

Meagan Norlin-Weaver
Fraser
Mental Health Practitioner

I will be sharing some reflections of my experience in working in a pediatric (children ages 2-7 years) mental health day treatment setting during a pandemic, while others in the world were trying to avoid spending time in grocery store, for example, working had to avoid contracting COVID-19. I hope this helps provide a perspective of what it has felt like and some experiences I have faced (and continue to experience in this area of work).

In this line of work, in the pediatric mental health day treatment setting, staff are constantly in very close proximity to clients to keep clients from hurting themselves or others, to help them with self-care tasks and/or to be their physical support for anything that comes up. Nearly all of our clients do not wear masks, as they are unable due to medical reasons including not tolerating the feeling of wearing one and refusing, not being able to understand the many reasons why wearing one is important.

Most of our day treatment clients are unable to understand the importance of other strategies for health safety such as not picking your nose, touching your eyes, washing hands frequently, and not mouthing objects that are shared in the classroom or bathroom. Some of the clients I work with wear a medically necessary “chewy” around their neck to provide oral sensory input to the client by them accessing and chewing on a rubber-like shape attached to a necklace or clip. Chewies are frequently covered in saliva, clients touch their chewies often, and also of course touch many other things and people in a classroom. Clients are typically unable to understand the importance of or remember to cover their nose and mouth when coughing and sneezing. It isn’t possible to wash hands frequently enough as is suggested base on behaviors; we would be at the sink the entire three hours of the session together.

Wearing masks as a staff person makes it difficult to be effective in my position. As mental health staff we are always modeling and directing the way to show, handle, react to emotions, actions, situations, others’ behaviors, etc. It is quite difficult to effectively communicate as much as is necessary in day treatment when our faces are covered by masks. The clients are missing out on learning about what a face looks like when communicating. Communication is at least 70% nonverbal. Additionally, wearing a mask all day while running around, talking, going inside and outside (to play) in the heat of summer or cold of winter is simply annoying. Masks are too tight or too loose, get damp, dirty, and sometimes smelly throughout the 8 hour work day. I have had my mask aggressively removed by a client at times when I am having to interact with them as they are physically upset. Masks can be a real barrier to having a good day, but obviously are necessary. I am glad that there are now enough supplies to change them daily and as needed as opposed to a year ago when supplies were limited and we needed to reuse the same disposable mask for days in a row.

One of the times I was exposed to COVID at work last year and I had to quarantine for two weeks, I was also planning to go visit family and had been saving all of my PTO for months. I was faced with either cancelling my trip (including absorbing any cancellation fees, prepaid and nonrefundable expenses) to take those mandated days off and still get paid as expected but at the cost of using up my PTO, or taking mandatory days off unpaid, causing me to have to unexpectedly juggle life expenses and bills, and take money away from the amount I was planning to use on my trip. It felt a bit like I was being punished for a client's poor choice to attend day treatment even after having had been exposed to COVID and showing symptoms and doing my job.

It is unnerving to work so physically close with many people and not always be sure whether someone may have a cold or allergies, just have a little tickle in their nose or whether it might actually be a symptom of COVID. During the day I am wiping children's noses, I may get sneezed on while helping a child in the bathroom/changing their diaper, and for a while there was a client who was spitting frequently and purposely on people and objects in the day treatment room. It was and is hard to be in a position to have to be so trusting that all families and staff are following the protocols in place accurately. With all the constant changes and unknown factors of COVID, it feels as if my life could be in the hands of any of the clients and staff I encounter during a workday.

The challenges are plenty. The inability to plan on staff or clients being at day treatment due to sudden possible COVID symptoms or exposure and not knowing when I might have to stay home and take time off after being exposed is frustrating. There are so many "unknowns" and situations that came up where I have had to adapt and change quickly which has also made it challenging to plan and to be prepared to teach and support our clients safely and effectively during this pandemic.