



Child and Adolescent Psychiatry Portal

Volume 2 Issue 1

May 2020

In this Issue:

- Ways to increase visit volume p. 3
- UCSF CAPP Virtual Café Peer Support Group Launch
- Consultation Enhancement: 2nd Step Consultation for Parents/Caregivers
- Practice Resources
- CAPP Case

Shelter in Place:

These are certainly unprecedented times, and we are all in the midst of living some kind of 'new normal'. This includes significant changes in how, and how much, we are working. Many of us are juggling multiple demands that may include caring for our families who live with us, stepping into new roles as teachers, coaches, full-time caregivers, and often holding worry about those who may be farther away, especially those who are living alone, or living with many people under one roof.

There is increased family togetherness, which may be welcome, but may also pose challenges, including navigating new schedules and expectations. With this in mind, we wanted to share some suggestions for managing on the home front on page 2.

Zoom, zoom, zoom!

Our workflows have changed so much....

UCSF CAPP May Updates:

1. Virtual Café Group Peer Support: We are excited to launch our **UCSF CAPP Virtual Café Group Peer Support** on **Wednesday evenings at 8:30 pm** beginning Wednesday, **May 20**. The focus will be on connecting with colleagues, sharing current concerns, and sharing coping and problem-solving strategies in an effort to promote work-life balance. Co-hosts **Miriam Rhew MD MPH** and **Michelle Riederer MD** welcome any questions about the program via email at miriam.rhew@ucsf.edu & michelle.riederer@ucsf.edu.



To sign up, please enter your name and email here: https://ucsf.co1.qualtrics.com/jfe/form/SV_41m4Y91laWaRfkp

2. Enhanced Consultation: We are also implementing enhancement of our current consultation model. Specifically we will offer a second-step telephone consultation by a child psychologist to a parent or caregiver of children and teens ages 0-21 with any mental or behavioral health concerns, within one week after the initial consultation with the CAPP psychiatrist.

3. Managing Mental & Behavioral Health in Pediatric Primary Care in COVID-19 Educational Webinar Series:

We are also excited to launch a weekly webinar series on pediatric mental and behavioral health concerns in the context of COVID-19, including topics like Anxiety & Behavioral Concerns, Trauma Informed Care 101, Depressive symptoms.

4. COVID-19 Peer Support: Our CAPP team is offering additional consultation and guidance related to emotional well-being of children and youth to all UBCP-enrolled physicians, not only about their patients, but also related to any general emerging mental and behavioral health related concerns regarding their own families. We are here to support you and your own children's mental and behavioral health needs. To schedule peer support, please email to CAPP@ucsf.edu



Telephone/Video visits can improve patient care, *and* increase visit volume and billing.

Many pediatric patients and their parents have been hesitant to bring their child in for in-person visits, and many lack access to technology. According to a recent report by the Commonwealth Fund¹, outpatient visits have declined by 60% since mid-March, with the greatest decline amongst school age children and older adults. Practices are converting to telehealth appointments, and reimbursement and regulation is continually evolving to meeting the needs of the current crisis (comprehensive updates regarding CMS payment policies and regulatory flexibilities can be found here [ama-cms](#)). However many patients are experiencing the same, or increased mental health needs at this time.

Regardless of whether your practice already has a database tracking system for patients with mental health conditions, it is possible to proactively schedule patients whom you identify as not having been seen for several months who may need routine follow up for conditions like ADHD, which can increase visit volume and billing.

As patient volumes have declined, reassigning office staff to find, reach out to and schedule Telehealth appointments for patients who should be followed routinely such as those with ADHD, history of depression, or other chronic conditions can be useful to maintaining patient visits for your practice as well as ensuring contact with families that may be at higher risk during these challenging times. This may include

As always, our CAPP team is here to consult with you at any time about your patients. To enroll your practice, please contact our Program Coordinator Nate Phillip at Nathan.Phillip@ucsf.edu

Parent Guidance During Shelter In Place:

Check-in about feelings: Find ways to check in, either explicitly during a shared or in smaller ways. The approach may vary, depending on the age of your child, but the key is giving space to share feelings about the impact of COVID-19. We are all experiencing a range of feelings and responses right now, and parents may open things up by sharing both what they appreciate about and also struggle with in COVID-19. For kids and teens, these may include appreciating having less academic and social stress, younger children feeling more secure with closeness to caregivers, as well as anxiety about adapting to online learning expectations, or an apparent increase in depressive symptoms in response to feeling socially isolated, deeply missing friends, or being unable to maintain regular activities.

Communicate early and often, and set clear expectations: Setting expectations ahead of time helps reduce frustration, resentment and stress in the moment. This may include a visual schedule posted in a visible place in your home. For kids and teens, this may include wake-up time, time for schoolwork, chores, and family meals, as well as free time. Having a posted schedule that is co-created by all family members helps reduce the conflict, as it's harder to argue with a dry erase board or piece of paper! This schedule can include specific chores, including things like who is responsible for dinner on which night. It's important to acknowledge that teens and young adults may really need more time to themselves. Therefore it's even more important to agree ahead of time about which family times 'mandatory,' and which are optional.

Physical tasks and activities that create purpose: Beyond the many benefits of routine exercise, it is important for us to be physically active and "behaviorally activated," i.e. with a sense of purpose during this time of feeling 'stuck' at home. It is reasonable to expect some contribution to the maintenance of your home, even for kids who have not typically had official chores assigned previously. This can be a great way to develop new skills.

Screen time: Screen time may be necessary for academics, but "fun" screen time can be something that is earned, after other essential tasks are completed. It is important to set the right level of privacy and security on your child or teen's device, if they have access to them on their own, as it's easy to get to inappropriate sites fairly quickly. This may be specifically important around bedtime, as our new lifestyle makes maintaining a healthy bedtime routine particularly challenging.

1. Mehrotra et al., "What Impact Has COVID-19 Had on Outpatient Visits?," *To the Point* (blog), Commonwealth Fund, Apr. 23, 2020. <https://doi.org/10.26099/ds9e-jm36>

CAPP Case Consultation

Dr. Handelsman called Child & Adolescent Psychiatry Portal (CAPP) with the consultation question:

“I am seeing a 17-year-old female with history of depression with worsening symptoms since shelter-in-place, and wondering what I should do to adjust her medication?”

AM is a 17-year-old, adopted -at-birth female with a history of major depressive disorder who has worked with a therapist for the past several years, and with whom the patient has a good rapport. Her depression has been well controlled with Sertraline 75 mg daily in the last 2 years with no side effects. She used to be physically active in that she has enjoyed rock-climbing and hiking, and she has been working part-time at a sporting goods store. Patient does smoke weed once a week recreationally. Since shelter-in-place took place 3 weeks ago, she has been

unable to work or participate in her usual outdoor activities. Since this time also, she reports increasing sadness, and that energy and motivation are very low, and her sleep quality is very poor. Her therapist had recommended her to talk with her doctor about adding “Wellbutrin” to the current regimen since the therapist had seen good effect with this medication in other clients. Her last PHQ-9 in Feb 2020 was 3, no PHQ-9 available from most recent visit. No thoughts or plans of hurting self or others.

The Five S’s framework (Safety, Specific Behaviors, Setting, Scary Things, and Screening/Services) is a helpful framework for evaluating and collaborating about a patient’s symptoms.

Safety	Specific Behaviors	Setting	Scary Things	Screening/Services
AM is not suicidal or homicidal, not engaged in cutting or other self-inflicting behaviors. She doesn't have a history of self-harm and has never been hospitalized.	Due to shelter-in-place, AM is not able to work. She had been attending school online and stopped hanging out with friends outside. She seems to lose motivation to find alternatives for exercises and connecting with friends. She is worried about getting out of shape and not being as good as she used to be in rock-climbing. She spends more time online. She uses cannabis weekly but there are no signs of abuse.	AM is staying at home and these symptoms happen at home throughout the day. Her daily routine is dysregulated since shelter-in-place.	AM was adopted at birth, and there was no known history of abuse, neglect, other trauma or bullying. She seems to be closely bonded with her parents and therapist.	She sees a therapist weekly with whom she has good rapport. Her last PHQ-9 score was 3.

CAPP Case Consultation

Discussion:

AM is experiencing some relapse in depressive symptoms due to recent significant environmental changes and stressors from shelter-in-place. The unprecedented impact of COVID-19 and shelter-in-place restrictions have caused increased anxiety in not only young children, but also teens and adults. On the one hand, many children and adolescents feel relatively less anxiety due to decreased academic and social pressures, but adolescents in particular may feel that so much has been lost. For AM, this includes the end of her senior year, high school graduation, her ability to work and earn money, to enjoy activities she loves, as well as her freedom to socialize and spend time with friends. Additionally, major depressive disorder can have a recurrence rate as high as 20%-60% within 1-2 years after initial remission. She seems to be experiencing an increase in apathy, anhedonia and hopelessness, and reduced problem-solving ability. Given that she has been stable on a low-dose antidepressant, it will be reasonable to optimize her current antidepressant before switching to another agent. Further assessment of substance use may also be indicated.

Recommendations:

1) Help teens cope with shelter-in-place

- Emphasize the importance of social distancing yet validate their anger and frustration over not seeing friends. In the movie "Contagion" the teenage daughter Jory had a real challenge not being able to see her boyfriend!
- Reviewed collaboratively engaging with teens to create a realistic, somewhat flexible schedule that allows for completion of schoolwork, physical activity, any contribution to maintenance of the home, with built-in rewards like social engagement and fun.

2) Encourage exercise, mindfulness and healthy habits

- Sleep, eat and exercise regularly. Teens can sign up for free app trials to stay physically active at home: <https://www.marketwatch.com/story/free-workouts-from-peloton-nike-and-others-to-help-you-stay-active-during-your-quarantine-2020-03-27>
- Mindfulness techniques can be helpful during uncertain times. Observe and accept feelings and recognize that intense emotions would eventually pass. Mindfulness helps us cope with anxiety, sadness and anger. Free mindfulness apps are available at: <https://mashable.com/article/coronavirus-free-mindfulness-meditation-apps/>

3) Help parents cope with COVID-19

- Parents are expected to step into many more roles now, including teacher, coach and many more.
- Validate and witness parents' feelings, which may include anger and frustration. Recognize and applaud what parents are doing, and help them to celebrate successes, no matter how small they are.

Sertraline (Zoloft) is an FDA-approved medication for OCD in age 6 and older, and for MDD in age 18 and older. Discussed with Dr. Handelsman and we agreed to up-titrate Zoloft as it has been working well at a low dose with no side effects. Can titrate to 100 mg and then, based on response that could be assessed through regular follow, including PHQ-9s, as frequently as every 2-4 weeks, could increase by 25mg. It is important to monitor for affective blunting, which can occur when SSRI doses are too high, and that the maximum dose for sertraline is 200mg daily.

Practice Resources during COVID-19

Leadership:

<http://traumatransformed.org/wp-content/uploads/5-Cs-of-leading-during-a-pandemic-2.pdf>

Practice management:

<https://www.phreesia.com/covid-19-client-insights-stories/>

National and State Resources:

<https://www.cmadoocs.org/covid-19>

<https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians>

<https://covid19.ca.gov/>

Basic needs/social determinants:

[211](#)

[FIND Connect](#)

[National Domestic Violence Hotline](#)

[\(800\) 799-723](#)

[USDA Meals for Kids Site finder:](#)

<https://www.fns.usda.gov/meals4kids>

[AAP Chapter 1:](#)

<https://aapca1.org/update-resources-on-coronavirus-disease-2019-covid-19/>

National Suicide Prevention hotline

[1-800-273-8255 or text HOME to 74174](#)