



Child Wellbeing Task Force

Initial COVID-19 Impact Summary



As the COVID-19 pandemic continues, it is with near certainty that all individuals will be impacted in one way or another. Where a need to advance the wellbeing of children and families existed prior to the coronavirus, early data suggests that conditions have been exacerbated and there is a need to develop a long-term response strategy.

Wellbeing is contingent upon many interwoven components, such as economic factors, physical and mental health, safety, education, and community connectedness.

While the extent of the pandemic is not yet known, trends have been uncovered that should be highlighted.



- MARCH 4**
First reported case of COVID-19 in Tennessee
- MARCH 16**
Governor Lee recommends schools to close
- MARCH 23**
Governor Lee establishes COVID-19 Unified Command
- APRIL 2**
Governor Lee signs Safer at Home order
- APRIL 15**
Governor Lee calls on schools to remain closed for remainder of academic year
- Governor Lee calls on Education Commissioner Penny Schwinn to convene COVID-19 Child Wellbeing Task Force



Economic, physical, and mental health are inter-connected and during times of crisis, may contribute to childhood adversity. Childhood adversity can have long term chronic physical and mental health related impacts, such as depression, suicide attempts, substance abuse and lung disease (The Child and Adolescent Health Measurement Initiative, 2019).



Experienced family stress, such as unemployment, may contribute to increased rates of domestic violence, substance abuse, and child abuse as was evident during previous national disasters and crises (Sederer, 2020) (Abramson, 2020).



Nationally, the pandemic has impacted populations disproportionately, raising concern of a widening equity gap (Dorn, Hancock, Sarakatsannis, & Viruleg, 2020) (Godoy & Wood, 2020).



In Tennessee, during peak stay-at-home orders, reports of suspected child abuse dropped by 27%, in large part due to mandatory reporters, such as teachers and pediatricians, being disconnected from children and families (TN Dept. of Children's Services, 2020).



76% of Tennessee district leaders and 55% of public responders identified technology and hardware as a top COVID-19 related need (TN Dept. of Education, 2020).

TN Governor Bill Lee



Nationally, 75% of students receive mental health care in a school setting and are 21 times more likely to visit a school based health clinic than a community based clinic for mental health care (EAB District Leadership Forum, 2020).



In Tennessee, 2017 data estimates approximately **152,000 children have a severe emotional disturbance** (TN Dept. of Mental Health & Substance Abuse Services).



In calendar year 2019, **approximately 45,000 school-age youth were served through the community-based system** which could have taken place either in or out of school (TN Association of Mental Health Organizations).

Prior to the pandemic, **mental health related needs were a top priority** for TN education professionals, which is supported by national rankings (TN Dept. of Education, 2019).

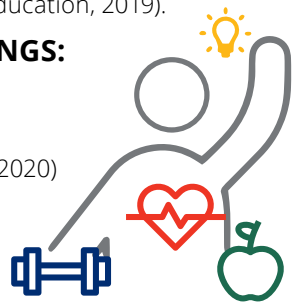
TENNESSEE RANKINGS:

38th overall Youth Mental Health
(Mental Health America, 2020)

39th overall child well-being*

48th in health*
*(Annie E. Casey Foundation, 2020)

Bottom 12 of states for children with a mental health disorder who received treatment
(EAB District Leadership Forum, 2020)



COVID-19 has created a perfect storm of factors that will almost certainly lead to a sharp increase in unreported cases of child abuse and neglect, as children are cut off from interactions with professionals and teachers, confined at home with caregivers and relatives, and families are feeling the stress of job loss and economic uncertainty. The nation's system of detecting abuse and neglect, which is heavily dependent on reports by teachers, doctors, and other professionals, is rendered almost completely powerless in this new situation as in-person and face-to-face interactions between children and professionals are being minimized by the stay-at-home orders issued by most states.

~Morgan Welch and Ron Haskins for the Brookings Institute (What COVID-19 means for America's child welfare system, 2020)

In most states and cities across the country, there is a severe shortage of mental health professionals. In TN, **there are acute shortages in school-based health related personnel.** (EAB District Leadership Forum, 2020)

60% Schools employ a **nurse full-time** in each school

35% **one certified psychologist** for every 1,000 students 🏆

43% Districts provide **mental health support** to staff

20% **one certified social worker** for every 1,500 students 🏆

(TN Dept. of Education, 2019)

🏆 **Districts met goals!**

25% of TN district leaders agree they are able to adequately support the mental health needs of students through periods of pandemic related school closure.



53% are prepared & able to address or check on the wellness & safety of students.



(TN Dept. of Education, 2020)

While the ecosystem of support entities in TN is tirelessly working to provide resources and services for stakeholders, we know that the work continues and there is an opportunity to approach solutions in an innovative way. Close collaboration must be ensured with state and local partners and leaders, who already have established relationships with members of their community. Coordination across all sectors can be streamlined, to promote efficiencies in the use and allocation of resources as well as establishing clear protocols to promote robust services while avoiding duplicity.

While this crisis is unlike anything most have experienced and requires innovative response efforts, there is an opportunity to create a lasting legacy of infrastructure which not only serves Tennesseans through the extent of the pandemic, but ensures consistent and perpetual access to requisite services long after the coronavirus has been contained.



For questions or comments, email K12.health@tn.gov.



The Initial COVID-19 Impact Report was developed by the Child Wellbeing Task Force, in collaboration with Tennessee Governor Bill Lee, Tennessee agencies, and national experts. This report was written utilizing available data at the time and will be updated as new data becomes available. National and Tennessee specific data are provided in the report to provide deeper contextual understanding.