
Mental Health Concerns in the Time of COVID-19

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Advocates' Forum

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Rates of anxiety, depression, and suicidal thoughts have increased during the COVID-19 pandemic (Chavis, 2020). This has been true of across all identity groups. However, insufficient attention has been paid the mental-health impacts on children of color from low-income homes, which often lack adequate access to mental health services and must rely on the limited mental health services provided at their schools (Pattani, 2021; Golberstein et. al, 2020). However, when those same schools were forced into remote learning during the pandemic, low-income students of color were left to deal with anxiety, depression, and an increased risk of suicide untreated and untended.

Raviv et al. (2021) reported that caregivers in Chicago, Illinois found the social and domestic upheavals brought on by COVID-19 negatively impacted the mental health of their children. Negative effects included increased aggression, anxiety, and depression along with reduced positive social relationships with peers, siblings, and other family members. The cumulative effect was the children's reduced belief in the future. The study found that these negative impacts were more predominant in children from: families of color, low-income families, families where there was an increased risk of exposure to COVID-19, and in families that faced additional financial strains.

Low-income communities and communities of color were hit hardest by the economic effects of Covid-19. At the onset of the pandemic, low-wage jobs like those in the service sector were some of the first, and hardest hit by the economic downturn. Many low-income persons

either lost their jobs or, if they remain employed, often found themselves with increased exposure to COVID-19 (Pattani, 2021; Chavis, 2020; Chavis, 2021). Thus, the economic and health risks associated with COVID-19 inevitably increased rates of anxiety and worsening mental health.

In addition to increased mental health issues among children, rates of suicide have increased among Black Americans in general (CDC, 2021). In Cook County specifically, there were 97 suicide deaths among Black adults in 2020, compared to 31 deaths among White adults, despite Black residents accounting for just 23.8% of the population (White residents were 65.4%) and 2021 brought the highest amount of suicide deaths for Black residents in the past decade (Census, 2020; Chavis, 2021). The impact on youth of color in low-income neighborhoods is also notable: suicide attempts among youth of color are 5% higher than the rate for high school students in the United States as a whole (CDC, 2021).

As noted above, given the lack of mental health resources provided to low-income communities of color, schools typically provide the limited care and support available. Between 2012 and 2015, 57% of students who received mental health support received services at school, 35% did so exclusively (Golberstein et. al, 2020). For many students in Chicago's most economically depressed areas, school offers, above all, an escape from the anxiety and stress they might experience at home. Thus, school closures were therefore especially disruptive for these young people.

While well-resourced schools in the Chicago Public School (CPS) system were better positioned to more readily shift both instruction and their support systems online during the pandemic, under-resourced CPS schools were not (Chatterjee, 2021, Chavis, 2021). Thus, while low-income students who regularly relied on school-based services lacked online modes of support like tele-health counseling or online tutoring, the pandemic was creating an even greater need for such supports (Golbertstein, et. al, 2020). As school districts across

Chicago resumed in-person learning for the 2021-2022 school year, the need for mental health support in schools was apparent. And yet the proposed initiatives that followed—such as five mental health days for students and an announcement by CPS officials of a new \$24 million plan to implement a “healing centered framework”—have not generated meaningful change. Indeed, taking a day off of school is not feasible for the many students who do not have the care arrangements that would make staying at home a safe or healthy alternative.

Additionally, this healing centered framework sought to create behavioral health teams comprised of local community partners and school administrators. These community partners often provide school-based group interventions that have limits on the number of students who can participate and are unable to provide the individualized support many of these students need. Furthermore, resources outside school tend to be far from the students in under-resourced neighborhoods—creating multiple barriers for the students who need the services most.

As for changes that were to be seen at the level of schools, the majority of trauma-informed training targets school administrators and not the teachers who interact with students daily. The under-funded and under-resourced schools of CPS therefore still lack the adequate staffing to implement trauma-informed mental health care for their students and the mandated programming (e.g., behavior health teams) become just another under-funded burden.

As we enter the third year of this pandemic, it is well-understood that COVID-19 has exacerbated mental health issues among young people and yet there has been little done for the mental health of students in low-income communities of color. As policy initiatives continue to be created to address these disparities, an increased focus on community partnerships in CPS schools will be a necessary component to address the deteriorating mental health of students. However, if disparities in resources across school districts are not

accounted for, these programs will continue to do little to aid low-income students of color. In order to actually address and mitigate the mental health crisis impacting our students of color, politicians have to first address the ways that school funding disproportionately limits the ability of schools in low-income, neighborhoods to provide adequate care to students most in need.

Author Note

During my first year at Crown, I worked at an under-resourced school on Chicago's South Side. At the beginning of the school year, staff noticed the drastic impact that COVID-19 had on our students' mental health as they attempted to return to in-person schooling. I chose to write this piece because funding for public schools is consistently being cut despite the needs of students who rely on crucial mental health resources through their schools. It is my hope that in writing this more attention is focused on supporting our students and their families.

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