

# Preparing for the Future: The Potential Long-Term Impacts of COVID-19 on Utah’s Child and Youth Mental Health

Despite low incidence of COVID-19 complications, Utah’s children could experience significant long-term effects resulting from the COVID-19 pandemic. Understanding the potential impact of these issues will be important to ensuring a thriving future for Utah’s children.

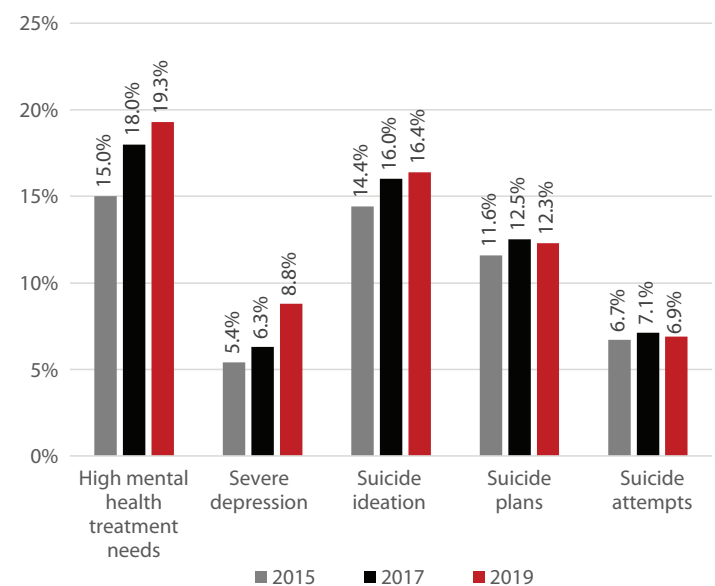
The purpose of this fact sheet is to identify emerging areas of concern regarding the long-term impacts of COVID-19 on Utah’s child and youth mental health. These impacts will become clearer with time and as more data and information come available.

## 1 Child and youth mental health needs have significantly increased over the last year.

While data on the pandemic’s effect on child and youth mental health is still in development, national data suggest a significant increase in anxiety and depression among these populations.

Utah’s child and youth mental health needs were increasing even before the pandemic. Careful evaluation of emerging data can help determine the significance of any short-term increases and potential long-term effects.

**Figure 1: Share of Utah Middle and High School Students with Select Mental Health Needs**



Note: Survey responses are from students in grades 6, 8, 10, and 12. Source: Student Health and Risk Prevention: Prevention Needs Assessment Survey (2019). Utah Division of Substance Abuse and Mental Health.

Nationally,  
**48%**

of surveyed parents say that **at least one** of their children’s mental health **worsened** during the pandemic.<sup>1</sup>

(APA, 2021)

Nationally, there was a  
**24%–31% increase**

in mental health–related emergency department visits for children ages 5–17 from 2019 to 2020.<sup>2</sup>

(Leeb et. al., 2021)

Nationally,  
**higher rates**

of youth suicide ideation and attempts correspond to times when COVID-19–related stressors were heightened.<sup>3</sup>

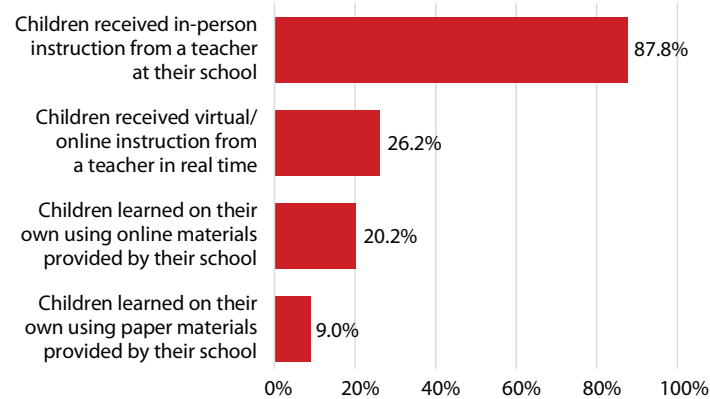
(Hill et. al., 2021)

**2 Reduced access to school-based services and supports, and an increase in social isolation from school closures and stay-at-home directives may have contributed to increasing mental health needs among children during the pandemic.**

All Utah children lost access to in-person school in March 2020, and some younger children also lost access to child care due to temporary closures of child care programs. Compounding the loss of educational time is a loss of school-based resources, including school meal programs, physical and mental health services, and access to adult mentors and role models.<sup>4</sup> Nationally, 31.6% of parents reported that school closures had been a major problem for their families.<sup>5</sup> Additional research shows children who received virtual instruction were more likely to experience decreased physical activity, time outside, time with friends, and a worse mental state.<sup>6</sup>

Close to 1 in 8 Utah students were still not receiving any in-person instruction by the end of the 2020–21 school year. While nearly half (45%) were receiving a combination of in-person and another form of learning, this combined approach may have resulted in a disjointed learning environment and reduced access to school-based resources.

**Figure 2: How Utah Children Received Education in the Previous Seven Days, May 2021**



Note: Totals will not add to 100% as respondents could select multiple response options. Other responses included, "Children learned on their own using materials that were NOT provided by their school", "Children did not participate in any learning activities because their school was closed", and "Children were sick and could not participate in education". Responses to these options were too few to be statistically valid and are therefore excluded from this graphic.

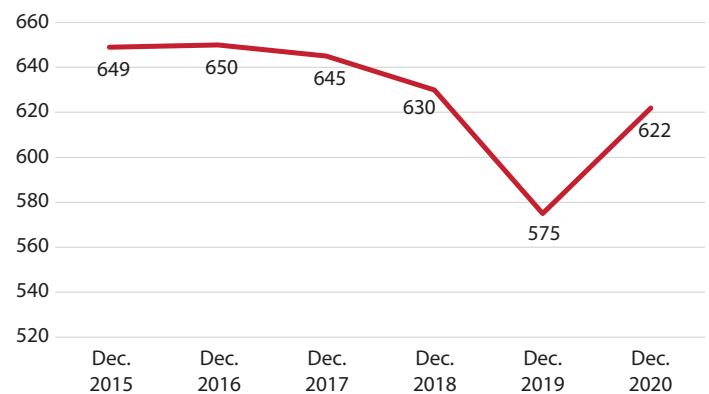
Source: U.S. Census Bureau Household Pulse Survey, May 12–24, 2021.

**3 COVID-19 could also lead to an increase in adverse childhood experiences (ACEs), which have a long-term impact on a person's health, mental health, and well-being.**

ACEs are traumatic events such as neglect, abuse, household challenges (substance abuse and mental illness), domestic violence, and other adversities that occur during childhood (ages 0–17 years). Some ACEs may have been exacerbated during the pandemic as a result of social isolation, job loss, school closures, and other stressors.<sup>7</sup>

While not specific to adults with children in the home, data show substance use, mental-health concerns, and domestic violence increased in Utah during the pandemic. As a result, there may be a corresponding increase in ACEs for children who live in households that have experienced these events. Research on ACEs shows a relationship between the number of ACEs or stressors a child experiences and diminished health and well-being outcomes both immediately, and later as adults. Addressing ACEs early in a person's life can help reduce these negative impacts.

**Figure 3: Reported Provisional Counts of Drug Overdose Deaths in Utah, 2015–2020**



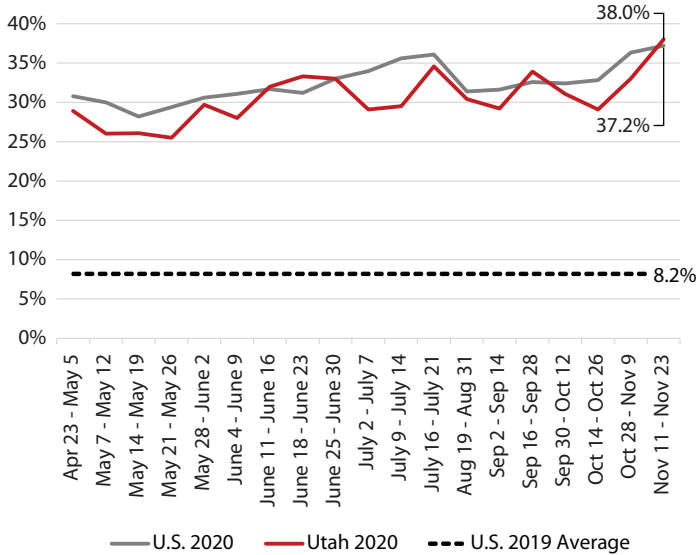
Note: Reported provisional counts for each 12-month period ending in December. Drug overdose deaths are often initially reported with no cause of death (pending investigation). As such, reported provisional counts may not include all deaths that occurred in a given time period. Therefore, they should not be considered comparable with final data and are subject to change.

Source: Ahmad, F.B., Rossen, L.M., & Sutton, P. (2021). Provisional drug overdose death counts. National Center for Health Statistics.

**In a national survey<sup>8</sup> of parents of K-12 students:**

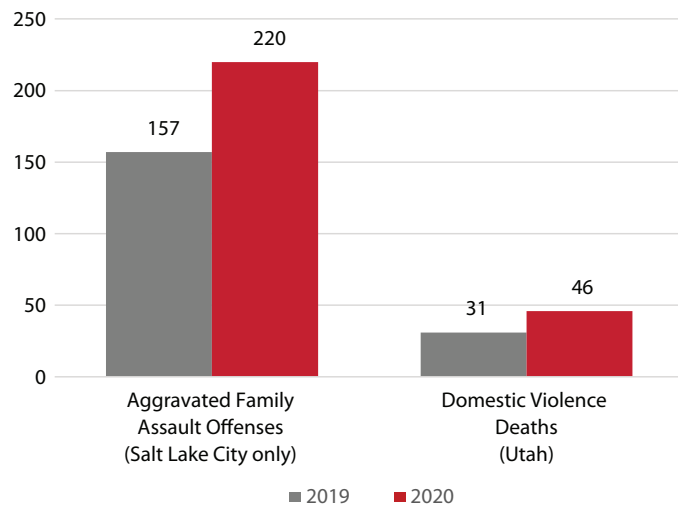
- 35% reported that they were very or extremely concerned about their child's mental health. Parents who identified as Black and Hispanic were 7 to 9 percentage points more likely to report higher levels of concern than parents who identified as White.
- Parents also reported deterioration in their children's mental health, with a 5-percentage-point increase in the number of parents reporting their children experienced anxiety, and a 6-percentage-point increase in the number reporting their children experienced depression during the pandemic.
- Many parents reported increases in social withdrawal, self-isolation, lethargy, and irrational fears among their children as well.

**Figure 4: Share of Adults Who Reported Anxiety Disorder Symptoms in Utah and the U.S., 2020**



Note: Adults age 18 and older. U.S. 2019 average is from January to June.  
 Source: U.S. Census Bureau Household Pulse Survey, 2020; National Center for Health Statistics, National Health Interview Survey, 2019

**Figure 5: Aggravated Family Assault Offenses and Domestic Violence Deaths, 2019–2020**



Note: Some domestic violence death counts may be tentative due to pending review.  
 Sources: Salt Lake City PD – CompStat Report. Vol. 6 No. 39. Salari, S., Talboys, S., Fukushima, A.I., Melton, H., Petersen, M. and Seage, M. (under review). A Multi-Demic Model: Utah Life Course Domestic Violence and Covid-19.

**4 Mental-health needs emerging from the COVID-19 pandemic will likely be disproportionately greater for children of low socioeconomic status and communities of color.**

These groups were more heavily impacted by the pandemic, amplifying prior economic inequalities. For example:

- A study by the Utah Department of Health found the probability of contracting or being hospitalized with COVID-19 in Utah’s “very high-deprivation areas” (areas characterized by social and economic disadvantage) was three times higher than in very low-deprivation areas. The analysis also found these areas were more likely to have higher rates of food insecurity, a lack of health insurance, crowded housing, residents who identify as non-White, and individuals working in manual, essential, and public-facing sectors.<sup>9</sup>
- As of the end of March 2021, 49.4% of Utah adults with incomes less than \$34,000 have experienced a loss of employment income since March 2020, compared with 28% of adults with incomes over \$100,000.<sup>10</sup>
- During the height of the pandemic, 30.9% of Utah adults with low incomes reported feeling nervous, anxious, or on edge nearly every day, compared with 13.0% of adults with incomes over \$100,000.<sup>11</sup>
- Nationally, adults who identify as non-Hispanic Black and Hispanic or Latino are more likely to report symptoms of anxiety and/or depressive disorder than adults who identify as non-Hispanic White (48% and 46% vs. 41%, respectively).<sup>12</sup>

**5 Tracking data and information will help Utah address these issues over time.**

The data points presented above are just a snapshot of the potential impact of the pandemic on children and youth in Utah and across the U.S. Areas of concern may be reinforced, and new areas of concern may emerge as more data and information become available. Multiple teams within the State of Utah are internally tracking data points, like those presented above, as part of their COVID-19 response. By monitoring these and other data points over time, Utah will be better prepared to respond with appropriate policies and actions.

*“By not responding to the needs of our children that were exacerbated by the COVID-19 pandemic, we increase the risk for long-term negative outcomes. Remember... children are one-third of our community, but 100% of our future.”*

**Dr. Ed Clark**

## Endnotes

1. New APA Poll Shows Sustained Anxiety Among Americans; More than Half of Parents are Concerned About the Mental Well-being of their Children. (2021 May 2). American Psychiatric Association. News Releases. <https://www.psychiatry.org/newsroom/news-releases/new-apa-poll-shows-sustained-anxiety-among-americans-more-than-half-of-parents-are-concerned-about-the-mental-well-being-of-their-children>
2. Leeb, R.T., Bitsko, R.H., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K.M. (2020). Mental Health-Related Emergency Department Visits Among Children Ages <18 Years During the COVID-19 Pandemic - United States, January 1-October 17, 2020. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>
3. Hill, R., Rufino, K., Kurian, S., Saxena, J., Saxena, K., & Williams, L. (2021 Mar 21). Suicide Ideation and Attempts in a Pediatric Emergency Department Before and During COVID-19. *Pediatrics*, 147(3) Article e2020029280. <https://doi.org/10.1542/peds.2020-029280>
4. Dooley, D.G., Bandealy, A., & Tschudy, M. (2020 October). Low-Income Children and Coronavirus Disease 2019 (COVID-19) in the US. *JAMA Pediatrics*, 174(10), 922-923. <https://pubmed.ncbi.nlm.nih.gov/32401283/>
5. Chen, C.Y., Byrne, E., & Velez, T. (2021). Impact of the 2020 pandemic of COVID-19 on Families with School-aged Children in the United States: Roles of Income Level and Race. *Journal of Family Issues*. <https://journals.sagepub.com/doi/full/10.1177/0192513X21994153>
6. Verlenden, J.V., Pampati, S., Rasberry, C.N., Liddon, N., Hertz, M., Kilmer, G., Viox, M.H., Lee, S., Cramer, N.K., Barrios, L.C., & Ethier, K.A. (2021). Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic — COVID Experiences Survey, United States, October 8–November 13, 2020. *MMWR Morb Mortal Wkly Rep*, 70(11), 369–376. <http://dx.doi.org/10.15585/mmwr.mm7011a1>
7. Sanders, L.M. (2020). Is COVID-19 an adverse childhood experience (ACE): Implications for screening for primary care. *The Journal of Pediatrics*, 222,4-6. <https://doi.org/10.1016/j.jpeds.2020.05.064>
8. Dorn, E., Hancock, B., Sarakatsannis, J., & Viruleg, E. (2021 July 27). COVID-19 and education: The lingering effects of unfinished learning. McKinsey & Company. <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-education-the-lingering-effects-of-unfinished-learning#>
9. Lewis, N.M., Friedrichs, M., Wagstaff, S., Sage, K., LaCross, N., Bui, D., McCaffrey, K., Barbeau, B., George, A., Rose, C., Willardson, S., Carter, A., Smoot, C., Nakashima, A., & Dunn, A. (2020 Sep 25). Disparities in COVID-19 Incidence, Hospitalizations, and Testing, by Area-Level Deprivation — Utah, March 3–July 9, 2020. *MMWR Morb Mortal Wkly Rep* 2020. 69(38), 1369-1373. <http://dx.doi.org/10.15585/mmwr.mm6938a4>.
10. U.S. Census Bureau Household Pulse Survey, March 17–29, 2021. From Kem C. Gardner Policy Institute Household Pulse Survey Data Tool.
11. U.S. Census Bureau Household Pulse Survey, December 9–21, 2020. From Kem C. Gardner Policy Institute Household Pulse Survey Data Tool.
12. Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). The Implications of COVID-19 for Mental Health and Substance Use. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>