

“What About the Children: Is social isolation harming my child?”

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COVID - 19

- 1 year ago. The world shut down
- My birthday is March 11th, my wife's is March 14th.

My experience:

1. As a Doctor:

- Acute Adolescent Inpatient at the EIRMC Behavioral Health Center
- Adolescent Residential Treatment at Teton Peaks PRTF
- Outpatient Clinic for adults and kids at EIRMC then my own clinic at Ascend
- ECT at EIRMC (adults)

2. As a Parent:

- 4 biological children ages 9,10,12,14
- 3 foster children ages 10,14,16

3. As a Spouse:

- My wife has been on a local school board for the last 3 years

The Isolation Research since COVID

- None of it is great because it's all coming out as fast as possible

Meta Analysis:

- Key terms “COVID-19” and “mental health”
- **3405 non-duplicate abstracts** reviewed
- **175 full text articles were reviewed** and six met full inclusion criteria (under age 18, empirical study, in English, data collected since COVID hit).
- **FINAL: 6 studies**, 4 from CHINA, 2 from USA.

Meta Analysis:

- Before Covid - international prevalence of child and adolescent mental illness, across all mental disorders, was 13.4%

Study conducted in China of 12–18 year olds ($n = 8079$)

- Depressive Symptoms - 43.7%
- Anxiety Symptoms - 37.4%

Study reported on common DSM-5 symptoms ($n = 320$)

- Clinginess (37%)
- Inattention (33%)
- Irritability (32%)
- Worry (28%)
- Fear of death of a relative (22%)
- Sleep disorders (22%)
- Poor appetite (18%)
- Fatigue (17%)
- Nightmares (14%)
- Agitation (13%)
- Obsessive requests for updates (27%)

Meta Analysis:

- 40.1% of parents reported distress in their kids
- 6.3% reported being unsure
- 30.9% reported no signs of distress
- Survey of PARENTS conducted in the United States ($n = 137$)

Meta Analysis:

- Risk factors for children's mental illness during COVID:
 - Being Female
 - Financial Strain / Low SES
 - Live in highly infected COVID Areas
 - Fear of infection and perceived mortal threat
 - Parents with higher distress and anxiety

Historical Disaster Comparison

- Factors that increased suicidal ideation after Hurricane Andrew (n= 4978)
 1. Being female
 2. Low socioeconomic status
 3. Pre- and post-hurricane depression
 4. High stress scores
 5. Low family support
 6. Pre-hurricane suicidal ideation

Study on Sleep

For 30 consecutive days last March, Italian Mothers of preschool children completed a questionnaire twice a day

- Mothers' mean age: 39
Childrens' mean age: 4
- None were affected by COVID-19.

RESULT:

- MORE challenging bedtime routines
- Sleep quality decreased
- After the initial phase, there was a stabilization of routine and of the quality of sleep
- Sleep remained overall of a poorer quality
- The amount of sleep time decreased and then stabilized.

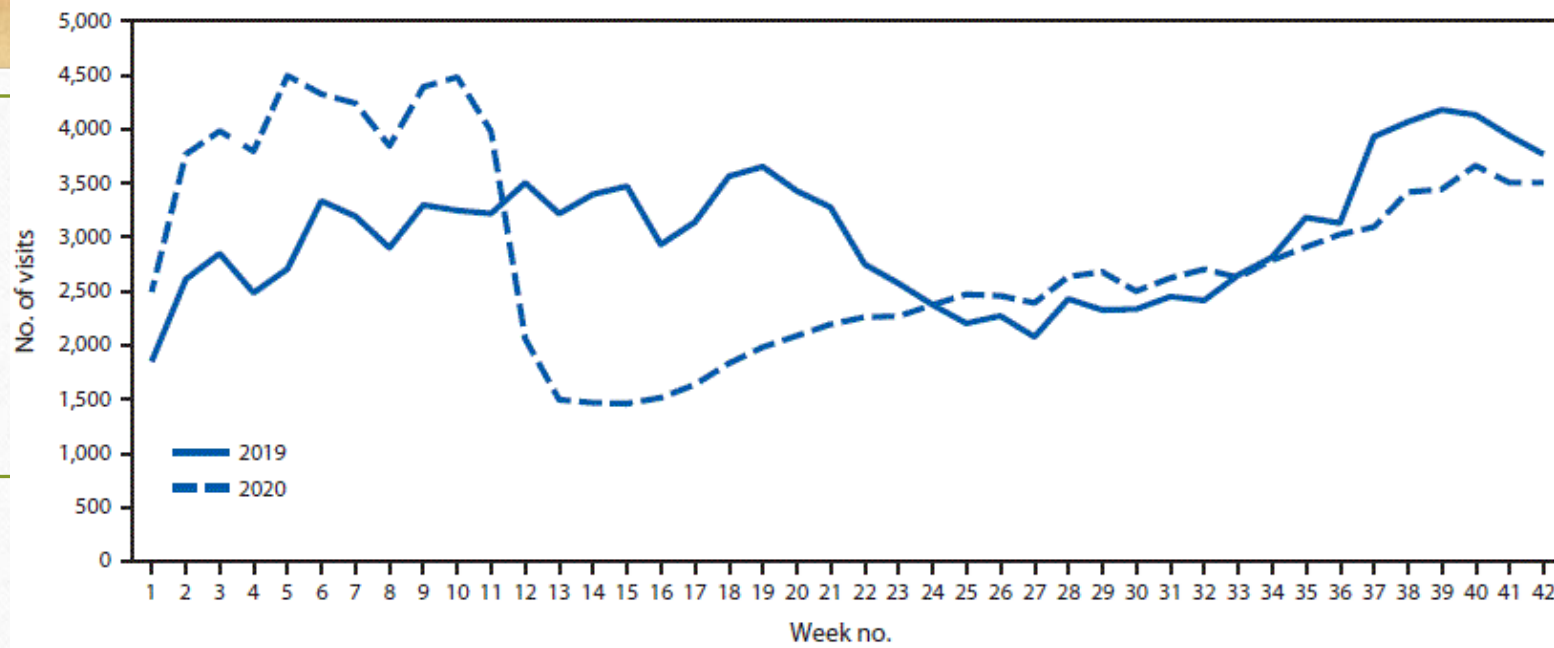
Study on Child Abuse

- CHILDREN TREATED FOR TRAUMATIC PHYSICAL INJURY FROM CHILD ABUSE
 - 2018: 3
 - 2019: 4
 - 2020 before July: 8
- (50% were skull fractures, 25% long bone fractures, average age was 11.5 months)

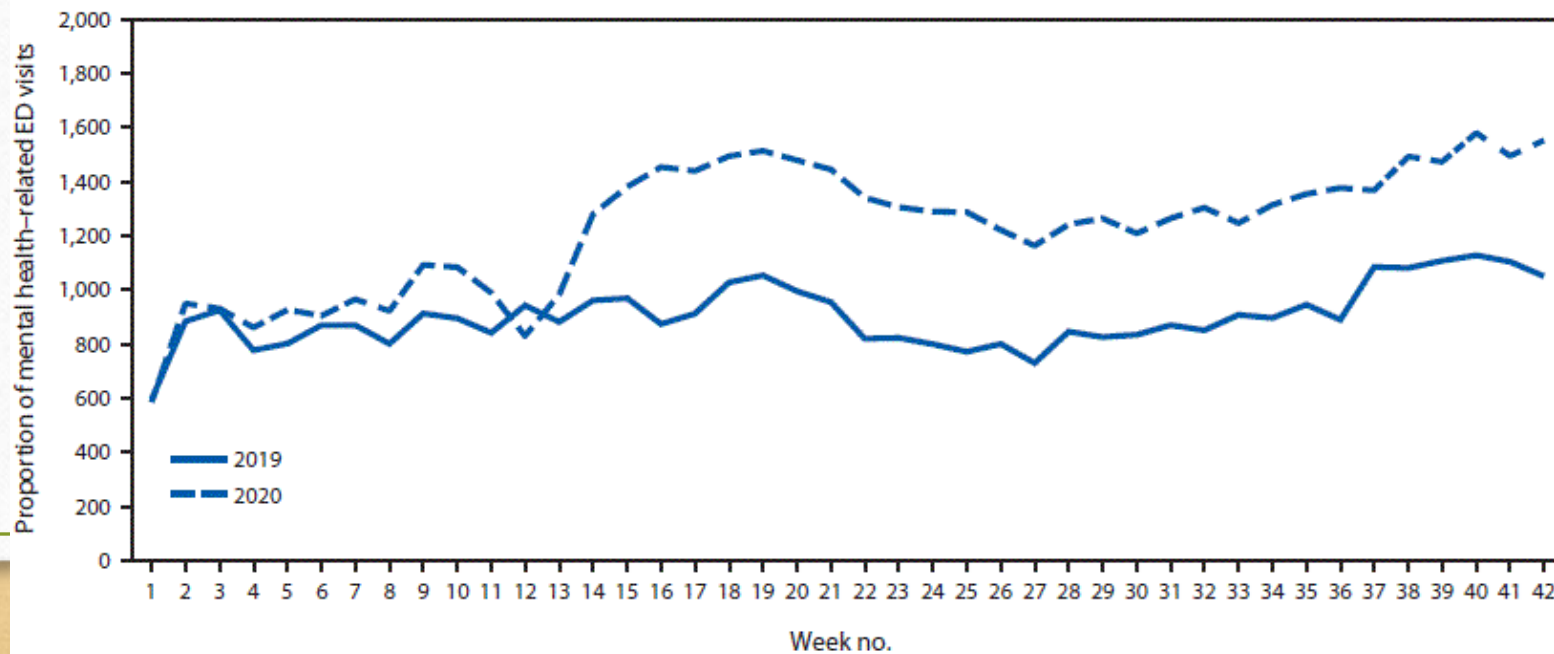
Emergency Department Visits

- March 29–April 25, 2020, (shelter-in-place orders were in effect)
- **ED visits declined 42%** compared to same dates 2019.
- **The proportion of mental health–related ED visits increased**
 - 24% among children aged 5–11 years
 - 31% among adolescents aged 12–17 years

A. Mental health-related ED visits



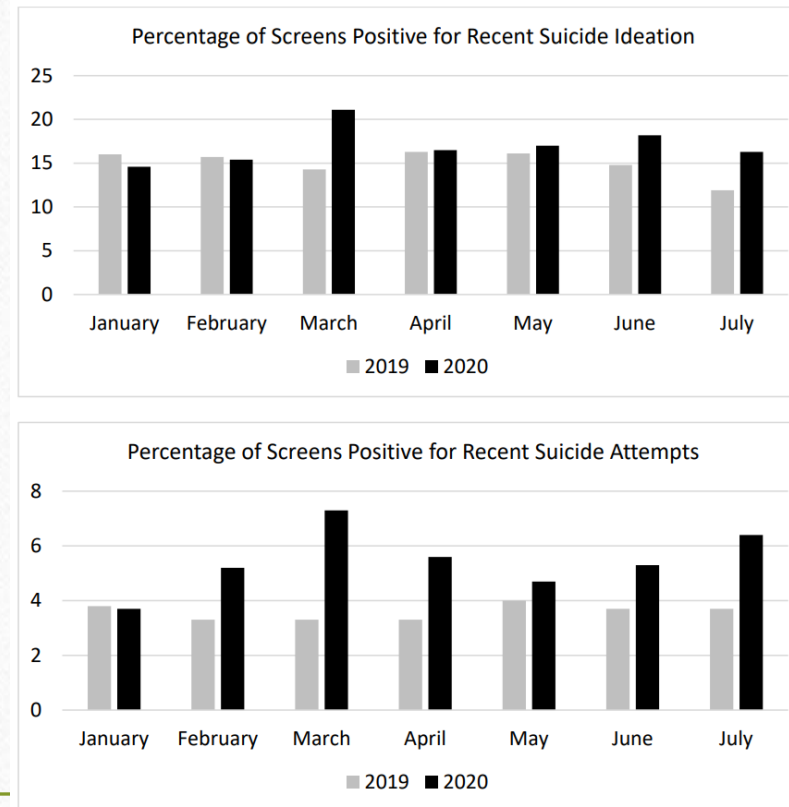
B. Proportion of mental health-related ED visits per 100,000 pediatric ED visits per week



Suicidal Ideation and Attempts

- 18,247 youth aged 11 to 21 in ED
- 12,827 completed the suicide risk screen.

Figure 2. Rates of Positive Screens for Suicide Ideation and Attempt, January-July



Suicide Deaths - Massachusetts

Table. Age and Sex Demographic Characteristics Among Individuals Who Died by Suicide in Massachusetts

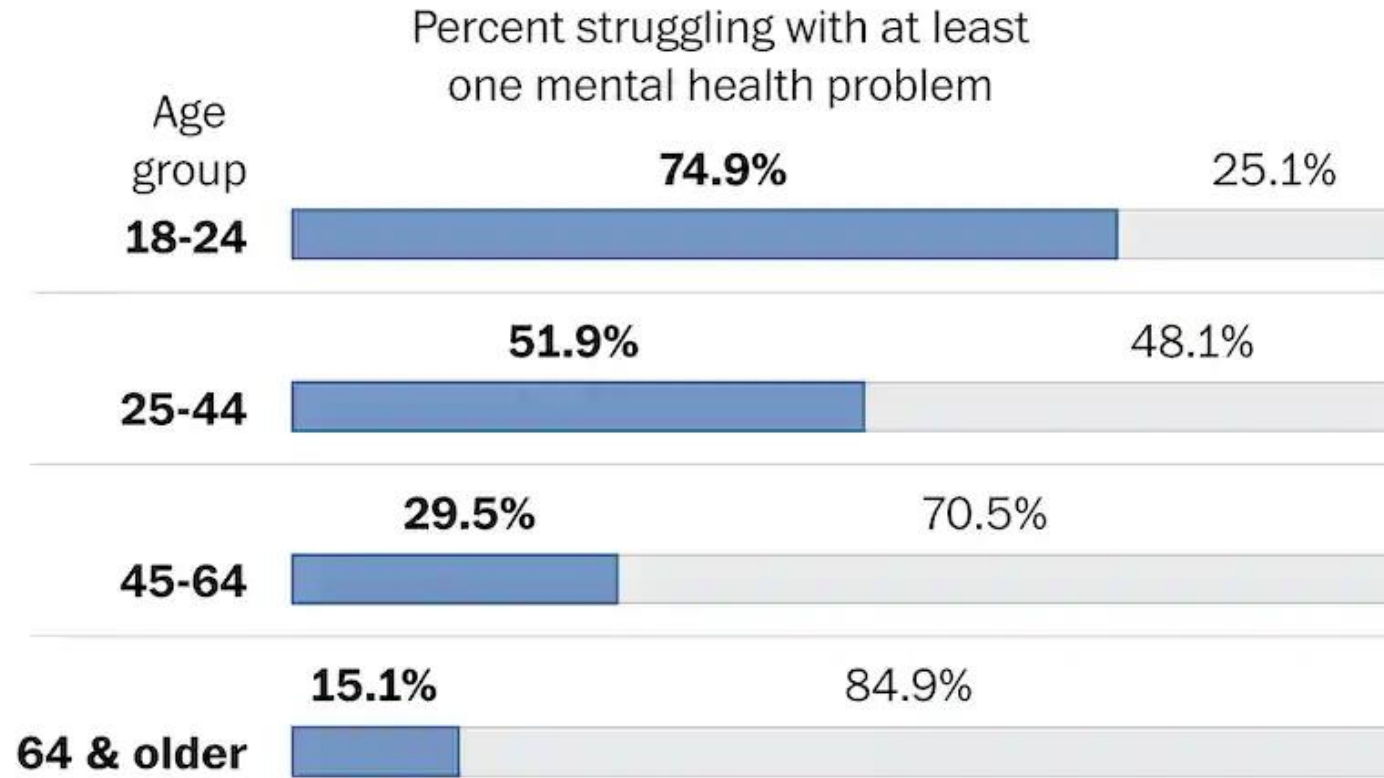
Year	Deaths, No./total No. (%)		Mean age, y		
	Women	Men	Women	Men	All
2015	44/180 (24.4)	136/180 (75.6)	47.6	47.5	47.6
2016	39/169 (23.1)	130/169 (76.9)	47.5	44.7	45.3
2017	38/157 (24.2)	119/157 (75.8)	49.7	44.2	45.5
2018	45/193 (23.3)	148/193 (76.7)	46.3	46.3	46.3
2019	37/166 (22.3)	129/166 (77.7)	44.4	50.0	48.8
2020	34/139 (24.5)	105/139 (75.5)	44.7	49.9	48.6

Suicide Trends, a Meta-analysis

- **No rise in suicide rates** (Massachusetts, USA; Victoria, Australia; England)
- **DECREASE in rates** (Japan, Norway) in the early months of the pandemic.
- Low income countries - hard to get data.
- The 20% decrease in Japan early on reversed in August, when a 7.7% rise was reported.
- Previous pandemics had a honeymoon period” or “pulling together” phenomenon.

Youngest have been hardest hit by pandemic's mental health problems

Three in 4 young adults are struggling with at least one mental health problem, such as anxiety and depressive disorders, trauma and stress disorders, or substance use disorder.



Source: Centers for Disease Control and Prevention

AARON STECKELBERG AND WILLIAM WAN/THE WASHINGTON POST

SWITCH!

Now for some NON-COVID Research

Looking at the long term effects of Social Isolation

1037 children followed from birth to age 26.

Socially isolated children were at significant risk of poor adult health compared with non-isolated children (risk ratio, 1.37; 95% confidence interval, 1.17-1.61).

This association was:

- Was independent of other well-established childhood risk factors for poor adult health (low SES, low IQ, overweight)
- Was not accounted for by health-damaging behaviors (lack of exercise, smoking, alcohol misuse)
- Was not attributable to greater exposure to stressful life events.

Chronic social isolation across multiple developmental periods had a **cumulative, dose-response relationship to poor adult health** (risk ratio, 2.58; 95% confidence interval, 1.46-4.56).

MY COVID EXPERIENCE

- The lowest functioning kids who needed the most resources, lost the most.
 - At school assistance
 - In home assistance
 - Occupational therapy
 - Speech therapy
 - Weekly Psychotherapy
 - School Lunches

We lost all our coping skills

- Parents lost routine
 - Working parents were great at being parents for 1 hour in the morning and 4 hours every night
 - Home Parents were great at being the solo parent with kids in school
- We lost friends, church, professional sports, kids activities, parties, nights out with friends, barbeques.
- We lost our release valves, our escapes.

School Systems Failed

- Online School was poor:
- Poor home Internet
- Poor Online Platforms
- Unreliable devices
- Decreased Socialization
- Loss of standard Rites of Passage

When Schools don't work, nothing works

- Our entire cultural schedule and every industry is built to accommodate every other part.

Medicine Adapted... sometimes

- Telehealth
- In-Office Precautions

- How many therapy offices closed or didn't adapt?

What happened with anxious patients?

- At first they all got better.
- Avoidance was SO MUCH EASIER!
- Then the isolation persisted and their tolerance dropped to
NONEXISTENT

What happened with Special Needs children?

- LOST ALL THEIR RESOURCES
 - At school assistance
 - In home assistance
 - Occupational therapy
 - Speech therapy
 - Weekly Psychotherapy
 - School Lunches

What happened in my RTC?

- The reward system broke
 - No outings
 - No family passes
 - No family visits
- Discharges failed because of no ability to learn to generalize skills
 - (2 patients contracted COVID in my RTC. It didn't spread)

Which kids suffered the most?

- The kids with no reserve, no back-up, no wiggle room.
- Low SES
- Single parent home or little family support
- Pre-existing mental illness or suicidal ideation
- High Stress / Low Support

KEYS TO MAKE CHANGE

1. Non-Judgmental Questions - (Not judging masks, no masks, vaccines, government, politics, shutdowns, foreign countries, local leaders, religions, public school, home school, etc)

1. Supportive AND expressive therapy.
 - a. The Key to having it all, is realizing you already do
 - b. Never stop striving, there is always hope, it'll get better...

1. Focus on FUNCTION

Changes I have loved

- TELE-MEDICINE

- In their home, their truck, their apartment
- Medicine Across state-lines depending on the state – Check the FSMB website (FSMB - federation of state medical boards)

RECAP

1. COVID SUCKS
2. Isolation is bad for Children's Mental Health
3. Those with no reserve are affected the worst
4. There isn't a definitive answer on suicide rates
5. We can help parents and kids manage quarantine and homeschool better
6. The way we interview, and how we give recommendations makes a difference
7. Telemedicine and other results from COVID are going to be AWESOME.

Questions

