

VCHIP CHAMP VDH COVID-19

February 17, 2021 | 12:15-12:45pm Call Questions and Answers*

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CDC Operational Release on Opening Schools

Breena Holmes, MD, VCHIP, VDH: Vermont has always had its own approach. We've certainly used CDC as a guide post, but we don't really talk this way. We look at the whole state in terms of transmission rate and whether schools are in-person, hybrid, or virtual, not at the community level. We haven't aligned schools openings and sports in a parallel process.

COVID-19 & Mental Health VT Children/Youth/Families – James Hudziak, MD, Director UVM Child Psychiatry & VCCYF

James Hudziak, MD, VCCYF: I have referred many of my colleagues around the country to the wonderful work happening on this call. My primary work and research is how to improve the mental health of children, youth, and families, and COVID has really complicated that. When we look at the 5-year and 10-year plan, the return on insult of the pandemic to their brains and their long-time emotional and behavioral health is going to be a long journey out. We are deeply focused on the impact around child abuse and neglect. Children who live in families who are overwhelmed with the responsibility of raising children and subjected to abuse are now isolated with those families and away from schools (with protective factors). Children who are facing the adversity of abuse and neglect at home are now even more isolated in those abusing and neglectful homes. Being a child during the COVID-19 pandemic will likely become an ACEs checkbox.

Families should be the focus of all of our work going forward. 5 in 10 women are reporting one form or another of domestic abuse. 1 in 10 men are now reporting. If those couples have children in the house, those rates of domestic abuse directly correlate to new case of child abuse and neglect. We have gone from 40 million to 54 million families who are facing food insecurity. 14 million new families are facing the new stressor of not being able to feed their families. To pile on, there is remarkable financial distress on these families during the pandemic. There has been an awakening to systemic injustice and obstacles to getting appropriate healthcare related to structural racism and massive increase in family mental health issues, including depression, anxiety, and substance use issues. When you start thinking about how hard it is to be a parent, if you don't have financial resources, you don't have food, you might be getting abused yourself, it's not surprising to see the increase in mental health issues. When you add to that trying to support your children's learning at home, it's a perfect storm. Children need the release of going to school. Parents need the release of having children in school. It's not just families who are suffering. It's Moms and Dads who are all in, care a great deal, and want to do their best to help their kids, but don't have the skills to do that. Teachers themselves are frightened and need help. Children are both externalizing and internalizing in response to the pandemic. There is a dramatic impact on college students. They are the next wave of young parents who will carry these stresses with them.

I conducted a survey using a TikTok influencer and learned 97% of respondents were overwhelmed by sadness, stress, and anxiety. They are dealing with it through substance use and music. They are openly admitting us that they don't know how to deal with the stress. My neuroscience colleagues and I are deeply

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

concerned about the impact of COVID-19 on the developing brain. How do we keep wellness journeys that adolescents going on in a safe environment so that they can trust the healthcare system?

Questions/Discussion

Q: Has child psychiatry seen in increase in referrals over the past year as a result of COVID? What is current expected wait time for an initial referral to be seen?

A: James Hudziak, MD, VCCYF: Because we went full telemedicine on March 15, 2020, we didn't have a drop-off at all in our clinic visits or activities. In much of medicine, there was a decrease in family engagement. Keeping our referrals steady delayed the fact that I thought we were going to see a massive increase. We didn't then, but we are now. The kids being referred now were probably being held back for referrals. If the pediatrician can't see a patient suffering, then they don't know to refer. Our waiting list now extends into the summer. Due to hiring restrictions at UVM, we are having difficulty hiring more people. There is a button you can push on our website for a quick consultation. Our doctors are working over 20% than their schedules, and we need to be mindful of doctors taking care of themselves as well.

Q: Are there thoughts about things that helped kids/family with their mental health after the flu pandemic of 1918?

A: James Hudziak, MD, VCCYF: That was quite a bit different. It was associated with encephalitis. There were two ways that it affected the human brain. One was cortical, it shut down the brain (encephalitis). One was brain stem, it shut down breathing. We don't have any evidence that's true about this virus. It has a different architecture. I don't know how much we can learn because that virus did have profound effects on the brain.

Q: I have called several locations and told there is no openings in Child Psychiatry. Some patients have waited 10 months for counseling alone.

A: James Hudziak, MD, VCCYF: We met earlier this week because we are just overwhelmed by this. Vermont has it better than any other state in the country. There is a big movement through VCHIP and primary care to try to set up psychiatry consultation integration at primary care offices. We've never been able to meet the need of more psychiatric healthcare providers, and I'm not sure how we're going to be able to turn that corner during the pandemic.

A: Chelsea Corder, VCHIP: http://med.uvm.edu/vccyf/aboutvccyf/resources_group/tele-consult_providers

Q: In terms of increasing access and hiring, is there any push nationally to fast track pediatricians into child psychiatry fellowships?

*A: James Hudziak, MD, VCCYF: I can't resist going back to a historical moment. In 1913 to 1920, children's lives were not valued in the way they are now. Children were thought to be little adults, and you treat them the same way. We were still doing insulin shot therapy and frontal lobotomy. Adolf Meyer created the mental hygiene model suggested that primary care could do health promotion and illness prevention earlier in life that could mitigate symptoms. At a local level, my team and I created the brain body buddy system. Every senior pediatric resident is partnered with every fellow. We now have 8 child psychiatry fellows. 70% stay to practice in VT or Plattsburgh doing our best to repopulate. Dave Rettew, in early March is hosting a virtual event, **Child Psychiatry in Primary Care** conference.*

A: Chelsea Corder, VCHIP: <https://www.med.uvm.edu/cme/childpsych2021>