

# Expert advice for handling changes in adolescent mental health during COVID

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The vast majority of adolescents will think back to the COVID-19 pandemic and remember having to wear "those annoying masks," attend "Zoom school" and miss out on extracurricular activities.

But for the 20% of adolescents who were already at risk of developing mental [health](#) problems—including anxiety, depression and psychosis—they will remember COVID as a time when things really started to unravel, said Dr. John Walkup, chief of child and [adolescent psychiatry](#) at Northwestern University Feinberg School of Medicine and head of the Pritzker Department of Psychiatry and Behavioral Health at Ann & Robert H. Lurie Children's Hospital of Chicago.

"For the most part, kids are extremely resilient, and they will bounce back," Walkup said. "But 20% of kids will have a [mental health problem](#) before graduating from high school and most are either inadequately treated or not treated at all. These young people were buoyed by [family](#), school and peer and social groups, which the pandemic stripped away, and now they have nothing left."

In a Q&A, Walkup discussed what adolescents' families can do if they see their pre-teen or teen battling mental health problems. He also discussed the current state of the mental health care industry and where we stand with mental health awareness in adolescents.

### **If a parent sees their child struggling, what can they do, especially in light of so many places being closed or inundated?**

Dr. John Walkup: This is a tough one because I think the one thing that everyone needs to do is get realistic about mental health problems in kids. Parents might not want to believe their kids have a mental health problem or share it with folks, which just worsens the isolation kids experience.

But in the absence of professional health care resources, which may never fully rebound, many families have the resources to double down

and draw on extended [family members](#), religious leaders and friends to provide a way to support kids during difficult times. Get creative and reach out to family and friends, hold onto your kids and provide support until mental health services come back online. It's going to be tough for a while.

## **Advice for parents of adolescents struggling with increased anxiety?**

A lot of teens with anxiety actually started having symptoms between 6 and 12 years old. If left untreated, they don't develop the coping skills they need to get through life. They get overwhelmed easily, don't do very well with the stresses of school and life, and are pretty miserable and unhappy. At Lurie Children's, we treat kids to get rid of the anxiety symptoms and help these kids build their capacity to cope, so they can take on the challenges of growing up and becoming more independent.

During COVID, many people stopped going to their pediatricians, and pediatric practices really suffered. For many kids and families, the person they should see first is their pediatrician. Doctors might say, "Oh, I'm not trained to manage [behavioral health](#)," but most have whopping large hearts and will work hard to brainstorm with families for solutions. Parents should not be too proud to open up and build a structure of care with their pediatrician while they're waiting to get connected.

## **For adolescents threatening suicide or self-harm, how can families provide support until professional services rebound?**

Providing [young people](#) emotional connections can reduce the risk for suicide. Key players are family, peers and other adults at school in community.

One of the key protective factors is how connected kids are to the schools they go to, and with COVID, many kids lost that connection. School is just a proxy for connection in general. What we need to do is help these adolescents get connected to real people who have real-life experience and real leadership because that will keep them from deteriorating. But within the family and community, stigma prevents them from engaging with their support systems. While confidentiality and [privacy concerns](#) are important in mental health, it can create further isolation, which puts adolescents at further risk.

## **Where does the mental health care industry stand now compared to pre-pandemic times?**

Before COVID, we struggled with the demand. There would be a wait and people would be frustrated, but nothing like now. Once COVID hit and everything went remote, all those vulnerable kids who were never diagnosed or were underdiagnosed began to present with serious symptoms. Mental health services were always strained and then basically shut down. Now the system is under greater duress because of increased demand, which further highlighted inadequacies in our system.

If you think about mental health care as infrastructure—we're like bridges and roads—we need to manage mental health of kids and families in order to keep the world working. If you have kids who are ill, then the parents don't work. If railways don't work to deliver food, people don't eat.

We've gotten away with not investing in mental health care for kids for a long time. During COVID, we lost essential capacity, and I am not sure that we are going to rebound. You don't generate revenue doing mental health care. It's often a loss; reimbursement doesn't really cover the costs of care. So, from a strictly business point of view, building mental health

services is a major financial challenge.

## **How can parent education and behavior evolve to better handle mental health burden?**

A lot of families know to put gates on stairs and plastic covers in electrical outlets to protect their children because we're all told that's what will keep our kids safe, and that's great. But we don't at all prepare families to be ready for mental health burdens. If we did, we'd be in a much better place.

It's so important to make connections with therapeutic services in a preventive way. We're working on it at Lurie Children's. We have 190 general pediatricians trained to do basic mental health care, and we recently trained half of them in advanced mental health, including tic disorders, suicide screening and recognizing warning signs in kids who develop psychosis in their later teens. Each of our pediatricians probably sees about 1,000 kids a year. They have access to at least 200 new mental health cases each year. So that's where our solution is. Who do you want to talk to first about your kid? Your kid's doctor or a stranger in the emergency department?

Provided by Northwestern University

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