Growing Mental Health Needs Among Children Require Immediate Federal and State Responses

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Mental health among parents and children has deteriorated since the start of the pandemic, with more than a 40% increase in children exhibiting externalizing behaviors.[1] This follows an overall rise in numbers of children presenting at emergency departments with mental health crises, particularly for deliberate self-harm and substance abuse. In addition to prior research linking increases in adult and youth suicidality to economic downturns, poor children and children of color are more likely to suffer emotional disturbances as a result of enduring social disadvantages.[2] The collateral damage from the shutdown of economic activity will further rattle families that have already been shaken by traumas, such as the opioid and other drug crises.

Schools Lack Capacity to Meet Growing Mental Health Needs of School-aged Children

The closing of schools this spring in the wake of the coronavirus will only exacerbate the steady rise in student mental health needs, as some children spend more time in high-risk home environments without access to school-based supports. For many children in rural and other underserved communities, school-based health centers are their primary or only sources of access to basic health care, mental health care, and other supportive services. Research evidence indicates that youth whose health care needs go unmet or are inadequately addressed are more likely to experience disciplinary problems, to be chronically absent from school, and to leave school without completing, which in turn increases the likelihood that they will struggle in their transition to adulthood and in the labor market.[3]

In more than 60 interviews we've conducted with health providers in schools and communities across Tennessee in a Robert Wood Johnson Foundation-funded study, we've heard that more

serious mental health needs are being seen among younger and younger children, and that "the need is just continuing to grow." While some school- and community-based health and education professionals are attempting to stem the swelling hardships, **the cavernous gaps in the most economically distressed areas cannot be addressed without additional funding and programming support.** Our research team has been mapping gaps in the distribution of personnel and other resources in Tennessee that are critical to well-functioning health and education systems for children. These gaps are especially distressing in the most economically disadvantaged counties of the state. In the absence of adequate support, school districts often rely on a patchwork of other small grants that they compete for and partnerships with local nonprofits to cobble together a fragile, porous safety net.

Increased Federal Resources Are Essential to Expanding School-Based Mental Health Services

The Tennessee governor's February proposal to create a mental health trust fund that would have expanded school-based behavioral health programming in all counties was rescinded due to the impact of the coronavirus on state budgets. States will not be able to meet children's increasing mental health needs without a major infusion of federal support. **A potential source of federal support that should be immediately expanded is the AWARE grant program,** which is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and awarded to State Educational Agencies with the intent to build or expand their capacity to increase awareness of mental health issues among school-aged youth, provide training for school personnel in detecting and responding to youth mental health issues, and connect youth and their families to needed services. The grants are presently time-limited, however, and the current level of funding is a trickle in a sea of rising need.

One school district that had the grant for the (maximum) five years described how it enabled them to contract with a mental health agency that provided therapists who came into the schools weekly to meet with the students. After the grant ended, they tried to work with the therapists on a sliding fee scale, but they had such a large volume of students whose families could not pay that they reverted to a situation where children with serious mental health issues were no longer getting *any* services. Similar reports of AWARE grant recipients draw attention to the shortness of time and funding currently allotted by AWARE grants. As the director of coordinated school health in a district with the AWARE grant described the very deep level of mental health needs among their student population: "we are just scraping the surface" with the grant resources.

States Need to Remove Barriers to Effective Use of Telehealth Services by Schools

What more could policymakers do to help children avoid the very worst consequences of the COVID-19 pandemic and return to learning unimpeded by serious, unmet physical and mental health needs? In addition to an immediate expansion of SAMHSA's AWARE grants in all states, **breaking down the barriers to effective telehealth services for socially and geographically isolated communities could help to reduce vast gaps in access to adequate care.** While telehealth has attracted considerable attention as an underutilized option for meeting children's physical and mental health services needs, our investigation of the viability of this option in areas where the needs are most glaring has illuminated some of the practical challenges in implementing it. For example, a school-based health professional described how they at first struggled to get a pediatrician on board. Once they overcame that obstacle, they had to solicit equipment donations, repurpose computers, secure software upgrades, and make a plan for "beta testing" it. Another interviewee lamented the "hodge-podge" of insurance programs that constrained their ability to offer telehealth and other mental health services, with complications associated with varying eligibility and concerns about whether a given service would be covered (or billed as in- vs. out-of-network). In the absence of a sufficient payer mix to fiscally sustain the provision of telehealth services, some telehealth programs folded not long after their hard-won launch. As a coordinated school health director pointed out, "this is where universal coverage would be very helpful."

Although we are unlikely to realize universal, nationwide health insurance anytime soon, in the meantime, **states should focus on removing all barriers to full insurance coverage of children and of telehealth services that are provided through either school-based health centers and other public and private health care providers.**

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