How to safeguard children’s mental health during emergencies

During their lifetime, people will inevitably encounter a variety of emergencies, ranging from earthquakes, floods, fires, terrorist attacks, and epidemics (such as the currently spreading novel coronavirus disease 2019), to the loss of loved ones, traffic accidents, conflicts with classmates, and physical illnesses. Due to the suddenness and unpredictability of these events, they often have different degrees of influence on the individual’s mental state and can even result in a psychological crisis. As a special group, children are more vulnerable to intrusion and influence because their mental and physical development is not yet mature. If their psychological response to a crisis is not managed promptly and effectively, it can seriously affect their development in terms of mental health and even have long-term effects throughout their lifetime. This article will introduce the current state of development of methods to safeguard children’s mental health in China and describe some standard family intervention methods.

Common psychological reactions in children after emergencies

The typical responses of children of different ages to emergencies include fear of future disasters, loss of interest in school, degenerative behaviors, sleep disorders and fear of the dark, and fear of natural phenomena related to disasters. At the same time, children of different ages have different reactions; for example, preschool children often feel helpless and anxious when facing disasters. They often show a loss of previously acquired development skills (regressive behavior), such as thumb sucking, bedwetting, fear of the dark or of animals, sticking to parents, fear of the night, urinary incontinence, constipation, difficulty in speaking (such as stuttering), and loss of appetite. School-age children may repeatedly discuss disaster events or describe themselves as being severely troubled by fear or sadness. Clinically, they show irritability, crying, stickiness, aggressive behavior, competing with siblings for parental attention, fear of the night and dark, nightmares, trucancy, and loss of interest in or inability to concentrate on work. In the face of disasters, adolescents often show sleep disorders, loss of appetite, overt rebellious behaviors, and unwillingness to do things, which may become problematic at school. They often exhibit behaviors such as fighting, losing interest, seeking attention, and experience many physical problems, such as headaches, unexplained limb pains, rashes, and problems with excretion, and often lose interest in participating in social activities with peers.

These problems can lead to a psychological crisis if they are severe. A psychological crisis refers to a state of psychological imbalance when individuals encounter an emergency or face major setbacks and difficulties, which they can neither avoid nor resolve by using their own resources and coping methods. When an individual encounters a significant problem or change that is difficult to manage and resolve, their mental balance will be broken, normal life will be disturbed, and inner tension will continue to accumulate, leading to feelings of helplessness and even disorders of thoughts, emotions, and behaviors. This state of imbalance is a state of crisis. This crisis arises because the individual realizes that an event or situation exceeds their ability to cope, not because of the event the individual has experienced itself.

Some studies have shown that if psychological crises affecting children can be promptly and adequately handled, their psychological state will gradually return to normal; otherwise, their experience will be likely to result in post-traumatic stress disorder, causing long-term mental pain and adversely affecting healthy mental and personality development. Therefore, we must pay attention to the impact of emergencies on children’s psychological state and adopt effective intervention methods to curb any adverse effects on their psychological development and help them to become psychologically healthy again.

The current state of children’s psychological crisis intervention in China

No kind of disaster can bring sustained and profound pain to people like a psychological crisis, and psychological crisis intervention is undoubtedly the best way to deal with a psychological crisis effectively. Therefore, the establishment and improvement of a psychological crisis
intervention system has become an urgent need in modern society. Research on psychological crisis intervention started late in China and is not well developed.

There are fewer than 500 child psychiatrists in China, and there is a shortage of professionals in child psychological crisis intervention. The study of crisis intervention for children is still at the theoretical level, and there is a lack of practical skills for dealing with children in crisis. The processes of child crisis intervention are incomplete and short-term now. Children’s psychological crisis intervention is long-term and heavy-duty, which not only depends on the efforts of psychologists but also requires the joint efforts of parents, teachers, and all members of society. Although the experience of some developed countries can be used for reference, China’s national conditions are different from those of other countries, there is an urgent need to establish a working system for children’s psychological crisis intervention suited to China’s national conditions and characteristics.

Common family interventions

Studies have shown that a positive belief and a calm mindset will enhance the body’s immunity and thus contribute to better health. The inner vitality is the best psychological protection. Therefore, during the special period when a child encounters an emergency, a good psychological protection means giving the child special care and love. Apart from that, what can parents do better at home to help their children?

First, adults’ emotional stability is the prerequisite. We often say that “the parents emotional stability the best gift a child can receive.” Children often observe and experience the world through their parents’ emotions and behaviors. Parental emotional stability is an internal and external influence that makes children feel secure.

Second, maintaining regular daily routines and the stability of life. Although an “emergency” is a stressful event, we should not let the children feel a sense of “crisis.” We should not add to any confusion ourselves. Keeping children’s daily routines, maintaining stability, and planning are crucial to children’s psychological stability.

Third, avoiding the psychological burden caused by information overload. For younger children, when sharing relevant information or answering children’s questions about “emergency incidents,” we should use age-appropriate simple words. We should understate the severity of the emergency and pass on more positive energy to give the children confidence. For older children, we must guide them to view the information reasonably, distinguish between good and bad, not let them pay too much attention to emergency-related reports or rumors, and prevent them from being caught in a bombardment of information. We should make sure that children always have hope and encourage them to believe that darkness will not last, and light will always come again.

Fourth, teaching children about emotion management is not merely asking them to suppress or control their emotions, but about showing them how to master effective methods and techniques to adjust negative emotions based on a correct understanding of their emotions and an acceptance of their real emotions. The most crucial step in managing emotions is to be able to identify one’s various emotions and to label each emotion accurately. The more emotions a child can recognize, the more clearly and accurately they can express them. This is the beginning of dealing with emotions. If they can express themselves, they can communicate and think of a way to address the crisis. Sometimes the emotions are resolved when they are expressed.

Finally, it should be noted that when the efforts described above do not work well, it is important to promptly seek professional help.

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CONFLICT OF INTEREST
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REFERENCES

3. Stevens AJ. How can we meet the health needs of child refugees, asylum seekers and undocumented migrants? Arch Dis Child. 2020;105:191-196