



MENTAL HEALTH RESOURCES FOR PARENTS COVID-19

Please Take Time To Review Some Guided Language On How To Speak With Your Children About COVID-19. This was developed by experts from the National Association of School Nurses and the National Association of School Psychologists:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/talking-with-children.html>

Reactions Your Students May Be Experiencing During The Coronavirus

Children and teens react, in part, on what they see from the adults around them. When parents and caregivers deal with the COVID-19 calmly and confidently, they can provide the best support for their children. Parents can be more reassuring to others around them, especially children, if they are better prepared.

Not All Children And Teens Respond To Stress In The Same Way. Some Common Changes To Watch For Include:

- Excessive crying or irritation in younger children
- Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Irritability and “acting out” behaviors in teens
- Poor school performance or avoiding school
- Difficulty with attention and concentration
- Avoidance of activities enjoyed in the past
- Unexplained headaches or body pain
- Use of alcohol, tobacco, or other drugs

There Are Many Things You Can Do To Support Your Child

- Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child or teen can understand.
- Reassure your child or teen that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- Limit your family’s exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Try to keep up with regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
- Be a role model. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.

The common reactions to distress will fade over time for most children. Children who were directly exposed to a disaster can become upset again; behavior related to the event may return if they see or hear reminders of what happened. If children continue to be very upset or if their reactions hurt their schoolwork or relationships then parents may want to talk to a professional or have their children talk to someone who specializes in children's emotional needs. Please reach out to the JCS Counseling Office to talk with someone or receive a referral if it's determined necessary. The following are common reactions to distress:

For Infants To 2 Year Olds

Infants may become more cranky. They may cry more than usual or want to be held and cuddled more.

For 3 To 6 Year Olds

Preschool and kindergarten children may return to behaviors they have outgrown. For example, toileting accidents, bed-wetting, or being frightened about being separated from their parents/caregivers. They may also have tantrums or a hard time sleeping.

For 7 To 10 Year Olds

Older children may feel sad, mad, or afraid that the event will happen again. Peers may share false information; however, parents or caregivers can correct the misinformation. Older children may focus on details of the event and want to talk about it all the time or not want to talk about it at all. They may have trouble concentrating.

For Preteens And Teenagers

Some preteens and teenagers respond to trauma by acting out. This could include reckless driving, and alcohol or drug use. Others may become afraid to leave the home. They may cut back on how much time they spend with their friends. They can feel overwhelmed by their intense emotions and feel unable to talk about them. Their emotions may lead to increased arguing and even fighting with siblings, parents/caregivers or other adults.

For Special Needs Children

Children who need continuous use of a breathing machine or are confined to a wheelchair or bed, may have stronger reactions to a threatened or actual disaster. They might have more intense distress, worry or anger than children without special needs because they have less control over day-to-day well-being than other people. The same is true for children with other physical, emotional, or intellectual limitations. Children with special needs may need extra words of reassurance, more explanations about the event, and more comfort and other positive physical contact such as hugs from loved ones.

Source: <https://www.cdc.gov/childrenindisasters/helping-children-cope.html>