



Family Matters

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Mental Health Needs during COVID-19: Responses in Pediatric Health Care

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According to a policy brief published by the United Nations Sustainable Development Group (2020) in April 2020: “Children are not the face of this pandemic. But they risk being among its biggest victims. While they have thankfully been largely spared from the direct health effects of COVID-19 – at least to date – the crisis is having a profound effect on their well-being” (para 1).

The physical health effects of the pandemic on children have only recently become news. Still, the United Nations makes clear, children have been experiencing their share of pandemic stress: feeling unsettled with changes in daily routines resulting from the lockdown and school closures; loneliness due to separation from friends, and in some cases, not seeing relatives, such as grandparents, as often as usual; and further, more significant distress when economic stresses, job losses, or illness or deaths due to COVID, have impacted their families (United Nations Sustainable Development Group, 2020).

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Until recently, children have not been central in news of the COVID-19 pandemic; however, the pandemic has certainly impacted them. Recent studies suggest that both parental and children's mental health has worsened since the onset of the pandemic. These changes are most pronounced in families facing more hardship, and children already at high risk for mental health concerns are even more vulnerable as a result of the pandemic. Children's hospitals have responded in varied ways to these concerns, providing telehealth mental health visits, offering webinars on pertinent topics, and adding supportive content on their websites. This article features specific programs of Children's Mercy with hospitals in both Kansas City, MO, and Overland Park, KS, as well as several other institutions, and outlines resources for nurses to share with families.

Key Words: COVID-19, pandemic, infection control, mental health.

COVID-19 and Children's Mental Health

Two recent studies demonstrate the impact of COVID-related stresses on both parents and children. Using survey methodology both before and after the outbreak of COVID-19, Gassman-Pines and colleagues (2020) examined the impact of the pandemic on families of hourly service workers with children ages 2 to 7 years. They found that parent psychological well-being worsened under COVID restrictions, and both parental and child mental health worsened in relation to the number of COVID-related hardships a

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family faced (i.e., household job loss, income loss, caregiving burden, household illness). In June 2020, Patrick and colleagues (2020) conducted a survey of a national sampling of parents with children under age 18 years exploring “changes in health status, insurance status, food security, utilization of public food assistance resources, childcare and use of health care services since the pandemic began” (Abstract). Among their findings were the following: “Worsening mental health for parents occurred alongside worsening behavioral health for children in nearly 1 in 10 families, among whom 48% reported loss of regular childcare, 16% reported change in insurance status, and 11% reported worsening food security” (Abstract).

These two recent studies paint a concerning picture. In addition, some children – such as those who have a history of abuse, family violence, bullying, a long separation from parents, or those who face parental mental illness, or other adverse childhood experiences – may be at an increased risk of developing mental health conditions as a result of COVID-19 outcomes (Gleason, 2020). For these children and the one-in-six children who already experience mental health conditions (Gleason, 2020), the impact of the pandemic on mental health may be particularly significant.

Mental Health Support

Some children with mental health concerns have private therapists who may have been offering telehealth appointments as support. However, school-based counseling is the only source of care for some children and teens, an option not available to many in the spring nor again in the fall of 2020, given widespread school closures. Golberstein and colleagues (2020) indicated as many as 35% of adolescents receiving mental health services typically received those services exclusively in school settings, and an additional 23% typically received at least some of their mental health care in schools.

Response of Pediatric Institutions

Children’s hospitals have recognized the challenge the pandemic is posing for pediatric mental health. For example, Children’s Hospital of Philadelphia, Philadelphia, PA; Nationwide Children’s Hospital, Columbus, OH; and several other pediatric institutions made a fairly quick transition to telehealth in order to provide mental health care to children and adolescents (Wanneh, 2020). Not only did these institutions quickly implement telehealth, but they also provided guidance for patients and families about accessing services in this new way.

Professional associations and governmental agencies have developed resources to help families deal with these emerging issues. Individual pediatric hospitals have also posted excellent resources on their websites. As an example, the Behavioral Health Program at Children’s Minnesota, Minneapolis, MI, offers a variety of important services, from virtual and in-clinic visits to distance learning support (see <https://www.childrensmn.org/behavioral-support-hub/>). Another section of the website specifically addresses “tips for mental health while schools are closed” (see <https://www.childrensmn.org/2020/03/18/five-tips-mental-health-schools-closed/>).

In a series of webinars and online conversations funded by the Lucile Packard Foundation for Children’s Health, Palo Alto, CA, the Institute for Patient- and Family-

Centered Care (IPFCC) focused on how children’s hospitals and other pediatric settings can maintain the “essence” of patient- and family-centered care during COVID-19, and highlighted partnership initiatives with existing Patient and Family Advisory Councils (PFACs) and patient and family advisors. According to Beverley Johnson, President and CEO of IPFCC, “As we all struggle with the devastating impact of the pandemic, it is more important than ever to rely on our partnerships with patients and families to guide us and help define new practices in these uncertain times” (personal communication, Beverley Johnson, September 29, 2020).

One of the webinars, titled *Patient- and Family-Centered Care and Pediatric Partnerships During COVID-19: Addressing the Mental Health Needs of Children*, highlighted the work of pediatric hospitals, including Children’s Mercy, with hospitals in both Kansas City, MO, and Overland Park, KS; Seattle Children’s, Seattle, WA; and Golisano Children’s Hospital, Rochester, NY (to watch a recording, see <https://vimeo.com/447606239>).

Children’s Mercy

Children’s Mercy was an early adopter of Patient and Family Advisors and other forms of family engagement (Chadwick & Miller, 2019). Building on its long commitment to the integration of advisors and its 17 existing PFACs, in early 2020, Children’s Mercy started a Mental Health PFAC. When COVID-19 began, the hospital was quick to respond. The new PFAC had one in-person meeting and then started virtual meetings immediately. According to parent and staff member DeeJo Miller, “We didn’t want to lose any time. We knew that the work of this new PFAC would be even more important during the pandemic as children and their families struggled with shelter-in-place, the closing of schools, and other issues” (IPFCC, 2020).

The parent co-chair of the Council, Jamila Weaver, is the mother of two sons, age 11 and 16 years. Both of her boys receive medical services at Children’s Mercy, and one of them receives behavioral health services from the hospital. She was eager to be part of the new PFAC because she knew the importance of its work to families like hers. She really appreciated the value that Children’s Mercy has added to her experience by providing patient- and family-centered care in the overlap between medical services and behavioral health care. “When ‘sheltering-in-place’ first began, like everyone, I was somewhat overwhelmed. Did I have enough food in the pantry for my family? Did we have toilet paper? But I also worried about my son’s medications. I was so grateful when a nurse from the clinic called me and reassured me that she would take care of confirming that refills were called in. I wanted to make sure other families felt the same reassurance that I did” (IPFCC, 2020).

Under Miller and Weaver’s leadership, the new PFAC “hit the ground running” (IPFCC, 2020) and started work immediately. With the onset of COVID-19, the direction of the Mental Health PFAC shifted from the original intent of helping guide the hospital’s decisions on how to provide mental health care in a way that is beneficial to patients, their families, and staff, to helping the hospital meet the mental health needs of children and families in the midst of a pandemic. It was important to build trust and community among the new PFAC members. During virtual meetings and in emails, information was shared about how Children’s Mercy was responding to the COVID-19 crisis,

Figure 1.
**Seattle Children's Psychiatry Family
Advisory Board**

Seattle Children's Psychiatry Family Advisory Board (PFAB) supports all psychiatric services: Inpatient, Ambulatory Programs, and the Psych Emergency Department. The PFAB has grown significantly in the last three years and now has 16 parent members. Virtual participation was already an option for members so they "hit the ground running" with COVID-19, according to facilitator Nicole Degrace. The PFAB has met virtually on a monthly basis since March 2020 and will continue to do so. The hospital's CMO attended the March meeting, and parents brought up the need for additional resources related to mental health and the pandemic. Many of the mental health resources now on the hospital website are a result of the PFAB's work (see <https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/development/supporting-mental-wellness-and-family-life-during-covid-19/>). PFAB parents had previously done "mental health first aid training" with local school districts and hope to expand that collaboration to include COVID-related training.

Figure 2.
Pediatric Behavioral Health and Wellness

Pediatric Behavioral Health and Wellness (part of the University of Rochester Medicine, including Golisano Children's) provides inpatient and outpatient mental health services for infants, children, adolescents, and their families. Outpatient behavioral health services were never closed due to COVID-19. If families do not have access to the Internet, they are offered telephone or face-to-face appointments. The Family Advisory Board (FAB), created 10 years ago, includes parents and youth; membership recruitment has emphasized families of color. The FAB has been meeting virtually since the advent of COVID-19. Among other resources related to the pandemic, the FAB had helped plan a series of "Community Conversations," each attracting 200 or more parents and community members. Topics have included back-to-school and maintaining connections during social distancing. The FAB has also been involved in the development of an annotated list of resources sent to all families who request behavioral health services (see <https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/childrens-hospital/Pediatric%20Behavioral%20Health/documents/Resources-Behavioral-Health-COVID-6-3-2020.pdf>).

Figure 3.
Select Resources for Parents

American Academy of Child & Adolescent Psychiatry has a number of COVID-19-related resources for parents on its website (including one resource in Spanish):

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Libraries/covid-19/resources_helping_kids_parents_cope.aspx

American Academy of Pediatrics has a variety of articles related to COVID-19 on its "HealthyChildren.org" website for parents in both English and Spanish:

<https://healthychildren.org/English/Pages/default.aspx>

<https://healthychildren.org/spanish/paginas/default.aspx>

Centers for Disease Control and Prevention (CDC) has a webpage for parents on helping children cope with the COVID-19 pandemic:

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>

Child Mind® Institute has an extensive list of resources for supporting families and children in relation to COVID-19:

<https://childmind.org/coping-during-covid-19-resources-for-parents/>

and time was devoted during meetings to hear how members were coping. These conversations led to several initiatives that support children and adults in the community.

Initially, members were simply asked how they were doing and what would help them feel more comfortable coming back to the hospital's facilities to receive care. Parents responded that they needed guidance to help them cope with the ever-changing state of the world so they could better support their children. Based on their feedback, Children's Mercy decided to house the information on the hospital website, ensuring there is one space to find it – and to update when changes occur. A link to this part of the website is sent in text reminders for appointments and also shared on social media. Children's Mercy has also hosted several virtual community Town Halls, where experts shared information and answered questions.

During PFAC meetings, parent advisors highlighted that some children may not be able to wear masks due to sensory, developmental, or health concerns. In response, a message was sent to all hospital employees with information and tips about how to be understanding of the different needs of children and adults who may have experienced past trauma, and therefore, struggle wearing a mask. These tips were also put on the website, and a process was implemented to use Child Life staff to assist patients when they are onsite for appointments. PFAC members also wanted reliable resources about safely resuming activities, so the website now has updated information about returning to school during COVID-19 and returning to other community activities, including parks and swimming pools, churches and communities of faith, and daycare (see <https://www.childrensmercy.org/health-and-safety-resources/informa>

tion-about-covid-19-novel-coronavirus/returning-to-community-activities/).

As advice to other children's hospitals, DeeJo Miller shared, "We just happened to be starting a Mental Health PFAC when COVID-19 hit, and they have been invaluable partners with us on this journey; however, these are conversations you can and should have with any PFAC in your institution. Every family is experiencing additional strains these days, so engaging them in conversation will guide you to ways to better meet their needs" (IPFCC, 2020).

Other Pediatric Hospitals: Seattle Children's and Golisano Children's

Like Children's Mercy, other pediatric institutions have also effectively used their existing structures of parent/family advisors during the pandemic, including in behavioral/mental health. For example, Seattle Children's Psychiatry Family Advisory Board has been meeting virtually since the beginning of the pandemic and played a role in the development of new resources on the hospital website (see Figure 1). The Pediatric Behavioral Health and Wellness Program at Golisano Children's in New York State has also mobilized its Family Advisory Board in response to the pandemic. Among other activities, the Board helped plan a series of Community Conversations related to behavioral health during COVID-19 (see Figure 2).

Conclusion

As COVID-19 continues in the United States and throughout the world, the impact on children and their families will also continue. Whether or not the health of individual children is impacted by the virus, their behavioral and mental health is affected by uncertainty, changes in "normal" life, most notably, school attendance and stresses within their families. During the difficult time of the pandemic, pediatric nurses have the opportunity to watch for signs of changing mental health in patients and their families and to share resources that might be helpful (see Figure 3).

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