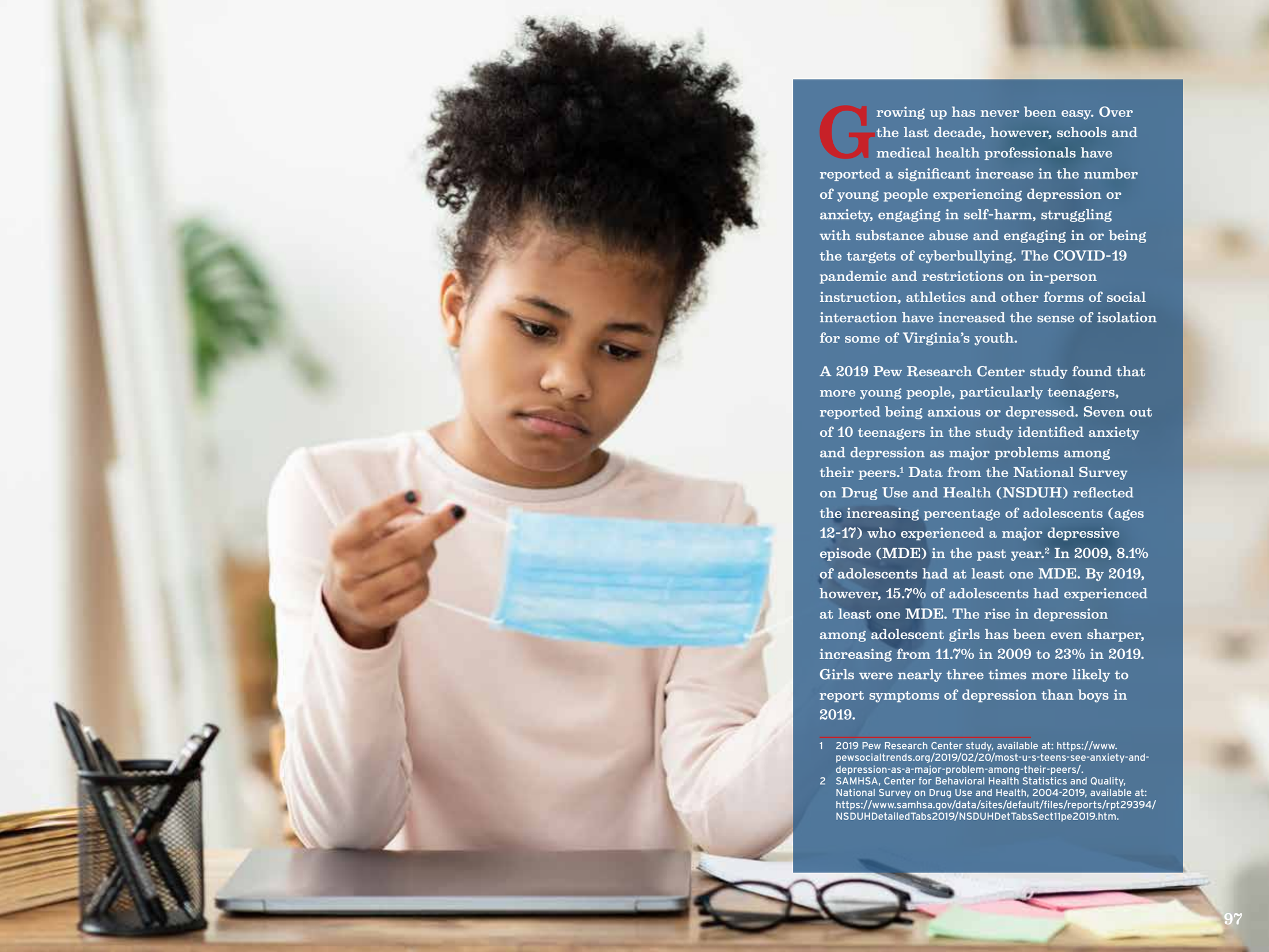
YOUTH MENTAL HEALTH IN VIRGINIA

Just because you don't understand it doesn't mean it isn't so.

– Lemony Snicket, "The Blank Book"



Growing up has never been easy. Over the last decade, however, schools and medical health professionals have reported a significant increase in the number of young people experiencing depression or anxiety, engaging in self-harm, struggling with substance abuse and engaging in or being the targets of cyberbullying. The COVID-19 pandemic and restrictions on in-person instruction, athletics and other forms of social interaction have increased the sense of isolation for some of Virginia's youth.

A 2019 Pew Research Center study found that more young people, particularly teenagers, reported being anxious or depressed. Seven out of 10 teenagers in the study identified anxiety and depression as major problems among their peers.[1] Data from the National Survey on Drug Use and Health (NSDUH) reflected the increasing percentage of adolescents (ages 12-17) who experienced a major depressive episode (MDE) in the past year.[2] In 2009, 8.1% of adolescents had at least one MDE. By 2019, however, 15.7% of adolescents had experienced at least one MDE. The rise in depression among adolescent girls has been even sharper, increasing from 11.7% in 2009 to 23% in 2019. Girls were nearly three times more likely to report symptoms of depression than boys in 2019.

1 2019 Pew Research Center study, available at: https://www.pewsocialtrends.org/2019/02/20/most-u-s-teens-see-anxiety-and-depression-as-a-major-problem-among-their-peers/.

2 SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2004-2019, available at: https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect11pe2019.htm.

Even more troubling, the rise in adolescent depression correlates with a striking rise in suicides. Suicide rates for adolescents and young adults increased from 2000 to 2017; the fastest climb occurred among 10- to 14-year-olds (Graph 1). From 2000 to 2011, the suicide rate for 10- to 14-year-olds was below that of 15- to 19-year-olds and 20- to 24-year-olds. From 2012 to 2017 (the latest available data), however, the number of suicides grew more quickly among children ages 10-14. In 2012, the suicide rate was 1.4 per 100,000 among 10- to 14-year-olds, 8.3 per 100,000 among 15- to 19-year-olds and 13.6 per 100,000 among 20- to 24-year-olds. By 2017, these rates had climbed to 2.5, 11.8 and 17.0, respectively. Suicide is now the second-leading cause of death (behind accidents) for people ages 10-24.

The COVID-19 pandemic has placed additional stressors on the youth of America and Virginia. Mental Health America (MHA), a nonprofit organization focused on mental health issues, reported that the number of young people ages 11-17 accessing the MHA Online Screening Program increased 9% from 2019 to 2020.[3] In Virginia, the nonprofit Voices for Virginia's Children estimates that 130,000 children and adolescents in the Commonwealth live with a serious mental illness.[4] Children's Hospital of The King's Daughters (CHKD) in Norfolk is Virginia's only freestanding children's hospital and home of the state's only Level I pediatric surgery program. In 2015, CHKD had 3,556 encounters (visits or consultations) with children for mental health concerns, a number that rose steadily over the ensuing years. In 2020, CHKD budgeted for 25,900 encounters (Graph 2). **The rapid increase in youth mental health visits and consultations at CHKD should be a warning signal, as we have yet to see the full effects of the COVID-19 pandemic on youth mental health.**

In this chapter, we explore the state of youth mental health and mental health care in Virginia and the United States. We begin by looking at how Virginia compares to other parts of the country, both with respect to the well-being of our children and the accessibility of care. We also report on available resources in the Commonwealth. Finally, we discuss the effects of COVID-19 on the mental health of Virginia's youth.

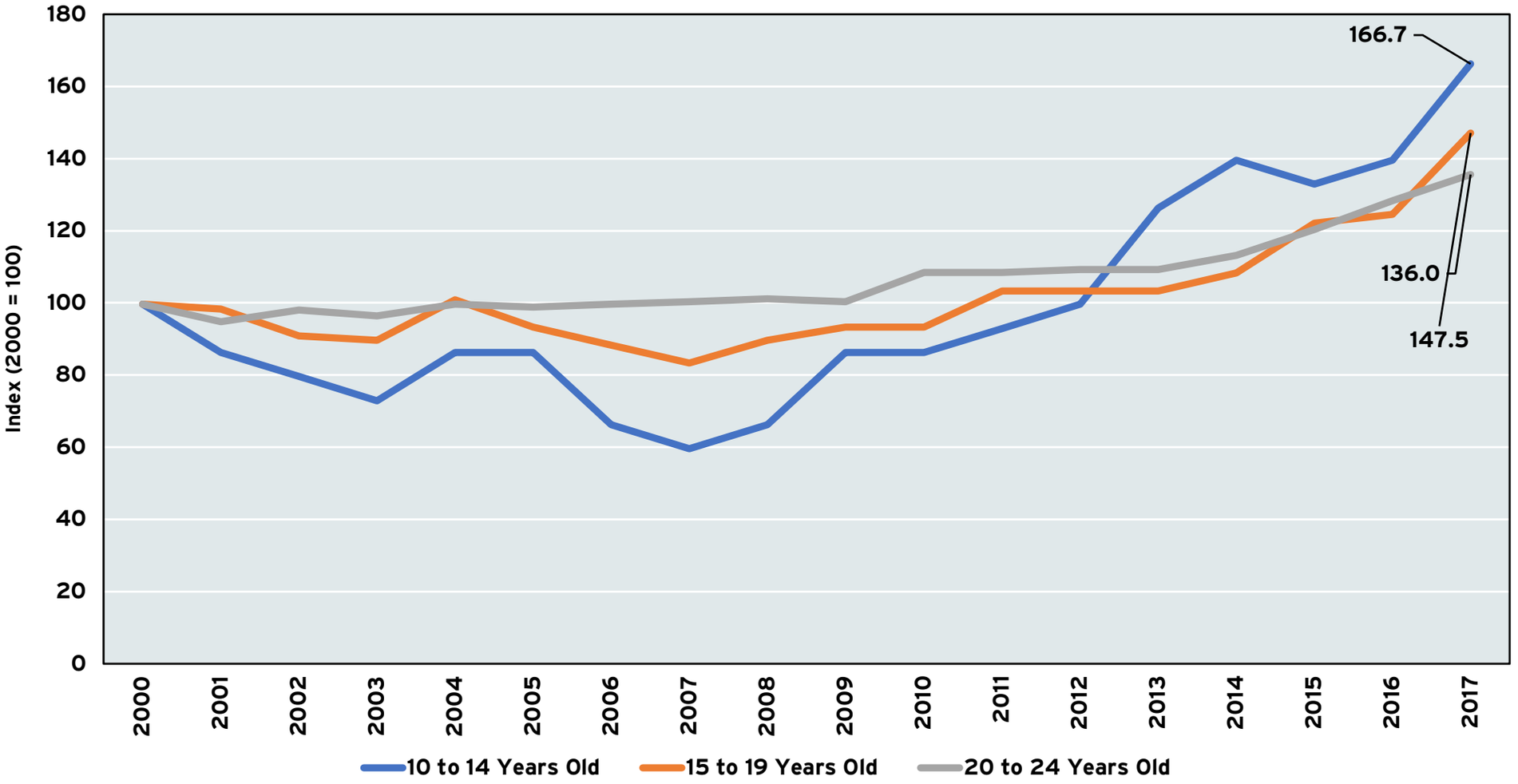
HOW TO FIND HELP

National Suicide Prevention Hotline: Call 1-800-273-8255 (TALK)
Suicide Prevention Lifeline: (800) 273-TALK or (800) SUICIDE
Text 741741 in a mental health crisis. The opening message can say anything. A trained crisis counselor volunteer will respond to the text.
If your child is in danger of hurting themselves or others, and you are not sure what to do, call 911 or go to the nearest emergency department immediately.

3 Mental Health America, "COVID-19 and Mental Health: A Growing Crisis," available at: https://mhanational.org/sites/default/files/Spotlight%202021%20-%20COVID-19%20and%20Mental%20Health.pdf.
4 Children's Mental Health in Virginia, Voices for Virginia's Children, available at: https://vakids.org/our-work/mental-health.

GRAPH 1

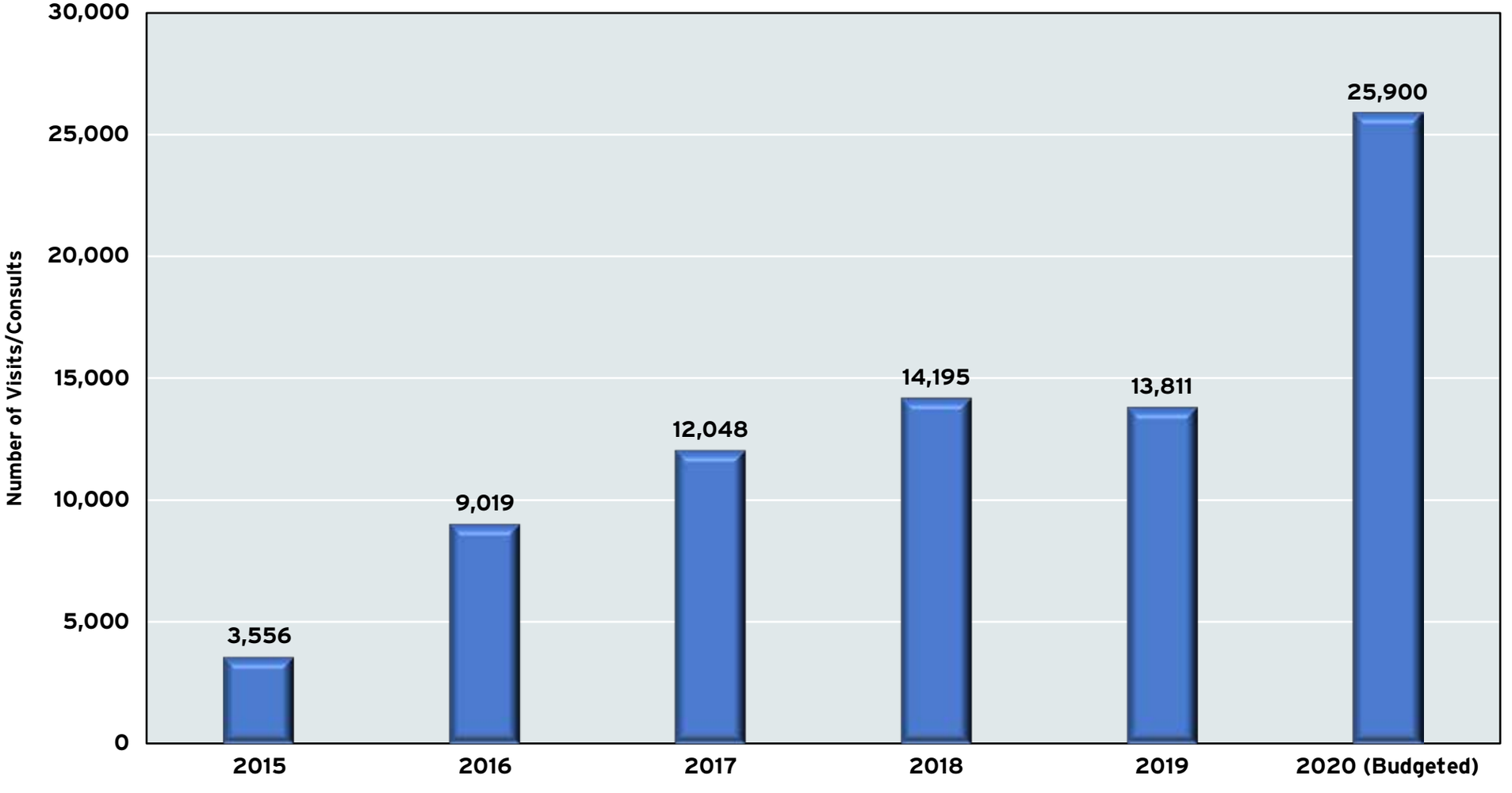
INDEX OF SUICIDES FOR ADOLESCENTS AND YOUNG ADULTS: UNITED STATES, 2000-2017



Source: National Center for Health Statistics, https://www.cdc.gov/nchs/data/databriefs/db352-h.pdf

GRAPH 2

NUMBER OF VISITS OR CONSULTATIONS FOR CHILDREN'S MENTAL HEALTH CONCERNS: CHKD, FISCAL YEARS 2015-2020



Source: Children's Hospital of The King's Daughters, Norfolk (2020)

Should We Blame The Phones Or Parents?

Experts cannot say exactly what is causing such distress among the nation's youth, although anxiety about school, peer pressure and access to drugs and firearms are sometimes mentioned as contributing factors. A recent cover story in The Atlantic frames the crisis of youth mental health – in particular, anxiety – as a problem of modern parenting, suggesting that "the everyday efforts we make to prevent kids' distress – minimizing things that worry or scare them, assisting with difficult tasks rather than letting them struggle – may not help them manage it in the long term."[5] Left unsaid is that rising income inequality and social stratification may lead some parents to the conclusion that they must "bulldoze" a path in front of their children to increase their likelihood of success in an increasingly competitive economic environment.

There is broad consensus that the hyperconnectedness of today's teenagers, particularly via social media, plays some part in this puzzle. This case is made most strongly by San Diego State University professor of psychology Jean Twenge, who notes that "teens today spend less time with friends and more time communicating electronically, which study after study has found is associated with mental health issues." In fact, Twenge links the abrupt shift in teen behaviors to the historical moment, around 2012, when the proportion of Americans who owned a smartphone surpassed 50%. Further, she notes that the expanding mental health crisis began at a time of strong economic growth and low unemployment, although it is more typical for mental and economic stress to go hand in hand.[6]

Not all youth who require mental health services are clinically depressed or suicidal. One in six youths between the ages of 6 and 17 experience a mental health disorder each year.[7] Indeed, according to data from the National Health Interview Survey (NHIS), the percentage of children, ages 4-17, who have been reported by a parent to have serious difficulties with emotions, concentration, behavior or getting along with other people held remarkably constant from 2007 to 2017, hovering between 5.1% and 6%. The range for children reported as having "minor" difficulties fluctuated between 13% and 16.1%. The figures tend to be a few points higher for boys than for girls and for all children living below the poverty line. The most frequently diagnosed mental health disorders in children are attention-deficit/hyperactivity disorder (ADHD), anxiety and other behavior disorders such as autism spectrum disorder (ASD) and oppositional defiant disorder (ODD).[8] Diagnosis does not necessarily equate to treatment, however, as families must navigate insurance requirements, significant variations in the availability of qualified therapists and, of course, the financial cost of care.

Mental Health In Virginia: How Are We Doing?

For the past seven years, the nonprofit organization Mental Health America has compiled a set of data indicators that evaluates the state of youth and adult mental health, including access to care, in all 50 states and the District of Columbia. The 2021 State of Mental Health in America Report uses data from 2017 and 2018. Let's examine how Virginia fares relative to other states concerning youth (ages 12-17) mental health.

While Virginia appears to fare reasonably well compared to other states, ranking 20 out of 51, there is not much to brag about in the data (Table 1). Over 14% of Virginians ages 12-17 suffered at least one major depressive episode (MDE) in the past year and 10.2% coped with a severe MDE. A diagnosis was no guarantee of treatment. Over half of those experiencing an MDE did not receive any form of treatment. Among those with the most severe forms of depression, only 26.1% received some type of consistent care.

5 Kate Julian, "What Happened to American Childhood?" *The Atlantic* (May 2020), available at: https://www.theatlantic.com/magazine/archive/2020/05/childhood-in-an-anxious-age/609079/.
6 Jean Twenge, "Have Smartphones Destroyed a Generation?"*The Atlantic* (September 2017), available at: https://www.theatlantic.com/magazine/archive/2017/09/has-the-smartphone-destroyed-a-generation/534198/; and Jean Twenge, "The Mental Health Crisis among America's Youth Is Real – and Staggering," *The Conversation* (March 14, 2019), available at: https://theconversation.com/the-mental-health-crisis-among-americas-youth-is-real-and-staggering-113239.
7 National Alliance on Mental Health (NAMI), Mental Health by the Numbers, 2020, available at: https://www.nami.org/mhstats.
8 Centers for Disease Control and Prevention, Data and Statistics on Children's Mental Health, 2020, available at: https://www.cdc.gov/childrensmentalhealth/data.html and https://www.cdc.gov/childrensmentalhealth/symptoms.html.

TABLE 1

VIRGINIA'S MENTAL HEALTH RANKING: YOUTH (AGES 12-17), 2017-2018

Indicator	Percentage	Ranking
Youth with at least one major depressive episode (MDE) in the past year	14.3%	27
Youth with severe MDE in the past year	10.2%	30
Youth with substance use disorder in the past year	3.6%	10
Youth with MDE who did not receive mental health services	53%	12
Youth with severe MDE who received some consistent treatment (7 to 25+ visits a year)	26.1%	34
Youth with private insurance that did not cover mental or emotional problems	6.6%	19
Youth identified with emotional disturbance for an Individualized Education Program (IEP), per 1,000 students	8.4%	23
Overall youth ranking	-	20

Source: 2021 State of Mental Health in America Report, Mental Health America, https://mhanational.org/issues/2021/mental-health-america-youth-data

Some caveats are in order. First, as previously noted, youth mental health everywhere in the United States has worsened in the past decade, the comparative rankings notwithstanding. Second, there is a significant discrepancy between Virginia's youth and adult mental health rankings, largely due to poor access to mental health care for adults. Table 2 reveals these disparities for adults with any mental illness (AMI). Comparatively large proportions of adults with AMI were unable to see a doctor due to costs, or because they were uninsured. Indeed, Mental Health America notes that Virginia's adult ranking dropped from 13th to 42nd between 2011 and 2017 – the largest decrease anywhere in the country. However, as the latest data are from 2017-2018, and Virginia has recently expanded Medicaid, we've seen a slight improvement: Virginia is now ranked 27th.

Virginia Violent Death Reporting System (VVDRS) statistics reveal the number of suicides by youth, ages 10-19, in Virginia's health regions (Figure 1 and Graph 3) from 2013 to 2017.[9] The prevalence of youth suicide in the Commonwealth is similar to national averages. The data indicate that there is variation across the Commonwealth and time. The southwest and central regions are relatively stable over the period in question. The eastern and northwest regions have observed increases, while the northern region has seen a decline in youth suicides.

TABLE 2

VIRGINIA'S ADULT MENTAL HEALTH RANKING, 2021

Indicator	Percentage	Ranking
Adult prevalence of mental illness - adults with any mental illness (AMI)	17.4%	4
Adults with substance use disorder in the past year	7.3%	16
Adults with serious thoughts of suicide	4.2%	10
Adults with AMI who are uninsured, 2020	13.5%	40
Adults with AMI who did not receive treatment	54.5%	28
Adults with AMI reporting unmet need	28.6%	47
Adults with disability who could not see a doctor due to costs	34.2%	45
Overall adult ranking	-	29

Source: Mental Health America (2021), https://www.mhanational.org/issues/2021/mental-health-america-adult-data#five

9 Health region definitions are available at: https://www.vdh.virginia.gov/content/uploads/sites/10/2017/02/DEMOGRAPHICS_FINAL.pdf#page=5.

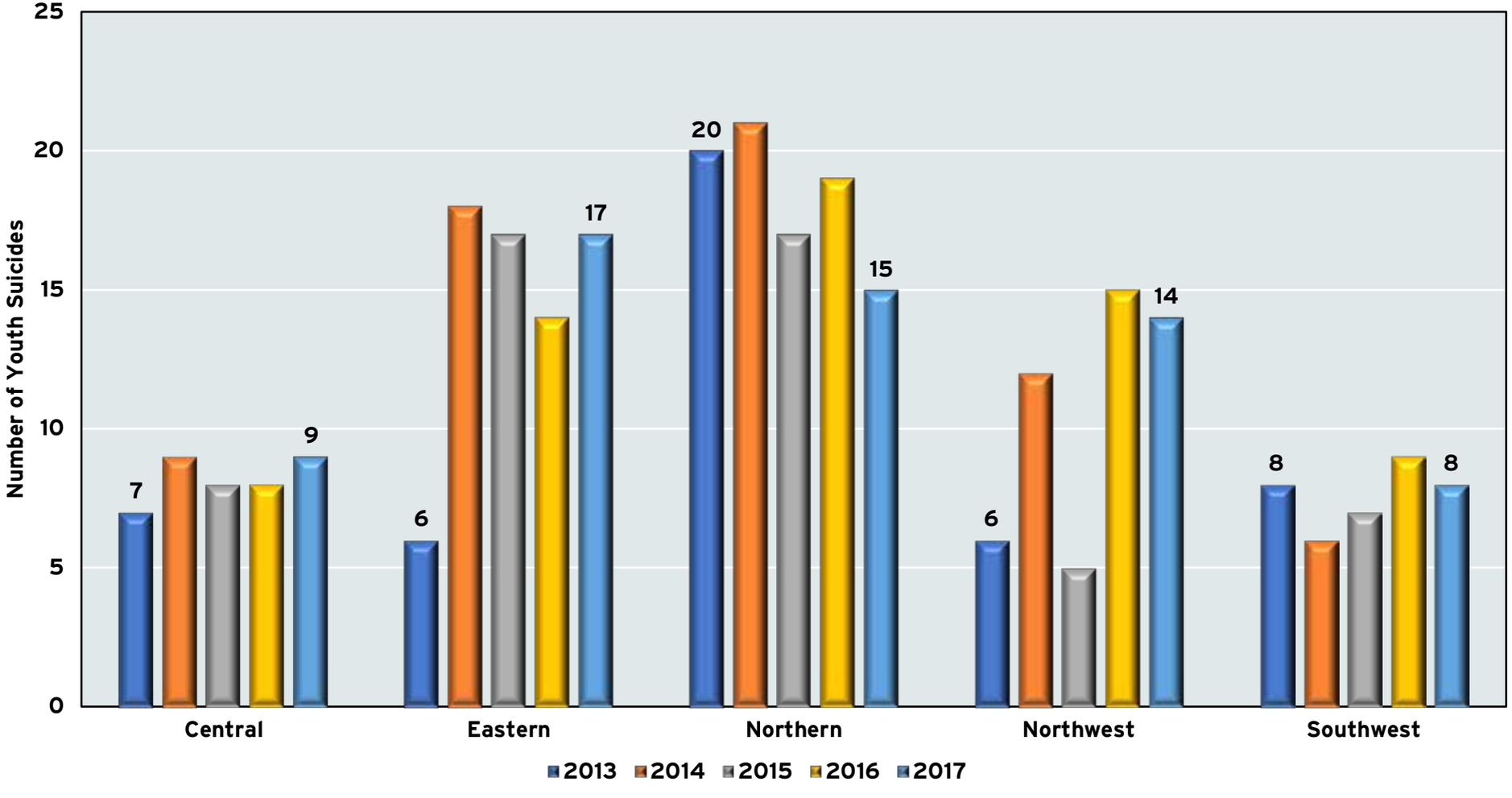
FIGURE 1

VIRGINIA HEALTH REGIONS

Source: Virginia Department of Health (2020)

GRAPH 3

NUMBER OF SUICIDES AMONG INDIVIDUALS AGES 10-19: VIRGINIA HEALTH REGIONS, 2013-2017



Sources: Data reported to the Virginia Department of Health and analyzed by Virginia Department of Health IVP epidemiology staff, and the Dragas Center for Economic Analysis and Policy, Old Dominion University, October 2020

Barriers To Mental Health Care

Affordability and adequate insurance coverage are significant barriers to accessing care; another is the availability of treatment. Everywhere in the United States, there is a shortage of professionals who specialize in youth mental health care. More simply put, the supply of specialists has not yet caught up with the dramatic increase in demand. There are around 8,300 child and adolescent psychiatrists practicing in the U.S. today, but the unmet need is much greater.[10] The Centers for Disease Control and Prevention (CDC) estimates that 12,624 such specialists are currently needed; regional professionals suggested to us that the need might even approach 30,000.[11]

Geography is one of the leading factors that affect young people's access to care. Sixty-one percent of areas with a mental health professional shortage are rural or partially rural. CDC statistics indicate considerable disparities in the proportion of pediatricians, psychiatrists, family medicine physicians, licensed social workers and psychologists in the various localities. Henry County in Southside Virginia, for example, had no reported pediatricians, psychiatrists or psychologists, as of the most recent data. Table 3 illustrates the stark contrast of geographic availability of professionals throughout the Commonwealth, with many localities simply devoid of appropriate care, by displaying five localities with the highest and lowest number of providers. We include a more detailed list of cities and counties in Virginia at the end of this chapter (Table 8).

CHKD'S NEW MENTAL HEALTH FACILITY, CURRENTLY UNDER CONSTRUCTION IN NORFOLK

Illustration courtesy of CHKD (2020)

The Children's Hospital of The King's Daughters (CHKD) mental health hospital, now under construction, will provide urgently needed services to children. The $224 million, 14-story tower on the CHKD/EVMS/Sentara medical campus in Norfolk is slated to open in 2022. It will have 60 inpatient beds and offer an array of outpatient treatments, including "partial hospitalization." CHKD is Virginia's only freestanding children's hospital and houses the state's only Level I pediatric surgery program, serving patients as far north as Virginia's Middle Peninsula, as far west as Williamsburg and as far south as Elizabeth City, N.C.

10 American Academy of Child & Adolescent Psychiatry (AACAP), Workforce Issues, https://www.aacap.org/AACAP/Resources_for_Primary_Care/Workforce_Issues.aspx.
11 https://www.cdc.gov/childrensmentalhealth/data.html.

TABLE 3

PROVIDER RATES PER 10,000 CHILDREN (AGES 0-17): SELECTED VIRGINIA LOCALITIES, 2015

Locality	Pediatricians	Psychiatrists	Family Medicine Physicians	Licensed Social Workers	Psychologists
Lexington	33.3	11.1	77.7	133.2	99.9
Charlottesville	43.4	26.6	26.6	114.9	141.6
Fairfax	5.2	7	22.6	154.8	125.2
Salem	15.8	23.7	31.6	146	88.8
Fredericksburg	22.6	12.2	24.3	93.8	41.7
Cumberland County	0	0	4.8	0	0
Henry County	0	0	4.8	0	0
Appomattox	0	0	3	0	0
Manassas Park	0	0	2.6	0	0
Bland County	0	0	0	0	0

Sources: Centers for Disease Control and Prevention, Behavioral Health Services in Virginia (estimates may be inflated for localities with fewer than 10,000 residents), https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/virginia/index.html, and the Dragas Center for Economic Analysis and Policy, Old Dominion University, 2020

Youth Mental Health: Finding Help

The National Alliance on Mental Illness (NAMI) is self-described as "the nation's largest grassroots mental health organization," with more than 500 affiliates across the country that provide support and education to people living with mental health conditions, and to their families and caregivers. Early intervention can reduce the prevalence of serious mental health cases, yet only 7% of expenditures for mental health in Virginia goes to individuals under the age of 18.[12] In January 2020, NAMI of Virginia surveyed youth and young adults in the Commonwealth to find out how hard it has been for them to get help for their mental health needs. Of those who reported having difficulty, 44.3% responded "moderately difficult," 13.2% "difficult" and 5.7% "very difficult."

Why are our children not getting the help they need? Reasons include a lack of mental health providers trained and available to help, limitations of public and private insurance coverage, the existence of an uncoordinated care system at the local and state levels, and often, the reluctance of families and youth to seek help due to feelings of shame. Table 4 lists NAMI affiliates that offer counseling sessions and support groups throughout the Commonwealth.

The Ending the Silence and Say It Out Loud programs for teens, which aim to open up conversations about mental health, are one-time sessions NAMI provides to schools, faith-based organizations and other community groups in the Commonwealth. All NAMI classes, special programs and support groups are offered free of charge.

Table 5 shows the various hotlines available to struggling youths and adults in Virginia. The existence of these hotlines demonstrates the ongoing need to destigmatize mental health issues. Starting in July 2022, a new mental health emergency hotline, 988, will be available nationally.

TABLE 4

NAMI AFFILIATES, VIRGINIA

NAMI Affiliate	Geographic Service Area	City
NAMI Blue Ridge Charlottesville	Charlottesville, Albemarle County and surrounding areas	Charlottesville
NAMI Central Shenandoah Valley VA	Staunton; Bath, Highland, Rockbridge and Augusta counties	Staunton
NAMI Central Virginia	Richmond metropolitan area and Greater Petersburg area	Richmond
NAMI Coastal Virginia	Virginia Beach, Chesapeake, Norfolk, Portsmouth and the Eastern Shore	Virginia Beach
NAMI Hampton/Newport News	Hampton Roads Peninsula	Hampton
NAMI Mid-Tidewater	Middle Peninsula and Northern Neck	Gloucester
NAMI New River Valley VA	Blacksburg, Christiansburg, Radford; Floyd, Giles, Montgomery and Pulaski counties	Blacksburg
NAMI Northern Shenandoah Valley	Winchester; Clarke, Warren, Frederick, Page and Shenandoah counties	Winchester
NAMI Northern Virginia	Alexandria, Fairfax and Falls Church; Fairfax, Arlington and Loudoun counties	Reston
NAMI Piedmont	Culpeper, Rappahannock, Fauquier, Madison and Orange counties	–
NAMI Prince William	Manassas and Manassas Park; Prince William County	Woodbridge
NAMI Rappahannock	Fredericksburg; King George, Spotsylvania, Stafford and Caroline counties	Fredericksburg
NAMI Roanoke Valley	Roanoke area	Roanoke
NAMI Williamsburg	Poquoson, Williamsburg; James City and York counties	Williamsburg

Source: https://namivirginia.org/local-affiliate/wpbdp_category/namiaffiliates

12 National Alliance on Mental Illness (NAMI) Virginia, http://namivirginia.org/wp-content/uploads/sites/127/2016/03/MIandVirginiaYouth.pdf.

TABLE 5

SUICIDE HOTLINES: VIRGINIA, 2020

Location	Name	Phone Number
Arlington	Crisis Link	(703) 527-4077
Blacksburg	New River Valley Community Services	(540) 961-8400
Bristol	Crisis Center	(540) 628-7731 (540) 466-2312
Charlottesville	Madison House	(804) 295-8255
Danville	Contact Crisis Line	(804) 792-4357
Dumfries	ACTS Helpline Teenline	(703) 368-4141 (703) 368-8069
Lynchburg	The Crisis Line of Central Virginia	(804) 947-4357 1-888-947-9747
Martinsville	CONTACT Teenline	(540) 632-7295 (540) 634-5005
Norfolk	Crisisline	(757) 622-1126
Richmond	West End Behavioral HealthCare	(804) 819-4100
Roanoke	Listen Line Teenline	(540) 344-1948 (540) 982-8336
Winchester	Concern Hotline	(540) 667-0145
Franklin County	Concern Hotline	(540) 489-5490
Patrick County	Concern Hotline	(540) 694-2962
Clarke County	Concern Hotline	(540) 667-0145
Frederick County	Concern Hotline	(540) 667-0145
Page County	Concern Hotline	(540) 743-3733
Shenandoah County	Concern Hotline	(540) 459-4742
Warren County	Concern Hotline	(540) 635-HELP (4357)

Source: Virginia Suicide and Crisis Hotlines, 2020, http://www.suicidehotlines.com/virginia.html and http://www.suicide.org/hotlines/virginia-suicide-hotlines.html

Recent Legislative Efforts To Improve Youth Mental Health In Virginia

Public perception of and attitudes toward mental health have shifted in recent decades. Mental health hasn't always been recognized as equal in importance to that of physical health. Virginia has worked to make youth mental health a greater priority. In 1993, the Commonwealth passed the Children's Services Act (CSA). This law introduced the use of state-funded mental health support services for eligible children and their families. It combined the efforts of both state and local governments to help ensure that effective resources and care are available to those families in need.

Members of the Virginia General Assembly introduced several mental health bills during the 2020 session. Table 6 outlines the major bills and their outcomes. House Bill 308 proved to be an important change for Virginia's public education system. Prior to this bill, Virginia lacked a standard for addressing mental health in its schools. With the bill's approval, students in grades K-12 are now allowed excused absences for mental or behavioral health issues.

TABLE 6

2020 YOUTH MENTAL HEALTH LEGISLATION, VIRGINIA

Youth Mental Health Legislation	Description	Date Passed
HB 308	Requires the Department of Education to establish guidelines (no later than Dec. 31, 2020) for the granting of excused absences to students in public elementary and secondary schools who are absent due to mental or behavioral health.	February 2020
HB 1419 SB 171	School resource officers and school security officers required to receive training on medication and conflict resolution, including de-escalation techniques, working with students with mental health needs.	March 2020
HB 74 SB 619	Mandates local school boards to require each full-time "teacher and other relevant personnel" to complete a mental health awareness training. Training is required each time the teacher renews his/her license.	March 2020
HB 1508 (inc. HB 398)	Local school boards need to employ one full-time equivalent school counselor position per 325 students (grades K-12); HB 398 requires school boards to employ one school counselor and one social worker for every 250 students in each elementary school, middle school and high school in which at least 50% of the students are eligible for federal free lunch.	March 2020
HB 40	Requires the Department of Education to collaborate with the Department of Behavioral Health and Developmental Services to require that each public school create and maintain a mental health break space.	Tabled; to be continued in 2021 by voice vote

Sources: Mental Health America of Virginia and Virginia 2020 Legislative Session, Summary Highlights, March 2020, https://mhav.org/wp-content/uploads/2020/03/Summary-of-Virginia-2020-Legislative-Session.pdf, and Voices for Virginia's Children, 2020 Legislation Impacting Children's Mental Health Services, Feb. 6, 2020, https://vakids.org/our-news/blog/2020-legislation-impacting-childrens-mental-health-services

Major Youth Mental Health Providers In Virginia

In addition to legislative efforts to prioritize initiatives for addressing youth mental health needs, multiple organizations across the Commonwealth provide services to children and adolescents (Table 7). The Commonwealth Center for Children and Adolescents, located in Staunton, is Virginia's sole inpatient hospital dedicated to the mental health needs of children. Run by the Virginia Department of Behavioral Health and Developmental Services, this hospital has four 12-bed living units as well as educational and recreational space for patients. In 2018, the overburdened hospital experienced "four consecutive months of 100-plus admissions for a state psychiatric hospital with 48 beds."[13]

THE COMMONWEALTH CENTER FOR CHILDREN AND ADOLESCENTS IN STAUNTON

13 https://richmond.com/news/local/government-politics/as-summer-ends-pressures-build-again-at-virginias-only-state-mental-hospital-for-kids/article_125540ea-5f1c-5e29-958b-6147540fb46f.html.

TABLE 7

SELECTED YOUTH MENTAL HEALTH ORGANIZATIONS, VIRGINIA

Organization	Location	Services
Barry Robinson Center	Norfolk	Residential treatment program for boys and girls, ages 6-17, with mental health issues
Bridges Treatment Center	Lynchburg	Psychiatric residential and educational services for boys and girls, ages 6-17, with emotional and behavioral issues
Child and Family Healing Center (UMFS)	Richmond	24-hour intensive residential treatment; 11-17-year-old males, females or other genders
The Commonwealth Center for Children and Adolescents	Staunton	Acute care, mental health facility for youth under 18
Hallmark Youthcare	Richmond	24/7 psychiatric and nursing care for children ages 11-17
Harbor Point Behavioral Health Center	Portsmouth	Serves children and adolescents 6-17 who are diagnosed with psychiatric disorders or struggle with a general psychiatric disorder or behavioral health issues
Inova Behavioral Health Services	Falls Church	Serves adults, children and adolescents by offering full spectrum of mental health and substance use treatment services
Kempsville Center for Behavioral Health	Norfolk	Residential treatment for adolescent boys and girls, ages 11-17
Newport News Behavioral Health Center	Newport News	Serves adolescents, ages 11-18, who suffer from severe symptoms of a psychiatric disorder
North Spring Behavioral Healthcare	Leesburg	Offers a comprehensive range of inpatient and outpatient treatment services for children ages 7-17
Poplar Springs Hospital	Petersburg	Acute crisis stabilization for boys and girls, ages 11-17, in danger of harming themselves or others
Prince William Psychiatric Center	Manassas	Provides high-quality inpatient and outpatient mental health and substance abuse treatments for adults, seniors, adolescents and children with behavioral health issues
Riverside Behavioral Health Center	Hampton	Provides long-term intensive treatment for boys and girls, ages 12-17
Southstone Behavioral Health Hospital	South Boston	Serves adolescents, ages 11-17, who are experiencing mental or behavioral health concerns
Three Rivers Treatment Center	Kenbridge	Helps adolescents with behavioral problems
Veritas Collaborative	Richmond	Provides individualized best-practice care tailored to the unique needs of children and adolescents, up to age 17
Virginia Treatment Center for Children	Richmond	Short-term rehabilitation and stabilization center dealing with children and adolescents

Source: NAMI Virginia and Virginia Family Network, Residential Treatment Centers in Virginia, 2020, https://namivirginia.org/wp-content/uploads/sites/127/2020/08/Residential-Treatment-Center-in-Virginia-PDF.pdf

COVID-19: Emerging Evidence Of The Impact On Mental Health

If there is a thin silver lining to the tremendous costs of the COVID-19 pandemic, it is that the novel coronavirus does not appear to be as deadly to youth. Although scientists continue to learn more about COVID-19 and how it manifests itself, the CDC has reported that just 2% of all confirmed cases in the United States are among people 18 and under.[14]

Even so, the potential mental health effects of COVID-19 on children are dire – and not just for those who fall ill, or whose family members and loved ones have contracted the virus. The demands of quarantine and social distancing have upended schooling, social support networks and daily routines for all children. Most Virginia students have not been in a traditional school setting since the middle of March. They have missed daily check-ins with teachers and counselors, interactions with peers and milestones such as graduations, concerts and sports tournaments.

It remains to be seen how the delivery of education will play out for the rest of the 2020-21 school year. Some school districts will return to in-person instruction, while others will go with a hybrid model (typically two days in class with three days at home) or stay remote. What the longer-term effects will be on student outcomes, from the public health, economic and social shock standpoints, remains to be seen. Children from lower-income households, and those from other at-risk populations, are likely to suffer the most from these upheavals. NAMI Virginia Executive Director Kathy Harkey tells us that "as parents are striving to balance parenting with remote work from home, children have difficulty understanding that their parents are home but unable to drop income-producing activities to meet their immediate needs. This leads to frustration and anxiety for both parents and youth. On a positive note, some parents are more involved in the academic aspect of their children's lives."

Numerous surveys suggest that adult mental health also has been profoundly affected by the pandemic. In 2019, the U.S. Census reported that 1 in 11 households exhibited symptoms of anxiety or depression. By September 2020, more than 1 in 3 households exhibited signs of anxiety or depression.[15] A research team at Christopher Newport University, led by psychology professor Sherman Lee, has identified a range of psychological difficulties associated with "dysfunctional coronavirus anxiety," including "greater hopelessness, suicidal ideation, spiritual crisis and alcohol/drug coping." The team has developed two mental health tests, the Coronavirus Anxiety Scale and the Obsession with COVID-19 Scale, which have been adopted worldwide.[16]

As we completed work on this chapter in the fall, specific data on the effects of COVID-19 on children's mental health were not yet available. However, in late October 2020, Mental Health America released "COVID-19 and Mental Health: A Growing Crisis," which offered some insight on the pandemic's effects. According to the report, as of September 2020, throughout the pandemic a growing number of children ages 11-17 have experienced an increased need for mental health help and have been more likely to exhibit moderate to severe anxiety symptoms. Additionally, the rates of suicide ideation are highest among youths, with over half of the 11- to 17-year-old respondents reporting having thoughts of suicide or self-harm more than half or nearly every day of the previous week.[17] These numbers were especially high among LGBTQ youths.

Stephanie Osler, director of CHKD's Mental Health Service Line, suggests that we can look to the experiences of children following the traumas of the 9/11 terrorist attacks and Hurricane Katrina in 2005 as instructive examples. She notes that an important lesson from these events is that adults, who may be overwhelmed themselves, do not always recognize

14 "Burden of COVID-19 among children," available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html (accessed June 22, 2020).
15 U.S. Census Bureau Household Pulse Survey, 2020.
16 S.A. Lee, M.C. Jobe and A.A. Mathis, "Mental health characteristics associated with dysfunctional coronavirus anxiety," *Psychological Medicine* 1-2 (2020), available at: https://doi.org/10.1017/S003329172000121X; Jim Hanchett, "'Coronaphobia' tests developed at CNU now used worldwide," Christopher Newport University Newsroom (April 30, 2020), available at: https://cnu.edu/news/2020/04/30-psyc-f_lee/; Joanne Kimberlin, "Angry? Resentful? Feeling guilty? Psych footprint of pandemic is huge," *The Virginian-Pilot* (May 23, 2020), available at: https://www.pilotonline.com/coronavirus/vp-nw-coronavirus-ptsd-20200523-nlsaw3wvkrfzpoy3zlchkl43jm-story.html; and Alyssa Fowers and William Wan, "A third of Americans now show signs of clinical anxiety or depression," *The Washington Post* (May 26, 2020), available at: https://www.washingtonpost.com/health/2020/05/26/americans-with-depression-anxiety-pandemic/.
17 Mental Health America, COVID-19 and Mental Health: A Growing Crisis, October 2020, available at: https://mhanational.org/sites/default/files/Spotlight%202021%20-%20COVID-19%20and%20Mental%20Health.pdf.

how children are struggling. Thus, it is particularly important for parents and other responsible adults to watch for unusual changes in children's behavior – such as having difficulty eating or sleeping or becoming more withdrawn. All children respond to trauma differently, but its effects can be especially devastating for those who are already suffering from anxiety, depression or other adverse life experiences.

New Delivery Modes For Mental Health Services

Our conversations with mental health providers throughout the Commonwealth indicate some notable changes since the onset of the pandemic. CHKD initially experienced a drop in the number of children accessing its mental health services – which is typical in the early stages of a major crisis, as families focus on survival and other immediate concerns. According to Osler, the hospital has since begun to see children "with much more complexity who are more difficult to manage in the home without the consistency in routine/structure that school and other activities provide."

The demands of social distancing have compelled all providers to transform their delivery of services. Within a matter of weeks, nearly all outpatient mental health services shifted to telehealth – that is, the use of the internet and other technologies to engage virtually with clients. At the Children's Hospital of Richmond at Virginia Commonwealth University, telehealth is changing the landscape for youth mental health. The disruption of COVID-19 to children's mental health care proved to be stressful and worrying for both children and their parents. With school schedules and normal activities interrupted, the uncertainties of one's day-to-day routine heightened anxiety. Dr. Cheryl Al-Mateen, director of VCU's Virginia Treatment Center for Children, acknowledges the challenges associated with telehealth but reports the vast majority of appointments conducted via this mode are successful.[18] Also, as cited in a May 5, 2020, Virginian-Pilot story, the Steven A. Cohen Military Family Clinic quickly pivoted from seeing "just over a dozen" of its clients through telehealth services to nearly 300, which is approximately a 2,400% increase in the number of veterans and military family members who sought help online.[19]

Chloe Sanders, NAMI Virginia program assistant, tells us that the majority of NAMI affiliates moved their programs and support groups online due to COVID-19, with NAMI Coastal Virginia and NAMI Prince William opening up their programming statewide for others outside their areas who might be interested in attending or for those in an area without an affiliate, or an affiliate doing online programming.[20] This transition to an online platform has allowed organizations to expand their reach to serve a greater number of people. The free online support groups and classes, which are aimed at connecting young people across the state, foster mental health awareness, treatment and resiliency. Preliminary evidence from providers indicates that parental satisfaction with telehealth appointments is high, and no-show rates have dropped significantly.

Ashley Airington, a policy analyst with the advocacy organization Voices for Virginia's Children, observes that "it took a public health crisis to convince federal and state regulators to allow mental health services to be delivered via telehealth."[21] Now that necessity has chipped away at this resistance, telehealth may come to assume a larger role in addressing children's needs in underserved rural areas even after the threat of COVID-19 has passed.

If smartphones and internet technologies have played a contributing role in easing the mental health struggles of our youth, the pandemic has shown us that these same technologies can also offer a needed lifeline in times of crisis and quarantine. However, NAMI Virginia's Kathy Harkey still cautions that "before major decisions are made, we must ask ourselves: Is it more beneficial or detrimental to youth and young adults to be involved in in-person activities such as physical school classrooms or doctor visits during COVID-19? Are we making the best decisions for our youth when we encourage virtual communication interaction in place of in-person interaction?"

18 Children's Hospital of Richmond at VCU, "How telehealth is changing mental health for kids," May 7, 2020, available at: https://www.chrichmond.org/blog/how-telehealth-is-changing-mental-health-for-kids.
19 Katherine Hafner, "Demand for mental health services in military community surges amid pandemic stress," *The Virginian-Pilot* (May 5, 2020), available at: https://www.pilotonline.com/news/health/vp-nw-coronavirus-military-mental-health-20200505-xuvcavxzhbbl5kjpfnlagjsmoi-story.html.
20 Online Programs, (n.d.), NAMI Virginia, available at: https://namivirginia.org/programs/online-programs/.
21 Ashley Airington, "Tele-mental Health in Virginia: Addressing Children's Mental Health Needs during COVID-19," *Voices' Blog* (May 14, 2020), available at: https://vakids.org/our-news/blog/expanded-telemental-health-services-in-virginia-addressing-mental-health-needs-of-children-during-the-pandemic.

Final Observations

I was so upset, I forgot to be happy.

– Eeyore, "Winnie-the-Pooh," A.A. Milne

The treatment of pediatric psychiatric disorders is expensive. Statistics provided in May 2019 by Dr. Gregory K. Fritz, past president of the American Academy of Child and Adolescent Psychiatry, placed mental disorders at the top of the most costly conditions among children, both in terms of total-dollar and per-child expenditures.[22] However, the costs of *not* caring for our children's mental health may be far greater.

A commonly cited statistic is that half of all chronic mental illness is apparent by age 14; 75% of mental disorders begin by age 24. The emotional costs of childhood mental illness are undisputed. What may be less appreciated is the fact that the economic costs – both in terms of health care spending and diminished human potential – are also vast. A 2011 report by the World Economic Forum and the Harvard School of Public Health, summarized last year in the Stanford Social Innovation Review, found that mental illness "has a greater impact on economic output than cancer, heart disease, or diabetes." The report's authors estimate the worldwide cost of mental illness to be $16 trillion between 2011 and 2030. Other recent research has indicated that untreated anxiety and depression costs society $1.5 trillion annually.[23]

The World Health Organization estimates that every U.S. dollar spent on "scaling up treatment for common mental illnesses such as depression and anxiety" leads to a four-fold return in better health and the ability to work.[24] Our state's mental health care providers – including hospitals, clinics, schools, human services departments and community services boards – offer services that are indispensable to the well-being of

22 See "Children's Mental Wellness," available at: https://hamptonroadscf.org/Leadership-Initiatives/Childrens-Mental-Wellness. We are grateful to the Hampton Roads Community Foundation for providing us access to Dr. Fritz's presentation.
23 World Economic Forum and the Harvard School of Public Health, "The Global Economic Burden of Non-communicable Diseases" (September 2011), available at: http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf; and Eliot Brenner, "The Crisis of Youth Mental Health," Stanford Social Innovation Review (spring 2019), available at: https://ssir.org/articles/entry/the_crisis_of_youth_mental_health.
24 World Health Organization, "Mental health: massive scale-up of resources needed if global targets are to be met" (June 6, 2018), available at: https://www.who.int/mental_health/evidence/atlas/atlas_2017_web_note/en/.

Virginia's residents. Investing in the mental health of children is an investment in our future.

What, then, can be done?

Work to remove the stigma surrounding mental health: If a child broke their leg while riding a bicycle, we would (hopefully) not tell them to "walk it off," or "other kids with broken legs don't complain." Mental health is a complex phenomenon that has mental, emotional and physical manifestations. We must recognize and remove older ways of thinking that categorize mental illness as "rare, a choice or a symptom of laziness." Against this narrative, children and parents may not be willing to be open about the concerns at hand. Learning about the signs of mental health conditions, encouraging those who might have issues to find help and supporting organizations in this field are actions we can all undertake.

Examine your company's policies regarding mental health: Does your company view the mental health issues of employees or dependents differently than physical ailments? Given the vital importance of mental health to employee productivity and morale, attention to mental health is not merely a means to improve the image of your business; it can also boost profitability. If employees are forced to choose between their children's mental health needs and their company's bottom line, the option they will choose is clear. Supporting employees in this way is also likely to boost retention and reduce turnover costs.

Improve mental health funding for schools: We have long advocated for wise investments in K-12 education. Supporting children by improving access to mental health screening and services within schools is an investment that will yield long-term dividends. The manifestations of mental health issues, such as substance abuse, self-harm and bullying, disrupt learning. Early intervention reduces the costs to individuals and society. Similar to how food programs have expanded to ensure that children do not go to school hungry, we must look at ways to expand services where children spend much of their time during the academic year. Some gains were found in the 2020 Virginia General Assembly sessions. In February 2020, the legislature approved a bill that now allows students in grades K-12 to receive excused absences for mental or behavioral health issues. Prior to this bill's passing, Virginia had no standard for addressing mental health in schools. House Bill 74 will require full-time teachers to complete mental health awareness training in order to understand and help prevent related issues, and to recognize the signs of mental health problems. The bill requires school boards to adopt and implement policies for the training, which can be completed online. School mental health services support the mission and purpose of schools: learning. Teaching children how to cope with life's challenges will most assuredly better prepare them for becoming resilient adults.

These changes are neither instantaneous nor easy. We are, however, moving in the right direction. Improving mental health services for Virginia's youth not only provides benefits to those in need, but it also enhances the attractiveness of the Commonwealth to businesses and talent. With all the pandemic-related challenges we face, this effort should enjoy broad, sustained and enthusiastic support.

TABLE 8

NUMBER OF PROVIDERS PER 10,000 CHILDREN (AGES 0-17): VIRGINIA LOCALITIES, 2015

Locality	Pediatricians	Psychiatrists	Family Medicine Physicians	Licensed Social Workers	Psychologists
Albemarle County	21.4	16	31.9	12.8	22.4
Alexandria	10.5	9	11.2	0	1.9
Amelia County	0	0	0	11.1	3.7
Amherst County	0	0	6.3	6.3	0
Appomattox County	0	0	3	0	0
Arlington County	10	7.7	10	1.5	0.8
Augusta County	8.9	4.1	13.7	4.8	5.5
Bedford County	2.6	0	19.2	2.6	1.9
Bland County	0	0	0	0	0
Botetourt County	4.5	6	22.6	3	1.5
Bristol	0	5.8	20.4	14.6	2.9
Buckingham County	0	0	6.3	6.3	9.4
Caroline County	0	0	2.9	2.9	2.9
Charles City County	0	0	9	9	9
Charlottesville	43.4	26.6	26.6	114.9	141.6
Chesapeake	9.1	1.9	17.2	11.7	3.9
Clarke County	3.2	0	16.2	6.5	3.2
Craig County	0	0	9.9	0	0
Cumberland County	0	0	4.8	0	0
Danville	6.3	4.2	16.9	19	12.7
Fairfax	5.2	7	22.6	154.8	125.2
Floyd County	0	0	18.8	9.4	0
Franklin County	3.6	0	18	2.7	0
Fredericksburg	22.6	12.2	24.3	93.8	41.7
Galax	11.9	6	29.8	65.5	0
Giles County	0	0	20.1	0	0
Gloucester County	1.3	1.3	13.2	17.1	9.2
Hampton	4	6.7	12.4	40.3	13.8

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NUMBER OF PROVIDERS PER 10,000 CHILDREN (AGES 0-17): VIRGINIA LOCALITIES, 2015

Locality	Pediatricians	Psychiatrists	Family Medicine Physicians	Licensed Social Workers	Psychologists
Harrisonburg	5.9	5.9	27	32.9	31.7
Henrico County	10.9	7.4	16.2	38.6	20.2
Henry County	0	0	4.8	0	0
James City County	10.5	14.4	26.3	25	23
Lexington	33.3	11.1	77.7	133.2	99.9
Lynchburg	10.8	7	31.1	24.7	13.9
Manassas Park	0	0	2.6	0	0
Mathews County	6.7	0	13.4	6.7	0
Montgomery County	5.8	7.1	23.1	32.1	18.6
Newport News	6.3	0.9	14.7	15.1	10
Norfolk	16.2	5.8	11.6	28.9	17.4
Norton	43.3	0	43.3	86.7	0
Petersburg	1.4	4.2	6.9	33.3	11.1
Poquoson	3.8	7.6	30.4	19	7.6
Portsmouth	8	4.4	16.4	25.3	15.6
Richmond	12.9	9	13.7	61	26.6
Roanoke	6.4	7.3	19.6	32.8	7.7
Rockingham County	6.3	1.7	14.3	1.1	0.6
Salem	15.8	23.7	31.6	146	88.8
Southampton County	2.9	0	8.7	0	0
Staunton	6.5	6.5	21.6	49.6	49.6
Suffolk	9.7	3.2	13.9	5.5	4.2
Virginia Beach	9.1	4.4	15.5	21.7	10.4
Waynesboro	3.9	0	11.8	9.8	11.8
Williamsburg	6.4	6.4	19.3	0	6.4
York County	7.5	8.8	26.3	10.6	5

Source: Centers for Disease Control and Prevention, Behavioral Health Services in Virginia (estimates may be inflated for localities with fewer than 10,000 residents), https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/virginia/index.html