IMPACT OF COVID
ON MENTAL HEALTH

Special Learning, Inc.
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Ronnie Detrich, PhD

Housekeeping

1. Post your questions in the Question Box. If we have time, one of our moderators will select a few to present to our panelists.
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Dr. Deborah Padgett Coehlo, PhD, C-PNP, PMHS, CFLE: I have the **following relevant relationships** in the products, or services described, reviewed, evaluated, or compared in this presentation.

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Downloadable Tools

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1. Returning to School: Separation Problems and Anxiety in the Age of Pandemics
2. A Model of Distance Special Education Support Services Amid COVID-19
3. Mindful Parenting: A Behavioral Tool for Parent Well-Being
4. An Essential Service Decision Model for ABA Providers During Crisis
5. References

Dr. Debbie Coehlo is a certified Pediatric Nurse Practitioner and Pediatric Mental Health Specialist with a Doctoral Degree in Family Sciences and Human Development. Dr. Coehlo is a Founder and Director of Juniper Pediatrics, a clinic modeled after John F. Kennedy's multidisciplinary system of care. Using a holistic, integrated care model, Juniper provides counseling, medication management and family therapy for children with ASD, ADHD and other childhood mental health disorders.

Dr. Coehlo completed her Master's in Nursing with a specialty in parent-child nursing. She spent 10 years working at the Child Development Center at the University of Washington in the Genetics Clinic and Multidisciplinary Clinic. In 1999, she completed her Doctorate degree in Human Development and Family Studies. She has continued to teach at the undergraduate and graduate level and has pursued research in the area of social networking, transitioning to out of home care for families, and child development. Dr. Coehlo is a co-editor for the 4th and 5th edition of Family Health Nursing (F.A. Dais, 2010/2013) and has published several journal articles in the areas of families choosing residential care, families in transition, family health nursing, and care of children with special health care needs.

Panelist: Dr. Ronnie Detrich, PhD

Ronnie Detrich has been providing behavior analytic services for over 50 years. His work can be characterized as thorough-going behavior analysis drawing from the conceptual, experimental, and applied branches of our discipline. He has worked primarily in practice settings holding variety of positions including Clinical Director of a private, non-public school in the San Francisco Bay Area, director of a state-wide program for children with autism in South Dakota, and Executive Director of a program serving adjudicated adolescents in West Virginia. From 2004-2018, he was Senior Fellow at the Wing Institute, an education policy think tank that focuses on the implementation of evidence-based practices in public schools. Currently, he is Adjunct Faculty at Utah State University.

In recent years, Ronnie's work has focused on the challenges of achieving adequate levels of treatment integrity in large systems, the role of evidence-based practice movement in applied behavior analysis, and the large- scale implementation of effective practices in public schools. He is a trustee of the Cambridge Center for Behavioral Studies and is on the editorial board of Exceptional Children and serves as an Associate Editor for the Journal of Positive Behavior Intervention. He has also served on the editorial board of Behavior Analysis in Practice, and Perspectives on Behavior Science, and was the Coordinator of ABAI's Practice Board.

Learning Objectives

1. List the 5 most commonly observed mental health-related issues that can directly be tied to "living in the COVID world."

2. Contrast the benefits and limitations of delivering services / intervention remotely (i.e., telehealth).

3. Describe the mental health-related effects of COVID-19 pandemic on different personality traits (introverts and extroverts).

4. Explain how Adverse Childhood Experiences (ACES) impact COVID-19 related mental health issues.

5. Contrast the impact(s) of COVID-19 on education and skill acquisition of neurodiverse individuals.

6. List 5 strategies that can be used to promote childhood resilience.

7. Select 5 strategies that can be used to combat negative mental health effects of COVID-19 in children, caregivers, educators, and health providers.

8. Develop creative strategies to address challenges facing children and families during the COVID-19 pandemic.
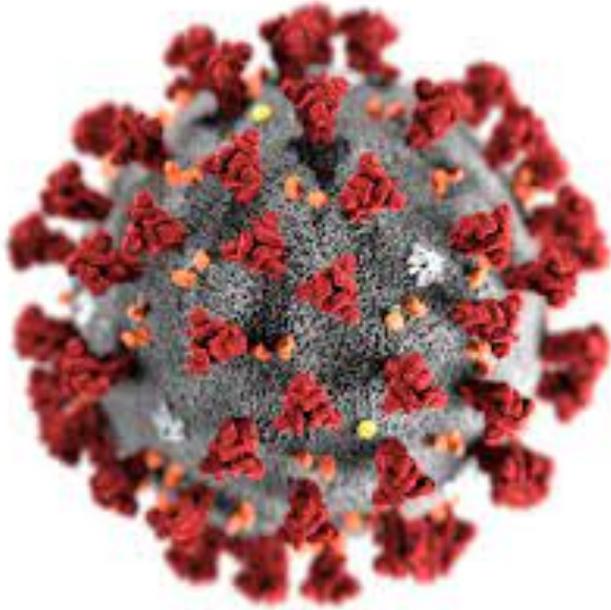
What is COVID-19?

SARS-CoV-2

A unique corona virus first reported in Wuhan China in December 2019

Contagious

- Spreads through droplets from an infected individual's nose or mouth through breathing, coughing, yelling, singing, talking, sneezing

- Less likely to spread through surfaces, although can spread if surface is infected and a person touches both the surface and their eyes, nose, or mouth

Infected, asymptomatic

Healthy

Maximum exposure
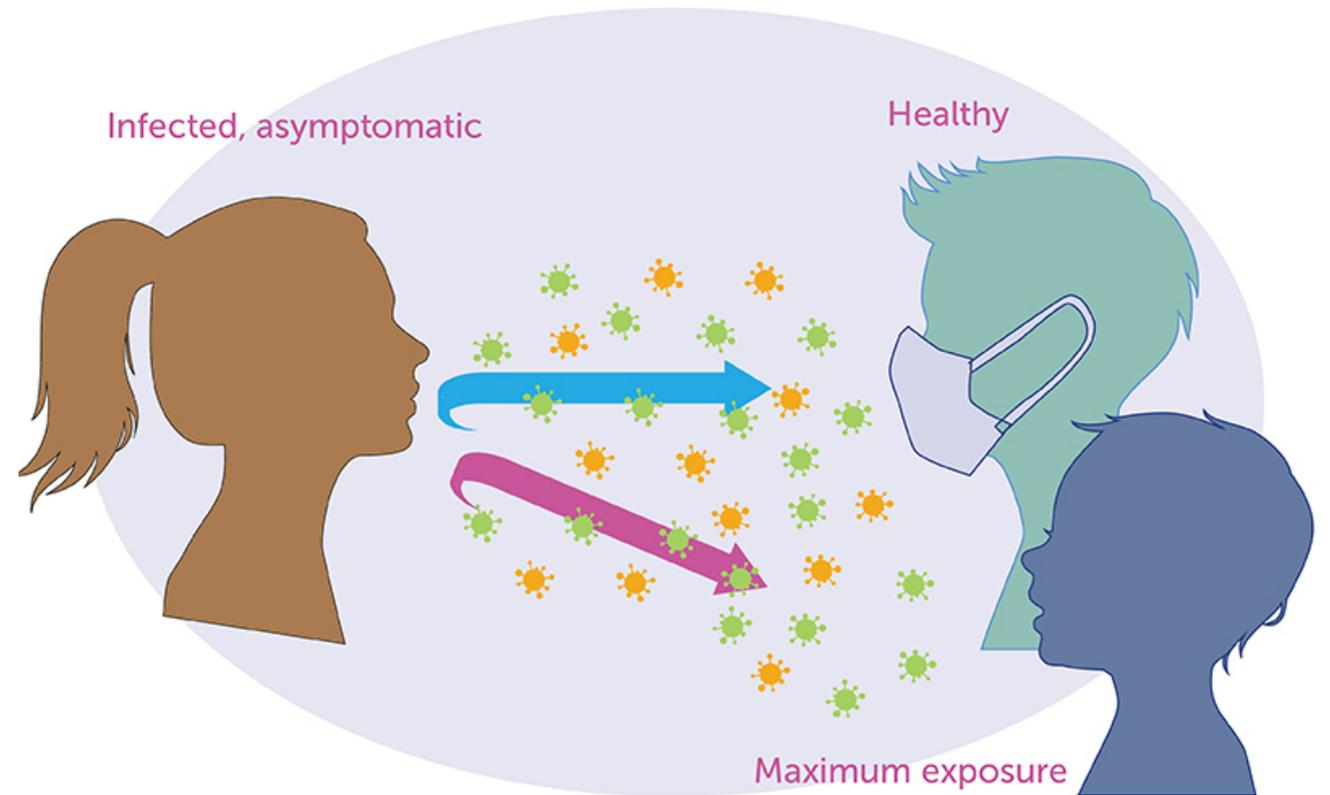
Testing and Tracing

- Know Risk Factors
- Report Symptoms
- Contact those Exposed
- Test
- Quarantine
- Treat

ABOUT 80% OF PEOPLE RECOVER FROM THIS DISEASE WITHOUT NEEDING SPECIAL TREATMENT

MORTALITY RATE BY AGE

0-10	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
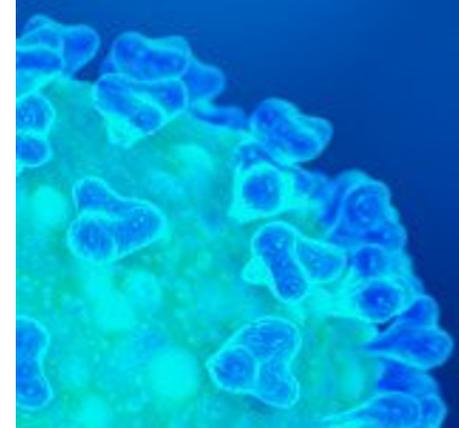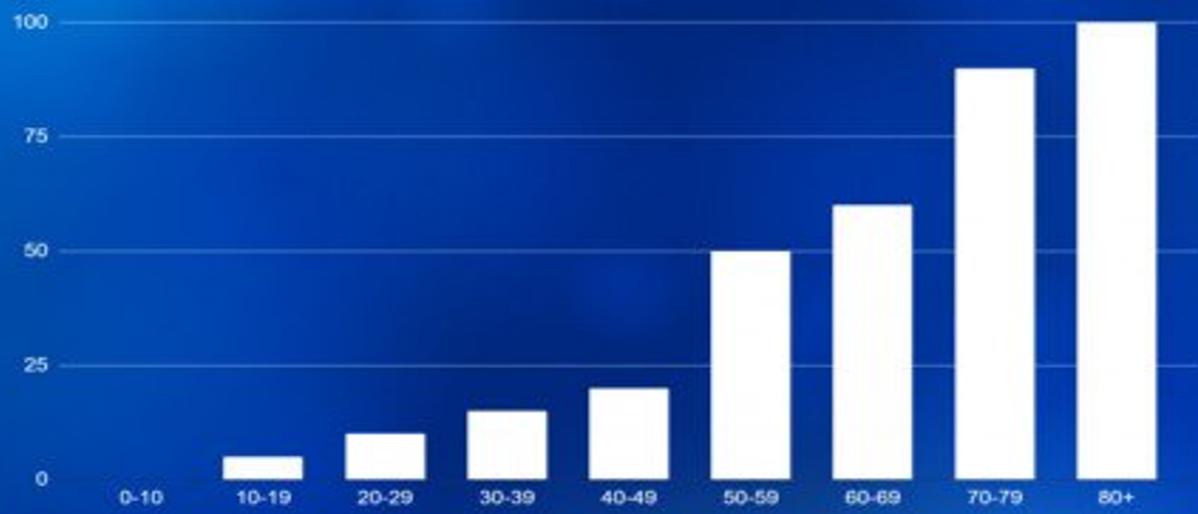
.01% of deaths have been children under the age of 10

Lasting Mental Health Effects of COVID

- Anxiety
  - Introvert
  - Extrovert

- Depression
  - Introvert
  - Extrovert

- Substance Abuse
  - Introvert
  - Extrovert

- Insomnia
  - Introvert
  - Extrovert

- Neurological and Cognitive
  - Introvert
  - Extrovert

Impact of Adverse Childhood Effect and COVID

COVID-19 pandemic may be amplifying some ACEs by:

- Increased Social Isolation
- Exposure to increased parental anxieties
- Increased family adversity, which may affect child brain development, particularly during the early years.
- Disproportionate affect to low-income and ethnic minority populations already at increased risk for ACE-impacted chronic conditions
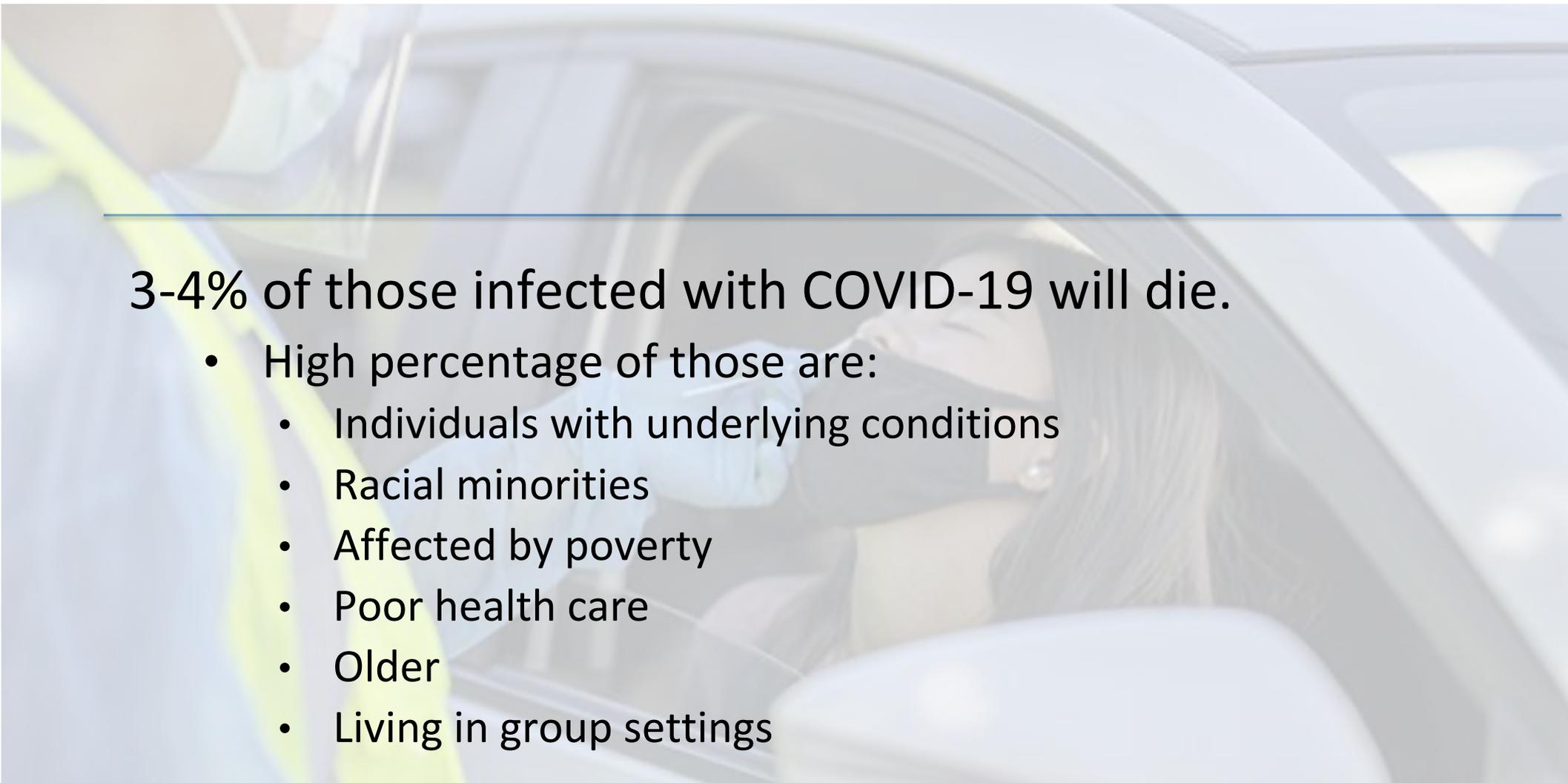
3-4% of those infected with COVID-19 will die.

- High percentage of those are:
  - Individuals with underlying conditions
  - Racial minorities
  - Affected by poverty
  - Poor health care
  - Older
  - Living in group settings

Risks to Families' Health

- Isolation from loved ones
- Millions of Americans have lost their jobs and a reliable source of income
  - Many risked health over livelihood and food
  - Many are at risk for losing their homes

Concurrent Stressors

- Racial equity and justice
  - Devastating toll on communities of color

- Tumult from contentious election and resulting effects

- Children should not go hungry

- Individuals should not endure illness without treatment

- Families should not live on the brink of homelessness

Holes in Our Safety Net

❑ Before the pandemic, many families were unable to meet basic needs.

➢ 2019: 12 million children were living in poverty

➢ 2019: 4.4 million children had no health insurance

➢ While 6% of children lacked health insurance overall, 9-18% were from minority populations

➢ Trends of improvement were slipping in 2019

➢ 2019: Only 23% of families in poverty received TANF (down from 70% in 1996)

As the Pandemic Swept Across the Country

- ❑ Number of uninsured families grew to over 20%
  - ▪ Lost jobs = lost insurance
- ❑ 34% of families delayed getting health care
- ❑ 20% of parents reported feeling depressed
- ❑ Up to 20% of families reported not having enough food
- ❑ 31% of African Americans are on the verge of losing their housing
- ❑ Unemployment peaked at 15%

Latino Adults With Children Are Most Likely to Not Return to the Labor Force

Percentage

Chart showing Percentage by race/ethnicity:
- White: ~31
- Latino: ~39
- Asian: ~32
- African American: ~28
- Total: ~32

Legend: Total, African American, Asian, Latino, White
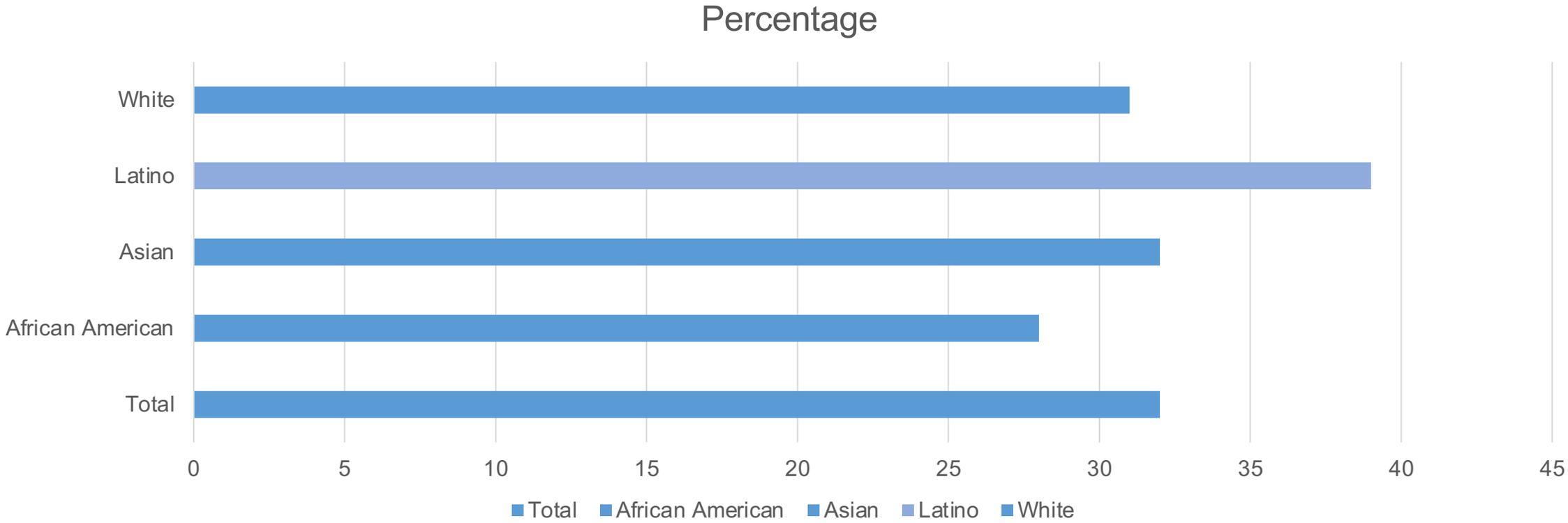
Percentage of Adults With Children Who "Somewhat or Strongly Agree"
They Are Less Likely to Return to Work Due to Lack of Child Care by Race and Ethnicity: 2020
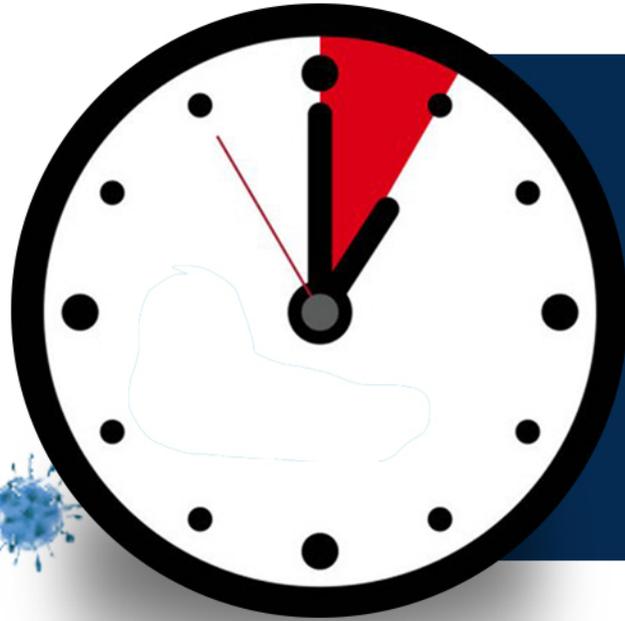
5' MINUTE BREAK

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QUESTIONS

Supporting Learning During COVID-19

- Impact on Young Children

- Impact on Middle School and High School Students

- Impact on Colleges

Tips to Maximize Learning Opportunities

Group contingency for reinforcement is appropriate in group settings.
  a. Group earns a reinforcement if criterion for reinforcement is met.
    i. Random time schedule and points are awarded if at least (e.g., 80% of students are wearing mask properly. At designated periods points are calculated and access to reinforcement is provided (free time, extra recess, etc.).
  b. Reinforcing social distancing
    i. Identify times when distancing is likely to be difficult.

- Provide reinforcement if group meets social distancing requirements

Minimize talk about the negative effects of COVID and their own fears in front of children.

    a. Make sure children observe parents interacting in caring reassuring ways.

    b. Acknowledge these are unusual times and there will be changes in routines.

        i. Talk about what all the family is doing to make sure everyone is safe.

        ii. Wearing masks, socially distancing, and getting vaccinated.

        iii.Working from home.

        iv.Arrange social contact with friends and family via video conferencing.

    c. Parents should make time for their own self-care.

        i. Exercise

        ii. Mediation

        iii.Personal activities

    d. Because stress level is high for everyone, minimize use of alcohol as it tends to reduce inhibitions and impulse control.

        i. The rate of domestic violence increases during times like these.

Virtually All Schools Closed

> 49% of households with school-aged children stated there was no adult available to help children with schoolwork.
>> 36% had no designated study area
>> 32% had no internet access

A Note on Child Care

➢ 50% of parents cannot return to work because they will not be able to find childcare.

➢ In order to retain employees, employers must participate in finding solutions to overcome their employees' childcare problems.

➢ Most childcare providers lost income or shut their businesses due to COVID-19.

Funding is Uneven

Nonwhite School Districts get $23 Billion less than White Districts

Fears, Worry, and Anxiety

Age Group	Reactions
Preschool	Increased fear Bad dreams Regression in toilet training Change in eating patterns Increased behavioral problems
School age	Change in appetite Bad dreams/ change in sleep patterns Physical symptoms Increased need for attention and affection Change in school performance Difficulty with concentration and focus
Adolescent	Increased anxiety (fear without logic) Sleep/appetite changes Change in academic performance Change in peer interaction- increased isolation Increased thoughts and worries about social justice

Fears, Worry, and Anxiety in Parents

Age Group	Reactions
Mothers	Increased fear Work-family balance Increased marital conflict Change in coping strategies (family and peer support, exercise) Increased drug and alcohol use
Fathers	Increased fear Work-family balance Increased marital conflict Change in coping strategies Increased drug and alcohol use

Change in Mental Health

Increased Mental Health Concerns in Children

(Ages 6-18 years)

- ➢ Depression: 20% increase

- ➢ Anxiety: 25% increase

- ➢ Stress: 15% of children reported increased stress in their homes

- ➢ 1 in 7 children have been maltreated in the last year

- ❖ **However,** 21% of children stated life was better since COVID-19 distance learning started

Why Worry About Screen Time?

Increased screen time
Increased time social media
Increased time on devices

→
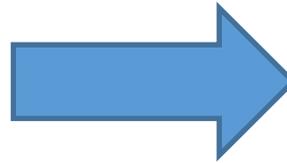
Increased mental health problems

The Worry About Isolation

- Decreased services
- Decreased peer interaction
  (i.e., school closures, community programs, peer gatherings)
- Decreased adult interaction
- Decreased family interaction
  (i.e., grandparents and non-residential parents)
- Daily "new normal"
- Inadequate support for on-line learning and social interaction
- Disparity between incomes, social, and minority/oppressed groups
- Increased loss
- Increased parental isolation

***All of these were exacerbated on top of existing concerns of isolation and mental health. ***

Where are Grandparents?

- 33% of grandparents live more than 50 miles from their grandchildren

- 50% of grandparents have at least one grandchild living more than 200 miles away

- 38% of grandparents provide childcare for their grandchildren either part time to full-time.

- 2% of grandchildren are raised by their grandparent(s)

- Increased health and mental health risks for the grandparents

- Higher rates of poverty

- Higher percentage of Black and Latino grandparents are raising their grandchildren

- What happens to GRG during COVID-19?

AARP, 2021; American Society on Aging, 2020

Signs and Symptoms of Potential Mental Health Problems
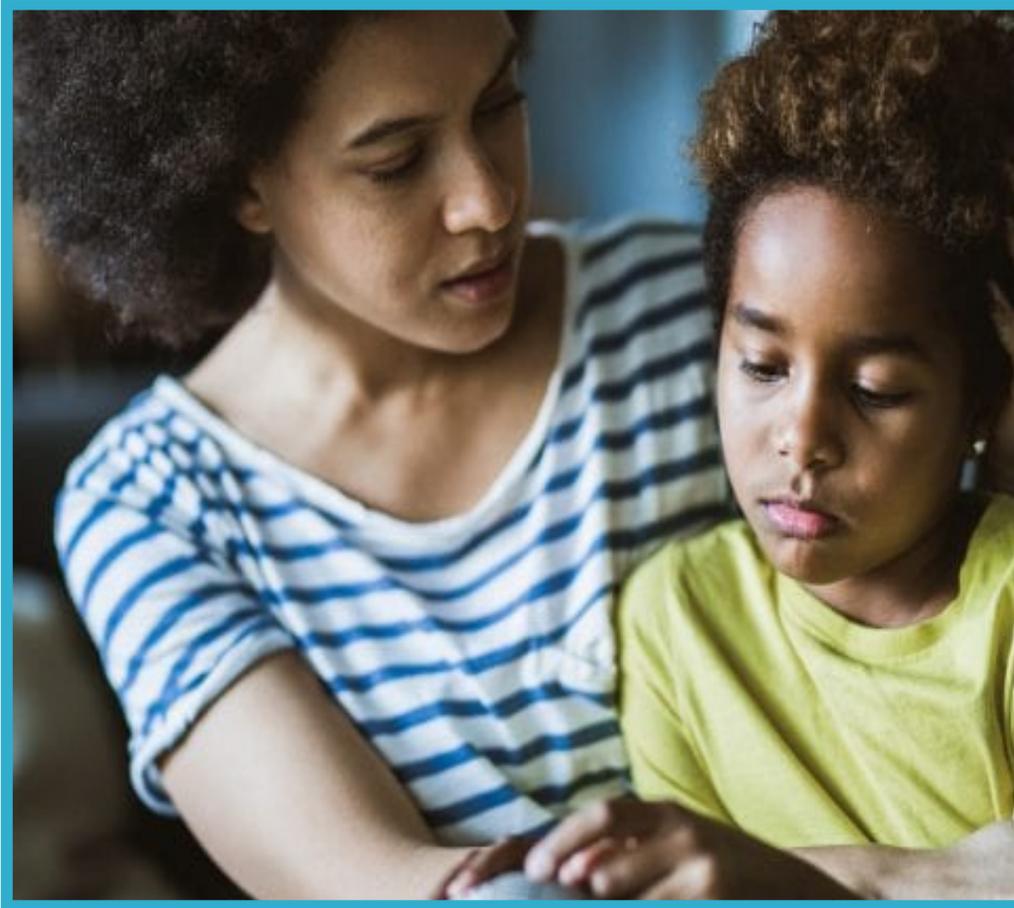
- Irritability
- Increased worry
- Increased sadness
- Loss of interest
- Sleep problems
- Change in school performance
- Regression in schools
- Change in energy

- Withdrawal
- Self harm
- Increased screen time use
- Increased isolation
- Extreme issues: Suicidal thoughts, hallucinations, substance abuse and addiction

Concerns for Specific Children and Families

- Children with anxiety

- Children with ADHD

- Children with depression

- Children with learning disabilities

- Children on the Autism Spectrum

Resiliency and Resilience

1. **Resiliency** is the capacity to recover quickly from difficulties; toughness.

2. **Resilience** is what gives people the emotional strength to cope with trauma, adversity, and hardship. **Resilient** people utilize their resources.

The Good News

- Our schools have had the goal of one computer for every student since 1994.

  - 1998: 12:1 ratio

  - 2001: 5:1 ratio

    - Only 51% of schools provided computers and internet access outside of school hours

  - 2019: 57% of schools had one computer for each student

  - 2020: 59% of schools had one computer for each student

- Internet access:

  - Over 800 companies offered reduced or free of charge internet to students.

    - Many offered increased limits

    - Many offered access to low-income families without credit checks or deposits.

- School lunches:

  - 100% of school districts offered meals to children (previously only available at schools).

  - (COVID-19 Resources for Individuals and Families. (2021). USDA Food and Nutritional Services. https://www.fns.usda.gov/meals4kids)

Resiliency: Who is Resilient and Why

- ❑ Access to a sensitive, responsive, and caring adult(s)
  - ▪ Spending quality time
  - ▪ Stay connected
- ❑ Meeting basic needs
  - ▪ Asking is a sign of strength
  - ▪ Finding family resources
  - ▪ Reducing barriers
- ❑ Emotional Support
  - ▪ 3 R's: Reassure, Routines, Regulation
- ❑ Support for Caregivers
  - ▪ Help prioritize resources, time, and energy
  - ▪ Support
  - ▪ Reach out to vulnerable families
- ❑ Social Connectedness
  - ▪ Explore new ways to stay connected to family, friends, and resources
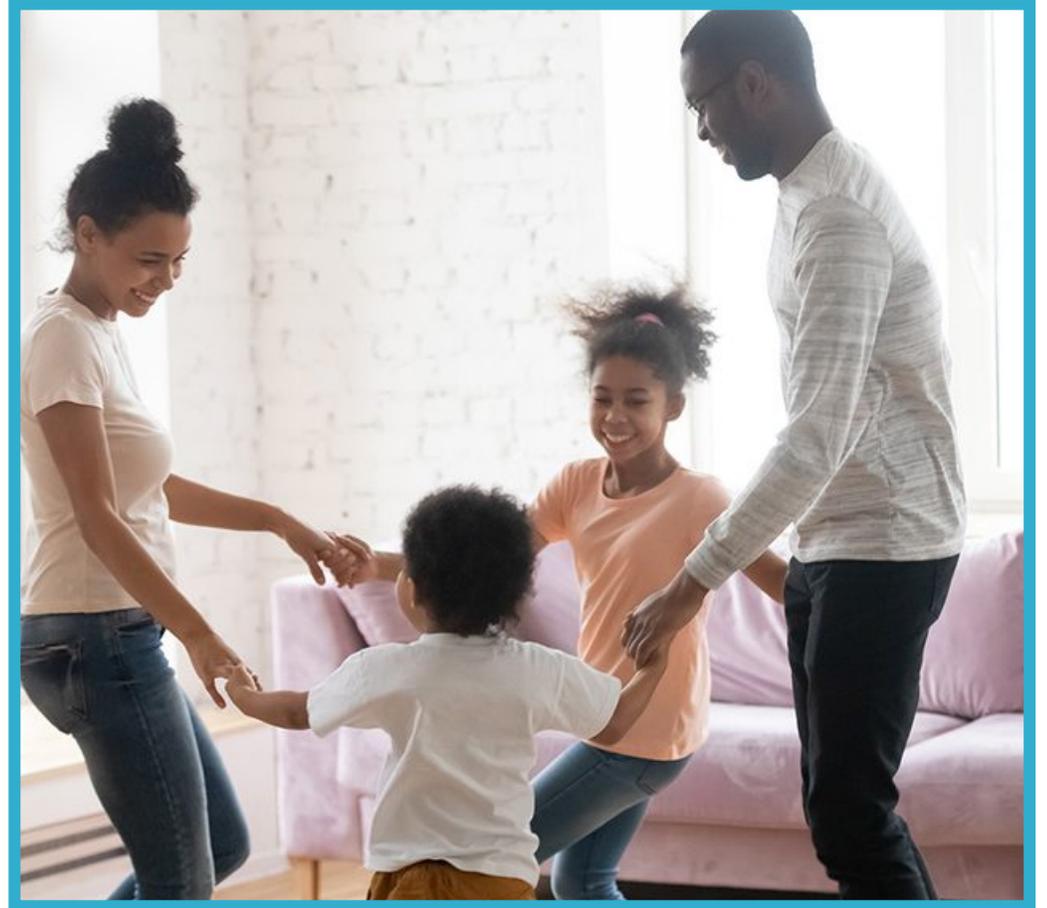
Case Study

Oliver is a 10-year-old male who lives with his biological parents. He has been diagnosed as gifted with a non-verbal learning disability, and ADHD. He has a history of explosive outbursts and was on an IEP for a previous diagnosis of Oppositional Deviant Disorder (ODD) and Obsessive-Compulsive disorder (OCD). His current symptoms no longer meet the criteria for these diagnoses.

When COVID-19 swept the nation, Oliver's school changed to distance learning. He refused to participate in Zoom meetings and refused to do any schoolwork. When his parents asked him to do schoolwork, he would throw objects and try to break objects, including his parents' computers. He consistently interrupted his parents while they tried to work from home. In his spare time, Oliver runs a neighborhood business blowing leaves, mowing grass, and clearing snow when needed.

Building a Safety Net

❖ Physical safety:

➤ Masks

➤ Social Distancing

➤ Wash your hands

➤ Stay diligent

❖ Mental Safety

➤ Resiliency skills

➤ Support

➤ Routines

➤ Predictability

What Can We Do Nationally?

❑ Support expansion of Medicaid under the Affordable Care Act

- This would increase insurance for an additional 1.9 million people
- This would stabilize funding across states

❑ Increase funding for school counselors (250:1 ratio recommended)

❑ Put racial disparities in schools and healthcare as a top priority to address

Note. *Fully reopening schools is an equity issue. For example: Test positive rates are higher in non-white schools, delaying opening.*

9 Tips for Reducing Stress for Children

"Kids feel empowered when they know what to do to keep themselves safe."

–Jamie Howard, Child Mind Institute

➤ Stay Calm

➤ Be a Role Model: Talk, discuss, answer questions, problem solve, be creative

➤ Be honest and accurate

➤ Reassure

➤ Develop a safety plan

➤ Avoid blame and prejudgment

➤ Keep what you can the same (i.e., routines)

➤ Think "developmentally appropriate"

➤ Encourage purpose, routine, and passion

Other Interventions

➢ Monitor for maltreatment

➢ Monitor for parental stress

➢ Increased effort coordinating services

➢ Increased effort returning to pre-COVID support services and peer interaction

Steps Towards Positive Coping

❖ **Young children:**
  ➢ Play, story telling, fun activities
  ➢ Allow short term changes in sleep
  ➢ Maintain calming activities
  ➢ Avoid media
  ➢ Social and family support

❖ **Older children:**
  ➢ Play and exercise
  ➢ Encourage discussion
  ➢ Avoid media
  ➢ Involve in problem solving
  ➢ Social and family support

Summary

➢ COVID-19 has impacted the health of individuals and families in numerous ways.

➢ Preparation for a pandemic relies on healthy support of individuals and families before the pandemic hits.

➢ Recovery takes resiliency: support and stress reduction at an individual, family, community, and national level.

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Acknowledgements

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Impact of Covid on Mental Health

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- *Dr. Ronnie Detrich, PhD*

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