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Letters to the editor

The Adolescent Mental Health Crisis in the Context of COVID-19: A Pediatric Resident Perspective



To the Editors:

It was the last 10 minutes of morning rounds on the general pediatrics floor amid the COVID-19 pandemic. Our team gathered around to discuss the remaining few patients – those that were classified as “the least active.” One resident began, “P.D. is a 15-year-old male with anxiety, depression, and a recent suicide attempt, awaiting an in-patient psychiatric bed for the last 12 days.” The presenting intern then shared the plan, “follow-up with social work.” Although certainly an integral part of the plan, it felt incomplete. As the senior resident on the team, I encouraged the intern to consider the critical role that pediatricians play in the support and advancement of this adolescent’s care.

The COVID-19 pandemic has had profound impacts as both a crisis of infectious disease and mental health. The psychosocial effects of the pandemic on teenagers have been particularly striking, as their schooling, employment, friendships, household dynamics, and search for identity were all disrupted. Pediatric resident experiences in adolescent clinic are recently characterized by patient after patient grappling with worsening anxiety and depression. National data corroborates these observations. Among adolescents, the proportion of mental health-related emergency department visits increased by 31% in 2020 [1], with rates of suicidal ideation and intent also climbing [2]. These rapidly escalating mental health issues not only highlight the enormous social, financial, and emotional impacts of the pandemic but also highlight how our system failed this vulnerable age group. The stakes here are high given the potential for long-lasting effects; a recent City of New York report emphasizes the need to support our youth as they will bear the mental health impact of the COVID-19 pandemic for years to come [3].

The paucity of adequate resources available for our struggling teenagers was obvious before the pandemic and even more so now. Mental health clinicians in the community are overburdened with demand and many of the prior resources adolescent providers depended on for their patients are functioning at lower capacity or not at all. Psychiatric beds are scarce, partial hospitalization programs are limited, and virtual therapies and consultations are often lacking when compared to in-person sessions [4,5]. Perhaps most concerning is that this is occurring in the heart of Manhattan, New York; a place many view as a well-resourced area saturated with mental health clinicians.

Geographic disparities in the availability and use of mental health resources among youth are well-documented [6], with 70%

of U.S. counties having no child psychiatrists [7]. Racial and ethnic disparities in access to and quality of mental health services have been demonstrated for years [8]. Now, many fear the pandemic, and its aftermath will have a disproportionate impact on the mental health of marginalized and underserved populations. Health officials reported that racial disparities in rates of COVID-19 infection and mortality were due to deeply entrenched social inequities in employment, poverty, housing, and access to care [9] – all of which are inextricably tied to mental health [10]. These disparities have been highlighted in the COVID-19 era, where access to certain resources is undermined by historical and systemic inequities linked to race and ethnicity. If we do not take immediate action in addressing the declining mental health of our adolescent patients, particularly those from marginalized communities – we will unwittingly allow these disparities to propagate.

As pediatric residents, providers, and educators, addressing the critical mental health needs of teenagers begins with us. Despite being primary care clinicians, pediatric residents consistently feel powerless as they struggle to fully coordinate follow-up and treatment for their adolescent patients’ mental health. We have seen countless youth in our continuity clinics with anxiety and depression, yet remain hesitant to prescribe an SSRI, an often beneficial treatment with a relatively minimal side effect profile. One of the American Board of Pediatrics entrustable professional activities is to “assess and manage patients with common behavior/mental health problems” [11], yet trainees and faculty continuously struggle to apply these skills in practice. A recent study found most pediatric residents did not feel competent in their behavioral health assessment and treatment skills [12]. In spite of this, pediatric providers, especially those caring for adolescents, are uniquely poised to tackle these challenges.

The need to integrate formalized mental health training into pediatric residency is well-established, but has yet to be fully operationalized [13], and is now more important than ever. Educational initiatives for pediatric trainees should incorporate comprehensive teaching on behavioral techniques, integrative therapies, and psychotropic medication management. A residency curriculum could integrate psychiatric-related simulations, as well as partnerships with mental health professionals and relevant community resources. Although the developmental-behavioral and adolescent medicine requirements for pediatric residency programs are steps in the right direction [14], a longitudinal curriculum is sorely needed. There are several existing

Table 1
Educational strategies to integrate mental health training into pediatric residency

Type of strategy	Resource/Approach	Potential use	Relevant EPA component [14]
Asynchronous	AAP Mental Health Residency Curriculum [15]	Online modules on behavioral interventions and management of mild-moderate pediatric anxiety targeted to continuity clinic preceptors and their residents	Identify and manage common mental health issues
	Project TEACH [17]	Online trainings on broad range of topics including assessment, diagnosis and treatment of pediatric anxiety, depression and ADHD; virtual intensive trainings; targeted to pediatric primary care physicians	
	Guidelines for Adolescent Depression in Primary Care (GLAD-PC) [16]	Consultation for trainees and clinicians Online toolkit with information, recommendations, and resources to help pediatric primary care physicians screen for and manage adolescent depression	
Collaboration	Partnerships with mental health professionals (MHPs)	Integrated mental health training model with pediatric residents working alongside MHPs in clinic; additional elective time or dedicated time on adolescent/development rotations for pediatric residents to observe and collaborate with MHPs	Refer and co-manage patients with appropriate specialist(s) Know and use mental health resources available to patients in community
	Partnerships with community resources/school personnel	Education of pediatric residents on various mental health-related community resources; dedicated time on certain rotations for residents to observe and partner with community services and school-based personnel	Know role of each member of interprofessional team
Simulation		Inclusion of mental health-related simulations in pediatric residency curriculum (e.g., adolescent presenting to emergency department with suicidal plan or to outpatient clinic with signs of uncontrolled depression)	Identify and manage common mental health issues

resources for programs to build upon, including the AAP mental health residency curriculum [15], Guidelines for Adolescent Depression in Primary Care [16], and Project TEACH trainings [17] (Table 1). Research into the effective combination and integration of these various resources is sparse and must be investigated further.

Most importantly, this renewed emphasis must originate from the educational leaders themselves. It will be nearly impossible to move this agenda forward without the unwavering support of attendings, preceptors, and those responsible for designing residency curricula. We all must be aligned in prioritizing mental health education as an integral component of pediatrics training.

As the pandemic continues to abate, these mental health initiatives will remain essential as we tackle the lasting impact on our teenagers and their stressful return to “normalcy.” This will be especially important for institutions serving resource-limited areas, where psychiatric support is scarce and racial and ethnic driven disparities in mental health already emerged during the pandemic [18]. COVID-19 has brought unimaginable loss but can also serve as an impetus for positive change and innovation. The pandemic exposed several gaps in our country’s psychiatric infrastructure while highlighting the urgent need for expanded mental health education in pediatric training.

Nicole Meyers, M.D.^a

Suzanne Friedman, M.D.^b

Sarah Ann Anderson-Burnett, M.D., Ph.D.^b

^a *NewYork-Presbyterian Morgan Stanley Children’s Hospital, NewYork-Presbyterian/Columbia University Irving Medical Center, New York, New York*

^b *Department of Pediatrics, Columbia University Medical Center, New York, New York*

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Stop Saying It, Just Do It! Young People's Participation During the COVID Pandemic: A View From Europe



To the Editors:

In April 2020, Efuribe et al. [1] published a commentary in this journal calling for “Youth Engagement and the Inclusion of Young People in Matters That Affect Their Lives” in relation to the COVID-19 crisis. They raised awareness of the need for politicians to weigh the short-term benefits associated with control of viral transmission against the potentially significant medium- and long-term costs that these healthcare decisions could have on the well-being of the population. Regrettably, a year later, the worldwide situation is more alarming than ever. Although the pandemic crisis is severely compromising the physical and mental health of young people [2], they still have no clearly representative voice. The objective of this commentary is to cite concrete examples as to how governments and health professionals can support young people in taking an active role in becoming catalysts of inclusive and resilient responses to the crisis and thus contribute to building the society of tomorrow.

The outbreak of the pandemic has resulted in an increase in solidarity in the form of volunteering, especially among young people. In the United Kingdom, for instance, the guardian reported that around 750,000 people signed up to the National Healthcare Service volunteer scheme in 2020. Young people throughout the world have been role models and good examples of citizenship. They have contributed to the dissemination of information among their peers and helped to contain the spread of the virus. For example, the International Federation of Medical Students' Associations has created a map of COVID-19 activities that gathers all the activities of medical students and their efforts to combat and raise awareness of COVID-19 [3]. Finally, they have ignored their own needs for the sake of people who are particularly vulnerable to COVID-19, such as the elderly.

Governments have important responsibilities in this regard. First, they need to recognize the valuable contribution of young people as effective working partners. As an inspiring example, the prime minister of the Netherlands recently announced his intention to involve children, young people, and youth organizations in the preparation of recovery measures [4]. Along the same lines, last January, the President of the Swiss Confederation publicly acknowledged the contribution of young people to the battle against the COVID virus. Second, governments should not take a short-term view of this issue but must take into consideration the medium- and long-term effects of their decisions on the well-being of young people and future generations. For

instance, during the second wave, many European countries followed World Health Organization recommendations [5] and weighed the numerous benefits of in-person schooling against the risks of spreading COVID-19 in schools and communities. They decided to keep schools open at almost any price (this was not the case in many states of the United States until recently).

Governments should take note of these experiences and harness the sense of urgency of young people by engaging them in cocreation and/or implementation of policy responses and postpandemic recovery plans. Effective collaboration between young people and governments could take inspiration from Switzerland's Sustainability Impact Assessment framework, which aims to incorporate intergenerational considerations of environmental, social, and economic sustainability into laws, action plans, and public projects.

Fostering an approach toward a resilient society suggests that governments take into account environmental improvements as an integral part of a long-term recovery strategy [6]. Climate and environmental ministers from countries of the European Union as well as members of the European Parliament [7] have called for such a strategy. An inclusive society requires national governments to reinforce the representation of youth-related issues at the level of decision-making. For example, the British Youth Council has urged its government to create a Ministry for Young People to bring the voices of youth into policy making related to the COVID-19 pandemic [8]. Youth participation must be supported by experienced adult professionals to ensure respect for the basic principles of effective and ethical youth participation as described by the United Nations Children's Emergency Fund [9] and to avoid irrelevant or disrespectful behavior during rallies or other actions. For example, when young people are asked about their views on health precautions, they need to have time to inform themselves, to reflect and discuss issues together before giving their feedback; while adults need to beware of giving them partial information that could be misleading.

Primary care workers have an important role to play. For example, healthcare professionals need to investigate not only how young people experience the pandemic but also how to maintain close contact with them to understand their needs – especially mental health needs – in times of crisis. Healthcare workers also have a role to play in promoting the participation of young people in decisions that will affect their health, such as defining their needs in times of pandemic and making