

## **What Does the Future Hold?**

**Dr. Robert Brooks, Ph.D.**

During the past few weeks, I've noticed a shift in some of the questions I've received about the impact of COVID-19 on the mental health of our children and ourselves. I believe the shift has been occasioned in great part by the emergence of a more hopeful outlook related to the course of the virus. Although we are far from out of the woods in terms of COVID being brought under control, the increasing number of individuals being vaccinated is one significant factor that has led to an easing of restrictions. After a year of disruptions, unpredictability, shutdowns, and pessimism, there finally appears to be a ray of hope at the end of a long, frightening, wearisome journey.

While I continue to be asked about the current situation, more questions are being posed about what I believe will be the long-term mental health consequences of the virus, especially once we reach "herd immunity." Parents inquire what to expect in terms of the future mental health of their children once COVID subsides and, as importantly, what actions they might initiate to address any possible long-term adverse effects.

There are no simple answers to these questions, especially when one considers the uneven impact that the virus has had on different individuals, groups, and communities throughout the United States and the world. While ongoing reports issued by mental health organizations highlight the pronounced increase in depression, anxiety, and mental health problems in all age groups as a consequence of the coronavirus, these consequences are not distributed equally. As one example, racial/ethnic minorities who have limited access to medical and mental health services, to childcare, to a supportive network of people, and to adequate internet for remote and hybrid learning for their children have felt the impact of COVID more acutely than other groups who have these resources available. Financial and food insecurity have added to the burden of many individuals and families who are already at the breaking point.

Families with members who have contracted the virus and have ongoing serious symptoms or even died represent another high-risk group. An untimely death, especially of a family breadwinner, intensifies emotions of loss and grief, often leading to a sense of

dread and evaporation of hope. Children with pre-existing emotional, cognitive, and behavioral challenges are also more vulnerable to the ramifications of COVID.

### **Lessons from the Past**

In an attempt to understand and prepare for the long-term effects of the coronavirus, several researchers have examined what we can learn or have learned from previous manmade or natural disasters. Two past events that have received special attention are the 9/11 terrorist attacks in 2001 and the devastation wrought in New Orleans by Hurricane Katrina in 2005. While these two events have obvious differences from COVID, what they share in common with the virus is an assault on our well-being and sense of security. Unlike COVID, they transpired during a brief period of time in relatively small areas; similar to the virus, the ramifications can last a lifetime, especially for those directly impacted.

Alvin Powell, a Harvard staff writer, recently interviewed psychologist Kate McLaughlin, a faculty member at Harvard University and lead author of a study that examined the impact that Hurricane Katrina had on children. The interview, published [on-line by The Harvard Gazette](#), on the ways in which the information acquired about Katrina's devastation might be used to help children with the aftermath of COVID.

McLaughlin noted that in the Katrina study the findings were consistent with previous research on natural disasters, terrorist attacks, and other stressful community-wide occurrences that contributed to widespread disruption. She observed, "What we've learned across lots of different studies is that the most common pattern is resilience—at least half of children develop no meaningful mental health problem even after significant adversity. The less good news is that the remaining kids tend to experience some elevation in mental health problems. Across studies, you see that 20 to 25 percent develop symptoms of anxiety or depression or an increase in behavior problems that are relatively transient. Typically, within a year, they come back to baseline."

McLaughlin added that the other 20 to 25 percent are youngsters who develop symptoms that remain elevated even a year or two after the event. Fifteen percent met the study's criteria for "serious emotional disturbance a year after Katrina." Most of these children experienced direct adversity from the hurricane. Not surprisingly, it is the impact of direct adversity, whether occurring from 9/11, Katrina, COVID, or another

destructive situation, that predicts the most problematic outcome. McLaughlin reported that a “lot of families who lived where the damage was severe chose not to rebuild and relocated. So you had the dissolution of social support networks—kids going to different schools, losing their friends, people losing their church community, and the loss of many supports that we know are really important buffers against developing mental health problems in the face of stress.”

The news was more encouraging in a follow-up study conducted a few years later. McLaughlin observed, “The rates of serious emotional disturbance declined. Even some of those kids who were persistently elevated two years after the disaster eventually recovered.” She stated that comparing those children who showed significant improvement with those who did not as a result of Katrina is helpful in pinpointing the likely impact of COVID. “We found that the kids who are most likely to develop these lasting mental health problems are those who had the highest exposure to stressors related to the hurricane.” These stressors included one’s house being destroyed, losing a family member or friend, having a serious injury, and having a difficult time meeting basic food and shelter needs.

McLaughlin’s lab has been studying the impact of COVID on the mental health of children, and her initial results parallel those found following Katrina and other disasters. The biggest predictor of children having increased mental health problems are “the kids who have been exposed to the highest levels of pandemic-related stressors.” Similar to what I described earlier, these include families where someone has become ill or died from COVID or who have had significant financial struggles that have contributed to food and home insecurities. It also includes homes that are very crowded and not conducive to remote learning.

When asked how children might fare after COVID subsides, McLaughlin compared the current situation with Katrina (and I would add 9/11), noting that COVID is much more widespread and long lasting. She acknowledged that clinicians and researchers were uncertain of the long-term impact of an event that has led to a more widespread and persistent exposure. There is also the question of whether our mental health, health care, and educational systems are equipped to handle these increased problems.

**Factors that Protect Us**

Very importantly, McLaughlin identified factors that protected children from significant and enduring mental health issues. This identification is critical as we seek to create effective measures to safeguard as many children and families as possible.

McLaughlin expressed that an essential predictor of “how well children navigate stressors and challenges is how well their parents navigate them.” Research findings indicate that the more distress and coping difficulties displayed by parents, the less likely their children will become resilient.

In my webinars about nurturing resilience in children, I emphasize the need for parents to identify and utilize available resources to take care of themselves so that they are better able to take care of their children. This does not mean parents should hide their anxiety, but, as McLaughlin cautioned, “Expressing extreme distress around kids may also be counterproductive,” suggesting that we find a “happy balance of making space within families to talk about difficult feelings and emotions and the struggles we’re all having and working together to identify ways for family member to cope and support each other.”

I want to underline this last point, especially the use of the word “cope.” All of us will feel a greater sense of personal control and less anxiety if we develop effective ways of coping. What magnifies our distress is when we are at a loss of how to manage unprecedented, unsettling situations as have occurred this past year.

McLaughlin cited studies that indicate that kids who are getting regular exercise and have been able to maintain some kind of structure and daily routine even if different from the pre-pandemic routine are demonstrating greater signs of resilience. What has also been found to be helpful is reduced exposure to screen time and the media, especially when much of the news is about the pandemic.

A significant long-term protective factor for all ages is housed in positive interactions with others. Currently, opportunities for connections are more limited and restricted by social distancing. Virtual get-togethers can be helpful but are not nearly as powerful as in-person interactions. This has certainly been seen on the news with videos of grandparents hugging their grandkids for the first time in a year. The joy on all of

their faces captures the significance of being physically close with each other and being able to hug.

Hopefully, as more and more adults are vaccinated, small in-person socialization activities will become the norm, followed by larger gatherings. Social connection and social support help to stave off mental health problems. McLaughlin said, “Social support is quite protective against the mental health consequences of stress, and we are seeing that very clearly in our data on children and families during the pandemic.”

### **Caution and Optimism**

Even as I express optimism about the course of our mental health in the months ahead, I am well aware of the stressors that many children and families have faced and will continue to face for a long time. As a society we must be prepared to offer relevant and necessary services for people to begin to recover in all phases of their lives. During my career I have been encouraged by the many individuals I’ve met who demonstrate resilience, and who will not permit their identity to be defined by a catastrophic event.

I witnessed this resilience when speaking in New York City a little more than a month after 9/11 and during a number of visits afterwards, including one with families who had lost a loved one in the Twin Towers. I recall speaking in the Oklahoma City area to educators and mental health professionals on the first anniversary of the bombing of the Murrah Federal Building, to school administrators in the Columbine High School district a few months after the mass killings, and to religious leaders, educators, and mental health professionals several months after Katrina in New Orleans. While their pain was palpable so too was their resolve and fortitude.

Psychologist Ann Masten, on the faculty of the University of Minnesota and one of the world’s foremost resilience researchers, wrote in her often cited article “Ordinary Magic” published in the *American Psychologist*, “Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities. . . . The conclusion that resilience emerges from ordinary processes offers a far more optimistic outlook for action than the idea that rare and extraordinary processes are involved.”

Psychologist George Bonanno, a faculty member at Columbia University and also a renowned researcher in the area of resilience, echoed Masten's perspective in his book *The Other Side of Sadness* when he observed, "What is perhaps most intriguing about resilience is not how prevalent it is; rather it is that we are consistently surprised by it. I have to admit that sometimes I am amazed by how resilient humans are and I have been working with loss and trauma survivors for years."

There are many challenges and unknowns in the days, weeks, months, and years ahead. However, the words of Masten and Bonanno offer realistic hope for identifying and applying those protective factors that will serve to ignite the ordinary magic in ourselves and our children.

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