

Children and the COVID-19 Pandemic

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As a result of the COVID-19 pandemic, many school districts have closed for the remainder of the academic year. These closures are unfortunate because, for many students, schools are their only source of trauma-informed care and supports. When schools reopen, they must develop a comprehensive plan to address the potential mental health needs of their students.

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Children's mental health needs, especially in the area of trauma, have become a national public health issue (Vostanis, 2017). Trauma has been defined as events that overwhelm a person's ability to adapt to life, leading to strong negative emotions that are associated with the degree of experienced or witnessed threat to self (Blaustein, 2013). Each year, among U.S. children aged 2–17 years, half are victims of a physical assault and one in eight experience child maltreatment (Finkelhor, Ormrod, Turner, & Hamby, 2005). Researchers have reported, based on the results of a large study of urban youth aged 10–18 years old, that 92.5% of the youth had experienced one or more lifetime traumatic events (Abram et al., 2004). The results from another seminal study found that by the age 16 years, more than 67% of rural, small-town youth reported exposure to at least one traumatic event (Copeland, Keeler, Angold, & Costello, 2007).

Although we know trauma affects children in all demographic groups, lower socioeconomic status has been long associated with an increased likelihood of experiencing undesirable life events (U.S. Department of Health and Human Services, 2009). Research has indicated strongly that adverse childhood experiences can have long-lasting biopsychosocial consequences; these consequences include the following: disrupted neurodevelopment; social, emotional, and cognitive impairment; adoption of health-risk behaviors; disease, disability, and social problems; and early death (Ports, Ford, & Merrick, 2016). One form of trauma that receives significant attention is child maltreatment, which is associated with increased symptoms of mental health issues (Bartlett et al., 2016).

According to the Indiana Youth Institute (2018), in 2016, there were 29,359 cases of child neglect, sexual abuse, and physical abuse, resulting in an estimate that year that more than 7% of Indiana children had been exposed to domestic violence.

Many children do not have access to sustainable behavioral health services. Researchers have reported that the disparity in access to services is even more glaring for African-American and Latino youth (Lê Cook, Barry, & Busch, 2013). Often, school reform does not move in the same direction as the mental health field's interest in trauma prevention and intervention (Aber, Brown, Jones, Berg, & Torrente, 2011). However, many schools across the country have recognized the importance of implementing trauma-informed policies and programs. Researchers have found that evidence-based services can improve children's overall mental health (Bartlett et al., 2016). School districts across the country have applied for mental health grants to serve children dealing with traumatic stress and to train staff so that they can more effectively respond to needs. Vostanis (2017) said that school officials are vital to delivering trauma-informed care, even to students suffering from adverse forms of toxic stress.

However, as a result of the corona virus 2019 (COVID-19) pandemic, schools from kindergarten through 12th grades are closed until the next academic year. Schools have placed a heavy emphasis on ensuring students continue to receive academic instruction, and there have been numerous discussions on how to deliver distance or online instruction. Although such discussions are understandable, there have been fewer discussions on how to support children who rely on schools for behavioral and mental health supports. It appears that mental health is being viewed as secondary or unrelated to academic success (Blaustein, 2013). However, the impact of the pandemic has created significant socioemotional and financial stress for many families across the country, which can make it difficult for children in these households to focus adequately on academic tasks. It is safe to assume that many institutions were caught off guard by this pandemic, so there are few or no guidelines for planning and delivering mental health services in our current quarantine context. One has to wonder how children with trauma-related issues are coping with our current state of affairs without adequate supports. Generally, a child's response to trauma is based on individual variables such as temperament and cognitive functioning, nature of the event and

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proximity to exposure, previous experiences, available adult support, and stability of a day-to-day routine (Kilmer, Gil-Rivas, & Hardy, 2013). Shapiro et al. (2006) reported that the effects of disasters, such as Hurricane Katrina, can worsen many preexisting problems for children. Furthermore, the exposure of the COVID-19 pandemic may increase children's risk for subsequent maltreatment and adversity (Becker-Blease, Turner, & Finkelhor, 2010).

Many in the media have described this pandemic as being at war with an invisible enemy, in which all of us are in combat. Herman (1997) contended, "Combat leaves a lasting impression on men's minds, changing them as radically as any crucial experience through which they live" (p. 26). Children depend on their parents or guardians to determine how they respond during a crisis. Researchers have found that children who have been exposed to war trauma tend to have a higher level of psychological well-being when the adults in their lives are available to soothe and help them with their overwhelmed emotions (Diab, Peltonen, Qouta, Palosaari, & Punamäki, 2019). Yet many adults are struggling to support financially their families or are stressed with the daily negotiation of working from home and tending to their children. During the 2009 swine flu pandemic, researchers found that parents who were fearful of the swine flu transmitted this threat information to their children, which caused the children to be fearful of the disease. The current situation is quite similar. Moreover, children who lose a significant loved one during a pandemic may experience a severe mental health crisis (Earls, Raviola, & Carlson, 2008). However, in many cases, the effects of trauma influence not only direct victims but also children, who can be vulnerable to vicarious trauma (Steele, 2015).

Currently, there do not appear to be organized efforts by schools to offer mental health or coping skills services to students who depend on them to address their trauma-related needs. Without such services, the COVID-19 pandemic could be contributing to cumulative trauma for many children across this country, increasing the chances of developing mood and anxiety disorders and elevated hyperarousal symptoms (Karam et al., 2014). Once children return to schools, we will need to ensure a new normal is established quickly (Shapiro et al., 2006). Schools and other institutions that serve children must continue or develop a public health framework to understand the various risks and protective factors for COVID-19 and its aftermath (Magruder, McLaughlin, & Elmore Borbon, 2017). In the meantime, a mutual objective of streamlining community-based services for children's mental health in the most heavily impacted areas by the pandemic must occur.

The impact of this pandemic might be unclear for a long time, so a continuum of services within a public health model will be the most promising approach to take, from promotion, prevention, and treatment to maintenance (Hess, Short, & Hazel, 2012). One of the lessons learned after Hurricane Katrina is that communities and schools need to invest in robust public health infrastructures to meet the needs of those impacted by a traumatic event (Shapiro et al., 2006). Schools may have to consider population-based mental services in which supports are tailored to promote the overall psychological well-being of all students, provide supports to caretaker and school environments, and intervene in significant socio-emotional and behavior problems (Boll & Cummings, 2008). This will require an ecological plan in which environmental factors and

context of interventions are considered, intervention activities are clearly outlined, and short-term and long-term goals are provided (Hess et al., 2012). This level of care will require the cooperation of state and federal departments of education, communities, and families (Christenson, Whitehouse, & VanGetson, 2008; Usami et al., 2018). Lastly, it appears people of color have died from COVID-19 complications at a higher rate than their counterparts, so an understanding of the cultural factors must be examined to provide high-quality supports. Overall, when students return to school, we must ensure they are resilient and can recover from the effects of COVID-19.

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