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Mental Health Challenges for Children and Youth During the COVID-19 Pandemic: An Occupational Therapy Perspective

Megan McKim, MOT, OTR/L
Behavioral Health Clinical Manager
Nationwide Children's Hospital
Columbus, Ohio

Lindy L. Weaver, PhD, MOT, OTR/L
Assistant Professor
The Ohio State University
Columbus, Ohio

Madison Sternberg, OTD, OTR/L
Behavioral Health Occupational Therapist
Nationwide Children's Hospital
Columbus, Ohio

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ABSTRACT

The number of children and adolescents in the United States experiencing a mental or behavioral health disorder has been consistently climbing for several decades (Whitney & Peterson, 2019). Although the COVID-19 pandemic remains an ongoing and evolving situation, early data trends indicate that the state of pediatric mental health in our country has further worsened as the pandemic has progressed (Mental Health America [MHA], 2020). Without consistent access to school programming, prosocial activities, mood-stabilizing routines, and other key protective factors, children and youth are experiencing high degrees of occupational disruption that can be inextricably linked to the decline in their mental health and well-being.

Additionally, there are clear personal, environmental, and client factors that may increase a youth's risk of experiencing poor mental or behavioral health outcomes during the COVID-19 pandemic. Through our distinct skill set and holistic approach, occupational therapy practitioners are well poised to meet the needs of youth experiencing or at heightened risk for developing mental and behavioral health pathology, including depression, anxiety, suicidality, and self-injurious behaviors.

LEARNING OBJECTIVES

After reading this article, you should be able to:

1. Describe emerging trends in pediatric anxiety, depression, self-harm, and suicidality before and during the COVID-19 pandemic
2. Distinguish key areas of occupations, resources, and routines that have been disrupted for youth during the COVID-19 pandemic as well as examine the potential effects of these disruptions on pediatric mental and behavioral health and quality of life
3. Recognize personal, environmental, and client factors that may increase a youth's risk profile for mental or behavioral health decompensation
4. Identify distinct roles that occupational therapy practitioners can fulfill to promote occupational well-being and enhance functioning across different tiers of service

INTRODUCTION

About 1 in 5 children live with at least one diagnosable mental or behavioral health condition, with the onset of half of these conditions occurring by age 14 years (On Our Sleeves, n.d.). With an estimated 4.4 million children diagnosed with an anxiety disorder and an estimated 1.9 million children diagnosed with a depressive disorder in the United States, anxiety and depression are two of

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the most frequently diagnosed pediatric mental illnesses in the country. Additionally, diagnoses of pediatric anxiety and depression have consistently increased over the past decade (Centers for Disease Control and Prevention [CDC], 2021).

Children experiencing severe or untreated anxiety or depression are at a heightened risk for attempting suicide or engaging in self-injurious behaviors (SIB). Suicidality and SIB have also become increasingly prevalent among children and adolescents. Youth suicide has also been steadily increasing over time, with suicide now representing the second leading cause of death for children nationwide (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020).

Although more than 10% of children in the United States are diagnosed with an anxiety and/or depressive disorder, mental and behavioral health services are often an overlooked and under-funded component of pediatric health care (CDC, 2021; Racine et al., 2020). Despite clear evidence of better outcomes with early screening, diagnosis, and intervention, there is a significant shortage of pediatric mental and behavioral health professionals and care programs nationwide (CDC, 2021). Fewer than half of children and adolescents in need of mental health care reportedly receive adequate services, with an average delay between onset of symptoms and initial intervention of 8 to 10 years (On Our Sleeves, n.d.). In essence, limited access to high-quality, evidence-based pediatric mental and behavioral health care is a baseline challenge within our national health care system predating the COVID-19 pandemic.

With an estimated 2% of occupational therapy practitioners operating within mental health as their primary work setting, and an even smaller proportion of these practitioners serving pediatric populations, there is a potential disconnect between those who are in need of our services and those who receive them (American Occupational Therapy Association [AOTA], 2019).

Limited research has been conducted on the effect of the pandemic on the mental and behavioral health of children (Racine et al., 2020), but early trends in existing literature and published reports indicate that the COVID-19 pandemic has negatively affected the mental health of young people. For example, youth ages 11 to 17 years have been more likely than those of any other age group to report moderate to severe symptoms of anxiety or depression during the COVID-19 pandemic (SAMHSA, 2020). More than half this age group also reported experiencing suicidal ideation (SI) or self-harm ideation (SHI) at some time during the pandemic, reflecting the highest rates of these thoughts among all age groups; SI, SHI, and suicide attempts are, for the first time, higher among youth than adults.

Moreover, youth who are LGBTQIA+, Black, Native American, and multiracial experienced the sharpest increases in rates of suicidal ideation (MHA, 2020; SAMHSA, 2020). Record percentages of youth are seeking help for their mental health; this is occurring during a period when many mental health programs and services have been disrupted. Many children and their families are turning to emergency-level services and crisis care, as these have remained largely available, while many out-

patient and community-level services have been more difficult to access during the pandemic. This trend has resulted in sharp increases in Emergency Department visit rates and hospitalizations for pediatric mental health crises compared with previous years. Emergency Department visits tend to be more costly for families and represent a more restrictive level of care for the child compared with outpatient or early intervention alternatives (Leeb et al., 2020).

Additionally, historical research shows that the mental and behavioral health implications of society-level disasters, such as a pandemic, often extend far beyond the duration of the catastrophic event. Young people in particular are more susceptible to developing posttraumatic symptoms after disasters compared with adult populations, leading researchers to anticipate substantial long-term mental health consequences for many children and adolescents after the COVID-19 pandemic has ended (de Miranda et al., 2020).

Although most children and adolescents who contract COVID-19 are significantly less likely to experience severe illness or complications than older adults, they are at a substantially increased risk of developing poor mental health outcomes because of the effects of the virus on their daily activities, sense of normalcy, and quality of life (Racine et al., 2020). The effects of a mental illness itself on a youth's life and developmental trajectory can be significant, with common impairments including decreases in daily living skills, academic failure, poor social and self-regulation skills, and suicidal or self-harm behaviors. Thus, the mental health risk factors associated with the pandemic pose the potential to significantly affect young people experiencing mental health challenges.

AOTA (n.d.) has identified mental health as a key practice area for the 21st century and asserts occupational therapy's distinct value in mental health promotion, prevention, and intervention. With the negative effects of the COVID-19 pandemic growing increasingly apparent, occupational therapy practitioners can play a pivotal role in addressing the growing needs of children and adolescents experiencing mental and behavioral health challenges.

OCCUPATIONAL, RESOURCE, AND ROUTINE DISRUPTIONS ACROSS ENVIRONMENTS

Existing evidence has highlighted that the total impact of the COVID-19 pandemic on the mental health of a youth often depends on a variety of complex and interrelated factors. Reduced access to mental and behavioral health resources are key drivers of worsening mental and behavioral health among youth. Additionally, disruptions to functional daily routines that decrease mood lability and provide a sense of control, normalcy, and predictability contribute to poor mental and behavioral health outcomes for young people (de Miranda et al., 2020).

Central to these routines are occupations, or the everyday activities that we do as individuals, in families, and with communities to purposefully occupy our time and bring meaning to our lives. Occupations are central to an individual's health, identity, and sense of competence (AOTA, 2020).

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With the disturbance of functional routines, children and adolescents have come to experience a significant degree of *occupational disruption*, which is defined as a temporary disturbance to their usual pattern of occupational performance and occupational engagement across environments (AOTA, 2020). By examining commonly experienced forms of disruption occurring across occupations, resources, and routines that support positive mental and behavioral health, occupational therapy practitioners can better understand and address the needs of youth and adolescents during and after the COVID-19 pandemic.

SCHOOL DISRUPTIONS

For many youth, traditional, in-person school programs meet a plethora of needs that extend far beyond the parameters of academic learning. Schools can provide a sense of structure, predictability, and routine, which can be stabilizing during an otherwise chaotic time. With nearly 93% of homes with school-age children reporting engaging in some form of distance learning during the pandemic (U.S. Census Bureau, 2020), students and families who rely on schools to provide access to opportunities to engage in meaningful occupations and meet their basic daily needs have been greatly affected.

For example, more than 11 million children in the United States live in food-insecure homes, and 22 million school-age children receive a free or reduced-price lunch during the school year (Lentz & Lakritz, 2020). With reduced access to in-person school programs, many of these families have been presented with the challenge of reduced access to school-based nutritional assistance programs. In addition to nutrition, many students and families rely on school-based counseling and mental health services. With an estimated 70% to 80% of children who receive mental health services doing so within a school-based setting, disruptions in access to school services can be inherently linked to disruptions in access to mental health care for youth (Center for Health and Health Care in Schools, 2012).

Similarly, by providing access to organized sports, physical education, and playgrounds, school programs are also often a key source of integrating physical activity into the routines of children and adolescents. Through other extra curriculars and prosocial classroom settings, students are also provided with key opportunities to develop social-emotional skills, executive functioning skills, nurturing relationships with adults, and healthy relationships with peers. Without structured opportunities for physical and prosocial engagement, school-age children are less likely and able to effectively self-direct and independently manage these activities.

There are also fewer community options for physical activity, as use of recreation centers, playgrounds, parks, exercise groups, and informal play gatherings has diminished due to safety concerns during the pandemic. As a result, fewer school-age children reportedly engage in regular exercise and are more likely to participate in sedentary and solitary leisure outlets.

With the added layer of physical distancing to reduce risk of COVID-19 transmission, students are at increased risk of

social isolation and disconnection from peers (de Miranda et al., 2020; Triggler, 2021). With food insecurity, lack of access to mental health services, and lack of prosocial or physical activity as active risk factors for poor mental health outcomes in youth, the potential impact of disruptions to school operations is significant (de Miranda et al., 2020; Melchior et al., 2012).

There are also numerous challenges to supporting participation in academic components of formal education via alternative formats, such as the distance learning or hybrid models that have become prevalent during the COVID-19 pandemic. Research regarding distance learning and teaching demonstrates that these models are considered effective only when students have reliable and consistent access to the resources needed as well as consistent participation (García & Weiss, 2020).

Youth from lower socioeconomic families or those who live in rural areas have had greater difficulty than other populations in shifting to virtual learning, as they are less likely to have reliable access to internet connections or other necessary technology (de Miranda et al., 2020; SAMHSA, 2020). Additionally, experts are concerned more generally about increases in chronic absenteeism, reduced motivation, and overall student disengagement (García & Weiss, 2020). An estimated 37% of students age 14 years or older with a mental health condition dropped out of school before the COVID-19 pandemic (National Alliance on Mental Illness [NAMI], n.d.). With rates of anxiety, depression, suicidality, and self-harm increasing in youth during the COVID-19 pandemic, experts worry that the rate of youth drop out will continue to climb, especially for those experiencing mental illness (García & Weiss, 2020).

The U.S. Department of Education is currently supporting a return to in-person learning across the country, and many schools have already begun reopening. Acknowledgement of the downsides to their children not being in the traditional educational setting are nearly universal among parents, but there are notable racial and ethnic differences in parent perspectives and concerns related to in-person learning. Specifically, in a national survey of 858 parents with school-aged children living in their home, Black and Hispanic parents expressed the highest hesitancy for return to in-person learning, and Hispanic parents and parents from other minority racial/ethnic groups expressed more concerns related to COVID-19—mitigation compliance of students within schools than did White parents (Gilbert et al., 2020). For example, 92.6% of Black parents were “very or somewhat concerned about their child bringing home COVID-19 from school” versus 84.5% of White parents.

Given that there is a disproportionate risk of hospitalization and death because of COVID-19 among racial and ethnic minority groups (Gilbert et al., 2020), these parental hesitations and concerns make sense, yet the resulting isolation may further affect the mental health of these young people and their families during this pandemic.

HOME DISRUPTIONS

Expectations and typical routines within the home environment have also changed dramatically for many youth during

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the COVID-19 pandemic. There have been stark decreases in activity outside of the home, and overall structure has declined in many households. For many youth, this has led to increases in behaviors and routines linked with poor mental health outcomes, such as increased screen time and dysregulated sleep (de Miranda et al., 2020). It has been estimated that the daily screen time of the average youth has increased by approximately 50% from pre-pandemic measures (Fischer & Harding McGill, 2021). Additionally, screen time and internet access have been less directly supervised during the COVID-19 pandemic as parents work from home, leaving youth more susceptible to engaging in high-risk or inappropriate online behaviors (de Miranda et al., 2020).

In addition to increased screen time, children and adolescents are observed to be experiencing disruptions in their natural circadian rhythms, often associated with poor sleep hygiene behaviors such as increased electronics use, daytime napping, and atypical sleep-wake times (de Miranda et al., 2020).

Although the involvement of caregivers and children in establishing home activities and routine helps support healthy structure, autonomy, and concrete expectations for young people, caregivers are also struggling to manage new expectations and demands within their environment. Many caregivers working from their home environments are struggling to meet their job demands while providing direct support and structure for their children. Other caregivers are struggling with the need to balance returning to work in person with adequately supervising their child or finding quality and affordable childcare.

Additionally, parents from racial and ethnic minority groups are more likely to be represented in essential workplaces such as health care settings, farms, factories, stores, and transportation sites (U.S. Bureau of Labor Statistics, 2019), which increases the likelihood they will need to be out of the home for work, not have paid sick days, and face increased exposure to COVID-19 (García & Weiss, 2020), all of which can add to home and parenting stress. Additionally, because of higher unemployment rates due to the pandemic, particularly among women, many families are facing the difficulties of eviction, homelessness, or shared housing, further disrupting the home and familial environment. Research also notes increased parental guilt and stress related to balancing work demands with creating functional routines for their children, with parents sometimes using increased screen time to keep their kids occupied (de Miranda et al., 2020; Leonhardt, 2020).

Being at home more may increase opportunities for family bonding, but it can also increase risk of caregiver fatigue and severity of family conflict and discord. Increased periods of caregiver stress and economic hardship, which are highly present during the COVID-19 pandemic, have been historically linked with other risks that directly correlate with poor mental and behavioral health outcomes for youth, such as parental substance use, neglect, and abuse and maltreatment (Lefebvre et al., 2017).

COMMUNITY DISRUPTIONS

Many key community-based services, resources, and purposeful occupations have also been disrupted for children and adolescents during the COVID-19 pandemic. Preferred community activities and prosocial behavior are tied to increased feelings of social belonging. Physical distancing and limitations on community supports and activities can be particularly detrimental to LGBTQIA+ youth, who often rely on others outside of their homes to foster positive mental health, receive social support, and cultivate their sense of self and connection to others who love and support who they are. With LGBTQ+ youth experiencing depression, anxiety, and suicidality at higher rates than their peers (Russell & Fish, 2016), and with many experiencing family rejection, community support can be critical to their health and survival.

In fact, many LGBTQ+ young people have been forced into lockdown and isolation with family members who reject or do not support their true selves. This can result in feelings of fear, guilt, shame, and worry for their safety (Neighmond, 2020), increasing the risk of mental health challenges. With decreased opportunities for social participation and meaningful connection, feelings of isolation, disengagement, and loneliness often rise or intensify (de Miranda et al., 2020) among all youth. Particularly for LGBTQ+ youth, social connectedness can serve as a protective factor against suicidality.

In addition to lack of community, children and adolescents are grieving the loss of opportunities to celebrate important milestones in person (CDC, 2021). Significant life events, such as visiting grandparents; holding extended birthday and family celebrations; taking trips; playing in sports leagues; and participating in dance recitals have been cancelled or significantly adjusted to reduce the risk of COVID-19 infection. With the need to socially distance to reduce the risk of infection, disconnection from these types of valued social relationships can contribute to poor mental health outcomes for affected youth (de Miranda et al., 2020).

One of the most powerful and prominent factors currently affecting mental health is racism. It is well established that racism affects the health and opportunity of young people, with research showing links between racism and birth disparities, mental health problems, and chronic disease among children and adolescents, and even into adulthood (Trent et al., 2019). Among other events of recent years, in May 2020, amid the throes of the pandemic, the death of a Black man named George Floyd at the hands of a police officer in Minneapolis sparked a national uprising and call for racial justice. In addition, anti-Asian hate crimes increased by almost 150% in 2020, and these crimes have been noted across many large U.S. cities. As national conversations have focused on these issues and protests for racial justice have increased in person and across social media, not only are young people of color experiencing everyday racism and the disparities of the COVID-19 health crisis, they are also being repeatedly exposed to stories of trauma, death, and inequity related to race. Being placed under this type of prolonged chronic stress increases the risk of mental illness, chronic disease, and posttraumatic stress symptoms (Trent et al., 2019).

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Additionally, feelings of exclusion and targeted hate within one's community, especially during a pandemic when support is needed most, can only heighten the risks young people of color face when trying to maintain mental health and wellness.

All this is occurring at a time when more youth are seeking services than ever before (Leeb et al., 2020) for unprecedented stressors and needs. Yet, many community-based mental health services have also been disrupted during the COVID-19 pandemic. While many service providers have shifted to offer virtual treatment, this type of service is not accessible or ideal for meeting the needs of all youth. For many communities, such as rural regions with limitations in the ability to effectively access reliable internet connections or those areas already facing a shortage of mental health care providers before the pandemic, gaps in services continue to grow (SAMHSA, 2020). With access to mental health services and early intervention after symptomatology is identified presenting as key predictors of positive mental health, these disruptions have the potential to increase symptoms of common mental health disorders, such as anxiety and depression, in youth during the COVID-19 pandemic.

WAYS TO SUPPORT THE MENTAL HEALTH AND WELL-BEING OF CHILDREN AND YOUTH

Occupational therapy practitioners are trained to holistically assess and provide interventions related to the occupations, contexts, environments, performance patterns and skills, and personal factors of persons, groups, and populations (AOTA, 2020). Drawing on the public health tiers may be a useful approach for occupational therapy practitioners to conceptualize the mental health needs of the young people they serve and to see their role in being able to support them, regardless of their practice setting. Thus, we have distinct value in assessing and providing mental health supports and services that enhance occupational functioning and quality of life for youth experiencing or at heightened risk of developing pathology in the context of the ongoing COVID-19 pandemic.

Mental Health Promotion

Promoting positive mental health across whole communities in the form of protective efforts can benefit young people during this pandemic. These Tier 1, or universal, efforts benefit all youth, regardless of whether they are specifically challenged with mental or behavioral health pathology. In a promotional role, occupational therapy practitioners can bolster the personal strengths, resources, and skills of all youth necessary for effective occupational engagement (Bazyk, 2011). Because it appears that COVID-19 has disrupted the occupations, routines, and roles of nearly all youth, community- and population-based mental health promotional efforts are warranted. The following examples outline ways we can provide mental health promotion through schools and community settings.

School

- Collaborate with school personnel, such as a school counselor or psychologist, to promote mental health literacy across

staff and students through structured events and/or tangible activities such as social groups or support groups.

- Provide school-wide educational in-services to support staff's understanding of child and adolescent mental health development, sensory processing, social-emotional learning, and positive behavioral interventions and supports (Bazyk, 2011).
- Collaborate with and support school personnel in modifying educational activities, expectations, and environments to support optimal learning in the context of varying learning platforms and schedules evoked by COVID-19.
- Engage in efforts to increase access to food through the school and other community resources.
- Advocate for internet access or for occupational therapy activities that can be done offline.
- Create opportunities to educate families on in-person practices and/or creating space to support and listen to families' needs regarding in-person learning concerns.

Community

- Provide community-wide educational and consultative services to ensure youth are provided with COVID-19–safe opportunities for leisure, social participation, and meaningful occupational engagement.
- Educate caregivers, community leaders, volunteer workers, coaches, and mentors on the value of structured routines, daily leisure engagement, and ongoing safe socialization.
- Educate community workers not only on COVID-19's impact on pediatric mental and behavioral health, but also on various ways to engage youth via virtual platforms and activities, expanding their knowledge of available resources.

MENTAL HEALTH CHALLENGE PREVENTION

Occupational therapy can seek to prevent mental and behavioral health challenges by engaging at-risk youth in targeted interventions. These Tier 2, preventative interventions target early delivery of services to youth at risk for mental or behavioral health challenges to support sustained occupational engagement and to decrease the likelihood of mental illness and occupational disruption. Occupational therapy prevention efforts must consider occupational justice and deprivation concerns, as at-risk youth often lack access to occupation-based resources and opportunities (Bazyk, 2011).

The following are several ways we can provide preventive supports to young people and their families across schools and several community settings.

School

- Increase physical activities vs. solely tabletop activities during online or in-person sessions.
- Prioritize activities and interventions focused on social-emotional skills, relationships, and wellness, or create resource lists/ideas for children and families.
- Create tangible occupational therapy kits for families to use items at home.

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- Conduct regular check-ins via phone or online that focus on how students are doing.
- Collaborate with school psychologists and social workers to implement mental health screens that intentionally identify youth in need of higher-level services.
- Consult with teachers to modify educational tasks, environments, and routines for specified at-risk students. For example, occupational therapists (OTs) can collaborate with at-risk students and relevant staff to initiate the delivery of 504 plans to school-based modifications for effective engagement (Bazyk, 2011).
- Apply goals that facilitate organization, attention to task, and time management strategies.

CONCLUSION

Before the onset of the COVID-19 pandemic, the state of mental health and mental health care for children and youth was challenging. With as many as 20% to 25% of young people meeting criteria for a diagnosable mental illness during their childhoods and ever-evolving social, political, technological, and economic issues that can harm positive mental health development, the serious need to support and focus on young people was already present. The pandemic and all its troubling effects on the school, home, and community life of young people only increased the need to find creative and thoughtful ways to serve and support the mental health needs of children and adolescents. Occupational therapy practitioners should be screening for mental health challenges and risk factors in all the young people they work with, and engage with children and families to prioritize their mental health needs. Within this context, occupational therapy practitioners should specifically focus attention and care on the needs of their young clients who are most vulnerable to the risks and effects of COVID-19 illness and everyday life changes because of the pandemic.

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Final Exam

Article Code CEA0621

Mental Health Challenges for Children and Youth During the COVID-19 Pandemic: An Occupational Therapy Perspective

To receive CE credit, exam must be completed by June 30, 2024

Learning Level: Intermediate

Target Audience: Occupational therapists and occupational therapy assistants

Content Focus: Occupational Therapy Domain and Process; Professional Issues

1. **What percentage of children in the United States are diagnosed with an anxiety and/or depressive disorder?**
 - A. 2%
 - B. 5%
 - C. 10%
 - D. 12%
2. **Which of the following population-level groups have experienced the sharpest increase in suicidal ideation (SI) among 11-to-17 year olds during the COVID-19 pandemic?**
 - A. LGBTQIA+ youth, Black youth, Native American youth, and multiracial youth
 - B. LGBTQIA+ youth, Hispanic youth, and multiracial youth
 - C. Hispanic youth, Asian American youth, and Caucasian youth
 - D. Caucasian youth, Black youth, and Native American youth
3. **What is the average delay from when a child first experiences mental or behavioral health symptoms to when they receive their first mental or behavioral health care?**
 - A. 2 to 3 years
 - B. 5 to 6 years
 - C. 8 to 10 years
 - D. 12-plus years
4. **What percentage of youth who receive mental health services are estimated to receive their care through school programs?**
 - A. 25% to 35%
 - B. 40% to 50%
 - C. 55% to 65%
 - D. 70% to 80%

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5. **The temporary disturbance to an individual's usual pattern of occupational performance and occupational engagement refers to what term?**
 - A. Occupational disruption
 - B. Occupational deprivation
 - C. Occupational deficiency
 - D. Occupational discord

6. **The COVID-19 pandemic has disrupted education and schooling in many ways. Which of the following is an example of one of these school disruptions?**
 - A. Decreased access to outpatient therapy services
 - B. Increased intra-household spread of the virus that causes COVID-19
 - C. Decreased access to prosocial relationships with staff and peers
 - D. Increased access to technology and internet service

7. **Which of the following is an example of a community disruption that has affected the mental health of children and youth during the COVID-19 pandemic?**
 - A. Return to in-person schooling
 - B. Decreased access to and changes in delivery of community-based mental health services
 - C. Improved availability of health care and nutrition supports
 - D. More opportunities for participation in recreational sports

8. **Which disability group represents the highest dropout rate among American students?**
 - A. Students with mental health conditions ages 11 to 13 years
 - B. Students with mental health conditions ages 14-plus years
 - C. Students with physical health conditions ages 11 to 13 years
 - D. Students with physical health conditions ages 14-plus years

9. **Which one of the following is linked to the individual experiencing racism as a child or adolescent?**
 - A. Mental health issues
 - B. Overreliance on food as coping strategy
 - C. Over focus on body image
 - D. Acceptance into high-ranking universities

10. **For LGBTQ+ youth, social connectedness can serve as a protective factor against which of the following?**
 - A. Diabetes
 - B. Poor academic performance
 - C. Suicidality
 - D. Bipolar disorder

11. **Occupational therapy practitioners can recognize the impact racism may have on a young person's mental health and support a youth by doing all of the following except:**
 - A. Publicize services and educate community leaders and families on occupational-supporting resources for BIPOC youth.
 - B. Decline to factor racism into a youth's occupational profile or engage in personal and professional work to provide more responsive care.
 - C. Engage in advocacy efforts locally and nationally that facilitate occupational justice and improved care for families without access to resources.
 - D. Create educational resources for self and colleagues on common factors affecting BIPOC and youth experiencing social or economic disadvantages.

12. **Occupational therapy practitioners can support the mental health of children and adolescents, regardless of practice setting.**
 - A. True
 - B. False

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