The Crisis of Adolescent Mental Health: The Pandemic and Beyond

Michelle Bowden, MD FAAP

Le Bonheur Pediatric and Adolescent Clinics

Le Bonheur Children's Hospital

THE UNIVERSITY *of* TENNESSEE
HEALTH SCIENCE CENTER

Objectives

- Discuss the effects of the COVID-19 pandemic on the mental health of adolescents

- Review epidemiology of common and emerging mental health concerns: depression, anxiety and eating disorders

- Review screening tools for depression, anxiety, and eating disorders

- Recognize treatment options for depression, anxiety, and eating disorders

Are the kids all right? Supporting your teen's mental health through Covid-19

By Jen Rose Smith, CNN

🕐 Updated 4:28 AM ET, Thu October 8, 2020

MORE FROM CNN

BBC News   APRIL 16, 2020

'Profound' impact predicted on mental health

Concerns over increased anxiety and isolation are already affecting the public, two surveys suggest.

MENTAL HEALTH

Youth mental health crisis is "the next wave of the pandemic," Duke psychiatrist says

The pandemic has magnified how fragile mental health is for many children and adolescents.

Le Bonheur Children's Hospital   THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER UT

Pandemic's impact on youth mental health 'devastating': Surgeon General

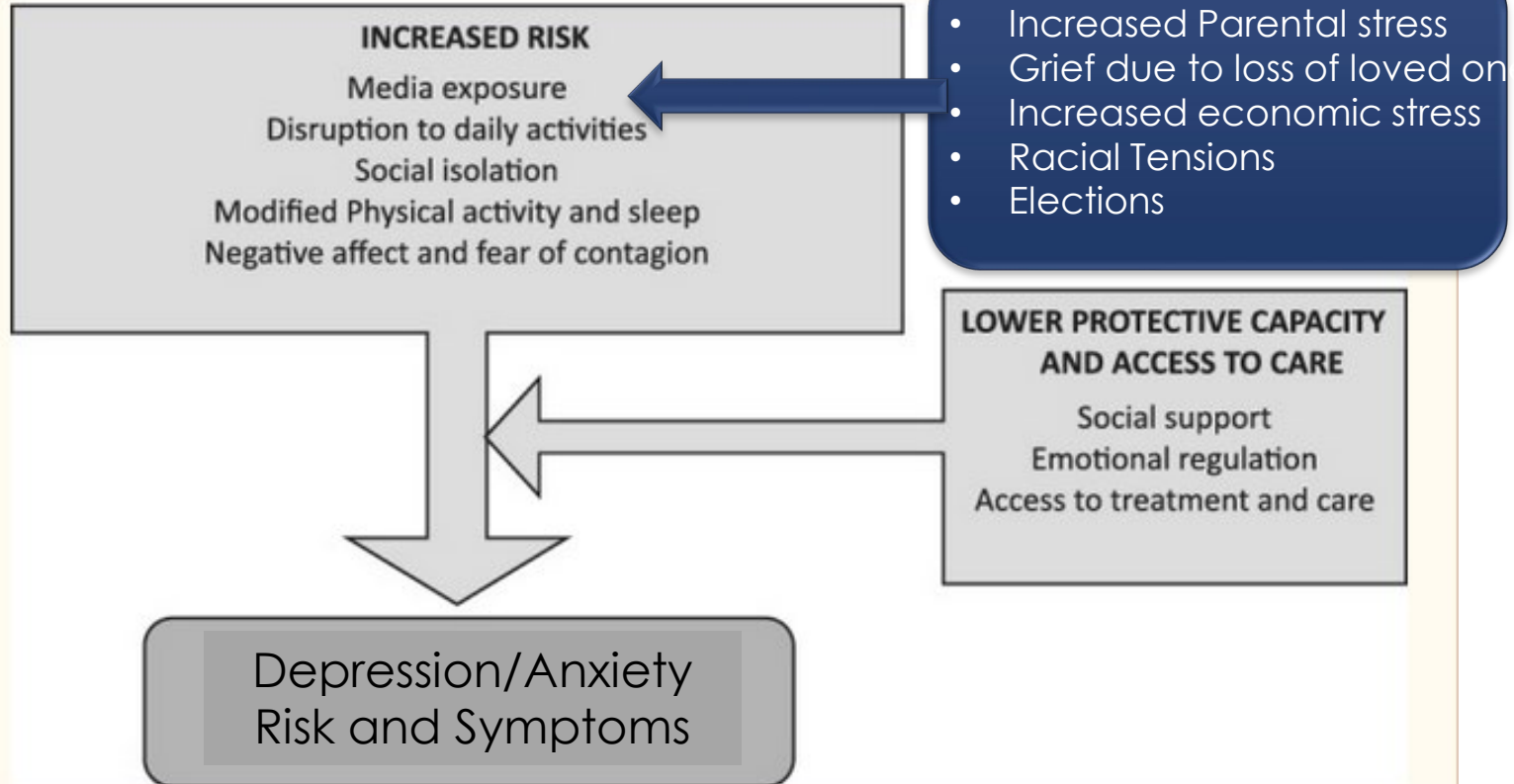*Dr. Vivek Murthy said addressing the issue is "not just medical, it's moral."*

By **Kelly Livingston**
February 8, 2022, 3:22 PM • 6 min read

US surgeon general testifies about pandemic's impact on youth mental health

Mental Health Risk in the COVID-19 Pandemic

INCREASED RISK

Media exposure
Disruption to daily activities
Social isolation
Modified Physical activity and sleep
Negative affect and fear of contagion

- Increased Parental stress
- Grief due to loss of loved on
- Increased economic stress
- Racial Tensions
- Elections

LOWER PROTECTIVE CAPACITY AND ACCESS TO CARE

Social support
Emotional regulation
Access to treatment and care

Depression/Anxiety
Risk and Symptoms

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

Depression and Anxiety in COVID-19 Pandemic

ABES Adolescent Behaviors and Experiences During the COVID-19 Pandemic, 2021

Mental Health & Suicidality

CDC

The Adolescent Behaviors and Experiences Survey

- CDC's first nationally representative study to assess the well-being of U.S. youth during the COVID-19 pandemic

- Data collected January -June 2021

- Represented 9-12th graders in public and private high schools

- Data from 7,705 surveys

Rico A, Brener ND, Thornton J, et al. Overview and Methodology of the Adolescent Behaviors and Experiences Survey — United States, January–June 2021. MMWR Suppl 2022;71(Suppl-3):1–7. DOI: http://dx.doi.org/10.15585/mmwr.su7103a1external icon.

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Depression and Anxiety in COVID-19 Pandemic

ABES — Adolescent Behaviors and Experiences During the COVID-19 Pandemic, 2021

Mental Health & Suicidality

CDC

- 37 % of high school students reported poor mental health during the COVID-19 pandemic.
- 44 % of students reported they felt persistently sad or hopeless during the last year. These concerning statistics were linked to several challenges youth reported including
- 20% serious considered suicide
- 9% attempted suicide
- ~30% of students who used substance prior to the pandemic reported increased use

Krause KH, Verlenden JV, Szucs LE, et al. Disruptions to School and Home Life Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl 2022;71(Suppl-3):28–34. DOI: http://dx.doi.org/10.15585/mmwr.su7103a5external icon.

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

Depression and Anxiety in COVID-19 Pandemic

ABES — *Adolescent Behaviors and Experiences During the COVID-19 Pandemic, 2021*

Mental Health & Suicidality

CDC

ABES and RiskFactors:

- 55% of students experienced emotional abuse by a parent

- 11 % of students experiences physical abuse by a parent

- 29 % experienced financial insecurity due to parent's job

- 22% experienced loss of personal job

Krause KH, Verlenden JV, Szucs LE, et al. Disruptions to School and Home Life Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl 2022;71(Suppl-3):28–34. DOI: http://dx.doi.org/10.15585/mmwr.su7103a5external icon.

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
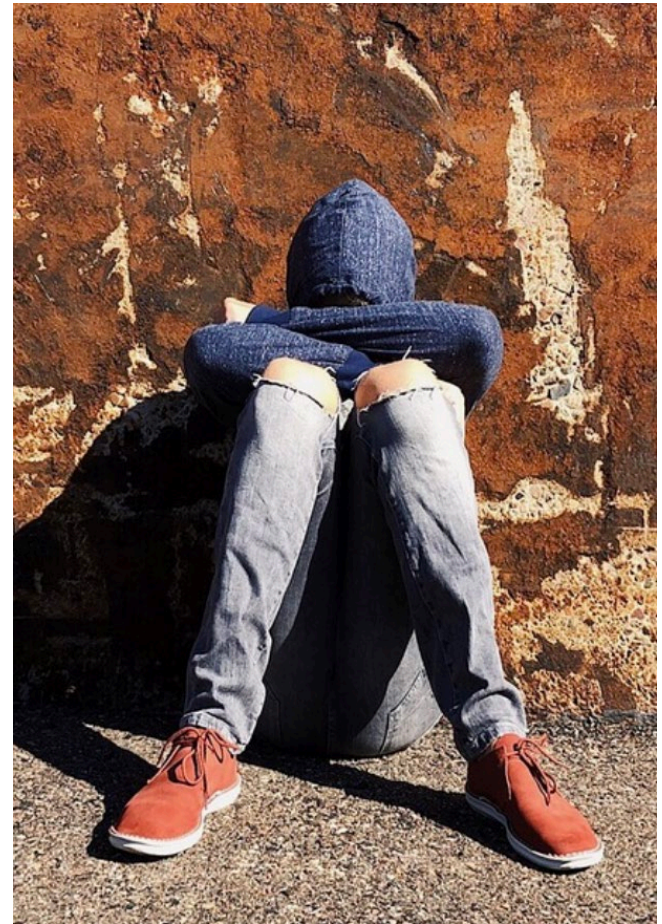
Depression and Anxiety in COVID-19 Pandemic

ABES and Risk/Protective Factors:

- Students who felt close to persons at school had a lower prevalence of poor mental health during the pandemic (28.4% versus 45.2%)
- 1 in 4 reported using telemedicine to access care from a doctor or nurse
- <1 in 10 reported using telemedicine to access mental health or drug and alcohol counseling

Krause KH, Verlenden JV, Szucs LE, et al. Disruptions to School and Home Life Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl 2022;71(Suppl-3):28–34. DOI: http://dx.doi.org/10.15585/mmwr.su7103a5external icon.

Depression and Anxiety in COVID-19 Pandemic

- 1 in 4 youth globally are experiencing clinically elevated depression symptoms
- 1 in 5 youth are experiencing clinically elevated anxiety symptoms
- 2X prepandemic estimates
- 2 of 3 of these will not be recognized and receive care
- ER visits for suspected suicide attempts increased 51% for adolescent girls and 4% for adolescent boys
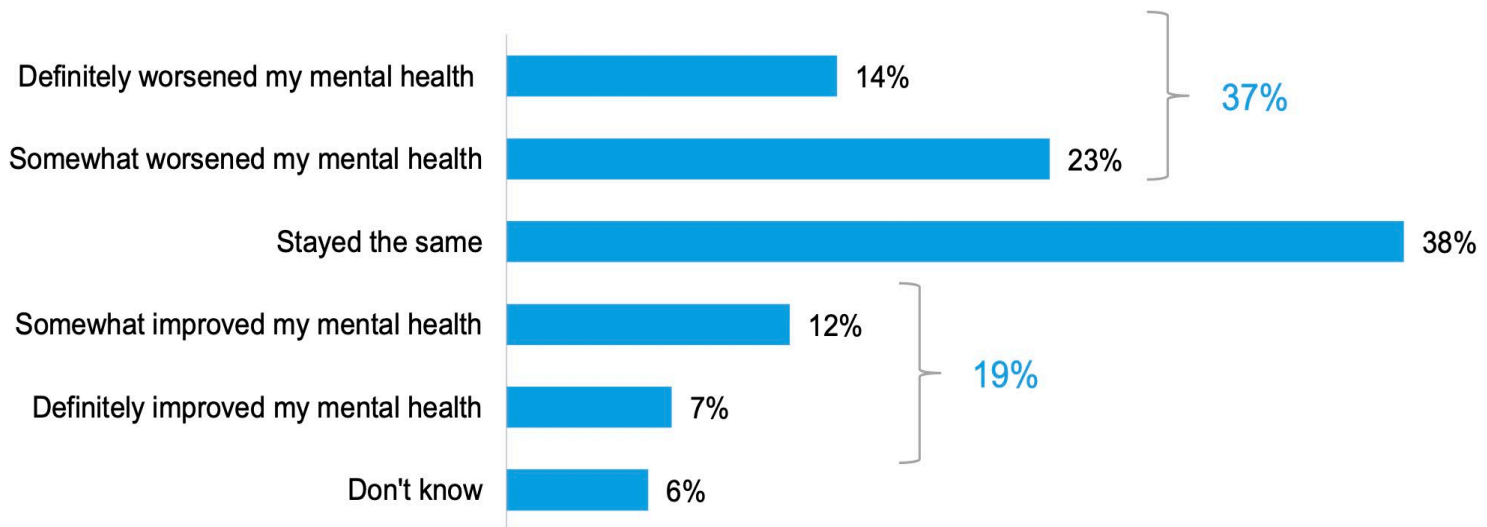
Racine N, McArthur BA, Cooke JE, Eirich R, Zhu J, Madigan S. Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19: A Meta-analysis. *JAMA Pediatr.* 2021;175(11):1142–1150. doi:10.1001/jamapediatrics.2021.2482

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

Depression and Anxiety in COVID-19 Pandemic

FIGURE 1

Thinking about your mental health before the COVID-19 pandemic (i.e., before March 2020) compared with now, to what extent do you feel the pandemic has improved or worsened your mental health, or has it stayed the same?
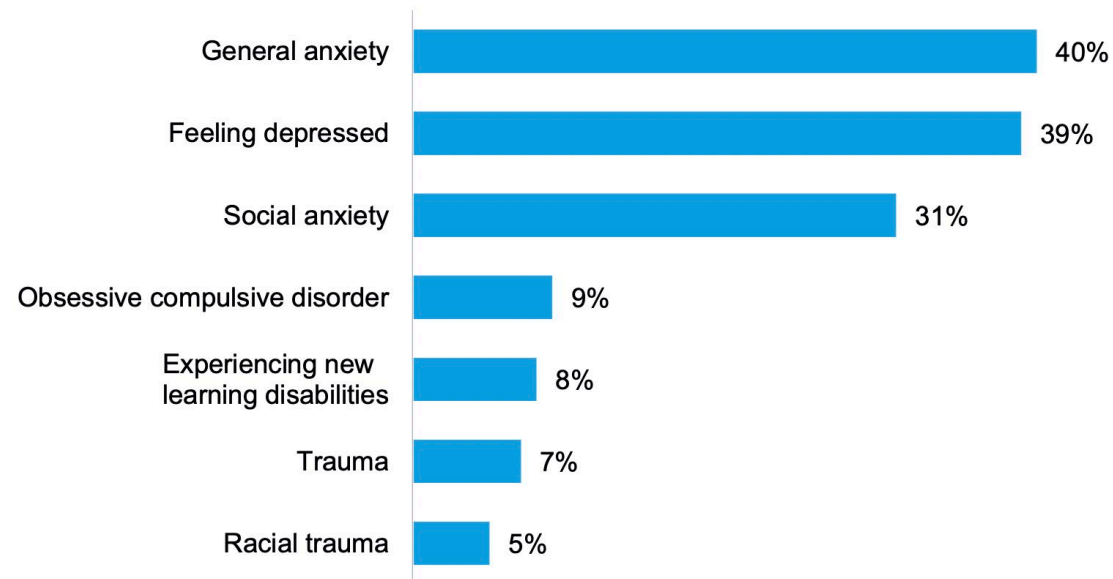
Response	Percentage
Definitely worsened my mental health	14%
Somewhat worsened my mental health	23%
Stayed the same	38%
Somewhat improved my mental health	12%
Definitely improved my mental health	7%
Don't know	6%

Definitely worsened + Somewhat worsened: **37%**

Somewhat improved + Definitely improved: **19%**

morganstanley.com/mentalhealthalliance

Depression and Anxiety in COVID-19 Pandemic

FIGURE 2

Which, if any, of the following mental health challenges have you experienced since the beginning of the pandemic in March 2020? Please select all that apply.

Challenge	Percentage
General anxiety	40%
Feeling depressed	39%
Social anxiety	31%
Obsessive compulsive disorder	9%
Experiencing new learning disabilities	8%
Trauma	7%
Racial trauma	5%

morganstanley.com/mentalhealthalliance

Le Bonheur Children's Hospital   THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Mental Health Risk in COVID-19 Pandemic

Risk are not equal

- **American Indian and Alaska Native youth:** limited internet access

- **Black youth:** more likely to lose a parent or caregiver to COVID-19

- **Latino youth:** who reported high rates of loneliness and poor or decreased mental health during the pandemic

- **Asian American, Native Hawaiian, and Pacific Islander youth:** increased stress due to COVID-19-related hate and harassment, increased perceived racism in the school setting

Mpofu JJ, Cooper AC, Ashley C, et al. Perceived Racism and Demographic, Mental Health, and Behavioral Characteristics Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl 2022;71(Suppl-3):22–27.
DOI: http://dx.doi.org/10.15585/mmwr.su7103a4external icon

Mental Health Risk in COVID-19 Pandemic

Risk are not equal

- **LGBTQ+ youth:** who lost access to school-based services and were sometimes confined to homes where they were not supported or accepted
- **Low-income youth:** economic, educational, and social disruptions (for example, losing access to free school lunches)
- **Youth in rural areas:** faced additional challenges in participating in school or accessing mental health services (for example, due to limited internet connectivity)
- **Youth in immigrant households:** faced language and technology barriers to accessing health care services and education
- **Special youth populations:** including youth involved with the juvenile justice, or child welfare systems, as well as runaway youth and youth experiencing homelessness

Mpofu JJ, Cooper AC, Ashley C, et al. Perceived Racism and Demographic, Mental Health, and Behavioral Characteristics Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl 2022;71(Suppl-3):22–27.
DOI: http://dx.doi.org/10.15585/mmwr.su7103a4external icon

Eating Disorders in COVID-19

JAMA Network | Open™

Trends in the Incidence of New-Onset Anorexia Nervosa and Atypical Anorexia Nervosa Among Youth During the COVID-19 Pandemic in Canada

Holly Agostino, MD, CM; Brett Burstein, MD, CM, PhD, MPH; Dina Moubayed, MD, CM; Danielle Taddeo, MD, CM; Rosheen Grady, MD; Ellie Vyver, MD; Gina Dimitropoulos, PhD, MSW; Anna Dominic, MD; Jennifer S. Coelho, PhD, RPsych

- 2x rate of new diagnosis of ED compared to pre-pandemic
- More rapid weight loss
- Increased incidence of severe health effects (bradycardia, etc)

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

Eating Disorders in COVID-19

INCREASED RISK

Media exposure
Disruption to daily activities
Social isolation
Modified Physical activity and sleep
Negative affect and fear of contagion
Food scarcity

LOWER PROTECTIVE CAPACITY AND ACCESS TO CARE

Social support
Emotional regulation
Access to treatment and care

Eating Disorder Risk and Symptoms

- Increased time on SM
- More body-negative messagi (the COVID-19, zoom)
- Increase in work-out content
- Increase in pro-ED content*

Rodgers RF, Lombardo C, Cerolini S, et al. The impact of the COVID-19 pandemic on eating disorder risk and symptoms. *Int J Eat Disord*. 2020;53(7):1166-1170. doi:10.1002/eat.23318

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Epidemiology

- 9% of the U.S. population will have an eating disorder in their lifetime.
  - Less than 6% are "underweight"
- Eating disorders are among the deadliest mental illnesses, second only to opioid overdose.
  - ~ 1 death every 52 minutes can be attributed to ED..
- The economic cost of eating disorders is $64.7 billion every year.

1Arcelus, Jon et al. "Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies." *Archives of general psychiatry* 68,7 (2011): 724-31. https://doi.org/10.1001/archgenpsychiatry.2011.74
2Deloitte Access Economics. *The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders.* June 2020. Available at: https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/

Eating Disorders in COVID-19

- NEDA: 70% increase in calls and online chats
- Center for Excellence in Eating Disorders: 30-40% increase in referrals
- Chui, et al in Hong /Kong study:
  - Those who started dieting during pandemic 3-9X more likely to have ED symptoms
  - Those with depression/anxiety were 2-3X more likely to have ED symptoms
- Wait times for residential treatment from 1-2 weeks to 4-6 weeks
- Severity of illness: >weight loss, more engrained behaviors, younger patients

- http://abcnewsradioonline.com/health-news/covid-19-quarantine-sparks-concern-of-eating-disorder-crisis.html
- Chui Yi Chan & Cheuk Ying Chiu (2021) Disordered eating behaviors and psychological health during the COVID-19 pandemic, Psychology, Health & Medicine, DOI: 10.1080/13548506.2021.1883687

Le Bonheur Children's Hospital

THE UNIVERSITY of TENNESSEE
HEALTH SCIENCE CENTER
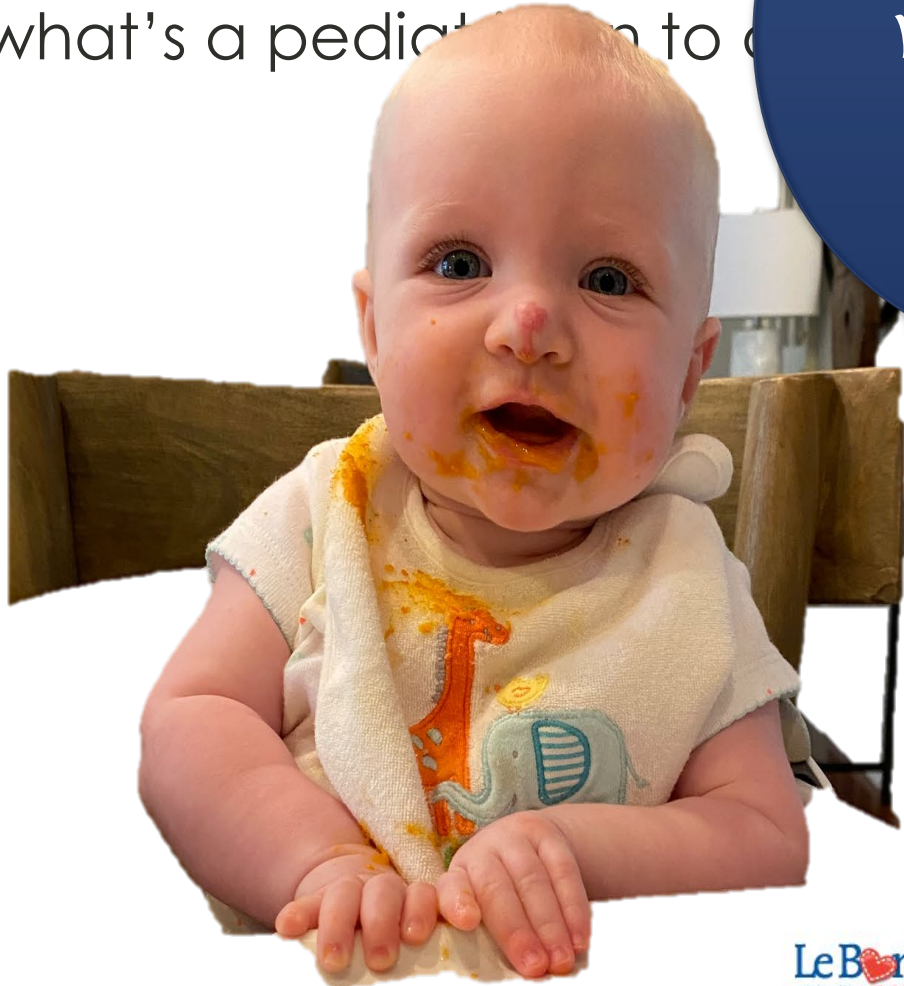
Caring for Adolescent Mental Health in Primary Care

Interim Guidance on Supporting the Emotional and Behavioral Health Needs of Children, Adolescents, and Families During the COVID-19 Pandemic

Home / **Critical Updates on COVID-19** / **COVID-19 Interim Guidance** / Interim Guidance on Supporting the Emotional and Behavioral Health Needs of Children, Adolescents, and Families During the COVID-19 Pandemic

Provide feedba

- Trauma informed
- Considers social determinants of health
- Culturally competent
- Addresses uncertainty of pandemic
- Promotes resiliency
- Community engaged

American Academy of Pediatrics. (2020). *Interim guidance on supporting the emotional and behavioral health needs of children, adolescents, and families during the COVID-19 pandemic*.

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

The Social-Economic Model

| Individual | Relationship | Community | Societal |

Caring for the patient: Universal screening

Supporting the patient's support system: family, friends

Engaging and advocating for community resources: therapists, schools, healthy neighborhoods

Advocating on the legislative level to reduce disparities, provide greater resources and access to care

Le Bonheur Children's Hospital

THE UNIVERSITY of TENNESSEE HEALTH SCIENCE CENTER

Screening Tools

- General:
  - PSC-17 or PSC-35
  - ACES
  - SDOH
- For Depression:
  - PHQ-2 or PHQ-9
  - Columbia Depression Scale
- For Anxiety:
  - SCARED
  - GAD-7
- For Eating Disorders
  - SCOFF
- Consider level of impairment

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✔" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	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 have been 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

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Building Alliance: HEL^2P^3

H = hope	**Hope** facilitates coping. Increase the family's hopefulness by describing your realistic expectations for improvement and reinforcing the strengths and assets you recognize in the child and family. Encourage concrete steps toward whatever is achievable.
E = empathy	Communicate **empathy** by listening attentively, acknowledging struggles and distress, and sharing happiness experienced by the child and family.
L^2 = language, loyalty	Use the child's or family's own **language** (not a clinical label) to reflect your understanding of the problem as they perceive it and to give the child and family an opportunity to correct any misperceptions. Communicate **loyalty** to the family by expressing your support and your commitment to help now and in the future.
P^3 = permission, partnership, plan	Ask the family's **permission** for you to ask more in-depth and potentially sensitive questions or to suggest further evaluation or management. **Partner** with the child and family to identify any barriers or resistance to addressing the problem, find strategies to bypass or overcome barriers, and find agreement on achievable steps (or, simply, an achievable first step) aligned with the family's motivation. The more difficult the problem, the more important is the promise of partnership. On the basis of the child's and family's preferences and sense of urgency, establish a **plan** (or incremental first step) through which the child and family will take some actions, work toward greater readiness to take action, or monitor the problem and follow up with you. (The plan may include keeping a diary of symptoms and triggers, gathering information from other sources such as the child's school, changing lifestyle, applying parenting strategies or self-management techniques, reviewing educational resources about the problem or condition, initiating specific treatment, seeking referral for further assessment or treatment, or returning for further family discussion.)

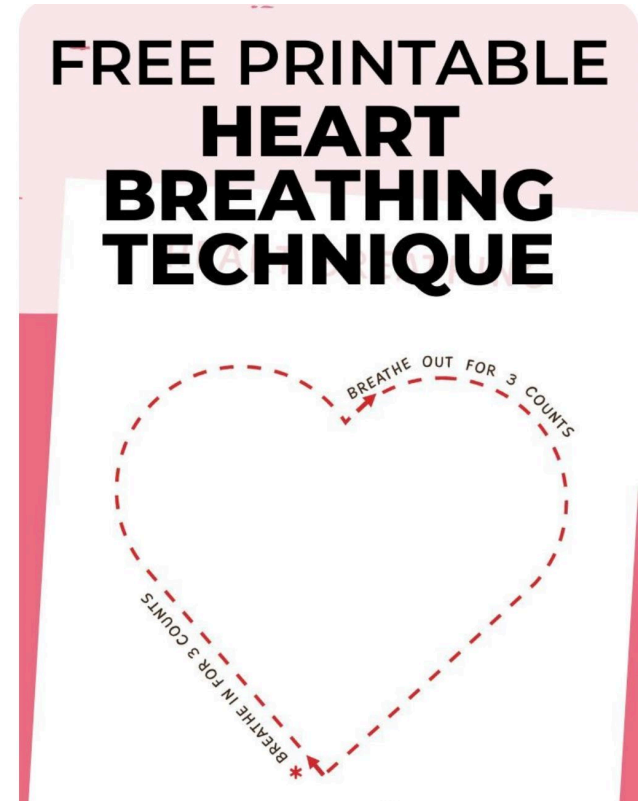American Academy of Pediatrics, "Addressing Mental Health Concerns in Pediatrics: A Practical Resource Toolkit for Clinicians, 2nd Edition", Addressing Mental Health Concerns in Pediatrics: A Practical Resource Toolkit for Clinicians, Marian F. Earls, MD, FAAP, Jane Meschan Foy, MD, FAAP, Cori M. Green, MD, MSc, FAAP

Le Bonheur Children's Hospital

THE UNIVERSITY of TENNESSEE
HEALTH SCIENCE CENTER

Developing Coping Skills

Modeling Coping Skills

- 5 senses: See, taste, touch, feel, smell
- Counting backwards by 7
- Everything of one color
- Deep Breathing/counting
- Muscle tension/relaxation
- Affirmations
- Office Tool Kit

FREE PRINTABLE **HEART BREATHING TECHNIQUE**

BREATHE OUT FOR 3 COUNTS

BREATHE IN FOR 3 COUNTS

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

The Right Referral

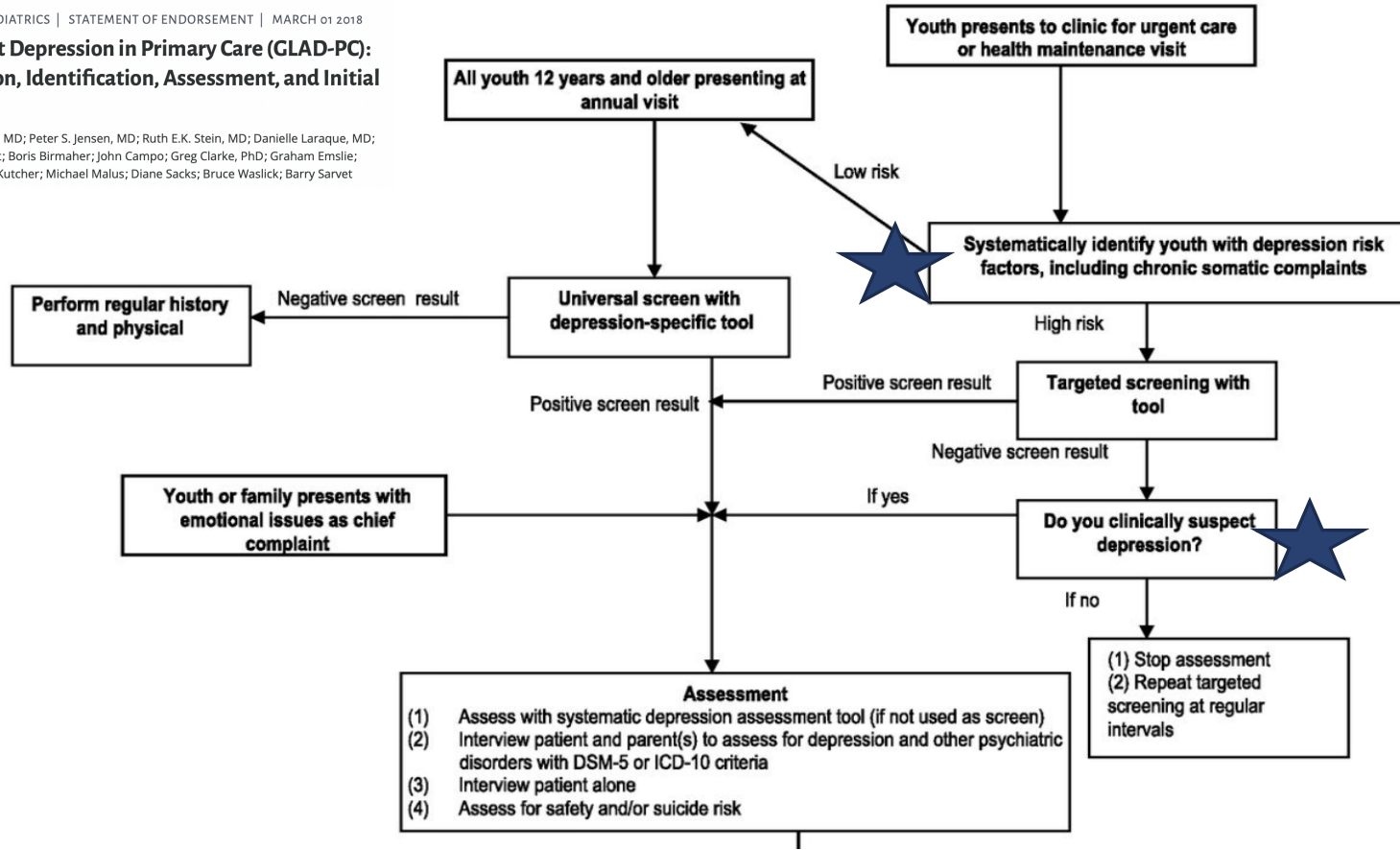- When possible, add mental health specialists to your clinic staff
- Develop referral list
    - Build relationships with local counseling organizations
    - Use provider referral/feedback forms vs. warm hand-offs
- Identify Limitations
    - Transportation: Consider In-home options
    - Adolescent Motivation: Recommend on-line/telehealth options
    - Poor parental support: Consider school-based options

Individual Interventions: Medication

Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management FREE

Rachel A. Zuckerbrot, MD ✉; Amy Cheung, MD; Peter S. Jensen, MD; Ruth E.K. Stein, MD; Danielle Laraque, MD; GLAD-PC STEERING GROUP; Anthony Levitt; Boris Birmaher; John Campo; Greg Clarke, PhD; Graham Emslie; Miriam Kaufman; Kelly J. Kelleher; Stanley Kutcher; Michael Malus; Diane Sacks; Bruce Waslick; Barry Sarvet

Le Bonheur Children's Hospital — THE UNIVERSITY of TENNESSEE HEALTH SCIENCE CENTER

Individual Interventions: Medication

Assessment
(1) Assess with systematic depression assessment tool (if not used as screen)
(2) Interview patient and parent(s) to assess for depression and other psychiatric disorders with DSM-5 or ICD-10 criteria
(3) Interview patient alone
(4) Assess for safety and/or suicide risk

(1) Stop assessment
(2) Repeat targeted screening at regular intervals

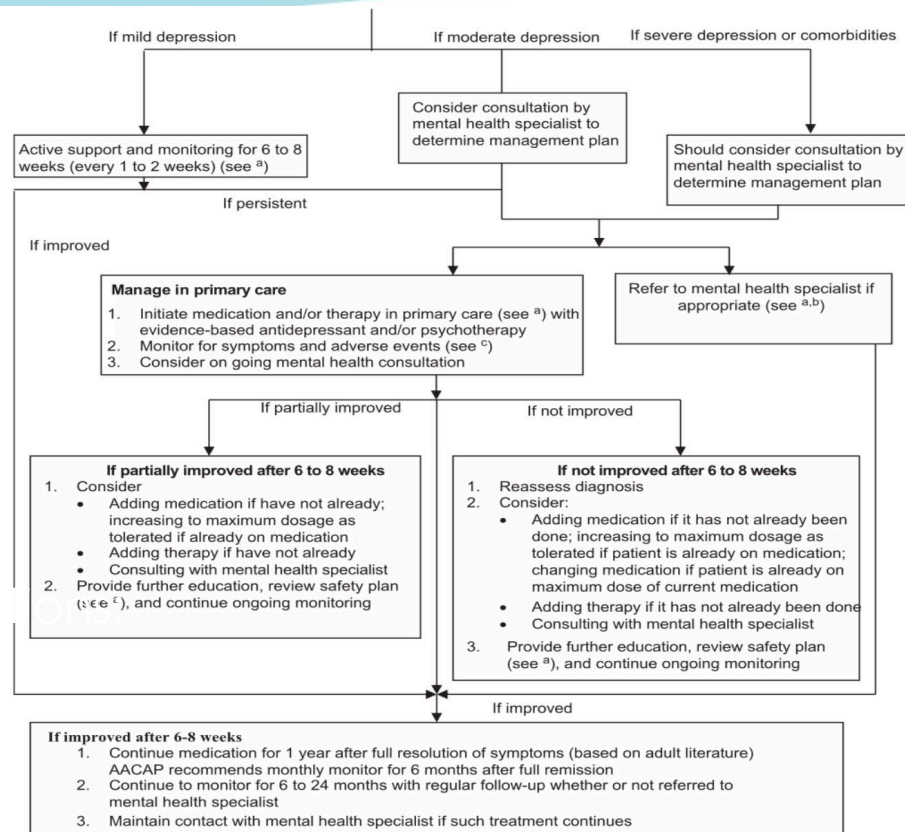Evaluation negative for depression but positive for other MH conditions

Evaluation negative for MDD but high depression symptoms

If psychotic or suicidal

(1) Refer to other treatment guidelines
(2) Evaluate for depression at future visits
(3) Book for follow-up visit

Clinical Decision
May follow depression treatment guidelines if appropriate or return for regular follow-up as high-risk with more frequent targeted screening

Evaluation positive for MDD but not psychotic or suicidal

Refer to crisis or emergency services (may include subsequent referral to inpatient treatment)

Evaluation Positive for Depression: Mild, Moderate, Severe, or Depression with Comorbidities
(1) Evaluate safety and establish safety plan
(2) Evaluate severity of depression symptoms (See[a])
(3) Patient and/or family education (See[b])
(4) Develop treatment plan based on severity-review diagnosis and treatment options with patient and/or family

Zuckerbrot RA, Cheung AH, Jensen PS, Stein RE, LaraqueD; GLAD-PC Steering Group. Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, assessment, and initial management. *Pediatrics*. 2007;120(5). Available at: www.pediatrics.org/cgi/content/full/120/5/e1299[PubMed]

Individual Interventions: Medication

If mild depression   If moderate depression   If severe depression or comorbidities

Consider consultation by mental health specialist to determine management plan

Should consider consultation by mental health specialist to determine management plan

Active support and monitoring for 6 to 8 weeks (every 1 to 2 weeks) (see [a])

If persistent

If improved

Manage in primary care
1. Initiate medication and/or therapy in primary care (see [a]) with evidence-based antidepressant and/or psychotherapy
2. Monitor for symptoms and adverse events (see [c])
3. Consider on going mental health consultation

Refer to mental health specialist if appropriate (see [a,b])

If partially improved   If not improved

If partially improved after 6 to 8 weeks
1. Consider
   - Adding medication if have not already; increasing to maximum dosage as tolerated if already on medication
   - Adding therapy if have not already
   - Consulting with mental health specialist
2. Provide further education, review safety plan (see [a]), and continue ongoing monitoring

If not improved after 6 to 8 weeks
1. Reassess diagnosis
2. Consider:
   - Adding medication if it has not already been done; increasing to maximum dosage as tolerated if patient is already on medication; changing medication if patient is already on maximum dose of current medication
   - Adding therapy if it has not already been done
   - Consulting with mental health specialist
3. Provide further education, review safety plan (see [a]), and continue ongoing monitoring

If improved

If improved after 6-8 weeks
1. Continue medication for 1 year after full resolution of symptoms (based on adult literature) AACAP recommends monthly monitor for 6 months after full remission
2. Continue to monitor for 6 to 24 months with regular follow-up whether or not referred to mental health specialist
3. Maintain contact with mental health specialist if such treatment continues

Zuckerbrot RA, Cheung AH, Jensen PS, Stein RE, LaraqueD; GLAD-PC Steering Group. Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, assessment, and initial management. *Pediatrics*. 2007;120(5). Available at: www.pediatrics.org/cgi/content/full/120/5/e1299[PubMed]

Individual Interventions: Medication

Table 2. SSRI Dosing and Adverse Effects

	Medication	Starting Dose*	Increments	Effective Dose	Maximum Dosage	Not to Be Used With	Common Adverse Effects	RCT Evidence for Efficacy
First Line	Fluoxetine	10 mg po qd	10-20 mg	20 mg	60 mg	MAOIs***	Headaches, GI upset, insomnia, agitation, anxiety	Y**
Second Line	Escitalopram (first-line: 12 and older)	5 mg po qd	5 mg	10-20 mg	20 mg	MAOIs***	Headaches, GI upset, insomnia	Y**
	Citalopram[a]	10 mg po qd	10 mg	20 mg	40 mg	MAOIs***	Headaches, GI upset, insomnia	Y
	Sertraline	25 mg po qd	12.5-25 mg	100 mg	200 mg	MAOIs***	Headaches, GI upset	Y

Zuckerbrot RA, Cheung AH, Jensen PS, Stein RE, LaraqueD; GLAD-PC Steering Group. Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, assessment, and initial management. *Pediatrics*. 2007;120(5). Available at: www.pediatrics.org/cgi/content/full/120/5/e1299 [PubMed]

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Recognize risk factors for suicide

- Family history of suicide or suicide attempts
- History of adoption
- Male gender (*completion)
- Parental mental health problems
- Lesbian, gay, bisexual, or questioning sexual orientation; transgender identification (transgender up to 50%)
- History of physical or sexual abuse
- Previous suicide attempt

Follow Up

Depression Monitoring Flow Sheet

Patient Name:		Collateral Contacts:			
Date of Initial Assessment (Week 0; depression as working diagnosis)	**Initial Target Symptoms**	**Initial Assessment Tool Used**	**Baseline score on Assessment Tool**	**Baseline Suicidality** (None, Passive, Active)	**Initial Action** (i.e., Education, Medication, Consultation)

Week	**Date** (write n/a if pt. not assessed in given week)	**Assessing Clinician**	**Mode (s) of interview** (i.e., Face-to-face, telephone)	**Assessment Tool / Score** (i.e., CGAS, PHQ-9)	**Change in Target Symptoms / Side Effects** (**Ask re SI**)	**Action** (i.e., Education, Medication, Consultation)
1						
2						
3						
4						
5						

Zuckerbrot RA, Cheung AH, Jensen PS, Stein RE, LaraqueD; GLAD-PC Steering Group. Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, assessment, and initial management. *Pediatrics*. 2007;120(5). Available at: www.pediatrics.org/cgi/content/full/120/5/e1299 [PubMed]

Le Bonheur Children's Hospital

THE UNIVERSITY of TENNESSEE HEALTH SCIENCE CENTER

Strengthening Adolescent Supports: Parents

- Reminder: Parents are not okay
  - 55% of students experienced emotional abuse by a parent
  - 11 % of students experiences physical abuse by a parent
  - 29 % experienced financial insecurity due to parent's job
- Identify parental resilience:
  - Ask parents about the health of their relationships, the ways in which they are engaging with their families and communities
  - Focus on building strengths in addition to addressing deficits.
  - Identify community resources for parental mental health

Robert D. Sege; Reasons for HOPE. *Pediatrics* May 2021; 147 (5): e2020013987. 10.1542/peds.2020-013987

Le Bonheur Children's Hospital

THE UNIVERSITY *of* TENNESSEE
HEALTH SCIENCE CENTER

Strengthening Adolescent Supports: Parents

- Provide normalization of the adolescent desire for autonomy and disruptions caused by pandemic

- Help parents recognize role of outside support (teachers, friends)

- Guide parents in navigating social media for their teen

- Prescribe positive experiences for parent and adolescent

https://talkingparents.com/parenting-resources/talk-to-my-teen

Robert D. Sege; Reasons for HOPE. *Pediatrics* May 2021; 147 (5): e2020013987. 10.1542/peds.2020-013987

Strengthening Adolescent Supports: Social Media

- Discuss role social media is playing: both positive and negative
  - How does following this person/account usually make you feel? What can you do about it?
    - Does it lead to negative behaviors (self harm, purging, restriction)
  - Where might you be able to find an online community where you could feel supported?
    - Rural youth
    - LGBTQ youth
  - Does the patient need increased supervision to navigate safely?

1. Valkenburg P.M., Meier A., Beyens I Social media use and its impact on adolescent mental health: An umbrella review of the evidence. *Current Opinion in Psychology*, (2022) 44 , pp. 58-68.
2. https://www.commonsensemedia.org/articles/what-are-some-basic-gaming-and-social-media-rules-for-elementary-schoolers
3.

Strengthening Adolescent Supports: Schools

- Encourage school connectedness: teachers, coaches, friends
  - Lower prevalence of poor mental health during the pandemic (28.4% versus 45.2%)
  - Lower risk of seriously considered attempting suicide (14.0% versus 25.6 and attempted suicide (5.8% versus 11.9%)

Jones SE, Ethier KA, Hertz M, et al. Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl 2022;71(Suppl-3):16–21.
DOI: http://dx.doi.org/10.15585/mmwr.su7103a3external icon R

Strengthening Adolescent Supports: Schools

- Collaboration within local school systems
  - Education: trauma informed care, suicide reduction
  - Networking: teachers, coaches, school counselors
  - Learning: emerging trends, ongoing needs

https://www.healthline.com/health-news/depression-course-for-teens-gets-high-marks

\
ethy, JA, Elizabeth M. Chawla, EM; How pediatricians can help mitigate the mental health crisis. Contemporary PEDS Journal, March 2022, Volume 39, Issue 2

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

Strengthening Adolescent Supports: Schools

- American Rescue Plan Act, passed in March 2021, included $170 billion for school funding, allowing schools to
  - hire mental health workers, including psychologists
  - Provide Psychology training: basic social and emotional skills to help students cope with stress and anxiety in real time
- Incorporating formal mental health lessons into their curriculum
- Suicide reduction research and implementation

Abrams, A. Children's mental health is in crisis: As pandemic stressors continue, kids' mental health needs to be addressed in schools. American Psychological Association. January 1, 2022.
https://www.apa.org/monitor/2022/01/special-childrens-mental-health

Take Home Points

- The COVID-19 crisis brought to light a dramatic increase in adolescent mental health concerns including depression, anxiety, suicidality and eating disorders
- Contributing factors to the crisis included increased parental abuse, financial insecurity, and loss of school connectedness
- The pediatrician's approach to address the crisis in the pediatrician's office must include patient level interventions aimed to develop patient coping skills, connection to mental health professionals, and medication management.
- Pediatricians should also be advocating for and working with community agencies and schools to develop robust, comprehensive programs for the adolescents we care for.

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Questions?

- Contact me at mbowden@uthsc.edu
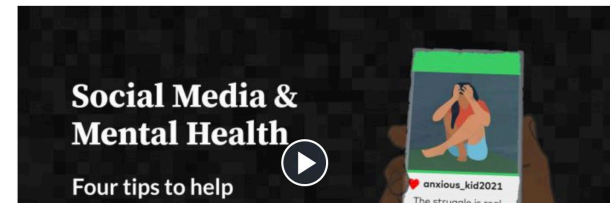- Thanks to Alyssa Myers, Child Life Specialist at Le Bonheur for "Coping Kit"

On Social Media

How to Help Teens Manage the Effects of Social Media on Their Mental Health

4 tips for families on balancing the risks and rewards of online communities.

Topics: Mental Health   Social Media

Social Media & Mental Health

Four tips to help

anxious_kid2021

- Recognize both protective and risk factor
- **Set up accounts together.** By creating usernames and passwords together, you can walk your kids through the basics of safe and appropriate online behavior.
- **Make sure your children never share their passwords.**
- **If you wouldn't let your children have unsupervised play dates, don't let them go online by themselves.** Remember, the social skills they bring to online worlds are the same ones they have (or don't have) in real life.
- **Keep the devices in a central place.** This lets you or other family members guide your child as they play online.
- **Review the apps and sites yourself.** Make sure you check out apps and sites before you let your kids use them. Don't settle for the most popular apps, games, and sites.
- **Set time limits.** Make sure online play is balanced with offline play and other activities that are good for your kid's physical, emotional, and mental health.
- **Talk about how to behave online.** Teach your kids a good rule of thumb: If they wouldn't say something to someone's face, they shouldn't say it online.
- **Show kids how to report misbehavior.** If kids ever see something that makes them feel uncomfortable, upset, sad, or worried, let them know they should tell you or a trusted adult. Show your kids how to report inappropriate content or block other users. Explain that this is a healthy way to keep games and apps safe and fun for everyone.
- **Talk about money and what it means to your family.** Be clear about what you expect your child to do when they come across an in-game purchase.

https://www.commonsensemedia.org/articles/what-are-some-basic-gaming-and-social-media-rules-for-elementary-schoolers

Le Bonheur Children's Hospital

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

Adolescent Behaviors and Experiences Survey

COVID-19 Pandemic Impact	Percentage	Confidence Interval
Reported that their mental health was most of the time or always not good during the COVID-19 pandemic (poor mental health includes stress, anxiety, and depression)	37.1	34.6 - 39.6
Reported that their parent or other adult in their home lost their job during the COVID-19 pandemic (even for a short amount of time, among students whose parents and adults in their home had jobs before the COVID-19 pandemic started)	28.5	26.2 - 30.9
Lost their paying job during the COVID-19 pandemic (even for a short amount of time, among students who had a job before the COVID-19 pandemic started)	22.3	19.8 - 24.9
Went hungry because there was not enough food in their home during the COVID-19 pandemic	23.8	21.6 - 26.3
Strongly agree or agree that doing their schoolwork was more difficult during the COVID-19 pandemic than before it started	66.6	64.5 - 68.6
Reported that a parent or other adult in their home swore at them, insulted them, or put them down during the COVID-19 pandemic	55.1	52.3 - 57.8
Reported that a parent or other adult in their home hit, beat, kicked, or physically hurt them in any way during the COVID-19 pandemic	11.3	10.2 - 12.4
Strongly agree or agree that they drank more alcohol during the COVID-19 pandemic than before it started	14.7	13.0 - 16.5
Strongly agree or agree that they used drugs more during the COVID-19 pandemic than before it started (counting using marijuana, synthetic marijuana, cocaine, prescription pain medicine without a doctor's prescription, and other illegal drugs)	12.1	10.7 - 13.7
Never or rarely were able to spend time with family, friends, or other groups during the COVID-19 pandemic (such as clubs or religious groups and not counting attending school online, by using a computer, phone, or other device)	28.2	26.7 - 29.8

Rico, A; Brener, NA; Thornton, J; Overview and Methodology of the Adolescent Behaviors and Experiences Survey — United States, January–June 2021. MMWR Suppl 2022;71(No. 3):1-7.