

Family Mental Health in the Post-Pandemic World

Burgundy Johnson, DO

Adjunct Assistant Clinical Professor at University of Iowa

Adjunct Assistant Clinical Professor at University of Illinois

Division Lead - Child and Adolescent Psychiatry at Carle BroMenn in Bloomington

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**No
Disclosures**

Objectives

- Identify the impact of the pandemic on children and caregivers with regards to mental health
- Review recommendations for families struggling with mental health concerns
- Describe strategies caregivers can take to improve their relationships with children in a post-pandemic world.

Objective One

Identify the impact of the pandemic on children and caregivers with regards to mental health



First we need to talk about the peds mental health situation pre-covid



A (Very very very brief select) History of Child Psychology and Psychiatry

Psychiatry started as psychology. What we know as today's psychiatry bloomed out of developmental psychology and analysis. That is why previously psychiatrists were expected to do therapy and diagnosis. Later on this field split more into what we know as psychiatry and psychology. Medications became more available - studies and research came out more - and with the explosion of information, psychiatry and psychology (therapy, counseling) split even further.

If you're ever confused about psychiatry vs psychology vs therapy vs counseling vs med management and all of these terms seem to be vaguely similar and overlapping yet different.. it's because in the past 100 years psychiatrists have played all these roles at different points of history and there is still debate about what a psychiatrist should be doing.

There has been rapid evolution and change of the role.

Child psychiatry is rapidly evolving in many ways. Research, evidence, understanding, acceptance, roles... so much. It's both exciting and scary.

As a society we now live we have more time for introspection, evaluation, joy, where we can change who we are and what we do. Humans have been in survival mode for so long that we haven't had a change to be reflective. We've had to just get through.

My opinion is that we are starting to look around, reflect, and as a society and as individuals go - whoa we have a lot of issues that we haven't addressed .. ever. And we are catching up.

Prior to the pandemic



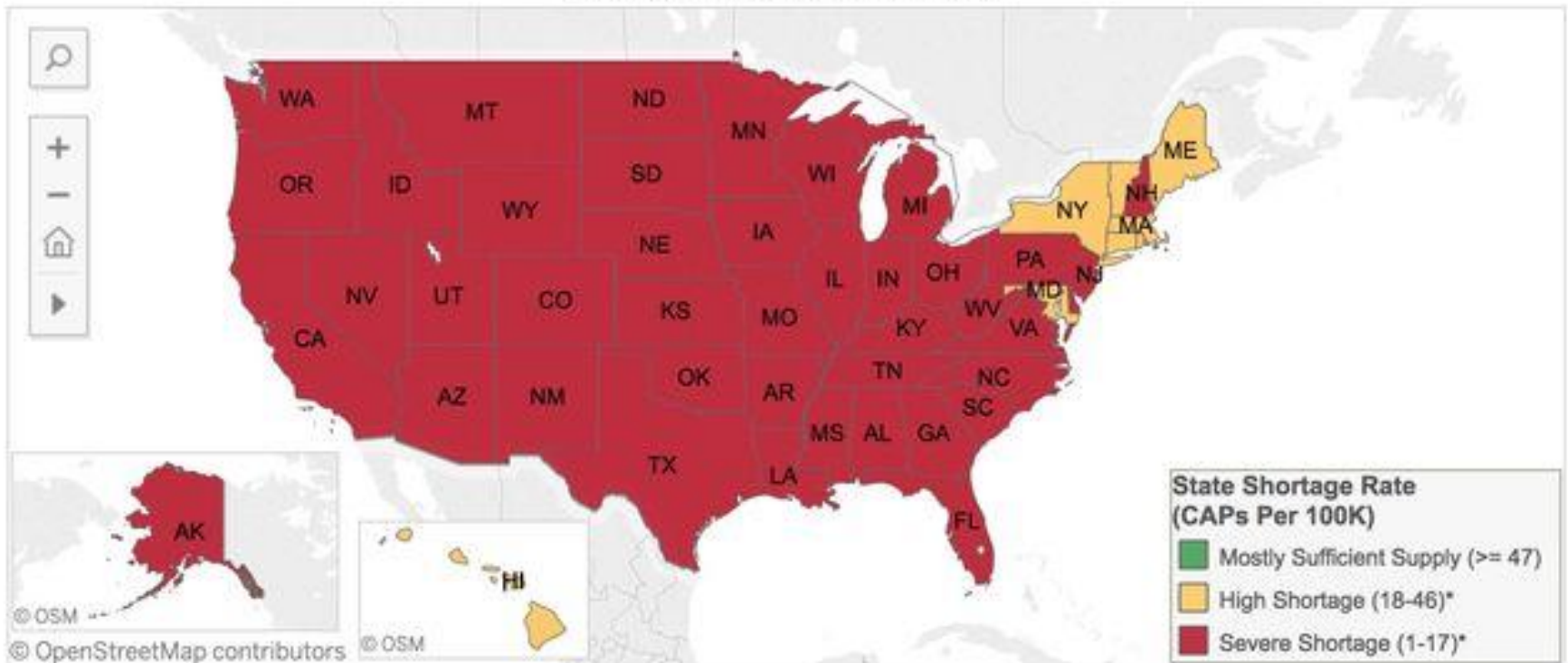
I'm sure there are many reasons for the mental health crisis that we could discuss all day.

but let's agree regardless of why exactly, it was bad

https://www.gokagit.com/all_access/mental-health-crisis-too-many-children-in-need-not-enough-help/article_7a5caa86-141c-54e8-844d-158996628415.html

Going into the Pandemic

Practicing Child and Adolescent Psychiatrists by State 2015
Rate per 100,000 children age 0-17



<https://www.psychologytoday.com/us/blog/political-minds/201706/the-child-psychiatrist-will-not-see-you-now>

“Why the shortage? Part of it is that there is a high demand. There are just too many children with significant mental health concerns. The other side is that there is low supply. The pipeline of medical students interested in careers as child and adolescent psychiatrists is low. Psychiatry is one of the least-reimbursed fields in medicine, with salaries dwarfed by procedural specialties like anesthesia, dermatology, and ophthalmology, which have historically been much more popular and competitive. Insurance companies continue to reimburse high rates for procedures and a fraction of that for office visits. While a dermatologist can get paid nearly \$200 for a one-minute skin biopsy, insurance may pay half this for an hour-long psychiatry appointment. To top it all off, within the medical profession, psychiatrists are **stigmatized** by their colleagues. Dr. Wesley Boyd, psychiatrist at Harvard Medical School explains...”

Going into the Pandemic

What's Known on This Subject:

More than half of the children in the United States with a treatable mental health disorder do not receive treatment from a mental health professional. One of the driving factors contributing to this unmet need is a shortage in child psychiatrists.

What This Study Adds:

We found that child psychiatrists (per 100 000 children) increased by 22% from 2007 to 2016. However, 70% of US counties had no child psychiatrists in 2007 or 2016, and child psychiatrists were much less prevalent in low-income and less-educated communities.

McBain RK, Kofner A, Stein BD, Cantor JH, Vogt WB, Yu H. Growth and Distribution of Child Psychiatrists in the United States: 2007-2016. *Pediatrics*. 2019 Dec;144(6):e20191576. doi: 10.1542/peds.2019-1576. Epub 2019 Nov 4. PMID: 31685696; PMCID: PMC6889947

Epidemiology

For adolescents, depression, substance use and suicide are important concerns. Among adolescents aged 12-17 years in 2018-2019 reporting on the past year:

- 15.1% had a major depressive episode.²
- 36.7% had persistent feelings of sadness or hopelessness.²
- 4.1% had a substance use disorder.²
- 1.6% had an alcohol use disorder.²
- 3.2% had an illicit drug use disorder.²
- 18.8% seriously considered attempting suicide.²
- 15.7% made a suicide plan.²
- 8.9% attempted suicide.²
- 2.5% made a suicide attempt requiring medical treatment.

<https://www.cdc.gov/childrensmentalhealth/data.html>

Per the CDC

A WORSENING EPIDEMIC

SOURCE: MENTAL HEALTH AMERICA

15%

OF TEENS SUFFERED A MAJOR DEPRESSIVE EPISODE IN THE PAST YEAR.

60%

OF TEENS WITH DEPRESSION DID NOT GET TREATMENT IN THE PAST YEAR.



<https://www.nea.org/advocating-for-change/new-from-nea/mental-health-schools-kids-are-not-all-right>

Enter Covid-19



KEY SURVEY FINDINGS INCLUDE:

- » **A majority of adults (61%) reported experiencing undesired weight changes since the start of the pandemic**, with more than 2 in 5 (42%) saying they gained more weight than they intended. Of this group, adults reported gaining an average of 29 pounds (with a typical gain of 15 pounds, which is the median).
- » **Two in 3 Americans (67%) said they are sleeping more or less than they wanted to since the pandemic started**. Similar proportions reported less (35%) and more (31%) sleep than desired. Nearly 1 in 4 adults (23%) reported drinking more alcohol to cope with their stress during the coronavirus pandemic.
- » **Nearly half of Americans (47%) said they delayed or canceled health care services** since the pandemic started.
- » **Nearly half of parents (48%) said the level of stress in their life has increased compared with before the pandemic**. More than 3 in 5 parents with children who are still home for remote learning (62%) said the same.
- » **Essential workers were more than twice as likely as those who are not to have received treatment from a mental health professional (34% vs. 12%)** and to have been diagnosed with a mental health disorder since the coronavirus pandemic started (25% vs. 9%).
- » **Black Americans were most likely to report feelings of concern about the future**. More than half said they feel uneasy about adjusting to in-person interaction once the pandemic ends (57% vs. 51% Asian, 50% Hispanic and 47% white).
- » **Gen Z adults (46%) were the most likely generation to say that their mental health has worsened** compared with before the pandemic, followed by Xers (33%), Millennials (31%), Boomers (28%) and older adults (9%).

<https://www.apa.org/news/press/releases/stress/2021/sia-pandemic-report.pdf>

Enter Covid-19



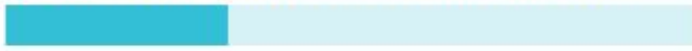
STRESS IN AMERICA™
 One Year Later, A New Wave of Pandemic Health Concerns

PARENTS' MENTAL, PHYSICAL HEALTH IMPACTED SINCE START OF PANDEMIC

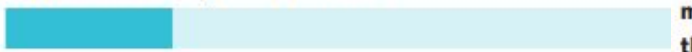
75% say they could have used more emotional support than they received



32% received treatment from a mental health professional

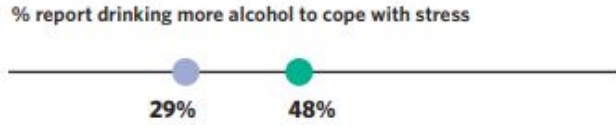
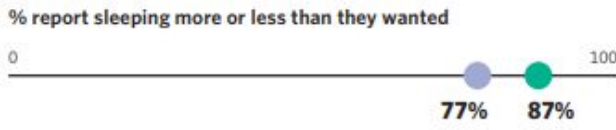


24% were diagnosed with a mental health disorder since the pandemic started



Mothers are more likely than fathers to say their mental health has worsened compared with before the pandemic (39% vs. 25%), but fathers are more likely to report behavioral and physical changes:

■ MOTHERS ■ FATHERS



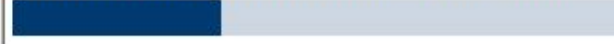
1 IN 4 ESSENTIAL WORKERS (25%) DIAGNOSED WITH MENTAL HEALTH DISORDER SINCE START OF PANDEMIC



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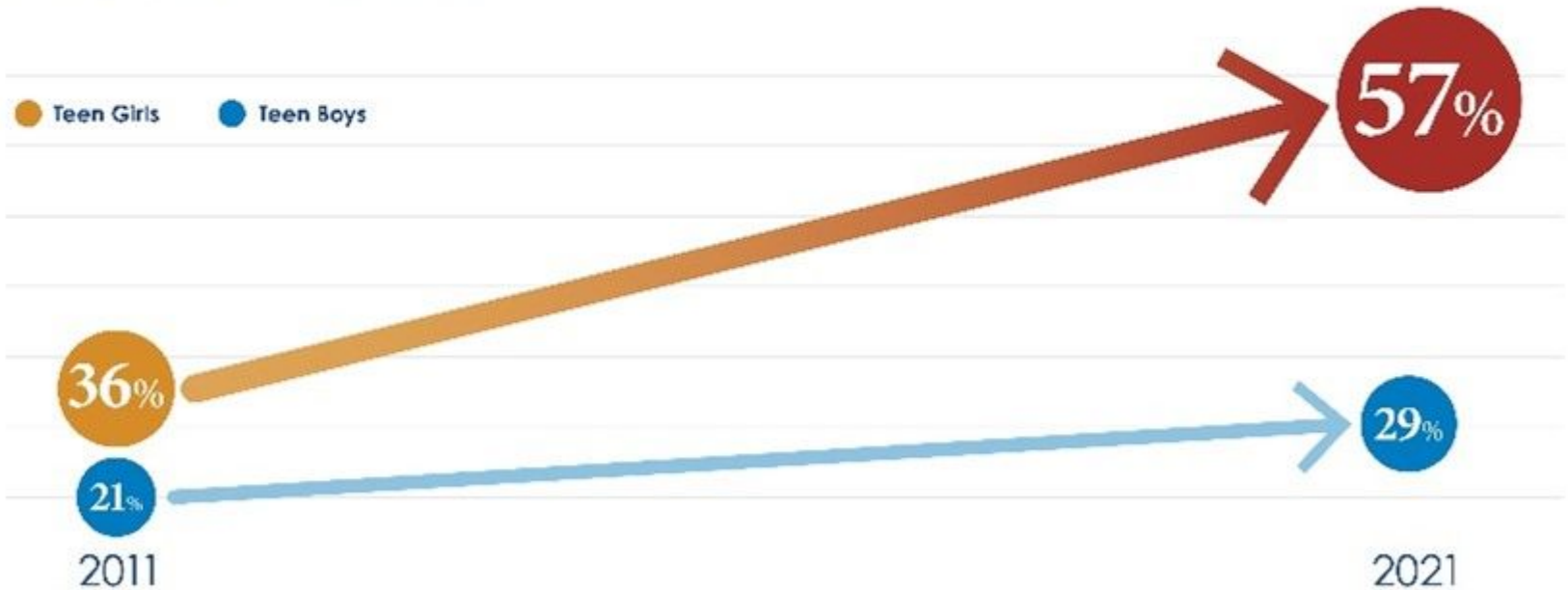
There are lots of numbers out there but the overall percentage I go with

Since the pandemic...

mental health problems in kids have more than doubled

Epidemiology

TEEN GIRLS WHO PERSISTENTLY FELT SAD
OR HOPELESS INCREASED DRAMATICALLY
FROM 2011 TO 2021



Suicide

In 2020, suicide was the second leading cause of death for youth ages 10 to 14, and adults ages 25 to 34. Suicide was the third leading cause of death for people ages 15 to 24, the fourth leading cause of death for ages 35 to 44, and the seventh leading cause of death for ages 55 to 64. Although suicide has historically been among the top 10 leading causes of death, it was not in 2020.2

Green box = suicide

Orange box = homicide

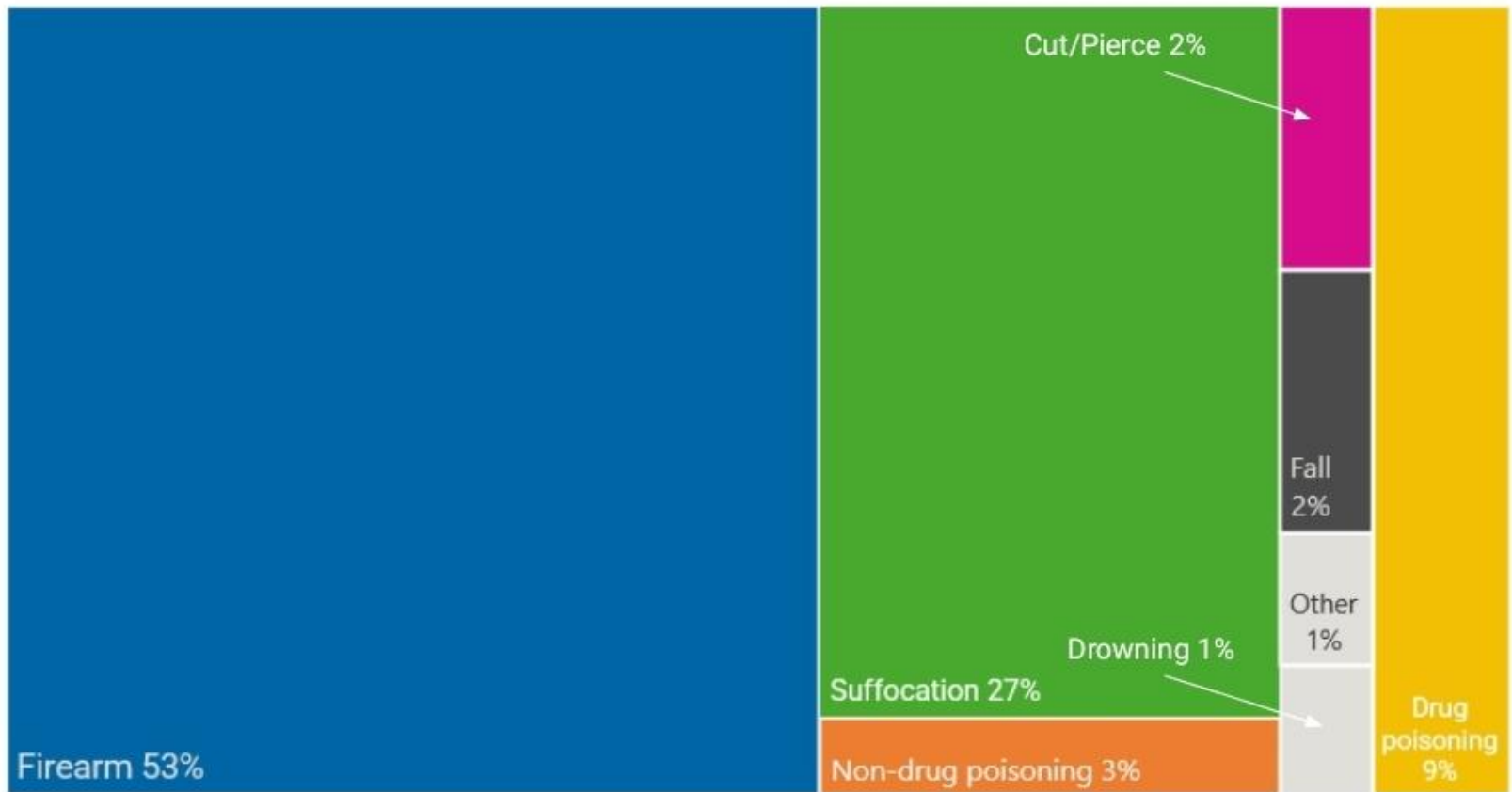
<https://www.sprc.org/scope/age>

Age Groups

	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Unintentional Injury 685	Unintentional Injury 881	Unintentional Injury 15,117	Unintentional Injury 31,315	Unintentional Injury 31,057	Malignant Neoplasms 34,589	Malignant Neoplasms 110,243	Heart Disease 556,665	Heart Disease 696,962
2	Malignant Neoplasms 382	Suicide 581	Homicide 6,466	Suicide 8,454	Heart Disease 12,177	Heart Disease 34,169	Heart Disease 88,551	Malignant Neoplasms 440,753	Malignant Neoplasms 602,350
3	Congenital Anomalies 171	Malignant Neoplasms 410	Suicide 6,062	Homicide 7,125	Malignant Neoplasms 10,730	Unintentional Injury 27,819	Covid-19 42,090	Covid-19 282,836	Covid-19 350,831
4	Homicide 169	Homicide 285	Malignant Neoplasms 1,306	Heart Disease 3,984	Suicide 7,314	Covid-19 16,964	Unintentional Injury 28,915	Cerebrovascular 137,392	Unintentional Injury 200,955
5	Heart Disease 56	Congenital Anomalies 150	Heart Disease 870	Malignant Neoplasms 3,573	Covid-19 6,079	Liver Disease 9,503	Chronic Low. Respiratory Disease 18,816	Alzheimer's Disease 132,741	Cerebrovascular 160,264
6	Influenza & Pneumonia 55	Heart Disease 111	Covid-19 501	Covid-19 2,254	Liver Disease 4,938	Diabetes Mellitus 7,546	Diabetes Mellitus 18,002	Chronic Low. Respiratory Disease 128,712	Chronic Low. Respiratory Disease 152,657
7	Chronic Low. Respiratory Disease 54	Chronic Low. Respiratory Disease 93	Congenital Anomalies 384	Liver Disease 1,631	Homicide 4,482	Suicide 7,249	Liver Disease 16,151	Diabetes Mellitus 72,194	Alzheimer's Disease 134,242
8	Cerebrovascular 32	Diabetes Mellitus	Diabetes Mellitus 312	Diabetes Mellitus 1,168	Diabetes Mellitus 2,904	Cerebrovascular 5,686	Cerebrovascular 14,153	Unintentional Injury 62,796	Diabetes Mellitus 102,188
9	Benign Neoplasms 28	Influenza & Pneumonia 50	Chronic Low. Respiratory Disease 220	Cerebrovascular 600	Cerebrovascular 2,008	Chronic Low. Respiratory Disease 3,538	Suicide 7,160	Nephritis 42,675	Influenza & Pneumonia 53,544
10	Suicide 20**	Cerebrovascular 44	Complicated Pregnancy 191	Complicated Pregnancy 594	Influenza & Pneumonia 1,148	Homicide 2,542	Influenza & Pneumonia 6,295	Influenza & Pneumonia 42,511	Nephritis 52,547

Crude Rate per 100,000 Ranking

Means of Suicide, United States 2020



Suicide and School

“Suicide rates among teenagers fell sharply when schools were closed during the Covid-19 lockdown, but rose again when in-person schooling resumed, according to a new study. Returning from online to in-person education was associated with an increase in the rate of teen suicides of as much as 18%. The team estimate that the move to in-person school was associated with a 12-18% increase in teen suicides, with a preferred estimate of approximately 15%.

<https://www.forbes.com/sites/nickmorrison/2022/12/28/teen-suicides-fell-during-lockdown-rose-when-in-person-schooling-resumed-study-finds/?sh=ed87ab564d70>

“Schools are crucial partners in supporting the health and wellbeing of students...Schools are facing unprecedented disruptions during the pandemic, however, and cannot address these complex challenges alone”

<https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

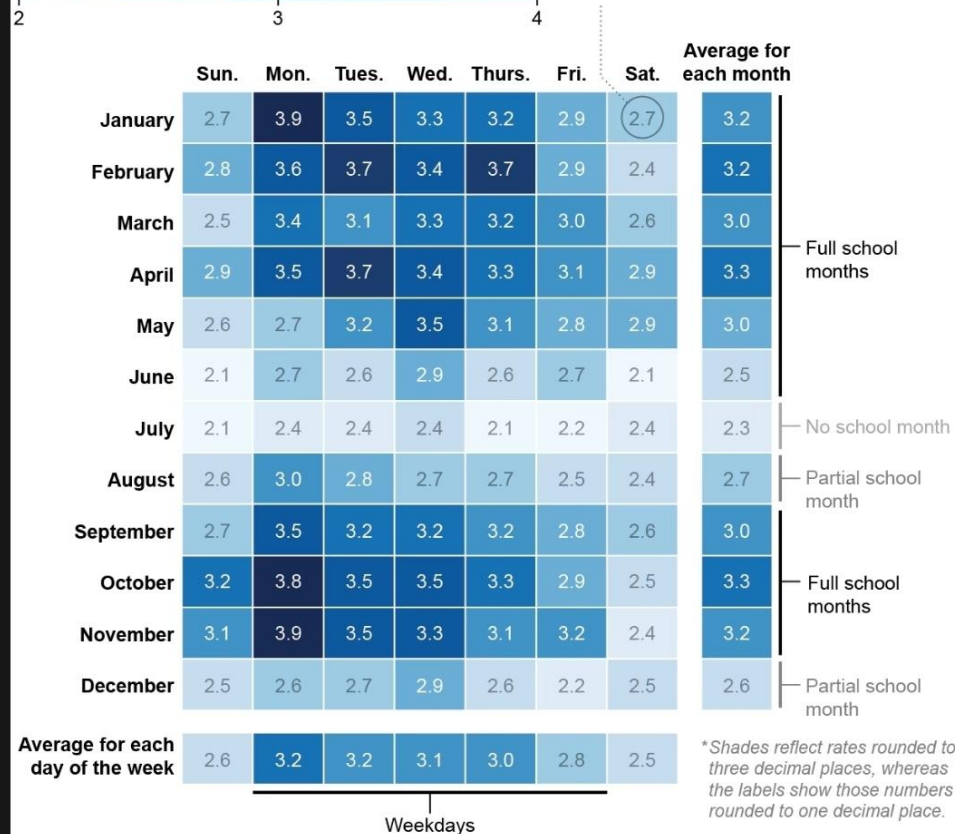
Example: 6 year old with autism and ID who needs a para provider and it is indicated in their IEP. They don't have staff for the IEP. Parents are upset. Child gets upset and punches another student when not looking, causing injury,. School suspends the child. Teacher admits to parent - we just can't get staff to watch your child and we can't put the others in danger.

My friend in education - “the truth is that we needed more staff prior to covid and we got less”

Suicide Rates by Month and Day, Ages 8–17, 2000–2020

Shade of blue shows suicide rate for each day and month* (number of suicides per 100,000 person-years)

This number means that if a year consistently followed the rate of Saturdays in January, there would be 2.7 suicides per 100,000 people in the eight- to 17-year-old age range.



<https://www.scientificamerican.com/article/childrens-risk-of-suicide-increases-on-school-days/?amp=true>

Four good things about the pandemic and mental health

Reading to kids increased.

Eating family meals with kids increased.

Some people realized how much we need more mental health care. It's not where it needs to be but there has been more desire to get accessible resources.

Suicidal ideation during the pandemic went up. But believe it or not, suicide in kids greatly decreased during the pandemic while they were out of in person school.

Objective Two

Review recommendations for families struggling with mental health concerns

Aka what we should know as professionals

This stuff may seem obvious and easy and it really is not because of a million and one reasons.

During the pandemic we heard the same things repeated: wash your hands, stand two feet apart, wear a mask, don't go out if sick.. we can probably all recite the stuff in our sleep

But what about mental health? On that list should be wash your hands, stand two feet apart, wear a mask, don't go out if sick, **ask families how they are doing, listen, be hopeful....**

Because supporting mental health is supporting health. Caring, listening, helping people - this is all as important to our survival as washing hands.

I personally wish all offices had posted signs that said - Don't come in if you're sick. Wear a Mask. Also please genuinely ask someone how they are doing today.

Caring for the Caregivers

Mental health of children and parents —a strong connection

The mental health of children is connected to their parents' mental health. [A recent study](#) found that 1 in 14 children has a caregiver with poor mental health. Fathers and mothers—and other caregivers who have the role of parent—need support, which, in turn, can help them support their children's mental health. **CDC works to make sure that parents get the support they need.**



A child's mental health is supported by their parents

Being mentally healthy during childhood includes reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems. Mentally healthy children are more likely to have a positive quality of life and are more likely to function well at home, in school, and in their communities.

A child's healthy development depends on their parents—and other caregivers who act in the role of parents—who serve as their first sources of support in becoming independent and leading healthy and successful lives.

The mental health of parents and children is connected in multiple ways. Parents who have their own mental health challenges, such as coping with symptoms of depression or anxiety (fear or worry), may have more difficulty providing care for their child compared to parents who describe their mental health as good. Caring for children can create challenges for parents, particularly if they lack resources and support, which can have a negative effect on a parent's mental health. Parents and children may also experience shared risks, such as inherited vulnerabilities, living in unsafe environments, and facing discrimination or deprivation.

<https://www.cdc.gov/childrensmentalhealth/features/mental-health-children-and-parents.html>

Helping caregivers helps kids.

It can feel weird when the child is the “identified” patient or client or student..

You don't even need to start by trying to “fix” the family or caregiver, start by just being curious and caring and willing to ask about what is going on.

Help refer them to services for their own mental health if they are interested.

You don't need to force them to see a psychiatrist or therapist...

But maybe you can be a safe person for them to ask for these services. Maybe showing you care is enough to make them feel less isolated.

If your interactions can only be 5 minutes, take 30 seconds to ask how the caregivers are each time knowing that maybe you can't fix it but for that time, you can be present with them when they need it

Provide Psychoeducation AND Education.

“Education refers to the provision of basic illness information, often supplemented by a pamphlet, website, or self-help book. Psychoeducation is a transactional, give-and-take process between a clinician and a patient or family... in which information is provided, recipients personalize that information (ie, determine whether it fits their situation or is consistent with their beliefs and values)...”

Parents walk into the meeting with you with many different expectations, desires, fears, shame, guilt, and that first meeting talking about serious stuff about their child’s mental health.. it’s very scary usually. Addressing all of this can be a part of psychoeducation.

Cut and Dry Examples Of how you can provide both (whatever your role) :

Education: Here is a book on depression. These are some basic stats about it (didactic knowledge).

Psychoeducation:

How do you feel about the diagnosis?

What are your general feelings on meds, therapy, etc?

I know you said your child chooses not to listen but I personally see ADHD without ODD. I think with this diagnosis of ADHD there might be times when they genuinely aren’t hearing you as opposed to ignoring you.

Miklowitz DJ, Peris TS, Lord C. Helping Families to Understand and Cope With Psychiatric Disorders in Childhood-Beyond Basic Facts. *JAMA Psychiatry*. 2020 Apr 1;77(4):433-434. doi: 10.1001/jamapsychiatry.2019.4812. PMID: 32022835; PMCID: PMC7416523.

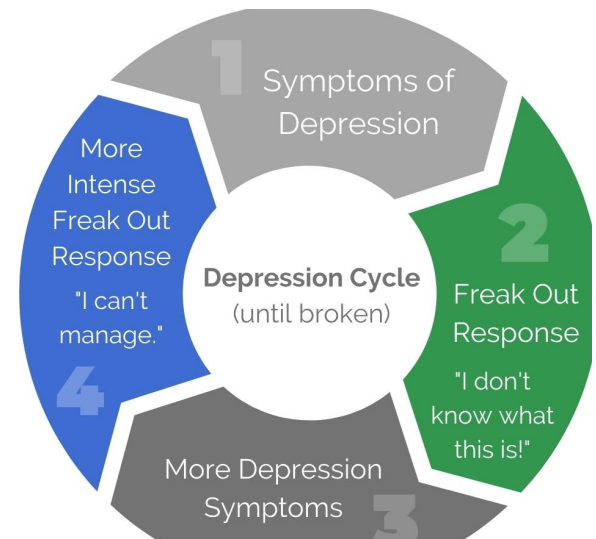
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7416523/>

Psychoeducation has been shown to be a powerful intervention. It can help break the cycle

It may feel like you don't have those extra few minutes to ask how a parent feels about meds, or what they think of a diagnosis, or how this is impacting their life.. etc. That may seem like the fluffy stuff that needs to be left to someone else.

But taking those extra minutes can make a huge difference. The care you provide will be better. You will feel like you understand the case more. And you might literally be helping to keep a child alive.

*Note: seriously, psychoeducation has some pretty strong evidence. I didn't put all the articles here but if you want more let me know. If it's going to convince you to take a few extra minutes to ask a parent about their feelings I will send you the gazillion articles on it.



Objective Three

Describe strategies caregivers can take to improve their relationships with children in a post-pandemic world.



Photo source: <https://www.familyequality.org/family-building/trans-family-building/>


Realistically encourage caregivers not to feel guilty taking a little time to themselves.




If they have three children whom they foster with violence issues and are stressed and no one will watch the kids, I would not recommend saying “what you really need to do is more hobbies/activities/vacation for yourself!” They know that would be good, they want this, and it’s totally not realistic. But if they feel overwhelmed and need to walk away briefly from their kids and just look at their phone to destress for a while - that’s ok.



Research shows we spend more time with kids than we ever did



We made it through the past on less time. We don't have to beat ourselves up for not spending our every waking minute with our kids.



Encourage realistic quality time with their families

"A deep connection can be built during the most non-obvious times.

A 2007 UCLA study that found "the quiet, in-between moments of family life did as much of the real work of family bonding as any fabricated family time." MacLellan goes on to quote the researchers: "Everyday activities (like household chores or running errands) may afford families quality moments, unplanned, unstructured instances of social interaction that serve the important relationship-building functions that parents seek from 'quality time'."

Don't force the time, just make use of the time you are already spending with them."

Let families know that quality time can be doing the laundry together. It doesn't *need* to be Disney.

<https://www.familyacademy.co/blog/how-much-time-should-we-spend-with-our-kids>

Some Quick Daily Tips: Getting back to normalish

Try and spend at least 5 minutes of quality undistracted play time with kids

Practice appropriate social and emotional skills with kids. Take turns. Name feelings. Check in. Ask them what they think and their opinions.

With screens, try and encourage educational content. When possible look at what your child is watching and talk about it. For younger children, ask them what's happening in the show and to name things. For older ones discuss what they think about what is going on.

Work on finding your tribe. Spend more time with the people who support you and less with the people who don't when possible. Encourage kids to do the same.

<https://www.fcsok.org/parenting-tips-for-covid-19-isolation/>



Thank you

burgundy.johnson@carle.com

Most pictures taken from pixabay which has royalty free pictures and do not require citation but links can be provided if requested.

Other pictures taken from articles in which the article has been cited

If you have any questions about resources, citations, resources please reach out

Q&A



<https://healthstoriesproject.com/misconceptions-about-mental-illness/>