

# Disaster Mental Health for Children

## MENTAL HEALTH TIPS AND TRICKS FOR KIDS

### Possible Reactions of Children After a Disaster

After a disaster it is not uncommon to see signs of regression in children. Like, adults, children will also have emotional, psychological and behavioral reactions to the event. Below is a table that identifies common reactions based on age group.

**Common Stress Reactions in Children and Youth After a Disaster<sup>1</sup>**

Age Range (Years)	Common Regressive Reactions	Common Physiological Reactions	Common Emotional and Behavioral Reactions
1–5	<ul style="list-style-type: none"> <li>• Bedwetting in a child who before the disaster was toilet trained</li> <li>• Thumb-sucking</li> <li>• Greater fear (of darkness, animals, monsters, strangers)</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of appetite</li> <li>• Overeating</li> <li>• Indigestion and other digestive problems</li> </ul>	<ul style="list-style-type: none"> <li>• Nervousness</li> <li>• Anxiety about being away from parents or other primary caregivers</li> <li>• Irritability and disobedience</li> </ul>
5–11	<ul style="list-style-type: none"> <li>• Clinginess with parents or other primary caregivers</li> <li>• Crying or whimpering</li> <li>• Requests to be fed or dressed</li> </ul>	<ul style="list-style-type: none"> <li>• Headaches</li> <li>• Complaints of visual or hearing problems</li> <li>• Sleep problems and nightmares</li> </ul>	<ul style="list-style-type: none"> <li>• School phobia</li> <li>• Social withdrawal</li> <li>• Irritability and disobedience</li> </ul>
11–14	<ul style="list-style-type: none"> <li>• Competing with younger siblings for attention from parents or other primary caregivers</li> <li>• Failure to perform chores and fulfill normal responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Headaches</li> <li>• Complaints of vague aches and pains</li> <li>• Overeating or loss of appetite</li> <li>• Skin problems</li> <li>• Sleep problems</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of interest in activities</li> <li>• Poorer school performance</li> <li>• Disruptive behavior</li> <li>• Resistance of authority</li> </ul>
14–18	<ul style="list-style-type: none"> <li>• Resumption of earlier behaviors and attitudes</li> <li>• Decline in previous responsible behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Headaches</li> <li>• Sleep problems</li> <li>• Digestive problems</li> <li>• Vague physical complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or decrease in physical activity</li> <li>• Depression</li> <li>• Isolation</li> <li>• Antisocial behavior</li> </ul>

Source: Columbia University, Earth Institute, National Center for Disaster Preparedness

<sup>1</sup> SAMHSA. Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters. September 2018. <https://www.samhsa.gov/sites/default/files/srb-childrenyouth-8-22-18.pdf> Accessed September 10, 2018.

## Special Pediatric Populations

After a disaster, children with pre-existing disabilities experience a higher level of vulnerability.

### Children with language disorders or memory deficits

Children with language disorders or memory deficits struggle to accurately recall incident specifics, and names, phone number and street address.

#### Tip

Allow them to draw a picture of what happened to them, their house, neighborhood, school. Have them tell a story that describes the type of places near their home that they have gone to with their parents. Always discuss what medical care you are going to be providing before you do it even if you have taken that temperature multiple times already that day.

### Attention-deficit/hyperactivity disorder (ADHD)

Children with attention-deficit/hyperactivity disorder may struggle to grasp and follow directions. Children with ADHD do best when are allowed some physical movement.

#### Tip

Directions should be simple with no more than one or two easy steps. Make sure that you consistently provide them with warnings about the consequences that may face for not following their healthcare directions.

### Autism

Children with autism may find it difficult to function when their normal routine is disrupted. They can be particularly sensitive to new people and to changes in their routine, or surroundings. They may also experience heightened sensitivity to sounds, bright lights, new tastes, smells, or cold temperature that can disrupt their emotional equilibrium in response, such as sirens, alarm bells or beeping monitors. Children with autism often become repetitive or hyper-focused on some element of the crisis, and their behavior may upset other children especially when they repeating discuss the event, or display self-soothing behaviors such as rocking.

#### Tip

When possible, announce changes before they occur. Many children with autism have behavior plans that include them going to a predetermined “safe space” or remembering a “safe person or safe place” when they are distressed. When possible to do so, allow them to follow their behavior plans. Children with autism also respond best to familiar people so if possible allow their parent, guardian or other familiar adult to remain with them to provide them with a sense of safety.

## Orthopedic, Hearing, or Visual Impairment

Children with physical disabilities are also at increased risk in a disaster situation, especially if they do not have access to their assistive devices, including their guide dogs. children).

### Tip

Reassure these children that they are safe, and make every attempt to design or adapt interventions to meet their needs. Mobility issues will require specific resources such as child proportioned wheelchairs, canes, and walkers, etc. Children with visual or hearing impairment will require special communication support such as providing information in braille, through video closed captioning, or via a medical interpreter with experience working with deaf/hearing impaired children. Don't expect the parents to interpret for their child because they may not have the skill level or the ability to discuss medical services in sign language, and they may be too upset to provide accurate information to their child and from their child.

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