Mental/Behavioral Health Virtual Learning Collaborative

Spring 2021

Session #1

MARCH 3, 2021

12:30-1:30 P.M.

Learning Collaborative Faculty/Advisors

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Bergen West Pediatric Center Dr. Kathleen Cerkvenik	Integrated Pediatrics Dr. Sunita Gulati
Child Health Associates PA Dr. Mana Somasundaram	Jersey Shore University Medical Center Dr. Chee Tan
Children's Health Center Dr. Nancy Denicola	Luz Romero, MD, LLC Dr. Luz Romero
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Excel Pediatrics Dr. Anjana Dravid	My Whole Child Pediatrics Dr. Naveen Mehrotra
Florham Park Pediatrics Dr. Ellen Ganek	NeurAbilities Healthcare Dr. Amir Miodovnik

Learning Collaborative Participants

New Jersey Department of Health Lisa Jenkins	Tribeca Pediatrics Dr. Riddhi Thaker
Nurture Pediatrics Dr. Leena Benoy	Trinity Pediatrics PCPA Dr. Kia Grundy
Pediatricare Associates Dr. Sapna Shah	Valley Hospital Dr. Marivic Santiago
Plaza Family Care Dr. Ankita Trivedi	Dr. Radhakrishna and Associates Dr. Vijaya Radhakrishna
PM Pediatrics Dr. Khushbu Shah	Westfield Pediatrics Dr. Nicole Fersa
Premier Medicine and Wellness Ann Willitts & Dr. Jodi Peska Mosseri	Williamstown Pediatric Practice Dr. Mary Mathew
Princeton Nassau Pediatrics Dr. Payal Hemrajani & Dr. Wendy Rivers	Monmouth Medical Center Dr. Kristen Pyne
Rutgers RWJMS Dr. Natalia Karpova	West Deptford Pediatrics Dr. Heather Ruddock
Southern Jersey Family Medical Center Dr. Lillian Mekhail	

Session Agenda

- Welcome, Roll-Call, and Introductions – 5 minutes
- Brief Lecture/Didactic – 15 minutes
- Q.I. tools and strategies – 10 minutes
- Case Presentation #1 – 10 minutes
- Clarifying Questions and Discussion – 15 minutes
- Summary and Close – 5 minutes

Session #1:
Identification of Common Pediatric Mental/Behavioral Health Issues & Covid-19 Challenges and Response

Learning Objectives:

- Understand the basics of how to identify the common pediatric mental/behavioral health disorders – ADHD, depression, anxiety, and suicide ideation
- Understand the impact of the COVID-19 pandemic on mental/behavioral health and substance use conditions in pediatric populations
- Discuss a case presentation of a patient identified with mental/behavioral health concerns
- Identify quality improvement strategies for testing and implementing mental/behavioral health patient services in their practice

Identification of Common Pediatric Mental/Behavioral Health Issues & Covid-19 Challenges and Response

ANTHONY L. ROSTAIN, MD, MA

CHAIR, PSYCHIATRY AND BEHAVIORAL HEALTH

COOPER UNIVERSITY HEALTH CARE

Dr. Rostain's Disclosures

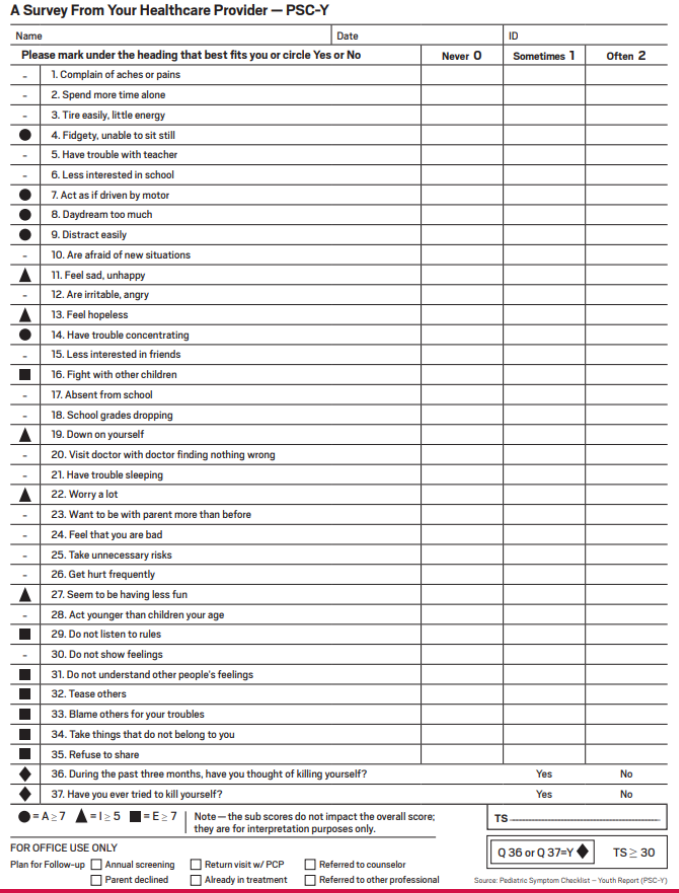
- Book royalties
  - Routledge/Taylor Francis Group
  - St. Martin's Press
- Scientific advisory board honoraria
  - Arbor Pharmaceuticals
- Consultant honoraria
  - Shire/Takeda, National Football League
- CME presentations
  - WebMD, APA, Global Medical Education, US Psychiatric Congress

Role of Pediatric Practitioner

- Identify problems / concerns
- Carry out initial assessment
- Provide family psycho-education
- Begin initial steps of treatment – “primary behavioral health care”
- Refer more complex cases

Pediatric Symptom Checklist and Subscales

- **Pediatric Symptoms Checklist (PSC-35, PSC-Y 37)**
  - Available in multiple languages and a pictorial version
  - PSC-35 (completed by parent of children 6-11 y.o)
  - PSC-Y-37 (completed by youth 11 y.o. and up)
    - PSC-Y-37 has two questions to screen for suicidal ideation
- **Additionally, screens for the following symptoms/behaviors:**
  - Internalizing Problems (i.e. Depression or Anxiety)
  - Attention Problems (i.e. ADHD)
  - Externalizing Problems (i.e. Conduct Disorder, Oppositional Defiant Disorder)
- **Cutoff scores**
  - PSC-35 (6-16 yo) ≥ 28; (4-5 yo) ≥ 24.
  - PSC-Y-37 ≥ 30.



A Survey From Your Healthcare Provider — PSC-Y

Name | Date | ID

	Please mark under the heading that best fits you or circle Yes or No	Never 0	Sometimes 1	Often 2
-	1. Complain of aches or pains			
-	2. Spend more time alone			
-	3. Tire easily, little energy			
●	4. Fidgety, unable to sit still			
-	5. Have trouble with teacher			
-	6. Less interested in school			
●	7. Act as if driven by motor			
●	8. Daydream too much			
●	9. Distract easily			
-	10. Are afraid of new situations			
▲	11. Feel sad, unhappy			
-	12. Are irritable, angry			
▲	13. Feel hopeless			
●	14. Have trouble concentrating			
-	15. Less interested in friends			
■	16. Fight with other children			
-	17. Absent from school			
-	18. School grades dropping			
▲	19. Down on yourself			
-	20. Visit doctor with doctor finding nothing wrong			
-	21. Have trouble sleeping			
▲	22. Worry a lot			
-	23. Want to be with parent more than before			
-	24. Feel that you are bad			
-	25. Take unnecessary risks			
-	26. Get hurt frequently			
▲	27. Seem to be having less fun			
-	28. Act younger than children your age			
■	29. Do not listen to rules			
-	30. Do not show feelings			
■	31. Do not understand other people's feelings			
■	32. Tease others			
■	33. Blame others for your troubles			
■	34. Take things that do not belong to you			
■	35. Refuse to share			
◆	36. During the past three months, have you thought of killing yourself?		Yes	No
◆	37. Have you ever tried to kill yourself?		Yes	No

●= A ≥ 7 ▲= I ≥ 5 ■= E ≥ 7 | Note — the sub scores do not impact the overall score; they are for interpretation purposes only.

TS _____

FOR OFFICE USE ONLY

Plan for Follow-up ☐ Annual screening ☐ Return visit w/ PCP ☐ Referred to counselor ☐ Parent declined ☐ Already in treatment ☐ Referred to other professional

Q 36 or Q 37=Y◆ TS ≥ 30

Source: Pediatric Symptom Checklist – Youth Report (PSC-Y)

Anxiety Disorders

Identifying Children with Anxiety Disorders

Symptoms To Look For

- Pattern of school refusal
- Other avoidance behaviors
- Frequent visit to office for vague somatic complaints
- Shyness with peers
- Trouble falling asleep or separating from parents

Questions To Ask

- Is it distressing for child? Others?
- How is problem getting in the way?
- What are the triggers?
- How long has the problem been present?
- What have parents/child tried to do about the problem?

Assessing Anxiety Disorders

Initial assessment:

- Is the anxiety stimulus specific, spontaneous or anticipatory?
- Estimate the degree of avoidance in daily life
- Social & family context -> reinforcers of symptoms
- Temperament, quality of attachment, stranger/separation response, childhood fears
- Medical disorders & medications
- Family history of anxiety disorders

Anxiety Assessment Tools

- **Provide additional information about child's general functioning at home and school – not diagnostic themselves**
  - Child/adolescent self-report measures
  - Teacher and parent rating scale
  - Clinician rating scales
- **May be administrated by primary care physician, mental health counselor, or school psychologist**
- **Examples:**
  - SCARED – Screen for Child Anxiety Related Disorders (Child and Parent versions)
  - PARS - Pediatric Anxiety Rating Scale
  - MASC - Multidimensional Anxiety Scale for Children

SCARED

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pgh. (10/95). E-mail: birmaherb@msx.upmc.edu

Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 1 of 2 (To be filled out by the CHILD)

Name: _____

Date: _____

Directions:
Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When I feel frightened, it is hard to breathe.	○	○	○
2. I get headaches when I am at school.	○	○	○
3. I don't like to be with people I don't know well.	○	○	○
4. I get scared if I sleep away from home.	○	○	○
5. I worry about other people liking me.	○	○	○
6. When I get frightened, I feel like passing out.	○	○	○
7. I am nervous.	○	○	○
8. I follow my mother or father wherever they go.	○	○	○
9. People tell me that I look nervous.	○	○	○
10. I feel nervous with people I don't know well.	○	○	○
11. I get stomachaches at school.	○	○	○
12. When I get frightened, I feel like I am going crazy.	○	○	○
13. I worry about sleeping alone.	○	○	○
14. I worry about being as good as other kids.	○	○	○
15. When I get frightened, I feel like things are not real.	○	○	○
16. I have nightmares about something bad happening to my parents.	○	○	○
17. I worry about going to school.	○	○	○
18. When I get frightened, my heart beats fast.	○	○	○
19. I get shaky.	○	○	○
20. I have nightmares about something bad happening to me.	○	○	○

**For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	○	○	○
22. When I get frightened, I sweat a lot.	○	○	○
23. I am a worrier.	○	○	○
24. I get really frightened for no reason at all.	○	○	○
25. I am afraid to be alone in the house.	○	○	○
26. It is hard for me to talk with people I don't know well.	○	○	○
27. When I get frightened, I feel like I am choking.	○	○	○
28. People tell me that I worry too much.	○	○	○
29. I don't like to be away from my family.	○	○	○
30. I am afraid of having anxiety (or panic) attacks.	○	○	○
31. I worry that something bad might happen to my parents.	○	○	○
32. I feel shy with people I don't know well.	○	○	○
33. I worry about what is going to happen in the future.	○	○	○
34. When I get frightened, I feel like throwing up.	○	○	○
35. I worry about how well I do things.	○	○	○
36. I am scared to go to school.	○	○	○
37. I worry about things that have already happened.	○	○	○
38. When I get frightened, I feel dizzy.	○	○	○
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)	○	○	○
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	○	○	○
41. I am shy.	○	○	○

SCORING:

A total score of ≥ **25** may indicate the presence of an **Anxiety Disorder**. Scores higher that 30 are more specific.
A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.
A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.
A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.
A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.
A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

Mood Disorders

Developmental Considerations

Guidelines for Adolescent Depression in Primary Care. Version 3

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	Children / Pre-pubertal Youth	**Adolescents / Post-pubertal Youth**
Prevalence of depressive disorders	1-2%; girls: boys = 1:1	3-8%; girls: boys = 2:1
Identification techniques	Given limited ability of most children to identify and communicate how they are feeling, obtaining history from contacts such as parents and teachers is crucial to obtaining an accurate history and chronology of symptoms.	Adolescents themselves may be able to provide a reliable and detailed history,but speaking with contacts is still important. Remember to inquire about any recent dangerous behaviors or statements which may impl suicidal ideation.
Commonly occurring symptoms	Somatic complaints Psychomotor agitation Mood-congruent hallucinations School refusal Phobias / separation anxiety / increase in worrying	Low self-esteem, apathy, boredom Substance use Change in weight, sleep or grades Psychomotor depression / hypersomnia Aggression / antisocial behavior Social withdrawal

GLAD-PC

Guidelines for Adolescent Depression in Primary Care

GLAD-PC

Tool Kit

- Expert consensus driven guidelines published in *Pediatrics* (2007)
- Conducted focus groups, surveys, literature reviews and analyses of published studies
- Updated in 2018 – available as a free download

https://www.thereachinstitute.org/images/pdfs/glad-pc-toolkit-2018.pdf

GLAD-PC: Assessment Tools

- Reliance on presenting complaint or family concerns *under-identifies* cases
- No "gold standard" screening tool
  - PHQ-A: Patient Health Questionnaire – Adolescent
  - CES-DC: Center for Epidemiological Studies Depression Scale for Children
  - KADS-6: Kutcher Adolescent Depression Scale (KADS-6)
  - MFQ: Mood and Feelings Questionnaire

PHQ-9 Modified for Teens

Scoring the PHQ-9 Modified for Teens

Scoring the PHQ-9 modified for teens is easy but involves thinking about several different aspects of depression.

To use the PHQ-9 as a diagnostic aid for major depressive disorder:

- Questions 1 and/or 2 need to be endorsed as a "2" or "3."
- Need five or more positive symptoms (positive is defined by a "2" or "3" in questions 1-8 and by a "1", "2", or "3" in question 9).
- The functional impairment question (How difficult….) needs to be rated at least as "somewhat difficult."

To use the PHQ-9 to screen for all types of depression or other mental illness:

- All positive answers (positive is defined by a "2" or "3" in questions 1-8 and by a "1", "2", or "3" in question 9) should be followed up by interview.
- A total PHQ-9 score ≥ 10 (see below for instructions on how to obtain a total score) has a good sensitivity and specificity for MDD.

To use the PHQ-9 to aid in the diagnosis of dysthymia:

- The dysthymia question (In the past year…) should be endorsed as "yes."

To use the PHQ-9 to screen for suicide risk:

- All positive answers to question 9 as well as the two additional suicide items MUST be followed up by a clinical interview.

To use the PHQ-9 to obtain a total score and assess depressive severity:

- Add up the numbers endorsed for questions 1-9 and obtain a total score.
- See table below:

Total Score	**Depression Severity**
0-4	No or minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

PHQ-9: Modified for Teens (ages 11-17)

Name: _____ **Date:** _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks?** For each symptom put an **"X"** in the box beneath the answer that best describes how you have been feeling.

	(0) **Not At All**	*(1)* **Several Days**	*(2)* **More Than Half the Days**	*(3)* **Nearly Every Day**
1. Little interest or pleasure in doing things?	0	1	2	3
2. Feeling down, depressed, irritable, or hopeless?	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much?	0	1	2	3
4. Feeling tired, or having little energy?	0	1	2	3
5. Poor appetite, weight loss, or overeating?	0	1	2	3
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	0	1	2	3
7. Trouble concentrating on things like school work, reading, or watching TV?	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	0	1	2	3

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

[ ] Not difficult at all [ ] Somewhat difficult [ ] Very difficult [ ] Extremely difficult

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

[ ] Yes [ ] No

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

[ ] Yes [ ] No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

[ ] Yes [ ] No

If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911

ADHD

Overview of ADHD

- **ADHD is a complex, heterogeneous, genetically determined neurodevelopmental lifespan disorder affecting patient, family and community:**
  - Different trajectories of development
  - High degree of overlap with learning difficulties and co-morbid psychiatric conditions
  - Multiple determinants of clinical course
  - Many promising approaches to promoting function / adaptation
- **ADHD is a scientifically valid disorder with a high prevalence across cultures, nations and SES groups**
  - 7-9% of children, 3-5% of adults
- **ADHD largely results from biological factors**
  - Genetics, neurology, acquired injuries and interactions
  - 25-35% from injuries; 65-75% from genetics
- **Social factors likely influence degree of impairment, risk for comorbid (co-occurring) disorders, and access to resources**

DSM-5 Criteria for ADHD

Inattention Criteria:

1. Inattention to details/ makes careless mistakes
2. Difficulty sustaining attention
3. Seems not to listen
4. Fails to finish tasks
5. Difficulty organizing
6. Avoids tasks requiring sustained attention
7. Loses things
8. Easily distracted
9. Forgetful

Hyperactivity/Impulsivity Criteria:

1. Fidgets
2. Unable to stay seated
3. Inappropriate running/climbing (feels restless, in teens)
4. Difficulty in engaging in leisure activities quietly
5. “On the go”
6. Talks excessively
7. Blurts out answer before question is finished
8. Difficulty awaiting turn
9. Interrupts or intrudes on others

DSM-5 Criteria for ADHD

1. Child must meet ≥6/9 Inattention or Hyperactivity/Impulsivity criteria (≥5/9 criteria for teens) at the "Often"/"Very Often" level.

2. Presence of ADHD symptoms for ≥6 months.

3. Several symptoms were present prior to age 12

4. Several symptoms present in ≥2 settings.

5. ADHD symptoms interfere with, or reduce the quality of social, academic or occupational functioning.

6. Sx & impairment cannot be better explained by another condition.

American Psychiatric Assn. *Diagnostic and Statistical Manual of Mental Disorders (5th edition)*. Arlington, VA: American Psychiatric Publishing, 2013

Vanderbilt Parent Assessment Scale

Vanderbilt Parent Assessment Scale

Page 1

Today's Date: _____ Child's Name: _____ DOB: _____ Parent's Name: _____

Each rating should be considered in the context of what is appropriate for the age of your child.

Is this evaluation based on a time when the child ☐ **was on medication** ☐ **was not on medication**

SYMPTOMS	Never	Occasionally	Often	Very Often	
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3	
2. Has difficulty keeping attention to what needs to be done	0	1	2	3	
3. Does not seem to listen when spoken to directly	0	1	2	3	
4. Does not follow through when given directions and fails to finish activities (not due to refusal or misunderstanding)	0	1	2	3	
5. Has difficulty organizing task and activities	0	1	2	3	
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental efforts	0	1	2	3	
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3	
8. Is easily distracted by noises or other stimuli	0	1	2	3	
9. Is forgetful in daily activities	0	1	2	3	☐ Count # 2s & 3s
10. Fidgets with hands or feet or squirms in seat	0	1	2	3	
11. Leaves seat when remaining seated is expected	0	1	2	3	
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3	
13. Has difficulty playing or beginning quiet play activities	0	1	2	3	
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3	
15. Talks too much	0	1	2	3	
16. Blurts out answers before questions have been completed	0	1	2	3	
17. Has difficulty waiting his/her turn	0	1	2	3	☐ Count # 2s & 3s
18. Interrupts or intrudes in others' conversations and/or activities	0	1	2	3	☐ TSS 1-18
19. Argues with adults	0	1	2	3	
20. Loses temper	0	1	2	3	
21. Actively defies or refuses to go along with adults' request or rules	0	1	2	3	
22. Deliberately annoys people	0	1	2	3	
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3	
24. Is touchy or easily annoyed by others	0	1	2	3	
25. Is angry or resentful	0	1	2	3	
26. Is spiteful and wants to get even	0	1	2	3	☐ Count # 2s & 3s

SYMPTOMS, continued	Never	Occasionally	Often	Very Often	
27. Bullies, threatens, or intimidates others	0	1	2	3	
28. Starts physical fights	0	1	2	3	
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)	0	1	2	3	
30. Is truant from school (skips school) without permission	0	1	2	3	
31. Is physically cruel to people	0	1	2	3	
32. Has stolen things that have value	0	1	2	3	
33. Deliberately destroys others' property	0	1	2	3	
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3	
35. Is physically cruel to animals	0	1	2	3	
36. Has deliberately set fires to cause damage	0	1	2	3	
37. Has broken into someone else's home, business, or car	0	1	2	3	
38. Has stayed out at night without permission	0	1	2	3	
39. Has run away from home overnight	0	1	2	3	
40. Has forced someone into sexual activities	0	1	2	3	☐ Count # 2s & 3s
41. Is fearful, anxious, or worried	0	1	2	3	
42. Is afraid to try new things for fear of making mistakes	0	1	2	3	
43. Feels worthless or inferior	0	1	2	3	
44. Blames self for problems; feels guilty	0	1	2	3	
45. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3	
46. Is sad, unhappy, or depressed	0	1	2	3	
47. Is self-conscious or easily embarrassed	0	1	2	3	☐ Count # 2s & 3s

IMPAIRMENT	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
A. Overall School Performance	1	2	3	4	5	
B. Reading	1	2	3	4	5	
C. Writing	1	2	3	4	5	
D. Mathematics	1	2	3	4	5	
E. Relationship with parents	1	2	3	4	5	
F. Relationship with siblings	1	2	3	4	5	
G. Relationship with peers	1	2	3	4	5	☐ Count # 4s & 5s
H. Participation in organized activities (e.g., teams)	1	2	3	4	5	☐ APS 48-55

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD

PRE-EXISTING PROBLEMS - Use the following to assess severity:
None: The symptom is not present
Mild: The symptom is present but is not significant enough to cause concern to the child, to his/her friends, or adults.
Moderate: The symptom causes some impairment of functioning or social embarrassment.
Severe: The symptom causes impairment of functioning or social embarrassment to such a degree that it requires specific treatment.

	None	Mild	Moderate	Severe
Motor Tics–repetitive movements: jerking or twitching (e.g., eye blinking–eye opening, facial or mouth twitching, shoulder or arm movements)–describe:				
Buccal–lingual movements: Tongue thrusts, jaw clenching, chewing movement besides lip/cheek biting– describe:				
Picking at skin or fingers, nail biting, lip or cheek chewing – describe:				
Worried/Anxious				
Dull, tired, listless				
Headaches				
Stomachache				
Crabby, Irritable				

Vanderbilt Scales: Comorbidity Screening

	PARENT SCALE QUESTION #s	TEACHER SCALE QUESTION #s	SCORING THRESHOLDS
OPPOSITIONAL-DEFIANT DISORDER	19-27	19-28	≥4 questions scored "2" or "3"
CONDUCT DISORDER	28-40	19-28	≥3 questions scored "2" or "3"
DEPRESSION-ANXIETY	41-47	29-35	≥4 questions scored "2" or "3"

COVID and Mental Health

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World Social Psychiatry

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https://waspsocialpsychiatry.org/

Case Series

COVID-19, Social Distancing: Mental Health Implications for Children, Adolescents, and Families – Pediatric and Psychiatric Perspectives

Abstract

COVID-19 is creating a mental health crisis among children and youth around the globe. At the time of this writing, more than 1.5 billion, i.e., 91% of the world's students are out of school. The pandemic is raising fears, and causing clinginess, distraction, irritability, anxiety, depression, lethargy, impaired social interaction, and reduced appetite. Adolescents are at higher risk for depression, anxiety, distress, low self-esteem, substance use disorder, and suicide. Mental health consequences of the pandemic can be categorized as adjustment disorders, reactions to social isolation, reactions to family and family events, violence against women and children, and intensification of preexisting mental health conditions. Major challenges are being experienced by those struggling with attention-deficit hyperactivity disorder, autistic spectrum disorders, medical complications, posttraumatic stress disorder, and other conditions. After a short description of each category, we provide case examples, which, though fictitious, bear sufficient resemblance to real-life situations encountered in our daily practice to serve as useful vignettes. The mental health community, social psychiatrists and pediatricians, and other health-care providers should take an active role to address these serious issues.

Keywords: *Children and adolescents, COVID-19, families, mental health, social distancing, treatment and advocacy*

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A Perfect Storm:
The Invisible Child Mental Health Pandemic

- Parents unemployed and financially strained
- Food scarcity, homelessness
- Family grief
- Social isolation and containment
- Altered classroom instruction – distance learning
- Loss of services for children administered at school
- Barriers to identifying children at risk
  - Dramatic decrease in referrals of disruptive behavior disorders and increase in referrals for therapy
- Limited access to care
- Social unrest / political turmoil

Children Who Are Disadvantaged Are At Even Greater Risk

- Crowded housing – higher spread of virus
  - What to do when social distancing is not possible?
- Food insecurity; hunger
- Deepened digital divide: lack of access to computers, internet, space
  - Barriers to virtual learning; setbacks to academic progress
- Social crisis has rubbed salt into the wound children's awareness of their own disadvantage
- Alienation, disenfranchisement
  - Learned helplessness
- Anger/rage/rebellion
  - Involvement of children and youth in social protest

Impact on the Child

- Lonely and frustrated
- Isolated within the family, oftentimes with increased family conflict or parental stress
- The shrinking village needed to raise a child
- Child awareness that some of their questions do not have an answer: existential threat
- Children's awareness of being a risk to their parents or grandparents with significant risk factors
- Impact of 'social distancing' and extended "distance learning" on social development

Case Example

A 7-year-old girl with no significant past psychiatric history started to experience increasing anxiety, mood lability, and temper outbursts. She started having 30-minute meltdowns when she learned that school was going to be postponed for the remainder of the year, screaming: “I need people,” “nothing will be the same,” “my life is over.”

Impact on Adolescents

- Disappointment / grief / powerlessness
- Challenges to healthy adolescent narcissism
  - Developmental pause when the anticipation was life on fast forward
  - Impact of ‘social distancing’ when development demands increasing autonomy from family and bonding with peers
  - Loss of the ability to demonstrate independence, and practice self-reliance to get ready for launch

Case Example

A 15-year-old female, otherwise healthy teenager, became fed up with the quarantine. She went to a friend's house and drank a significant amount of alcohol. She was found passed out on the street and was later admitted to the pediatric intensive care unit and requiring intubation.

QI Tools & Strategies

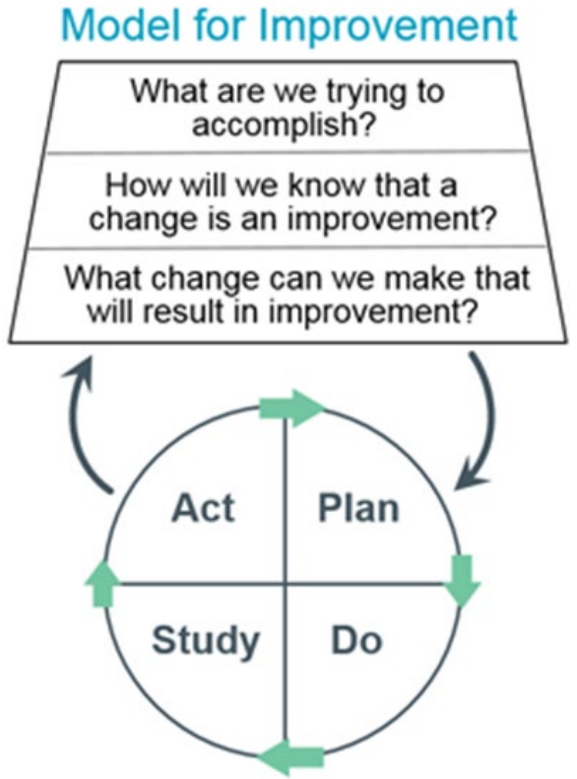
Ruth S. Gubernick, PhD., MPH, PCMH CCE

Quality Improvement Coach

How can my practice team *create change that will improve the mental health and well-being of my patients and their families*?

Apply Quality Improvement (QI) Methodology!

- Form a QI team
- Meet
- Assign responsibility for key tasks
- Identify at least 1 best practice strategy or idea you want to test during your patient visit
- Plan and conduct small test(s) of change



Institute for Healthcare Improvement.
http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx.

Best-Practice Ideas and Strategies

- Create your integrated primary care team, include parents/caregivers and adolescent patients!
- Conduct assessments with standardized tools as part of routine well-child/adolescent visits
- Expand assessments to include appropriate questions to ask and use of additional assessment tools
- As a team, identify 1 or more tools/resources in the GLAD-PC Toolkit and test using them.
- Identify a network of Community Resources and meet to build relationships
- Add topics regarding mental and behavioral health to your practice's meeting agendas

Use Rapid-Cycle Small Tests of Change!

PDSA Worksheet for Testing Change

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do **Describe what actually happened when you ran the test**

Study **Describe the measured results and how they compared to the predictions**

Act **Describe what modifications to the plan will be made for the next cycle from what you learned**

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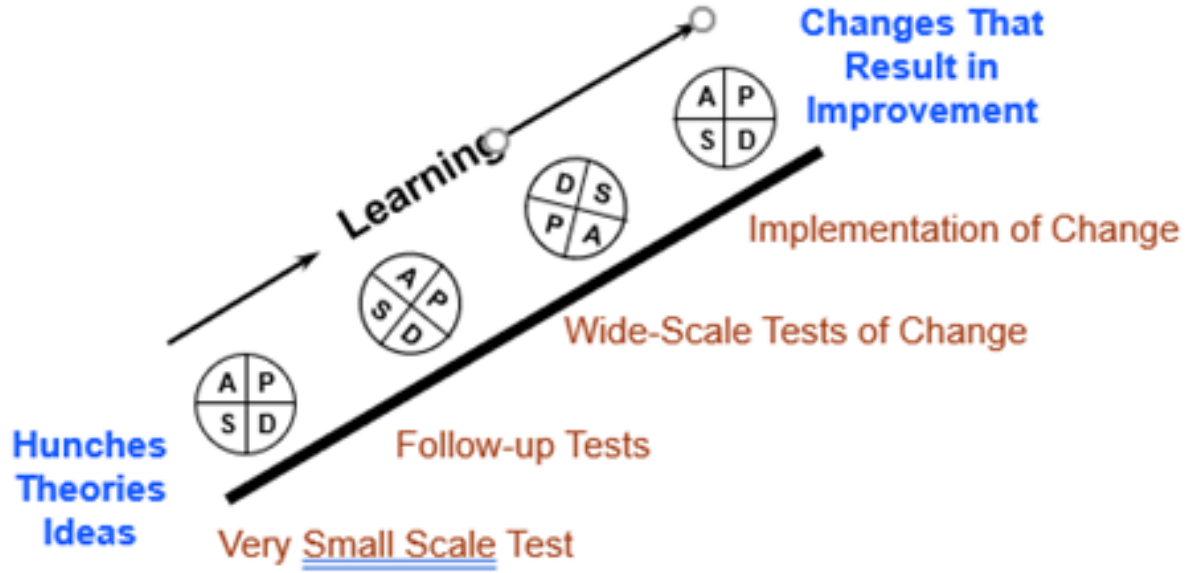

Case Presentation

MELISSA C. WALLACH, MD, FAAP

DIRECTOR OF MEDICAL EDUCATION FOR SGU MEDICAL SCHOOL PROGRAM

DIRECTOR OF QUALITY IMPROVEMENT PEDIATRIC PRIMARY CARE PRACTICES

HACKENSACK MERIDIAN HEALTH MEDICAL GROUP: ASBURY PARK/NEPTUNE PEDIATRICS

Patient Case Presentation

- **Age**: 15
- **Gender:** Male
- **Reason for Presenting Case:** Success
- **How long has the child been in your care**? This was my first visit with him, he has been coming to the practice since birth.
- **Child's current diagnosis(es) and age of onset (if there is one):** Anxiety, abdominal pains and headaches, ? Related to anxiety- seen gastroenterology & neurology respectively within the past year
- **Current Medication**: None
- **Pertinent Past Medication:** None
- **Additional Information on Case:** Patient is exhibiting features of anxiety and ADHD
- **What standardized M/B Health Screening Tool(s) was conducted?** PSC-Y-37 and PHQ-9
- **What was the score of the SWYC, PSC-35, Y-PSC-37, CRAFFT?** Normal PSC-Y37 with a borderline high on the attention questions, normal PHQ-9
- **Concerns identified?** The parent and patient feel his anxiety is worsening, his grades have dropped. He also has some features of ADHD, mom is concerned about Asperger's; her daughter was diagnosed as a young adult

Patient Case Presentation *(continued)*

- **Was patient in crisis(at-risk to self or others) at time of visit?** No
- **Risk factors:** History of anxiety, feeling more stressed and sad now likely due to the pandemic
- **Protective factors**: Good support team at home.
- **Actions taken:** Made a referral to the PPC/HUB, spoke with Dr. LeBlanc, Hub CAP, who will see the patient
- **What Worked/Successes:** Mom and the patient were open about sharing their concerns and his symptoms, accepted the referral to the PPC/HUB
- **What Didn't Work/Barriers:** Diagnostic clarification, how to do in a timely manner
- **Case Summary**: 15 yr. old with an acute exacerbation of his anxiety, with features of a possible second diagnosis of ADHD. Referred to the PPC/HUB for consultation with the CAP for diagnostic clarification, evaluation for medication. He is to continue with his current therapy sessions.

Mental Health Collaborative Program Announcements

Upcoming Learning Collaborative Sessions

Session #2 - April 7th

Session #3 - May 5th

Session #4 - June 2nd

- All sessions from 12:30-1:30 p.m.

Future Case Presentations

- Requirement of **Track 2** participants only
- Case Presentation form emailed on March 3rd
- Cases must be submitted by March 17th
- Learning Collaborative Faculty/Advisors will review
- 3 cases will be selected for future LC sessions and you will be notified if your case is selected and the process for presenting it

Track 1 vs Track 2 REMINDERS:

Track 1 Participants:

- Attend sessions as schedule permits and complete post-session CME surveys for credits/points and program feedback

Track 2 Participants:

- Agree to attend all 4 Learning Collaborative sessions (March – June)
- Submit a Pre-LC program survey by March 2, and Post-LC Survey by June 11th
- Complete one case submission by March 17th
- Will receive program incentives – pediatric psychopharmacology book and mental/behavioral health coding guide

Resources

Centers for Disease Control & Prevention (CDC):

- Taking Care of Your Emotional Health
- COVID-19 Parental Resources Kit

Anxiety and Depression Association of America

- Coronavirus Anxiety: Expert Tips and Resources

SAMSHA (Substance Abuse and Mental Health Administration)

- Tips for Social Distancing, Quarantine, and Isolation: Taking Care of Your Mental Health

Child Mind Institute:

- Supporting Families During COVID-19
- Anxiety & Coping w/COVID-19
- How Mindfulness Can Help During COVID-19
- Support for Kids with ADHD During the Pandemic

Questions?

Please contact anyone from our MHC team:

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Thank you!

Please provide us with feedback on today's session by completing the brief survey at:

https://www.surveymonkey.com/r/837YZTC

This is also required for those seeking CME credits/MOC part 2 points for today's session.