

Coping with COVID

HOW COVID-19 IS AFFECTING ADOLESCENT MENTAL HEALTH AND SUBSTANCE ABUSE – PART 1

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INSIDE THE TEENAGE BRAIN

Adolescents are prone to high-risk behaviour

Prefrontal Cortex

Its functions include planning and reasoning; grows till 25 years

Adults Fully developed

Teens Immature, prone to high-risk behaviour

Amygdala

Emotional core for passion, impulse, fear, aggression.

Adults Rely less on this, use prefrontal cortex more

Teens More impulsive

Parietal Lobe

Responsible for touch, sight, language; grows till early 20s

Adults Fully developed

Teens Do not process information effectively

Ventral Striatum

Reward centre, not fully developed in teens

Adults Fully developed

Teens Are more excited by reward than consequence

Hippocampus

Hub of memory and learning; grows in teens

Adults Fully functional; loses neurons with age

Teens Tremendous learning curve



What's going on in there?

Brain develops Back -> Front

Reward Center/Emotional Core develops prior to reasoning/problem solving

Fully functional accelerator; no brakes

Teens more prone to high-risk behavior = Substance Abuse

What we are seeing: 2020 data: Ages 14-17

Primary Substance Use Disorder Diagnoses

- Cannabis – 73%
- Alcohol – 14%
- Opioid – 6%
- Sedative-Hypnotic-Anxiolytic – 5%
- Stimulant – 1%

Percentage of Co-Occurring Diagnoses

- Depression – 31%
- ADHD – 25%
- Anxiety – 21%

Cont. Ages 18-26

Primary SUD Diagnosis

- Opioid – 36% : +30%
- Alcohol – 32% : +18%
- Stimulant – 13% : +12%
- Sedative-Hypnotic-Anxiolytic – 7% : +1%
- Cannabis – 10% : -63%

Percentage of Co-Occurring Diagnoses

- Depression – 30%: -1%
- ADHD – 7%: -18%
- Anxiety – 26%: +7%

Factors impacting teens due to COVID-19

- School shutdowns (virtual/hybrid schooling)
 - Abrupt sudden change, reduced accountability, lack of engagement, increased pressure
- Cancelling extra-curricular activities
 - Loss of role-models, passions, motivations
- Disruption in mental health services (virtual platforms)
 - Lack of intimacy, engagement, “zoom fatigue”
- Lack of social engagement
 - Decreased friends/family involvement, afterschool activities, church. Increased isolation
- Increased stress from (un)intended pressure from school/care-givers
 - Children are horrible “containers” they do not do well when caring for parents emotionally.

Mental Health Consequences

Increase isolation – addiction thrives in isolation

Increase in depression and anxiety

Distress and Hopelessness

Irregular Food Intake

Trauma

Social/Environmental Restraint

Suicidal Thoughts/Self-Harm

Psychiatric Disorders

Coping with Drugs & Alcohol



Adolescent Brain Development Can Be Divided Into Three Processes

- **PROLIFERATION** – Rapid growth of brain matter and the formation of new connections within the brain.
- **PRUNING** – Cutting away of unused or unimportant connections
- **MYELINATION** – Insulating of brain pathways to make them faster and more stable

(Sowell et al., 1999; Sowell et al. 2001)



Coping with Drugs & Alcohol Cont.

If you use to have the intended effect of the following: deal with stress, be more social, improve mood (depression/anxiety).... Then you tell your brain "Hey, I got this", meaning neuro pathways that form to help you to cope and deal with "life" do not effectively form.

What's the result?...You could manifest or develop lifelong depression/anxiety and inability to deal with stress.

Progression of Use

1. Little to no involvement with alcohol and drugs. First experience is drinking / smoking out of curiosity. Friends offer first drink / joint. No use while alone. Use usually at party with friends.
2. Regular weekend use begins. Circle of friends change, begin to associate with others who like him/her. Academic problems – grades begin to change. Use drugs to “get high” or “feel better.” Use begins on days other than weekends. Comes home under the influence.
3. Blackouts – repeated attempts to cut down or quit. Getting stoned or drinking during school day. Feelings of guilt, expressions of remorse over drug use or associated behavior – usually under the influence. “Experimenting” with other drugs often sought acid, Xanax, cocaine, etc. Denial of problems with drugs is firm. Projection of problems is on to others.
4. Unable to function at school. Academic behavior seriously impaired. Increasing preoccupation with alcohol / drugs. Hiding use. Begin drinking / using alone. Most activities planned around use. Repeated legal trouble. Depression, anger, and feelings of helplessness

Behaviors to Look For

Early Signs

- Lying/minor stealing-usually from parents
- Drug Paraphernalia found at home. “I’m holding it for a friend”
- Use of Visine and breath mints to hide the sign of use.
- Possible beginning of problems at school e.g., academically or behaviorally
- Beginning of legal issues
- Sudden change in affect and personality “not themselves”

Late Signs

- Becomes angry, withdrawn, rebellious, or verbally abusive
- Feelings of remorse or guilt followed by more substance use
- Experimenting with other substances
- Begin to see progression:
- Academic problems increase / legal issues increase
- Psychiatric Inpatient care sought
- Violence
- Parents make excuses for behavior
- Parents fix problems enabling the use to continue

How SILVER LINING WORKS



Hope and Healing

A look ahead to Part 2 – “How YOU can help your child navigate through the pandemic”

Silver-linings of COVID-19

Controlling what you can control; Letting Go of what you can't

Self-care for you and your child

A chalkboard with the text "Any Questions?" written in white chalk. The text is written in a cursive, handwritten style. The word "Any" is on the top line, and "Questions?" is on the bottom line. The chalkboard has a dark, textured background with some faint, illegible markings.

Any
Questions?