

December KAHF post: Adolescent mental illness during the COVID-19 Pandemic

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A 15-year-old female with no significant past medical history presents to your practice for her annual well visit. When you review the patient's recent sleep history, she reports having trouble falling asleep and fatigue during the day. She also reports having trouble concentrating during school and always feeling hungry. Her mother attributes this to snacking while being home all day with non-traditional instruction. Her mother also thinks she is on her phone all night talking to her friends and that is why she is so tired. Due to the Covid-19 pandemic she has not been to in-person school this fall and has been unable to play in her soccer league. She has not participated with any online team conditioning this fall because, "it is not the same" and she thinks the season will be canceled. Her vitals and exam are all within normal limits. However, her PHQ-9 score is a 14. You discuss this with your patient and her mother. Your patient denies suicidal thoughts but does report feeling stressed and sad. Her mom brushes this off saying, "Everyone is stressed right now with the pandemic, but she is fine."

How will you approach this patient and her mother?

- a) Agree with mother, assume her symptoms are stress related to pandemic and follow up as needed
- b) Engage in confidential conversation with patient about her mood, obtain more information about her screen time and social media use
- c) Discuss with mother that her symptoms are concerning for major depression and refer for behavioral therapy.
- d) b & c

There has been an increase in adolescents presenting with depression and anxiety since the beginning of the COVID-19 pandemic. [Mental health ER visits](#) in 12-17-year-old increased approximately 31% since April 2020¹. Studies have shown [parental stress](#) was associated with increased reports of [emotional and behavioral symptoms](#) in their children^{2,3}. Prior to the extreme social isolation put in place to slow the spread of COVID-19, teenagers relied on their peers for emotional support and to learn coping skills⁴. With the [increased isolation](#), uncertainty of the future, school closings, fear of illness and death, and possible financial strain teenagers have increased stress without their typical outlets⁵. The social isolation that teenagers have faced has led to increased screen time not only to keep in touch with peers but in place of normal extracurriculars. A recent survey of middle schoolers showed that [increased screen time](#) was associated with anxiety and depression along with lower optimism levels. It also showed that screen time negatively affected females more than males⁶. All of these factors have led to a multi-faceted increase in mental illness in our patient population.

You discuss the implications of the pandemic stress on teens and express your concern for depression, which may present differently in adolescents than adults. After having a private discussion with your patient, stressing confidentiality, in which you assess for any red flags in her life such as grades, bullying, drug or alcohol use, self-harm, rape or abuse, you explain why it is important to involve her mother in a safety plan for suicide prevention. You discuss ways to mitigate some of the contributing factors. You encourage her to reach out to family members who may not be familiar with other forms of communication such as video conferencing or social media. With the [holidays approaching](#), encouraging

new ideas to safely have family celebrations such as virtual dinners, cooking together via FaceTime, or even virtual game nights can help alleviate some loneliness⁷. Physical activity has been shown to help with depression and anxiety, so you encourage your patient to try to participate with her team's conditioning to build comradery and keep up her fitness. You also recommend maintaining a routine to provide structure and give a sense of normalcy. If distraction during [distance learning](#) is an issue, check online options to track use of non-school activities or ones that help motivate, organize, and keep students focused⁸. And while you recommend decreasing screen time, using screens to help connect with friends and family may be useful, but you encourage her to not use them right before bedtime to help with sleep hygiene. [Open discussion about COVID-19](#) facts with parents or providers to address the child's fears and questions has been shown to be protective against depression and anxiety⁹. You recommend referral to a therapist and follow up in two weeks to monitor symptoms and may consider starting an SSRI if needed. Other great resources for parents and providers during the COVID-19 pandemic include: [Kentucky Youth Advocates](#)¹⁰, [WHO](#)¹¹, and [CDC](#)¹².