

COVID-19 Impact on Children's Mental Health

NVPeds White Paper Series Issue 2

As COVID-19 sweeps our nation and continues to be unpredictable, it is important to recognize and act on the ways that this pandemic is influencing and affecting children. The potential impacts of COVID-19 are detrimental to the emotional and social development of both younger and older children (Carbary, 2020; Singh et al., 2020). This issue brief focuses on potential social, emotional, and developmental impact on children and adolescents and the role primary care providers can have in supporting children and families.

How is COVID-19 impacting children?

Children of all ages are experiencing a range of emotions and changes in their environment due to the COVID-19 pandemic (Centers for Disease Control, 2020). Their academic environments have been disrupted; they may be experiencing the loss of loved ones or family members; and they are likely experiencing isolation due to stay-at-home orders (Carbray, 2020). Young children likely have limited knowledge and understanding of the current pandemic, leaving them feeling alone and separated (Singh et al., 2020). Although adolescents are more likely to understand the limitations placed on them due to the pandemic, it is still plausible they still feel isolated and separated from their social circles (Rogers, Ha, and Ockey, 2021). Many youths are missing important social milestones in their lives such as graduation, proms, homecomings, and their first year of college. They might also be experiencing loss of security or loss of jobs, which ultimately affects their mental health (CDC, 2020). Ensuring that parents and other caregivers get the support they need is critical to child well-being. During this uncertain time, parents and caregivers are likely experiencing additional stressors related to the pandemic such as working remotely, potential unemployment, possible health issues, and navigating remote learning with their children (Rabinowics, Leshem, & Pessach, 2020). Families overall might have less time for self-care, however, ensuring that everyone in the family can access the support they need is critical to overall family well-being.

The changes and experiences brought on by the COVID-19 pandemic may lead to long-term challenges emotionally and behaviorally. Additionally, they may lead to an increased risk of anxiety, depression, and trauma-related mental health diagnoses such as Post Traumatic Stress Disorder (PTSD; Children's Hospital Association, 2020). Previous national traumatic events and disasters have been associated with PTSD, depression, and anxiety in adolescents and children (Guessoum et al., 2020). For example, a study conducted by Hoven and colleagues (2005) after the September 11, 2001 attack on the United States, indicated that 28.6% of all children within New York City public schools suffered from anxiety/depressive disorders such as separation anxiety, PTSD, and agoraphobia. PTSD or Posttraumatic Stress (PTS) is the most commonly reported diagnosis of mental health disorders after a natural disaster. Twenty-one months following hurricane Katrina, nearly one-third of children (29%) experienced moderate to severe symptoms of PTS (SAMSHA, 2018). This is consistent with other research that showed after the 2004 Thailand tsunami, one-third of school-aged children in Thailand met the criteria for having a mental illness. Also, in the 18 to 27 months after the tsunami, a total of 9.3% of children continued to experience mental illnesses (Substance Abuse and Mental Health Services Administration, 2018; McDermott & Cobham, 2014; Ularntinon et al., 2008). When addressing these disasters with children, pediatric providers and caregivers must recognize that children process and handle crises and disasters differently than adults.

PEDIATRIC RECOMMENDATIONS

1. Conduct mental health screenings for all children, specifically at-risk children.
2. Provide parents with education and resources on how to support and build resilience in their children.
3. Enroll in the Nevada Pediatric Psychiatry Solutions (NVPeds) Program and receive consultation services for youth mental health treatment.
4. Participate in provider self-care to reduce burnout.



The Role of Pediatric Providers in Supporting Children and Families during the COVID-19 Pandemic

Economic downturns and recessions can also negatively impact children. The COVID-19 pandemic has increased unemployment rates by three times (Kochhar, 2020). Research has shown that when state unemployment levels begin to decline, children's mental health begins to improve (Golberstein et al., 2019). Thus, the economic downfall caused by the COVID-19 pandemic has negative repercussions on children's mental health. Given the increased stress that many children are experiencing as a result of the pandemic, pediatric primary care providers (PPCPs) should conduct mental health screenings and assessments; as well as provide guidance around emotional, social, and developmental challenges that might be identified (Jenco, 2020).

While PPCPs are conducting screenings and assessments for developmental challenges, they should stay vigilant for signs of neglect or abuse. Prior economic crises have been associated with an increase in the number of reported cases of maltreatment (Fegert et al., 2020) and during COVID-19, nationally, the percentage of ED visits related to child abuse and neglect ending in hospitalization increased significantly among children and adolescents under the age of 18: children aged 0–4 years (3.5% in 2019 versus 5.3% in 2020; $p < 0.001$) and 5–11 years (0.7% in 2019 versus 1.3% in 2020; $p < 0.001$), and adolescents aged 12–17 years (1.6% in 2019 versus 2.2% in 2020; $p = 0.002$) (Swedo et al., 2021). Parents and caregivers are experiencing increased levels of stress as a result of the pandemic, therefore, PPCPs should take a proactive approach and discuss stressors with the family in order to provide additional supports and resources for the family.

Screening

Children need PPCPs now more than ever, as they are going through the life changes brought on by the COVID-19 pandemic. PPCPs are called to screen all child and youth patients, as well as educate caregivers about their child's developmental needs to ensure they are preventing the adverse effects brought on by the COVID-19 pandemic (Singh et al., 2020). PPCPs should also consider increased screening and surveillance of their patients that are at a higher baseline risk of developing mental health disorders, including children from historically underrepresented groups, children with special health care needs and disabilities, and children in the welfare system (American Academy of Pediatrics (AAPa), 2021). People in each of these groups may experience life circumstances that could trigger mental health disorders, such as lower socioeconomic status, community violence, and discrimination (Alegria, Vallas, and Pumariega, 2011).

If screenings that are conducted elicit a concern, PPCPs should refer children and youth to mental health professionals (Singh et al., 2020). If PPCPs are unsure of the correct course of action for referrals, they can utilize NVPeds Mental Health Consultation Services. NVPeds offers a team of mental health experts who listen to the provider's concerns and recommend appropriate treatment and intervention options for children and youth. After a referral for treatment is made, providers must follow up with the family to ensure their treatment needs were met. As caregivers often face barriers obtaining mental health care for their children, this is a crucial step to ensure that they are receiving the help they need during this pivotal time (Jenco, 2020). Additionally, PPCPs should discuss with caregivers the warning signs of depression, anxiety, and suicidal tendencies that their child or youth may experience. PPCPs should also encourage caregivers to have conversations with their children to determine if there are any warning signs of these mental health issues; and inform their child's primary care provider if any warning signs are present (NMC Health, 2020).

Examples of behavioral reactions after a natural disaster

1-5 Years Old

- Bedwetting in children that were previously potty-trained
- Loss of appetite or overeating
- Indigestion and other digestive problems
- Anxiety about being away from parents or caregivers
- Irritability or disobedience

5-11 Years Old

- Clinginess with parents or other caregivers
- Requests to be fed or dressed
- Headaches
- Sleep problems or nightmares
- School phobia and social withdrawal

11-14 Years Old

- Failure to perform chores and fulfill responsibilities
- Skin and sleep problems
- Poorer school performance
- Complaints of visual or hearing problems
- Resistance to authority

14-18 Years Old

- Decline in previous responsible behavior
- Resumption of earlier behaviors and attitudes
- Increase or decrease in physical activity
- Digestive problems
- Antisocial behavior

Excerpt from: Substance Abuse and Mental Health Services Administration. (2018). Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters.

Parent Education

Pediatric providers play an important role in educating parents on how to manage their child or youth's mild to moderate stress and anxiety. For example, to reduce anxiety and stress, pediatric clinicians should encourage parents and caregivers to communicate with their children in an age-appropriate manner about COVID-19. Utilizing terminology and providing fact-based information in a way that the child can understand may help reduce some of the anxiety surrounding the current COVID-19 pandemic (Singh et al., 2020). Stafford and colleagues (n.d.) recommend taking seven steps when communicating with children that are in distress: (1) let the child set the pace, (2) give the child adequate time to understand the whole situation and explain it in small doses, (3) provide emotional support and encouragement, (4) accept the child's emotions, (5) never give false reassurances, (6) talk through and provide solutions, and (7) understand that some regression may occur. PPCPs should also encourage caregivers to rebuild a routine for children so that they can regain consistency in their lives, which will reduce stress and anxiety (Stafford et al., n.d.). Another way that PPCPs can assist caregivers is by providing them with support and empathy, as well as mindfulness and self-care tips (AAPb, 2020). If PPCPs feel it is necessary, they can provide caregivers with referrals to mental health resources. PPCPs should stay vigilant of parent and caregiver behaviors as well as communicate with them to ensure that they are receiving the support and resources they need (AAPb, 2020).

Building Resilience in Children

Resilience is “the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress” (American Psychological Association (APA), 2012). Resilience, especially during COVID-19, is important because it helps individuals get through difficult circumstances and encourages individuals to grow and improve regardless of what is going on in their life. Caregivers can be important models of strength to their children by being present, nurturing, and empathic (AAPb, 2020). Lockdowns and stay-at-home orders may increase the amount of time children spend with parents or caregivers. Pediatric clinicians can teach parents and caregivers the importance of building resilience, specifically through protective factors (Alter & Cornell, 2019).

These protective factors are things such as parents and caregivers expressing hope and optimism, providing nurturing parental support, and responding to their child's needs in an appropriate manner (Alter & Cornell, 2019). Pediatric providers should encourage parents and caregivers to be playful with their children, explore their creativity, and teach them about their values (AAPb, 2020). This can strengthen the parent-child relationship and contribute to the development of resilience. Pediatric providers should encourage caregivers to let children take control of some aspects of their day, such as picking the mask or clothes they wear or the food they want to eat (AAPb, 2020). When PPCPs encourage and educate caregivers to do these things, they are helping them build resiliency within their children. This is important because research conducted during the early stages of the COVID-19 pandemic showed that resilience and positive coping were protective factors from mental illnesses within teenagers (Zhang et al., 2020).



Primary Care Provider Self-Care

Healthcare professionals are working under uncertain circumstances, and it is important to ensure they are taking care of themselves now more than ever. One way to prevent burnout and ensure that providers are taking care of themselves is to redistribute workloads when situations allow (American Medical Association (AMA), 2020). If a primary care provider is staying home to self-isolate or is working from home in a telehealth circumstance, it may be important for their team to redistribute and delegate tasks such as phone calls, emails, etc. (AMA, 2020). It is also important

that if providers are noticing signs and symptoms of anxiety, depression, or other mental health disorders, they seek the help of a mental health professional (AMA, 2020). Furthermore, it is equally important for primary care providers to pay attention to their basic needs. Providers should ensure that they are eating regular meals, getting the proper amount of sleep, and taking care of their hygiene (AMAb, 2020). Primary care providers can utilize various applications to assist with meditation and sleep to help with their emotional and physical well-being. Administrators can support providers by ensuring that there are alternatives to paid time off and sick days to cover employee time off due to COVID-19 related illness. Efforts should also be made to reduce the added burden of costs associated with these illnesses (AMA, 2020).

Recommendations for Pediatric Providers

1) **Conduct mental health screenings for all children** – During the COVID-19 pandemic, it is undeniably important to screen all children during appointments, specifically children with certain circumstances (those in foster care, challenging home environments, etc.), children from historically underrepresented groups, and children with special health care needs and disabilities for developmental and mental health issues (Singh et al., 2020; AAPa, 2021). One of the most important tools to use is screening instruments for specific ages. See “American Academy of Child and Adolescent Psychiatry” in the resources below for more information (American Academy of Child & Adolescent Psychiatry, 2009).

2) **Provide caregivers with education and resources on how to support and build resilience in their children** – Stay-at-home orders have increased the amount of time that some caregivers are spending with their children, and caregivers play an important role in how their children are being taught to handle the COVID-19 pandemic including coping strategies and building resilience. Providing parents and caregivers with resources on how to help their children process and talk about COVID-19 and how to support and respond to them is crucial. See “Educational Resources for Parents and Caregivers” below for more information.

3) **Enroll in the Nevada Pediatric Psychiatry Solutions (NVPeds) program and receive consultation services for youth mental health treatment** – As mentioned above, conducting screenings and providing referrals is of the utmost importance. Pediatric providers who want additional education and support in the area of mental health treatment for children and youth in their care can enroll in this free consultation program. NVPeds is a service available to pediatric providers within Nevada. For more information visit <https://nic.unlv.edu/nvpeds.html>.

4) **Participate in provider self-care to reduce burnout** – Healthcare and frontline workers are working longer hours, more often than before COVID-19. Additionally, they are dealing with the stress and uncertainty of COVID-19. Ensuring that providers participate in self-care is a way of reducing burnout. Providers should attend to their mental health and seek help from other professionals when they see fit. See the resources below for self-care classes and workshops on reducing provider burnout and mental health issues.

NEVADA PEDIATRIC PSYCHIATRY SOLUTIONS (NVPEDS) PROGRAM

Nevada Pediatric Psychiatry Solutions (NVPeds) is a free service available to pediatric providers in Nevada. The goal of this program is to assist pediatric providers in better serving their patients with mental health screenings, diagnosis, recommended interventions including medication management, referral for services, and other resources.

Pediatric providers are able to enroll and refer their patients to NVPeds and receive the following services:

- (1) reach emergency/crisis entities,
- (2) request resources,
- (3) gain assistance with referrals, and
- (4) receive consultation services.

For more information on this program, or to enroll in this program, please contact: (775) 688-6524 or NVPeds@dcfs.nv.gov



Resources for Pediatric Providers

Screening tools available for pediatric primary care providers

- **American Academy of Child and Adolescent Psychiatry** provides a list of various screening instruments that can be used for children aged 1 month to 16 years. For a list of the screening instruments, visit: https://www.aacap.org/AACAP/Member_Resources/AACAP_Committees/Infant_and_Preschool_Committee/Assessment_of_Young_Children.aspx
- **Bright Futures and the American Academy of Pediatrics** offer a periodicity schedule to provide recommendations for preventive pediatric health care from prenatal care-21 years of age. Reference the following link for a table that allows providers to see what screenings are appropriate for various age groups. For more information, please visit: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
- **Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (The DC:0-5)** is a diagnostic classification tool with mental health and development disorders in infancy and early childhood. For more information on the manual and trainings, please visit: <https://www.zerotothree.org/resources/2221-dc-0-5-manual-and-training>
- **Mental Health Initiatives** is a resource provided by the American Academy of Pediatrics that includes support for pediatric providers to expand their skills in diagnosing and managing mental health care for their patients. Find more information here: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx>
- **Mental Health Screening and Assessment Tools for Primary Care** provides a list of screenings for anxiety, depression, inattention, impulsivity, disruptive behavior, aggression, substance abuse, etc. that can be performed at the pediatric care level. It also includes a list of tools that can be used for the assessment of children's global functioning. For more information, visit: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf
- **The Substance Abuse and Mental Health Services Administration (SAMHSA) Website** has information for providers and communities regarding access to evidence-based infant and early childhood mental health care. For more information, visit: <https://www.samhsa.gov/iecmhc>

Prevention and Intervention services in Nevada

- **Nevada Home Visiting (MIECHV)** is a service that supports parents and develops and promotes nurturing homes and healthy child development through home visits by trained professionals. Families may voluntarily request these free services if they are expecting or have a child up to 5 years of age. Enrollment is limited and different programs have different requirements to be eligible. Find more information here: [http://dphh.nv.gov/Programs/MIECHV/Nevada_Home_Visiting_\(MIECHV\)_-_Home/](http://dphh.nv.gov/Programs/MIECHV/Nevada_Home_Visiting_(MIECHV)_-_Home/)
- **Early Intervention Services:**
 - **Nevada Early Intervention Services (NEIS)** provides services, including evaluations free of charge, for families with children from birth to age three that have developmental delays or disabilities. Families can refer their child directly or other professionals can make a referral for them. Find more information here: http://dhhs.nv.gov/Programs/IDEA/Early_Intervention_Programs/
 - **ChildFind** is a program that helps evaluate children between the ages of 3-21 years old that may have a disability and are eligible for services as identified in the Individuals with Disabilities Education Act. For more information please visit: <http://ssd.ccsd.net/child-find-department/>
- **Nevada PEP** operates Nevada's Statewide Family Network. This network employs Family Specialists that help families find information and resources and provides compassion to families experiencing mental health or behavioral health issues with their children. For more information visit: <https://nvpep.org/family-support-services/>

Educational resources for parents and caregivers

- **Centers for Disease Control and Prevention** provides tips and recommendations on how to help parents and caregivers communicate with their children about COVID-19 and how to prevent the spread of the disease. Find more information here: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fschools-childcare%2Ftalking-with-children.html
- **The National Child Traumatic Stress Network** provides suggestions on how to help children heal after a crisis. They discuss how a child's behavior may change during and after a crisis and how parents and caregivers can help them overcome and support them through these feelings. For more information visit: https://www.nctsn.org/sites/default/files/resources/after_a_crisis_helping_young_children_heal.pdf
- **Zero to Three** provides age-appropriate responses to common questions that toddlers and children may have about the COVID-19 pandemic. For more information visit: <https://www.zerotothree.org/resources/3265-answering-your-young-child-s-questions-about-coronavirus>. ZTT also provides a resource for talking to your children about wearing masks. Wearing a mask is unusual for them; how parents and caregivers respond can help ease their minds and give them a sense of safety and security. For more information visit: <https://www.zerotothree.org/resources/3593-mask-up-talking-to-young-children-about-wearing-masks>

Provider self-Care Resources

- **University of Nevada, Reno School of Medicine** provides continuing medical education classes. Some of these classes encompass self-care and ways to reduce burnout, mental health issues, and suicide in physicians. Specifically, 1 hour of CE/CME credit is awarded for completing Depression and Burnout in Medical Students, Residents, and Physicians: Suicide Prevention. For more information about this specific class, visit: https://med.unr.edu/cme/cmeonlinelibrary/schwenkt09202018_02. UNR School of Medicine also provides a 1 hour of CE/CME credit for the completion of Physician Suicide: What You Can Do to Save a Life. For more information on this specific class, visit: https://med.unr.edu/cme/cmeonlinelibrary/myersm2017_02
- **American Medical Association** provides continuing education and continuing medical education courses. Some of these classes encompass reducing physician burnout. Specifically, Physician Burnout: Improve Physician Satisfaction and Patient Outcomes is 0.5 hours. For more information on this specific class, visit: <https://edhub.ama-assn.org/steps-forward/module/2702509>
- **American Academy of Family Physicians** provides courses where providers can obtain CE and CME credits for the completion of the course. Specifically, 1.25-hour credits are awarded for the class Practice Self Care: Feel More Relaxed and Fulfilled. For more information on this class, visit: <https://www.aafp.org/membership/benefits/physician-health-first/practice-self-care.html>

About Us

The Division of Child and Family Services:

- **Nevada Pediatric Psychiatry Solutions (NVPeds)** provides mental health consultation, care coordination, and training and education for pediatric primary care providers statewide using telehealth technologies. PPCPs may receive patient-specific consultation covering all pediatric mental health issues by an expert team of mental health professionals. Information on how to make a referral can be found <https://nic.unlv.edu/nvpeds.html>.
- **Mobile Crisis Response Team (MCRT)** provides crisis intervention and support to any youth in crisis by providing rapid mobile in-person or telehealth mental health assessment, stabilization and short-term care coordination. This service is available in every county in Nevada and is operational 24 hours a day, 7 days a week. Additional information, including how to access mobile response, can be found at: <http://knowcrisis.com/>.
- **Wraparound In Nevada (WIN)** Tiered care coordination services through the program are available statewide in Nevada. Resources vary depending on location. More Information can be found on the DCFS website: <http://dcfs.nv.gov/Programs/CMH/>.

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Endnotes

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