

Tilting Toward Resilience: Working at the Intersection of Trauma and Children's Mental Health

A Framework for Health Advocates



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We are in the midst of turbulent times: from dramatic increases in [drug overdose deaths](#) to [school shootings](#) to increasingly intense natural disasters, such as [hurricanes](#). Despite these events, the current federal administration is working to dismantle programs like Medicaid that help provide stability and support for low-income children and their families. In contrast, many state governments are building a more proactive agenda that seeks to manage health care costs while increasing the quality of care. Health advocates have an important opportunity to influence these proactive state-level agendas and improve health outcomes for children and families. Advocates can do this by calling for a seamless, robust and culturally appropriate system of support for children who have experienced adversity.

Creating a world where children and families thrive requires us to examine and address both the system we use to provide medical care and the impact of the [social determinants of health](#). As we do this work, we must pay particular attention to how we can best support children's holistic development. We know that children's overall well-being encompasses physical and mental health. Both of these aspects of health are important to children's development from birth through adolescence and beyond. We also know that the physical and mental health of a child's caregivers has a significant impact on a child's well-being. While we strive to put the child at the center of our work, we must simultaneously address the health of multiple generations. Placing the child at the focus of our work while also ensuring that the child's caregivers are healthy will ensure that we are preventing negative outcomes and building a strong foundation for life-long well-being.

Given this backdrop, we must advocate for a short-term policy agenda with an eye toward long-term structural change. One clear priority is to address gaps in how our current medical system serves children and families who experience trauma. This prioritization would provide children and their caregivers with support to navigate adverse experiences. Meanwhile, our long-term efforts would focus on creating a system that further develops and solidifies child and family resilience. This integrated system would help maintain individual well-being while also reducing the structural causes of children's mental health issues such as racism and other social determinants of health.

How does trauma affect a child's mental health?

We partly measure a child's overall well-being by whether they meet age-appropriate physical, social and emotional milestones. We know that mental health [begins early in life](#) and develops throughout the entire lifespan. A child's mental health affects their friendships with peers and relationships with adults, their ability to learn new information and develop new skills and their ability to achieve goals they set for themselves. While many factors affect mental health, it is important to recognize that trauma can have serious negative consequences.

We define [trauma](#) as an injury or devastating event. These experiences can range from living in poverty to the emotional pain of the death of a caregiver or witnessing parental substance misuse. We call trauma that occurs during childhood an [adverse childhood experience](#) (ACE). We know that childhood adversity is quite common with more than two-thirds of youth age 16 and younger [reporting at least one traumatic experience](#). Although every demographic has a large prevalence of trauma, data show children of color experience [more traumatic events](#) than their white peers. One reason for this is there is a larger proportion of [children of color](#) living in poverty, which can itself be traumatic. These adverse childhood experiences can have life-long impacts on a child's physical and mental health. We also know that ACEs can have intergenerational impacts. Recent [research](#) shows that when a parent has had a higher number of adverse childhood experiences, it is more likely that their child will have poor overall health.

Even though we are sometimes able to shield our children from witnessing or experiencing traumatic events, it is not always possible. Experiencing trauma can negatively affect mental health at any stage of life including [early childhood and adolescence](#) as well as into [adulthood](#). Trauma can also be a [risk factor](#) for drug and alcohol use among young people and this early substance use increases the likelihood of developing an [addiction](#) later in life. Acknowledging the effects of trauma is particularly important for children's well-being because half of all [mental health issues](#) begin by age 14 and three-quarters occur by age 24. As a result, there is an opportunity to take proactive steps to prevent negative impacts and respond to ongoing adversity by focusing on prevention and early access to care.

What strategies can we use to support a child's mental health?

Although trauma is prevalent, developing [resilience](#) can help children adapt to challenging life experiences and stressful events. Like trauma, resilience is common rather than extraordinary. Factors that [create resilience in children](#) include having at least one strong relationship with a caregiver or other adult, learning to build trust in one's own capabilities, and engaging in opportunities to learn and practice new skills like managing strong emotions. One way to understand how trauma and resilience influence a child's mental health is to [imagine a seesaw](#). The lifelong process of developing resilience, coping skills and supportive relationships will begin to balance or even outweigh adverse experiences. Ideally, this will eventually tilt the seesaw toward overall well-being even when children experience ongoing or intermittent adversity.

Unfortunately, we are currently seeing a disconcerting [downward trend](#) in the mental health of young children and youth. The trend likely means that our seesaw is tilting too far toward trauma and that children do not have adequate levels of support to tip it back toward resiliency and well-being. Recent data bolsters this with concerning rates of children who have mental health issues that are [unable to access services](#). In response, we could solely focus our advocacy efforts on improving access to mental health services by funding [crisis response](#) teams in all communities, creating robust [child psychiatric access networks](#) in every state or placing psychologists in all schools.

However, if we only address the needs of individual children, we are missing an opportunity to ensure greater well-being. We know that trauma and resiliency operate on an individual, family and community level. The experience of an individual child and the structure of the system within which the child lives is equally important. This means that while we should focus on ensuring that individuals obtain the support they deserve, we must simultaneously address the structural aspects of each person's experience. We know that racism and other systems of oppression based on ability, class, immigration status, gender and sexual orientation directly influence the health and well-being of individuals. These systems create [toxic stress](#), defined as strong, frequent or prolonged biological responses to adversity. Toxic stress eventually negatively affects learning, behavior, and health across the lifespan. To balance the full community's seesaw, we will have to address these larger systemic factors.

What can health advocates do to ensure children and families are able to thrive?

Although addressing the entire community's well-being is an important and necessary way to improve children's mental health, we recognize that many individual children face significant and immediate gaps in access to mental health services. In the short term, advocates can improve child well-being by devoting energy and resources to pursuing an advocacy agenda that works toward filling in some of those gaps. We can do this through:

- ensuring availability of diverse and culturally competent providers in every community;
- creating robust Medicaid benefit packages that include [trauma-informed](#) services;
- developing access to services where children and families spend the most time;
- driving quality through data collection and measurement of patient-centered outcomes; and
- utilizing financing strategies that leverage social determinant of health interventions geared toward [the whole family](#).

We encourage state health advocates working at the intersection of trauma and children's mental health to utilize this framework as they create and support a proactive agenda that will move us closer to a comprehensive response to adverse experiences. As we begin to fill in the immediate gaps in access to mental health services, we can ensure these services support our larger effort to tilt the seesaw toward overall well-being at the individual, family and community level. To achieve this, we must concentrate our efforts on creating a culturally appropriate health system that provides seamless, robust services for children and families experiencing adversity. Of course, there are numerous ways to move toward well-being and resilience depending on each community's circumstances and the unique policy opportunities in each state. We hope this framework can serve as a call to action and an invitation to collaborate with Community Catalyst as we work to tilt the seesaw toward resiliency. Our children's well-being may very well hinge on it.