

SHIFTING THE SPOTLIGHT TO CHILDREN'S MENTAL HEALTH

written by Christina Nifong

After the collective trauma of COVID-19, kids will need help to get back on track.

THIS TIME LAST SUMMER, the shock of the arrival and worldwide spread of COVID-19 had worn off. Instead, confusion reigned; everything felt jumbled. But it wasn't until schools — preschools, K-12, universities — sputtered in the fall that the collective cultural attention focused on one largely universal truth: The kids were not all right.

After months of seeing few friends, having academics and sports and arts halted, finding the day's structure all but disappeared, many students had ceased to thrive. Parents were finding teens struggling to get out of bed, eating disorders shot through the roof, the demand for therapists was out-stripping supply across the country.

Centers for Disease Control and Prevention statistics showed mental health visits to emergency rooms for adolescents ages 12 to 17 were 31% higher April to October 2020, as compared to 2019; for children ages 5 to 11, it was up 24%.

That wasn't taking into particular consideration the children who had buried a parent or lost multiple extended family members or whose sibling had become a COVID long-hauler.

"For those who have had terrible losses, it has been completely devastating," says Felicity Adams-Vanke, a

practicing psychiatrist and chief of child and adolescent psychiatry at Carilion Clinic.

Today, with vaccines more available and schools preparing for in-person instruction, the light of normalcy is shining brighter.

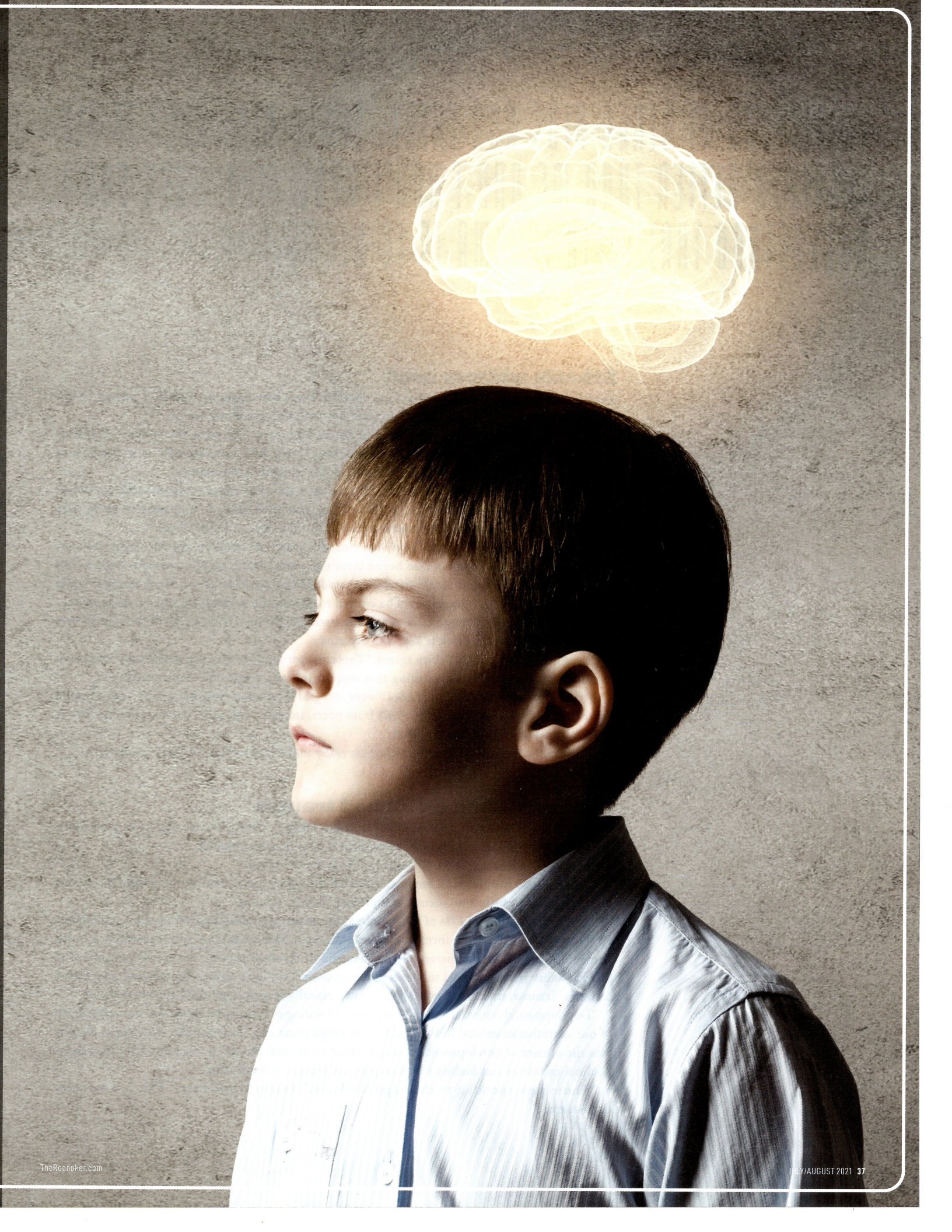
But just because kids will soon be back on campus doesn't mean their well-being will simply snap into place, experts warn. Their social emotional learning may need as much remediation as their algebra and world history studies.

"I'm sure there will be long-term consequences for years to come," Adams-Vanke says.

One upside of the disruption has been a greater willingness to talk openly about mental health and to search for the help that kids of all ages may not even know they need.

But with demand for therapists higher than ever, waitlists for kid appointments may stretch as far as six months in the future.

"People who had been able to maintain, they're seeing that they're not able to maintain like they used to," says Emily Olsen, counselor and clinical supervisor for enCircle Counseling Services, an agency headquartered in Roanoke that sees clients statewide. "They're the ones seeking treatment now."



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Schools address need

Even before the pandemic, Roanoke City Public Schools had begun to expand its mental health offerings, understanding that if children were not well, they could not learn.

In 2019, licensed professional counselor Decca Knight was hired as the system's first-ever coordinator of trauma-informed care. That same year Laurie Seidel was brought on as coordinator for mindfulness programs — providing resources for students and teachers.

During the 2020/2021 school year, RCPS sent out a survey to assess students' social emotional needs. "We wanted to find out what are their strengths, what areas do they need to grow," says Knight. "We want every student to have a profile, so we're able to follow them."

Survey results will also be used to design curricula that meet students' specific needs, she says.

Last year, the school system also began creating mental health teams at every school, which included trauma and mindfulness coaches, so student care could be coordinated, teachers could be trained onsite and programs could be crafted to answer the particular profile of each school.

That approach is attracting notice across the state, Knight says. "Putting all of those initiatives in that interwoven framework is key," she explains.

Superintendent Verletta White agrees. "Those wraparound services are so critically important to student learning that we're pushing that support in every single one of our schools."

If there was ever doubt that schools were integral to student well-being, the separation of children during the last year-and-a-half from peers, teachers, and other services they receive in the school setting has put an end to it.

"It's become incredibly clear that school is really important to kids," Adams-Vanke says.

Understanding childhood trauma

In the not-so-distant past, mental health services for kids kicked in once there was a diagnosis of autism, attention deficit disorder, addiction, anxiety or schizophrenia.

Those diagnoses are still on the books, still valid and vexing.

Over the past two decades, however, there's been a growing awareness of another factor that can have serious impacts on mental and physical health: trauma.

The CDC reports that 17% of the population has experienced significant trauma in childhood; 66% has experienced some form of childhood trauma. That childhood trauma (violence in the home, having an alcoholic parent, being the child of divorced parents, for example) can lead to lifelong anger issues, suicidal tendencies, depression. Also heart disease, lung cancer and Type 2 diabetes. Trauma, studies are now showing, can actually re-code a person's genetic makeup.

"Developmental trauma, or trauma experienced during our formative years, was not really a part of our narrative in mental health until six or seven years ago," says Knight, who began digging into the science of developmental trauma's effect on mental health 10 years ago, after working as a school counselor but finding the therapies she was using ineffective.

"Those were speaking to their upstairs brain," Knight remembers. "This is a lot more deep-seated."



Today, there's a push to educate the public at large, and those who work with children in particular, on the ways that past trauma might have shaped behaviors such as poor impulse control, an inability to connect with peers or heightened anxiety.

"Kids look at other kids and think: Those kids keep it all together better than me and I don't know why," Knight explains. "They don't understand that their trauma is to blame."

After 18 months of isolation, perhaps in an unstable home, living with grief over a lost loved one or suffering the stress of financial hardship, some mental health experts worry that COVID itself is becoming an adverse childhood experience.

"All of us are experiencing small traumas as a result of this collective trauma," Knight says. "It's leading us to feel more anxious and overwhelmed.... We're experiencing more stress, more difficulty in relationships. What we've been through is significant."

What can be done to soften the impact?

As vaccines are proving to be widely effective, they are the key to returning kids to school, resuming extracurricular activities, restoring friendships and peer interactions. Adams-Vanke urges parents to get vaccinated and to vaccinate their children as soon as they are eligible. "That will help get things back to normal," she says.

Parents can make sure children are moving their bodies, getting outside to breathe fresh air and seeing peers in whatever way they can. Once activities are back open, parents should encourage children to re-engage.

When kids seem sad, Adams-Vanke says, validate that feeling. "I'm constantly telling people, we have to be gentle with ourselves."

EnCircle's Olsen advises caregivers to reach out to therapists, even if there's a wait. "As parents, we think we have to do it all. Sometimes it's helpful to have additional support."

Kids in therapy get "empowerment and a better understanding of themselves," she says. "They learn that they have the choice to make different responses."

But mental health professionals stress that being present with kids, walking with them through these tough times might be the best we can do at this moment.

"We asked children to give up so much and it was mostly to save older people," says Adams-Vanke.

"I got to the point in my practice where I just started thanking kids," she says "I would say: 'This is hard. Thank you for what you are doing.'" ☆