

Nurse Practitioners and Their Role in Adolescent Mental Health During Covid-19

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Mental health is on the rise for adolescents, and the need for mental healthcare providers is more crucial than ever. However, the mental healthcare industry was already at its limit to provide care and, more so, quality care to adolescent patients in desperate need of assistance. With the impact of the Coronavirus (COVID-19) pandemic this past year, and into the unforeseeable future, the influx of adolescents who need treatment are now up against a mental healthcare system that is not just bursting at the seams but is hemorrhaging. There are fewer psychiatrists and psychiatric nurse practitioners (PNPs) who work with adolescents. Yet, this is one of the predominant groups being impacted at this time, and our future generations depend on them to come out of COVID-19, with as few wounds as possible. Now the question is, how can a RN make a difference? RNs can step up to the plate and pursue a specialization that will allow them to provide psychiatric care, as a mental health nurse practitioner (APRN-PNH) (Smith, 2019). RNs who become PNPs can impact the lives of this generation of adolescents who need to process through the trauma of COVID-19 so they can be fully functioning adults and the best version of themselves.

In 2016, Dr. Gotlib, a Psychology Professor at Stanford in the School of Humanities and Science, had begun a study of adolescents, to take a closer look at what might have caused the increase in teen depression and suicide. This has been a question that has stumped the medical community for quite some time, as there has not been any one cause. Due to the data already acquired from this study, Dr. Gotlib and his team have a unique opportunity to compare the brain scans of adolescents from five years ago that show the executive control network (ECN) of the brain, which controls how humans manage stress, to the brain scans of adolescents during COVID-19. “With its social isolation, as well as the associated health and financial uncertainties, the pandemic served as a novel, profound stressor on the study group” (Hadhazy, 2020, par. 11)

and the perfect chance to test their hypotheses about adolescent mental health and the ECN (Hadhazy, 2020). While the impact of COVID-19 has been traumatizing to teens, the study showed that there is indeed a connection between how the ECN in a teen determines how well stress is handled and is indicative of teens who may be more susceptible to anxiety and depression, which can lead to teen suicide. By knowing that the ECN plays a part in adolescent mental health, it shows that it can be treated by proper medication and therapy. It is a first real glimpse into who may be vulnerable or prone to mental illness or disorders. In September of 2020, the Stanford University study found “school closures and enforced social distancing have cut off many teens from major means of psychological support, putting them at higher risk of developing anxiety and depression” (Hadhazy, 2020) due to the modified brain patterns that protect adolescents from experiencing anxiety and depression.

According to the World Health Organization (WHO), “mental health conditions account for 16% of the global burden of disease and injury in people aged 10—19” and that “half of all mental health conditions start by 14 years of age” (2020). The leading cause of mental illness in teens is depression, anxiety, or behavior problems, and the third leading cause of death in 15—19-year-olds is suicide (World Health Organization, 2020). These statistics are pre-COVID-19 and there is an even greater percentage of adolescents today.

While one in six mental health patients is an adolescent, most mental health nurse practitioners, psychiatrists, therapists, and other mental healthcare workers do not take adolescents as clients, and this has created a gaping hole in mental healthcare that registered nurses can fill. This would help provide care for adolescents with mental illness in states like California, where there are “fewer than 1,135 child and adolescent psychiatrists to serve almost 10 million children and teens younger than 18 years” (Mink, 2019). Registered nurses can

specialize in psychiatric nursing for adolescents and aid in saving the future of our youth. By identifying mental illness early, providing access to adolescent healthcare, and seeking proper treatment, it will help to prevent emotional, behavioral, and eating disorders, self-harm, risk taking behaviors, and, most hopefully, suicide. (World Health Organization, 2020)

Mental health nurses, or psychiatric nurses, are needed now more than ever due to the impact COVID-19 has had worldwide due to quarantines, isolating, loss of social contact, lack of physical contact, and otherwise. Humans are naturally social creatures, and this has caused mental health issues that already existed to be exacerbated and others who never had experienced mental issues to have a sudden onset. Post-traumatic stress disorder (PTSD), which is a mental disorder all by itself, has been caused in countless lives over the last year and may take many resources and intensive care to help cope with and work through the permanence of PTSD. While mental health issues can be managed or completely removed to a point, there must be healthcare available for individuals to access in order to get the treatment they desperately need, so as not to continue down the path of what could become a permanent mental illness.

Collecting data on adolescents during COVID-19 has been difficult because most data for adolescents tends to come from when students are in school. With school technically out of session, students were forced to learn from home, and it made it difficult to gather information on adolescents. Without the assistance of schools, there were many students who lost nutritional support, and child abuse intensified, which was not identified as it might have been otherwise; this forced these students to be voiceless for months. The decrease in academic resources, that had been in place prior to the pandemic, to help the student succeed according to an Individualized Education Plan (IEP) or 504 plans, left those students without an essential support system that caused them to be further behind, or to undo months, if not years, of progress.

Students no longer had access to a school counselor or other health professional, to speak with when there were issues the student was having to overcome, and they removed students from an overall unsafe environment for the adolescent. (Holingue, 2021)

Research conducted by Dr. Holingue at the Johns Hopkins School of Public Health and Kennedy Krieger Institute found that a decrease in mental, social, and emotional care, along with physical care, created many different mental health issues for students, including PTSD, anxiety, self-harm, suicide, drug use, etc. The study “found that 59% of children in [the] clinical sample [were] experiencing increased psychiatric problems” (Holingue, 2021, slide 15). The most common new symptoms presented in adolescents are irritability, sleep problems, anxiety, and disruptive behavior. The “risk factors for increased psychiatric/behavioral problems” (Holingue, 2021, slide 15) included a family member getting COVID-19, not fully understanding what COVID-19 is, caretakers experiencing their own mental health issues surfacing or getting worse, and the more severe effects COVID-19 had on low-income families. (Holingue, 2021)

Some may say that there was an increase in telehealth during COVID-19, but that does not mean there was equal access. Students were not able to access it on their own apart from parents, which may have been the issue they needed to discuss. Adolescents were more shut off from the world than many adults. In fact, in adolescents, the following psychiatric problems already present became worse: anxiety increased by 42%, disruptive behavior by 44%, and depression by 53% (Holingue, 2021, slide 13). If you consider these newer statistics that come a full year after the COVID-19 pandemic started, one can only imagine how much more the statistics for the need of psychiatrists and other mental healthcare professionals have increased.

When the entire healthcare system shut down, the inability to access mental health providers created a gap in care for teens battling mental issues and struggling with finding

mental healthcare. This is in addition to teens who had newly developed anxiety and depression, grief from the loss of a loved one, abuse at home from the stressors created in the family environment, cyberbullying, and some teens taking their own life. Due to the inability to access care, the need for more mental health care workers, such as nurse practitioners, psychiatrists, therapists, etc., in the field to provide care for adolescents who have and are living in unprecedented times has increased. (Centers for Disease Control, 2021)

In March of 2020, GoodTherapy, a professional resource for mental healthcare providers, provided staggering statistics for the shortfall of providers at that time in the following professions: psychiatrists, marriage and family therapists, mental health counselors, social workers, psychologists, and school counselors. “These shortages can be attributed to both dwindling supply and growing demand. In general, professionals are aging out of these fields quicker than they are being replaced by younger professionals” (GoodTherapy, 2020, Image 3). Mental healthcare is one of the professions at greatest risk, with a lack of providers. Studies show that an average shortfall of 25% will exist for each type of provider by 2025. Considering this shortfall was determined just as COVID-19 was beginning, the shortfall is likely an even higher average shortfall than before. This is evidenced by the numerous job postings one can find online asking for PNPs, therapists, school counselors, etc. It is a dangerous situation to be in because the world needs to come back from such a stressful year and will need the right health professionals to do so. It is a different type of emergency with a select type of providers. If a closer look is taken, specifically at psychiatrists, they have a shortfall of 25.4% and that means that RNs who have an inclination for mental healthcare can transition into a psychiatric role as a PNP to meet that shortfall. RNs already have most of the training they require to move forward toward obtaining this certification. (GoodTherapy, 2020)

This is where psychiatric nurses can come in to assist those needing mental health support. A registered nurse (RN) can receive specialized training and education to become a psychiatric nurse. A RN who would work well in the behavioral health field should have certain qualities. These qualities include, but are not limited to, “interest in mental illness and behavioral disorders,” showing compassion to others, the ability to communicate clearly and effectively, “emotionally stable with strong self-awareness,” be a critical thinker with strong problem-solving skills, and attention to detail (Smith, 2019).

According to the Psychiatric Nurses Association, “psychiatric nurses are also uniquely poised to expand access to mental health care and address the need for mental health professionals” (Psychiatric-Mental Health Nurses, n.d., section 1). A RN can become a psychiatric nurse if they have been working in the nursing field for a minimum of two years. Before investing time and money in becoming an APRN-PNH, to determine if this is the right specialization, it is best to volunteer in a psychiatric facility. As a volunteer, a RN will see if the environment is tolerable, learn how treatment plans are created, interact with patients and their families, work with a variety of mental illness diagnoses, and more. The more experience the better to ensure this is the right field to pursue. After a decision has been made to pursue a career in psychiatric care, the RN will need to secure a position in a psychiatric or mental healthcare facility to obtain a minimum of 2,000 hours of clinical experience in the field within 3 years and earn a minimum of 30 education credits in psychiatric care, during those same 3 years in a qualified educational program. Many RNs will pursue a master’s degree in the field, or possibly a doctoral degree. RNs who transition to APRN-PNH use their skills as a nurse to interact with their patients and can prescribe medication and care for those patients. A psychiatric mental health nurse (PMH) can work as a primary care provider, teach at the college level, act as a

consultant for patient care, and work as a psychotherapist. (Psychiatric-Mental Health Nurses, n.d.)

While teens may not have a high rate of contracting COVID-19, according to the Centers for Disease Control (CDC) (2021) “coronavirus disease (COVID-19) can affect adolescents directly and indirectly. Beyond getting sick, many adolescents’ social, emotional and mental well-being has been impacted by the pandemic. Trauma faced at this developmental stage may have long-term consequences across their lifespan.” The unanticipated change to day-to-day life, not being able to see friends, significant others, participate in sports, or other social interactions, can be very difficult for adolescents. Additionally, teens had to undergo school closures that disrupted learning and created anxiety about falling behind, technology issues, the added stress of caring for a sibling or parent, too much screen time, and a multitude of other stressors.

COVID-19 has crippled the future generation of adolescents who will become doctors, lawyers, mother and fathers, scholars, be in public service, and more. With students being in isolation for far too long and not learning the social skills that an on-campus, or even hybrid educational environment can offer has not only affected students academically, but their social and emotional health more so. As you can see from the statistics, adolescents may have been one of the most impacted segments of society and are also one of the most underserved demographics when it comes to the availability of mental healthcare providers. With an average deficit of 25% in each area of mental health, it is more imperative that the RNs, who can move into psychiatric care, should take the time to do it. Once again, the question is, how can a RN make a difference? RNs can specialize in psychiatric medicine and become a psychiatric mental health nurse (PMH), or psychiatric nurse practitioner (PNP). Granted, psychiatric medicine is not for everyone, nor is working with adolescents, and if you are not called to do it, then more harm

than good can be done. Though if you are, as a PNP, you can make a difference in the life of a future adult who needs to process through the trauma of this last year, along with any other trauma, to be a fully functioning adult and the best version of themselves possible. Nurses can make and do make a difference.

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