The Kids Are Not All Right: Youth Mental Health In Hampton Roads

THE KIDS ARE NOT ALL RIGHT: YOUTH MENTAL HEALTH IN HAMPTON ROADS

We've all been through community traumas before. … But somehow this event feels different, and it is. … This is an invisible threat; we don't know who is infected, and anybody could infect us. This is an ambiguous threat; we have no idea how bad this will get. We have a very uncertain future; we don't know how long this will last. And this is a global threat; no community is safe. Moreover, our need to social distance conflicts with our natural desire to connect with our friends and family during stressful times. And our typical sources of distractions such as national or personal sports or going to the gym, going to restaurants or bars, movies or travel, are all restricted by this crisis.
– Roxane Cohen Silver, Ph.D., Professor of Psychological Science, Medicine and Public Health, University of California, Irvine

Doctors, counselors, and mental health advocates agree: A growing number of our children are in crisis. More and more young people, particularly teenagers, report that they are anxious or depressed. Within the last five to 10 years, schools and medical providers have seen an uptick in youth and their families seeking treatment for mental health issues – behaviors such as self-harm, substance abuse and cyberbullying. The COVID-19 pandemic, the closure of schools due to stay-at-home orders and the ongoing economic recession have thrown this crisis into sharp relief.

Data from the National Survey on Drug Use and Health (NSDUH) reflect the increasing percentage of adolescents (ages 12-17) who have experienced a major depressive episode (MDE) in the past year. In 2007, 8.2% of adolescents had at least one MDE. By 2017, 13.3% of adolescents had experienced at least one MDE. The rise in depression among adolescent girls has been even sharper, increasing from 11.9% in 2007 to 20% in 2017. Girls were nearly three times more likely to report symptoms of depression than boys in 2017.

Even more troubling, the rise in adolescent depression correlates with a striking rise in suicides. While the suicide rate increased for adolescents and young adults from 2000 to 2017, the fastest climb occurred among 10-14-year-olds (Graph 1). Suicide rates fell for this group from 2000 to 2011, but climbed rapidly from 2012 to 2017. In 2012, the suicide rate was 1.4 per 100,000 10-14-year-olds, 8.3 per 100,000 15-19-year-olds and 13.6 per 100,000 for 20-24-year-olds. By 2017, these rates climbed to 2.5, 11.8 and 17.0 per 100,000, respectively. Suicide is now the second leading cause of death (behind accidents) for all people ages 10-24.

Experts can't say for sure what is causing such distress; 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."[1] Stephanie Osler, director of the mental health program at Children's Hospital of The King's Daughters (CHKD) in Norfolk, told us that some youth may be less equipped to manage distress than in years past. She notes that people of all ages have become used to having what we want or need at our fingertips – information, entertainment, social connections, even how to get from Point A to Point B – and that young people, in particular, may not be developing resilience in the same ways as before.

There is broad consensus that the "hyperconnectedness" of today's teenagers, and the role of social media in particular, 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 around 2012 to the historical moment 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.[2]

Needless to say, not all youth who require mental health services are clinically depressed or suicidal. An oft-cited statistic is that 1 out of 5 youths have a diagnosable mental health condition. 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 has held remarkably constant between 2007 and 2017, hovering between 5.1% and 6%. The range for children reported to have "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 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). 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.

This chapter explores the state of mental health care for Hampton Roads youth. We begin by looking at how Virginia and Hampton Roads compare to other parts of the country, both with respect to the well-being of our youth and the accessibility of care. We'll take a close look at the CHKD mental health hospital that is now under construction, followed by an overview of other notable resources in our region. Finally, we will consider the effects of COVID-19 on the mental health of Hampton Roads youth.

HOW TO FIND HELP

CHKD Mental Health Program: Call 757-668-4673 (HOPE)

National Suicide Prevention Hotline: Call 1-800-273-8255 (TALK)

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. You can also text the Crisis Help Line at 741741.

Your opening message can say anything.

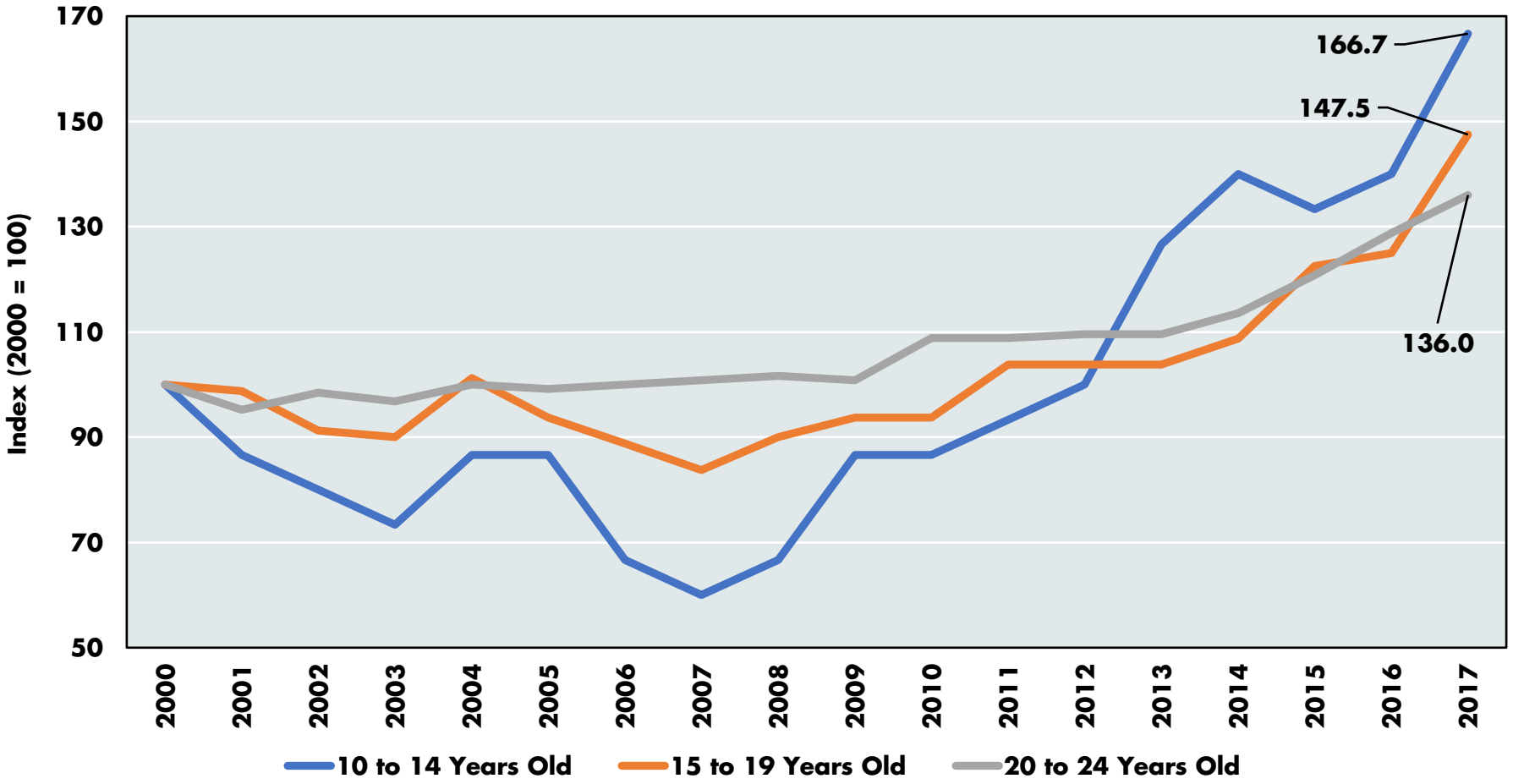
Learn more at: https://www.crisistextline.org/

1 Kate Julian, "What Happened to American Childhood?" *The Atlantic* (May 2020), at: https://www.theatlantic.com/magazine/archive/2020/05/childhood-in-an-anxious-age/609079/.

2 Jean Twenge, "Have Smartphones Destroyed a Generation?" *The Atlantic* (September 2017), 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), at: https://theconversation.com/the-mental-health-crisis-among-americas-youth-is-real-and-staggering-113239.

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

Mental Health In Virginia And Hampton Roads: How Are We Doing?

For the past six 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 2020 State of Mental Health in America Report uses data from 2016 and 2017. Let's first examine how Virginia fares relative to other states with respect to youth (ages 12-17) mental health.

While Virginia appears to fare reasonably well compared to other states, ranking 17th out of 51, there is not much to brag about in the data (Table 1). Over 13% of Virginians ages 12-17 suffered at least one major depressive episode in the past year and 9.1% 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 28.3% received some type of consistent care.

Some caveats are in order. First, as noted above, 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 (a comparatively large proportion of adults with any mental illness who could not see a doctor due to costs, or who were uninsured) (Table 2). Indeed, Mental Health America notes that Virginia's adult ranking sank from 13th to 42nd place between 2011 and 2017 – the largest decrease anywhere in the country. However, since the latest data are from 2016-2017, and Virginia has recently expanded Medicaid, these estimates may improve in the future.

TABLE 1

VIRGINIA'S MENTAL HEALTH RANKING, 2016-2017: YOUTH, AGES 12-17

Indicator	Indicator	Ranking
Youth with at least one major depressive episode (MDE) in the past year	**13.2%**	**24**
Youth with severe MDE in the past year	**9.1%**	**27**
Youth with substance use disorder in the past year	**3.7%**	**10**
Youth with MDE who did not receive mental health services	**51.3%**	**9**
Youth with severe MDE who received some consistent treatment (7 to 25+ visits a year)	**28.3%**	**25**
Children with private insurance that did not cover mental or emotional problems	**7.8%**	**25**
Students identified with emotional disturbance for an Individualized Education Program (IEP), per 1,000 students	**8.4 per 1,000 students**	**20**
Overall youth ranking	**–**	**17**

Source: 2020 State of Mental Health in America Report, Mental Health America, https://www.mhanational.org/issues/mental-health-america-youth-data

TABLE 2

VIRGINIA'S ADULT MENTAL HEALTH RANKING, 2020

Indicator	Indicator	Ranking
Adult Prevalence of Mental Illness - Adults with Any Mental Illness (AMI)	**18.8%**	**23**
Adults with Substance Use Disorder in the Past Year	**7.8%**	**22**
Adults with Serious Thoughts of Suicide	**4.2%**	**22**
Adults with AMI Who Are Uninsured, 2020	**12.4%**	**37**
Adults with AMI Who Did Not Receive Treatment	**54.8%**	**25**
Adults with AMI Reporting Unmet Need	**28.3%**	**47**
Adults with Disability Who Could Not See a Doctor Due to Costs	**34.5%**	**47**
Overall Adult Ranking	**–**	**42**

Source: Mental Health America (2020), Mental Health in America – 2020. https://www.mhanational.org/issues/mental-health-america-adult-data

Nationally, the CDC reported that the suicide rate for youth ages 10-14 increased from about 1 per 100,000 to 2.5 per 100,000 in 2017. For youth ages 15-19, the suicide rate increased from about 8 per 100,000 in 2010 to 11.8 per 100,000 in 2017. In 2017, suicide was the second leading cause of death for persons aged 10–14 and 15–19 in the United States.

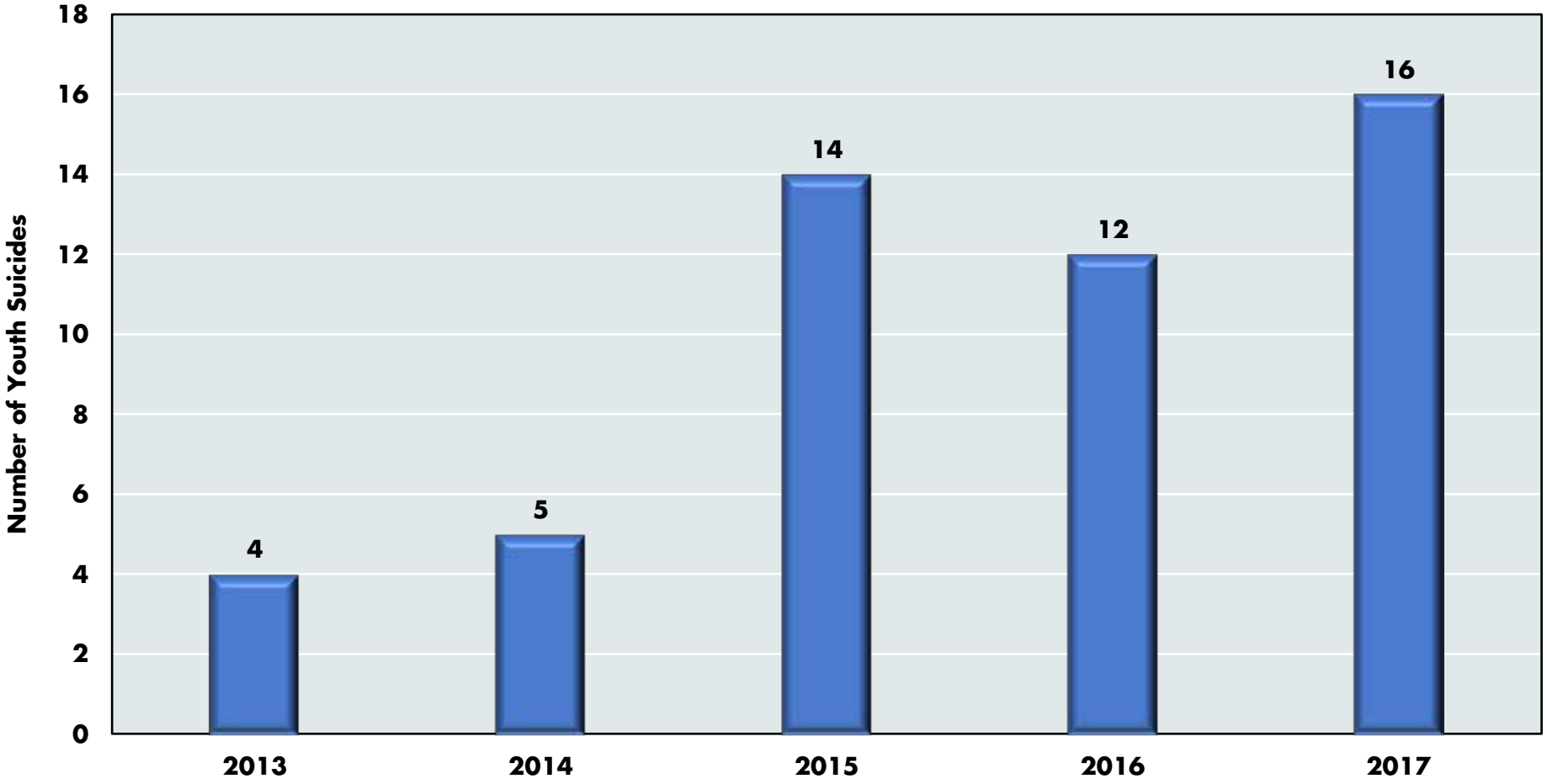
Virginia Violent Death Reporting System (VVDRS) statistics reveal the number of suicides by youth ages 10-19 in Hampton Roads from 2013 to 2017 (Graph 2). These numbers suggest that the prevalence of youth suicide in our region is somewhat below the national averages. However, the bad news is a clear upward trend in the number of young people who took their own lives. In 2013, four Hampton Roads residents ages 10-19 died by suicide (1.8 deaths for every 100,000 persons in this age group). By 2017, this number had climbed to 16 (7.7 deaths for every 100,000 persons in this age group).

Youth suicide touched almost every locality in the region, as seen in Graph 3. Chesapeake and Norfolk had the greatest number of youth suicides in this time period – 13 and 10 deaths, respectively. Suicide rates were highest in localities with comparatively small populations (Poquoson, Southampton County and Williamsburg), since even one or two youth suicides affected their rates sharply. The city of Franklin and Mathews County, on the other hand, reported no youth suicides from 2013 to 2017.

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. Most 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. The Centers for Disease Control and Prevention (CDC) estimates that 12,624 such specialists are currently needed; CHKD's Stephanie Osler suggested that the need might even approach 30,000. Courtney Boone, president of the board of directors of NAMI Coastal Virginia (NAMI is the National Alliance on Mental Health), regularly hears from families in our region who face weeks-long wait lists before seeing a specialist. An available child psychiatrist, she told us, is "almost like a unicorn."

GRAPH 2

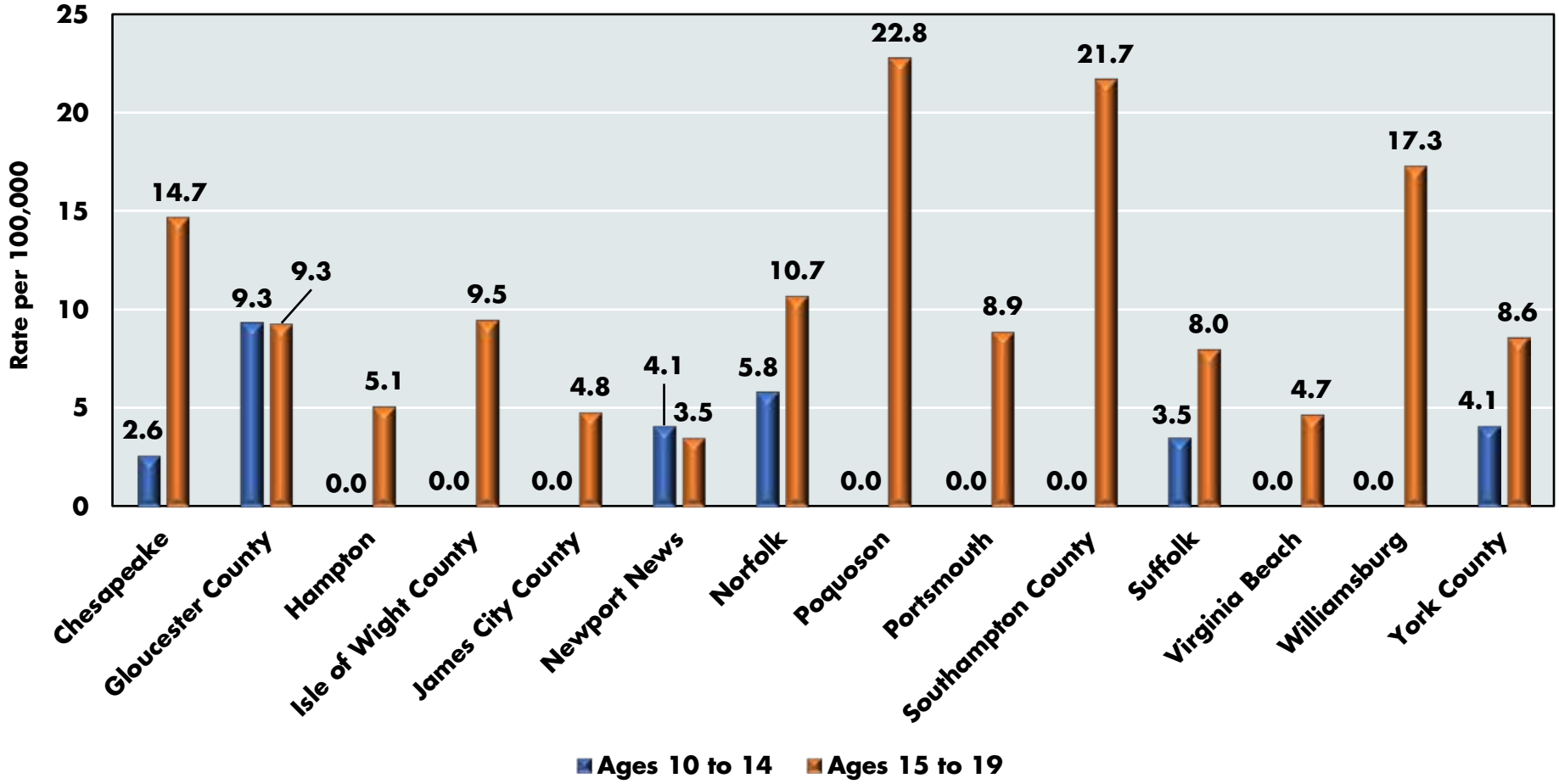
NUMBER OF SUICIDES AMONG INDIVIDUALS AGES 10-19: VIRGINIA PORTION OF HAMPTON ROADS, 2013-2017



Source: Virginia Violent Death Reporting System, https://www.vdh.virginia.gov/medical-examiner/fatality-review-surveillance-programs-reports/virginia-violent-death-reporting-system/

GRAPH 3

YOUTH SUICIDES PER 100,000 RESIDENTS BY LOCALITY: VIRGINIA PORTION OF HAMPTON ROADS, 2013-2017



Source: Virginia Violent Death Reporting System. Franklin and Mathews County reported no suicides for individuals ages 10-19 from 2013 to 2017 and are excluded from this graph. Available at: https://www.vdh.virginia.gov/medical-examiner/fatality-review-surveillance-programs-reports/virginia-violent-death-reporting-system/.

Geography is one of the key 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 Hampton Roads localities (Table 3). Mathews County, for example, had no reported psychiatrists or psychologists as of the most recent data. CHKD's most recent Community Health Needs Assessment, in 2019, confirmed this outcome.

Taken as a whole, the Hampton Roads region has a comparatively strong presence of mental health providers, but in some rural areas, families have to drive for over an hour or more to see a specialist, a hurdle that is particularly onerous for lower-income families and those who lack transportation. The CHKD report notes that families in the westernmost parts of Hampton Roads often cite heavy James River Bridge traffic as an obstacle to accessing care. The ratio of residents to mental health providers in CHKD's service area (1,980:1) is well above the Virginia (630:1) and North Carolina (440:1) averages, although this includes several counties that are outside the Hampton Roads metropolitan statistical area (Graph 4).[3]

Improving children's access to behavioral and mental health care emerged as the top priority for the experts, stakeholders and other community members who participated in CHKD's 2013, 2016 and 2019 Community Health Needs Assessments. In the next section, we will look at how CHKD, Virginia's only freestanding children's hospital and a foremost provider of pediatric care at multiple sites in Hampton Roads, has made mental health a chief focus of its planning for the future.

3 CHKD Community Health Needs Assessment (June 2019), at: https://www.chkd.org/uploadedFiles/Documents/About_Us/Community%20Benefits_2019%20Community%20Health%20Needs%20Assessment.pdf; and CDC Rural Health Policy Brief, at: https://www.cdc.gov/ruralhealth/child-health/images/Mental-Health-Services-for-Children-Policy-Brief-H.pdf. See Graph 4 for a list of counties and cities serviced by CHKD.

TABLE 3

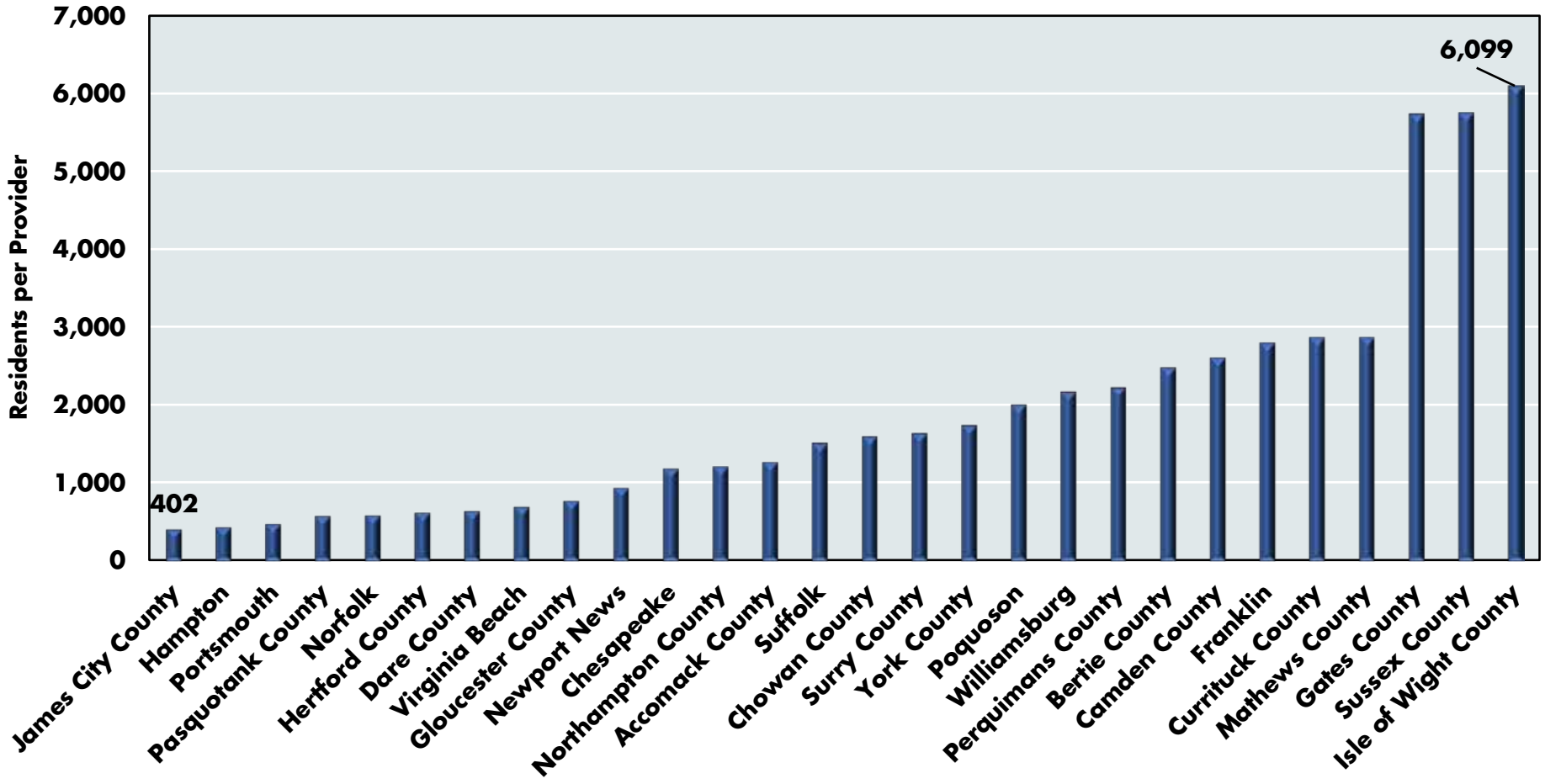
NUMBER OF PROVIDERS PER 10,000 CHILDREN AGES 0-17 YEARS: VIRGINIA LOCALITIES IN HAMPTON ROADS, 2015

Locality	Pediatricians	Family Medicine Physicians	Licensed Social Workers	Psychiatrists	Psychologists
Chesapeake	9.1	17.2	11.7	1.9	3.9
Franklin	4.5	22.4	0.0	0.0	8.9
Gloucester County	1.3	13.2	17.1	1.3	9.2
Hampton	4.0	12.4	40.3	6.7	13.8
Isle of Wight County	1.3	18.4	2.6	2.6	1.3
James City County	10.5	26.3	25.0	14.4	23.0
Mathews County	6.7	13.4	6.7	0.0	0.0
Newport News	6.3	14.7	15.1	0.9	10.0
Norfolk	16.2	11.6	28.9	5.8	17.4
Poquoson	3.8	30.4	19.0	7.6	7.6
Portsmouth	8.0	16.4	25.3	4.4	15.6
Southampton County	2.9	8.7	0.0	0.0	0.0
Suffolk	9.7	13.9	5.5	3.2	4.2
Virginia Beach	9.1	15.5	21.7	4.4	10.4
Williamsburg	6.4	19.3	0.0	6.4	6.4
York County	7.5	26.3	10.6	8.8	5.0

Source: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. Estimates may be inflated for localities with fewer than 10,000 children. Available at: https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/virginia/index.html.

GRAPH 4

RESIDENTS PER MENTAL HEALTH PROVIDER IN CHKD SERVICE AREA, 2018



Source: CHKD (2020)

A Mental Health Crisis: One Family's Experience

J. is a single mother of three children. Approximately two years ago her oldest daughter, S., who is now 16, was diagnosed with bipolar disorder.[4] Their story illustrates the numerous challenges that beset Hampton Roads families whose children struggle with serious mental health issues.

Since S. first began exhibiting symptoms, she has received acute inpatient care at two different facilities – one of which was several hours away, as there were no available beds in our region. Because S. has acted out violently, the police have been called to their home numerous times. Assault charges brought S. to two different group homes for teenagers in crisis, followed by court-ordered, at-home counseling sessions as part of a family crisis intervention program. Because one of the legal charges brought against S. was a felony (assault against a police officer, a charge that was later dropped), she could not continue to attend her local public high school, where she had a good relationship with her guidance counselor and several teachers. She is now enrolled in an online high school – a learning environment that has alleviated tensions with peers, but which also lacks the structure of a traditional school. S. now receives private individual and family counseling, and these sessions, too, have gone completely online since the onset of the pandemic. A downside of this arrangement is that when S. gets angry or frustrated, she can now just turn off the computer or walk out of the room.

A striking part of S.'s story is how many different mental health providers she has worked with in just two years. Her mom, J., has not been dissatisfied with the care that S. has received once she was finally deemed eligible to receive it, and their insurance plan has adequately covered many of the costs. J. is, however, understandably upset that it took a felony charge – despite S.'s diagnosis and documented history of violence – to have her daughter finally placed in more intensive care settings. J. notes that acute inpatient care and group homes are, by nature, only short-term solutions. Now that S.'s legal case has been settled, J. worries that "the heavy guardrails" her daughter still urgently needs are no longer in place.

S.'s story further illustrates the major role that law enforcement authorities have come to play in access to mental health care for the most seriously affected youth. J. has heard from numerous police and parole officers about the significant uptick in adolescents struggling with mental health issues who are in danger of hurting themselves or others. She has simultaneously found, however, that these officials do not always understand which mental health services are available in specific situations, and that they have not always given her the best information. She worries that laws and procedures to protect mentally ill youth, and also their families, have not yet caught up with the current situation. Even so, she urges parents who fear that their children are in danger of harming themselves or others to reach out for immediate help by calling 911.

4 We have changed the names of the family members for their anonymity. We thank the family for sharing their experience.

CHKD Builds For The Future: A New Youth Mental Health Hospital For Hampton Roads

Stephanie Osler, director of the mental health program at Children's Hospital of The King's Daughters, told us conversations about youth mental health began to gain new urgency around a decade ago, as doctors encountered more and more young patients with various issues, sometimes complex and overlapping. Medical professionals had become increasingly aware of how chronic physical conditions also affected mental health. There was – and remains – a shortage of beds for Hampton Roads children who need acute psychiatric care, while youth with certain conditions, including autism and eating disorders, were regularly sent out of state for specialized treatment.

In 2014, CHKD opened its first mental health clinic—a single office in Norfolk, with one child psychiatrist and six clinicians. The program expanded rapidly, and within a year and a half, CHKD employed 24 therapists who provided outpatient mental health care in nine different locations. With the number of mental health visits and consults increasing steadily each year (Graph 5), the discussion began to shift toward building a new, dedicated mental health facility, to include not just outpatient care, but also a small number of inpatient beds.

CHKD's board of directors unanimously approved the proposal, and in July 2018 Virginia state authorities gave the go-ahead for construction. Plans for the facility have since become more ambitious; a $224 million, 14-story tower on the CHKD/EVMS/Sentara medical campus in Norfolk is now slated to open in 2022 (Figure 1). It will include 60 inpatient beds and offer an array of other outpatient treatments, including a "partial hospitalization" program that can provide children with services for six to eight hours a day, for several weeks at a time. The extended design process for the new facility was informed by discussions with community stakeholders and visits to six other children's hospitals around the country. All inpatient beds will be in single rooms, with space for a parent or guardian to spend the night. The tower will include space for soccer and basketball, and perhaps even a small recording studio.

The CHKD mental health hospital will provide urgently needed services to Hampton Roads children (Table 4). Its contribution to our region's economic development will also be substantial. CHKD is already one of the top employers in Hampton Roads; the new hospital will ultimately bring in around 400 new staff – including child psychiatrists, nurses, chaplains and mental health coaches – at an average starting salary of around $75,000. Notably, CHKD aims to employ 20 child psychiatrists (in the summer of 2020, it had eight) once the new facility is fully operational. These efforts will not only dramatically expand mental health services for children in the region, but they will also complement the efforts of other organizations.

TABLE 4

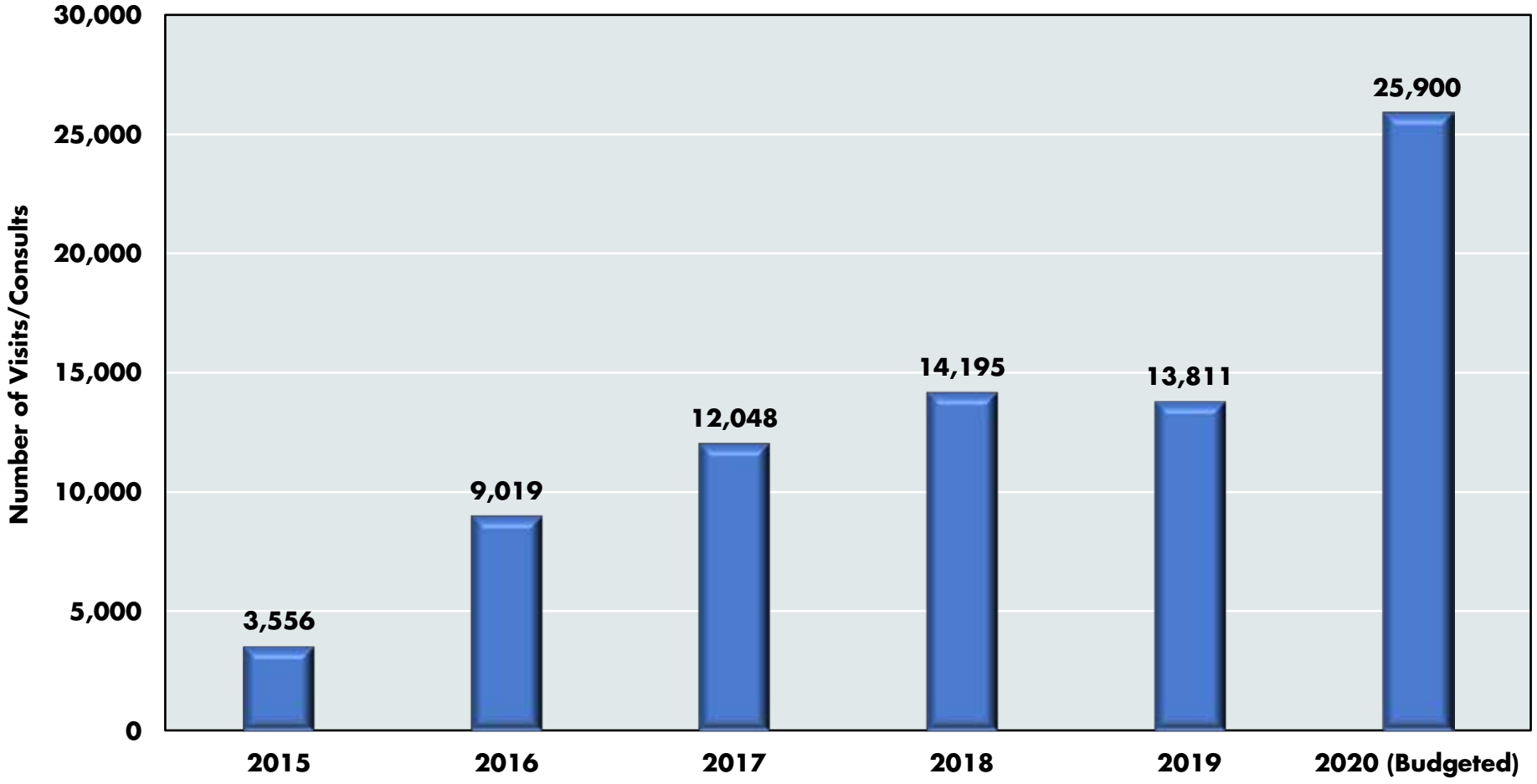
ACUTE CARE BEDS DEDICATED TO CHILDREN'S MENTAL HEALTH IN HAMPTON ROADS

Facility	Number of Current Beds	Number of Beds Planned by 2022
Kempsville Center for Behavioral Health (Norfolk)	**48**	**72**
Newport News Behavioral Health Center (Newport News)	**24**	**24**
Riverside Behavioral Health Center (Hampton)	**20**	**20**
Bon Secours Maryview Behavioral Medicine Center (Portsmouth)	**12**	**12**
Children's Hospital of The King's Daughters (Norfolk)	**0**	**60**
Total	**104**	**188**

Source: CHKD (2020)

GRAPH 5

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



Source: CHKD (2020)

FIGURE 1

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

Mental Health And Suicide Prevention Organizations In Hampton Roads

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, their families and caregivers. Hampton Roads is home to three affiliates, the largest of which is NAMI Coastal Virginia, which serves southside Hampton Roads and the Eastern Shore. The Peninsula is home to two additional affiliates in Williamsburg and Hampton-Newport News.

This spring, NAMI Coastal Virginia was the first Virginia affiliate to place all of its classes and support groups online in response to the COVID-19 pandemic. Courtney Boone, president of the board of directors, tells us that as a result, the affiliate's outreach now extends well beyond the immediate geographic region. While the organization serves all ages, it has a new committee that is dedicated solely to child and youth programming. 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 the organization offers to schools, faith-based organizations and other community groups in our region. NAMI Coastal Virginia also offers classes for parents on topics such as children with challenging behaviors, how to navigate school services and, now, parenting during the pandemic. All NAMI classes, special programs and support groups are offered free of charge.

The Sarah Michelle Peterson Foundation in Norfolk aims to raise awareness about the warning signs of depression and suicidal behavior. Eric and Michelle Peterson established the foundation to honor their teenage daughter Sarah, who lost her battle with depression in 2014. The foundation offers several different evidence-based programs, some geared specifically to middle school and high school groups (and their parents and teachers). Programs teach participants how to identify signs of depression, how to start helpful conversations and where to go for help. Eric and Michelle Peterson told us that their work's emphasis on public awareness, prevention and destigmatization takes inspiration from evolving public health responses to medical conditions such as cardiac arrest and HIV-AIDS. A goal is to train a core group at workplaces and other institutions in how to identify and respond to suicidal behavior—similar to now-customary training in cardiopulmonary resuscitation (CPR) and how to operate an automated external defibrillator (AED). In 2019, the Sarah Michelle Peterson Foundation conducted 140 separate suicide-prevention training sessions throughout Hampton Roads.

The Chas Foundation honors Charles (Chas) Kirkwood, who suffered from bipolar disorder and lost his life to suicide as a young man in 2011; his mother, Tucker Corprew, is now the foundation president, and his brother Beau Kirkwood is the executive director. As with the Sara Michelle Peterson Foundation, the Chas Foundation works to lower barriers to mental health treatment in Hampton Roads and strives to reduce the stigma for those suffering from mental illness. Today, these foundations provide important services to the Hampton Roads community: advocating for people of all ages who are suffering from mental illness and saving lives through suicide prevention and awareness.

Mental Health, Military Families And Hampton Roads

Hampton Roads has one of the largest concentrations of military families in the country. Children in these families have a distinct set of mental health needs arising from frequent moves, parental deployments and sometimes the effects of post-traumatic stress. In addition to wide-ranging services provided by the U.S. military, Hampton Roads is home to two private, nonprofit organizations that specialize in providing care to the children of veterans and active-duty service members: The Barry Robinson Center and the Steven A. Cohen Military Family Clinic at The Up Center. Although their focus on military families

is comparatively new, both institutions have deep roots serving vulnerable children in our region.

In 2016, philanthropist Steven A. Cohen launched a nationwide network of mental health clinics to serve primarily post-9/11 veterans and their families. Three years later, Virginia Beach became the 14th site in the country to host one of these specialized clinics. The Cohen Veterans Network's local partner is The Up Center, which has a long history of providing services for at-risk children and families in Hampton Roads – including foster care and adoption, youth mentoring, and financial and parenting education. In less than one year, the new clinic has served 90 children (18% of its clients) with a wide variety of diagnoses. The Up Center's CEO, Tina Gill, and chief program and strategy officer, Andrea Long, told us that key strengths of the clinic's services for children are not only reflected by its special competence with trauma and other issues confronting military families, but also by a dedicated emphasis on the entire family unit.

The Barry Robinson Center is a residential facility for boys and girls (ages 6-17) who require more intensive treatment for diagnoses such depression, anxiety or substance abuse. Established as a Catholic boys' school in Norfolk in 1933, the center's mission has evolved over the years. The focus on military-connected families crystallized under CEO Rob McCartney's leadership since 2012, allowing the institution to specialize in treatment for a key regional constituency. McCartney and Justin Hoover, vice president of administrative services, told us that the children's shared background helps to foster a sense of community. The center is distinctive for its college-like campus, low therapist-child ratio (about 1:6), and its identity as a "Christian organization with deep Catholic roots." The typical length of residence at the center is six months, and around 150 children (from Hampton Roads and elsewhere) are served each year. Additionally, The Barry Robinson Center supports a number of community-based services – including foster care and other programs to support at-risk youth throughout Hampton Roads.

COVID-19: The Emerging Impact On Mental Health In Hampton Roads

If there is a thin silver lining to the tremendous human costs of the COVID-19 pandemic, it is that the virus does not seem as deadly for 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 persons 18 and under.[5]

Even so, the potential mental health effects of COVID-19 on children are grave – 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 Hampton Roads students have not been in a traditional school setting since the middle of March. They have missed daily check-ins with teachers and counselors, informal interactions with peers and key milestones such as graduations and sports tournaments. It remains to be seen if and how the makeshift online learning experiment of the spring will carry over into the fall, and what the longer-term effects on student outcomes will be. Children from lower-income households, and those who belong to other at-risk populations, are likely to suffer the most from these upheavals.

As we completed work on this chapter in the early summer, specific data on the effects of COVID-19 on children's mental health were not yet available. Numerous surveys, however, have indicated that the mental health of their elders has been profoundly affected. In May, one-third of adults surveyed by the U.S. Census Bureau showed signs of clinical anxiety or depression, a dramatic increase since the onset of the pandemic. A research team at Christopher Newport University, led by psychology professor Sherman Lee, has identified a range of psychological difficulties that are associated with "dysfunctional coronavirus anxiety," including "greater hopelessness, suicidal ideation, spiritual crisis, and alcohol/drug coping." The team has developed

5 "Burden of COVID-19 among children," at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html (accessed June 22, 2020).

two mental health tests, the Coronavirus Anxiety Scale and the Obsession with COVID-19 Scale, which have been adopted worldwide.[6]

CHKD's Stephanie Osler suggests that we can look to the experiences of children following the collective traumas of Sept. 11, 2001, 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 how children are struggling. Thus, it is particularly important for parents and other responsible adults to watch for unusual changes in kids' behavior – such as 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.

Our conversations with mental health providers in Hampton Roads 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." In June, The Up Center's Tina Gill told us that the Steven A. Cohen Military Family Clinic had added more clients (including adults) in the past month than any other since its opening in August 2019. The average wait time for an appointment is now 27 days, with longer wait times for children than any other client cohort.

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 internet and other technologies to engage virtually with clients. As cited in The Virginian-Pilot, 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.[7] Community organizations such as NAMI Coastal Virginia and the Sarah Michelle Peterson Foundation have likewise moved their programming online.

Although face-to-face contact is ideal, mental health advocates sometimes refer to telehealth as the "next best thing." In fact, some groups (such as adolescents) may respond particularly well to online counseling. The Up Center's Tina Gill and Andrea Long told us about two creative programs – an online drum circle for teenagers and a virtual visit to a llama farm for younger children – that have proven successful. Further, preliminary evidence from providers seems to indicate that parental satisfaction with telehealth appointments is high, and no-show rates have dropped significantly.

Ashley Airington, a policy analyst at 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."[8] 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 some 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.

6 S.A. Lee, M.C. Jobe and A.A. Mathis, "Mental health characteristics associated with dysfunctional coronavirus anxiety," *Psychological Medicine* 1–2 (2020), at: https://doi.org/10.1017/S003329172000121X; Jim Hanchett, "'Coronaphobia' tests developed at CNU now used worldwide," Christopher Newport University Newsroom (April 30, 2020), 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), 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), at: https://www.washingtonpost.com/health/2020/05/26/americans-with-depression-anxiety-pandemic/.

7 Katherine Hafner, "Demand for mental health services in military community surges amid pandemic stress," *The Virginian-Pilot* (May 5, 2020), at: https://www.pilotonline.com/news/health/vp-nw-coronavirus-military-mental-health-20200505-xuvcavxzhbbl5kjpfnlagjsmoi-story.html.

8 Ashley Airington, "Tele-mental Health in Virginia: Addressing Children's Mental Health Needs during COVID-19," Voices' Blog (May 14, 2020), at: https://vakids.org/our-news/blog/expanded-telemental-health-services-in-virginia-addressing-mental-health-needs-of-children-during-the-pandemic.

Final Observations

The treatment of pediatric psychiatric disorders is expensive. Statistics provided by Dr. Gregory K. Fritz, past president of the American Academy of Child and Adolescent Psychiatry, at a May 2019 forum hosted by the Hampton Roads Community Foundation, placed mental disorders at the top of the most costly conditions among children, both in terms of total-dollar and per-child expenditures.[9] 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 lost 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."[10]

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 ability to work.[11] Our region's mental health care providers – including hospitals, clinics, schools, human services departments and community services boards – provide services that are indispensable to the well-being of Hampton Roads 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 mental illness is a "choice" or a symptom of "laziness." If we stigmatize mental health, children will not be open about their needs. 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 individually 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 don't go to school hungry, we must look at ways to expand services where children spend much of their time during the academic year.

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

9 See "Children's Mental Wellness," at: https://hamptonroadscf.org/Leadership-Initiatives/Childrens-Mental-Wellness. We are grateful to the Hampton Roads Community Foundation for providing us with access to Dr. Fritz's presentation.

10 World Economic Forum and the Harvard School of Public Health, "The Global Economic Burden of Non-communicable Diseases" (September 2011), 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), at: https://ssir.org/articles/entry/the_crisis_of_youth_mental_health.

11 World Health Organization, "Mental health: massive scale-up of resources needed if global targets are to be met" (June 6, 2018), at: https://www.who.int/mental_health/evidence/atlas/atlas_2017_web_note/en/.