

CARE DEFICIT ASSESSMENT SERIES

The AMA asked some of our physician experts how their patients have been impacted by the COVID-19 care deficit. In this series, physicians share insight from the frontlines and the opportunities they see for improvement.

ISSUE 1 PEDIATRIC MENTAL HEALTH – EXECUTIVE SUMMARY

The Care Deficit

Children and youth have been seriously affected by pandemic disruption. School is where children develop their identity and sense of self with their peers and many have struggled during lockdowns: in transitioning between at-home and in-school learning; with the loss of, or reduced social contact with friends in school and at home; and anxiety about their own safety or about making family members sick. This disruption has also resulted in many children losing access to sport and recreational activities as a means of socialization, physical activity and self-esteem. In addition, children and youth have been affected by the increase in stress and mental health deterioration within their community, school and family system. Structure, social connection, literacy and education at school are important for building resiliency in kids and are social determinants of health with lifelong implications.

There was already a large pre-existing demand for pediatric mental health services, but the pandemic has created a dramatic increase in patients who now need mental health support.

- It's always been hard to access supports, even for severe cases but it's gotten worse now.
 - In-school and community resources were disrupted by the pandemic and are now harder to access (e.g., Family Supports for Children with Disabilities).
 - Many children have been impacted by pandemic stresses and trauma.
- Access to supports may improve as COVID-19 wanes, but it will take a long time to catch up on delayed care.

What's Happening to Pediatric Mental Health patients?

- Children are experiencing delayed diagnoses that can exacerbate mental health issues.
- Prolonged untreated/unrecognized mental health struggles are increasing complications:
 - More pediatric emergency department visits have been noted.
 - Pediatric patients are dealing with more incidents of mental health, self-harm and eating disorders.
 - Children may "age out" of available supports before many of these issues are addressed.
 - Parents struggle to pay for medications and supports, as many prescriptions are not fully covered and therapists or aides may incur additional costs.
- Doctors will need to monitor if the ending of mask mandates and reintroduction of cohorts create increased anxiety among children – the choices made by families need to be supported.

Issues and Themes

We need more mental health literacy.

- There is a lack of basic mental health literacy in communities, schools and families.
- Parents, teachers and communities need more information on how to deal with ADHD, LD, anxiety and other conditions, including how to access supports.
- There is a need to share more information on the importance of sleep, nutrition, resiliency, technology, etc.
- We know child psychiatrists, general pediatricians, patients and their families will have to wait six months or much longer for behavioural consults and some practices are no longer offering these consults.

Importance of wrap-around care

- Children experiencing mental health struggles require specialized care.
- Individual community doctors can't support these needs long-term and require teams to support care delivery.
- Children need team support, including counselors, nurses, social workers and dependable psychiatric follow-up.
- There are a number of ongoing systemic barriers to seamless care, including:
 - lack of affordable therapists
 - siloed care in and out of AHS
 - fees or payment challenges to engaging physicians in this care
 - severe shortages in some areas
- We expect demand for wrap-around mental health services will increase following the pandemic.

Work-Arounds/Temporary Fixes and Solutions

- Pediatric physicians are working with AHS to innovate and re-envision existing services to find solutions but have encountered several barriers. DRAFT
 - Unfortunately, efforts to innovate and re-envision are hampered by a lack of practice stability and knowledge of future policy.
 - Pre-pandemic loss of RCSD has only been partially offset and comes with more restrictive criteria.
 - Rural and regional centres are experiencing a shortage of primary care doctors.

What's Needed in the Long Run

Most of these are chronic system issues that are the result of a burdened mental health system prior to COVID-19, now being weighed down by increased demand for mental health supports and the system's inability to keep up. Our front-line physicians told us that solutions could include:

- Building capacity for a robust health human resources team to address brain drain, implement needs-based planning and develop specialized expertise.
- Improving access to mental health therapists and psychiatry services throughout the province.
- Addressing the need for school-based programming, as this is where children spend most of their time.
- Revisiting the aging out policy to allow for continuity of care.
- Centralizing resources for clinicians and family.

Resources for Patients

The physicians who helped develop this document have provided a resource list for patients, families and care givers. We hope that it will be helpful. The list is not exhaustive, and the AMA is not associated with delivery of any of these services.

More information and a list of helpful resources [is available here](#).

Thank you for your interest in this issue! It will take all of us, working together, to recover from the care deficit. We hope to generate discussion among physicians, patients and our health system partners to help find a way forward.

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