2022
PREVENTION
PARTNERSHIP
SUMMIT

The Impact of Loss:

How the COVID-19 Pandemic Has Affected the Behavioral Health of Youth.

Gretchen Hagenbuch
Coordinator: Student Assistance Program
Pennsylvania

Selena Morresi
Lead Specialist: Student Assistance Program
Pennsylvania

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Prevention Partnership Summit (PPS) Overview:

The goal of the partnership is to bring together leaders from youth-development organizations to collaborate and think through how our efforts could be coordinated to increase our impact and strengthen our individual and collective work in supporting youth.

The PPS Vision:

An amazing future for youth! Through our collaboration, we will help youth from all walks of life to have a safe place to go, build resiliency, reach their dreams, and succeed in life. As a result, our young people will be equipped to make healthy choices, inspire vibrant communities, and innovate a thriving future.

We Value Growth

Expand Talents, Capabilities and Perspective

As the team works toward more ambitious projects together, additional talent, capability and perspective is crucial.

Deepen Relationships

Our goal is to build relationships between organizations, not just individuals. Team members from each organization and from different roles support deeper relationships between organizations.

Ensure Continuity

We know that people change roles and even organizations. We want to make sure that each organization has at least two people participating in this partnership to maintain a strong connection with that organization.

Meet the Presenter:

Selena Morresi has over two decades of experience in the Mental Health and Public Health field, specializing in the delivery of nicotine prevention and treatment. Before coming to Caron in 2014, Selena worked with children diagnosed with autism in a residential setting working there for 10 years in many different roles. Selena moved into the prevention world in 2010 with Holcomb Behavioral Health Systems where she acted as Prevention Specialist and Coordinator implementing and overseeing prevention programs across two counties. In her role at Caron Treatment Centers Selena has worked closely with public, private, day, and boarding schools to offer prevention and intervention services. Selena has earned her Bachelor's in psychology and a Master's degree in Public Health. Selena is still learning and growing and has become a Certified Heath Educator and a Certified Tobacco Treatment Specialist and holds a certification in Holistic Stress Management. Selena is also Adjunct Faculty at West Chester University in the Health Department where she teaches courses on Death and Dying, and Mental Health.

Meet the Presenter:

Gretchen Hagenbuch joined Caron Treatment Centers as Regional Coordinator of Student Assistance Programs in 2018. Gretchen has over two decades of experience in the education field, specializing in the delivery of alcohol and other drug prevention presentations. Before coming to Caron, she acted as Lead Prevention Specialist with FCD Prevention Works, helping school communities all over the U.S. and in 16 countries understand the risks associated with teen substance use. She was a teacher, and then a Dean of Students with the Philadelphia School District, and most recently a Wellness Specialist, dorm parent and varsity coach at St. Andrew's School in Delaware. She has worked closely with public, private, day, boarding and international school communities, and has an ability to connect with both adolescents and adults with ease. Gretchen herself, has 26 years of recovery. Gretchen holds a Master's in Education from Cabrini College and is a certified Prevention Specialist.

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Welcome!

- Alabama
- Arkansas
- Colorado
- Connecticut
- District of Columbia
- Florida
- Georgia
- Hawaii
- Iowa
- Illinois
- Kansas
- Kentucky
- Louisiana
- Massachusetts
- Maryland
- Michigan
- Minnesota
- North Carolina
- North Dakota
- New Hampshire
- New Jersey
- New York
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- Tennessee
- Texas
- Virginia
- Vermont
- Washington
- Wisconsin
- West Virginia

Agenda

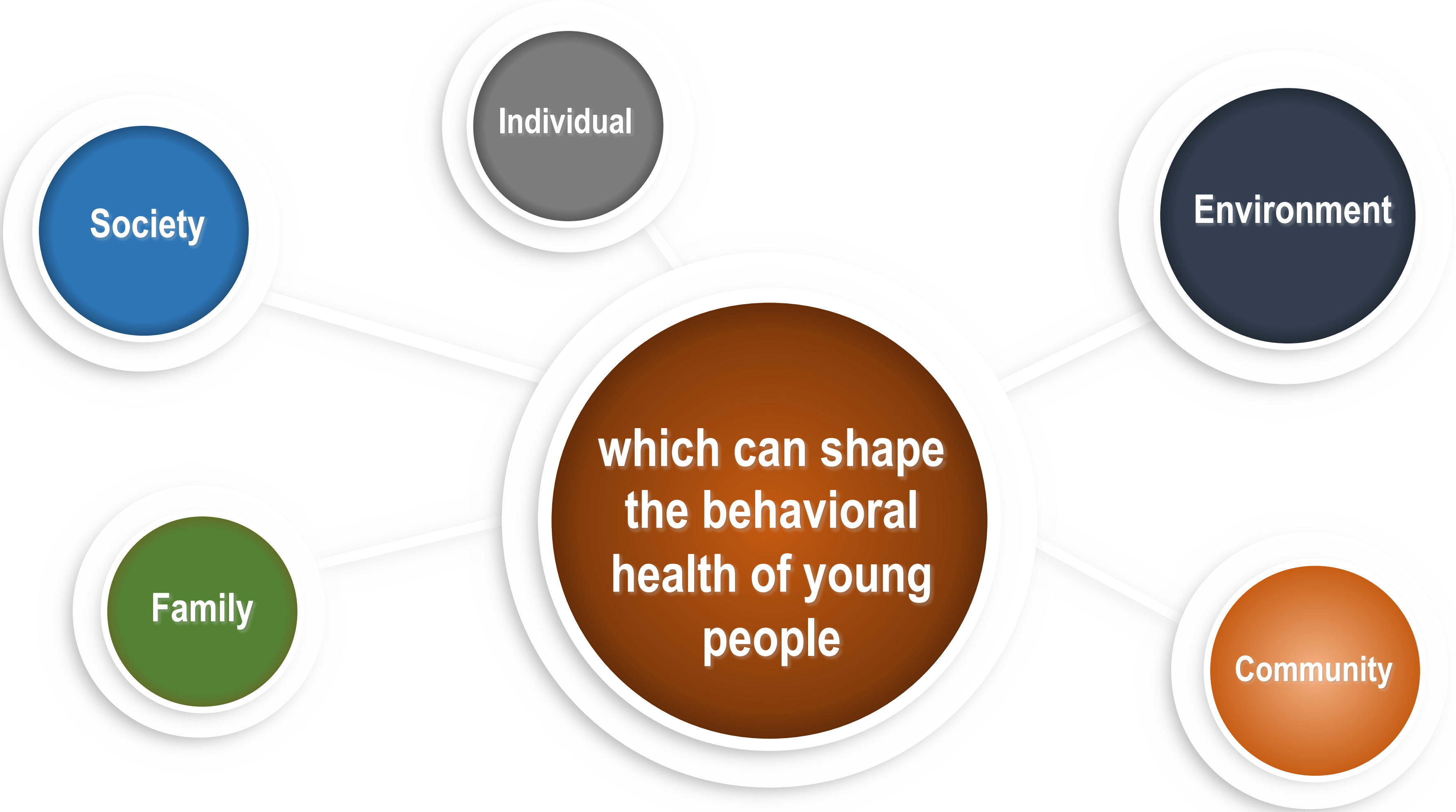
- What is Behavioral Health?
- Factors that shape Behavioral Health
- The current mental health of America 2022
- The impact of COVID-19 on mental health
- COVID-19's impact on substance use among adolescents
- Bonus topic: The impact of THC
- What is grief?
- Grief at different developmental stages
- COVID-19 and Loss
- What Can You Do?
- Resources

Behavioral Health

A general term that encompasses:

- The promotion of emotional health.
- The prevention of mental illnesses and substance use disorders.
- Treatment and services for substance use/substance use disorders, and/or mental illness/mental health conditions.

Factors



Society

Individual

Environment

which can shape the behavioral health of young people

Family

Community

Factors

Social and economic inequalities, discrimination, racism, migration, media and technology, popular culture, and government policies.

Society

which can shape the behavioral health of young people

Factors

Neighborhood safety, access to green spaces, healthy food, housing, health care, pollution, natural disasters, climate change.

Environment

which can shape the behavioral health of young people

Factors

Family

which can shape the behavioral health of young people

Relationships with parents, caregivers, and siblings; family mental health financial stability; domestic violence; trauma.

Factors

Relationships with peers, teachers, and mentors, faith community, school climate, academic pressure & community support.

which can shape the behavioral health of young people

Community

Factors

Individual

which can shape the behavioral health of young people

Age, genetics, race, ethnicity, gender, sexual orientation, disability, beliefs, knowledge, attitudes, coping skills.

The Fallout

What some young people experienced as a result of the pandemic.

- Increased responsibility for siblings
- Lack of personal space/time
- Lack of access to technology
- Increased social anxiety
- Decreased ability to maintain friendships
- Loss of Academic momentum
- Apathy
- Not asking for help for fear of being burdensome
- Seeking control in unhealthy ways
- Fear if unhealthy home environment

The Possible Upside!

Consideration for Others

(self-less)

Time with Family

(culture building)

Empathy

Slower Pace

Embracing Nature

New Ways to Communicate

New Skills Learned

Time for Self-reflection

Innovating

&

Creativity

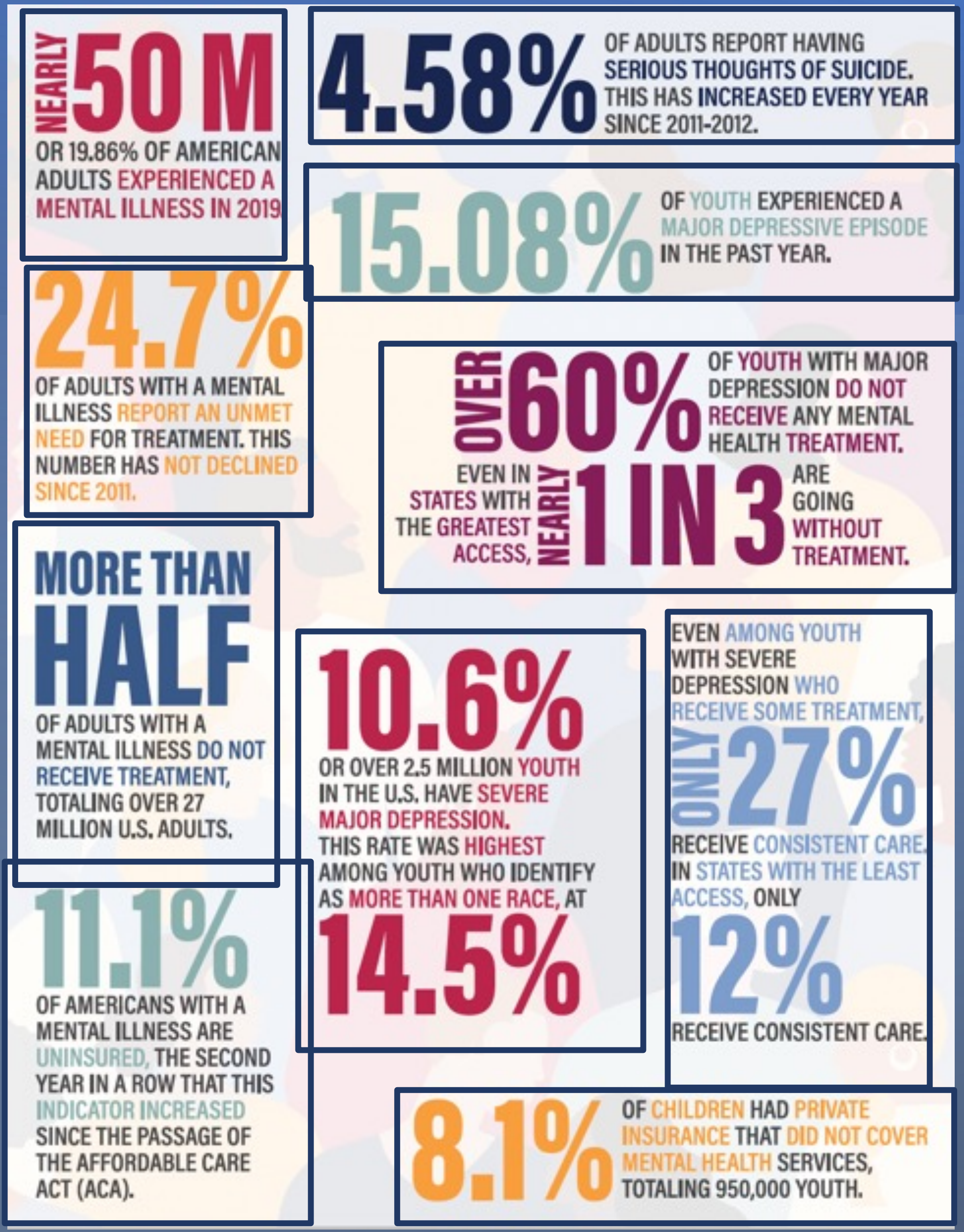
Building

Resiliency

The following data is from:

Mental Health in America 2022

MHA: *Nation's largest community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all.*



NEARLY 50 M OR 19.86% OF AMERICAN ADULTS EXPERIENCED A MENTAL ILLNESS IN 2019

4.58% OF ADULTS REPORT HAVING SERIOUS THOUGHTS OF SUICIDE. THIS HAS INCREASED EVERY YEAR SINCE 2011-2012.

15.08% OF YOUTH EXPERIENCED A MAJOR DEPRESSIVE EPISODE IN THE PAST YEAR.

24.7% OF ADULTS WITH A MENTAL ILLNESS REPORT AN UNMET NEED FOR TREATMENT. THIS NUMBER HAS NOT DECLINED SINCE 2011.

OVER 60% OF YOUTH WITH MAJOR DEPRESSION DO NOT RECEIVE ANY MENTAL HEALTH TREATMENT.

EVEN IN STATES WITH THE GREATEST ACCESS, NEARLY 1 IN 3 ARE GOING WITHOUT TREATMENT.

MORE THAN HALF OF ADULTS WITH A MENTAL ILLNESS DO NOT RECEIVE TREATMENT, TOTALING OVER 27 MILLION U.S. ADULTS.

10.6% OR OVER 2.5 MILLION YOUTH IN THE U.S. HAVE SEVERE MAJOR DEPRESSION. THIS RATE WAS HIGHEST AMONG YOUTH WHO IDENTIFY AS MORE THAN ONE RACE, AT 14.5%

EVEN AMONG YOUTH WITH SEVERE DEPRESSION WHO RECEIVE SOME TREATMENT, ONLY 27% RECEIVE CONSISTENT CARE. IN STATES WITH THE LEAST ACCESS, ONLY 12% RECEIVE CONSISTENT CARE.

11.1% OF AMERICANS WITH A MENTAL ILLNESS ARE UNINSURED, THE SECOND YEAR IN A ROW THAT THIS INDICATOR INCREASED SINCE THE PASSAGE OF THE AFFORDABLE CARE ACT (ACA).

8.1% OF CHILDREN HAD PRIVATE INSURANCE THAT DID NOT COVER MENTAL HEALTH SERVICES, TOTALING 950,000 YOUTH.

2022 The State of Mental Health in America
MHA

Mental Health in America 2022

Youth Ranking

The states ranked 1-10 have lower prevalence of mental illness & higher rates of access to care for youth.

The 7 measures that make up the Youth Ranking include:

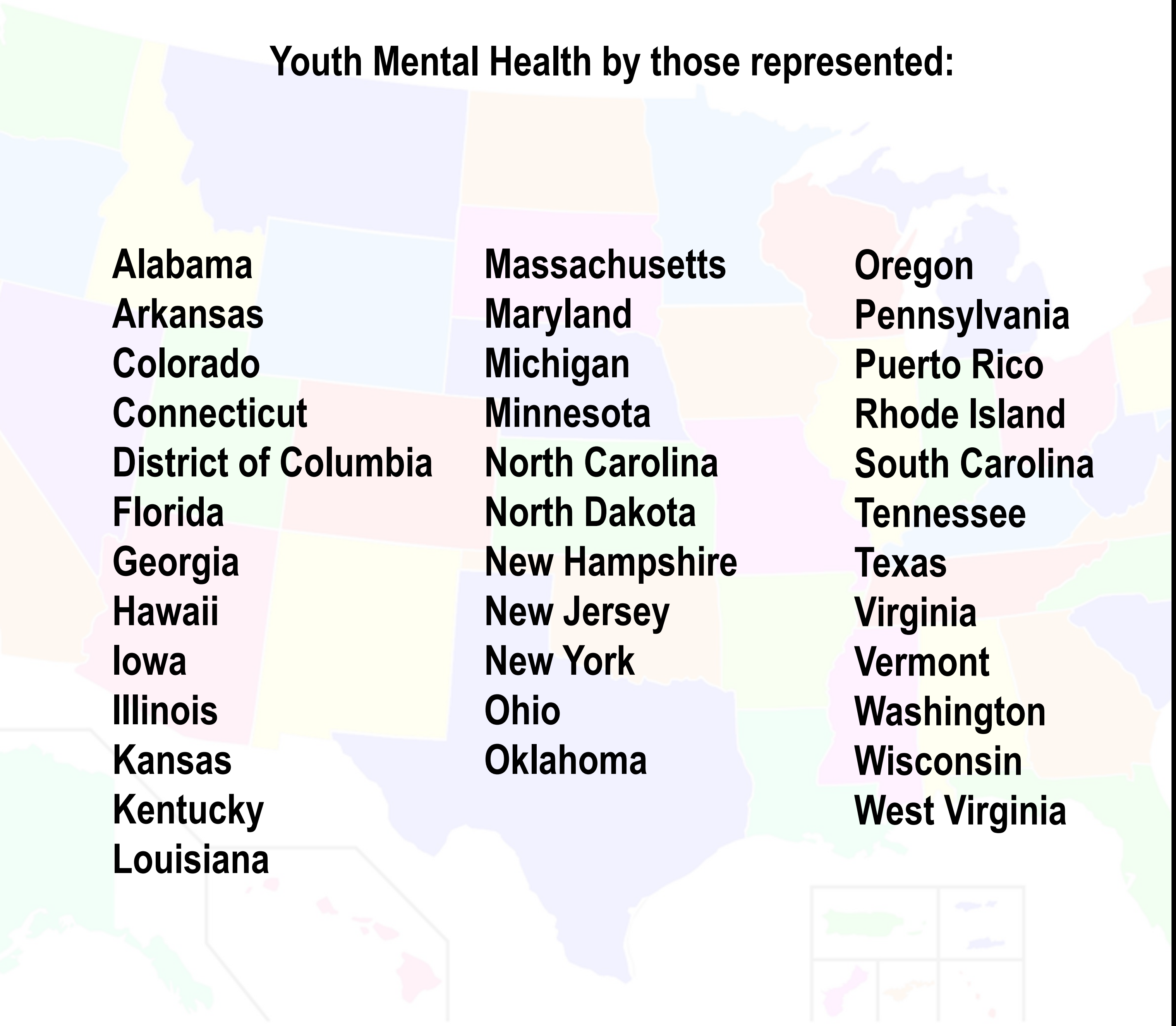
- Youth with At Least One Major Depressive Episode (MDE) in the Past Year
- Youth with Substance Use Disorder in the Past Year
- Youth with Severe MDE
- Youth with MDE who Did Not Receive Mental Health Services
- Youth with Severe MDE who Received Some Consistent Treatment
- Children with Private Insurance that Did Not Cover Mental or Emotional Problems
- Students Identified with Emotional Disturbance for an Individualized Education Program.

36 states / territories represented today

20 states represented are in the lower 25

9 states represented are in the lower 10

Youth Mental Health by those represented:



Alabama
Arkansas
Colorado
Connecticut
District of Columbia
Florida
Georgia
Hawaii
Iowa
Illinois
Kansas
Kentucky
Louisiana
Massachusetts
Maryland
Michigan
Minnesota
North Carolina
North Dakota
New Hampshire
New Jersey
New York
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
Tennessee
Texas
Virginia
Vermont
Washington
Wisconsin
West Virginia

16 states represented are in the high ranked 25

8 states are in the highest 15

Risk Factors Contributing to Youth Mental Health Symptoms During the Pandemic.

- Having mental health challenges before the pandemic.
- Living in an urban area or an area with more severe COVID-19 outbreaks.
- Having parents or caregivers who were/are frontline workers.
- Having parents or caregivers at elevated risk of burnout from the pandemic.
- Being worried about COVID-19.
- Experiencing disruptions in routine, such as not seeing friends or varying instruction.
- Experiencing more adverse childhood experiences (ACEs) such as abuse, neglect, community violence, and discrimination.
- Experiencing more financial instability, food shortages, or housing instability.
- Experiencing trauma, such as losing a family member or caregiver to COVID-19.

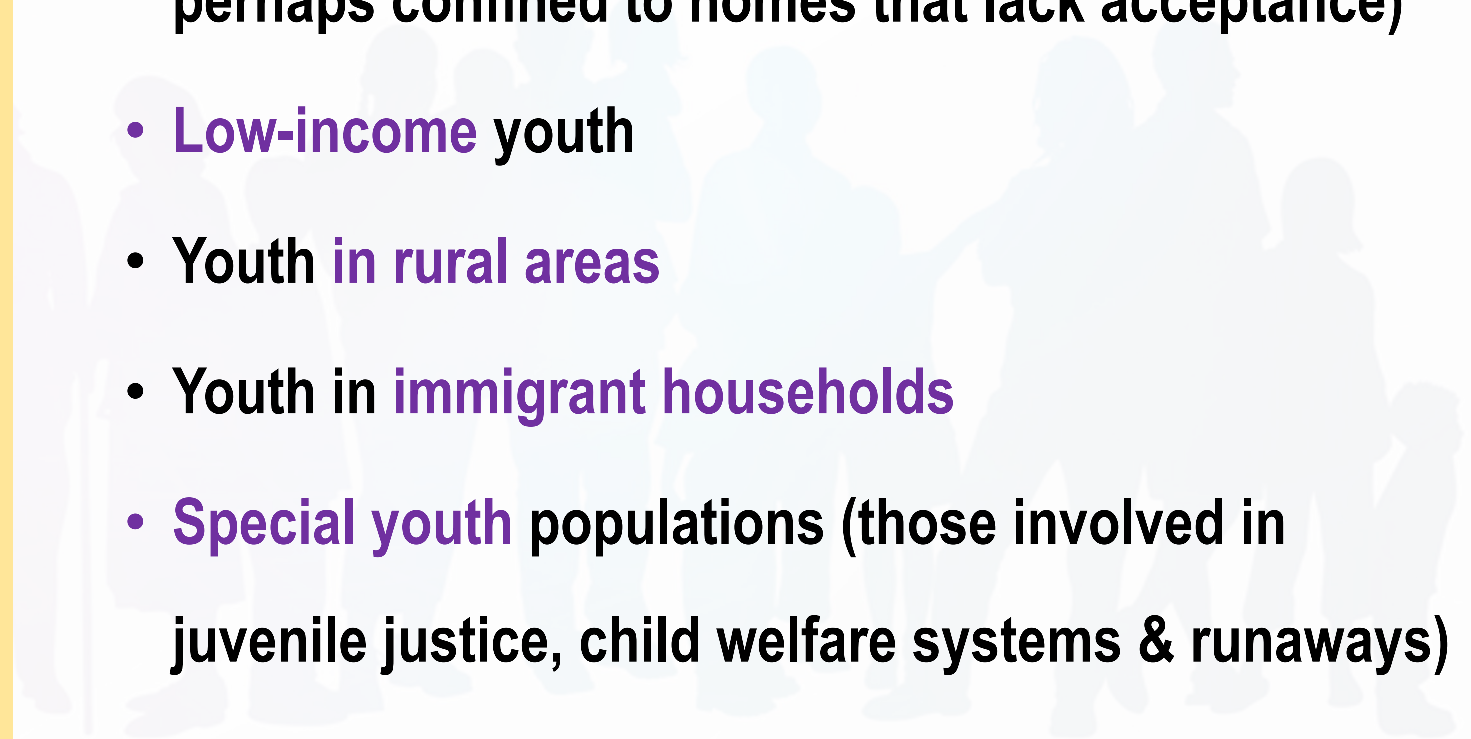
Protecting Youth Mental Health: The U.S. Surgeon General's Advisory

Groups at Higher Risk of Mental Health Challenges During the Pandemic.

- Youth with intellectual & developmental disabilities (IDDs)
- Racial and ethnic minority youth, including:
  - American Indian & Alaskan Native youth (limited access to internet)
  - Black youth (more likely to lose a caregiver to COVID-19
  - Latino youth (highest rate of loneliness and poor or decreased MH during pandemic)
  - Asian American, Native Hawaiian, and Pacific Islander youth (increased rates hate and harassment)

Protecting Youth Mental Health: The U.S. Surgeon General's Advisory

Groups at Higher Risk of Mental Health Challenges During the Pandemic.



- LGBTQ+ youth (loss of school-based services, and perhaps confined to homes that lack acceptance)
- Low-income youth
- Youth in rural areas
- Youth in immigrant households
- Special youth populations (those involved in juvenile justice, child welfare systems & runaways)

Protecting Youth Mental Health: The U.S. Surgeon General's Advisory

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COVID-19's Impact on Substance Use Among Adolescents

What The Data Tells Us

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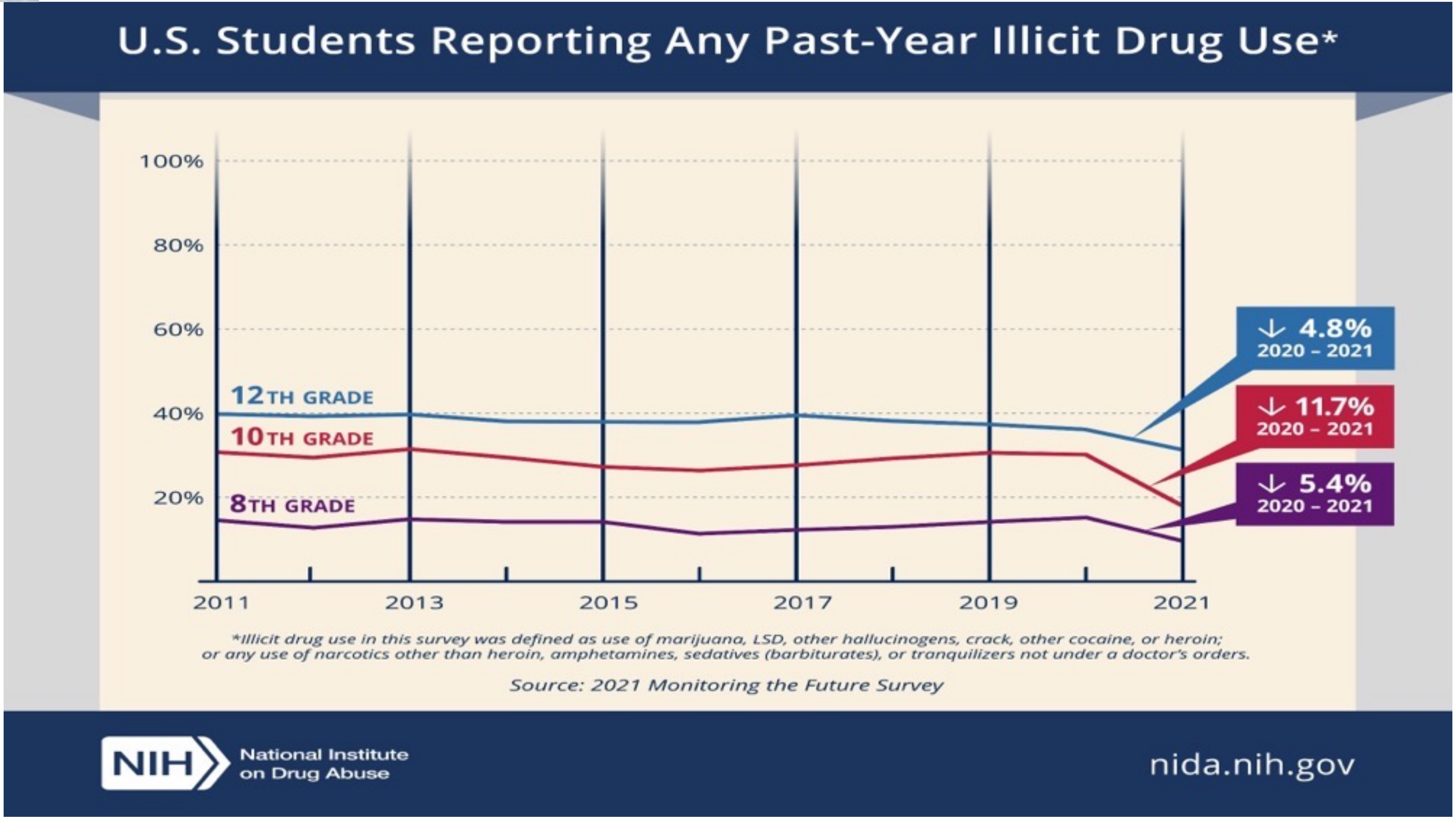
SHORT TERM
LONG TERM

Monitoring the Future Survey

2021



U.S. Students Reporting Any Past-Year Illicit Drug Use*

*Illicit drug use in this survey was defined as use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin; or any use of narcotics other than heroin, amphetamines, sedatives (barbiturates), or tranquilizers not under a doctor's orders.

Source: 2021 Monitoring the Future Survey

NIH National Institute on Drug Abuse

nida.nih.gov

Statement from Caron Treatment Centers:

"Let's be cautiously optimistic about the trend toward decreased substance use among youth. Longitudinal studies are designed to demonstrate trends over time, so if this downward trend continues, we can be assured that this is not a reflection of a historical event or a limitation of the data collection, but rather evidence that our prevention efforts are continuing to make tremendous impact."

Let's talk about these guys

The Non-Users

The kids in the majority, but never think they are.

Monitoring the Future National Youth Survey

Lifetime Use: 2021

Cannabis

% Have Used in Lifetime

	Dry Leaf Smoked	THC Concentrate vaped
8th	10%	7%
10th	22%	17%
12th	39%	26%

% Have NEVER Used

	Dry Leaf Smoked	THC Concentrate vaped
8th	90%	93%
10th	78%	83%
12th	61%	74%

Alcohol

% Have Used in Lifetime

	Any Use	Been Drunk
8th	17%	6%
10th	29%	23%
12th	47%	29%

% Have NEVER Used

	Any Use	Been Drunk
8th	83%	94%
10th	71%	77%
12th	53%	71%

Social Norms Theory

Simply put…

Young people tend to grossly overestimate the frequency of unhealthy behaviors in their peers.

And underestimate the frequency of healthy behaviors.

This false perception can lead to unhealthy normative behavior.

”Anticipatory Socialization”

All based in incorrect information.

Social Norms Theory

How does this happen?

False perceptions are based on how people think and talk.

It’s also influenced by music, movies, and even the news.

The drivers of the false perception are often the people invested in wanting the perception to be true.

They have a vested interest in normalizing their behavior.

Informed adults are the first responders to correct misperceptions.

Please address, and lovingly correct false perceptions when you overhear them.

Adult Substance Use increased During COVID-19

According to the CDC:

13% of Americans reported starting or increasing substance use as a way of coping with the stress or emotions related to COVID-19.

In the early months of the pandemic there was an 18% increase in nationwide overdoses compared to 2019.

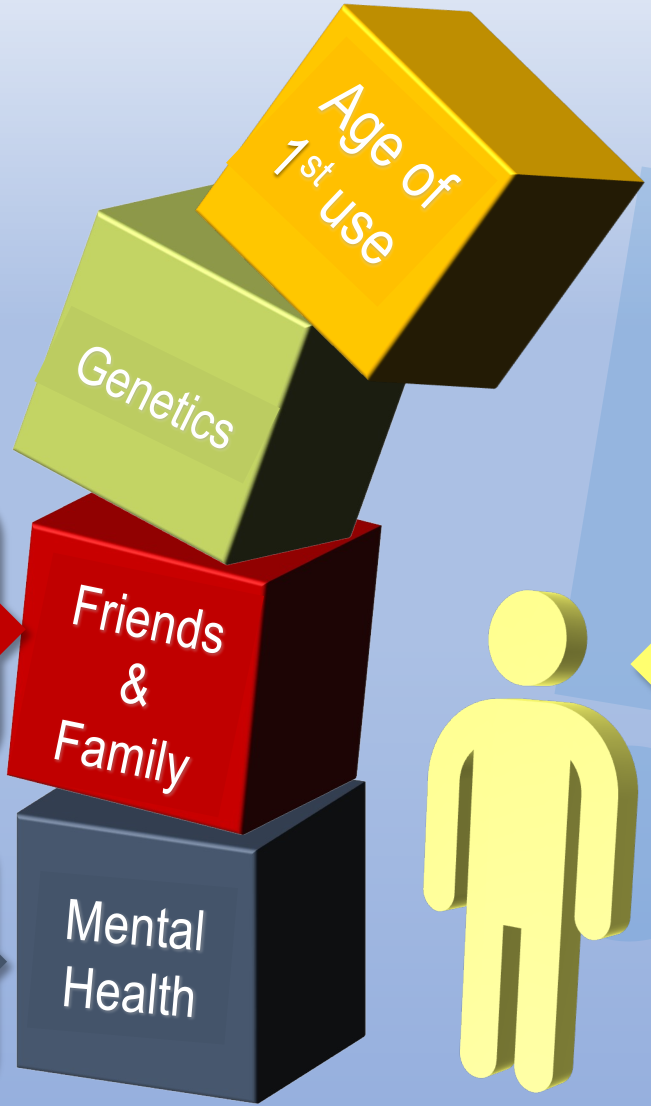
Published research by Mass. General Hospital:

A one-year increase in alcohol consumption in the U.S. during the COVID-19 pandemic is estimated to cause:

- **8,000 additional deaths from alcohol-related liver disease**
- **18,700 cases of liver failure**
- **1,000 cases of liver cancer by 2040**

A sustained increase in consumption for more than one year could result in 19-35% *additional mortality.*

Risk Factors for Substance Use Disorder


Age of 1st use
Genetics
Friends & Family
Mental Health

Family History of Addiction

Being around others that abuse drugs or alcohol

Pre-existing, untreated mental health issues

Brain development matters!

Childhood Trauma

SHORT TERM
LONG TERM

Things to consider:

Adolescents experienced reduced access to substances.

Despite the overall decrease, there was unhealthy substance use to mitigate mental health discomfort.

A decline, even temporary is NEVER a bad thing because that's means more undeveloped brains delaying their involvement in substance use.

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The Impact of THC:

> *"Unless you have consumed a THC based product that was commercially produced in the last couple years, your construct of what cannabis is, is so antiquated that it's pretty irrelevant."*
>
> **-Ben Cort**

Gretchen Hagenbuch
Coordinator: Student Assistance Program
Pennsylvania

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Cannabis Basics

Cannabis

It's the name of the plant and it's Species

Legally, Industrial Hemp is a strain of Cannabis that contains .03 THC or less

Marijuana (USA) is Cannabis that contains .03 THC or more

Cannabinoids: The Chemical substance, regardless of structure or origin.

These join the Cannabinoid receptors in our brain.

There are hundred of chemicals in Cannabis

The most common discussed:

THC: Delta-9 Tetrahydrocannabinol
CBD: Cannabidiol

Species

- Indica: Greater CBD content
- Sativa: Greater THC content
- Ruderalis: Lower CBD & THC, often used in hybrids
- Hybrids: Altered and engineered

"Strains"

Cannabis Basics

A Brief History…

Before *Human* intervention

Prior to the 1960's

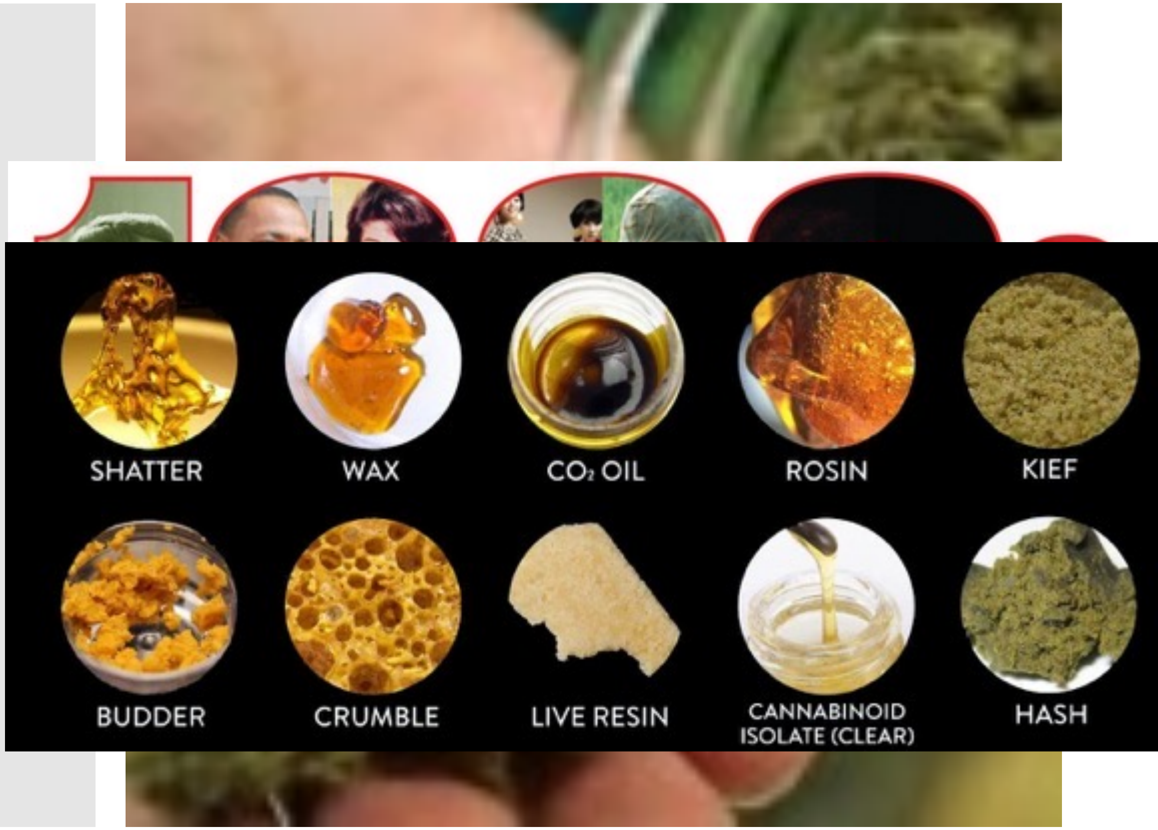
THC content was consistently .05 or less

In the 1960's & 70's THC potency was 1-2%

In the 1980's & 90's THC potency was 3-4%

Today the average THC potency is 20+% for dry leaf cannabis

THC oils or waxes contain 40%-99% THC


SHATTER
WAX
CO₂ OIL
ROSIN
KIEF
BUDDER
CRUMBLE
LIVE RESIN
CANNABINOID ISOLATE (CLEAR)
HASH

The Impact of Cannabis Use

Acute Use:

- Decreased reaction time
- Impaired short-term memory
- Impaired hand-eye coordination
- Impaired concentration
- Alterations in perception of time and distance
- Distorted perceptions of reality/Psychosis
- Heightened anxiety
- Appetite Disturbance

Chronic Use:

- Anxiety
- Irritability/mood swings
- Depression
- Insomnia
- Psychosis (delusional thinking/hallucinations)
- Apathy/Lack of motivation/ambition
- Impaired coordination
- Impaired memory, processing speed, and executive functioning
- Appetite disturbance

The Impact of Cannabis Normalization

How it gets normalized:

- Parent or Caregiver use
- Media tends to be pro-legalization
- Medicalized uses marketed as “healthy” or “natural”
- Expansion & ease of delivery (edibles, vaping)
- Decriminalization advocacy
- “Essential” during COVID-19

Cannabis use has never been more acceptable and more available.

At the SAME time, it’s never been more dangerous for developing brains.

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COVID-19’s Impact on:

Grief and Loss

Selena Morresi
Lead Specialist: Student Assistance Program
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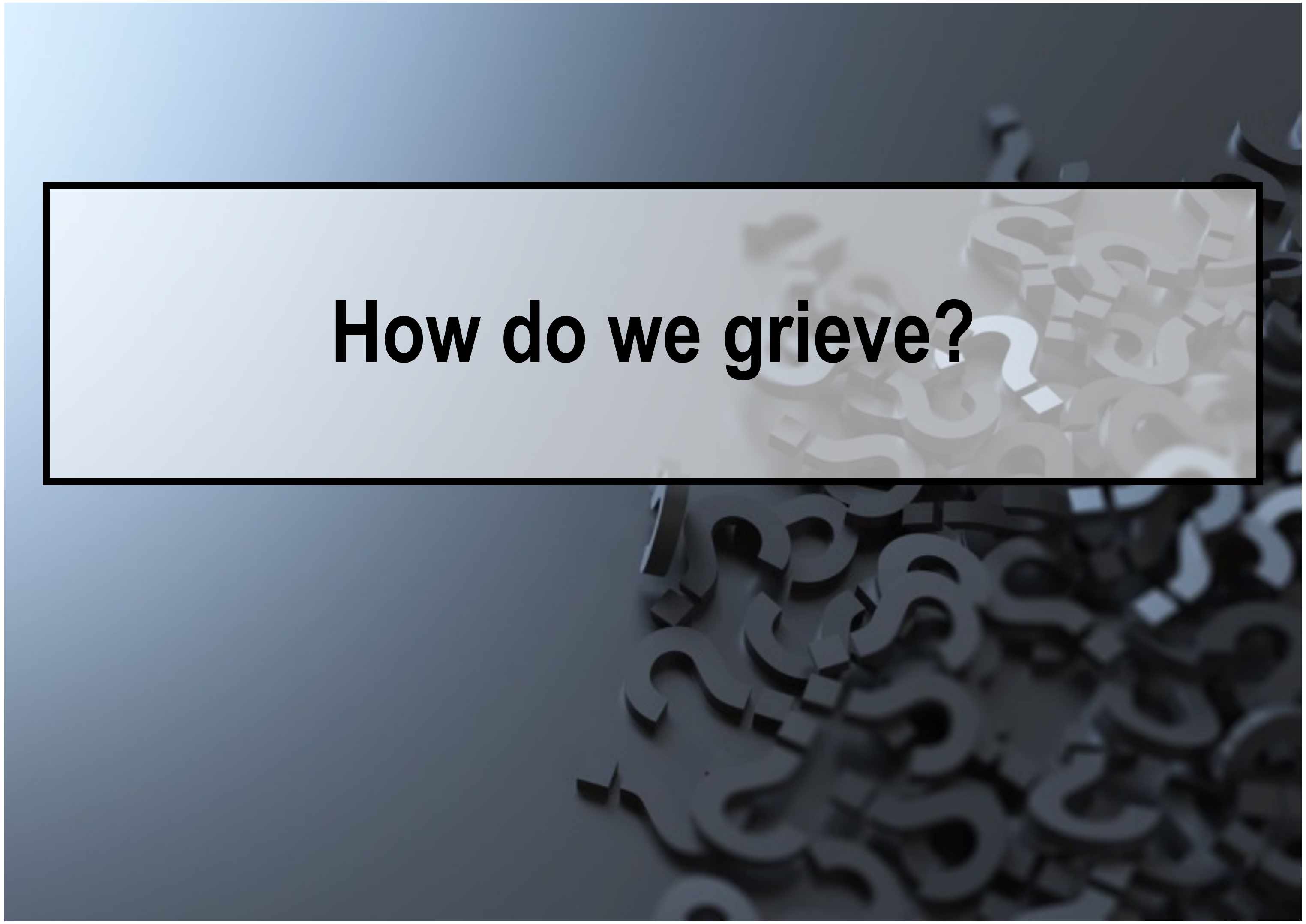


How do we grieve?

Grief

Grief, as defined by the Grief Recovery Institute: is the conflicting feelings caused by the end of or change in a familiar pattern of behavior.

Bereavement and Grief

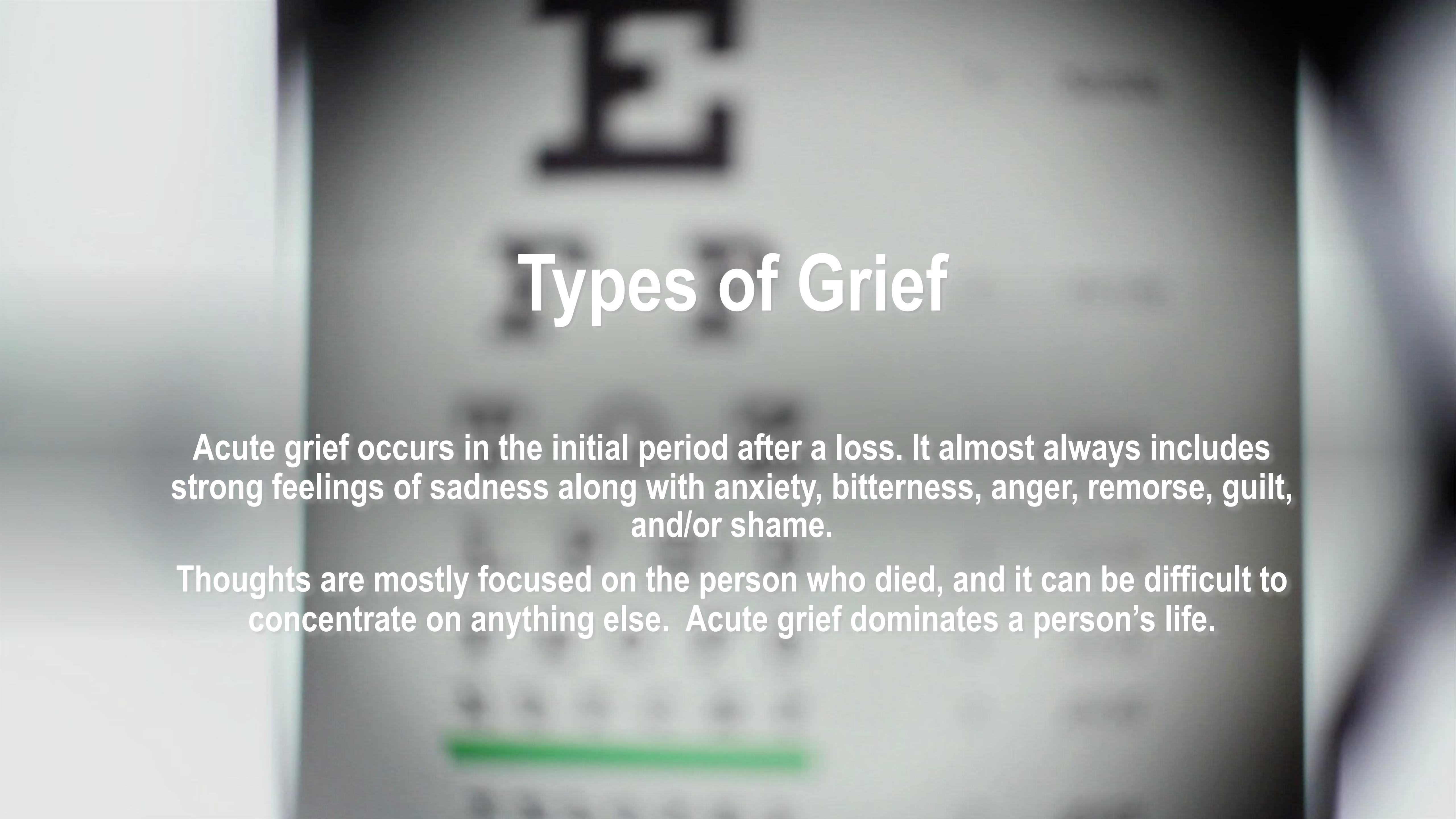
- Accepting the reality, including the finality and consequences, of the loss.
- Reconfiguring the internalized relationship with the deceased person to incorporate this reality.
- Envisioning ways to move forward with a sense of purpose, meaning, and possibilities for happiness.
- Complicated—Adolescent Grief in the Time of Covid-19Weinstock, Dunda, Harrington & Nelson

Mourning

Mourning: The process of incorporation of loss in our lives.

Mourning is an outward acknowledgment of loss.

Social groups define mourning behaviors.

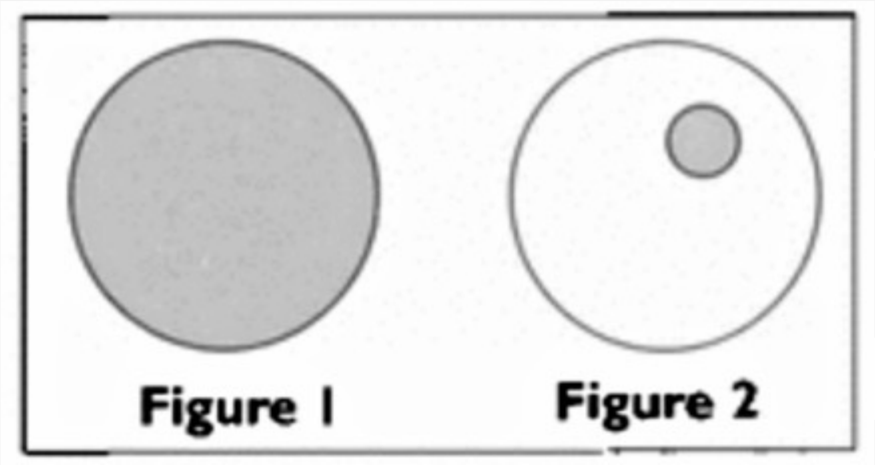


Types of Grief

Acute grief occurs in the initial period after a loss. It almost always includes strong feelings of sadness along with anxiety, bitterness, anger, remorse, guilt, and/or shame.

Thoughts are mostly focused on the person who died, and it can be difficult to concentrate on anything else. Acute grief dominates a person’s life.

Types of Grief



- Integrated grief is the result of adaptation to the loss. When a person adapts to a loss grief is not over.

- Instead, thoughts, feelings and behaviors related to their loss are integrated in ways that allow them to remember and honor the person who died.

- Grief finds a place in their life.

Types of Grief

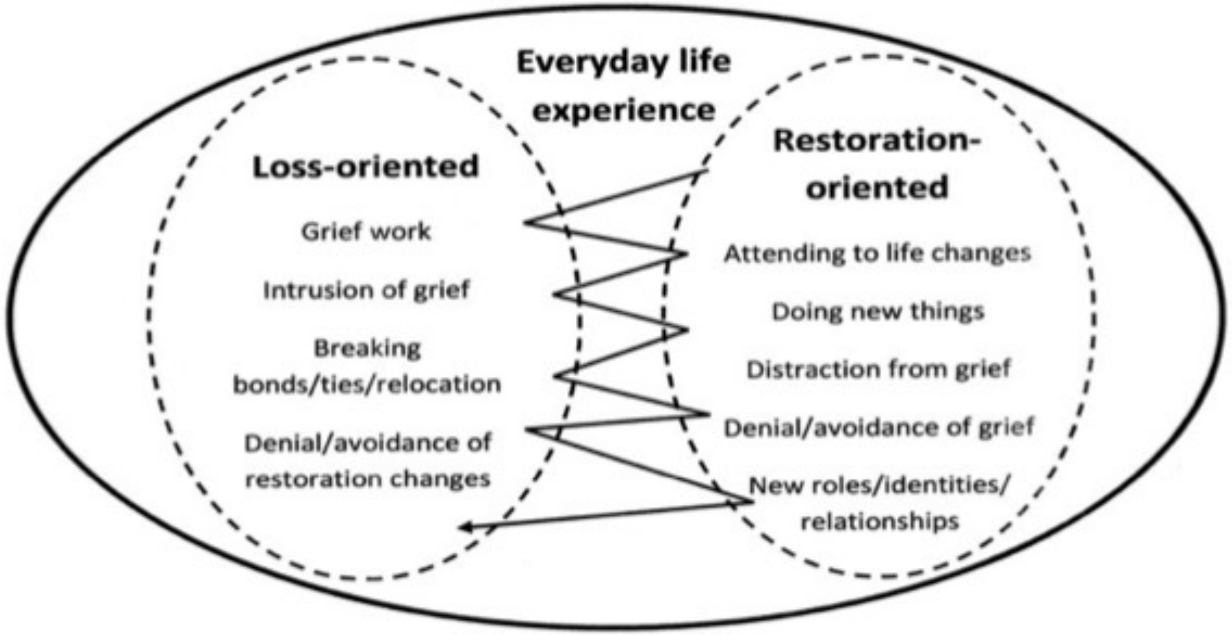
Complicated grief occurs when something interferes with adaptation. When this happens, acute grief can persist for very long periods of time.

A person with complicated grief feels intense emotional pain.

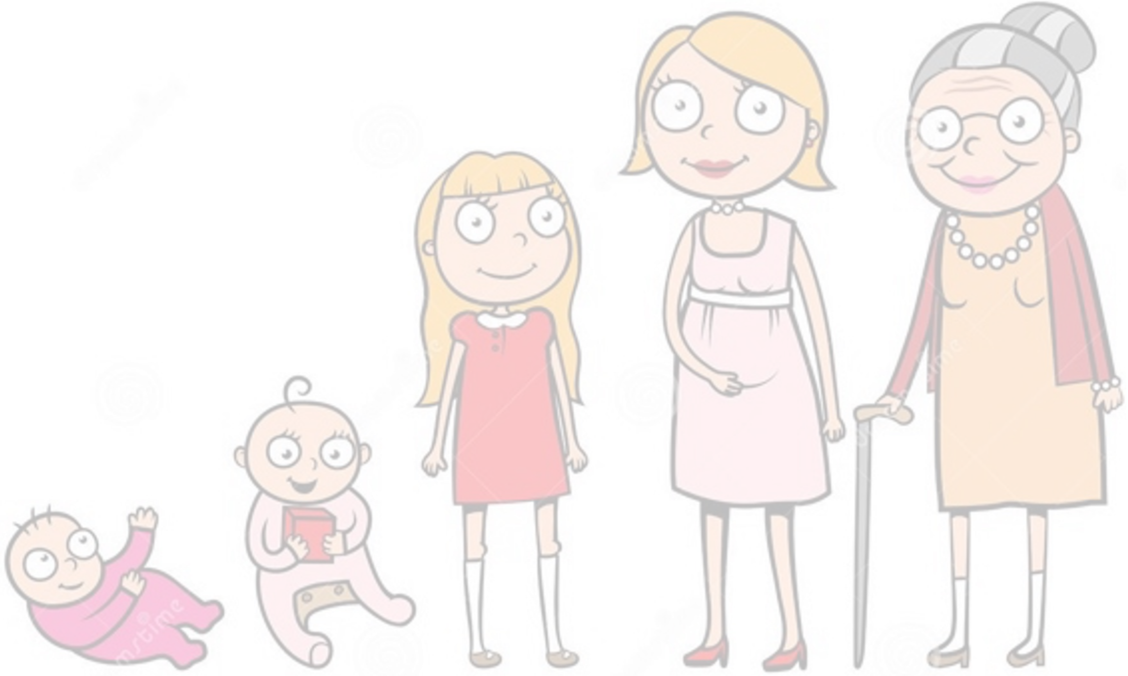
They can’t stop feeling like their loved one might somehow reappear, and they don’t see a pathway forward. A future without their loved one seems forever dismal and unappealing.

Dual Process Model

1. **Accepting the reality, including the finality and consequences of the loss**
2. **Reconfiguring the internalized relationship with the deceased person to incorporate this reality, and**
3. **Envisioning ways to move forward with a sense of purpose and meaning and possibilities for happiness.**


Everyday life experience
Loss-oriented
Grief work
Intrusion of grief
Breaking bonds/ties/relocation
Denial/avoidance of restoration changes
Restoration-oriented
Attending to life changes
Doing new things
Distraction from grief
Denial/avoidance of grief
New roles/identities/ relationships

https://prolongedgrief.columbia.edu/for-the-public/complicated-grief-public/overview/



Does grief vary by developmental stage?

Infancy

Concept of Death:

Infants do not have the capability to understand an abstract concept like death.

If someone dies, babies are more aware of loss and separation from that person.

Grief Response: Babies may search for the deceased and become anxious as a result of the separation.

https://www.vitas.com/family-and-caregiver-support/grief-and-bereavement/children-and-grief/childrens-developmental-stages-concepts-of-death-and-responses

Ages 1-3

Mark Speece investigated the impact of death on toddlers.

- A little over half of his sample had some experience with death
- These children were curious about death
- Some experienced anger

Still very little to no cognitive understanding and for this age group, death is seen as temporary and reversible.

Parent’s death perceived as abandonment.

Grief Response:

Their grief reactions can be brief but very intense.

Confusion, bad dreams, regressive behaviors such as clinging, bed wetting, thumb sucking, temper tantrums and withdrawal from others.

They might search intensely for the deceased.

https://www.vitas.com/family-and-caregiver-support/grief-and-bereavement/children-and-grief/childrens-developmental-stages-concepts-of-death-and-responses

AGES 3-5:

NAGY'S DEVELOPMENTAL CONCEPTION OF DEATH STAGES IN CHILDREN

Stage 1 (3-5 years)

- Death understood as separation, state of being less alive or being asleep (not recognized as final).
- Think they are responsible for death and fear someone else may die.
- Picture death looking like a clown, a shadowy man, or skeletal figure.

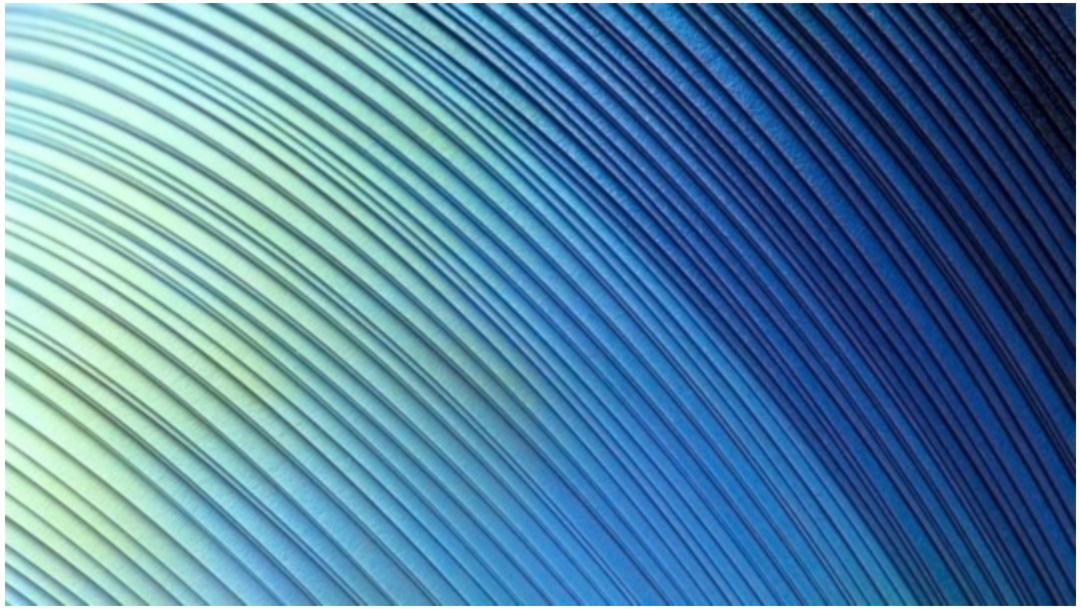
Grief Response:

- Searching for the deceased
- Questions about the death process
- Sometimes children feel like the death has not impacted them.
- This is not the case it may just be their inability in the moment to acknowledge what is very painful for them.

https://www.vitas.com/family-and-caregiver-support/grief-and-bereavement/children-and-grief/childrens-developmental-stages-concepts-of-death-and-responses

AGES 5-9:

NAGY'S DEVELOPMENTAL CONCEPTION OF DEATH STAGES IN CHILDREN



Stage 2 (5-9 years)

- Death is understood as final but think they can escape it if they are lucky or clever.
- Death not yet seen as inevitable (all die).
- Personal reference (I die) not yet established.
- Interested in what happens to the body after death.

Grief Response:

- Act out their anger and sadness
- Difficulty concentrating at school
- May play-act through games

https://www.vitas.com/family-and-caregiver-support/grief-and-bereavement/children-and-grief/childrens-developmental-stages-concepts-of-death-and-responses

AGES 9-10:

NAGY'S DEVELOPMENTAL CONCEPTION OF DEATH STAGES IN CHILDREN

Stage 3 (9-10 years)

- Death recognized as final and inevitable.
- Concerned that parent may die.

Grief Response:

- Develop fear of death or feign indifference.
- Joke about death to conceal feelings.

https://www.vitas.com/family-and-caregiver-support/grief-and-bereavement/children-and-grief/childrens-developmental-stages-concepts-of-death-and-responses

ADOLESCENTS' CONCEPTION OF DEATH

Feel vulnerable and believe they have lost control of their lives.

- Often engage in risky behaviors.
- May explore death in video games, appearance, etc.

Conceal depression from parents – prefer to talk with peers.

Bereaved young people deal with a "double dose" of obstacles: adolescent challenges and bereavement challenges.

Moreover, research increasingly suggests that adolescents grieve differently to adults, and that adolescent grief is commonly misunderstood.

Pain resurfaces at specific moments, such as birthday, graduation, or holidays.

Re-grieving

RE-GRIEVING IS WHEN A CHILD EXPERIENCES THE DEATH OF A LOVED ONE AT DEVELOPMENTALLY STAGE AND BEGINS TO UNDERSTAND THIS LOSS IS A DIFFERENT WAY WHEN THEY MOVE INTO A NEW DEVELOPMENTAL STAGE.

THEY GRIEVE THE PERSON AT EACH STAGE AND PROCESS THEIR GRIEF EXPERIENCE FROM A DIFFERENT PERSPECTIVE THAN WAS POSSIBLE EARLIER.

IT MIGHT BRING UP NEW QUESTIONS ABOUT THE LOSS, NEW EMOTIONS, AND NEW NEEDS.

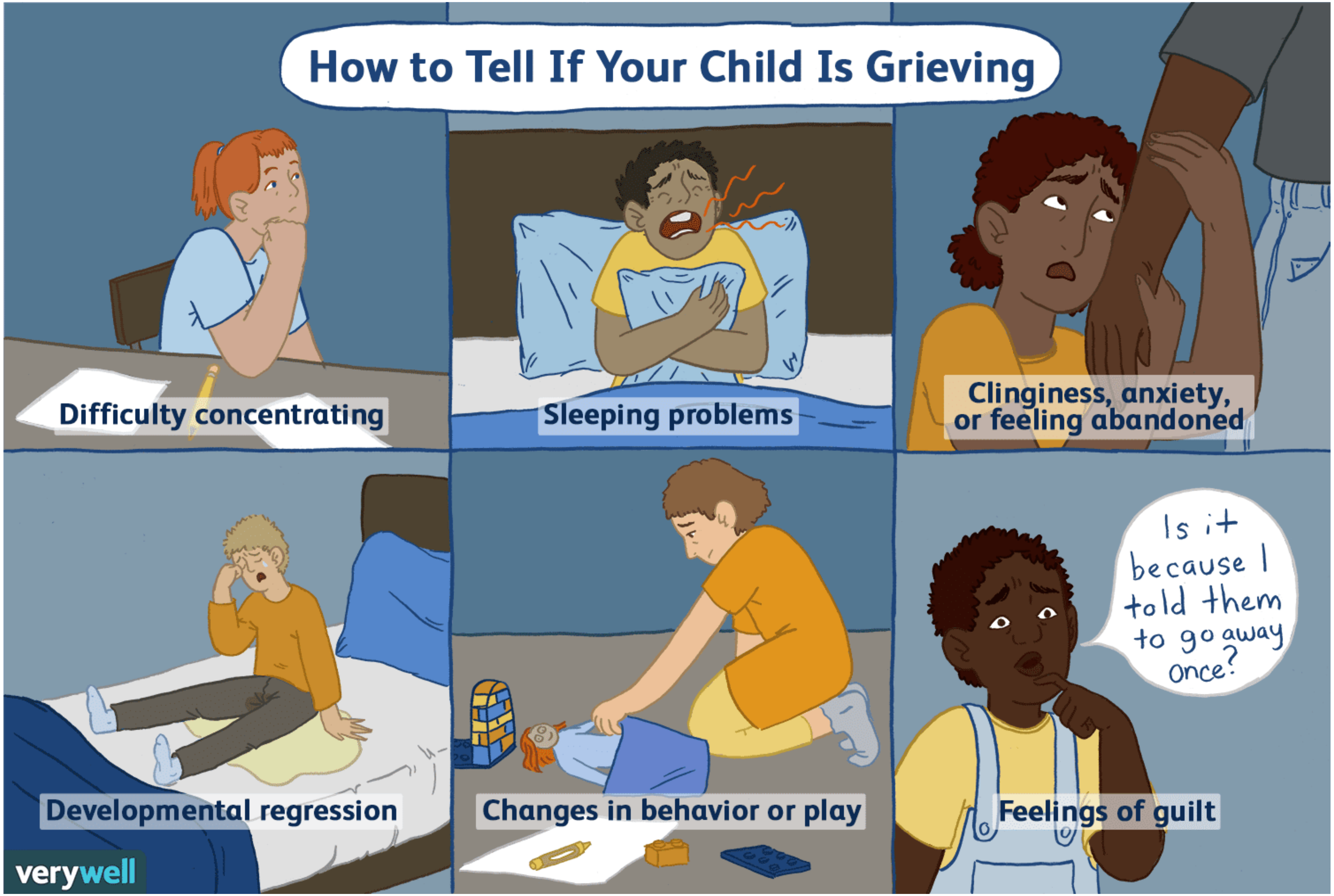
Secondary Losses

Important to note that loss of any kind due to death, divorce or other separation has a secondary impact that reverberates through a child's life.

- Changes to routine
- Goals and plans
- Social Connectedness
- Sense of security
- The little funerals…

WORRIES AND FEARS

- Someone else will get sick and die
- Over-cautiousness in close relationships
- Separation from parents
- Counter-factual thinking (imagining alternative scenarios)
- They somehow caused the illness or could have prevented it
- Confusion about their feelings
- Existential questions (if older)
- Survivor guilt
- Excessive avoidance of grief triggers
- Judging grief or trying to control it


How to Tell If Your Child Is Grieving
Difficulty concentrating
Sleeping problems
Clinginess, anxiety, or feeling abandoned
Developmental regression
Changes in behavior or play
Is it because I told them to go away once?
Feelings of guilt
verywell

Death of a Sibling

Loss of a playmate, a protector, or a caregiver.

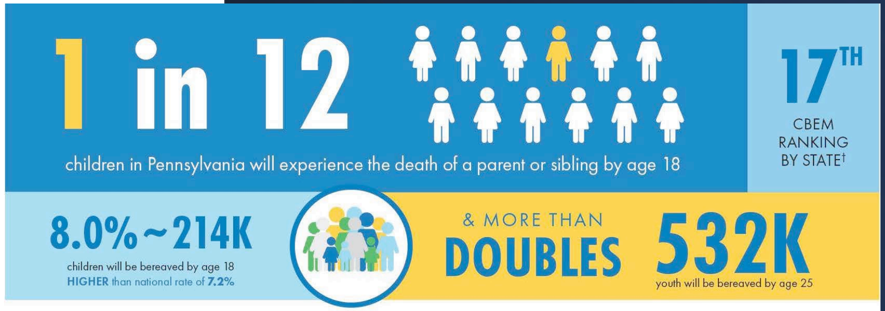
Increases surviving child's sense of vulnerability to death.

Parent's method of coping determine how surviving child copes:

- Death increases dysfunctional family patterns
- A living child is a painful reminder of the deceased child
- Parents may become overprotective
- Parents may ignore the surviving children while coping with their own grief
- Child may feel guilty for being alive or resentful of the deceased

Death of a Parent

- The greatest loss experienced by children.
- Loss of security, love, affection, emotional and psychological support.
- Impact of “magical thinking” - occurs when children believe their behavior was responsible for the death.
- Role of the surviving family members:
  - Help children express their feelings, anxieties, and fears
  - Help children feel secure and loved



1 in 12

children in Pennsylvania will experience the death of a parent or sibling by age 18

17TH

CBEM
RANKING
BY STATE†

8.0% ~ 214K

children will be bereaved by age 18
HIGHER than national rate of **7.2%**

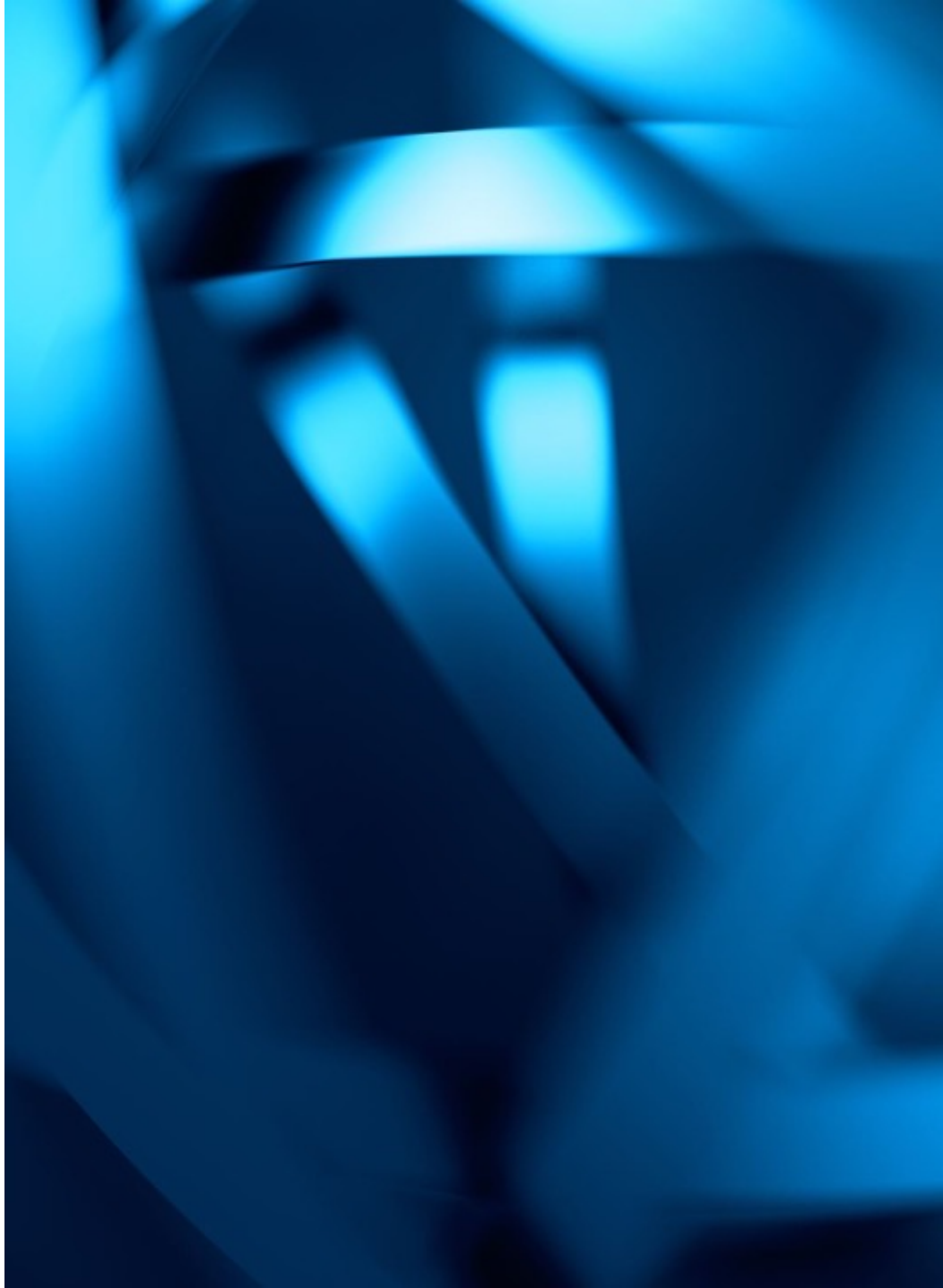
& MORE THAN **DOUBLES** **532K**

youth will be bereaved by age 25

Impact of COVID-19

The CDC estimates that as of October 2021
175,000 children have lost a primary care giver.

For every 4 covid deaths there has been one child who has lost a primary caregiver.



Impact of COVID-19

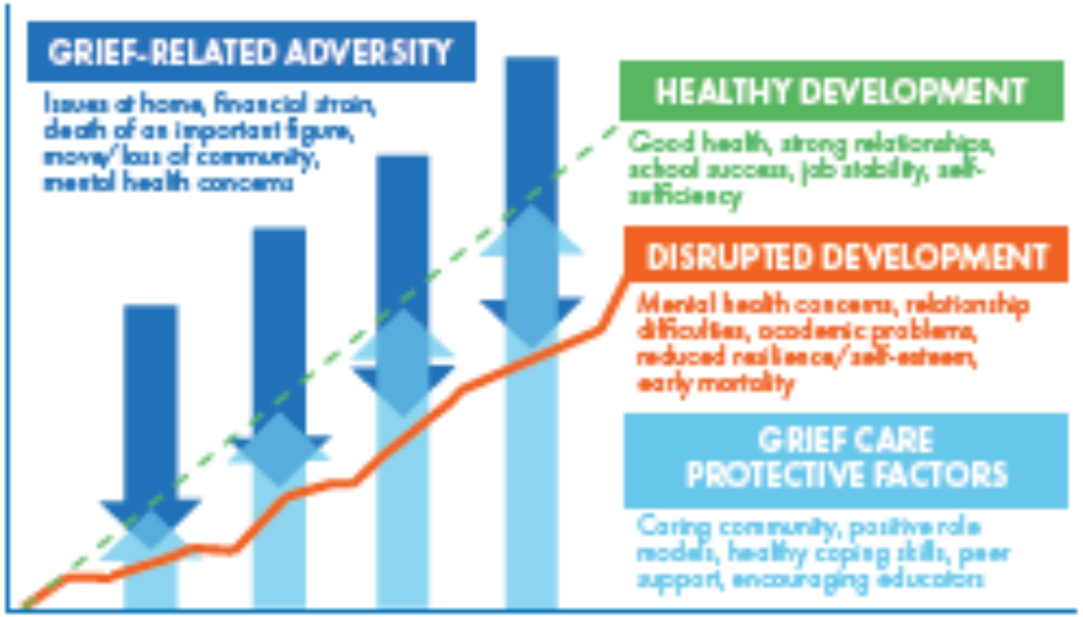
Mass casualty events in history have been shown to have a domino effect on children.

When a death is sudden and unexpected, like a death from Covid, there is a lot of uncertainty, and that can put children at risk for many different health consequences.

- A study that explored collected historical data on French WW1 orphans indicate, like the ACES study, exposure to adverse environmental cues in the early stages of development may have an impact on biological vulnerability at older age.

- This study found a decrease in lifespan, in persons whose fathers died in WW1.

- The 1918 flu had its own lasting impact. One study in Great Britain found an increase in what they called “nervous symptoms” which included depression, increases in physical illness, and a decline in vision.


GRIEF-RELATED ADVERSITY
Issues at home, financial strain, death of an important figure, move/loss of community, mental health concerns
HEALTHY DEVELOPMENT
Good health, strong relationships, school success, job stability, self-sufficiency
DISRUPTED DEVELOPMENT
Mental health concerns, relationship difficulties, academic problems, reduced resilience/self-esteem, early mortality
GRIEF CARE PROTECTIVE FACTORS
Caring community, positive role models, healthy coping skills, peer support, encouraging educators

Graph adapted from Harvard University Center on the Developing Child

- **Experiencing a significant loss**
- **Loss during childhood often results in profound stress and adversity.**
- **Without appropriate support, this experience can derail a child's development.**

Impact of COVID-19

10-15 % of children bereaved by Covid-19 might meet the criteria of a diagnosis, Prolonged Grief Disorder or Complicated Grief

Complicated Grief in adolescents is widely under-recognized and often misdiagnosed as a range of mental health problems, substance use, or other behavior concerns.

That could mean thousands of children with symptoms that warrant clinical care.

This is its own public heath emergency.

Risk Factors for Prolonged Grief Following the Loss of a Loved One During COVID-19

Circumstances of the Death	COVID-19-Related Factors
● Sudden, unexpected, possibly preventable ● The loved one died alone ● The loved one suffered at the end of their life ● Restrictions on visiting the dying loved one	● Physical distancing policies affecting the ordinary mourning process (i.e., funerals, burial, rituals, community support, family gatherings) ● Isolation ● Fear of contamination ● Having others to care for ● Financial worries ● Limited healing opportunities (i.e., going out, exercising) ● Other emotions (i.e., anger, guilt)

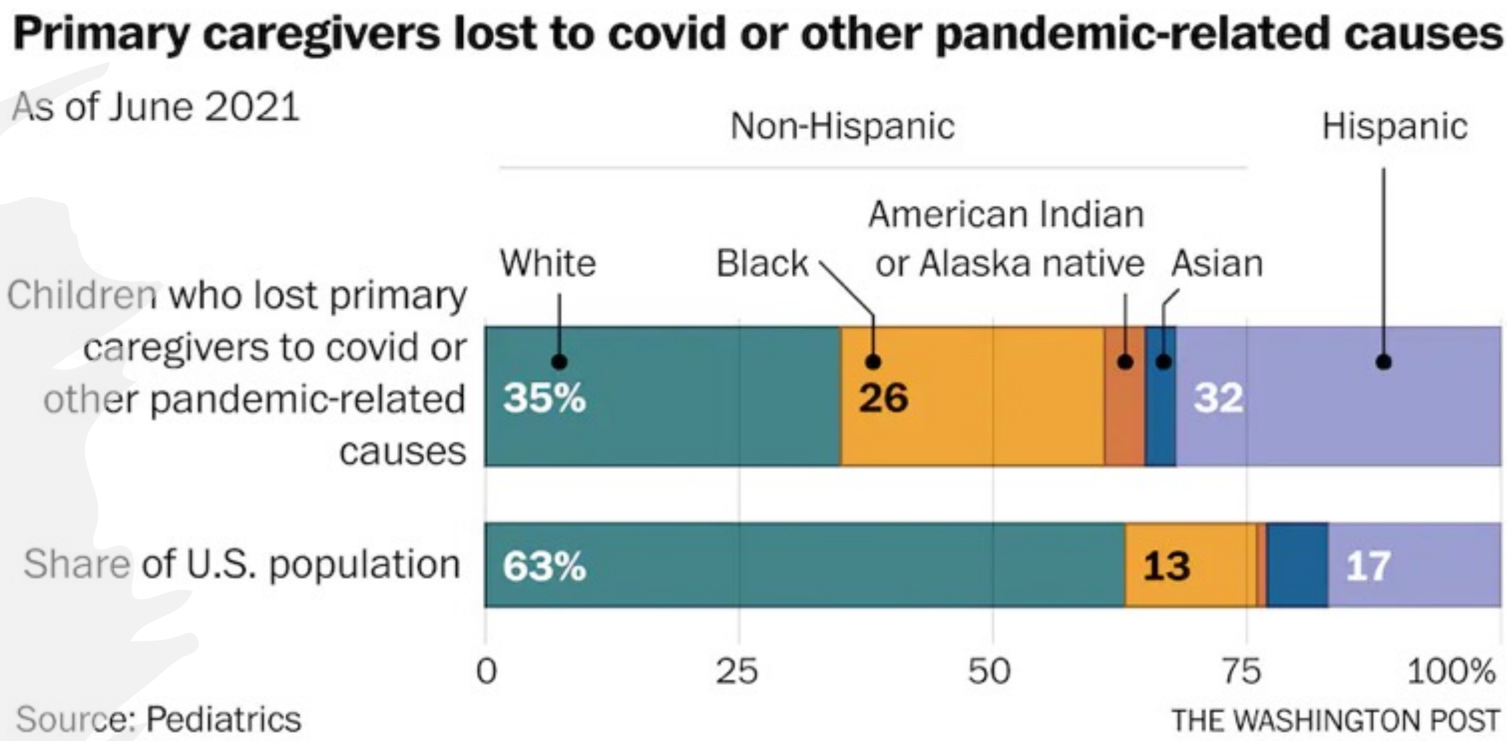
https://www.psychiatryadvisor.com/home/topics/general-psychiatry/a-time-to-grieve-addressing-bereavement-challenges-during-the-covid-19-pandemic/

Cumulative Grief

- Cumulative grief what happens when you do not have time to process one loss before incurring another.
- The losses come in too rapid a succession for you, the bereaved, to heal from the initial loss.

RACIAL DISPARITY

Sixty-five percent of all children experiencing COVID-associated orphanhood or death of their primary caregiver are of racial and ethnic minority, an extreme disparity.



Primary caregivers lost to covid or other pandemic-related causes

As of June 2021

Source: Pediatrics

THE WASHINGTON POST

Death Disparities by Race

In the United States as a whole,
1 out of 500 children lost at least one parent/caregiver.

For American Indian children,
1 out of 168 lost a primary care giver

For Black children, 1 out of 310

For Hispanic children, 1 out of 412

For Asian children, 1 out of 612

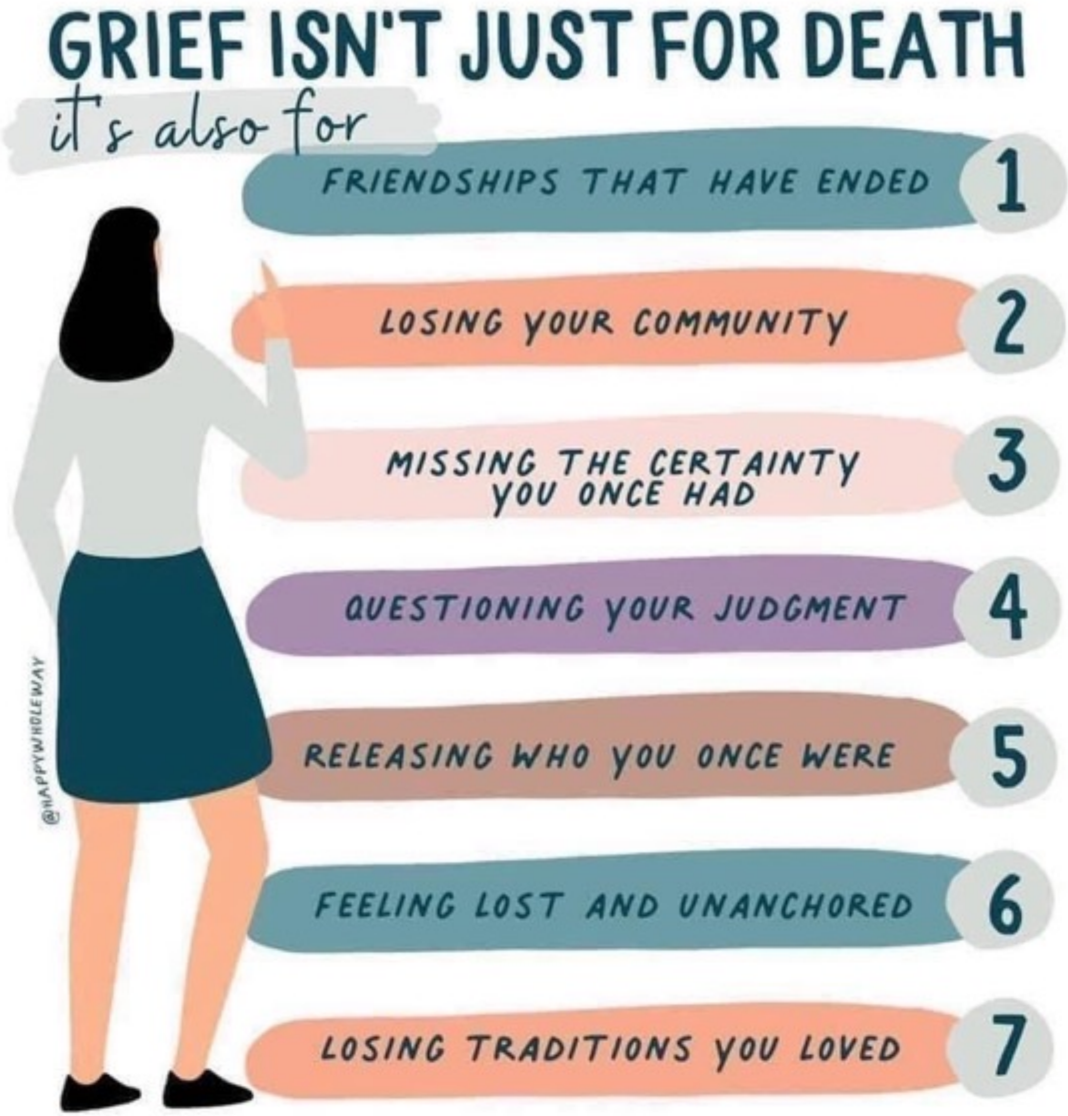
For White children, 1 out of 753

Disenfranchised Grief

Not all grief comes from death or tragedy.

Children can feel grief and sadness from a variety of other situations and experiences.

Situations that at first glance we would not associate with grief can have a lasting impact on a child.



GRIEF ISN'T JUST FOR DEATH

it's also for

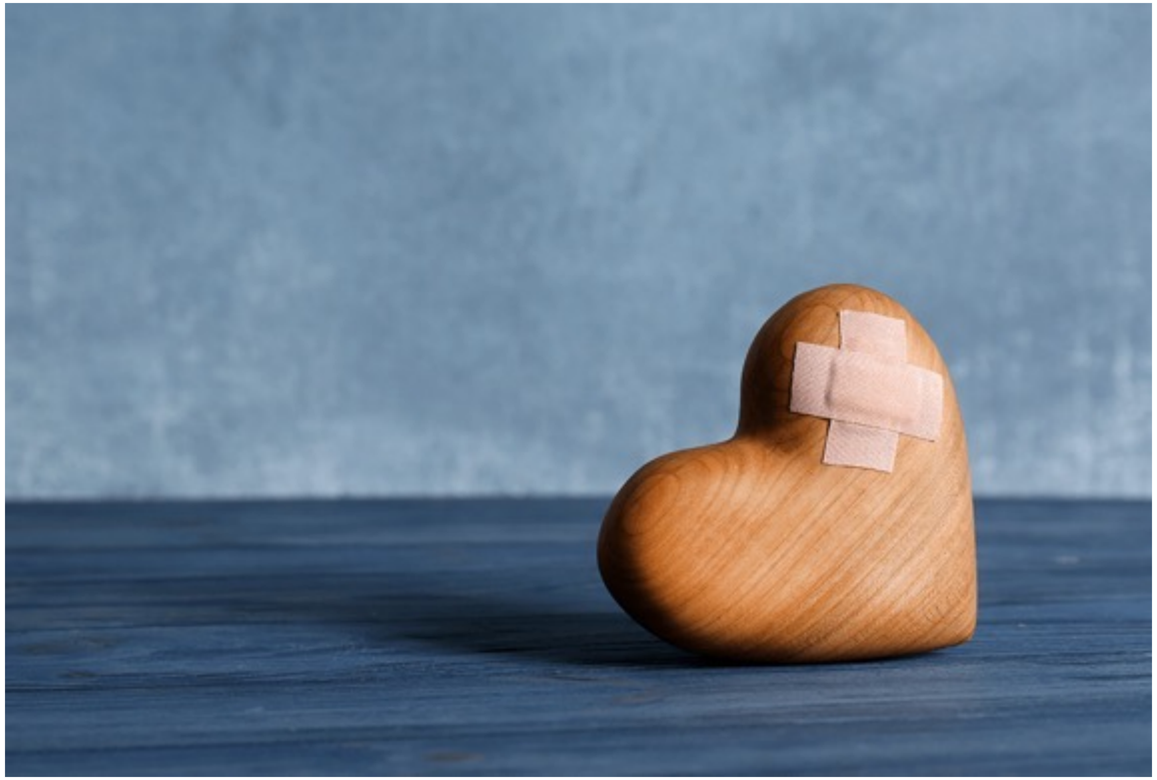
1. FRIENDSHIPS THAT HAVE ENDED
2. LOSING YOUR COMMUNITY
3. MISSING THE CERTAINTY YOU ONCE HAD
4. QUESTIONING YOUR JUDGMENT
5. RELEASING WHO YOU ONCE WERE
6. FEELING LOST AND UNANCHORED
7. LOSING TRADITIONS YOU LOVED

@HAPPYWHOLEWAY

Incarceration

1 in every 28 children will have a parent become incarcerated before they turn 18.

A typical response to a parent separation through incarceration is one of grief.



Impact of COVID-19 on Children

It is possible that adolescents are at increased risk of developing complicated grief during the Covid-19 pandemic.

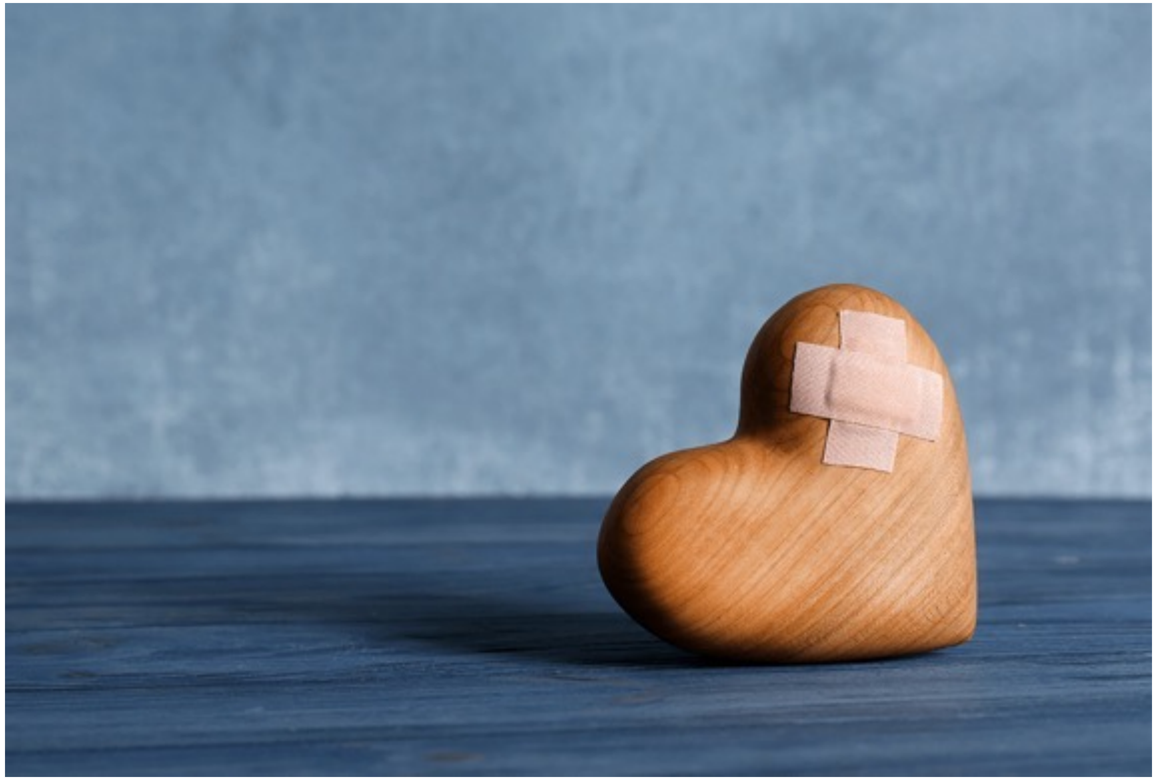
Loss and grief associated with the pandemic:

- Students are missing out on activities.
- Students may have had to move due to family financial issues related to COVID-19.
- Home for some student may contain different stressors.
- Loss of a sense of security and certainty they once felt.

Impact of COVID-19 on Children

- Youth have spent more time distanced from their peers, and we may assume that they would spend more time on social media.

- Teens who received more sleep and more family time due to the lockdown measures reported better mental health than pre-Covid.



2022
PREVENTION
PARTNERSHIP
SUMMIT

What Can You Do:

How to Support Young People.

Gretchen Hagenbuch
Coordinator: Student Assistance Program
Pennsylvania

Selena Morresi
Lead Specialist: Student Assistance Program
Pennsylvania

caron

Action We Can Take

1. Recognize that mental health is an essential part of overall health.
2. Empower youth and their families to recognize, manage, and learn from difficult emotions.
3. Ensure that every child has assess to high-quality, affordable, and culturally competent mental health care.
4. Support the mental health of children and youth in educational, community and childcare settings.
5. Address the economic and social barriers that contribute to poor mental health for all.

Protecting Youth Mental Health: The U.S. Surgeon General's Advisory

caring
curious
peaceful
trusting
unique
able
intuitive
attentive
nurturing
affectionate
proud
patient
helpful
protective
loyal
worthy
humble
determined
adventurous
gentle
innocent
valuable
generous
honest
flexible
creative
trustworthy
confident
expressive
forgiving
wise
accepting
clever
decisive
strong
powerful
open
brilliant
playful

Positive Action

- Establish safety where you can
- Be the supportive, consistent adult
- Help young people learn to regulate their bodies
- Create power-with opportunities
- Support a coherent narrative through routine and predictability
- Foster post-traumatic growth by leaning into strengths used to navigate the situation

Positive Action

- Connect to Alateen and other peer support groups

- Help young person access resources or help them make phone calls
  - Remove stigma
  - Challenge fears

- Set expectations and boundaries in behavior and conversation (confidentiality)

- Be present for hard conversations

- Help set SMART Goals, no matter how small for accountability

(Specific, Measurable, Attainable, Relevant, Time-based)

Adults Concerned with Prevention

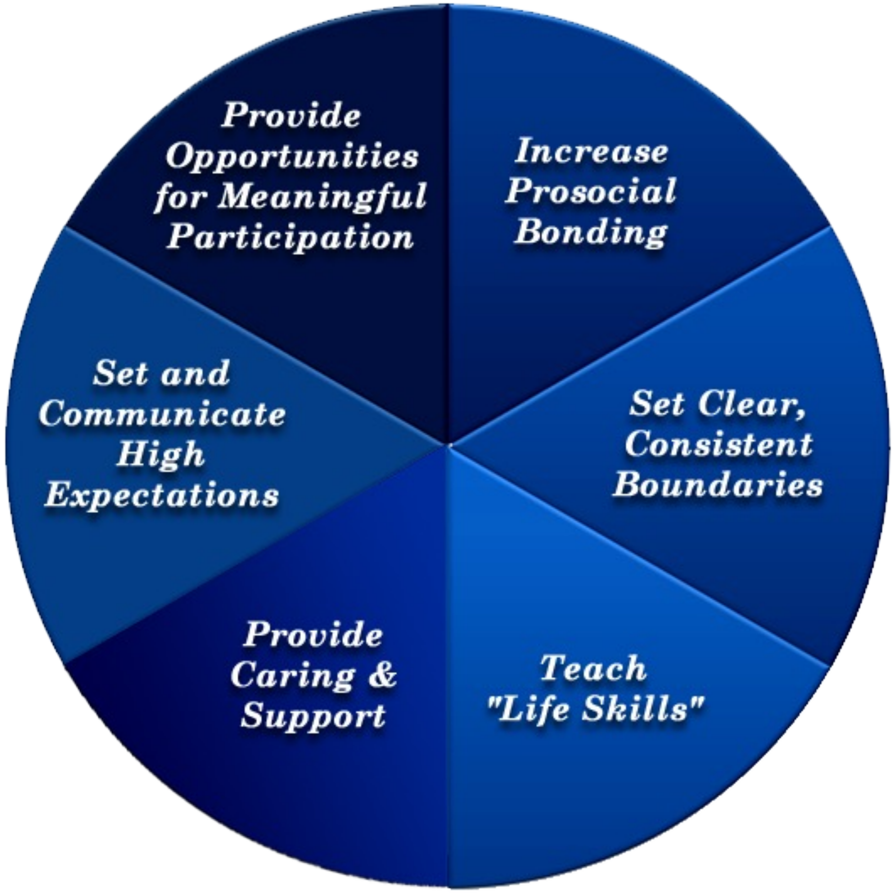
- Foster Support Networks
- **Engage children in community**
- **Provide language to children and families**
- Keep conversations going
- Share Social Norms
- Healthy Role Modeling
- **Prep children for summer with less** supervision & supports
- Develop and Encourage Leadership **Opportunities**
- Reduce Shame

Not: outdated, falsehoods, scare tactics, or discipline-centered

Effective Prevention

- Evidence-Based & Trauma-informed
- Normalizes non-use and getting help
- Focus on developmental appropriateness
  - Sooner rather than later approach
- Listens to student’s needs
- Working with, not for communities
  - Involves Parents & Caregivers
- Develops coping skills and provides tools

The Resiliency Wheel


Provide Opportunities for Meaningful Participation
Increase Prosocial Bonding
Set and Communicate High Expectations
Set Clear, Consistent Boundaries
Provide Caring & Support
Teach "Life Skills"

Resources you will receive at the end of this presentation

LESSONS LEARNED FROM MARIJUANA LEGALIZATION IN FOUR U.S. STATES AND D.C.

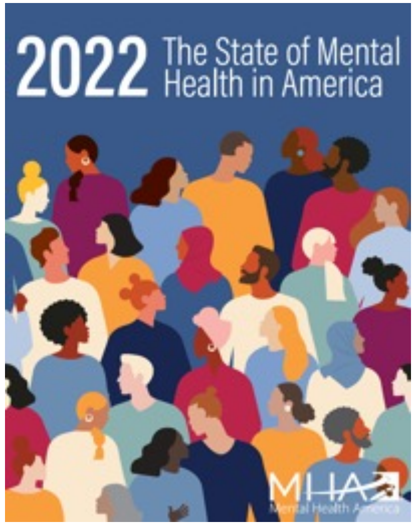
MARCH 2018

WA
CO
OR
AK
DC

Reviewed by researchers from
University of Colorado at Denver
Harvard Medical School
Boston Children's Hospital
University of Connecticut
Yale University
University of Kansas
and more

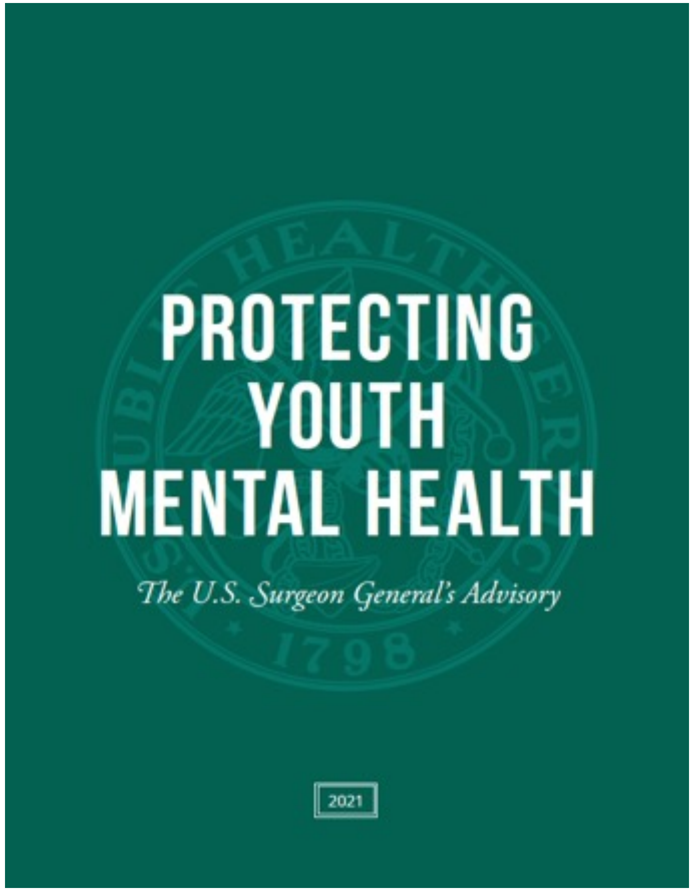
SAM Smart Approaches to Marijuana

www.learnaboutsam.org



2022 The State of Mental Health in America

MHA Mental Health America



PROTECTING YOUTH MENTAL HEALTH

The U.S. Surgeon General's Advisory

2021

NATIONAL HEALTH LAW PROGRAM

Addressing Barriers to Behavioral Health Coverage for Low-Income Youth

FALL 2021

This research was funded by The Annie E. Casey Foundation, Inc., and we thank them for their support; however, the findings and conclusions presented in this report are those of the authors alone, and do not necessarily reflect the opinions of the Foundation.

The Elephant in the Room

Tools & Take-Aways

Support Groups for Children

Compassionate Friends provides support for parents who have lost children along with support groups for siblings.

Sunshine Foundation provides a last wish for terminally ill children and their families.

Starlight Foundation supports seriously ill kids.

Dougy Center

2022 PREVENTION PARTNERSHIP SUMMIT

Questions?

The Impact of Loss:

How the COVID-19 Pandemic Has Affected the Behavioral Health of Youth.

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