Kansas COVID Workgroup for Kids
Mental Health Task Force

Youth Mental Health & COVID-19:
Recommendations & Resources for Coping

Objective: The mental health task force has identified several priority areas for focus. These were selected because they reflect areas of acute need and also have sound, evidence-based interventions to address them. The priorities identified include: Social Isolation, Separation Anxiety, Teacher/Staff Wellbeing, Internet/Digital Safety, Science Literacy, Extracurricular Safety, Suicide Prevention, and Developing Resilience. This document is intended to provide resources for parents, clinicians, and school personnel. The information contained herein is current as of September 17, 2020. The information is subject to change as new data become available.

Overview & Aims

COVID-19 has caused a major shift in nearly every facet of daily life. The overwhelming and nearly constant changes have raised significant concerns about the mental health and well-being of the population in general. In countries where disease transmission has lessened, research suggests that over half of adults describe a moderate to severe impact of COVID-19 on their mental health with symptoms of depression and anxiety being most prevalent (Wang et al., 2020). We know that not only does the virus behave differently in children, but that the social, emotional, and educational impact differs. Near the beginning of the pandemic in the US, clinicians became concerned about a potential surge in childhood mental health issues due to marked disruptions in many daily routines. By the very "novel" nature of COVID-19, little scientific research has been published about the effects of the virus on childhood mental health. Anecdotally, clinicians have noted surges in depressive and anxious symptomatology in pediatric primary care settings. As the return to school becomes imminent, anxiety, mood symptoms, and suicidal ideation have increased. Relying on strategies that have been scientifically supported and have a solid evidence base in other settings (i.e., not restricted to COVID-19) will be necessary to treat the increased acuity of mental health needs in youth.

This document has been prepared by the mental health task force of the Kansas COVID Workgroup for Kids (KCWK), a collaborative group who identify, address and provide guidance on the physical, social and psychological impacts on children related to the COVID-19 pandemic. This work group is sponsored by the University of Kansas School of Medicine-Wichita Department of Pediatrics and is comprised of both local and regional experts. Our goals are to provide scientifically sound, evidence-based clinical guidance and community support for children's health with a unified approach for our region and state.

Social Isolation

Given the loss of access to in-person schooling and the subsequent decrease in peer contact, there has been significant concern about the effects of social isolation on children and adolescents. There is a well-established body of literature documenting the effects of social isolation and loneliness on both children and adults. Social isolation may be associated with depressive symptoms and social anxiety, and these symptoms have been observed in both adolescents and adults; however, there is disagreement about whether those symptoms persist long-term. Girls may be more prone to depressive symptoms after feelings of loneliness, while boys tended to exhibit more symptoms of social anxiety. Duration of loneliness may be more important than severity of feelings of isolation. (Loades et al., 2020). Parents surveyed after enforced social isolation (i.e., in the context of infection epidemics) indicated that about one third of children required mental health treatment, primarily for trauma-related reactions and grief. (Loades et al., 2020).

Interventions
1. Group clinical interventions have not been supported in the literature.
2. Children should be encouraged to engage with friends by phone, teleconferencing software, or social media.
3. Parents should consider associating with a small number of other families who are following the same strict social distancing and safety procedures that they are.
4. Teachers can consider having "Family time" or "circle time" with peers at school as a programmatic intervention.
5. Programs that promote positive peer interactions for children with special needs (e.g., Circle of Friends) should be maintained.
6. School-based social platforms should be utilized to facilitate socialization.
7. School staff and parents should monitor instances of bullying and act swiftly. Children should be empowered to be assertive in addressing peer conflict.

Resources
Tips for helping your child cope with social isolation:
https://keltymentalhealth.ca/blog/2020/05/helping-children-and-teens-cope-social-isolation

Separation Anxiety

At the beginning of the pandemic clinicians observed a spike in anxiety symptoms that, as the stay-at-home order extended, abated somewhat. Now that return to school is imminent clinicians are seeing another increase in symptoms and anticipate persistent difficulty with separation anxiety as children return to school and parents return to work. The standard treatment for any anxiety disorder includes exposure to the situations that provoke anxiety; in the case of separation anxiety children must find ways to practice being away from their parents, safely. During stay-at-home orders, remote learning, and parents working from home, children grow accustomed to constant contact. Anxious reactions are solidified when children can avoid the anxiety trigger – being away from parents. The onset of school has the potential to worsen separation anxiety as children face the reality of being away from their parents for the first time in months. Another type of separation anxiety is the fear that something bad will happen to a parent, thereby causing a separation from them. In a time with constant information about a potentially lethal virus, children's anxiety may be on high alert.

Interventions

1. To the extent possible, children should be prepared for changes occurring at school.
   a. Practice wearing masks
   b. Look at pictures of peers and teachers wearing masks and use social stories (links below) if needed
   c. Discuss the new school schedule and how it differs from previous years (e.g., lunch or recess might have changed)
2. If possible, schools may wish to host socially distanced, small group family nights to introduce families to staff and to each other. This can give children an opportunity to observe parents interacting with teachers and understand the trusting relationship between them.
3. Teachers may wish to wear buttons or nametags with pictures of faces so the child knows what the teacher looks like without a mask
4. Teachers can make videos of them with and without a mask to introduce students to themselves.
5. Children with high levels of separation anxiety may benefit from coping resources in the classroom. Sensory activities, distracting activities (e.g., coloring, mazes, puzzles), and comfort toys should be available if a child needs a moment to regroup.
6. Some children may wish to bring a comfort item (a small piece of blanket, a small stuffed animal, a picture of a parent) to the classroom with them. This item can sit at their desk and may slowly be moved to their backpack or pocket.
7. New experiences should be practiced in "small bites" with several opportunities for repetition. Start early and repeat often until the child is more comfortable with the routine.
8. Separation anxiety that causes functional impairment (e.g., avoidance of school, frequent stomachaches or headaches, frequent requests to be sent home from school) will require professional intervention from a licensed mental health specialist. Parents should contact their child's primary care provider or local mental health agency for a referral to a child therapist. Cognitive behavioral therapy with exposure therapy is the treatment of choice for separation anxiety.

Resources

Mayo Clinic Fact Sheet:
https://www.mayoclinic.org/diseases-conditions/separation-anxiety-disorder/symptoms-causes/syc-20377455

Child Mind Institute Fact Sheet:
https://childmind.org/guide/separation-anxiety-disorder/

Staff Wellbeing

Teachers have been required to "pivot" repeatedly in the last calendar year. With the rapid closure of schools in Kansas in March 2020 and the emergency transition to remote learning, teachers adapted curriculum and worked tirelessly to maintain contact with their students. As stay-at-home orders and other restrictions have been lifted, the surge in cases in many parts of the state have raised reasonable questions about the ability to safely return to school buildings for the 2020-2021 academic year. Teachers are concerned about their own health, the health of their students and the quality of education students have and will receive during this pandemic. In addition, teachers face the same stressors affecting us all such as loss of childcare, financial difficulty and illness. Teachers' wellbeing is of utmost importance and should be an urgent priority for school systems this academic year.

Professional/Organizational Interventions
1. Provide information about processes and decisions in a timely fashion
2. Ensure that Employee Assistance Program (EAP) information is readily available and accessible
3. Listen to teacher concerns and requests
4. Regularly measure teacher/staff feedback (anonymous surveys) (e.g., weekly survey to students and staff)

Personal Interventions
1. Acknowledge your feelings of anxiety about and grief over the loss of a "normal" school year.
2. Identify a person(s) with whom you can be honest about your feelings. Choosing fellow teachers who may be in a similar position may be helpful. Share your feelings and vent, but don't get "stuck" there. Talk about other topics. Keep each other accountable on self-care and coping.
3. Engage in self-care strategies. Mindfulness, physical exercise, and hobbies can be helpful.
4. Use distraction techniques if your mind gets stuck in a loop. Playing games, reading a book, or television can be effective.
5. Write down repetitive or worrisome thoughts. Putting them in words can often make them more manageable.
6. Seek the assistance of a professional if worries or depression are affecting your ability to function. Utilize Employee Assistance Programs or seek a referral to a therapist from your primary care provider.

Resources
KDHE plan for implementing continuous learning.
https://drive.google.com/drive/u/1/folders/1eu_NW8nNOnXXJ0wl8QIr8CQzSSnK-pOT

Self-care strategies for teachers.
https://drive.google.com/drive/u/1/folders/1eu_NW8nNOnXXJ0wl8QIr8CQzSSnK-pOT
https://www.edutopia.org/discussion/7-self-care-strategies-teachers
https://galariousgoods.com/blog/2017/4/11/taking-care-of-ourselves-as-teachers
https://www.ksdetasn.org/atbs/educator-self-care-and-wellness

Mindfulness strategies.
https://www.mindful.org/take-a-mindful-moment-5-simple-practices-for-daily-life/

Six Ways for Educators to Avoid Compassion Fatigue
https://lesley.edu/article/six-ways-for-educators-to-avoid-compassion-fatigue

Body Mind and Soul
https://www.ksdetasn.org/atbs/body
https://www.ksdetasn.org/atbs/mind
https://www.ksdetasn.org/atbs/soul

Internet Safety

Youth are spending increasing amounts of time on devices with reliance on virtual school platforms. Additionally, children and teens may have increased unsupervised time as parents attempt to work from home or are forced to leave children home alone when daycares and camps are shut down. There is significant concern about vulnerability to negative online influences, including the potential for engaging with those seeking to do harm via online platforms. Some of these risks can be mitigated through the use of parental controls, school monitoring, etc., however, many students have the ability to work around these controls. Parents, guardians, and school staff should be prepared to increase monitoring of student-used devices to identify inappropriate use.

Interventions

1. Encourage parents to use parental control programs. There are many options available and none are specifically endorsed by this group. Consumer Advocate reviewed their top 10 apps here.
2. Monitor screen time and digital use. While recommended limits may require some flexibility during periods of remote learning, children should be spending time each day engaging in non-digital activities (e.g., reading books, playing outdoors, building, artistic endeavors, cooking, chores, etc.).
3. Keep devices in public spaces at home like the kitchen or living room to help parents monitor children's activities.
4. Parents should know children's passwords for all platforms in use and adults should be present on social media accounts.
5. Non-educational digital time can be used as a reward and earned by completing daily tasks like hygiene and chores. Digital time should not be granted until required activities are completed.
6. If anyone attempts to engage a child in inappropriate or secretive activity online, local authorities (police department) should be notified and parents/school staff should seek guidance about next steps from them.
7. Schools are encouraged to provide instruction in digital citizenship and internet safety.

Resources

"Digital Citizenship" lessons on safe internet usage broken down by grade level. Designed for teachers but could be adapted by parents for remote learning opportunities. Spanish-language resources available.
https://www.commonsense.org/education/digital-citizenship

Digital citizenship lessons targeting middle schoolers. Designed for teachers but could be adapted by parents for remote learning opportunities. Spanish-language resources available. Most recent version from 2015.
https://nearpod.com/t/digital-citizenship/6th-grade/digital-life-101-lite-L31463015?_branch_match_id=821724406903147582

KSDE's resource page for teachers and parents. Contains several links to additional resources.
https://www.ksde.org/Agency/Fiscal-and-Administrative-Services/Information-Technology-IT/Resources/Digital-Citizenship

Parenting blog with nine cyber-safety lessons to teach your kids.

https://blog.emsisoft.com/en/33478/9-critical-cyber-safety-lessons-to-teach-your-kids/

Links to help parents protect their children online. Addresses safety on computers, social media, cell phones, and other platforms. Discusses the use of parental controls.
https://www.consumer.ftc.gov/topics/protecting-kids-online

Science Literacy & COVID-19 Knowledge

One of the primary frustrations with COVID-19 is the nearly constant change in the information published in the media. This novel virus has provided an opportunity to see the scientific process unfold. Unfortunately, that comes with hypotheses that are sometimes wrong. Typically the general public is unaware of these and does not learn of "cures" or other interventions until they have been well-vetted and FDA-approved. This is an opportunity to teach children about how science works and arm them with scientific literacy that will allow them to be critical consumers of media. Providing factual information will also help explain some of the disease mitigation strategies and children are likely to increase their compliance if they understand the reasoning behind it (e.g., masking, hand-washing). Furthermore, studies of children in China found that those who had information and knowledge about the virus showed fewer mental health concerns (Zhou et al., 2020).

Interventions

1. Keep an open mind
2. Provide a safe environment in which to say, "I don't know."
3. Engage children in finding answers to their questions. Model for them how to seek information when it is unknown.
4. Use reputable sources of information (see link below)
5. Ask questions of scientists (doctors, school nurses, county health officers)

Resources

Coloring book with developmentally appropriate information for Pre-K through 2nd grade:
https://together.stjude.org/content/dam/together/en-us/other/covid-19/coronavirus-coloring-book-together.pdf

Activity book for older children in 3rd grade and above:
https://together.stjude.org/content/dam/together/en-us/other/covid-19/coronavirus-activity-book-together-english.pdf

List of reputable science resources for kids (e.g., National Geographic, NOVA, Smithsonian):
https://www.commonsense.org/education/top-picks/terrific-websites-for-science

Demonstrations & Experiments
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters
https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/2019-novel-coronavirus-myth-versus-fact
https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/share-facts.html
http://www.planet-science.com/categories/under-11s/chemistry-chaos/2011/06/soap---how-does-it-get-things-clean.aspx
https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html
https://www.scientificamerican.com/article/a-visual-guide-to-the-sars-cov-2-coronavirus/?print=true
https://www.npr.org/sections/goatsandsoda/2020/02/28/809580453/just-for-kids-a-comic-exploring-the-new-coronavirus
https://www.sussex.nj.us/documents/coronavirus-2020/20200515-covid-19-for-kids.pdf

https://www.cincinnatichildrens.org/patients/coronavirus-information/videos-for-kids-parents
https://www.exploratorium.edu/learn
https://www.livescience.com/coronavirus-kids-guide.html

Extra- and Co-curricular Activities and Sports Participation

As schools re-open to remote-only instruction, many are encouraged to restrict school activities, including sports, to remote-only status. Alternatives include engaging only in low-risk activities (i.e., sports that can be played individually, outdoors, and respecting social distancing; non-vocal or band music; modified debate, forensics, theater) or delaying traditional fall sports to later in the academic year. Many have voiced concerns about the negative impact on youth of removing access to school-sponsored activities. The social and emotional benefits of activity and sports participation are well-documented in the scientific literature, including reduced symptoms of depression and anxiety and a greater sense of well-being, improved self-esteem, and social skills (Dore et al., 2016; Eime et al., 2013). There is some evidence to suggest that team or group participation sports afford greater benefit than individual physical activity (Eime et al., 2013). There is also evidence to suggest that other non-sport group activities provide psychosocial benefits equal to sports participation (Linver, Roth, and Brooks-Gunn, 2009). Activity and sports participation is thought to benefit youth in several ways including increased opportunities for peer interactions, development of mentorship relationships with coaches, physical activity and its role in physical and emotional health, and the "opportunity cost" of engaging in extracurricular activities (i.e., youth have less time to engage in negative or risky activities; Holt et al., 2011). Establishing team routines that help preserve some of these key factors during a remote-only season/semester may offer continued benefits even if youth are not participating in competitions.

Interventions

1. Consider delayed or rearranged seasons. Sports like tennis, golf, and cross-country are considered lower risk. Contact sports, those that must be played indoors, and those that cannot be played without physical distance between the players (e.g., football, basketball, wrestling) are considered higher risk.
2. Modify non-athletic activities such as requiring vocalists to wear masks, further social distance, and using amplifiers; band members can further physically distance and use bell covers; debate, forensics, scholars bowl can use voice amplifiers, wear masks, physically or practice remotely.
3. Consider smaller teams.
4. Focus on skill building or workouts completed remotely. Encourage players to submit video footage and engage in team goals.
5. Consider limiting travel to only those participating in that event and consider competing only with local teams.
6. Continue team-building exercises virtually to provide social interaction, emotional support, and character development.
7. Encourage students in their senior season to submit video footage of their play/performance to college recruiters. Due to the circumstances, many collegiate institutions will be recruiting differently during the upcoming year.

Resources:

CDC Considerations for Youth Sports:
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html

National Federation of State High School Associations Role of Coaches in Student Connections:
https://www.nfhs.org/articles/high-school-coaches-to-play-key-roles-in-connecting-students-this-year/

Suicide Prevention

Youth suicide rates were rising in many locations prior to COVID-19. In adults, increased risk of suicide is often associated with economic and employment factors, with increased rates of suicide seen during recessions (Collins et al., 2019). In youth, factors that increase the risk of suicide include depression, anxiety, drug abuse, and stressful life events, such as family problems or peer conflicts. Having a strong relationship with a therapist can be a protective factor against suicide; however, challenges in access to care during COVID-19 put those relationships at risk. Mental health clinicians have met this demand by increasing their use of telehealth services and teens seem generally open to this approach. There is not yet research on whether COVID-19 has resulted in increased youth suicide rates; however, given the risks, an active suicide prevention program and clear plan of action is recommended. Suicide prevention is a national initiative and a national emergency line (988) was recently approved by the FCC; however, 988 **will not** be available until 2022 and the alternate hotlines listed below should be used in the meantime.

Interventions

1. Post contact information for local and national suicide hotlines. Make these readily available to youth without having to ask for them.
2. If you have concerns, ask questions. **<u>You will not</u>** "put ideas in their head" by asking someone if they are thinking about dying or hurting themselves.
3. If someone is at immediate risk, do not leave them alone. Call for help and sit with them. Ask if they want to talk, listen to music, watch a movie, or just sit.
4. Schools and medical offices should have a structured protocol to assess suicidality using a standardized measure such as the Ask Suicide-Screening Questions (ASQ), which is freely available in a number of languages at the link below.

Resources

National Suicide Prevention Lifeline:
https://suicidepreventionlifeline.org/
1-800-273-8255

Crisis Text Line
https://www.crisistextline.org/
Text HOME to 741741

Ask Suicide-Screening Questions (ASQ) Tool-Kit
https://www.sprc.org/sites/default/files/resource-program/asQToolkit_0.pdf

Virtual Hope Box
Suicide prevention app developed by the VA/Department of Defense available for free download from Apple and Android app stores.
https://www.research.va.gov/research_in_action/Virtual-Hope-Box-smartphone-app-to-prevent-suicide.cfm

Developing Resilience

Resilience is defined as a dynamic developmental process reflecting positive adaptation despite significant life adversity (Cicchetti, 2010). Post-traumatic growth occurs when individuals adapt to their new circumstances and find "the new normal." COVID-19 has saturated us with messages about how to "pivot," be flexible, manage our expectations, and handle disappointment. Among children who have experienced chronic stress and adverse childhood experiences, building resilience is a strategy to stave off long-term mental health consequences (Dray et al., 2017). Many resilience interventions take place in a group setting and often capitalize on classrooms as an ideal audience. A large-scale event like a pandemic should be seen as an opportunity to build resilience in real time, while understanding that the trauma inflicted may vary based on individual factors.

Interventions

1. Model flexibility and healthy coping with disappointment.
2. Allow for honest expression and processing of feelings.
3. Validate disappointment and don't rush to find "silver linings."
4. Psychological First Aid for Schools: https://www.nactatr.com/files/2020NACTATR-PFA.pdf
5. Trauma-Informed Care in Schools:
   https://link.springer.com/content/pdf/10.1007/s12310-016-9184-1.pdf
   https://cjc-rcc.ucalgary.ca/article/view/61156/pdf
   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7163870/pdf/40653_2017_Article_160.pdf
6. Cognitive Behavioral Intervention for Trauma in Schools (CBITS; links to training & free resources): https://cbitsprogram.org/

Resources

Ways to cultivate your emotional resilience this year:
https://www.edutopia.org/blog/ways-cultivate-your-emotional-resilience-year-elena-aguilar

Talking to children about COVID-19:
https://store.samhsa.gov/product/Talking-With-Children-Tips-for-Caregivers-Parents-and-Teachers-During-Infectious-Disease-Outbreaks/PEP20-01-01-006

Teaching kids to be resilient:
https://www.birminghammedicalnews.com/news.php?viewStory=3487&fbclid=IwAR1otya8MCKoJ4MtjPQVdz3k3cya6X7WoB6y223KzJjV3T0sdyDvrkeSj58

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Zhou SJ, Zhang LG, Wang LL, et al. Prevalence and socio-demographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID-19. Eur Child Adolesc Psychiatry. 2020;29(6):749-758. doi:10.1007/s00787-020-01541-4

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