

Position Statement on the Mental Health Impact of Public Health Emergencies on Young People

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Issue:

Public health emergencies, such as global pandemics, natural disasters and climate-change related adverse events, increase stress and disruption for people across the world. The juxtaposition of elevated community stress and truncated coping resources raises individual vulnerability. This vulnerability and stress disproportionately impacts children and adolescents, especially those from underserved and marginalized backgrounds. For example, these emergencies may lead to widespread closure of school and community programs, limiting the frequency of in-person interactions outside the home for these young people, including those who have historically been the most likely to report abuse (U.S. Children’s Bureau, 2018).

Widespread public health emergencies are also associated with social isolation and heightened youth exposure to domestic violence, online sexual exploitation, abuse, and abnormal bereavement, and for some may also increase academic difficulties and stigmatization. Underserved populations already face disproportionately high rates of adverse childhood experiences (ACEs) including overcrowding, food insecurity, illicit substance use, racism, abuse, neglect, and limited access to healthcare. These ACEs increase children’s risk for developing mental illness and maladjustment and are associated with higher rates of maladaptive coping, anxiety, and chronic physical illness (Ferget et al. 2020). This makes the screening of children and adolescents for mental health conditions during widespread public health emergencies necessary.

APA Position:

Public health emergencies, such as a global pandemic, disproportionately affect underserved children and adolescents and therefore require increased screening of youth for trauma and other adverse childhood experiences (ACEs) and interventions that minimally include:

- 1. Developing and implementing culturally-sensitive, specific ACEs screening tools to assess the mental health and wellbeing of children and their families in public health emergency situations;**
- 2. Addressing structural racism and its contribution to factors such as housing instability, food insecurity, and academic disengagement, which adversely affect childhood development and increase children’s risk of maltreatment or neglect.**

3. Decreasing barriers to care through tele-mental health, community-based social supports, peer advocacy, and school-based mental health services.

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