Mental Health Considerations

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www.schoolcrisiscenter.org
1) Pediatric healthcare providers play critical role
Primary care providers are de facto mental health providers for children

- Children most likely receive treatment from primary care providers for mental health disorders
- Psychosocial problems most common chronic condition for pediatric visits
- In aftermath of disaster, primary care providers are likely to be first – and only – responders to address mental health needs
1) Pediatric healthcare providers play critical role
2) Everyone that can support children should play role
Psychological first aid

• Provide broadly to those impacted
• Supportive services to foster normative coping and accelerate natural healing process
• All staff should understand likely reactions and how to help children cope

• **Anyone that interacts with children can be a potential source of assistance and support – if unprepared, they can be a source of further distress**
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2) Everyone that can support children should play role
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Adjustment Over Time in Crisis

A = baseline functioning
B = event
C = vulnerable state
D = usual coping mechanisms fail
E = helplessness, hopelessness
F = improved functioning

G = continued impairment
H = return to baseline
I = post-traumatic growth

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Range of reactions to disaster

- Wide range of reactions and concerns
  - Not just PTSD
- Bereavement
- Secondary losses and stressors
  - Relocations
  - Loss of peer network
  - Academic failure
  - Integrating into new social network (bullying)
  - Financial stresses
  - Parental stress
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8) Stigma is a barrier even after disasters
Parents often underestimate symptoms

- Children may withhold complaints because of concerns they are abnormal, or to protect parents who are upset
- Parents may not think professionals are interested or assume “normal reactions to abnormal event”
- Stigma related to mental illness persists, even in times of national crisis
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Importance of professional self-care

- Recognize it is distressing to be with children who are in distress
- It’s critical staff find ways to have their own personal needs met and appreciate and address impact of supporting children who are grieving or traumatized
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Potential symptoms of adjustment reactions

- Sleep problems
- Separation anxiety and school avoidance
- Anxiety and trauma-related fears
- Difficulties with concentration
- Deterioration in academic performance
- Regression
- Depression; Avoidance of previously enjoyed activities
- Substance abuse
- Somatization
What to expect in schools in absence of intervention

- ↓ Cognitive functioning and academic achievement (anxiety, ↓ concentration, sleep problems, depression)
- ↑ Absenteeism (school avoidance)
- ↑ Suspensions/expulsions (irritability, social regression, substance abuse)
- → → ↓ Graduation
- Taking time in schools to help children adjust to disaster and aftermath is essential to promote academic achievement
AAP Resources

Disasters webpage – www.aap.org/disasters
• Adjustment resources – www.aap.org/disasters/adjustment.cfm
• Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians – http://archive.ahrq.gov/research/pedprep/
• Pediatric Bereavement Lectureship Program – http://www2.aap.org/disasters/lectureship.cfm