screening in Schools*

Questions to Keep in Mind

- Is universal *trauma* screening necessary in all schools (vs universal *behavioral health* screening)?

- What are schools' goals when adopting universal screening practices?
  - For emotional, mental, and behavioral health
  - For trauma

- What do schools need before implementing such a system?

Presentation by John Crocker

Director of School Mental Health & Behavioral Services for Methuen Public Schools

Followed by Q&A
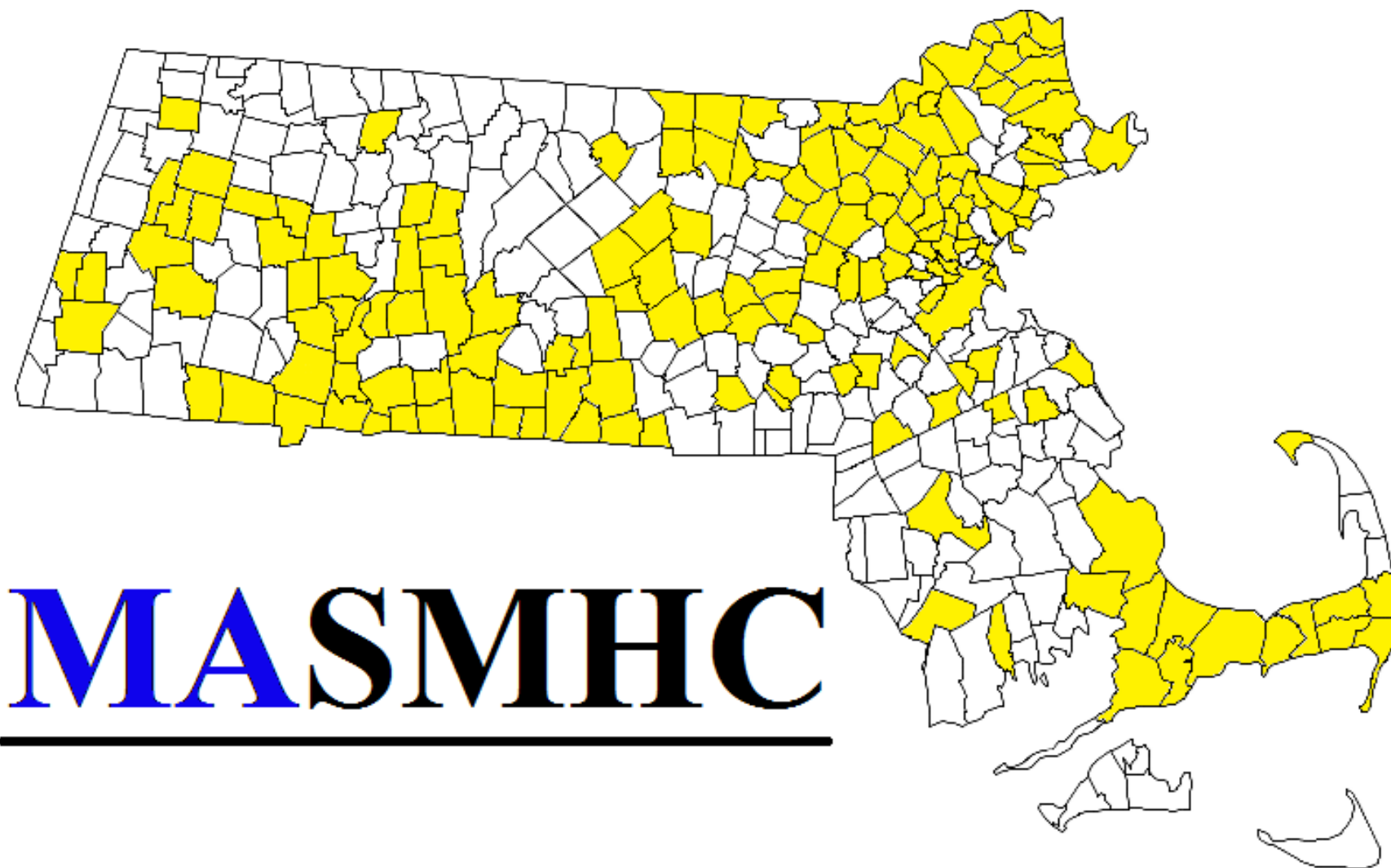
Defining Universal Mental Health Screening

"Using a tool or process employed with an entire population, such as a school's student body, to identify student strengths and needs. Screening is often used to identify students at risk for a mental health or substance use concern."

-National Center for School Mental Health and MHTTC Network Coordinating Office (2019)

Let's check in around this definition…is anyone screening in this manner during the pandemic?

Critical Components of Universal MH Screening

Successfully implementing universal mental health screening will require consideration of the following

1. Developing a team to support screening

2. Generating buy-in from school and community stakeholders

3. Providing professional development and technical assistance to ensure MH staff readiness

4. Selection of the population to screen

5. Selection of a screening measure

6. Design and adoption of consent procedures

7. Planning for the administration of screening

8. Data collection, analysis, and warehousing considerations

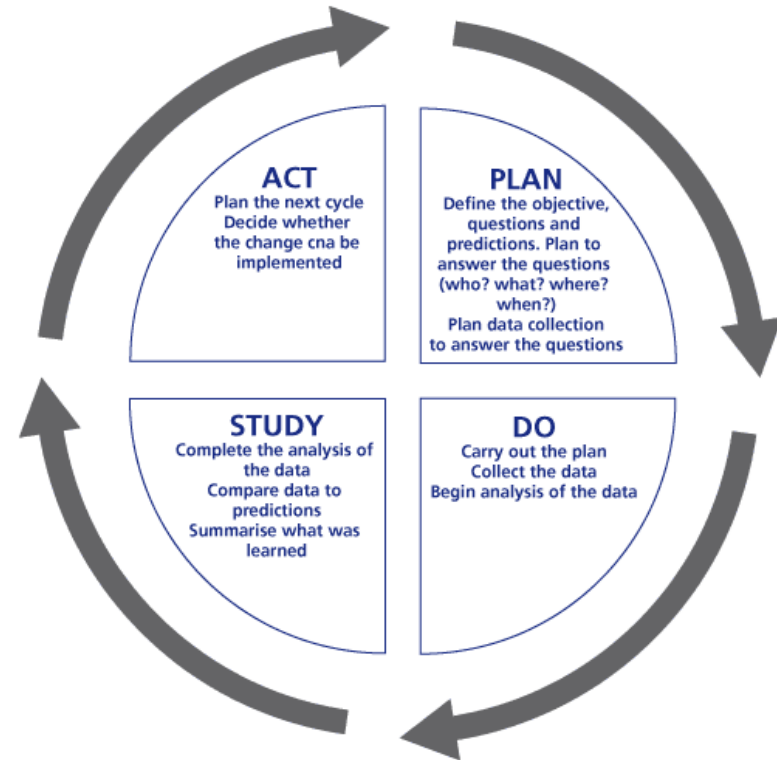9. Conducting a coordinated follow up to address the needs of identified students

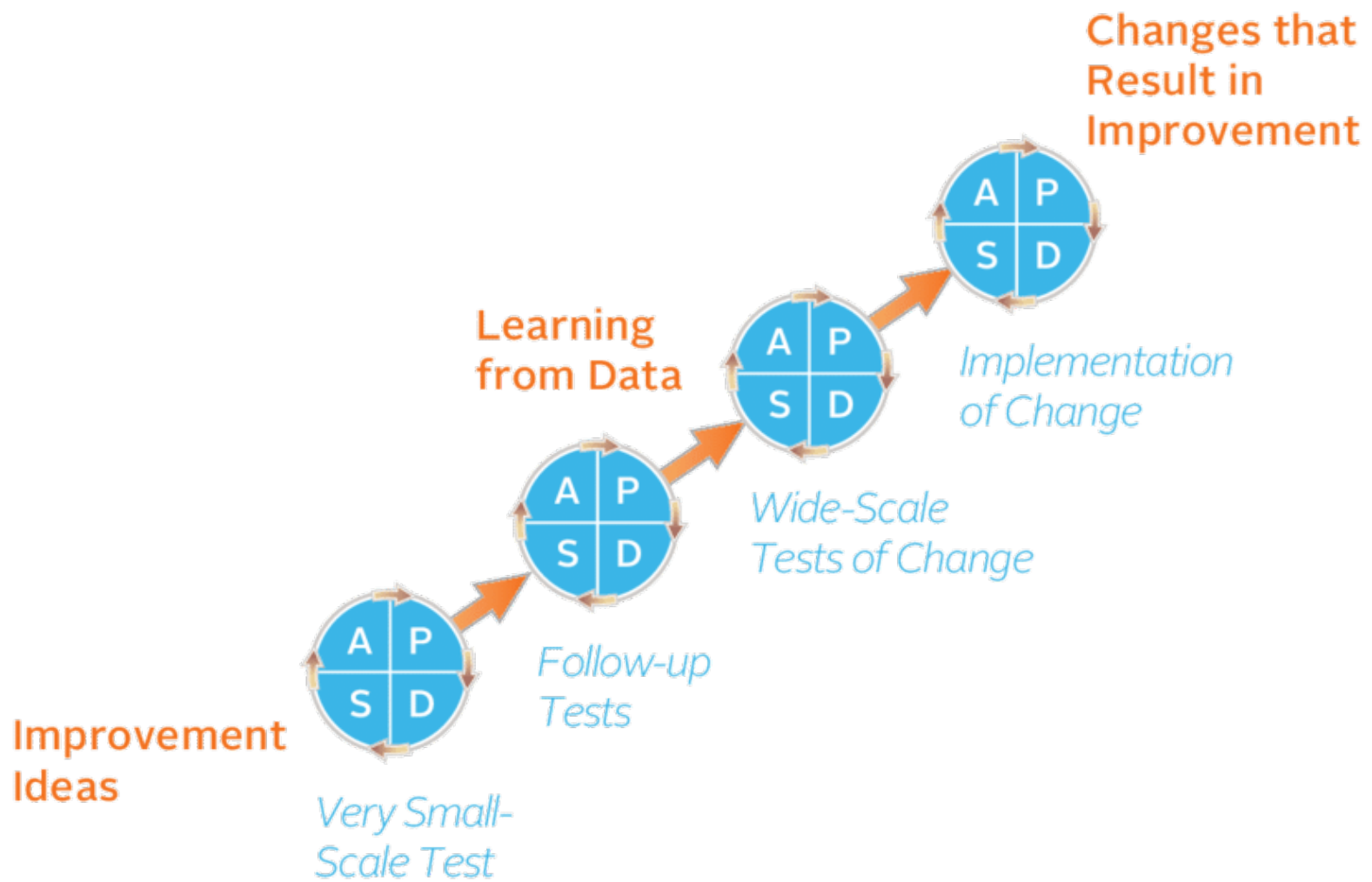# Implementing Universal Screening: Starting Small

- Rapidly testing at the micro-level allows the team to:
  - Identify areas to improve
  - Establish systems to make screening efficient and sustainable
  - Build off of successes to ensure sustainability after scaling up

- Ad hoc screening with individual students
  - Allows the team to assess the utility of various measures
  - Small tests of change + High confidence in success = Low cost of failure

- Analyze components of practice - What about consent?
  - Active consent secured during the initial phase of screening
  - What were the drawbacks?
  - How can we build the capacity to screen students more readily?

Action Planning and PDSA Cycles

- **Plan**
  - Define the objective, questions, and predictions
  - Plan for data collection
- **Do**
  - Carry out the plan
  - Collect and analyze data
- **Study**
  - Complete the analysis of the data and compare the results to the predictions
  - Summarize what was learned
- **Act**
  - Determine whether the change will be abandoned, adapted, or adopted

Changes that Result in Improvement

Learning from Data

Implementation of Change

Wide-Scale Tests of Change

Follow-up Tests

Improvement Ideas

Very Small-Scale Test

The SHAPE System: Screening and Assessment Library Demo

Consider your population's most prevalent presenting concerns...who do you want to screen and what do you want to screen for?

Do you like free?

Rationale for Using a Problem-Specific Screener

- Needs assessments

  - Counseling log analysis (2013-2015)

  - Prevalence survey administered to all mental health staff

    - What are the most prevalent presenting problems that mental health staff are addressing across all tiers?

    - What are students reporting to be the most pressing issues related to their mental health?

  - Youth risk behavior survey

- Global vs. specific screening

  - Efficiency of screening

  - Obtaining actionable data

  - Using multiple specific screeners to piece together a richer and more comprehensive view of the student population

Prosocial / Competency-based Measures vs. Symptom Specific Measures

- How you want to use the data will determine the best tool/s to use.

- Consider the following reasons for collecting psychosocial data:

  - We want to determine the impact of our implementation of SEL curriculum on student's self-perceptions of competence relative to the CASEL competencies.

  - We want to identify students who are experiencing internalizing concerns to improve our ability to intervene proactively.

- Using multiple measures of growth can serve to understand the impact of services/programs on both sides of the continuum.
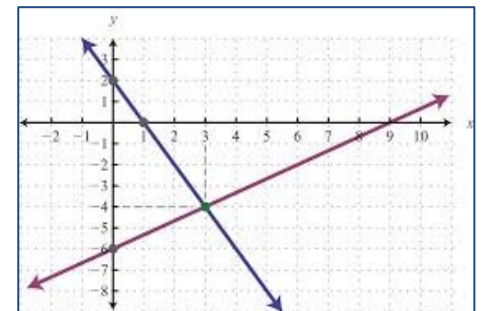
PATIENT HEALTH QUESTIONNAIRE - 9

Comments:

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
	0	+ ____	+ ____	+ ____
				= Total Score: ____

If you checked off **any** problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ☐	Somewhat difficult ☐	Very difficult ☐	Extremely difficult ☐

Patient's name: _____ Date: _____

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✔" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T____ = ____ + ____ + ____)

UCLA COVID-19 Brief Trauma Screen

Methuen PS has engaged in universal screening for the past several years, focusing primarily on anxiety and depression.

Screening has expanded to include use of a scale to assess post-traumatic stress.

	HOW MUCH OF THE TIME DURING THE PAST MONTH...	None	Little	Some	Much	Most
1	I try to stay away from people, places, or things that remind me about what happened or what is still happening.	0	1	2	3	4
2	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
3	I have trouble concentrating or paying attention.	0	1	2	3	4
4	When something reminds me of what happened or is still happening, I get very upset, afraid, or sad.	0	1	2	3	4
5	I have trouble feeling happiness or love.	0	1	2	3	4
6	I try not to think about or have feelings about what happened or is still happening.	0	1	2	3	4
7	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
8	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
9	I feel alone even when I am around other people.	0	1	2	3	4
10	I have upsetting thoughts, pictures or sounds of what happened or is still happening come into my mind when I don't want them to.	0	1	2	3	4
11	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4

Have you or someone close to you gotten very sick or been in the hospital because of this illness?	□ Yes □ No
Have you or someone close to you been quarantined because of having symptoms of this illness?	□ Yes □ No
Have you or someone close to you been told of a positive test for this illness?	□ Yes □ No
Does someone close to you work around people who might have this illness?	□ Yes □ No
Have you or a family member had to move away from home because of this illness?	□ Yes □ No
Has anyone close to you died because of this illness?	□ Yes □ No

Screening with Equity in Mind

- As you work to pilot screening, equity needs to drive your implementation.

- Consider the cultural backgrounds of your students and select measures that match with your student populations needs/beliefs.

- If I use this measure, will ALL students be able to access it? Does this measure come in multiple languages? If not, how will we plan for translation?

- As we pilot screening, is our sample of students reflective of our population or is there disproportionate inclusion of our student population in our tests of change?
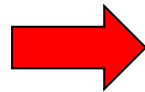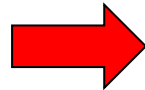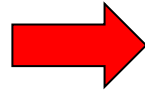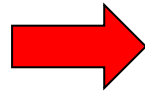
Active Consent vs. Passive Consent

- During the pilot phase of screening, MPS employed active consent procedures (written permission to engage in screening)

- As screening was scaled-up, the data indicated that securing active consent would pose a barrier to wide-scale implementation

- Sending a message that mental health screening was just as important as the other screenings that took place in the district was another reason to adopt passive consent with opt-out procedures

What percentage of families opted-out of screening?

Evolving Practice: Seeking Innovative Strategies

Initial Phase of Implementation

- Active Consent

- Paper and pencil screening

- Single-student or small group screening

- Administration facilitated by SMH staff

Improved Practices

- Passive Consent and Opt-out

- Web-based screening

- Grade-level or school-wide screening

- Administration through advisory and tech courses

2015-2016: Testing Practices on a Large Scale

- Using specific screeners to match our population's needs
  - GAD-7 - Generalized Anxiety Disorder, 7-question anxiety screener
  - PHQ-9 - Patient Health Questionnaire, 9-question depression screener
  - RCADS - Revised Child Anxiety and Depression Scale, 47-question anxiety and depression screener
- Two large scale screenings at Methuen High School
  - Grades 9-12 - GAD-7 (January 2016)
  - Grades 9-12 - PHQ-9 (April 2016)
- Piloting screening at the grammar schools
  - Grade 5 - RCADS anxiety/internalizing screener (March 2016)
  - Grade 4 - RCADS (May 2016)

Screening for Anxiety (January 2016)

- GAD-7 administered electronically

- 839 responses (approx. 45% of the high school pop.)

- 85 students scored in the severe range (10.1% of respondents)

- 104 students scored in the moderate range (12.4% of respondents)

GAD-7 15-16	Student Population	%
Sample	839	100.00
No Concern	443	52.80
Mild Anxiety	207	24.67
Moderate Anxiety	104	**12.40**
Severe Anxiety	85	**10.13**

Screening for Depression (April 2016)

- PHQ-9 administered electronically

- 852 responses (approx. 45% of the high school pop.)

- 69 students scored in the severe range (8.1% of respondents)

- 102 students scored in the moderate range (12.0% of respondents)

PHQ-9 15-16	Student Population	%
Sample	852	100.00
No Concern	494	57.98
Mild	187	21.95
Moderate	102	**11.97**
Moderately Severe	36	**4.23**
Severe	33	**3.87**

Identifying Students and Increasing Services

Increasing proactive service delivery for students who require mental health services.

- Identification of individual students who may require mental health services and supports

    - Proactive identification and referral for services serves to reduce the overall impact of mental health problems on students

    - The reduction of crises through preventative care improves the overall functioning of a mental health system and decreases the larger impact of crises on the school as a whole.

63% increase in identification of students who require mental health services following implementation of mental health screening in 16-17.

What does this look like for a student?

Identification

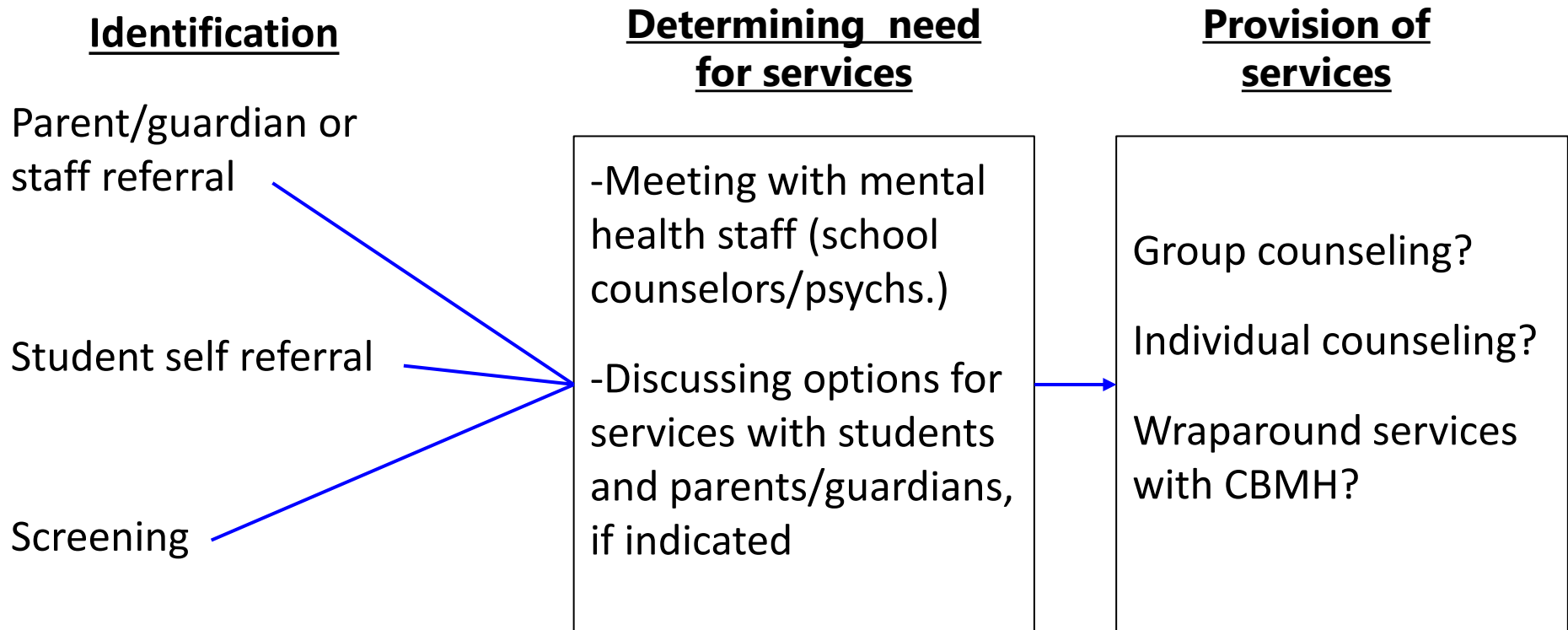Parent/guardian or staff referral

Student self referral

Screening

Determining need for services

-Meeting with mental health staff (school counselors/psychs.)

-Discussing options for services with students and parents/guardians, if indicated
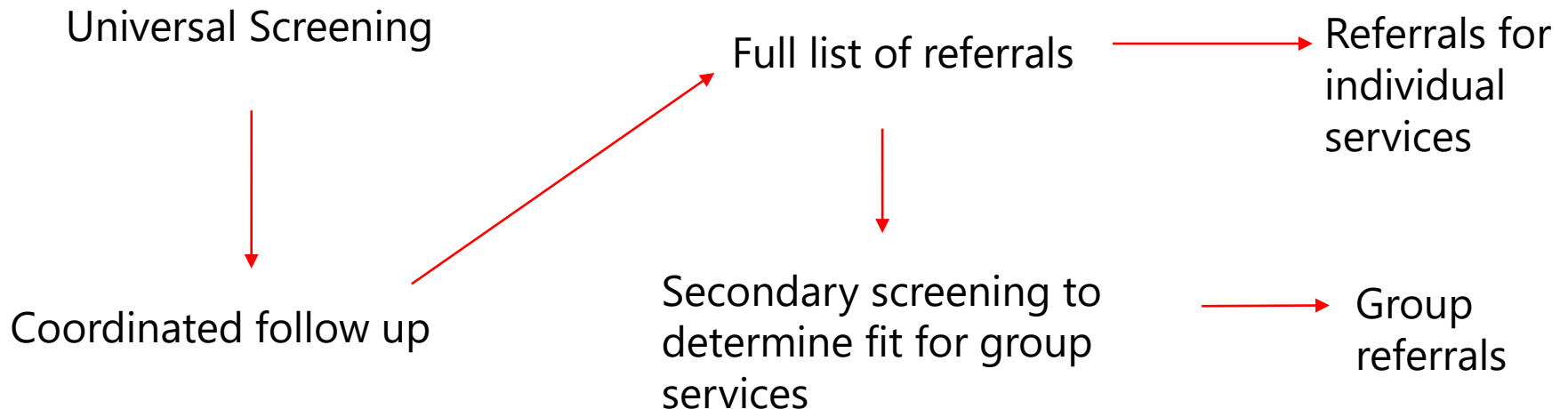
Provision of services

Group counseling?

Individual counseling?

Wraparound services with CBMH?

The Importance of Screening to Support Tier II

How do we traditionally make referrals to group-based services?

How effective are these practices?

Universal Screening

Coordinated follow up

Full list of referrals → Referrals for individual services

Secondary screening to determine fit for group services → Group referrals

Post-Screening: Coordinated Follow-up

- Data review and coordinated follow-up planned for all screenings

- Mental health staff receive the data within twenty minutes of the completed screening, allowing for immediate follow-up to be conducted with students who had elevated scores

  - Parent/guardian follow-up

  - [Follow-up procedural guide developed](#) and data rules established prior to screening to identify the population receiving follow-up

  - Clinical interview professional development

- Mental health staff can then make an informed decision about whether or not to offer services: in-school group or individual therapy, outside referral, etc.
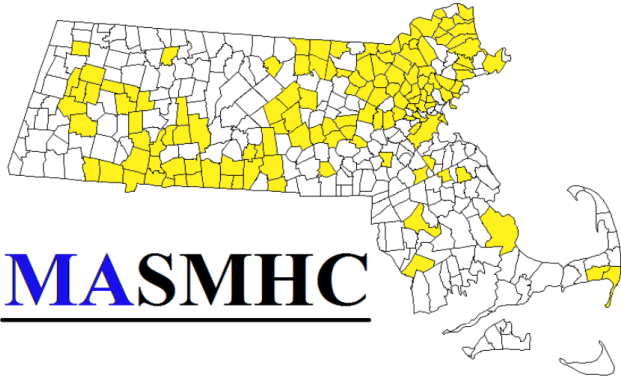
Post-Screening: Other Considerations

- 100% of students who required follow-up received it within 7 days of the screening

- Students who indicated any degree of suicidal ideation or intent to self-harm received follow-up within 24 hours (same day)

- Crisis teams were placed on call in advance of all screenings and local community mental health partners were informed of the screenings

MASMHC Universal Mental Health Screening Implementation Guide

Selecting a Screening Tool			
Guiding Questions	**Team's Preliminary Answer**	**What questions does the team still have that need to be answered before a decision can be made?**	**Who will follow up to get the info needed to answer any lingering questions? Due date?**
Is there a specific problem area that is driving the team's desire to implement this practice? Is the team hoping to measure prosocial factors as well?			
What is the age / grade of the population the team wants to screen?			

Why Screen? What do we screen for in Methuen?

- Screening represents one of the only practices to proactively identify mental health concerns.

- When we are sensitive to emerging concerns, we can provide preventative services and supports to reduce the likelihood that students will develop more serious mental health problems and reduce instances of crisis.

Grade	Anxiety	Depression	Substance Use	Trauma	Global Functioning	Student Engagement	Social Emotional Competence
3					■		■
4					■		■
5	■	■		■			■
6	■	■		■			■
7	■	■	■	■			■
8	■	■		■			■
9	■	■	■	■	■	■	■
10	■	■		■	■	■	■
11	■	■		■	■	■	■
12	■	■		■	■	■	■

Revised Child Anxiety and Depression Scale (RCADS)
Generalized Anxiety Disorder (GAD-7)
Patient Health Questionnaire (PHQ-9)
CRAFFT Substance Abuse Screener
UCLA Brief Trauma Screen
Strengths and Difficulties Questionnaire
Student Engagement Instrument (SEI)
**Social Emotional Learning Indicator System (SELIS)**

How long does it take, on average, for students to get care after they start to experience symptoms of a mental health concern?

Post-traumatic Stress Screening: Preliminary Data from 20-21

- Universal screening is currently being conducted across Methuen Public Schools, in person and remote.

- **37.7% of students at Methuen HS have elevated scores** on the UCLA COVID-19 Brief Trauma Screen based on preliminary data.
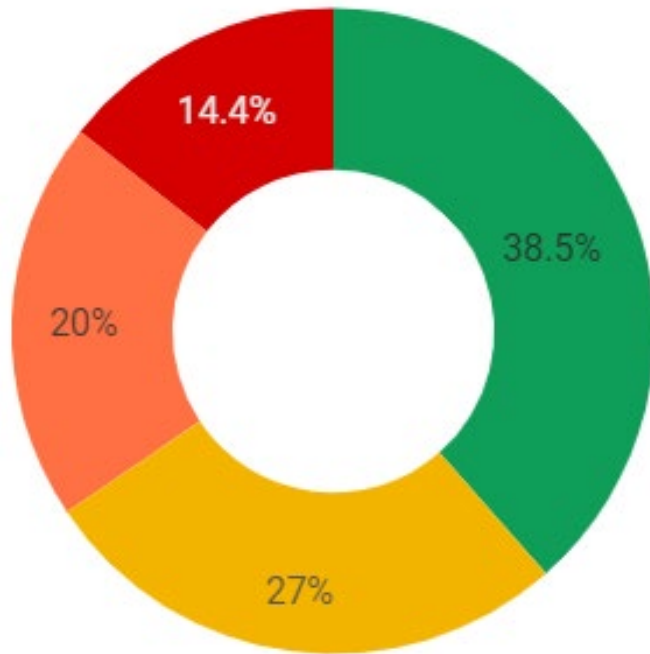

18.3%

19.4%

62.3%

No Concern   Moderate PTSD   Severe PTSD
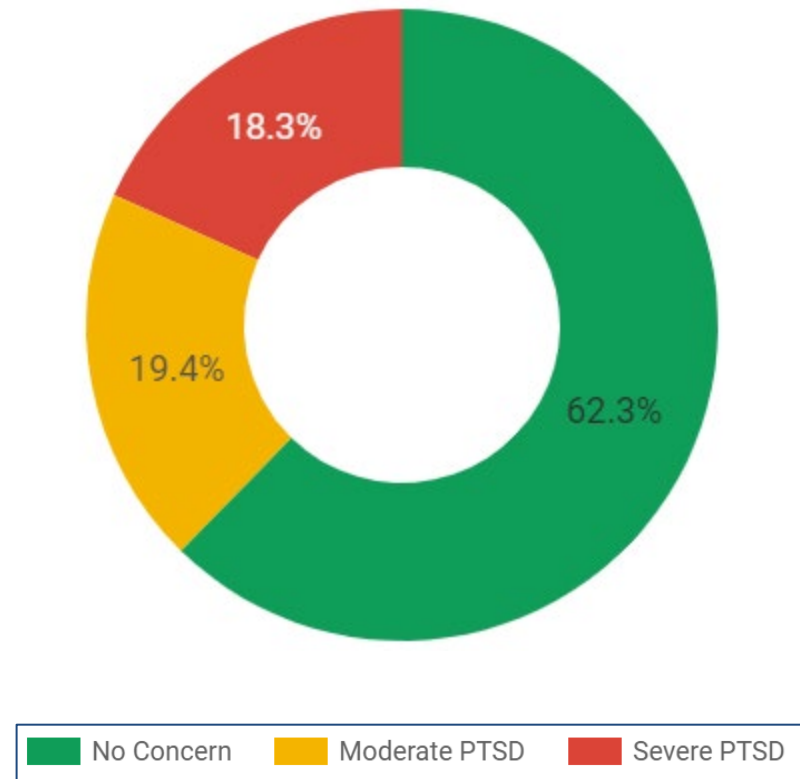
Depression Screening: Preliminary Data from 20-21
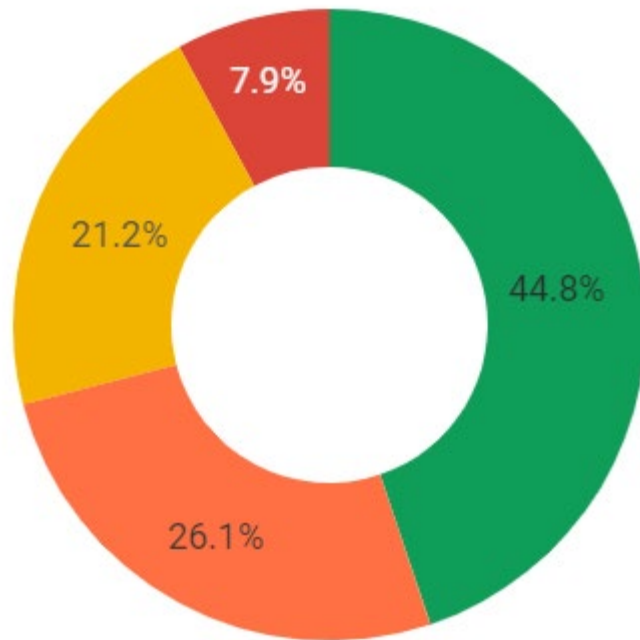
- Universal screening is currently being conducted across Methuen Public Schools, in person and remote.

- **34% of students at Methuen HS have elevated scores** on the PHQ-9, a depression screener, based on preliminary data.

Anxiety Screening: Preliminary Data from 20-21

- Universal screening is currently being conducted across Methuen Public Schools, in person and remote.

- **34.4% of students at Methuen HS have elevated scores** on the GAD-7, an anxiety screener, based on preliminary data.
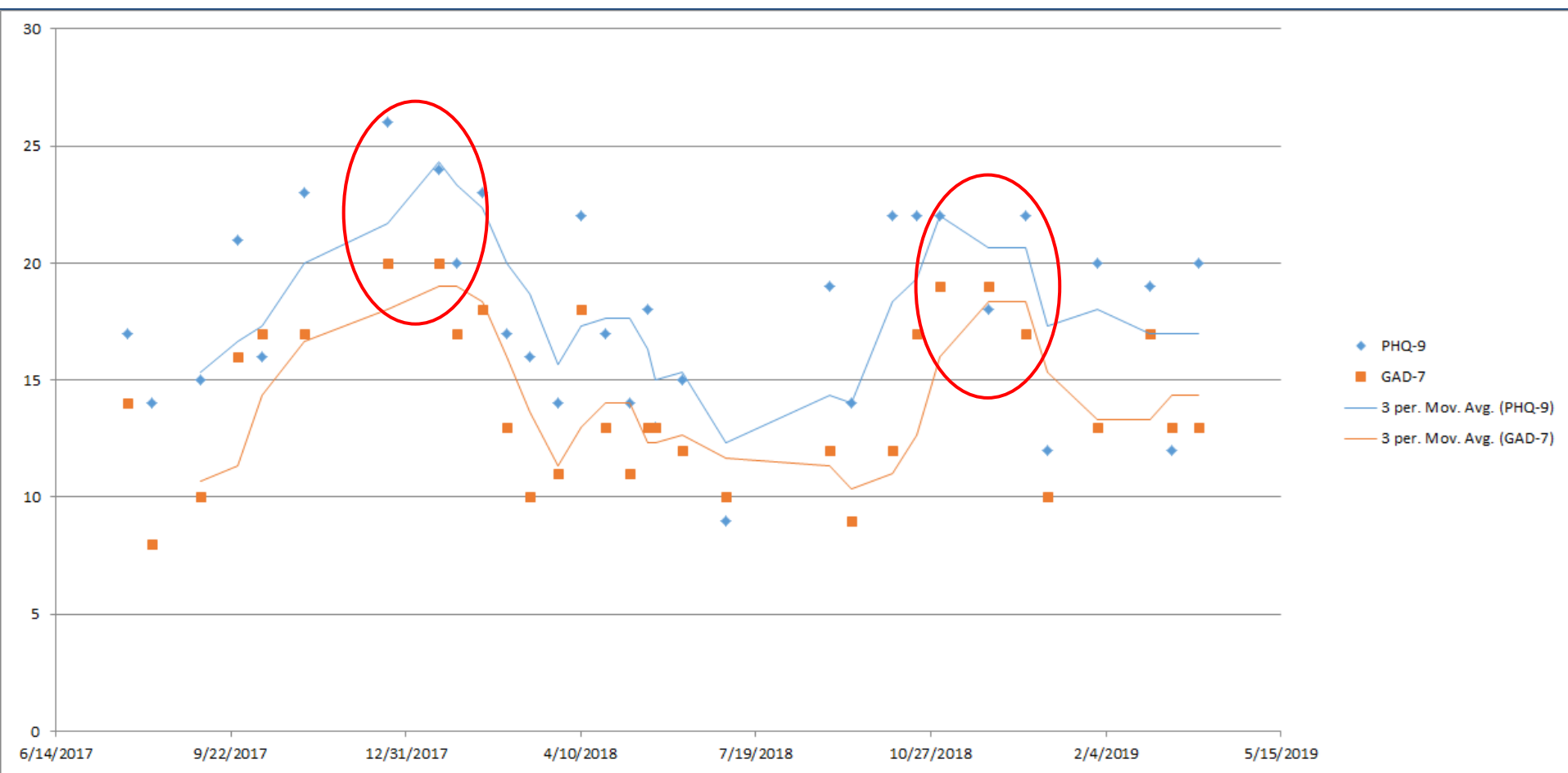
The Impact of COVID-19

- Based on our current data collection, our estimation is that prevalence rates are **2-3 times greater than pre-pandemic levels.**

- Preliminary data from screening conducted in **grades 5-8 show similar increases in prevalence rates** for anxiety, depression, and post-traumatic stress.
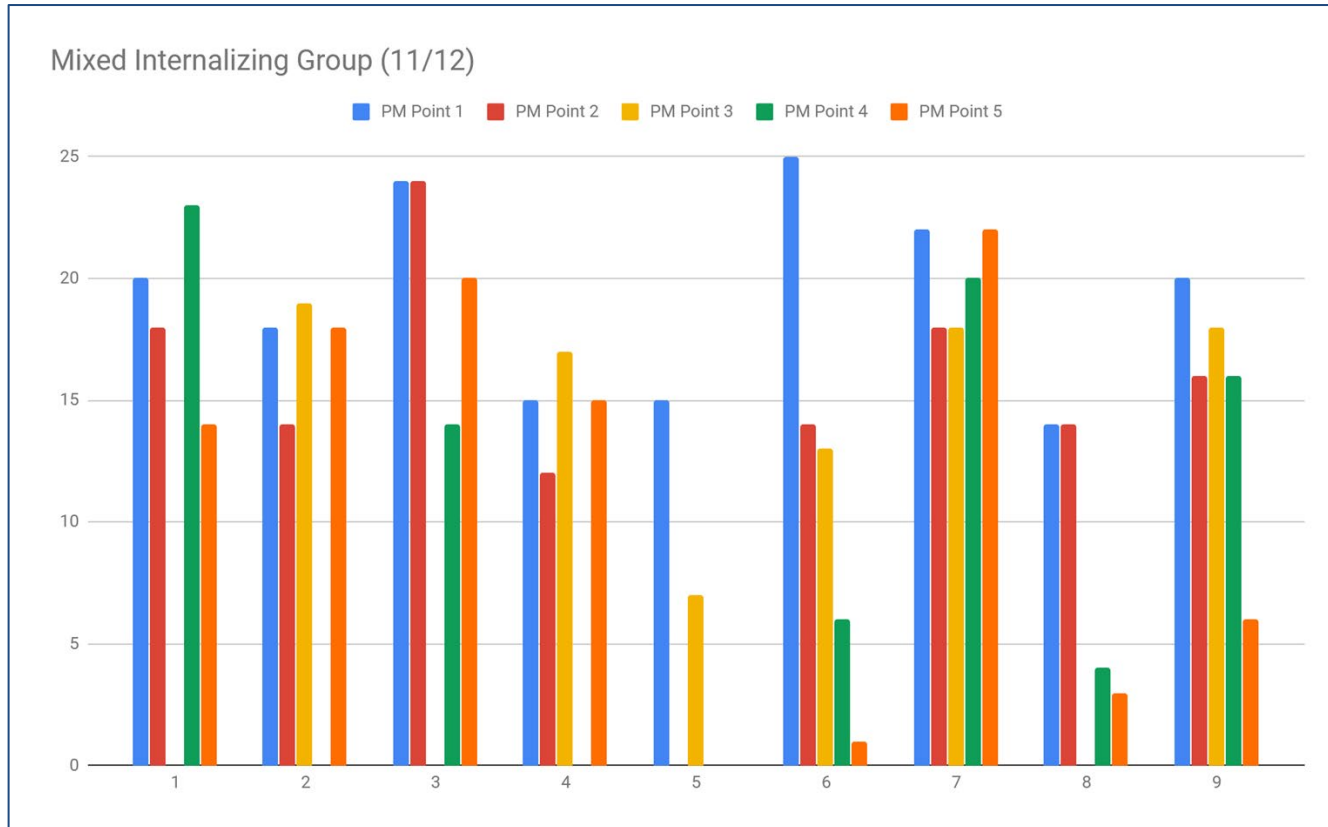
**What is MPS doing to address these growing concerns?**
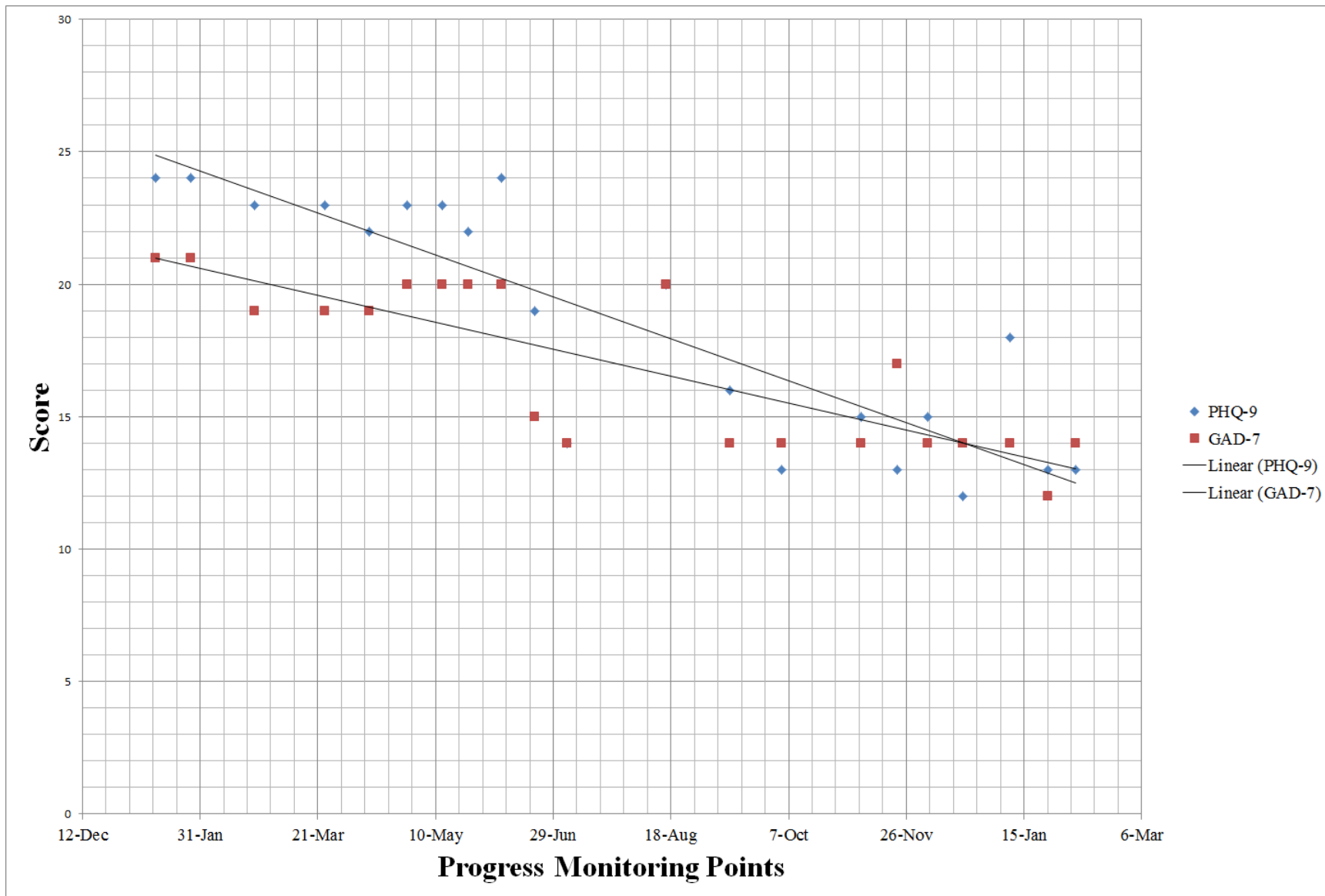
Single data points may drive session content, but multiple data points are critical to understanding trends.

Selected Data - 18-19 Mixed Internalizing Group

Mixed Internalizing Group (11/12)

PM Point 1 · PM Point 2 · PM Point 3 · PM Point 4 · PM Point 5

- 67% of participants showed improved scores on the PHQ-9 when group terminated

- On average, participants reported a 38% reduction in symptom presentation at termination

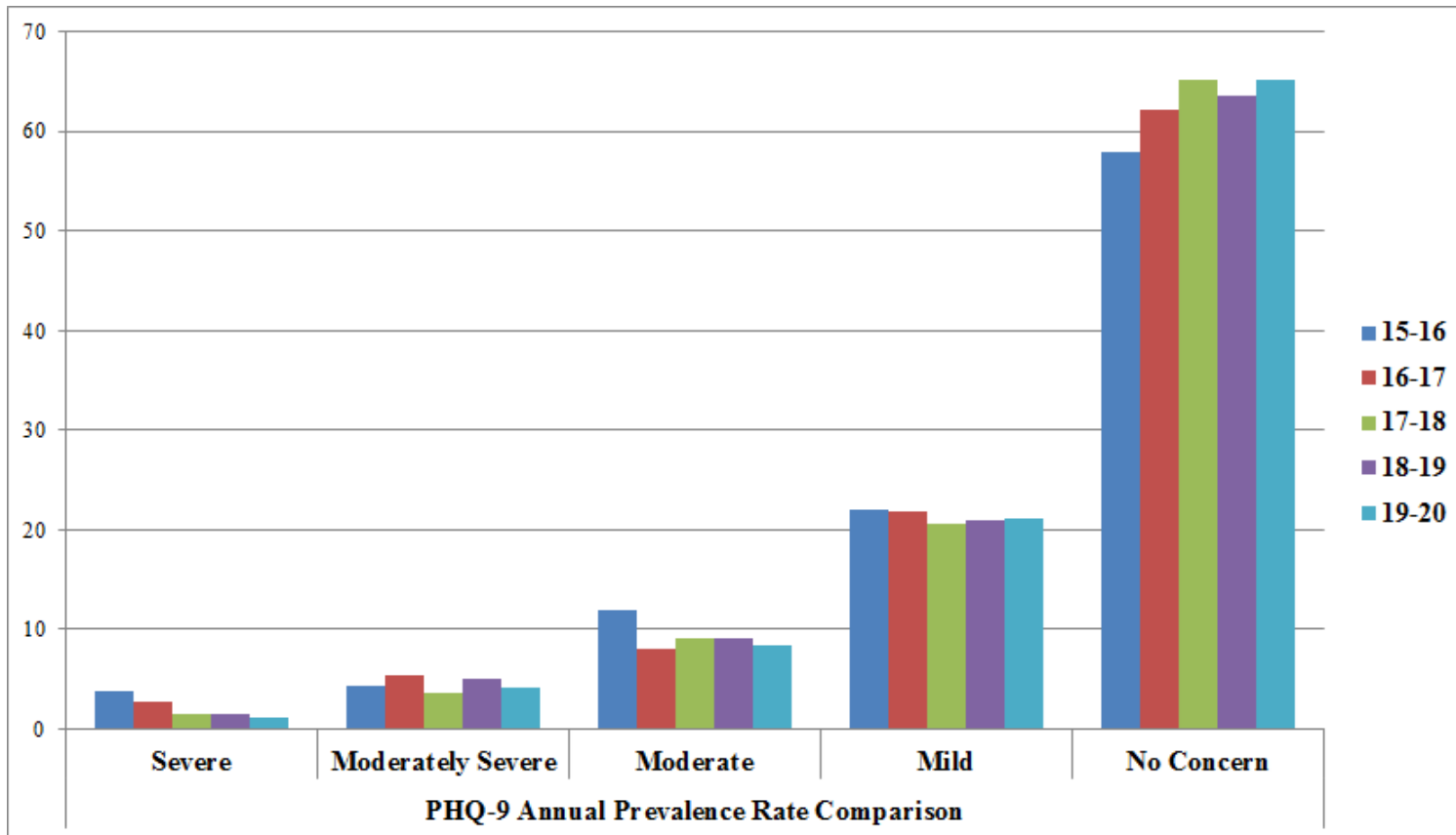- Show-rate for group was approximately 84%

5-Year Anxiety Screening Comparison Data
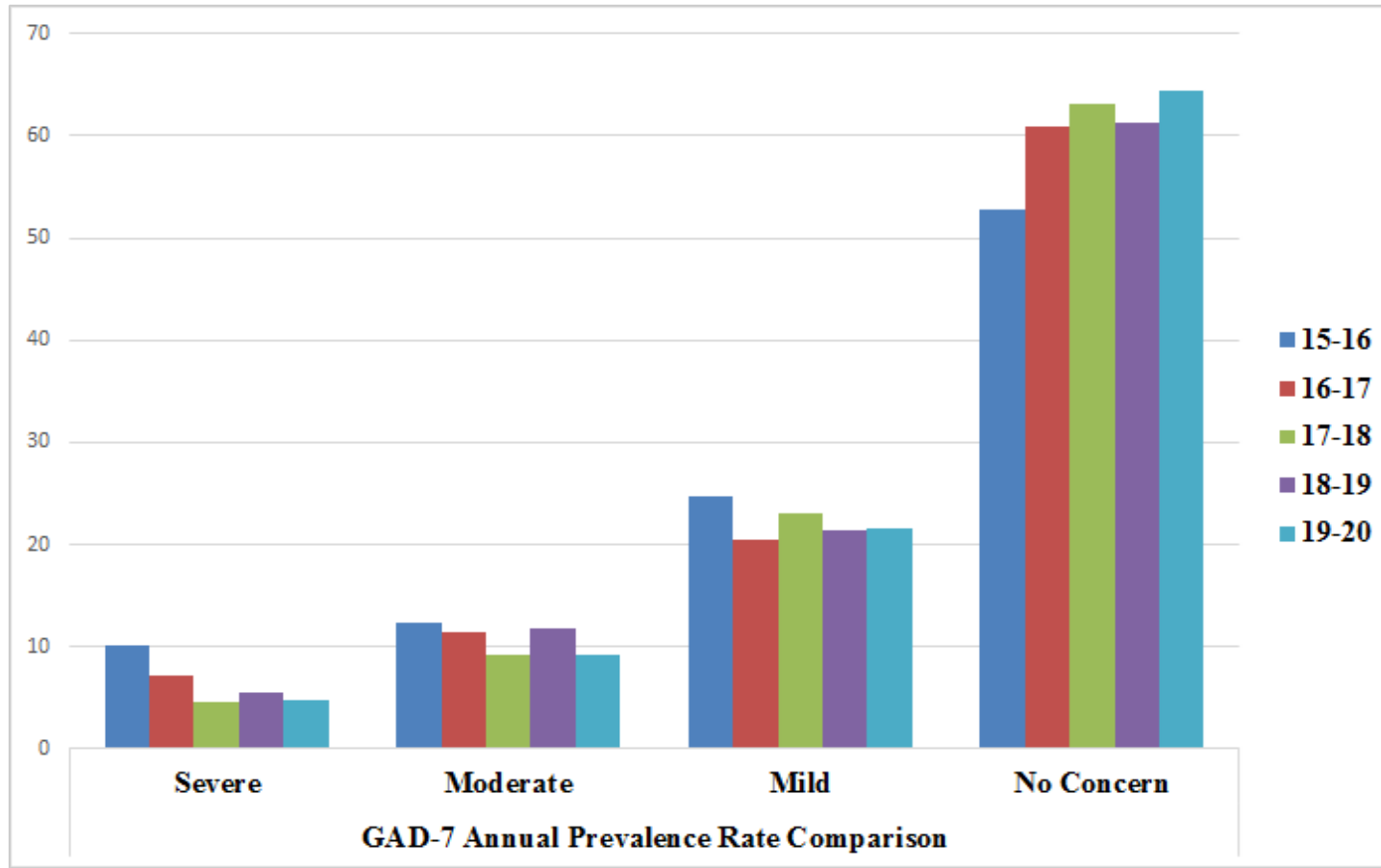
8.47% decrease in students scoring in the moderate to severe range for anxiety

11.54% increase in students reporting in the "No concern" range for anxiety

5-Year Depression Screening Comparison Data

PHQ-9 Annual Prevalence Rate Comparison

Legend: 15-16, 16-17, 17-18, 18-19, 19-20

6.54% decrease in students scoring in the moderate to severe range for depression

7.15% increase in students scoring in the "No Concern" range for depression

Resources

MASMHC Universal Mental Health Screening Implementation Guide

National Center for School Mental Health: Screening Playbook

www.TheSHAPESystem.com

PDSA Worksheet

Methuen Public Schools: Screening Coordinated Follow-up Guide
www.masmhc.org

MPS CSMHS Resource Page

Video guide for prepping screening data in Google sheets

Progress monitoring templates

Additional Resources

"Share seamlessly, steal shamelessly…"

- Counseling PD Choice Board - Feel free to share

- www.MASMHC.org

- MH / SELS Reopening Committee - Trauma-sensitive Schools During COVID-19 Presentation

- MH / SELS Reopening Committee - PBIS During Remote Learning Presentation

- MH / SELS Reopening Committee - Fostering SEL During Reopening Presentation

- Develop crisis protocols for the remote context (MH staff; all staff)

- Partner with your local MH providers and update your MOUs to reflect telehealth services

- Adapt SEL instructional practices for the remote setting

  - CASEL 3-Signature Practices Playbook

  - Facing History and Ourselves Teaching Strategies

- Develop telehealth best practices to support group (2) and individual therapeutic services

- Support staff in managing their own stress (STAT Program)

- Provide professional development (2) and coaching to support all staff

- Establish screening procedures (or leverage opportunities for initial assessment)

MAssachusetts **S**chool **M**ental **H**ealth **C**onsortium
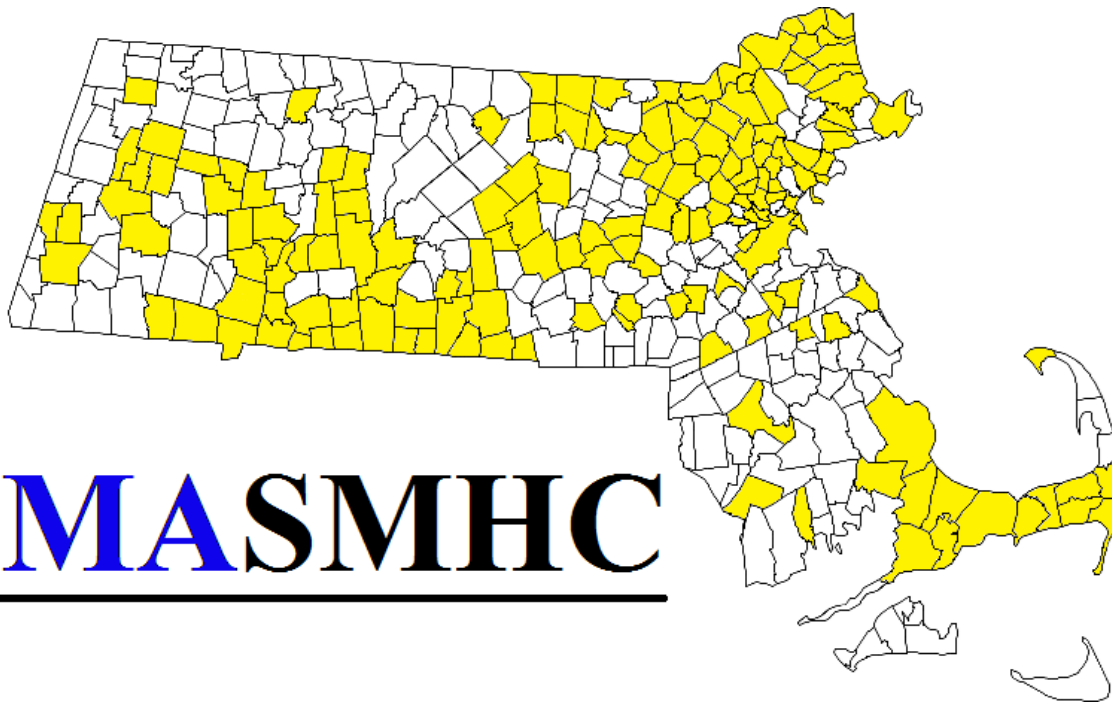
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Presentation by Dr. Whitney Walker

Followed by Q&A
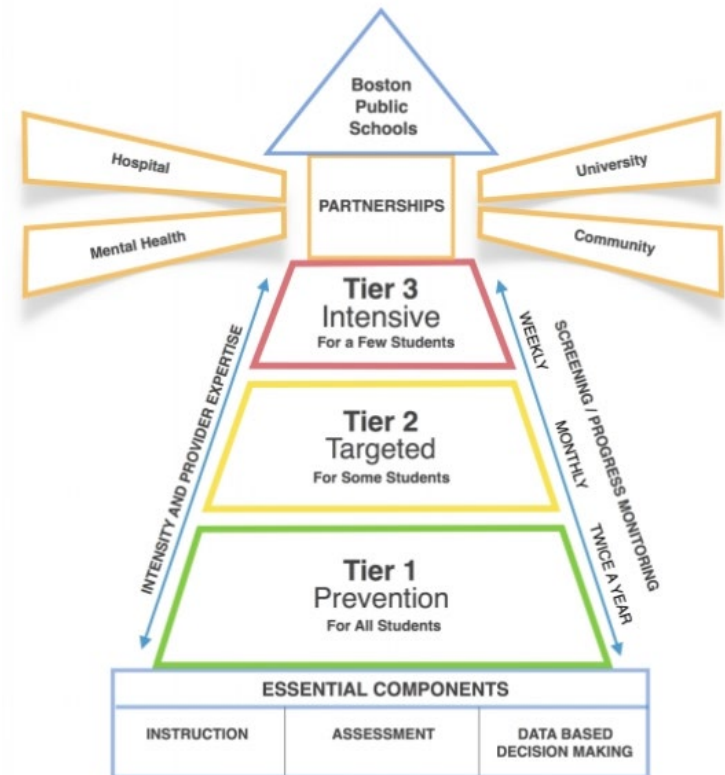
Universal Screening in Schools

Comprehensive Behavioral Health Model overview and outcomes
&
the Influence of School Context on Universal Ratings of Black Students

Comprehensive Behavioral Health Model

•Preventative model to build capacity within BPS to meet the **behavioral health & social emotional needs of all students.**

•Builds capacity within BPS schools to **provide instruction and intervention supports**

•Incorporates use of a **universal screener** to identify students at risk for social, emotional and/or behavioral health concerns early, and monitor student progress throughout intervention services.

•Implementation **began in 10 schools** during the 2012-13 School Year.

•Currently being implemented in **70 BPS schools**, serving over **31,000 students.**

CBHM at Tier 1

	WHAT	WHY	HOW
INSTRUCTION	• School Wide Positive Behavioral Interventions and Supports (SWPBIS)	Students need to know behavioral expectations throughout the school building in order to be successful in the school environment	Organize the school environment to prevent problem behaviors and reinforce positive behaviors
	• Social Emotional Learning (SEL) Curricula	Students need social and emotional skills to successfully navigate interactions with peers and adults	Instruction in fundamental social skills, such as empathy, relationship building, and conflict management
ASSESSMENT	• Universal Screening	Schools need universal data from all students to understand the strengths of instructional programming, as well as areas of need.	Collect objective information that can be used to guide instruction at multiple levels (e.g. school, grade, class, and individual student)
DATA BASED DECISION MAKING	• Problem Solving Teams & Data Based Decision Making	School teams need to understand how to use universal assessment data to make systemic decisions about instruction	School teams are effectively organized to promote efficient data-based decision making.

BEHAVIOR INTERVENTION MONITORING ASSESSMENT SYSTEM-2 (BIMAS-2)

|		
Behavioral Concern Scales High scores indicate greater risk; Low scores indicate behavioral strengths.	Conduct	Measures risk for difficulty with **externalizing** concerns such as physical or verbal aggression.
	Negative Affect	Measures risk for **internalizing** concerns such as anxiety or depression
	Cognitive Attention	Measures risk for difficulties with **attention** and/or **executive functioning**
Adaptive Scales High scores indicate strengths; Low scores indicate concerns.	Social	Measures ability to make & maintain relationships with peers & adults
	Academic Functioning	Measures behaviors related with **academic success**, such as attendance & coming to class prepared

Identifying risk

Strengths

*ADDITIONAL INFORMATION: http://www.edumetrisis.com/products/282-bimas-2
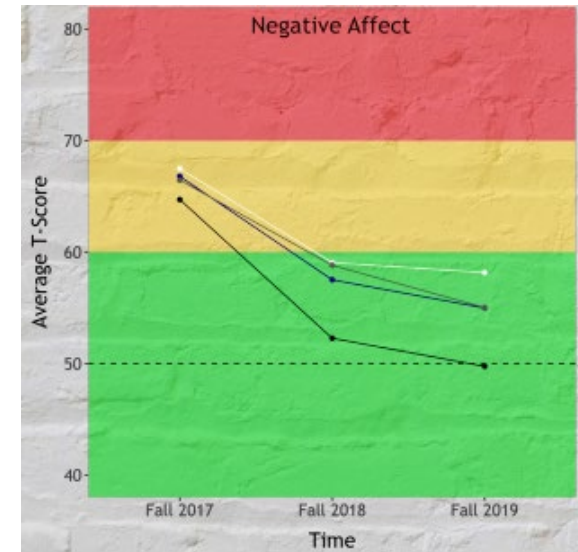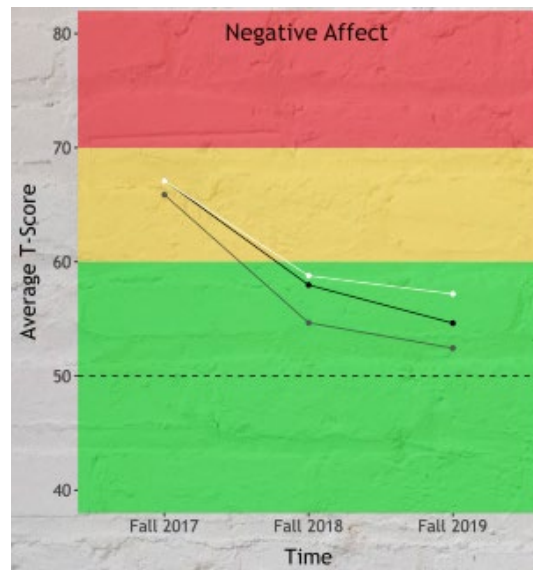
BIMAS-2 Negative Affect scores over 3 years

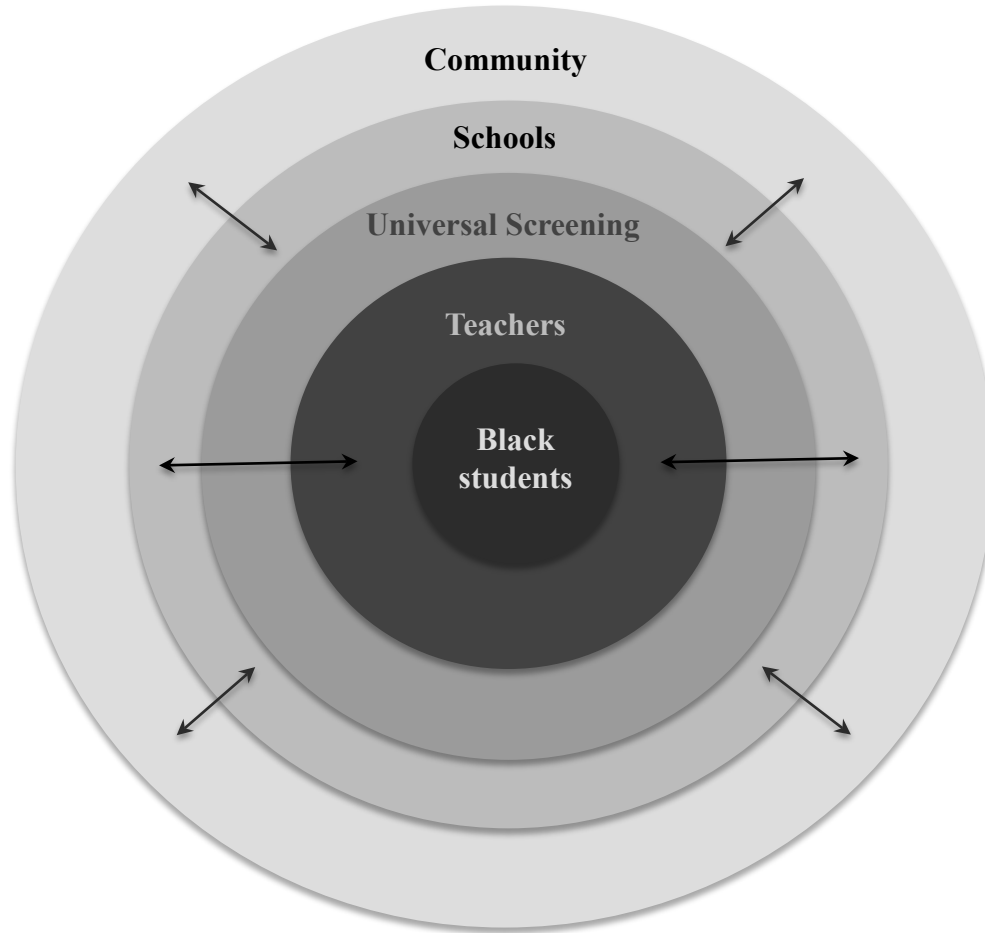*Find full descriptions on www. cbhmboston.com
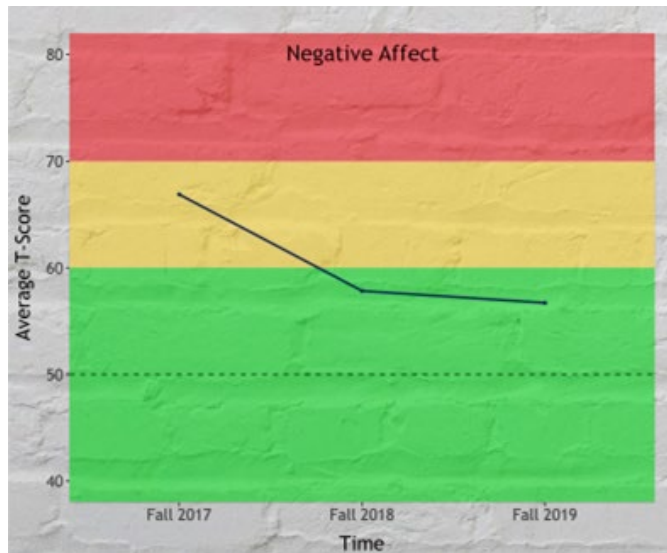
English Language Learners

Race/Ethnicity

Special Education Status

# Universal Screening for Black Students in BPS

This study examines how the demographics of a school may impact disproportionality through teacher rating scores on a universal screener.

- Determine if there is any disparate identification of Black students in areas of concern on the BIMAS-2

- Investigate the intersection of student and teacher demographics as related to differences in student's social, emotional, and behavioral health.

- Assess the differences in teacher ratings of Black and non-Black students who are on all of the scales of the BIMAS-2

Full Study Sample
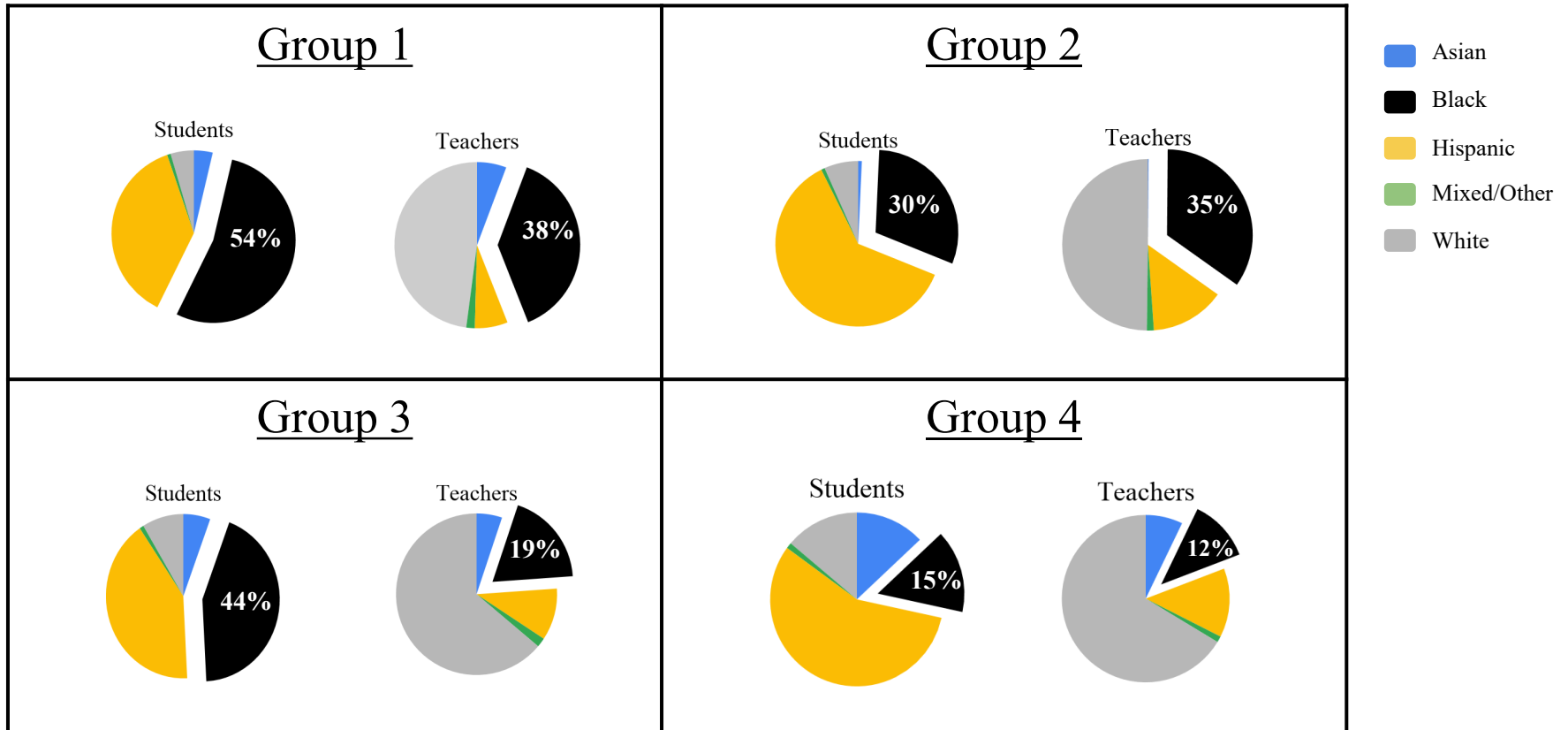
44 schools ┃ 8,650 students
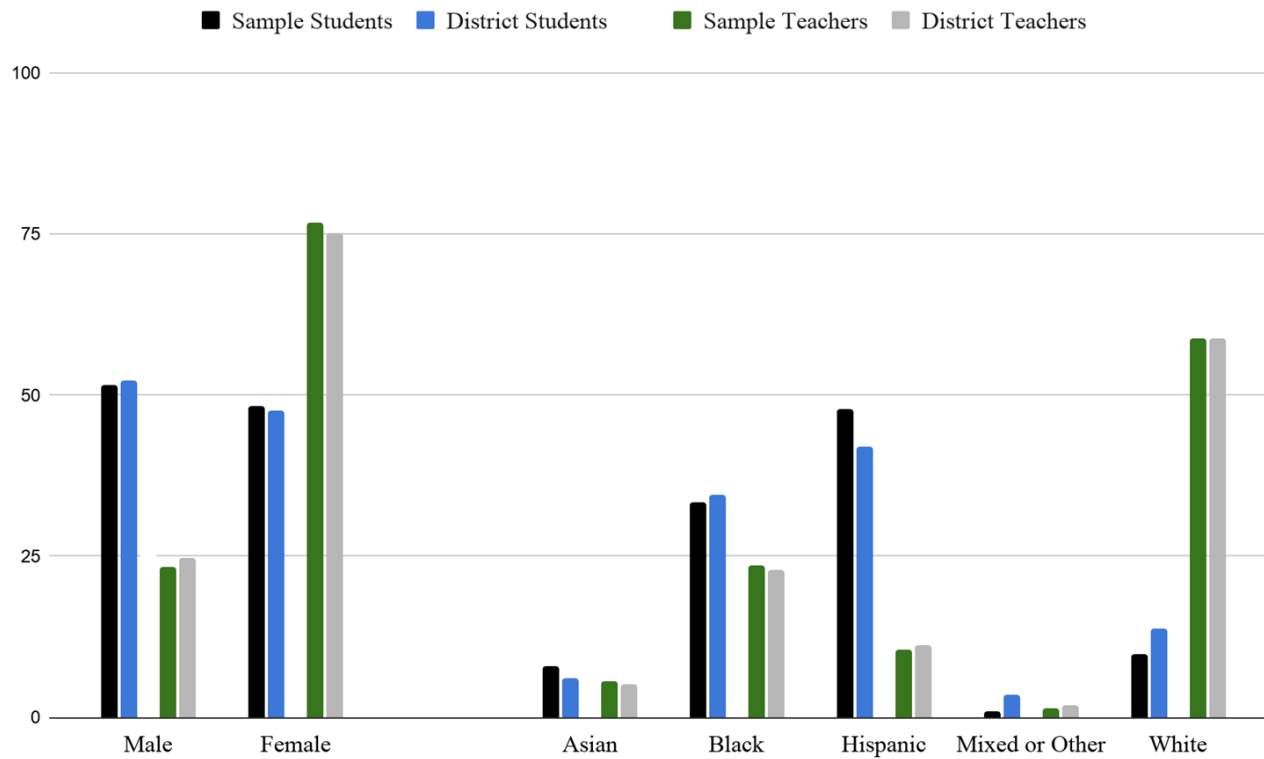
Schools grouped by percent of Black teachers and students

	Average or above average percentage of Black students (≥ 33%)	Below average percentage of Black students (<33%)
Average or above average percentage of Black teachers (≥ 24%)	Group 1	Group 2
Below average percentage of Black teachers (<24%)	Group 3	Group 4

Race of Teachers and Students by Group

Group 1

Students
54%

Teachers
38%

Group 2

Students
30%

Teachers
35%

Group 3

Students
44%

Teachers
19%

Group 4

Students
15%

Teachers
12%

Legend:
- Asian
- Black
- Hispanic
- Mixed/Other
- White

Observed risk level categories
expected value: 33.28%
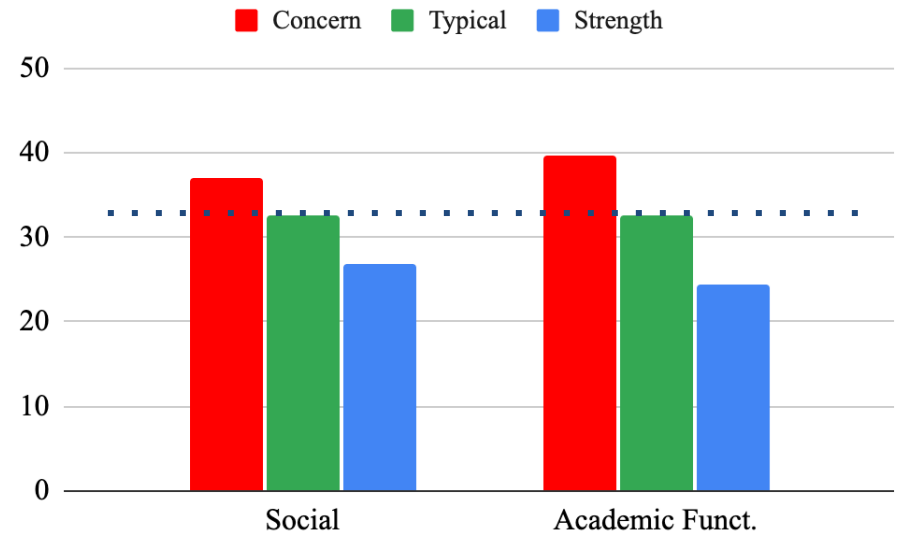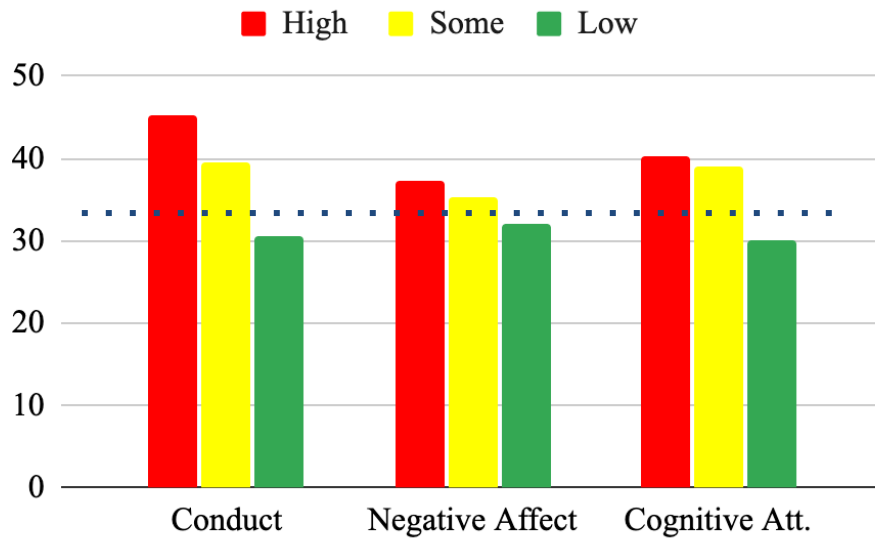
Summary of results

Black students were rated in higher risk-level categories more than expected

- **Conduct and Cognitive/Attention scales**
  - Black students more likely to be referred for mental health services for externalizing problems and inattentive symptoms

- **Teacher's negative perceptions**
  - Greater ratings of ADHD behaviors when teachers have more negative attitudes towards Black people

The variance in teacher ratings of students supports research on teacher rating biases

Summary of results

The amount of Black students and teachers in a school impacts the scores of Black students

- **Cultural match**
  - Students at schools with fewer Black teachers were rated worse on behaviors scales

- **Teacher training**
  - Teachers not feeling adequately trained
  - Pre-service teachers not being exposed to diverse student populations

Summary of results

Black students at schools with below average Black teachers and students scored more favorably on the social and academic skill development scales.

- **Increased access to resources**
  - Less impoverished neighborhoods
  - More funding
  - Fewer barriers in accessing resources
    - Social emotional curriculum
    - licensed mental health professionals and services

Limitations

- **Full sample demographics**

- **Group size**
  - Groups 2 and 4

- **Teacher-student racial match data**

- **Rater effects <u>OR</u> accurate reflection**

School level implications

School
- Reviewing data used to inform decisions
  - identifying trends for teachers as raters as well as the student scores
  - documenting strengths of the student
- School administrators must review data outcomes and implementation systems
- Reflecting on the decisions made from the screening data and the implications for the student
- Creating space for discussions about inequities within the education system

District and Community Level Implications

District
- Districts must be intentional about hiring and retaining teachers who are not white
- Anti-racism trainings and implementation of culturally and linguistically sustaining practices are also needed to occur regularly

Community
- Dismantling of the larger oppressive systems Black communities exist within
- Policies employed to ensure proper funding for adequate resources in all schools

Future research is necessary!

District
- Exploring outcomes at suburban or majority white student population

School
- Implementation and fidelity of implementation of MTSS models
- SEL curriculum instruction

Teacher
- Race
- Level of training related to cultural responsiveness and teaching

Student
- Disaggregating data further

This study will be replicated in a multi-level model analysis

Questions?

For additional information regarding this study, please contact:

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For additional information regarding CBHM, please contact:
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aamador@bostonpublicschools.org

or visit us online at
www.cbhmboston.com

Impact of COVID-19 on Children's Wellbeing

Brainstorming session

How has the pandemic impacted children and youth's MH/BH? Any trends by cohort (e.g. by age, gender, race/ethnicity, disability status)?

Positive Impacts

- Increased family time & bonding
  - esp. beneficial for young children
- Students who had experienced bullying at school or otherwise struggled with in-person learning may have benefitted from remote schooling

Negative Impacts

- Increased isolation
  - Esp. detrimental to adolescents
- Increased anxiety, depression, anger/acting out
  - Esp. visible in congregate care
- Increased substance use
- Familial economic stress & food insecurity
  - Esp. for low-income families

How has the pandemic affected the MH/BH services your organization offers or refers youth/families to? (availability, accessibility, effectiveness)

Positive Impacts

- Increased use of technology
  - Increased accessibility for some
  - Increased availability of services?
  - Teenagers/young adults are esp. receptive
- Openness to creative solutions
  - Outdoor services

Negative Impacts

- Technology
  - Unequal access/reliability increased racial & economic gaps
  - Not adapted to all age groups (e.g. young children)
- Lack of in-person services, esp. detrimental to
  - Children with disabilities
  - Children with higher educational needs
  - Mentoring and job programs
- Increased use of screen time for children not always positive

Has your organization or the system you work in adopted (formally or informally) any new policies or practices that you believe have impacted the work you do and/or the youth you serve?

Positive Impacts

- Virtual meetings = increased communication and/or access to information between professionals/agencies

Negative Impacts

- Technology-based services:
  - Limited ability to assess child's environment
  - Unequal success depending on family's access

Moving forward, what services and/or policies that have changed as a result of COVID-19 do you think your organization should keep?

- Technology-based services (e.g. telehealth, some court hearings)

- Inter-agency virtual meetings

- More family time/contact

Is there anything else you think we should consider discussing?

- Learning loss for children, especially children in out-of-home placements, given data on poor educational outcomes for children in foster care

Next Meeting

(All meetings are virtual; WebEx information is in each calendar invitation. Contact Alix.Riviere@mass.gov for more information on how to join meetings)

Monday June 7, 2021
1.00-3.00pm

Contact

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