

Managing a Child's Separation Anxiety, Depression and Post-Traumatic Stress Disorder after a Natural Disaster to Avert Future Substance Abuse and Substance Dependence

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Abstract

Objective: Natural disasters can be devastating to families especially for children. Many families are displaced from their homes and some are even separated from their children. Consequently, many children feel separation anxiety and may develop other diagnosis of post-traumatic stress disorder, depression, and other mental health issues. Long-term effects may trigger substance abuse and dependence anxiety, fears and depression are not treated.

Methods: Simple Descriptive Study, research articles were derived from multiple internet search engines.

Results: Nearly 494,000 people in the United States that were the ages of 12 years old and older reported using heroin in the past year and seems to be increasing with the years 2015. In 2017, over 15,000 people died from heroin overdose in the United States Centers for Disease Control and Prevention (CDC), 2019).

Consequences: Children must be treated for their separation anxiety, depression and post-traumatic stress disorder if diagnosed with these mental health problems. If they are not treated their mental health may decline and lower their quality of life. If not treated these children may develop substance abuse problems in the future.

Conclusion: Natural disasters are devastating to children and families, family displacement is detrimental to children resulting in many children developing mental health problems such as anxiety, depression, post-traumatic stress disorder and substance abuse in the future. Treatment and management for children who have been through natural disasters are essential to ameliorate anxiety, depression, post-traumatic stress disorder and substance abuse and dependence thus increasing their health outcomes and increasing their quality of life.

Keywords: Cognitive behavioural therapy; Separation anxiety; PTSD; Substance abuse

Introduction

A natural disaster can be devastating for children and their families. These disasters can lead to many problems including economic burden, loss of employment, family displacement as well as mental health issues. A problem caused by a natural disaster is fear, depression, and anxiety, especially in children. There have been numerous disasters in the United States that one could reflect on and learn how to be prepared for future disasters. Thousands of families displaced due to in 2005 [1]. The earthquake in Haiti in 2010 resulted in more than 220,000 deaths and more than 1 million people were displaced with half of those being children [2]. Current issues today are the hundreds of Mexican, Central American and South American children that have been detained all over Texas and have been separated from their parents in Texas due to immigration issues.

As a consequence of natural disasters and displacement of the family, many children and parents may develop sadness, confusion,

depression, post-traumatic stress syndrome (PTSD), anxiety and these children may turn to illegal drugs to ameliorate their anxiety, sadness, depression and PTSD. Unlike their children, many parents have control over where they go and what they will do next, however, children do not have control what they will do next, if they will return to their school or their friends[1].

Review of Literature

According to Sadock et al [3], anxiety is "one of the most common disorders affect 10-20% of children and adolescents". Children may begin to feel separation anxiety disorder when they become displaced from their familiar environment. When children become displaced from their family, relatives, friends and school they begin to have anxious types of symptoms. Children may begin to feel separation anxiety disorder when they become displaced from their familiar environment. During a disaster, children with previous trauma which is dependent on the child's psychological developmental age and milestone. Children may have insomnia, restlessness, inability to concentrate, somatic symptoms, gastrointestinal disorders,

palpitations, excessive worry, phobias, bed-wetting, fear and dizziness when anticipating any type of separation from their caregivers and aftermath of the natural disaster [3].

According to the Centers of Disease Control [1], between 2005-2011 the most prevalent mental health problems in the age group of 12-17 years old which included: anxiety disorders which were 3.0%, depression was 2.1%, and behavioral or conduct problems was 3-5%. For the age group of adolescents aged 12-17 years old they were identified as having illicit drugs use 4.7% and alcohol disorder 4.7%. Suicide, was the second leading cause of death among adolescents aged 12-17 years in 2010. These are alarming numbers considering that interventions can be utilized to help with the management and treatment of the child. If left untreated a child may turn to various types of alternative coping. Illegal drugs are among the way out for a teenager or young adult.

Interestingly, the Centers for Disease Control reported 22.2 million individuals have utilized cannabis to cope with their mental health complications such as anxiety, schizophrenia, anxiety and suicidal ideation [4]. The Centers for Disease Control also reported in 2017, that nearly 494,000 people aged 12 years old and over in the United States used heroin last year, and this number increased compared 2015. In 2017, over 15,000 people died from heroin overdose in the United States [4].

According to Addiction Resource, if a teenager or young adult utilizes opioids, or other illegal substance, they become addicted they may develop legal issues and finally devastate their family life. If dependence and addicted, may develop legal issues and finally devastate their family life [4].

Treatment and Management

Treatment and management involves both medical and comprehensive treatments including cognitive behavioural therapy, psychotherapy for the child, family and may involve pharmacological treatment if needed. The medication of choice for PTSD syndrome, anxiety, and depression are selective serotonin reuptake inhibitors and benzodiazepines. However, has been very helpful in separation anxiety. They have been shown to be effective for short-term use pharmacotherapy, when combined cognitive behavioural therapy this will yield more effective results [5].

Cognitive Behavioural Therapy

Cognitive behavioural therapy (CBT) is a therapy that is designed and catered per individual and is typically recommended for children prior to initiation to pharmacotherapy. CBT has short-term goals and resolution for their respective problems and is typically utilized for depression, obsessive-compulsive disorder, personality disorder and somatoform disorder, however, has been very helpful in separation anxiety. CBT is typically done on a 1:1 basis but can also be done in a group [6].

A new area of treatment that is emerging is computer-based and computer-assisted

CBT interventions, which increase accessibility, allow for additional privacy, and are cost effective. Discussing fears, and anxiety will facilitate the child and/or family to help to understand and to help resolve their anxiety [6].

Pharmacotherapy

Selective Serotonin Reuptake inhibitors, such as sertraline, paroxetine, fluvoxamine, fluoxetine and benzodiazepines have been effective in the treatment of separation anxiety for children. According to the National Institute of Health, a comprehensive review of pediatric trials conducted between 1988 and 2006 suggested that the benefits of antidepressant medications, suicidal ideation, likely outweigh their risks to children and adolescents with major depression and anxiety disorders [7]. Family and caregivers must monitor the children for suicidal ideation and other side effect and ensure that the child follow's up with their providers.

Parents

Parents and caregivers can help facilitate all the adjustments that may occur with the after-math of a natural disaster. Some parents be experiencing anxiety themselves, however, they can explain to the child the aftermath of the natural disaster. A parent must also listen to what the child is thinking and feeling. Parents can make the child feel safe and secure by talking with them about the future in a positive manner to help the child feel safe.

Parents should also limit social media and television use to avoid watching the disaster, this can avoid feelings of anxiety and impending doom. Parents can also take their child to their pediatrician for their well child visits to ensure they are reaching their respective developmental milestones. Most public schools have counsellors that are trained in emergency preparedness and can provide counselling for these children. Parents will also benefit from speaking a counsellor or a family therapist to facilitate understanding the natural disaster, the after-effects and to learn to manage their own fears and anxiety.

Implementing into Practice

A healthcare professional such as an advanced practice nurse, a registered nurse, counsellor, can learn to identify signs and symptoms of children experiencing separation anxiety from their parents or caregivers. As professionals many of us have learned theory and how to assess and evaluate our patients. However, to manage children that have actually been separated from their parents from actual disasters can be challenging. One must be astute to listening to their patients and to assess for signs and symptoms associated with anxiety and to monitor for other subtle symptoms. Screening tools will also help to assess for depression.

Conclusion

Disasters can be devastating for children and their families and can lead to multiple problems which include financial burden, family disparities and mental health issues including fear, depression, and anxiety. Children may react differently to natural disasters than adults, children may have a strong reaction to a disaster or an emergency, especially if separated from the parents or caregivers. Many children may react immediately to a disaster where some children may internalize their fear which may manifest itself in the future, therefore is imperative that children are evaluated by their paediatricians and their counsellors to discuss underlying anxiety, fears and depression so that a management and treatment plan can be created to treat the child to improve their health outcomes and their quality of life for themselves and their families.

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