Emotional Health
Challenges of
students during
COVID-19, and
beyond...

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A little Background

- According to the American Association of Pediatrics, the school functions as the mental health system for up to 80% of children who need help

- NEA - Schools have become essentially the de facto mental health system for students

- The CDC notes that schools are one of the most efficient systems for reaching children and youth to provide health services and programs, as approximately 95% of U.S. children and youth attend school

- Schools have now become a central position in the life of young children in their development.

- Research shows that when students 'mental health needs are properly addressed, the likelihood of school success increases.

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A little more background-

- Mental health is regularly ranked as one of the top issues all school nurses deal with.

- School nurses are often a student's first point of entry into behavioral health services.

- School nurses are easily accessible to students seeking assistance with behavioral health issues.

- Visiting the school nurse is less stigmatizing for students than see a school behavioral health provider

- Schools and school nurses have an essential role in addressing behavioral health disorders, promoting mental wellness, recognizing and enhancing protective factors, and referring to and collaborating with behavioral health support networks

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As School Nurses we know –

- **Behavioral health disorders that school-age children commonly experience include, but are not limited to, attention deficit hyperactivity disorders, mood disorders, depression, bipolar disorders, conduct disorders, anxiety disorders, panic disorders, eating disorders, psychotic disorders, and substance use disorders.**
- **According to a recent CDC study, 1 in 6 students had enough symptoms and impairment to be diagnosed with a childhood mental disorder.**
- **And according to the National Institute of Mental Health, 1 in 5 children has a significantly impairing mental disorder; yet less than half get the treatment they need.**
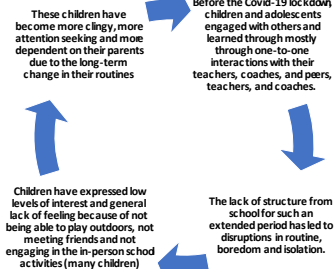
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The incidence of mental health illness in all ages is staggering,

- **One in five youth have a mental health condition, with half of mental health conditions developing by age 14 and 75 percent by the age of 24**
- **Less than half of youth with mental health conditions received any kind of treatment in the past year.**
  - **7.1% of children aged 3-17 have a diagnosis of anxiety**
  - **3.2% of children aged 3-17 have a diagnosis of depression**
  - **It is estimated that 1 out of 6 U.S. children between the ages of 6 and 17 has a treatable mental health disorder, such as anxiety, depression, or ADHD.**

and has increased significantly since the onset of the COVID-19 pandemic.

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Some COVID 19 effects from being out of school

These children have become more clingy, more attention seeking and more dependent on their parents due to the long-term change in their routines

Before the Covid-19 lockdown, children and adolescents engaged with others and learned through mostly through one-to-one interactions with their teachers, coaches, and peers, teachers, and coaches.

Children have expressed low levels of interest and general lack of feeling because of not being able to play outdoors, not meeting friends and not engaging in the in-person school activities (many children)

The lack of structure from school for such an extended period has led to disruptions in routine, boredom and isolation.

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When schools closed -

- For students with disabilities, and this includes mental health disabilities, school closures meant an abrupt cessation of their in-person specialized instruction and related services, such as school-based counseling

- The public health crisis and resulting school closures were incredibly stressful and potentially traumatic for all students, but particularly so for students who are already struggling with existing mental health needs.

- Researchers have found that exposure to ongoing and unrelieved stress and repeated traumas can change a child's brain, making it easier to "fight or flee" from perceived dangers and harder to focus and learn.

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And we see -

- **Increased symptoms of depression and anxiety in children and adolescents**

- **Significant and ongoing difficulties engaging in remote learning**

- **Lack of parental assistance and support due to -**
  - **Technology barriers**
  - **Demands of trying to make a living during the pandemic**
  - **Significant household stress**

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And for the little ones…

- **The child's sense of the world as safe and predictable, and family/caretakers as protection may be disrupted.**

- **Caregivers/families may be overwhelmed and unable to address their children's fears and sadness.**

COVID-19 Effects on Mental Health

- **SAMSHA reports that research has shown that mental illness can develop in <u>as little as 9 days of quarantine.</u>**

- **The CDC report from June 2020 revealed 40% of Americans reported experiencing significant emotional upheaval with anxiety, depression, trauma-related symptoms, increased substance use, and suicidal ideation.**

- **Significant increase in the percentage of individuals who reported having started or increased substance use to cope with stress or emotions related to COVID-19.**

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According to recent studies –

- The prevalence of symptoms of anxiety disorder is approximately three times that which was reported in the same time period in 2019
- The prevalence of depressive disorder is approximately four times that which was reported in the same time period in 2019
- Significant increase in the percentage of individuals who reported having seriously considered suicide in the preceding 30 days – almost twice the percentage as was reported in 2018
- Transformation of normal grief and distress into prolonged grief, major depressive disorder, and symptoms of posttraumatic stress disorder.

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Age related COVID 19 and lockdown effects

- Children and adolescents have a greater impact on emotional and social development from the lockdown compared to that in the grown-ups. Studies reveal that children feel uncertain, fearful and isolated during these current times
- They experience disturbed sleep, nightmares, poor appetite, agitation, inattention and significant separation related anxiety
- Studies found that younger children (3-6 years old) were more likely to exhibit symptoms of clinginess and more fear of family members being infected than older children
- Older children (6-18 years old) were more likely to exhibit inattention and were persistently asking questions about COVID-19.
- The child's sense of the world as safe and predictable, and family/caretakers as protection may be disrupted.
- Caregivers/families may be overwhelmed and unable to address their children's fears and sadness.

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COVID 19 Challenges and mental health

- **For young people, lack of access to school resources due to school closures significantly worsened mental health issues -**
  - Limited access to school based mental health services and support
  - Limited access to peer support groups
  - No access to face-face services; support by phone or online can be challenging or undesirable
  - Loss of school routines which can be an important anchor and coping mechanism
  - Limited or lack of special education services including academic support, social skills training, speech/OT/PT services, etc.

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COVID-19 effects on Mental Health Care

Recent CDC research found emergency department visits related to mental health were:

Increased 24% for children aged 5 to 11

Increased 31% for children aged 12 to 17

Depression and anxiety are prevalent

In the Emergency Room –

- Adolescents aged 12–17 years accounted for the highest percentage of mental health–related ED visits

- Children aged 5–11 years were the second highest group.

- As mentioned earlier, many mental health disorders arise in childhood

- It is likely that the mental health concerns in children and adolescents are exacerbated by pandemic related stress, as well as the abrupt disruptions in daily life and cessation of activities and engagement with others.

COVID-19 Effects on inpatient psychiatric care

- The Covid-19 pandemic has significantly cut the number of available inpatient psychiatric beds
- Facilities are forced to reduce capacity to meet social distancing requirements or repurpose psychiatric beds to care for Covid-19 patients
- Fewer available psychiatric beds results in patients staying in the emergency room for an extended period of time until they can be placed in a more appropriate unit.
- Individuals are discharged from the ER after a few days without having been transferred to a psychiatric setting or discharged from an inpatient setting after a short stay due the severe shortage of beds.

As students return –

- Children with known mental health disorders struggled with online learning, hybrid formats, and will struggle with a return to the classroom setting
- Children with depression and anxiety will have considerable difficulty adjusting back to school routines and attending classes in person after prolonged learning from home
- Children with special education needs, such as those with autism spectrum disorder, may experience significant difficulty and behavioral disturbances as they adjust back to the routines in the school setting, as well as resumption of services such as speech therapy, OT/PT, which likely were suspended for an extended period of time

So how do we help?

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To start -

- **Be a role model**
  - Students and staff have always looked to you as the medical authority as well as for care and guidance – this will be more important than ever

- **Determine what are the needs for intervention?**
  - Is there a specific class, grade, group of individuals that are struggling
  - Are there parental needs? Staff needs?
  - What are the needs?

| You don't have to have all the answers, and you won't | Meet the student where he or she is | Determine what the real need is |

First step - Listen

What is the student _really_ asking for?

- Is it information?

- Is it reassurance?

- Is it comfort?

When thinking about an approach -

- Consider the developmental and chronological age of the students

- Consider the circumstances and surroundings – is this an elementary setting? High School?

Age Approaches –
Early elementary grades

- Young children need brief, simple information

- Discuss steps we are all taking to keep people safe –
  handwashing, social distancing, and mask wearing

- Assure the child that you and other adults are here in the school to help keep them safe

Upper Elementary and Middle School Grades

These students may be more open about their questions regarding their own safety and about the spread of COVID-19 to their school or their neighborhood

They may need some guidance on separating the truth from rumors and fears.

Talk to them about what is being done on a local, state, and national level to keep people safe and control the virus.

MIDDLE SCHOO

Upper Middle School and High School Grades

- These students will have more in depth questions and concerns

- Be honest – provide accurate, factual information about the current status of COVID-19 and steps being taken to control it and keep people safe

- Refer them to appropriate and accurate websites for for COVID-19 facts and information, such as the CDC website

When approached by a student or students with questions -

- Be Honest – "It's OK to say I don't know but I'll find out for you"
- Provide health education that is factual and developmentally appropriate
- Information can be very powerful in lessening anxiety
- Correct any misinformation gently
- Determine if there are new issues or needs that need to be addressed

And try to gather information

Changes in family situations
    Living arrangements, employment, loss of a family member

Changes in health status
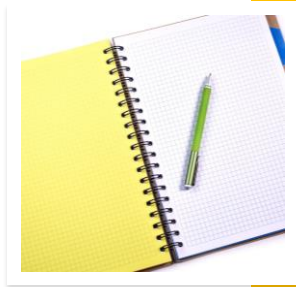   Any new medications, illness, treatment while out of school

Referrals needed?
    Counseling, community services, educational accommodations

More Information ?

What are some strategies we can use to help our students?

Keeping in touch with students and families

Direct emails, phone calls – can be done weekly to ask how things are going for the student and family and see if they need anything

School website – can be used to share information such as updated COVID-19 information –

Establish up a separate area of the website for school nurses to post health information

Post videos

Telehealth visit information and scheduling

Strategies to share with our students

- Breathing exercises
- Tapping
- Journaling
- Literature
- Art
- Music
- Apps –
  - Worry Watch
  - nOCD
  - MindShift
  - What's Up – free CBT and ACT (acceptance, commitment, therapy) methods
  - Headspace for kids
  - DreamyKid Meditation
  - Breathe, Think, Do with Sesame

Some Informational Websites

Mass.gov
resources and web pages
- ed.gov
U.S. Department of Education COVID-19 website
NASN.org – National Association of School Nurses

Massgeneral.org – MGH Psychiatry COVID-19 resources

NASPonline.org – National Association of School Psychologists

CDC.gov

ChildMind.org

Additional Informational Websites

Educationworld.com

Onoursleeves.org

National Institute of Mental Health – nimh.nih.gov

Remember -you, too, may need some help and support

It's important to recognize when you need support and to take time for self-care