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51.3 CLINICAL OUTCOME OF COVID-19 PATIENTS WITH AND WITHOUT DIAGNOSED MENTAL HEALTH DISORDER TREATED AT THE LOS ANGELES COUNTY DEPARTMENT OF HEALTH SCIENCE

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Conclusions: The overall assessment of the safety plans was approximately 65%. The strengths of the safety plans include identifying support and coping skills. The safety plan template used on the inpatient unit does not include a line about means restriction, which automatically caused each plan to receive a zero in that category. We recommend that means restriction information be added to the discharge. Lower quality safety plans were more likely to have increased CPEP presentations/hospital readmissions. Safety plans that had more robust responses for “people patients can ask for support” and “warning signs” were less likely to have CPEP presentations or admissions. This suggests that these are key elements in helping to support patients in the community.

ICP, RI, S

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COVID-19

51.1 A QUALITATIVE ANALYSIS: THE EXPERIENCE OF PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDER DURING THE COVID-19 PANDEMIC



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Objectives: Families with children with autism spectrum disorder (ASD) face a unique set of challenges with the rise of the COVID-19 pandemic and shelter-in-place practices. These challenges are related to a diverse set of issues, including explaining COVID-19 and safety precautions in a comprehensible way, building structure in the home for e-learning to take place, and guiding children back into social situations and the community. We sought to obtain direct feedback from parents to both develop an initial guide for families with ASD and to create awareness in the community about the challenges presented by COVID-19 and shelter-in-place practices.

Methods: Fifteen parents of children and adolescents from a nonpublic school or children with level-2 and -3 ASD participated in a semi-structured phone interview consisting of 18 to 24 questions (some were optional) regarding the following topic areas: general COVID-19 experiences and concerns, changes in the child’s mood and behavior, changes in parent mood and behavior, and coping/advice. Parent quotes and descriptions were reviewed for common themes and then further categorized.

Results: The parent interviews lasted between 27 to 57 minutes and were conducted from May 4 to May 14 (7-8 weeks into shelter in place). The students of the parents who participated ranged in age from 11 to 21 years. All parents included in the analysis had a child with ASD. Parent stressors were categorized into the following categories: discussions surrounding COVID-19 and safety precautions, transitions into shelter in place, decrease in social skills, e-learning challenges, implementing structure, rigidity, and COVID-19-related stress.

Conclusions: COVID-19 uniquely affects families with children with ASD, and understanding those challenges will help make the transitions throughout shelter-in-place easier for the families and children.

ASD, PAT, SII

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51.2 CHALLENGES WITH MANAGING CHILDREN AND ADOLESCENTS WITH ADHD DURING THE COVID-19 PANDEMIC: A REVIEW OF THE LITERATURE



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Objectives: The COVID-19 pandemic has significantly altered the lives of children and families. Children with ADHD, one of the most common

neurodevelopmental disorders, are vulnerable to the effects of the pandemic. This literature review examined the potential challenges of management and risks to children with ADHD and their families during the pandemic.

Methods: A literature review was conducted on the topic of children with ADHD during the pandemic. We searched the following online databases: PubMed, Google Scholar, PsycINFO, and Web of Science using keywords related to “ADHD” and “COVID.” All article types were included and published in English. PubMed and Google Scholar yielded 9 articles that met the relevance criteria.

Results: The literature indicates that externalizing behaviors significantly increased in children with ADHD during the pandemic and that both children and parents’ overall mood state significantly predicted those behaviors. Impulsivity was found to interfere with compliance with public health guidelines, such as hygiene and social distancing. Hyperactivity was difficult to manage during quarantine restrictions that reduced access to physical activity outdoors. Social isolation could exacerbate underlying social vulnerability. Emotional dysregulation and oppositional behavior increased strain on families. Parents of children with ADHD have increased child-rearing stress, which may be amplified during the pandemic. Finally, school closures and reduced primary care visits have decreased access to mental health care and reduced referral rates. Guidelines were published to help navigate remote management and treatment of this population during the pandemic.

Conclusions: This review identified children with ADHD as a vulnerable population that requires research and clinician attention during the pandemic. The risk for worsening ADHD symptoms under quarantine highlighted the need for more home-based interventions and symptom monitoring by families and providers. There is a need to identify interventions to address challenges associated with parenting children with ADHD under quarantine and to assess the efficacy of telehealth in this population during a pandemic. Additional studies are warranted to better understand the impact of the pandemic on children and adolescents with ADHD.

ADHD, OTH

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51.3 CLINICAL OUTCOME OF COVID-19 PATIENTS WITH AND WITHOUT DIAGNOSED MENTAL HEALTH DISORDER TREATED AT THE LOS ANGELES COUNTY DEPARTMENT OF HEALTH SCIENCE



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Objectives: The coronavirus (COVID-19) pandemic is a global public health challenge. It is the source of great stress and anxiety for individuals and communities around the world and has had serious effects in individuals with diagnosed mental disorders. This study compares the all-cause mortality of COVID-19 patients with and without diagnosed mental health disorder (MHD) treated at Los Angeles County Department of Health Science (LAC-DHS).

Methods: We collected ICD-10 and demographic clinical modification diagnoses in COVID-19 patients in LAC-DHS from March to May 21, 2020 using coded data. Diagnosis codes identified as with and without MHD (F00-99). The relative risk of mortality in COVID-19 patients with and without standardized mean difference (SMD) was calculated. Furthermore, the mortality rate in COVID-19 patients in African American vs other ethnicities was examined. The study protocol was approved by the IRB Committee Board of Olive View-UCLA Education and Research Institute in Sylmar, California.

Results: Among 9304 COVID-19 patients treated at LAC-DHS, 37.3% (3475) had an MHD. The mortality rates in COVID-19 patients were 0.36% in patients aged 0 to 17 years, 1.72% in patients 18 to 34, 3.9% in patients 35 to 44, 5.47% in patients 45 to 54, 7.05% in patients 55 to 64, 10.2% in patients 65 to 74, 15.1% in patients 75 to 84, and 19.1% in patients 85+. The total mortality rate

of COVID-19 patients without and with an MHD was 5.36% vs 6.82% ($p < 0.05$). After adjustment for age, regression analysis showed that the relative risk of mortality was 29% (relative risk [RR] = 1.29; 95% CI, 1.1-1.6; $p = 0.001$) in COVID-19 patients with an MHD compared to those without. Finally, the mortality rate in African American COVID-19 patients was significantly higher (6.72% and 7.6% without and with an MHD, respectively) as compared to other ethnicities. The age-adjusted regression analysis showed that the RR of mortality was 35% (RR = 1.35; 95% CI, 1.25-2.67; $p = 0.01$) in African American COVID-19 patients with and without MHD, compared to the corresponding groups with other ethnicities.

Conclusions: The findings of this study reveal an increased risk of mortality in COVID-19 patients across all ages, which is significantly higher in those with an MHD. Furthermore, the mortality rate was disproportionately higher in African Americans compared to the other ethnicities. In children and adolescents, COVID-19 and its related mortality, while uncommon, are still present.

BRV, CM, RF

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51.4 COPING WITH COVID-19: AVOIDANT COPING MECHANISMS AND SLEEP DISTURBANCE IN COLLEGE-AGE INDIVIDUALS



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Objectives: The unprecedented nature of the COVID-19 pandemic has led to experiences of overwhelming stress and uncertainty. The psychological effects of the pandemic include increased mental health difficulties and sleep disruption across all age groups, including in emerging adults. Avoidant coping (ie, changing behavior to avoid exposure to a stressor) is a maladaptive coping strategy commonly employed in times of stress. Research has indicated that avoidant coping can lead to increased stress and other negative outcomes such as disruptions in sleep.

Methods: The current study investigated the hypothesis that avoidant coping is a mediator in the relationship between the perceived impact of COVID-19 and sleep difficulties. A sample of individuals aged 18 to 25 years ($n = 326$, 79.0% female) completed self-reported measures examining demographics, sleep, coping mechanisms, and perceived COVID-19 impact. Participants for this IRB-approved study were recruited using online flyers.

Results: A regression analysis determined that the overall model was significant ($F_{2,323} = 25.17$; $p < 0.001$; $R^2 = 0.13$), accounting for 13% of the variance. The path between COVID-19 impact and avoidant coping was significant ($b = 0.627$; $p < 0.001$), indicating that higher levels of COVID-19 impact was associated with more avoidant coping. Furthermore, the path from avoidant coping to sleep disturbance was significant ($b = 0.335$; $p < 0.001$), with more use of avoidant coping being associated with increased sleep disturbance. The path from COVID-19 impact to sleep difficulties remained significant when avoidant coping was added as a mediator ($b = 0.772$; $p < 0.001$), indicating partial mediation.

Conclusions: Overall, results indicated that avoidant coping partially mediates the relationship between COVID-19 impact and sleep disturbance. This study highlights the importance of developing and disseminating interventions that target the use of effective coping mechanisms in emerging adults.

COPI, SLP, STRESS

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51.5 COVID-19 IMPACT ON ANXIETY AND DEPRESSION AMONG EMERGING ADULTS: THE ROLE OF MINDFULNESS



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Objectives: The COVID-19 pandemic has led to major disruption, loss, and uncertainty for individuals throughout the world, including emerging adults.

Recent work has revealed the profound psychological impact of the pandemic, with significant increases in rates of anxiety and depression. Mindfulness, the act of being present in the moment, has been shown to improve mental health outcomes among emerging adults. Therefore, it is critical to assess whether engaging in mindfulness can buffer against the impact of the pandemic on mental health in emerging adulthood.

Methods: The current project explores the hypothesis that mindfulness use mediates the relationships between the COVID-19 impact and anxiety and depression among emerging adults. Participants for this IRB-approved study were recruited via online flyers in the United States. They completed a series of online questionnaires, including the Generalized Anxiety Disorder 7-Item, Patient Health Questionnaire 9-Item, Mindful Attention Awareness Scale, and Likert-type items assessing COVID-19 impact. Analyses were conducted using SPSS PROCESS macro (Model 4).

Results: In the first analysis for anxiety ($N = 309$; $M_{age} = 20.9$ years; 79.9% female, 9.1% Hispanic), the overall model was significant ($F_{2,306} = 36.19$; $p < 0.001$; $R^2 = 0.44$). The paths from COVID-19 impact to mindfulness ($b = -0.08$; $p = 0.019$) and mindfulness to anxiety ($b = -1.9$; $p < 0.001$), along with the direct path from COVID-19 impact to anxiety ($b = 0.62$; $p < 0.001$), indicating partial mediation. In the second analysis focusing on depression ($N = 303$; $M_{age} = 20.8$ years; 78.8% female, 8.6% Hispanic), the overall model was significant ($F_{2,300} = 51.43$; $p < 0.001$; $R^2 = 0.51$). The paths from COVID-19 impact to mindfulness ($b = -0.08$; $p = 0.013$) and mindfulness to depression ($b = -2.7$; $p < 0.001$), along with the direct path from COVID-19 impact to depression, were significant ($b = 0.48$; $p = 0.003$), indicating partial mediation.

Conclusions: These findings further extend the literature demonstrating the beneficial effect of mindfulness on reducing poor mental health outcomes. This suggests that mindfulness is beneficial to emerging adults during the COVID-19 pandemic. Preventive intervention efforts aimed at addressing anxiety and depression during a pandemic should incorporate strategies to enhance an individual's mindfulness.

DDD, AD, COPI

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51.6 IMPACT OF COVID-19 ON THE GLOBAL ASSESSMENT OF FUNCTIONING SCORES



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Objectives: The objectives of this presentation are to: 1) examine the change in level of functioning and mood that COVID-19 has had on children with psychiatry appointments; and 2) identify associated factors that may play a part in this change such as decreased social contacts, increased time with guardians, decreased teacher presentation time, decreased availability of extracurricular activities, and sleep schedule changes.

Methods: A total of 10 adolescents between the ages of 6 and 19 years old were interviewed over 2 weeks to discuss the impacts of COVID-19 and ascertain a score congruent to the Global Assessment of Functioning (GAF) score. Variables such as sleep, parental relationships, interests, academics, and virtual and physical socialization were discussed in a qualitative manner.

Results: Using a paired-sample t test for each patient, the GAF score from an office visit approximately 1 year prior (within 1 month) was compared to their most recent mental health appointment to control for seasonal affective disorders and school timing. The change in GAF scores was found to be increased by a significant amount ($p = 0.008$) with a large standardized effect size (1.06).

Conclusions: COVID-19 has caused physical limitations and confined many children to their household; however, during this study, GAF scores either improved or were maintained possibly due to increased parental supervision or exploration of new activities. The limitation of this study is that children may achieve better GAF scores on their own through maturation or default regression of the mean. Additionally, being under the mental and pharmacologic treatment of a psychiatrist has already proven to improve behavioral functioning.

FAM, COPI, SII

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