

Testimony to the Senate Committee on Health, Education, Labor and Pensions (HELP)

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Since 2016, we have had the opportunity to work with Senator Cassidy to identify and support community and state agencies that can work individually and collaboratively in supporting the mental health needs of children and families including cross-state efforts. We have been pleased to support his efforts to increase mental health support in schools and communities. The Bipartisan Safe Communities Act and SUPPORT Act would expand community based behavioral health services and access to mental health care services in schools and communities in both rural and urban areas. This Act would also provide funding for the National Child Traumatic Stress Network to improve trauma informed training, treatment, and services for children, adolescents, and families who have experienced trauma.

Effects of Trauma on Youth

Youth are exposed to trauma in many ways, for example, experiencing abuse and neglect, exposure to domestic violence, substance use, and community violence. Youth are also exposed to natural and technological disasters and, in the past 3 years, to the COVID-19 pandemic with its many effects on children and families, including parental and caregiver loss. There is much evidence that exposure to trauma affects development in different ways. For very young children, exposure to abuse and neglect can impact on their brain development. For all children, their cognitive, social, and emotional development can be affected by abuse and neglect (Center for the Developing Child at Harvard, 2023). Many studies have shown that children who are

exposed to adverse life experiences (ACEs) early in their lives are at significant risk for developing serious and long-term problems, both medical and psychological, later in development. Trauma-informed and trauma-responsive interventions and evidence-based mental health treatments have been developed to help youth who have been exposed to trauma. It is crucial to recognize that recovery from trauma and development of resilience with meaningful, consistent relationships which means that parent and caregiver availability and support, in addition to mental health services, will help children and adolescents recovery from trauma exposure and also support resilience (Masten, 2021). The COVID-19 pandemic has contributed to increased risk of mental health problems for several reasons. Children of all ages, including adolescents, are likely to develop well with consistency in their schedules, positive relationships with a parent or caregiver in a supportive environment, and, as they grow older, consistent peer relationships. Few of these positive supports for youth development were in place during the COVID -19 pandemic.

The Mental Health Impact of Natural and Technological Disasters on Youth Compared to the COVID-19 Pandemic

While the psychological and social impact of the COVID-19 pandemic shares some similarities to natural and technological disasters, there are also major differences that need to be considered related to the mental health impact on youth, having contributed significantly to the increase in anxiety, depression, and other mental health disorders. Unlike the COVID-19 pandemic, natural disasters commonly impact on designated regions of a city, community, state, or country, allowing those not impacted to be available to help with recovery. A second difference is that it is often possible to predict, with some variations, the duration of natural and technological disasters; however, with the COVID-19 pandemic, there has been much

uncertainty about the duration and, therefore, the recovery process. Third, and perhaps most important, is that recovery from natural and technological disasters is helped to a great extent by supportive in-person relationships that have been unavailable during COVID-19. Psychological and social well-being has been affected significantly by “stay at home” orders, social distancing, and other safety precautions needed to contain the pandemic that preclude social relationships. Further, the psychological and social impact is influenced by fears of becoming sick as well as having to cope with friends and family being sick and dying mostly alone from COVID-19. Youth have reported that they often worried about going to school when they opened being fearful of bringing COVID back to a parent or other caregiver in the family. Recent data has shown that intrafamilial spread is often due to apparently well children. The number of fatalities from COVID-19 also has taken a toll on psychological well-being. Following Hurricane Katrina, Louisiana experienced an estimated 1,700–2,200 fatalities. In contrast, as of May 2020, there were already more than 2,281 fatalities in Louisiana from COVID-19 (NOLA.com, 2020) and in 2023, a total of 18,835 deaths which was 1 in 247 residents. The death rate for the African American population is 2.65 times the rate for all other groups. As with many major disasters, socioeconomic difficulties and preexisting health conditions are contributing to racial disparities in COVID-19. The mental health repercussions following disasters like Hurricane Katrina have been significant with both adults and children reporting high incidences of depression, anxiety, posttraumatic stress disorder, and substance abuse that went down slowly over time with growing family and community stability. This outcome has not been the case with COVID-19. Rather there have been reports of increases in anxiety, depression, substance use, and an exacerbation of previous mental health problems. Early in the pandemic, crisis counseling (Psychological First Aid), as is offered with disasters, was provided remotely. However,

generally, there were limited clinical services and outreach support for individuals and families dealing with the stresses of temporary or permanent layoffs, decline in income, having to provide remote learning for children, and worries about illness and possible death. Mental health support also emphasizes the importance of establishing new routines and schedules for daily life including a schedule for youth to get up in the morning, have breakfast and go to school. During COVID, both youth and families experienced continual uncertainty about school, work, virtual schooling, homework, meals, self-care for parents, and time with children not only for virtual schoolwork, but also for positive play or conversation. The new routines also needed to include virtual ways to maintain friendships and family relationships using telephone or social media if available. While systematic reporting has been hampered with Stay-at-Home orders, concerns were raised, but not fully substantiated, about possible increases in child abuse and domestic violence with perpetrators and victims living in close quarters. Additional stress was contributed by family members becoming ill with COVID and not being able to be with loved ones when they were severely ill or dying from the virus. Further, youth experienced death of a parent, grandparent, or caregiver being taken to the hospital or leaving in an ambulance when sick with COVID never to return. For all children, this experience has been traumatic and, for younger children, confusing and difficult for them to understand. Clinically, we have heard many reports of young children continuing to stand at the window of their homes waiting for a parent to return. And with such losses, the remaining caregivers have had to find ways to support the children while also grieving themselves. The issue of inequities with COVID-19 is striking. In Louisiana, African Americans represent 32.7% of the population but account for 70% of the deaths from COVID-19. These figures for Louisiana have been repeated across the United States with a much higher incidence of illness and death from COVID for Black/African Americans, Latinx, Native

Americans, Alaska Natives, Pacific Islanders among the many groups heavily impacted. This figure and inequities are likely related to having less access to care. Further, limited health care, which has contributed to a higher percentage of underlying conditions such as heart disease, hypertension, diabetes, and respiratory problems, places these individuals at higher risk if they become sick with COVID-19. The only conclusion to be drawn is that the COVID-19 pandemic is an unmitigated disaster in many ways comparable but worse than traditionally defined disasters such as hurricanes, earthquakes, tornadoes, and fires. Natural and technological disasters disrupt the essential consistencies in children's environments that are important for positive development. However, in most cases, substitute support can be established relatively quickly. However, the COVID-19 pandemic was different requiring a prolonged lockdown and social distancing requirements that should have been called physical distancing for safety so that social interactions that are so important for youth development would continue to occur, even if done virtually. Many young children could not really understand what happened and why their lives had changed from going to day care, preschool, or school to being isolated at home. For youth and adolescents of health care providers, they were often confused about why could they not see or hug their mother or father when they came home from work. Why could they not see or visit their grandparents who played such an important part in their lives? Also, the role of parents and caregivers in supporting their children is very important. If a parent is available to listen to their child, it can be extremely helpful even before mental health support may be available. A study done by Sesame Workshop during the pandemic that asked children to answer questions about their experiences during COVID, found that most children said that their parents would take care of them and keep them safe and secure.

Youth and parents were continually living with “indefinite uncertainty” with schools, including preschools, being closed and then opened and closed again if there was spread of COVID. Further, the pandemic exposed inequities as for many families, virtual schooling was not possible with parents needing to work and limited access to internet and the technology needed for virtual schooling. This constantly changing environment interfered for children and adolescents with many of the important components for positive development including consistent peer relationships. The Rapid Assessment of Pandemic Impact on Development Early Childhood Survey, that was designed to collect essential information from households and families of young children during COVID, indicated that the level of emotional distress in households for both parents and children was related to the number of material hardships encountered. Further, they found that financial and material hardships contribute to caregiver distress that impacts on child distress. Virtual schooling with little support may have added to the stress for both youth and parents contributing to mental health symptoms.

Youth mental health has been impacted by the “indefinite uncertainty” as a result of the pandemic with inconsistencies in schedules, feelings of isolation and anxiety with schools being closed, and an inability to be with friends. While virtual communication was possible for many youth, having to depend totally on this type of interaction may have also contributed to feelings of isolation and anxiety. Given that ideally for positive youth development, the use of social media, both content shared with friends and time spent, should be monitored by parents. During the pandemic, both children and parents depended more on virtual communication to interact with friends and family members. While some use of social media is reasonable for development. Unfortunately, many youth and also their parents became more dependent on this method of communication and sharing during the pandemic. On the one hand, youth likely felt

less isolated using social media; however, it could also have led to their feeling more isolated if they saw others interacting more with peers than they were doing. The main point is that use of social media for youth of any age should be monitored carefully by parents or caregivers which was made more difficult during COVID when this became a main way for youth to communicate and to receive education.

Integrating Mental Health Support in School and Community Settings

Following Hurricane Katrina, we had the opportunity to develop an innovative community-academic partnership program in a temporary building with school personnel, all of whom had lost their homes and now their schools, the former principals and teachers collaborated with our mental health team to encourage high school students to take a leadership role in recovery by helping older citizens and younger children come back to school and the community. The youth in the “Young Leadership Program” who were mainly higher risk adolescents felt responsibility for leadership in the recovery giving them a sense of purpose and also helped other students and their community – giving them a sense of purpose. Other youth leadership programs were being planned for high-risk students when the COVID-19 pandemic closed schools.

From extensive school and community-based experiences in providing mental health supports following Hurricane Katrina and the Deepwater Horizon Oil Spill, our team learned about the importance of delivering mental health supports and services in collaboration with schools and community groups. In several of the rural parishes where few mental health supports are available, we also collaborated with community clinics to bring more mental health support for youth. Further, and not unexpectedly, we also learned about the importance of providing trauma-informed training for school personnel including teachers, counselors, nurses, other

school staff, and administrators most of whom were also impacted personally by the disasters. To be supportive of students who experience trauma, it is important for school personnel to understand the impact of trauma and how it may be affecting the students. In this relationship-based approach, the students can feel understood and heal from trauma. The training and support for schools also includes information about vicarious traumatization and compassion fatigue in trying to support children who have also experienced trauma. The situation has been similar with the COVID-19 pandemic from survey research with teachers, childcare providers, and administrators who have experienced due to illness and loss in their families, the pressures of doing virtual schooling, and their concerns related to re-opening schools and possible illness. Many of the teachers reported being concerned that it would be difficult for them to provide the support that the youth needed while also teaching them. Emphasis on these recommendations also comes from a recent experience shared by a psychologist who worked closely with us during our NCTSN grants supporting students in school settings. He shared with me that he walked into the school where he provides services and learned that two students had been shot and killed the day before. There was no supportive work done for the students or the teachers whether or not they knew the boys as all attended the same school. There are strategies that have been established to support schools, students, teachers, and staff when a student has been traumatically injured. It was hard for us to imagine the feelings at the school with no intervention and supportive work being done. Trauma-informed interventions and support should be in place for all students, teachers, staff, and families when needed.

To deliver mental health services most effectively in school settings, collaboration with school personnel is important especially with counselors and nurses whom the youth see if they are having problems. Unfortunately, there are many schools across the country that have no

school counselors. In the work of our team after natural disasters, we learned the importance of school personnel being “trauma-informed,” in order to recognize that behaviors like anxiety, irritability, or symptoms like stomach aches may reflect the child or adolescent’s anxiety related to exposure to trauma. After Hurricane Katrina and the Deepwater Horizon Oil Spill, our team worked collaboratively with schools to obtain parental consent, which is required for mental health services for youth, to provide services at the school setting. It also provides an opportunity to also meet and work with the parents.

Providing Mental Health Support in Collaboration with Community Groups

Not only partnering with schools in delivery of mental health services, but also collaborating with community groups where children may come for recreation or after school activities may be a place to identify increased anxiety or depression in youth and provide support. Trauma-informed community programs can play an important role in identifying and helping with mental health and substance use problems earlier. We have had experience with a successful community program in New Orleans, Son of a Saint, started 11 years ago by an innovative young man who lost his father, a New Orleans Saints player, due to natural causes when he was 3 years old. While his mother was very devoted, he found the teenage years difficult without having a father and was determined after he finished his education to start a program for adolescents. Boys ages 10-12, who had lost their fathers to violence or incarceration. Ninety percent of the youth are minorities and 80 percent are Black. While there are some mental health services provided for the program, most of the support is done by mentors who are well trained to provide ongoing support for the youth and adolescents, including the important encouragement of a consistent relationship. Since the beginning of the program, all have graduated high school, many have gone on to college, and none have had problems with the law.

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