



Voices of Child Health in Chicago REPORT

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REPORT HIGHLIGHTS

Nearly half of Chicago parents had talked with their child's primary care doctor about mental or behavioral health concerns they had for their child within the last 6 to 12 months.

Forty-four percent of young children experienced an increase in mental or behavioral health symptoms during the pandemic compared with before.

Compared with before the pandemic, Chicago children and adolescents are spending less time with friends in person, less time outside and less time being physically active, and they are spending more time using screens and connecting with peers virtually.

Youth Mental Health in Chicago During the COVID-19 Pandemic

Parents, clinicians and the public have been concerned about the impact of the pandemic on youth mental and behavioral health.^{1,2} Children and parents in the United States have reported worsening behavioral health since the pandemic started in March 2020.³ Here in Chicago, hospitals have reported that emergency department visits and hospitalizations for mental health concerns have increased substantially during the pandemic, as have requests for youth psychiatric services. Even before the COVID-19 pandemic, Chicago parents listed mental health issues as their top concerns for youth health for the past two years.^{4,5} Additionally, local data indicate that the number of mood and depressive disorder hospitalizations for youth and teens has been increasing over the last two decades.⁶

In this month's *Voices of Child Health in Chicago* report, we focus on access to mental and behavioral healthcare over the last year, mental health symptoms for youth, and the frequency with which children and adolescents participated in common activities during the pandemic compared with before the pandemic. We surveyed 1,505 Chicago parents from all 77 community areas in the city through the Parent Panel Survey from November 2020–February 2021.

Mental and behavioral health care during COVID-19

We asked parents of children between 0 and 17 years old if they had talked with their child's primary care provider about mental or behavioral health concerns for their child. Thirty-one percent of parents had talked about these concerns within the last 6 months and 17% had talked about these concerns within the last year. Together, this indicates that nearly half of Chicago parents had talked with their child's primary care doctor about a mental health concern for their child since the

Figure 1. Summary of the proportions of Chicago parents for each mental and behavioral health survey question

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48%

of parents had talked with their child's primary care provider about mental health concerns for their child in the last 6–12 months



24%

of parents said their child had used mental or behavioral health services in the last 6–12 months



18%

of parents said they could not get the mental or behavioral health services they wanted for their child

COVID-19 pandemic came to Chicago (Figure 1). Additionally, 24% of parents said they had used specialty mental or behavioral health services for their child within the last year.

In contrast, 18% of parents said there had been a time when they could not get specialty mental or behavioral health services that they wanted for their children.

We explored in more detail the reasons that parents were not able to access the mental and behavioral health services for their children. The most common reasons parents could not access care were that it was difficult to find a provider (52%), costs too much (44%) or they could not get an appointment in a timely fashion (40%). Additionally, 24% of parents who could not access mental or behavioral health care for their child said that they did not know where to go for these services and 10% could not get their child to go for services.

Overall, 23% of the younger children in surveyed households had experienced more tantrums or acting out compared with before the pandemic.

Mental health symptoms for young children

We also asked parents of younger children about behavioral and physical symptoms that can be connected to emotional distress. Specifically, we asked parents of children who were between 2 and 11 years old, “Is your child having any of the following symptoms more often than before the COVID-19 pandemic?” Overall, 23% of the younger children in surveyed households had experienced more tantrums or acting out compared with before the pandemic, 19% displayed more clinginess, 11% had more nightmares or other sleep disturbances, 8% had more headaches, 8% had more stomach pains, 6% had more bathroom accidents such as wetting the bed and 6% had more difficulty getting along with other kids.

In total, 44% of young children experienced at least one of these behavioral health symptoms more commonly during the pandemic than before (Figure 2). If we project that proportion of children experiencing symptoms onto the total population of children between 2–11 years old in Chicago⁷, that represents more than 70,000 preschool-age and elementary-age children suffering worse mental or

behavioral health symptoms. The proportion of children who experienced one or more symptoms did not differ by child race or ethnicity, but there was a difference by household income. Parents’ reports indicated that children in families with a higher household income (>400% of the federal poverty level [FPL]) were more likely to experience one of these symptoms more frequently than before (50%) than children in families with lower income (<100% FPL; 34%). In 2021, the FPL for a family of four is \$26,500.⁸

In future waves of the survey, we also will explore mental and behavioral health symptoms, such as symptoms of depression and anxiety, among youth 12 and older.

How has the pandemic changed how youth are spending their time?

During the pandemic, restrictions on social gatherings, cancellations of some youth activities and shifts to remote learning have changed the kinds of activities that children and adolescents are engaging in. To better understand how

Figure 2. Forty-four percent of Chicago children experienced an increase in at least one mental or behavioral health symptom during the pandemic compared with before the pandemic



their children’s activities have changed, we asked parents, “Compared to before the COVID-19 outbreak, how much is your child doing the following activities?” There were some activities that children were doing less frequently, such as spending time in-person with friends (80% doing this less), spending time outside (73%) and physical activity (50%) (Figure 3). There were other activities that children were doing more often such as educational screen time (58% doing this more), non-educational screen time (63%) and spending time with friends remotely (46%). Additionally, 26% of children were eating more than before the pandemic. These patterns of activity are cause for concern about the continued effects of the pandemic on youth mental health and physical health issues such as childhood obesity.

There were some differences in changes to youth activities by race/ethnicity and household income. For instance, non-Latinx White youth were the least likely to have a decrease in outside time during the pandemic compared with other youth (57% vs. 78–81%). Youth from households with low income were less likely to have an increase in screen time for both educational and non-educational purposes compared with children from middle and higher income households (45–49% vs. 61–68%).

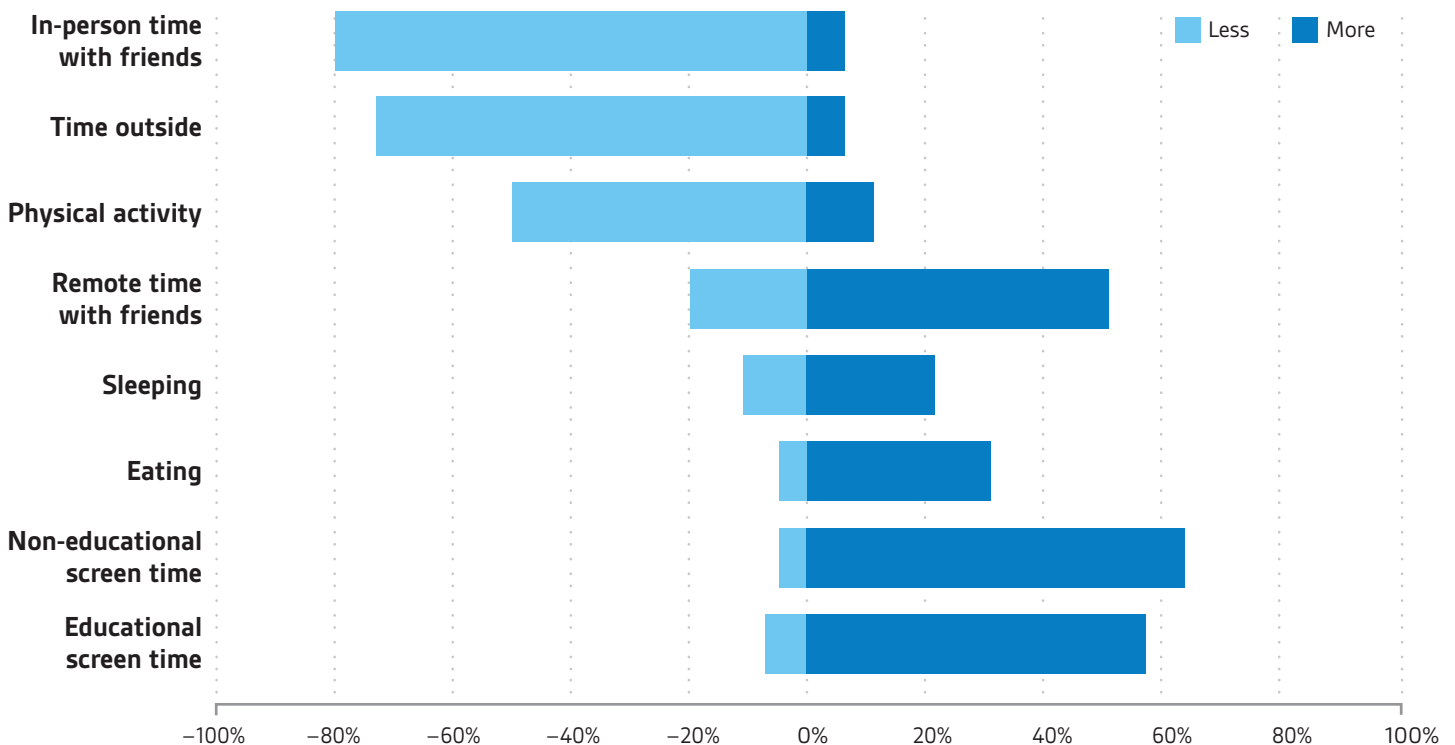
These patterns of activity are cause for concern about the continued effects of the pandemic on youth mental health and on physical health issues such as childhood obesity.

How are youth activities connected to mental health symptoms?

We also explored how changes to youth activities were associated with mental and behavioral health symptoms for young children.

Compared with children who did not experience any mental or behavioral health symptoms, children who experienced at least one mental or behavioral health symptom were more likely to be eating more than before the pandemic (32% vs. 20%), sleeping less (14% vs. 7%), getting less physical activity (56% vs. 45%) and spending more time using screens for educational purposes (70% vs. 61%) as well as non-educational purposes (63% vs. 55%).

Figure 3. Percentage of Chicago children who are doing each activity less or more than before the COVID-19 pandemic



Where can youth and families get help?

Supporting the mental and behavioral health of children and adolescents is critically important to mitigate the mental health effects of the pandemic on youth as the pandemic continues to unfold and throughout their lifetimes.⁹ Parents can reach out to their child's primary care provider to discuss any mental or behavioral health concerns they have for their child and to gain guidance about next steps that might include screening or referrals to specialists that can help. Parents can also reach out to their child's school administrator or school social worker to learn about resources that may be available through the school. Additionally, the [Center for Childhood Resilience](#)¹⁰ at Lurie Children's lists resources and guidance for parents and schools. Other resources include:

- **NAMI Chicago Helpline** (833.626.4244)
- The **Crisis Text Line** serves anyone in any type of crisis (text HOME to 741741)
- The **National Suicide Prevention Lifeline** provides 24-hour support for individuals dealing with suicide or suicidal thoughts over the phone (1.800.273.TALK) or [online](#).

Parents can also consider ways to model and practice strategies for coping with stress for their children. For example, parents can consider their own stress management techniques and consider inviting their children to join them (for example, taking walks, playing with pets or listening to and dancing to music.) Alternatively, parents can encourage children to identify what activities help them to feel relaxed or connected to friends and family, and build in time for those activities each day.

Children often take their cues on managing stressful situations from the adults around them; therefore the more actively adults practice their own stress management techniques, the more children will follow their lead. Even 10–20 minutes spent together doing an enjoyable task and labeling that as special family time can help children feel more relaxed and build the child's toolbox for managing difficult situations.

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HOW THE SURVEY WAS CONDUCTED

This report is based on data from the Voices of Child Health in Chicago Parent Panel Survey. The survey is administered to a sample of Chicago parents by Lurie Children's and NORC at the University of Chicago via internet and telephone. The survey is administered to parents three times each year. The data in this report was collected from November 2020 through February 2021. The sample consisted of 1,505 Chicago parents, step-parents, or guardians who had at least one child under 18 years of age in the household (referred to as "parents" in this report). Parents were from all 77 community areas in Chicago. The cumulative survey response rate was 3.6%. All analyses were conducted with statistical weighting so that the results are representative of the parent population in the City of Chicago during the time period of data collection. For more information about the VOCHIC Parent Panel Survey, visit [luriechildrens.org/ParentPanel](#) and our page on Open Science Framework at [https://osf.io/cjz82/](#).

SUGGESTED CITATION

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