



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE
Distributed Learning and Rural Initiatives



DLRI WEBINAR SERIES:

**ADOLESCENT MENTAL HEALTH
IN THE TIME OF COVID-19**

Tuesday, December 15, 2020



Adolescent Mental Health in the Time of Covid-19



Welcome & Land Acknowledgement

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Adolescent Mental Health in the Time of Covid-19



Webinar Objectives

At the end of this program, participants will be equipped to:

1. Identify the impact of the Covid-19 pandemic on adolescent mental health.
2. Develop approaches for interacting with adolescent patients on virtual platforms.
3. Investigate the future state of adolescent mental health during the Covid-19 pandemic.

Adolescent Mental Health in the Time of Covid-19



Mitigating Potential Bias

- Sponsor representatives are not on the Planning Committee of the program.
- The Planning Committee carefully chooses topics for the program in order to ensure that the principles of scientific integrity, objectivity and balance have been respected.
- The Planning Committee Chair and members have individual discussions with each speaker regarding expected learning outcomes and teaching formats.
- The Planning Committee, in collaboration with DLRI, communicate the course learning objectives, requirement for scientific integrity, instruction on conflict of interest disclosure and managing bias to each speaker, facilitator and moderator.

Adolescent Mental Health in the Time of Covid-19



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- Potential for conflicts of interest: **no** potential conflicts of interest

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Adolescent Mental Health in the Time of Covid-19



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Faculty / Presenter Disclosure



Faculty/Presenter: Dr. Monique Jericho

Financial Affiliations

- Honoraria/Other Rewards: none
- Speakers Bureau/Advisory Boards: none
- Grants/Research Support/Clinical Trials: none
- Consulting Fees: none
- Patents/Royalties: none
- Other Influential Affiliations: Alberta Health Services

Faculty / Presenter Disclosure



Faculty/Presenter: Dr. April Elliott

Financial Affiliations

- **Honoraria/Other Rewards:** none
- **Speakers Bureau/Advisory Boards:** Dr. Elliott-Lionsheart Foundation
- **Grants/Research Support/Clinical Trials:** Dr. Elliott Department of Paediatrics Innovation award, ACHF Emerging Adults grant
- **Consulting Fees:** none
- **Patents/Royalties:** none
- **Other Influential Affiliations:** Alberta Health Services

Adolescent Mental Health in the Time of Covid-19

- Current status
- Adolescent needs meet COVID 19
- HOW to work with youth now?
- WHAT to focus on now?



Current Status: Acute Eating Disorder Presentations at Alberta Children's Hospital

| % U4 Admission Increase* | | | | | |
|--------------------------|-----------|------------|------------|------------|--------------|
| | Jun | Jul | Aug | Sep | Total |
| 2019 | 2 | 4 | 2 | 1 | 9 |
| 2020 | 3 | 9 | 4 | 7 | 23 |
| Total | 5 | 13 | 6 | 8 | 32 |
| <i>%increase</i> | <i>50</i> | <i>125</i> | <i>100</i> | <i>600</i> | <i>155.6</i> |

What's different about Adolescents?



Adolescents are biologically wired for risk and social learning

- Major brain renovations to adapt to the demands of adulthood
- Dopamine sensitivity and risk salience

Psychological tasks of Adolescents: Identity vs Role Confusion

- Require social exposure, comparison and time with peers
- Trying out new roles/identities- taking social risks
- Gender and sexuality issues

Mental Health

- Risk for suicide peaks in teens
- Onset of multiple severe MH conditions in teen years

Developmental Tasks of Adolescence



- Development of self-esteem and a healthy identity
- Emancipation from parents to autonomous behaviors
- Formation of a sexual identity
- Meaningful social and peer relationships
- Seeking vocational goals
- Establishing moral and ethical values

Covid-19 Impact



- Less opportunities for health risk taking
- Less opportunities to separate and individuate
- Less social feedback
- Social learning skewed by screens
- Less opportunities for normative social experiences
- Normalizing avoidance
- Loss of milestone activities
- Social and Familial stress

HOW to work with youth now

- Relationship establishment IS the goal
 - You will not get everything in one visit, (especially now!)
- Confidentiality is central
 - With screen use, you must review this frequently- “are you able to talk privately..”
- Develop rapport, form an alliance
 - Building trust with youth virtually takes time
 - Focus on *their* needs/concerns and listen



HOW to work with youth now

- Coaching Stance vs. Medical Stance
 - Being directive should be reserved for emergencies only- it's easy to walk away from a screen
- Broader family issues are important, but can't dominate the dialogue
 - Family distress is a more frequent occurrence
 - Ensure safety.
 - Boundaries around family involvement are key



The Coaching Stance

The Coaching Stance is the “How” of coaching

Requires the provider to act authentically and intuitively

Does not require specific training, but is intentional

Involves the expression of 5 factors:

- **Non-Judgement:** “If there is no right or wrong explanation, how would you describe this situation to your best friend?”
- **Curiosity:** “How do YOU think things are going?”
- **Empathy:** “It seems like a difficult situation all around!”
- **Openness:** “What other factors should we consider?”
- **Flexibility:** “What else do you think is important here?”

Works in conjunction with Coaching techniques: “right questions” and “engaged listening”

WHAT to focus on now?



Pay attention to context

- What is happening around them- family, friends?
- *Name it*- this is a challenging time for most people

What they are saying vs what they are doing?

- Watch for incongruity in the reporting (school participation, daily routine..)

WHAT to focus on now?



What are the new symptoms, what is the old stuff?

- Chronic risk must be balanced against acute risk
- New coping strategies and behaviours should be screened for: self harm, substance use...

When the diagnosis is unclear, consider your treatment options

- Fewer clues via zoom, even less over the phone
- Talking and listening IS a large part of treatment
- Can you treat symptoms- ie sleep, anxiety
- On-line resources can be considered!

Strengths-Based Assessments: Risk and Protective Factors



HEEADSSS assessment

- Home
- Education
- Eating
- Activities
- Drugs
- Depression
- Sex
- Suicide
- Safety

SSHADESS Assessment

- Strengths
- School
- Home
- Activities
- Drugs/Substance Use
- Emotions/Depression
- Sex
- Safety

Klein DA. *Contemp Pediatr*. Jan. 2014
Ginsburg KR. *Adol Health Update*. 2007; 19(2)
Ginsburg KR. *Contemp Pediatr*, 2007:65.
Ginsburg & Kinsman, eds. *Reaching Teens* (AAP, 2014)

Adapted from Dr. Dzung Vo

When do you need to see the youth in person?



- New/Significant Self Harm
- Eating D/O concerns
- Acute Suicide Risk
- Severe MH Sx: paranoia, psychosis
- Severe Family Distress- conflict precludes clarity
- Spidey Senses!

NAVIGATE ©Elliott&Jericho



- **N**: Notice yourself
- **A**: Attune to the present moment
- **V**: Validate the other persons experience
- **I**: Introspection; check in with yourself
- **G**: Guess (gently) at unspoken signals
- **A**: Accurately reflect what you've heard
- **T**: Truthfulness
- **E**: Empathy

Adolescent Mental Health in the Time of Covid-19



Growing Up in the Pandemic

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Adolescent Mental Health in the Time of Covid-19

Primary Care Pathways to Mental Health and Addition Services in Renfrew County

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Executive Director

Phoenix Centre for Children and Families

Faculty / Presenter Disclosure

Financial Affiliations: Not applicable

- ▶ Honoraria/Other Rewards: none
- ▶ Speakers Bureau/Advisory Boards: none
- ▶ Grants/Research Support/Clinical Trials: none
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Phoenix Centre



The Phoenix Centre is a children's mental health centre providing a wide range of mental health services to children, youth and families residing in Renfrew County.

Services include:

Crisis

Outpatient

Intensive In Home

School Based Mental Health

Youth Justice

Walk in Clinics

Tele-Psychiatry

Trauma Treatment

Attachment

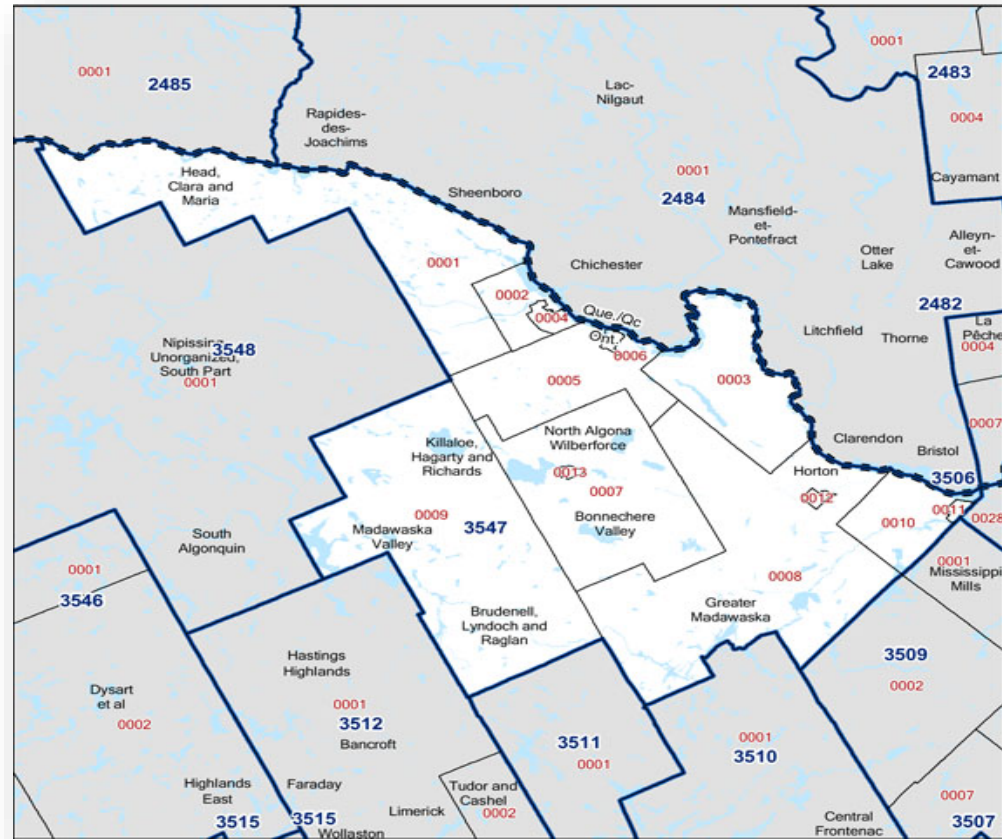
Groups

Renfrew County

Largest county in Ontario
7,000 square km
Population: 100,000
Largest Community; 15,000
17 Municipalities
5 Hospitals

Challenges:

Unemployment Rate high
Addiction/Substance Abuse high
Poverty Rate High
20% population do not have physician
No public transportation system



Moving on Mental Health Planning Table

- ▶ Created in 2016

- ▶ 22 Sectors with up to 2 reps in each sector

| | | |
|------------------------|---------------------|--------------------|
| Addiction | Adult Mental Health | Developmental |
| Military | Health | Children's MH |
| First Nations | Metis | Inuit |
| Francophone | Community Services | Gov't/Municipal |
| Youth | Caregivers | Faith Community |
| LGBTQ | Education | Community Services |
| Education | Housing | Employment Support |
| New Immigrant services | | |

- ▶ Follow Social Determinants of Health

- ▶ Three main Strategic Priorities

- ▶ Improve Intake/Access
- ▶ Create an Integrated Crisis System
- ▶ Improve pathways to and between services

Improving Access Intake

- ▶ 16 agencies adopted “Connecting Everyone to the Right Door”
- ▶ “Warm handover” protocol developed and signed with all participating agencies have signage
- ▶ Intake worker ‘Community of Practice’ meets quarterly to ensure all are up to date on resources, any challenges, issues and new solutions
- ▶ Regional work on “one call/one click” for more centralized navigation

Integrated Crisis System

- ▶ Piloted with the largest hospital (Pembroke General and our Regional children's hospital (CHEO))

Challenges:

Over use of Emergency Departments for mental health crisis

Inconsistency in documentation, referral and follow up

Confusion from ED's on where to send patients

Little or no communication from referred to agencies and ED

No data collection or evaluation

Integrated Crisis System

Solutions:

- Adopted Heads ED for Paediatric, Columbia for Adults
- Orientation of ED staff and community agencies
- One door for ED - Community Mental Health Services (Adult)
- Community Mental Health navigates referral to Phoenix is 17 and under and to adult agency if 17 and over (often themselves)
- Protocol involves ED assessment to come to agency and a follow up within 5 days is provided back to ED on outcome
- If patient returns 3 or more times within one year results in case conference to find solution

Integrated Crisis System



Next Steps:

- To roll out to remaining 4 hospitals in Renfrew county
- To include community primary care in communication follow up
- Create data system to track and measure outcomes such as reduced mental health crisis presentations, number of referrals who accept service, number of suicides, etc.

Pathways to Care



- ▶ Primary Care Pathway project just started with advisory committee of primary care providers, health, mental health and addiction leaders:
 1. To Identify issues and challenges
 2. To review solution in other jurisdictions
 3. To create a set of solutions/protocols for Renfrew County
 4. To implement
 5. To evaluate

Virtual Care



A number of project are currently in place related to virtual care:

1. Virtual Care Project (funded by United Way) Provide equipment and connectivity to mental health service providers and/or their clients who need access to virtual care and need equipment/connectivity
2. Virtual Group Project – Champlain Region mental health and addiction agencies working on collaborative virtual model to provide virtual groups with no geographic boundaries. One site to find active groups and simple booking system.
3. One Call-One Click/Co-ordinated access – piloting a regional system to eliminate any confusion about where to go.
4. Virtual Walk in – Integrated virtual walk in with one site for clients to book single session (adult, child, addiction services). Launching in new year. System allows for clients to self book into a session.
5. Virtual Training – creating collaborative system and one site to find training and be able to book for mental health and addiction service providers

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Interactive Panel Discussion

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Closing Remarks

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Thank you!



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