




1



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tcmhcc
Texas Child Mental Health Care Consortium



SCAN ME


Welcomes you to:

Children’s mental health during the pandemic: a clinical perspective

Sarah Martin MD
Division of Child and Adolescent Psychiatry

For more information about our CME series or programs connect with us at
www.elpaso.tulhscc.edu/youthmentalhealth/

2




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Learning Objectives

- Equip families to access mental health care during the pandemic
- Discuss the changing epidemiology of mental health concerns
- Explore supports to broaden the scope of your practice to meet the needs of families with psychiatric symptoms, so they can receive care as soon as possible
- Access services in your state that support PCPs in treating patients with psychiatric symptoms

3




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Covid 19

- It took us by surprise
- Many are predicting doom and gloom
- We as health care providers need to do our best to make sure that we continue to provide the highest quality care we can
- What challenges have you all faced in providing care, especially to patients in crisis?
- What areas do we need to modify further?

4




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Italy

- Italy- greatly affected in the beginning of the pandemic
- February through May
- Italian healthcare system acknowledged the importance of mental health care
- Authors state that resources were not diverted away from MH care
- Reduction of Stigma
- But they listed the following changes:
 - Physicians and nurses diverted to other wards
 - Consultations limited to the most severe cases
 - PHP and inpatient temporarily closed

5



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Italy

- MH findings during quarantine/lockdown:
 - Boredom
 - Anger
 - Psychological unrest
 - Uncertainty
 - Frustration
 - Irritability
 - Suicidal ideation
 - Sleep disorders
 - Exacerbation of pre-existing conditions

6

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Italy

- 42 % reduction in inpatient admissions
- Cannabis related admissions were a larger percentage than pre-covid
- Self harm and suicide attempts were a larger percentage
- Depression- larger percentage
- Psychosis remained the same
- OCD significantly increased

7

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Paris- the first four weeks

- Despite findings of increased amounts of symptoms there were 45% fewer visits to emergency rooms
- All diagnoses visits were reduced
- All medical visits reduced (China)
- Increased proportion of Involuntary (vs voluntary) commitment
- Psychotic disorder admissions decreased the least
- Fear

8

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Portugal

- Also significant decreases in psych emergency visits: 52.5%
- March-May
- Women and children larger decreases
- Mood disorders largest decreases
- Psychotic disorders least amount of decrease
- ADHD 2nd
- Closures of PHP programs
- Closure of outpatient clinics
- Telephone visits
- Moral conscience

9

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U.S. ED visits- under 18

- March-April- lockdown in most states: 42% in all age groups
- Jan- March 15: elevated rates
- March 15- October: decreased rates
- But larger proportions of visits were MH related

10

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US- Kids Jan-October

A. Mental health-related ED visits

B. Proportion of mental health-related ED visits per 100,000 pediatric ED visits per week

11

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Psychiatric Disorders during pandemic like situations

- PTSD- up to 30% of children have PTSD sx's after a quarantine type situation
- Family member with Covid increases risk of anxiety sx's
- Chinese age 12-18
 - Depression 43%
 - Anxiety 37%
 - Combined 31%
- Suicidality- many are predicting increase- no data to support this
- Substances- unknown
- Domestic violence- increases found in Brazil and France

12

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Diagnoses during Covid

- 40% report a psychiatric sx during covid
- 18-24 age group: 74.9
- 25-44: 51.9
- Hispanic: 52.1
- Less than HS diploma: 66.2
- Essential workers: 54
- Prior anxiety dx: 72
- Prior depression: 68.8
- PTSD: 88
- 10% report SI
- In the 18-24 age group 25% considered suicide
- Risk for SI is higher if:
 - Minority
 - Unpaid caregiver
 - Essential worker

13

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SI during covid

- 10% report SI
- In the 18-24 age group 25% considered suicide
- Risk for SI is higher if:
 - Minority- Hispanic highest
 - Unpaid caregiver
 - Essential worker
 - Male
 - Employed

14

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Weighted prevalence estimates of current depression,* suicidal thoughts/ideation,† and substance use increase or initiation§ among adults aged ≥18 years, by race/ethnicity — Porter Novelli View 360 survey, United States, April and May 2020

Race/Ethnicity	Unweighted no. of persons	Weighted % (95% CI)		
		Current depression	Suicidal thoughts/ideation	Substance use increase or initiation
Total	1,004	28.6 (25.6–31.5)	8.4 (6.6–10.2)	18.2 (15.7–20.7)
White, NH	657	25.3 (21.9–28.7)	5.3 (3.6–6.9)	14.3 (11.6–17.0)
Black, NH	100	27.7 (18.7–36.7)	5.2 (0.7–9.7)	15.6 (8.4–22.7)
Hispanic/Latino	118	40.3 (31.3–49.3)	22.9 (15.2–30.6)	36.9 (28.1–45.7)
Other, NH [§]	129	31.4 (22.8–40.0)	8.9 (3.6–14.1)	15.1 (8.4–21.7)

15

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Increased Substance Use

- Similar to SI statistics
- Unpaid caregiver: (32.9 vs 6.3)
- Hispanic/Black
- Young

16

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Japan- Under age 20 suicides

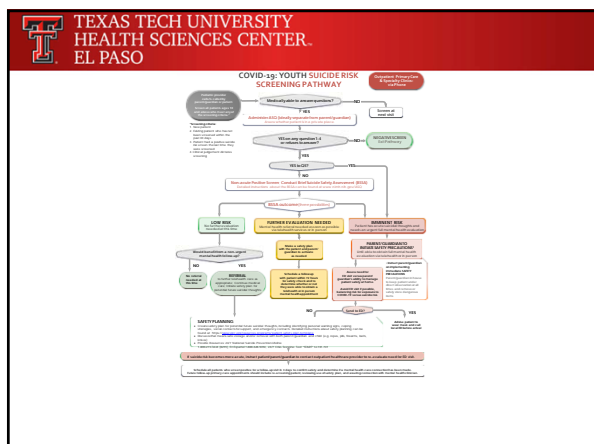
- No increase during school closure
- Less worrying about academics, bullying and school relationships
- More family time
- Suicide rate in Japan stable for 20 years

17

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Japan 2018, 2019, 2020

18



19



20

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- ### It doesn't have to be complicated
- NAPNAP Position paper
 - Encourages PNPs to provide “comprehensive mental health services” to infants-adolescents
 - Might be overwhelming
 - Most commonly diagnosed disorders in school aged children
 - 1 in 5

21

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- ### Help is here!
- Never Fear
 - Expectations
 - Anticipatory guidance
 - Prevention strategies
 - Standardized screening
 - Surveillance at every visit
 - Early identification
 - Evidence based treatment
 - Referrals
 - Timely follow up

22

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- ### Child Psychiatry Access Network
- Focuses on
 - Education on Anxiety, Depression and ADHD
 - Screening
 - Diagnosis
 - 1st line treatments
 - Referrals needed


23

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- ### Learn the Basics or Learn a Lot
- Consultation hotline
 - We meet you where you are
 - Differs by referral options
 - General questions about mental health
 - Specific recommendations about your patient
 - Follow up calls are welcomed

24

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Free Educational Series



- Our CPAN offers twice monthly live sessions
- Similar networks around the country offer similar offerings through their websites
- At least 31 states
- Even those not in Texas can log on to learn more

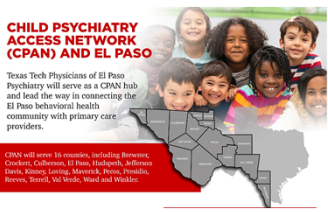
25

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Thank you for joining us today.

For more information on this project and future events check out our website at:
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**CHILD PSYCHIATRY
ACCESS NETWORK
(CPAN) AND EL PASO**



Texas Tech Physicians of El Paso Psychiatry will serve as a CPAN hub and lead the way in connecting the El Paso behavioral health community with primary care providers.

CPAN will serve 30 counties, including Brewster, Crockett, Culberson, El Paso, Hidalgo, Jeffers, Otero, Loving, Loving, Martin & Pecos, Presidio, Reeves, Realiti, Val Verde, Wink and Winkler.

Texas CPAN Enrollment



Call Us at 1-888-901-2726 (CPAN)

26

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27

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28

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29