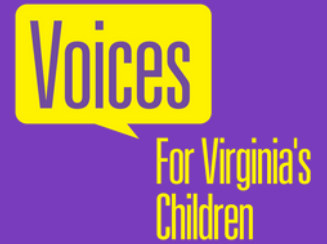


2021 MENTAL HEALTH EQUITY IMPACT STATEMENT



Emily Griffey | Voices for Virginia's Children
804-649-0184 ext. 101 | emily@vakids.org

Children's mental health has undoubtedly been affected by the Covid-19 pandemic. As many find themselves in more isolated situations, coupled with the stress of the pandemic and the economic downturn, cases of anxiety and depression have increased. We also know that racism has a large impact on mental health. People of color face overt experiences of racism and bigotry far too often, which leads to a burden that others do not share. This does not have to be one isolated event but rather can be an accumulation of experiences faced daily, such as subtle microaggressions. This further leads to conditions such as depression, anxiety, or imposter syndrome, which is a collection of feelings of inadequacy. Collectively, we face dual pandemics, COVID-19 and racism as a public health crisis. This makes access to equitable mental health services and data crucial to the child health and well-being.

According to the Census Household Pulse Survey, one in five adults with children in Virginia felt down, depressed or hopeless more than half the time in the last week and nearly one in three felt nervous, anxious, or on edge. Children are impacted by their parents' mental health and wellness in terms of forming positive attachments with caregivers.

In April 2020, the Center for Disease Control reported that the proportion of children's mental health-related emergency department visits among all pediatric emergency department visits increased and remained elevated through October 2020. Compared to 2019 data, the proportion of mental health-related visits for children 5–11 years-old increased 24 percent and 12–17 years-old increased 31 percent.

Although children of color have similar rates of mental health diagnoses, they are less likely to receive treatment compared to their white peers. Research from the CDC shows at the national level that non-Hispanic white children were more than twice as likely (17.7 percent) to receive treatment compared to Black children (8.7 percent). Hispanic children had similar rates compared to Black children at 9.2 percent.

While we can use this data to suggest the need for additional mental health services for children, we do not have enough information on Virginia-specific mental health services by age or by race to form a complete picture of all the factors contributing to the gaps in mental health treatment. To better understand why these disparities in treatment exist we need to be collecting and disaggregated more mental health service data by age and by race. These disparities are likely due to multiple factors including historically underfunding the mental health system, lack of health insurance, restrictions in health insurance coverage, a lack providers willing to serve children and other barriers. As Virginia seeks to build a more equitable mental health system, our leaders and administrators must take the steps to review the mental health system from the standpoint of equitable access for children of color, children of different income statuses and LGBTQ children.

INFORMED PERSPECTIVE

Children's mental health impacts every area of Voices' work. Professionals working in early childhood settings, in foster care programs and in direct service organizations and mental health advocacy organizations participate in the Campaign for a Trauma-Informed Virginia, Racial Truth & Reconciliation Virginia, and the Early Childhood Policy Network and Foster Care Policy Network.

The crux of understanding how to respond to children's mental health needs is to also listen to children and youth experiencing mental health challenges. In previous conversations, prior to the pandemic, youth shared that they lacked access to culturally competent providers, did not seek treatment due to stigmas around mental health or found alternatives to "formal" mental health services in faith communities.

POLICY RECOMMENDATIONS:

To ensure that children experiencing mental health challenges at any age, of any race and living in any part of Virginia can access care, we must continue to build the continuum of mental health supports. The continuum of services ranges from preparing early educators and teachers to recognize and support mental wellness to the most intensive inpatient or group care. Building a responsive and equitable system will require investments across public and private agencies. Here are some ways our policymakers can begin to address mental health equity in the 2021 GA Session:

Equipping early care and education settings to appropriately identify and address very young children's social-emotional needs through the expansion of early childhood mental health consultation.

Better access to mental health supports provided in schools to increase funding for school counselors, school psychologists and social workers.

Incentivizing clinicians to specialize in care for children and to diversify the profession such as loan repayment programs for children's providers.

Ensuring that there are appropriate alternatives to emergency room visits and inpatient hospitalization of children experiencing mental health crises.