Adolescent Mental Health in Today's Troubling Times

AAPCA3 Chapter Town Hall / Sex, Drugs, and Rock'n'Roll

Maya Kumar, MD, FAAP, FRCPC
UC/Rady Children's Hospital San Diego

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Disclosures

- I have no relevant financial relationships to disclose.
- We are in unchartered territory.

Unprecedented Times

The mental health outcomes in adolescents are UNKNOWN.

But in theory…

Learning Objectives

1. Review developmental tasks of adolescence and developmentally-specific impact of current events on adolescent mental health
2. Determine which youth are at highest risk of mental health problems during current crisis
3. Identify potential precipitating and palliating factors for adolescent mental illness and endangerment
4. Discuss practical strategies for anticipatory guidance, screening, and intervention

Developmental Tasks of Adolescence

Developmental Task
Independence from guardians
Adoption of peer codes
Development of body image
Emerging sexuality
Evolution of abstract thinking
Moral/value system
Developing sense of purpose

Developmental Tasks of Adolescence

Developmental Task	RECENT EVENTS	Outcomes?
Independence from guardians	Shelter-in-place	Decreased privacy, less opportunity for independence → anxiety + depression
Adoption of peer codes	Social distancing	Loss of support network → Anxiety + depression, poor coping
Development of body image	Increased exposure to social media and 'influencers'	Poor body image → disordered eating, anxiety + depression
Emerging sexuality	Shelter-in-place Nowhere to go	Sexual risk-taking Curiosity and vulnerability Isolation and/or family rejection of LGBTQ+ youth
Evolution of abstract thinking	Terrifying news reports Conflicting information	Confusion → Anxiety + depression
Moral/value system	Racial tension Health care disparities	Anxiety + depression Anger → violence
Developing sense of purpose	School/college closures Economic collapse	Anxiety + depression Loss of motivation, hopelessness

Other

- Loss of support system (extended family, etc)
- Grief and loss
- Economic stressors and poverty

Other

- Parental stress
  - Parental anxiety, depression, substance abuse inability to parent
  - Exposure to marital conflict, domestic violence
  - Physical/verbal/sexual abuse
- Increased risk of sexual exploitation (especially online)
  - ↑Supply: more time online
  - ↑ Demand: from adults stuck at home

Barriers to Health Care

- Medical and mental health facility closures and limitations
- Deferral of “well visits” = less opportunity for surveillance
- Fear of health care settings
- PPE creating discomfort during face-to-face interactions
  - Distraction
  - Non-verbal communication

Who Are At Greatest Risk?

- Current or previous mental health problems
- Chronic health conditions and/or developmental disability
- History of ACEs
- Low-income
- Black, indigenous, or persons of color (BIPOC)
- LGBTQ+

Case #1

- 13 yo F with history of avoidant-restrictive food intake disorder and generalized anxiety disorder, stable on Lexapro for almost a year
- Upcoming scheduled appointment canceled, eventually changed to telemedicine
- Mom calls beforehand requesting a sooner appointment ASAP as pt was cutting herself

Case #1

- Telemedicine appointment scheduled ASAP
- PHQ-9 score = 21 → SEVERE depression
  - Very low mood, sad and irritable every day, poor self esteem, poor concentration, isolating from parents
  - Staying up late and then sleeping in late
  - Not going out, not doing physical activity
  - “She’s not herself”
  - Mother’s Day – discovered cuts (razor blade)
- Symptoms for the last 2 months
- On video visit, patient appears calm, quiet, normal affect, but poor eye contact

Case #1

- Major depressive disorder?
- Some things didn't quite fit:
  - Began shortly after school closure
  - Doesn't really have vegetative symptoms (e.g. appetite changes, concentration changes)
  - Doesn't have typical anhedonia
    - Doing schoolwork easily (<1 hr/day)
    - Online almost constantly playing games and on Instagram – encouraged by Mom
  - Had been doing great on Lexapro for almost a year

Case #1

- Reports no substance abuse
- Reports no romantic involvement or sexual activity
- Reports no problems with friends, but misses friends, school, outings
- Lives in small condo with parents, no siblings
- Has not lost weight but less motivated to do exposure therapy
- Reports that she is not anxious, just sad

Case #1

- Mom asks to speak to me confidentially
  - Very “dark” postings about death and dying on social media
  - Note written to friends and family

Case #1

- Differential diagnosis:
  - MDD
  - Adjustment Disorder
  - Endangerment?

Case #1

- Advised mom and pt to go directly to Rady Children's Hospital Behavioral Health Urgent Care
- Assessed by LMFT – says she wrote the note 'to get attention' but did not elaborate
- Deemed safe to go home
- Follow-up plan?
  - Medi-Cal – limited therapy options
  - Put on waitlist for Rady Psychiatry – will take months
  - "Behavioral Connect" – crisis management only

Case #1

- Mom requests urgent appointment without child
- Discovered that child was being victimized by online predator
  - “IBF”
- Called police and contacted IBF – no further contact
- Instagram and social media accounts disabled

Case #1

- Pt still very unwilling to talk about IBF
  - Worried that she will get in trouble
  - Mom suspects she misses him
- PHQ9 improved to 14 with no intervention other than removing access to social media/gaming

Case #1

- Advised set sleep schedule and daily physical activity
- Mom “changed approach” to electronics supervision
- Have increased Lexapro
- Daily check-ins from crisis program and more regular appointments with me until definitive therapy established

Case #1

- At most recent appointment:
  - Pt reports that mood was good and everything was ‘fine’
  - Sleep and eating schedule still very irregular, not doing physical activity
  - Confidentially, mom disclosed that pt was approached by another predator
    - Patient was more engaged with 2nd predator
  - Reported to police
  - Parents are separating

Case #1

- Recommendations:
  - Complete confiscation of all electronics
  - Urged private pay for therapy
  - Phone calls and socially distanced visits with friends
  - Talk to daughter about healthy sexuality
  - Token economy

Case #1: Take Home Points

- Attending school automatically provides 3 things for adolescents:
  - Structure
  - Supervision
  - Social interaction
- More time online + developmental vulnerability = ?
  - Failure to consider consequences → Excessive screen time, questionable interactions
  - Desire for peer interaction → exposure to cyberbullying and grooming
  - Concrete thinking → failure to recognize coercion/grooming
  - Evolving sexual development → curiosity → vulnerability

Presentations by Dr. Diep and Dr. Chenven

What Can General Pediatricians Do?

Facilitate Confidential Communication

- Offer mask removal with social distancing in person
- OFFER TELEHEALTH
- Confidentiality during telehealth:
  - Obtain consent
  - Ask patient if they are alone
  - Recommend use of headphones
  - Good faith = NOT LIABLE
- Find ways for adolescents to contact YOU
  - Access to electronic patient portals
  - HIPAA-compliant text message or email
  - Clinic phone #

Screen, Screen, Screen

- General screening for EVERYONE regardless of chief complaint
  - Informal
  - A brief HEADS - at least the “HEA”
- Consider universal formal screening (PHQ-9, SCARED, GAD7)
- If there are red flags, have a confidential conversation to ask more details

Brief Intervention

- Mild impact on mental health: anticipatory guidance
  - “Eat, Sleep, Move” and STRUCTURE
  - Safe internet use
    - Family Media Use Plan
  - Opportunities for safe socialization with peers
  - Facilitate privacy and independence at home
  - Apps for mindfulness, mood/anxiety
    - e.g. MindShift CBT, Calm
  - Encourage family conversations about current events

Brief Intervention

- Moderate impairment in mental health, OR lots of risk factors
  - Supportive counseling, foster resiliency - “be their person”
  - Practical help - 211, employment insurance/stimulus cheques, respite
  - Referral for mental health support (pt AND/OR parent)
  - National Domestic Violence Hotline, National Suicide Hotline, CPS including self-referral
  - More frequent follow-up

Brief Intervention

- Severe impairment of mental health, suicidality, or child endangerment
  - Send to Behavioral Health Urgent Care or ER - GO NOW
  - 911 (PERT)
  - Child Protection Services
  - Police
  - Have your support staff follow up in real time
  - Establish subsequent follow-up

References

- Fegert JM, Vitiello B, Plener PL, Clemens V. Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child Adolesc Psychiatry Ment Health*. 2020;14:20. Published 2020 May 12. doi:10.1186/s13034-020-00329-3