

The Impact of COVID-19 on Pediatric Mental Health

A Study of Private Healthcare Claims

By [FAIR Health](#)

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Summary

The COVID-19 pandemic has had a profound impact on mental health, particularly on that of young people. Defining the pediatric population as individuals aged 0-22 years, and focusing on the age groups 13-18 years and 19-22 years, FAIR Health studied the effects of the pandemic on US pediatric mental health. To do so, FAIR Health analyzed data from its database of over 32 billion private healthcare claim records, tracking month-by-month changes from January to November 2020 compared to the same months in 2019. Aspects of pediatric mental health investigated include overall mental health, intentional self-harm, overdoses and substance use disorders, top mental health diagnoses, reasons for emergency room visits and state-by-state variations. Among the key findings:

Overall Mental Health

- In March and April 2020, mental health claim lines¹ for individuals aged 13-18, as a percentage of all medical claim lines, approximately doubled over the same months in the previous year. All medical claim lines (including mental health claim lines), however, decreased by approximately half. That pattern of increased mental health claim lines and decreased medical claim lines continued through November 2020, though to a lesser extent.
- A similar pattern was seen for individuals aged 19-22, though the changes were smaller. In general, the age group 19-22 had mental health trends similar to but less pronounced than the age group 13-18.

Intentional Self-Harm

- Claim lines for intentional self-harm as a percentage of all medical claim lines in the 13-18 age group increased 90.71 percent in March 2020 compared to March 2019. The increase was even larger when comparing April 2020 to April 2019, nearly doubling (99.83 percent).
- Comparing August 2019 to August 2020 in the Northeast, for the age group 13-18, there was a 333.93 percent increase in intentional self-harm claim lines

as a percentage of all medical claim lines, a rate higher than that in any other region in any month studied for that age group.

Overdoses and Substance Use Disorders

- For the age group 13-18, claim lines for overdoses increased 94.91 percent as a percentage of all medical claim lines in March 2020 and 119.31 percent in April 2020 over the same months the year before. Claim lines for substance use disorders also increased as a percentage of all medical claim lines in March (64.64 percent) and April (62.69 percent) 2020 as compared to their corresponding months in 2019.

Mental Health Diagnoses

- For the age group 6-12, from spring to November 2020, claim lines for obsessive-compulsive disorder and tic disorders increased as a percentage of all medical claim lines from their levels in the corresponding months of 2019.
- For the age group 13-18, in April 2020, claim lines for generalized anxiety disorder increased 93.6 percent as a percentage of all medical claim lines over April 2019, while major depressive disorder claim lines increased 83.9 percent and adjustment disorder claim lines 89.7 percent.

Background

The COVID-19 pandemic has had a profound impact on mental health. Infection-related fears, bereavement, economic instability and social isolation have triggered and exacerbated mental health issues.² In a survey in March 2020, 45 percent of adults reported that worry and stress related to coronavirus had had a negative impact on their mental health.³ A study from the Centers for Disease Control and Prevention (CDC) found that the prevalence of depression reported in June 2020 was approximately four times that reported in the second quarter of 2019, and the prevalence of anxiety in June 2020 was about three times that in the second quarter of 2019.⁴ More than 42 percent of respondents surveyed by the US Census Bureau in December 2020 reported symptoms of anxiety or depression that month, a rise from 11 percent the previous year.⁵

Young people have proven especially vulnerable to mental health issues related to the COVID-19 pandemic. School closures, having to learn remotely and isolating from friends due to social distancing have been sources of stress and loneliness. A review of the international literature identified high rates of anxiety, depression and post-traumatic symptoms among children during the pandemic.⁶ A CDC report showed that, starting in April 2020, the proportion of mental health-related emergency room (ER) visits for children under 18 among all pediatric ER visits increased and stayed elevated through October.⁷ Students surveyed at seven American universities reported largely negative impacts of COVID-19 on their psychological health and lifestyle behaviors.⁸

In a series of studies, FAIR Health has examined several aspects of the COVID-19 pandemic. The first brief projected the costs to the nation of inpatient services for COVID-19 patients.⁹ The second brief analyzed the impact of COVID-19 on hospitals and health systems.¹⁰ The

third brief concerned the impact of COVID-19 on healthcare professionals.¹¹ The fourth brief profiled COVID-19 patients by illuminating some of their key characteristics.¹² The fifth brief examined the impact of the pandemic on dental services.¹³ A white paper analyzed risk factors for COVID-19 mortality.¹⁴

This white paper concerns the impact of the pandemic on pediatric mental health in the United States. FAIR Health herein defines the pediatric population as including individuals aged 0-22, in order to encompass not only children and adolescents but young adults. The focus of most of the study is on the age groups 13-18 (people in middle school and high school) and 19-22 (the college-age population).

To study the impact of the pandemic on these age groups, FAIR Health analyzed data from its database of over 32 billion private healthcare claim records, the nation's largest such repository, which is growing by over 2 billion claim records per year. The analysis includes month-by-month changes from January to November 2020 compared to the same months in 2019. Aspects of pediatric mental health investigated include overall mental health, intentional self-harm, overdoses and substance use disorders, top mental health diagnoses, reasons for ER visits and state-by-state variations. Among the factors considered are age group, gender, region and place of service (in particular, telehealth versus office visits).

FAIR Health is a national, independent nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information. The data in its repository of private healthcare claims are contributed by over 60 payors and third-party administrators who insure or process claims for private insurance plans. The dataset includes data on fully insured and employer self-funded plans and Medicare Advantage (Medicare Part C) enrollees, but not on uninsured individuals or those on Medicare Parts A, B and D.¹⁵ Those insured under other government programs, such as Medicaid, CHIP, and state and local government programs, are also not included.

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