

# Solutions Newsletter

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Effective School  
Solutions

*Solutions* is a newsletter published by ESS for parents, guardians, and caretakers. Each issue highlights an important topic related to children's mental health and provides practical applications for parents in the home environment.

## Re-Working the Mental Health Toolbox for a New Age

Three steps forward and two back. That is what many districts are facing as school resumes this January after the winter break. With the full resumption of in-person learning this past September came the hope that school closures and remote learning were behind us. And yet, here we are in 2022 with a new Covid-19 variant rapidly spreading across the country, causing many school administrators to reconsider whether a temporary return to remote learning is necessary to keep students, staff, and families safe.

The alarming increase in child/adolescent mental health problems in the ten years before the pandemic was already making mental health professionals reconsider how to best help young people achieve and maintain good mental health. The technology boom coupled with Covid-related uncertainty and habit changes have altered how young people socialize, learn, and relate to the world around them. Likewise, mental health symptoms are manifesting in different ways: self-harm activities like cutting and eating disorder behaviors have gone from private to public settings as students chat online and post photos on Instagram; school avoidance and social anxiety are transforming into full-blown agoraphobia in some cases; social difficulties are heightened by the lack of in-person practice as students communicate in abbreviated text sentences and emojis and look to social media to define how they "should" look, feel, and act.

Technology is also changing our self-regulation abilities. As we scroll through vast amounts of information on the internet and expect immediate text or email replies, our attention span and the ability to tolerate frustration are decreased while distractibility is increased. Many young people have more difficulty tolerating boredom or being alone when "out of contact", and/or construct false selves that they believe are superior to one's real self. Excessive internet and gaming use have joined the list of addictions needing treatment.

Of course, technology brings an abundance of benefits as well, and is neither good nor bad in and of itself. But it is different, and as such we are truly at the dawn of a new era in mental health care in which our old tools may no

longer work. Child/Adolescent treatment models have shifted over the years and are shifting yet again to neuro-relational models that consider changes in the brain that occur because of children's increasing reliance on technology and the accompanying changes in social interaction and physical activity.

It is inevitable that this "new normal" will necessitate different approaches to social-emotional learning (SEL) curricula and to mental health treatment for students. But the science needs time to catch up, so what do we do in the meanwhile?

- Be patient with yourself and with your child.
- Continue to look for signs of depression, anxiety, and other mental health problems, utilizing school-based or community mental health professionals when appropriate.
- Talk to your children about what they are experiencing. Rely on your relationship rather than any specific tool. Follow your child's need, asking "how can I help in this moment". Maybe your child is feeling unsafe, or is hungry, or is lonely at that moment. A conversation can start with what you have observed, "I notice you're spending more time in your room lately" or "you look very tired today" or "it seems you haven't talked to your friends for a while".
- Communicate more with teachers to compare notes and make sure you know about school mental health and socialization resources.
- Help your child develop a new sense of community, fostering healthy in-person and virtual gatherings.
- Be kind to yourself. We are all feeling our way through these changes.