

Impact of Closed Schools & the Cost of California's Zero Risk Policies

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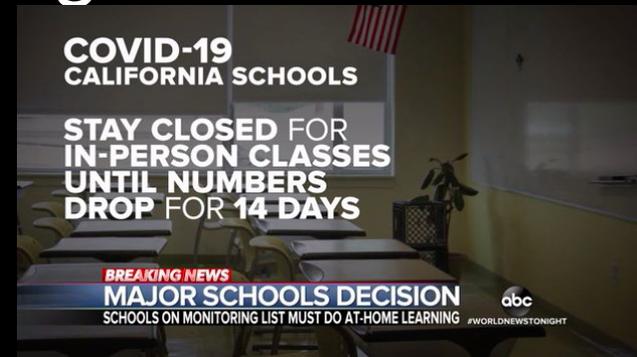
Why did we close our schools?

March 2020:

- We thought kids would be the primary drivers of COVID
- We thought kids would be at risk of severe illness
- We thought schools would be super spreaders
- We thought school closures would save thousands of lives
- We were wrong....

How long have we known that schools could open safely?

- June-August 2020: “Emerging consensus that children are not significant vectors” per California DPH
- Fall 2020: numerous observations of minimal school transmission -- Europe, Asia, NY, FL, CA
- December 2020: Mississippi study –in-person school protective against COVID infection
- January 2021: North Carolina, Wisconsin, Georgia studies -- safe return of K-12 *during* surges





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Updated Guidance from Expert Panel at Harvard, Brown, Tufts and Boston University, December 2020

“We can now recommend that schools be open even at the very high levels of spread we are now seeing, provided that they strictly implement strategies of infection control. ”

<https://globalepidemics.org/2020/12/18/schools-and-the-path-to-zero-strategies-for-pandemic-resilience-in-the-face-of-high-community-spread/>

CDC Data of Harm, November 2020

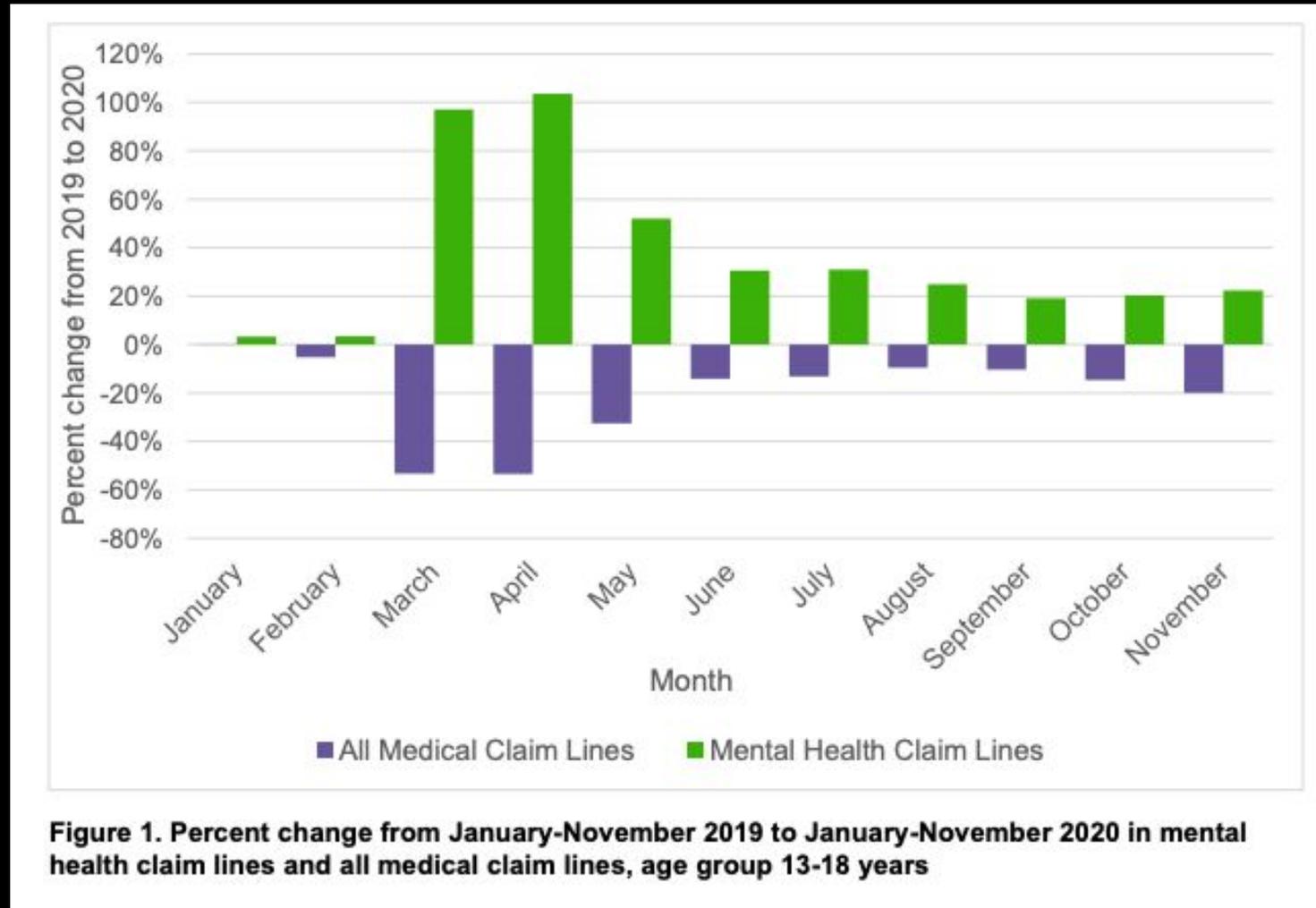
Sharp increases in ED visits for mental health reasons in 2020 (vs. 2019)

- Ages 5-11: ED visits for mental health reasons increased 24%
- Ages 12–17: ED visits for mental health reasons increased 31%

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

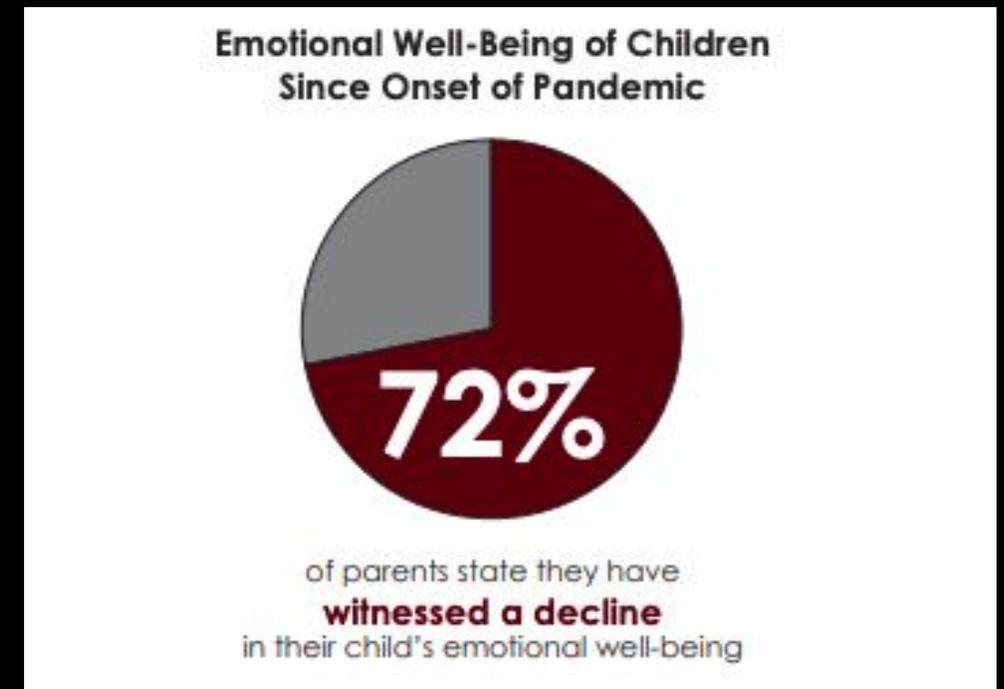
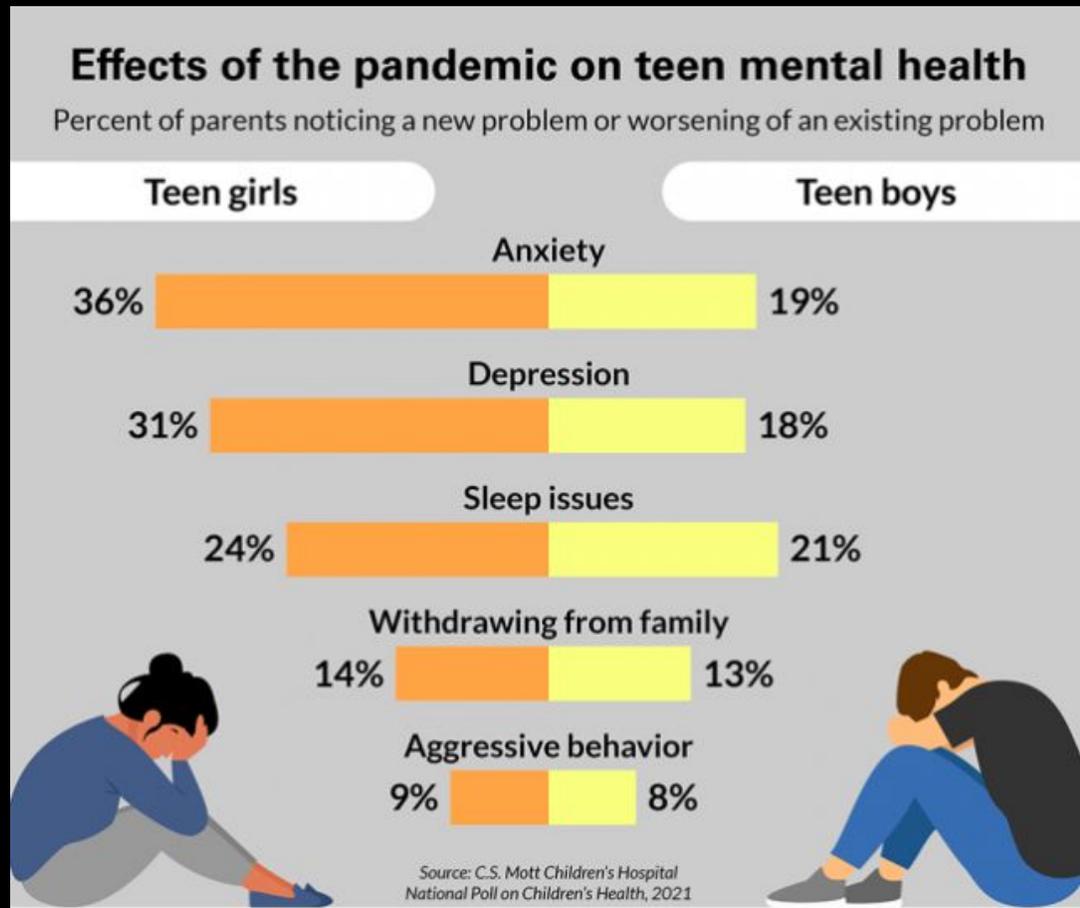


US Insurance Claims for Mental Health Visits, Ages 13-18, % increase over 2019

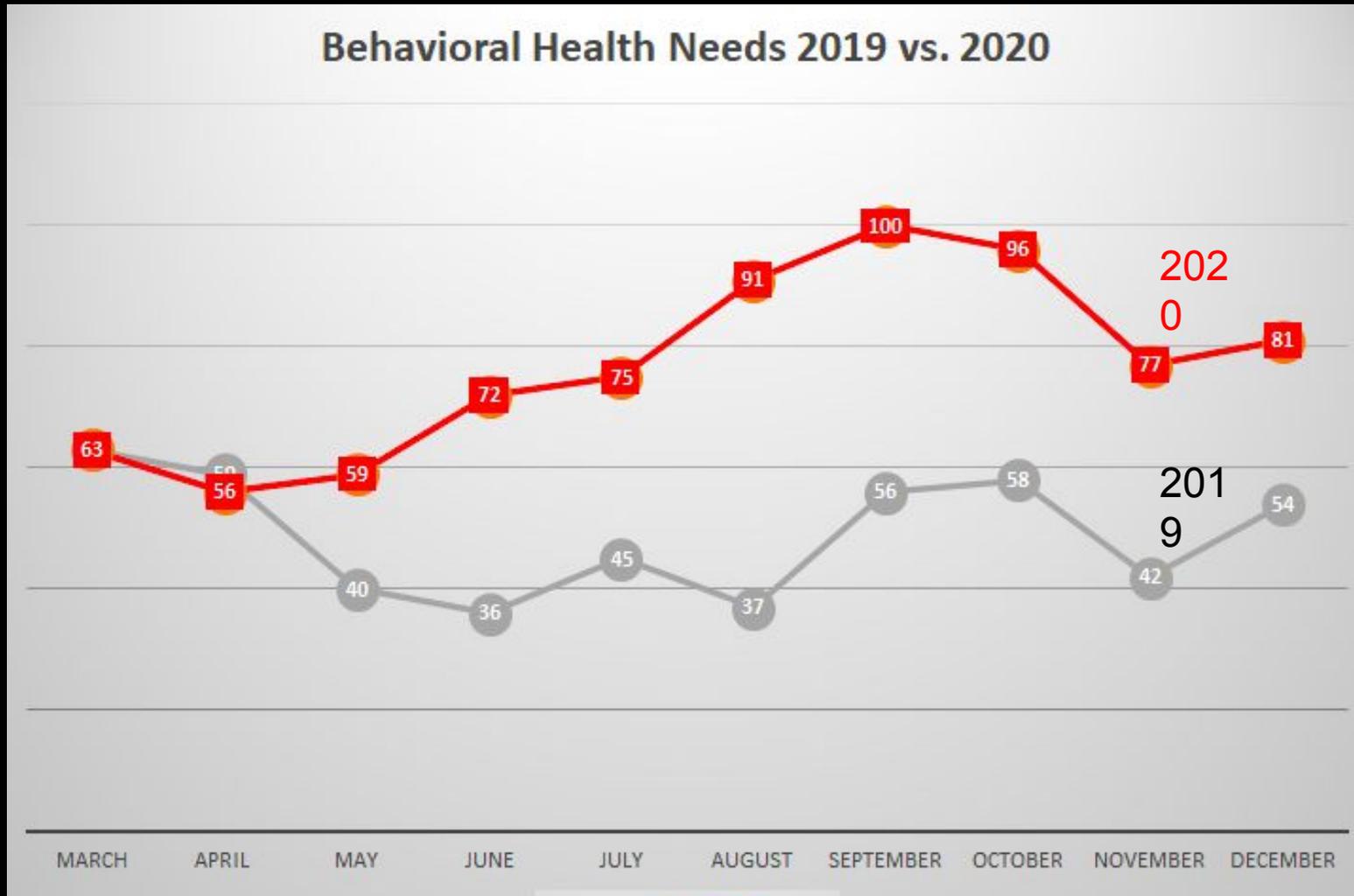


Source: The Impact of COVID-19 on Pediatric Mental Health: A Study of Private Health Care Claims

Deteriorating Teen Mental Health Nationwide



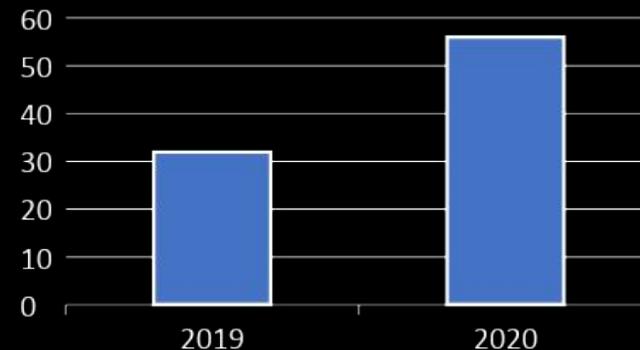
Increasing number of children requiring emergency mental health services, Children's Hospital of Oakland



75% increase in children requiring immediate hospitalization for mental health needs

- 2019: 32% of children needing emergency mental health services required immediate hospitalization
- 2020: 56% of children needing emergency mental health services required immediate hospitalization

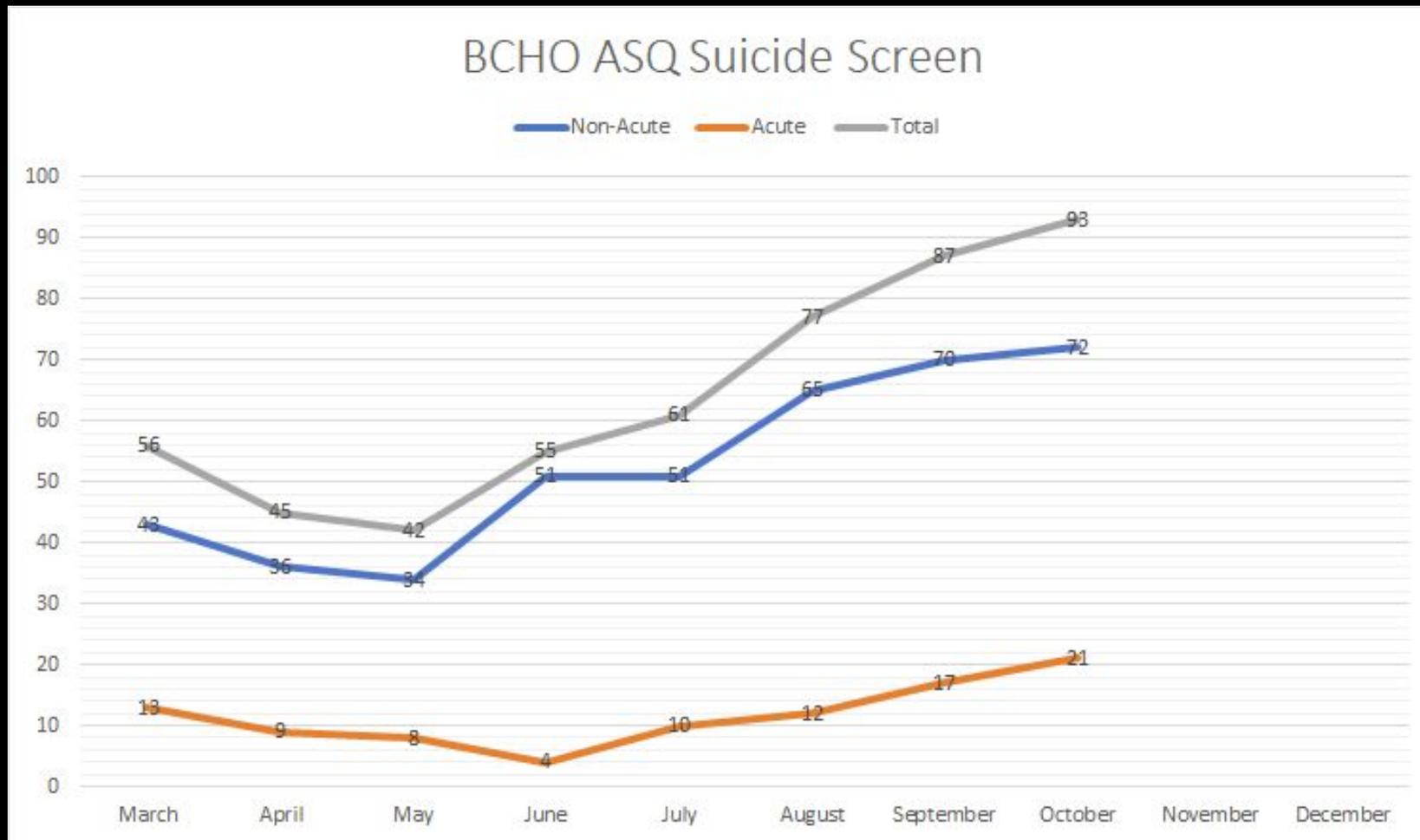
% Requiring Immediate Hospitalization
at Children's Hospital of Oakland



130% increase in number of children requiring hospitalization for eating disorders, UCSF Children's Hospital

- Average daily census of adolescents hospitalized for eating disorders
 - 2019 = 3.2
 - 2020 = 7.4

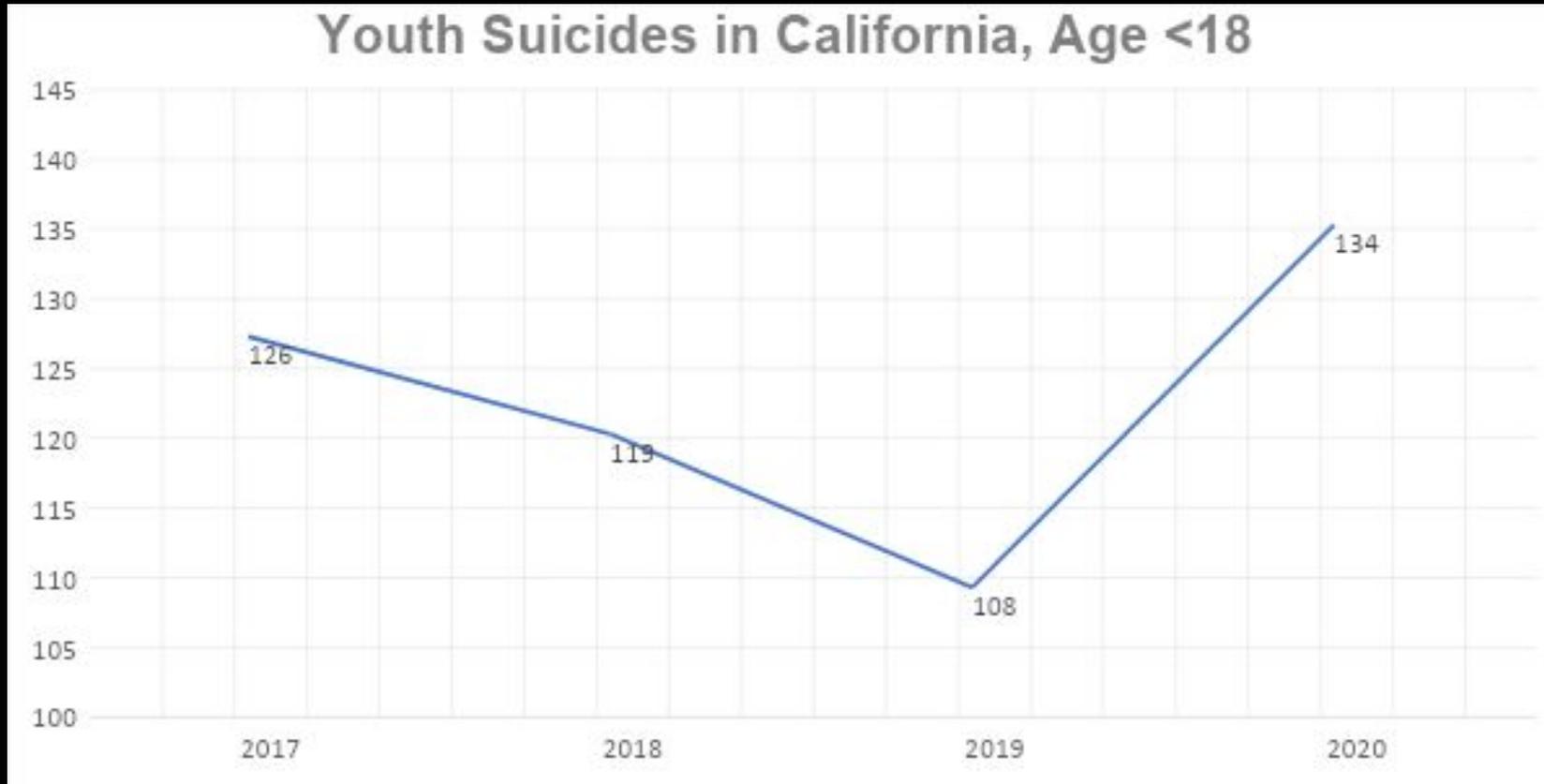
66% increase in number of suicidal adolescents in ER, Children's Hospital Oakland



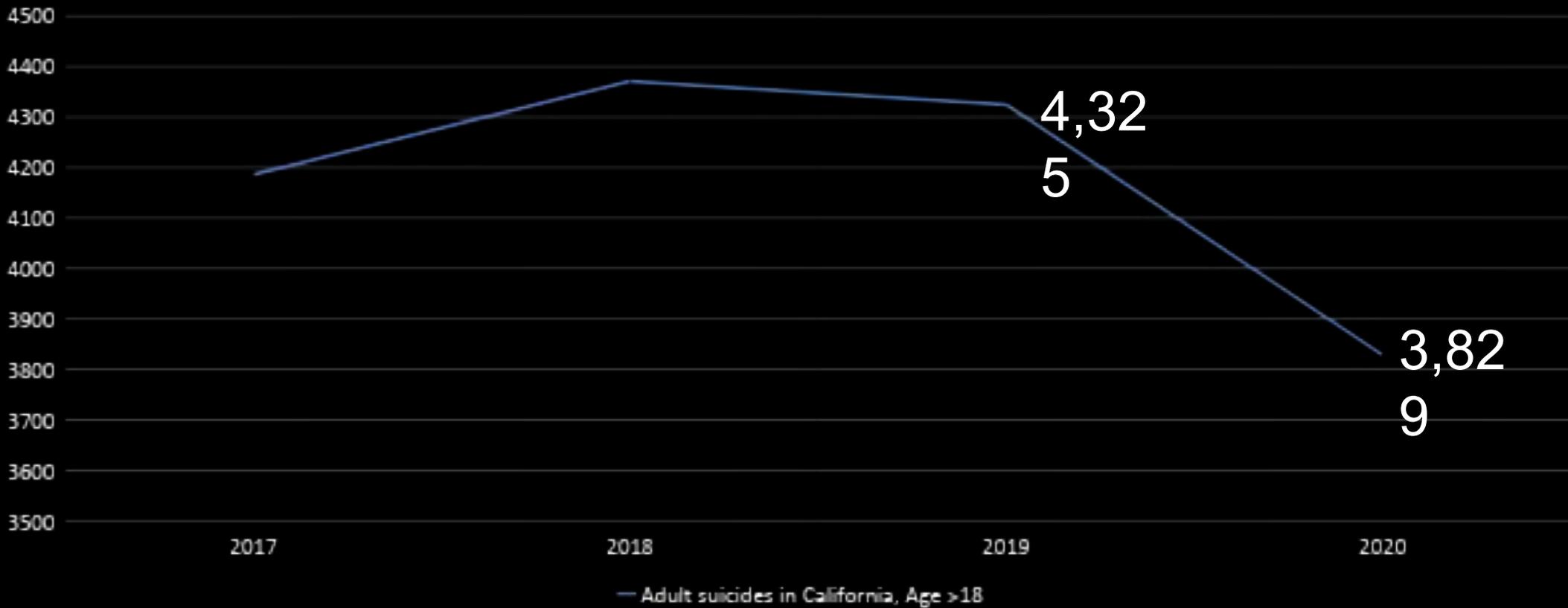
January 2021:
UCSF Children's Emergency
Department at Mission Bay had
the highest proportion of suicidal
children in ER on record (21%)

2020: Youth suicides in CA increased 24%

Total # Suicides Age <18	2017	2018	2019	2020
Number	126	119	108	134



2020: Adult suicides in CA dropped by 11%



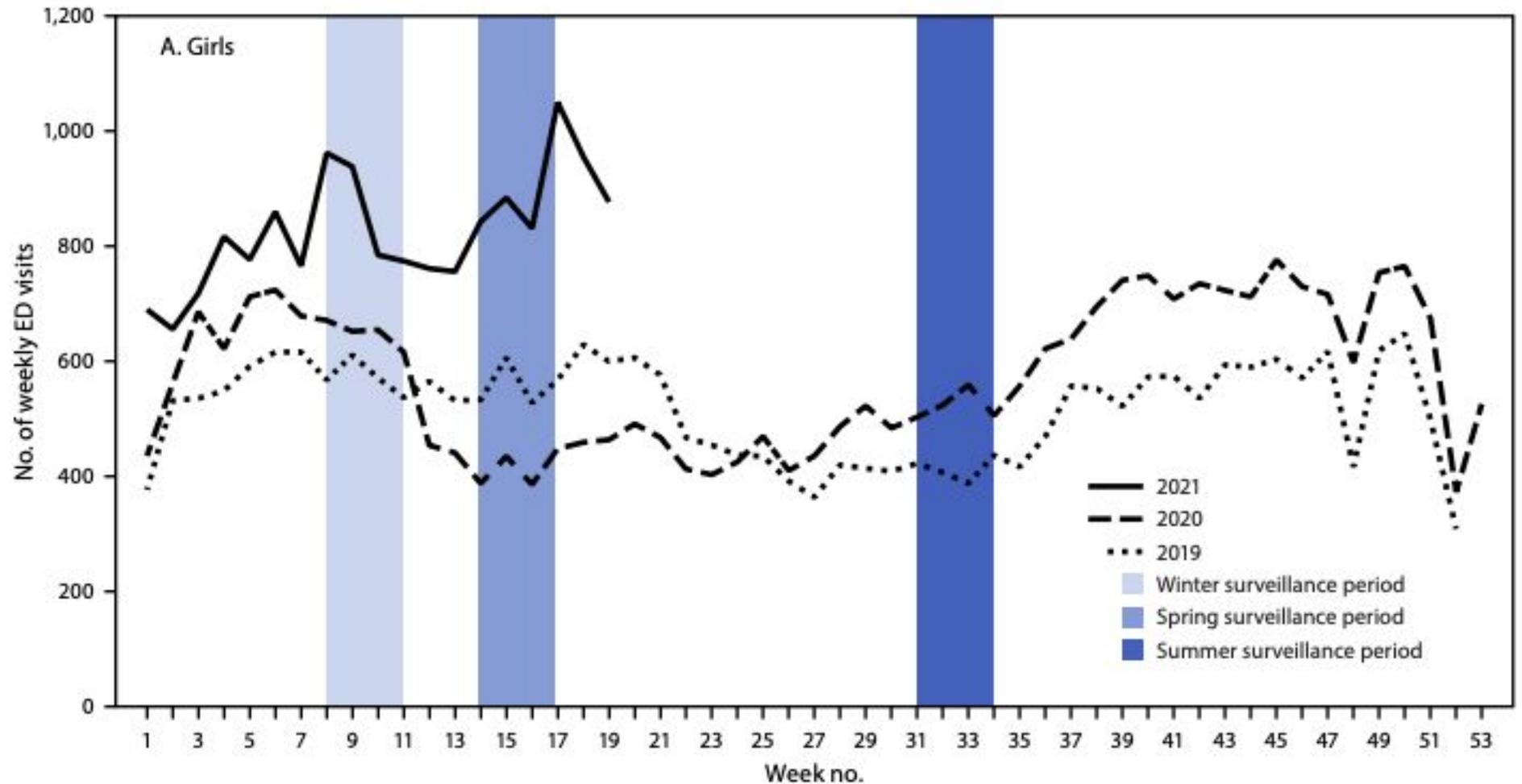
Why did suicide trends for children and adults differ during the pandemic?

Generic references to social stressors due to COVID do not explain discrepancy

Worsening mental health of children likely exacerbated by profound social isolation and loss of essential social supports traditionally provided by in-person school

CDC: ED visits for suicide attempts decreased for adults but increased for adolescent girls

FIGURE 1. Numbers of weekly emergency department visits* for suspected suicide attempts† among adolescents aged 12–17 years, by sex — National Syndromic Surveillance Program, United States, January 1, 2019–May 15, 2021



Emergency department visits for suspected suicide attempts among U.S. girls ages 12–17 have increased during the COVID-19 pandemic*

February–March 2021

51% ↑

From the same period in 2019

* After an initial drop
CDC.GOV

We must do better

- In-person school is fundamental for healthy childhood development
- Determinative for health, well being, life expectancy
- Regardless of cause of adolescent mental health crisis, the solution is the same
- Sacrificing the development and well being of our children for enhanced infection control was scientifically unnecessary and ethically unsound

