



Central California Pediatrics

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Specialty information for physicians who treat children and expectant mothers.



Autism and Mental Health: A Difference in Symptoms in a Vulnerable Population

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Mental health is a topic that has received more attention in recent years, especially with many changes and hardships in life due to the pandemic. However, sometimes mental health conditions manifest differently in persons who have different brain development, such as those with autism spectrum disorder (ASD). This is especially important for caregivers, families and medical professionals to understand because compared to their peers, children with autism suffer from higher rates of mental health conditions compared to the general population.

Depression Signs and Symptoms in Someone with ASD

Someone with depression may have symptoms such as a sad mood, decreased appetite, loss of interest in things they enjoy, sleep disturbances, lack of facial expressions or thoughts of self-harm, whereas depression in an individual with ASD may show as refusal to participate in activities, decreased response to things they like, a change in what they draw or write, decreased self-care or independence, difficulty sleeping or changes in appetite. There can also be a worsening of their ASD symptoms, such as withdrawal, the need for sameness, agitation, aggressiveness and self-injury. They may not be able to verbally express feelings of sadness, guilt or worthlessness. Another common mental health condition for children with ASD is anxiety. Symptoms of anxiety can include repetitive movements, impulsiveness, withdrawal, hyperactivity or inappropriate speech among others.

In addition to having anxiety about things many children become anxious about children with autism can have anxiety regarding things and situations most people would not consider anxiety-inducing. Such stressors can include hypersensitivity to textures or sounds (e.g. clothing or specific songs), specific phobias, new social situations or changes in routine and activities.

As a pediatric healthcare provider, it is important to help parents and caregivers recognize signs and symptoms of mental illness in children with ASD. There are many children with ASD who go undiagnosed not only because of difficulties in communication, but also because people around them do not recognize the unique symptoms they have or often misinterpret them.

Prevalence of Mental Health Disorders		
Mental Health Disorder	Autism Spectrum Disorder	General Population
ADHD	28%	7.2%
Anxiety	20%	7.3%
Depression	11%	4.7%
Bipolar disorder	5%	1.21%
Schizophrenia & psychotic disorders	4%	.046%
Obsessive-compulsive disorder	9%	0.7%
Disruptive, impulse-control and conduct disorders	12%	8.9%
Sleep-wake disorders	13%	3.7%

Not only do these children have higher rates of mental illness, the symptoms may also show in different ways, especially in those with severe autism. Granted, it is a spectrum; so individuals with high-functioning autism may have symptoms more similar to that of their neurotypical peers. Because symptoms can be different for each individual, it is important to compare their current mood and behavior to their baseline.

Valley Children's Update: How Our Children's Hospital is Screening for Suicide

According to data from the Pediatric Health Information System, children's hospitals reported a 45% increase in self-injury and suicide in children ages 5-17 in the first half of 2021 in comparison to the same period in 2019. To best address this, Valley Children's has updated policies to reflect a more interdisciplinary approach to screening, assessing and monitoring patients who are identified as being at-risk for suicide. This updated policy includes implementing the use of the Colombia-Suicide Severity Rating Scale (C-SSRS) to screen children ages 12 and older, as well as children under 12 that show high-risk behaviors.

The C-SSRS is an evidence-supported suicide assessment developed by several institutions with support from National Institute of Mental Health (NIMH). It is intended to help establish a person's immediate risk of suicide and is used in acute care settings. The scale is available in 103 different languages and has already been successfully implemented in schools, college campuses, fire departments, primary care and more.

Early 2022, Valley Children's hospital staff were trained with guidelines to help identify at-risk patients in non-psychiatric units. These guidelines also define safety strategies for managing suicidal patients.

If the patient is identified as low or moderate risk, staff will provide both patients and families information on resources available to the patient. These resources include information on where to find counseling resources, county behavioral website services and mental health services websites.

If the patient is identified as having a high risk of suicide, a provider assessment and social work evaluation is completed and, if deemed necessary, the patient is seen in our Valley Children's Emergency Department.

Sources:

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Scahill L, Lecavalier L, Schultz RT, Evans AN, Maddox B, Pritchett J, Herrington J, Gillespie S, Miller J, Amoss RT, Aman MG, Bearss K, Gadaw K, Edwards MC. Development of the Parent-Rated Anxiety Scale for Youth With Autism Spectrum Disorder. *J Am Acad Child Adolesc Psychiatry*. 2019 Sep;58(9):887-896.e2. doi: 10.1016/j.jaac.2018.10.016. Epub 2019 Feb 21. PMID: 30797036.

Upcoming CME Opportunities

Physician Wellness Series: Health Enough to Serve

Presented by Coach Marc Q. Jones

Wednesday, June 8

12:15 p.m. - 1:15 p.m.

Health Equity Grand Rounds: Considerations in Care of Native American and Indigenous Children

Presented by Alec Calac, MD

Thursday, June 16

12:15 p.m. - 1:15 p.m.

Health Equity Grand Rounds: LGBTQ+ History in Healthcare and Current Implications

Presented by Dr. Kevin Nguyen

Friday, June 24

12:15 p.m. - 1:15 p.m.

Register for Valley Children's CME events through our CME Tracker, cmetracker.net/VCH



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