What we know now: January 2021

• Adults are the primary drivers of COVID
• Kids extremely unlikely to have severe COVID disease
  • **16** COVID deaths during entire pandemic versus **16** influenza deaths during 6-month flu season among CA children (<18yo)
  • **225** deaths by suicide in <18yo (2017)

**COVID-19**

• 80% cases considered mild
  • “Current best estimate” of IFR from CDC for planning:
    • 0-19 years: 0.003%
    • 20-49 years: 0.02%
    • 50-69 years: 0.5%
    • 70-80 years: 5.4%
Suicide has always been a significant adolescent health risk.

Age groups 5-14 & 15-24: 10x more likely to die from suicide than COVID.
Increasing number of children requiring emergency mental health services, BCHO
Mental health crisis is **severe**: 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
130% increase in number of children requiring hospitalization for eating disorders, BCHO

• Average daily census of adolescents hospitalized for eating disorders
  • 2019 = 3.2
  • 2020 = 7.4
Increasing numbers of suicidal adolescents ages 10-17, in Emergency Department, BCHO
January 2021: Highest proportion of suicidal adolescents on record
UCSF Benioff Children’s Hospital San Francisco

• January 2020: 14% adolescents seen in ER with recent or active thoughts of suicide
• January 2021: 21% adolescents seen in ER with recent or active thoughts of suicide