



501 3rd Street, NW · 8th Floor
Washington, DC 20001
T 202.467.4900 · F 202.467.4949
childrenslawcenter.org

Testimony Before the District of Columbia Council

Committee on Health

October 28, 2020

Public Oversight Hearing:

“The Public Health Element of the District's Covid-19 Response”

Tami Weerasingha-Cote

Senior Policy Attorney

Children's Law Center

Introduction

Good morning, Chairman Gray and members of the Committee. My name is Tami Weerasingha-Cote. I am a Senior Policy Attorney at Children’s Law Center¹ and a resident of the District. I am submitting this testimony on behalf of Children’s Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children’s Law Center reaches 1 out of every 8 children in DC’s poorest neighborhoods – more than 5,000 children and families each year.

We work with many children and families in the District whose social and economic circumstances make them especially vulnerable to the direct and indirect impacts of the COVID-19 pandemic. Given this, I appreciate this opportunity to submit testimony regarding the public health element of the District’s response to the pandemic. This testimony will focus on the importance of addressing the behavioral health needs of children and families in DC as part of the COVID-19 response.

Although children appear to be at lower risk for severe COVID-19 infections based on the limited research to date,² fallout from the pandemic has given rise to significant negative behavioral health effects in children.^{3,4} A national survey found that 14% of parents with children age <18 reported worsening behavioral health for their children, while 27% of parents reported worsening mental health for themselves.⁵ Many caregivers are experiencing mental health issues, resulting from pandemic-related pressures such as

loss of income, housing insecurity, and childcare burdens, which can ultimately harm the parent-child relationship and have long-term behavioral implications for children.⁶ Early research has noted high rates of irritability, clinginess, distraction, and fear among children, as well as increases in substance use among adolescents.⁷ Considering that most mental health disorders begin in childhood,⁸ the psychological issues stemming from this pandemic can have lasting health and economic impacts on the DC population if the behavioral health needs of children and families are not adequately addressed in a timely manner. Thus, as DC continues to develop and implement its public health response to COVID-19, it is critical that this response includes appropriate, timely, and high-quality behavioral health services for all children in the District.

It is particularly important that the District's response plans consider the specific groups of children that may be more vulnerable to the psychosocial effects of the pandemic. A recent review identified that children with pre-existing mental and/or physical disabilities, as well as those in vulnerable socioeconomic contexts, were at higher risk for experiencing negative mental health effects during the pandemic.⁹

With respect to the latter, it should be noted that in DC, children in the Black and Latinx communities are bearing particularly heavy burdens right now. Their communities have been the hardest hit by both the pandemic and its economic fallout, exposing and aggravating years of structural racism and inequities. This is exemplified through inequities in access to behavioral health services. For example, data from the

2012–2015 National Survey on Drug Use and Health has demonstrated that adolescents in racial and ethnic minority groups with lower family income and with public health insurance were more likely to receive mental health services exclusively in school settings.¹⁰ Therefore, as school closures and quarantine prevent these children from accessing their sole source of professional mental health support, it is likely that their mental health will deteriorate. Further, as low-income families are experiencing deepening financial insecurities and reductions in vital social support during the pandemic, they are at greater risk for parental burnout.¹¹ Research suggests that parental burnout increases the likelihood of child abuse and neglect, which has been linked to short- and long-term psychological problems such as posttraumatic stress and anxiety.¹²

The shift to remote learning, closure of day care centers, social distancing and/or confinement to home has disrupted the routines of families, which particularly affects children with physical and mental disabilities.¹³ For example, children with visual or auditory impairments may not have necessary assistive technology to facilitate effective remote learning, which can lead to stress, frustration, and anxiety.¹⁴ Also, children with Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) might struggle with the lack of structure and socialization caused by the pandemic, which can contribute to a deterioration in their development.¹⁵ Experiencing negative emotions, as well as changes in eating and sleeping patterns, put children at a greater risk of a relapse of mental illness and can also exacerbate extant mental health issues.¹⁶

Over the eight months of the District's declared public health emergency, it has become increasingly critical to not overlook the behavioral health of children and families in planning the District's ongoing response to the pandemic. As part of its response, the District must ensure the continuation of programs that support the mental health and emotional well-being of children and families, including school-based behavioral health expansion, DC Mental Health Access in Pediatrics program ("DC MAP"), HealthySteps, and Healthy Futures.¹⁷ Existing (and forthcoming) disease containment restrictions may require adaptation of service delivery mechanisms within these programs, but the services offered through these programs should not be diminished or halted. In this regard, it is important for the DC DOH to prioritize collaboration with DC DBH to ensure that the behavioral health needs of children and families are being met. Beyond these programs, additional investment in the behavioral health system is required to provide the necessary continuum of behavioral health services to address the rising behavioral health issues in children. Such investments in behavioral health can circumvent lasting health and economic impacts for the District.

During the last budget cycle, the Mayor sought to cut over \$21 million in spending on community-based behavioral health services. These proposed cuts would have devastated our already fragile behavioral healthcare system, and we are grateful that the Council was able to restore much of this funding. But the system is still struggling to deal with the nearly \$9 million cut for this fiscal year that the Council was not able to restore.

As the Council weighs revisions to this year’s budget, we urge the Council not to consider further cuts to spending on behavioral health services. In these challenging times, we need more spending on behavioral health services, not less.

Conclusion

On behalf of CLC and the vulnerable children and families we represent, I ask this Committee and the Council to acknowledge the behavioral health needs of our children and commit to meeting these needs as part of the city’s COVID response. Thank you for the opportunity to submit this testimony. I welcome any questions the Committee may have.

¹ Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With nearly 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

² Sinha, Ian P., Rachel Harwood, Malcolm G. Semple, Daniel B. Hawcutt, Rebecca Thursfield, Omendra Narayan, Simon E. Kenny, Russell Viner, Simon Langton Hower, and Kevin W. Southern. ‘COVID-19 Infection in Children’. *The Lancet Respiratory Medicine* 8, no. 5 (1 May 2020): 446–47. [https://doi.org/10.1016/S2213-2600\(20\)30152-1](https://doi.org/10.1016/S2213-2600(20)30152-1).

³ Patrick, Stephen W., Laura E. Henkhaus, Joseph S. Zickafoose, Kim Lovell, Alese Halvorson, Sarah Loch, Mia Letterie, and Matthew M. Davis. ‘Well-Being of Parents and Children During the COVID-19 Pandemic: A National Survey’. *Pediatrics* 146, no. 4 (1 October 2020). <https://doi.org/10.1542/peds.2020-016824>.

⁴ Gassman-Pines, Anna, Elizabeth Oltmans Ananat, and John Fitz-Henley. ‘COVID-19 and Parent-Child Psychological Well-Being’. *Pediatrics* 146, no. 4 (1 October 2020). <https://doi.org/10.1542/peds.2020-007294>.

⁵ Patrick et al., p. 5.

⁶ Garfield, Rachel, and Priya Chidambaram. ‘Children’s Health and Well Being During the Coronavirus Pandemic’. KFF (blog), 24 September 2020. <https://www.kff.org/coronavirus-covid-19/issue-brief/childrens-health-and-well-being-during-the-coronavirus-pandemic/>.

⁷ *Id*, p. 7.

-
- ⁸ Golberstein E, Wen H, Miller BF. Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents. *JAMA Pediatr.* 2020;174(9):819–820. doi:10.1001/jamapediatrics.2020.1456
- ⁹ Marques de Miranda, Debora, Bruno da Silva Athanasio, Ana Cecília Sena Oliveira, and Ana Cristina Simoes-e-Silva. ‘How Is COVID-19 Pandemic Impacting Mental Health of Children and Adolescents?’ *International Journal of Disaster Risk Reduction* 51 (December 2020): 101845. <https://doi.org/10.1016/j.ijdrr.2020.101845>.
- ¹⁰ Ali, Mir M., Kristina West, Judith L. Teich, Sean Lynch, Ryan Mutter, and Joel Dubenitz. ‘Utilization of Mental Health Services in Educational Setting by Adolescents in the United States’. *Journal of School Health* 89, no. 5 (2019): 393–401. <https://doi.org/10.1111/josh.12753>.
- ¹¹ Griffith, Annette K. ‘Parental Burnout and Child Maltreatment During the COVID-19 Pandemic’. *Journal of Family Violence*, 23 June 2020. <https://doi.org/10.1007/s10896-020-00172-2>.
- ¹² *Id*, p. 3.
- ¹³ Patel, Khushboo. ‘Mental Health Implications of COVID-19 on Children with Disabilities’. *Asian Journal of Psychiatry* 54 (December 2020): 102273. <https://doi.org/10.1016/j.ajp.2020.102273>.
- ¹⁴ *Id*, p. 1.
- ¹⁵ Marques de Miranda et al., p. 5.
- ¹⁶ Griffith, p. 1,
- ¹⁷ For more information on these programs see Tami Weerasingha-Cote, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (October 22, 2020), available at: https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/Children%27s%20Law%20Center%20Testimony%20for%20Oct.%202022%2C%202020%20DBH%20Oversight%20Hearing_FINAL.pdf