COVID-19 Changes:
Trauma Impacts on Child Mental Health

County of San Diego Behavioral Health Services for Children & Youth
Child and Adolescent Services Research Center

INTRODUCTION

Decades of research have demonstrated the negative impacts that trauma has on youth mental health. Youth served by County of San Diego Behavioral Health Services for Children & Youth (BHS-CY) have high rates of trauma; over the past five fiscal years, an average of 75% of youth for whom the information was known were reported to have a history of trauma. During the worldwide COVID-19 pandemic, youth reported increased emotional and behavioral problems and entered services with higher rates of post-traumatic stress disorder (PTSD)/acute stress disorder diagnoses. Even though the global emergency status of COVID-19 has ended, we can reflect on how it affected children with and without a history of trauma. This report explores the relationship between trauma history and adjustment to trauma for children entering mental health services before and during the first two years of the pandemic (March 2019 – February 2022). Specifically, client scores at intake on the Child and Adolescent Needs and Strengths (CANS) assessment and Pediatric Symptom Checklist (PSC – both parent and youth reports) were evaluated. The CANS is a structured assessment tool designed to identify the needs and strengths of youth and their families. It is completed by clinicians with the family. The PSC self-report measure, is a brief questionnaire that helps identify emotional and behavioral problems in children.

DETERMINING TRAUMA GROUPS

The CANS, along with the report on the history of trauma (whether present or absent), was used to categorize clients into three groups based on the CANS Adjustment to Trauma item, which assess whether a child or adolescent is struggling to adjust to or cope with a traumatic experience.

Table 1. Trauma groups sample size per year

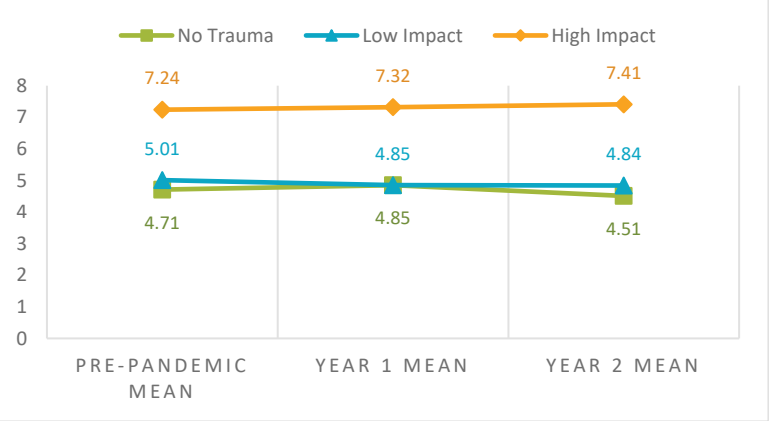
	Pre-Pandemic	Year 1	Year 2
No Trauma Group	2,166 (30%)	1,492 (28%)	1,617 (29%)
Low Impact Group	2,597 (36%)	1,935 (36%)	2,002 (36%)
High Impact Group	2,469 (34%)	1,969 (36%)	2,005 (36%)
Total	7,232	5,396	5,624

First was the **No Trauma** group, comprised of children who did not have a history of trauma. Second was the **Low Impact** group, comprised of children with a history of trauma and who were rated either a "0=no evidence of any trauma-related needs" or "1=identified trauma-related need that requires monitoring" on the CANS Adjustment to Trauma item. Third was the **High Impact** group, comprised of children with a history of trauma and who scored a "2=trauma-related need is interfering with functioning; action needed" or "3=trauma-related need is disabling, dangerous; immediate or intensive action needed" on the CANS Adjustment to Trauma item. All intake records completed prior to the pandemic (March 2019 through February 2020, N=7,232) through the second year of the pandemic were examined (March 2021 through February 2022, N=5,624) (See Table 1 for more details).

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

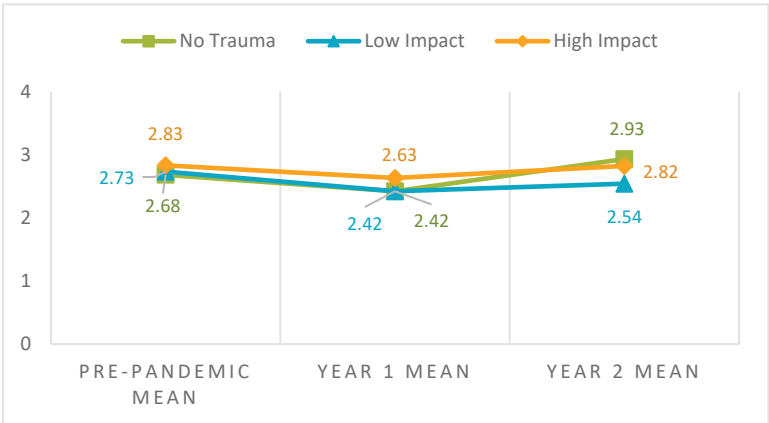
When entering services both before and during the pandemic, **children highly impacted by their trauma** had significantly more ($p<.0001$) needs overall (Figure 1), as well as more child emotional/behavioral, life functioning, and risk behaviors needs in comparison with the **No Trauma** and **Low Impact** groups. Surprisingly, the **children without a history of trauma** and **children with few trauma-related needs** reported similar levels of needs. Notably, from pre-pandemic to Year 1 of the pandemic, there were no significant increases in needs on any domain for **any group**.

Figure 1. CANS Overall Needs at Intake During the Pandemic



Pre-pandemic, **all children** were reporting about the same number of strengths when entering services. However, by the first year of the pandemic **all children** reported having significantly less strengths to rely on ($p<.05$) when entering services (Figure 2). In year two of the pandemic, reported strengths started to return to pre-pandemic levels.

Figure 2. CANS Strengths at Intake During the Pandemic



PEDIATRIC SYMPTOMS CHECKLIST (PSC)

Parent-Completed Report (PSC-P)

Similar to the CANS results, parents reported that **children without a history of trauma** had significantly lower scores ($p<.001$) on the PSC compared to children in the **Low Impact** and **High Impact** groups when entering services both before and during the pandemic (Figure 3).

From pre-pandemic to the first year of the pandemic, parents reported that **all groups of children** experienced a significant increase on the inattentive symptoms subscale ($p<.05$) and internalizing symptoms subscale (depression and anxiety; $p<.05$) at entry to services (Figures 4, 5). Surprisingly, parents reported a significant decrease in externalizing symptoms (problem behavior) for **all children** over the two years of the pandemic ($p<.05$; Figure 6).

Figure 3. PSC-P Total Score at Intake During the Pandemic

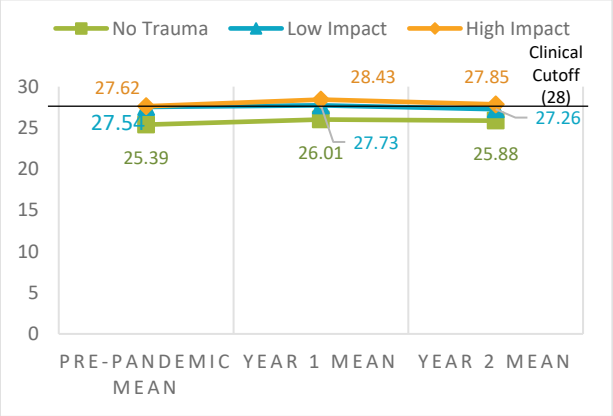


Figure 4. PSC-P Attention Subscale Score at Intake During the Pandemic

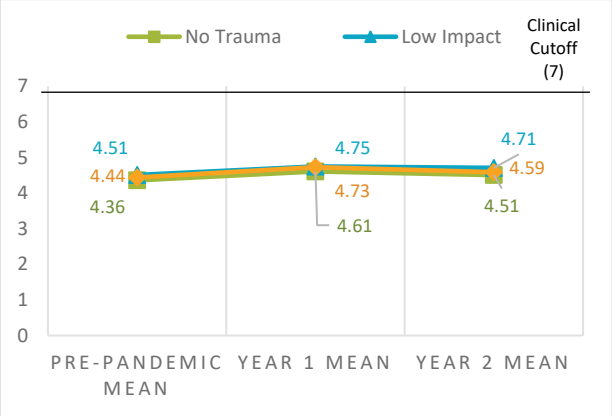


Figure 5. PSC-P Internalizing Subscale Score at Intake During the Pandemic

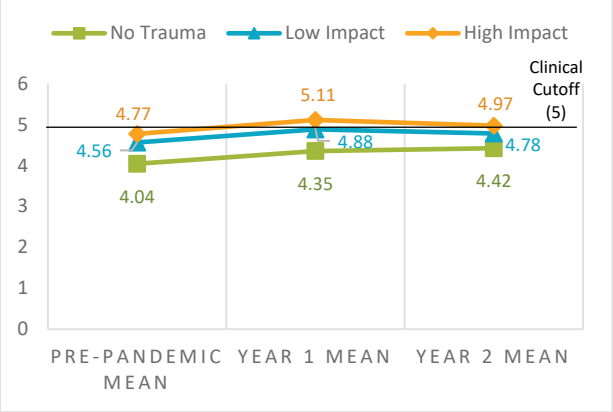
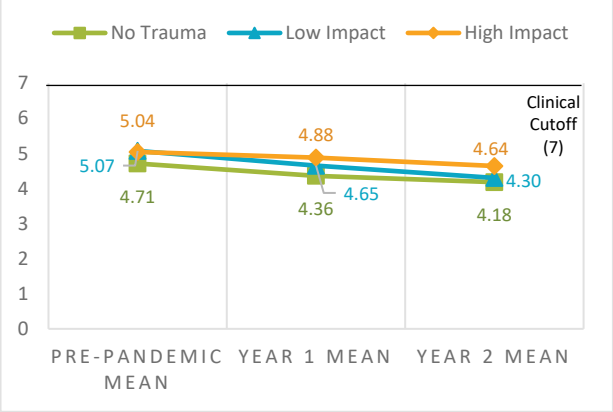


Figure 6. PSC-P Externalizing Subscale Score at Intake During the Pandemic



Youth-Completed Report (PSC-Y)

Before and during the pandemic, children in the **High Impact group** reported the most mental health symptoms (p<.01) on the PSC overall compared to children in both the **Low Impact** and **No Trauma** groups (Figure 7). **All youth** reported worsening overall mental health problems during the first two years of the pandemic compared to pre-pandemic reports (p<.05). By Year 2 of the pandemic, children in both the **High Impact** and **Low Impact** of trauma groups were reporting clinical levels of mental health symptoms on the PSC Total Scale (p<.05) when entering services.

All youth reported significantly more attention and internalizing symptoms (p<.05) when entering services in Year 1 and Year 2 (Figures 8, 9). Youth in both the **Low Impact** and **High Impact** groups also scored above the clinical cutoff for internalizing symptoms during Year 1 and Year 2 of the pandemic.

Figure 7. PSC-Y Total Score at Intake During the Pandemic

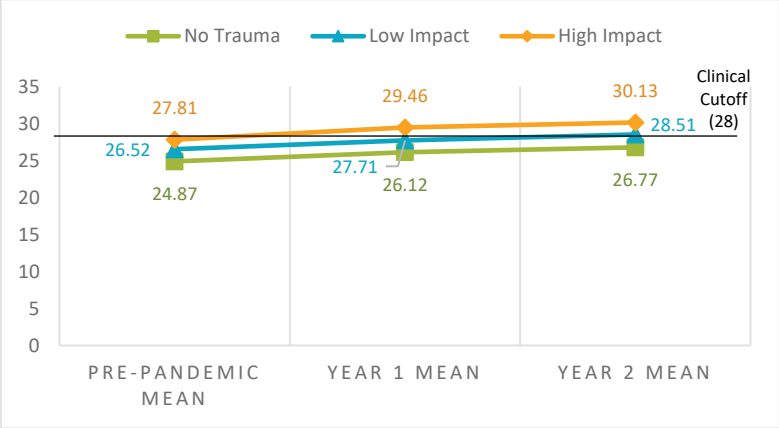


Figure 8. PSC-Y Attention Subscale Score at Intake During the Pandemic

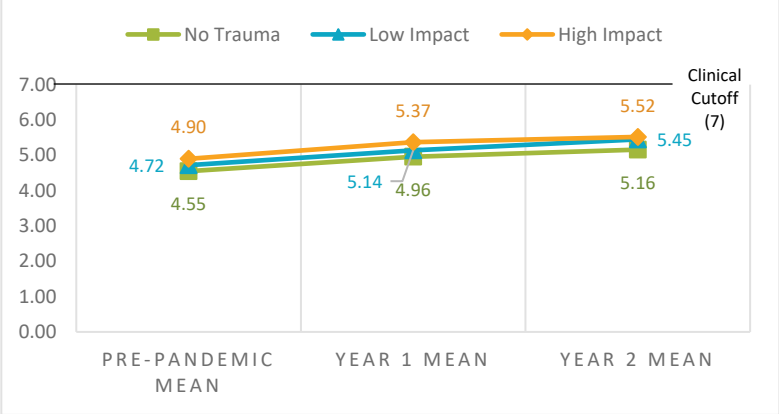


Figure 9. PSC-Y Internalizing Subscale Score at Intake During the Pandemic

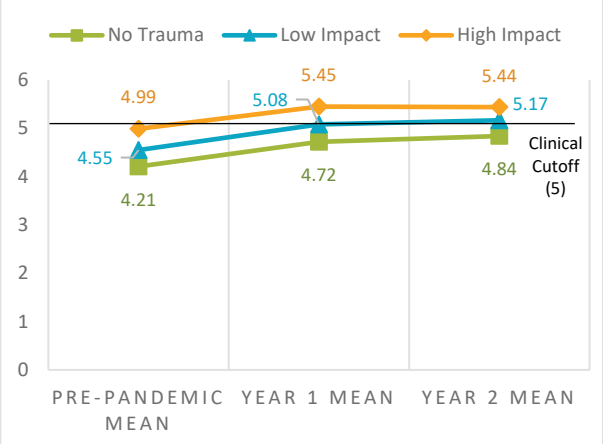
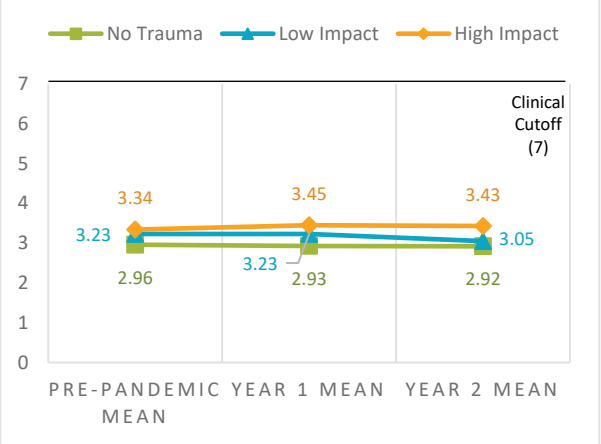
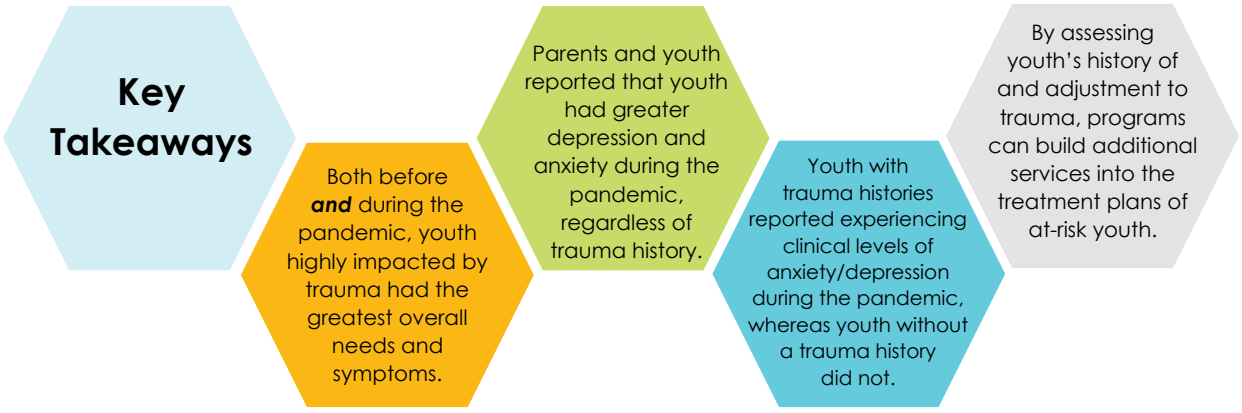


Figure 10. PSC-Y Externalizing Subscale Score at Intake During the Pandemic



KEY FINDINGS



- **Youth who were highly impacted by their trauma experiences** had the most needs in the areas of life functioning, emotion/behavior, risk behavior, as well as internalizing symptoms **before and during** the pandemic compared to the No Trauma and Low Trauma groups.
- **Youth with a history of trauma** (i.e., youth in the **Low** and **High Impact Trauma** groups) scored above the clinical cutoff on the PSC-Y internalizing scales during years 1 and 2 of the pandemic, whereas youth without a history of trauma did not. This suggests that while all children reported increases in internalizing problems during the pandemic, children with a history of trauma were experiencing clinical levels of anxiety and depression compared to before the pandemic.
- **Youth without a history of trauma** were rated as having the lowest needs at entry to services both before and during the pandemic across all CANS domains. However, these youth reported significant increases in internalizing and inattentive symptoms during the first two years of the pandemic (like the youth with a history of trauma) indicating that they were not immune to negative mental health impacts.

RECOMMENDATIONS

- Trauma screenings remain a vital component of services.
- Trauma should be examined in combination with children's adjustment to trauma, when available, as there are differences in needs and symptoms depending on both children's history of and adjustment to trauma.
- In assessing both children's history of and adjustment to trauma, programs can individualize treatment plans more effectively and build in additional services for at-risk youth, such as wraparound, peer support, and Chadwick Center services.