

Please see this important article about children's mental health during the pandemic, with emphasis on suicidality, screening, and suicide prevention. (Full article pasted below). <https://www.courant.com/coronavirus/hc-news-coronavirus-student-mental-health-20210116-onif6gk37vflzo6mmgamea3tou-story.html>

‘They’re deeper into crisis:’ Doctors worry about mental health toll of pandemic isolation on children and teens, increased risk of suicide

By [AMANDA BLANCO](#) HARTFORD COURANT | JAN 16, 2021 AT 6:00 AM



Dr. Steven Rogers is an ER doctor at Connecticut Children's who works with children who are experiencing mental health issues. Photo by Brad Horigan | bhorigan@courant.com (Brad Horigan/The Hartford Courant)

As the coronavirus pandemic drags on, doctors and other mental health professionals worry about the impacts of prolonged isolation and stress on children and teens, including an increased risk of suicide.

Dr. Steven Rogers, an emergency room physician at Connecticut Children's in Hartford, said while the hospital is seeing fewer patients than it did before the pandemic, the children who do come in have "more intense problems. They're deeper into crisis."

Rogers said before the pandemic, schools would often refer children having behavioral health issues to them for care. But with many schools operating in a hybrid or remote model, "that's not happening as much," he said. "Our sense is that families are either not recognizing it, or are waiting longer," Rogers said. "There's this fear ... that it is risky or scary to come to the emergency department, that you might get the coronavirus. And that's just not true."

Before COVID-19, children who visited the emergency department for mental health reasons spent a median length of eight hours there. Now, they spend a median of 17 hours in the department, and Rogers said there are many outliers who have to spend even more time at the hospital. Anxiety, depression and self-harm are common problems among such patients, he noted.

"We're not necessarily seeing higher volumes, or even higher percentages of patients that are with us with behavioral health issues, but they are with us longer," he said. "The system is somewhat at capacity, meaning there's not a lot of access to in-patient beds because most of them are full."

Since August 2019, the hospital has conducted a suicide risk screening for every child age 10 and up who visits emergency services — even if they came in for a physical injury, like a broken arm. On average, about 16% of children

show signs that indicate risk of suicide. That number increased to 19% in October, then 24% in November. It stayed around 21% in December. Rogers said three months of data “isn’t something you want to necessarily overreact to,” but they must be aware of the mental health impacts that a nearly yearlong pandemic has had on kids and teens.

“Our fear is that all the stress and isolation are increasing kids’ thoughts of suicide,” he said. “We can only tolerate or have resilience with stress for so long. We’re worried that kids are starting to be overwhelmed.”

More anxiety, depression

The U.S. Centers for Disease Control and Prevention said in November that beginning in April, the proportion of children visiting emergency departments nationwide for mental health-related reasons increased and remained elevated through October.

“Compared with 2019, the proportion of mental health–related visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively,” researchers said, [in a report](#).

In October, Gov. Ned Lamont [announced](#) the state Department of Public Health had received a five-year, \$3.5 million grant from the CDC to enhance statewide suicide prevention efforts. Connecticut’s Office of the Child Advocate shared a [public health alert](#) on the issue the same month, after four Connecticut teens died by suicide in the span of four weeks.

“In terms of youth suicide, we are exactly where we were last year at 10 kids,” said Faith Vos Winkel, the state assistant child advocate who leads on issues related to child fatality review and prevention. “Obviously, 10 kids too many.” It’s not just the unknowns of the pandemic and loss of social interaction that are affecting children negatively, according to multiple health care

professionals. Political tensions and racial injustice are also weighing heavily on people of all ages.

For children, whose brains are not yet full developed or capable of adult-level reasoning, feelings of hopelessness day after day can seem “even more insurmountable,” explained Vos Winkel, who is also a social worker.

“We’re 10 months into this. People were prepared for kids to be anxious, to have some disruption,” she said. “But the level of depression and anxiety that they are seeing is something that they were not prepared for.”



State Child Advocate Sarah Eagan in a 2017 file photo. (Mark Mirko / Hartford Courant)

Sarah Eagan, the state child advocate, pointed out that “everything about the pandemic” has “profoundly” impacted low-income communities and children of color in particular, as well as children who have complex disabilities.

“Many of the school districts in our urban centers ... are closed,” she said.

“That has enormous impact in and of itself, particularly for family and kids who can’t access support resources as easily in other ways.”

‘It’s OK to not feel OK’

According to the state’s [most recent update](#), almost 47% of Connecticut’s school districts were primarily online-only from Jan. 4 to Jan. 8. Some districts are still offering in-person education for a limited number of children with disabilities, as well as other high-needs populations, even though buildings are closed to most students.

Dr. Robert Keder, a developmental and behavioral pediatrician with Connecticut Children’s, said “it’s insane” how much social and economic resource disparities impact children’s mental health and well-being, as well as their access to in-person education.

“Connecticut is a state with some of the highest disparities between its cities and towns in the country. What school districts have in terms of resources, staffing, personnel, is really different,” he said. “It really brings up issues of equity.”



In this Friday, June 5, 2020 photo, Community School Director for The Village for Families and Children Trisila Tirado, left, Sarah J. Rawson Elementary School Principal Dr. Tayarisha Batchelor, center, and Hartford Public Schools Superintendent Dr. Leslie Torres-Rodriguez, right, speak to a middle school student and family out on the balcony of their home in Hartford, Conn. The Superintendent told the family to keep the computer they have through the summer for other programs. (AP Photo/Jessica Hill) (Jessica Hill/AP)

Nicole Cyr, a licensed professional counselor and art therapist at The Village for Families & Children, a Hartford-based organization that provides behavioral health treatment and support services for children, families and adults, said professionals can't treat patients' mental health "without addressing the deficits in basic needs," including food, money to pay the bills and internet access.

In an effort to close the digital divide, Gov. Ned Lamont and state education Commissioner Miguel Cardona [distributed laptops](#) and internet access to tens of thousands of students in need across the state. Many remote schools are also continuing to offer daily meals for students, although Cyr noted some parents are not always able to pick up food because of their work schedules.

“We’ve seen a lot of amazingly resilient families,” she said. “But ... it’s a lot like pushing a big boulder up a hill.”

Keder, the developmental and behavioral pediatrician, said there are a number of signs parents and guardians should be on the lookout for in children and teens. Withdrawal, spending most of their time alone in their room in the dark and ceasing to communicate with friends are all “big ones,” he said, along with sleep and appetite changes. Younger children struggling with mental health may be uncharacteristically irritable and cranky for extended periods.

Professionals also said children tend to model how the adults near them handle stress and anxiety, and it is beneficial for parents and guardians to reach out for help if they themselves are struggling.

“If we think about emotional and behavioral health on a pain scale from 0 to 10 ... people develop a mentality of saying, ‘I’m not an 8 or 9 out of 10, I don’t need anything.’ But that’s kind of like saying, ‘I don’t need to see a doctor because I haven’t had a heart attack yet,’” Keder said. “We want to think about how we can be more preventative.”

Keder added: “It’s OK to not feel OK right now, and if you are even moderately worried, don’t wait. You deserve to have someone to talk to. ... We all deserve that.”

He also suggested unplugging from social media, and reaching out to relatives and friends through phone conversations for deeper social connections.

“If we take care of ourselves, we can show our kids how to do that, too. Facebook can wait. Twitter can wait. TikTok can definitely wait,” Keder said.

Samantha St. Aubin, an outpatient clinician and social worker at The Village, asked family members to be patient with one another and not to expect a complete return to normalcy as soon as the public is vaccinated.

“Kids have had to really isolate from their peers ... [and] have experienced grief and loss,” she said. “They’ve dealt with so much stress that no one could have imagined. It is something that they can definitely get through. It’s just going to take some time.”

If you are in Connecticut and experiencing thoughts of suicide, call 211 or text “CT” or “HELLO” to 741741. The National Suicide Prevention Lifeline is available at 1-800-273-8255 (TALK). Connecticut’s domestic violence hotline is 888-774-2900. Residents looking for more information on youth suicide prevention and mental health can read the CDC’s [COVID-19 Parental Resources Kit](#), and visit www.preventsuicidect.org or gizmo4mentalhealth.org.