## **LETTERS**

## Supporting children with autism spectrum disorder in the face of the COVID-19 pandemic

The call for innovative approaches and the need to ensure continuity of care for those with chronic health issues during the pandemic cannot be overemphasized.<sup>1</sup> A specific response is needed to address the mental distress of children who are quarantined.<sup>2</sup> There needs to be greater emphasis on designing diverse, socioculturally appropriate programs to address mental distress and provide mental health care and psychosocial supports to mitigate the effects of prolonged isolation in children.

Children and youth with autism spectrum disorder are vulnerable to the effects of prolonged isolation or quarantine, and may have difficulty adapting to this new norm, especially as inflexibility and insistence on sameness are hallmark characteristics of this disorder.<sup>3</sup> The consequences of a pandemic and the measures put in place to decrease transmission of coronavirus disease 2019 (COVID-19) have

the potential to adversely affect children and youth with autism spectrum disorder and their families, including siblings. Parental anxiety around job loss, economic uncertainty, lack of access to health care facilities and treatment centres, and extension of wait-lists for early intervention programs may cripple a caregiver's or parent's ability to cope with the COVID-19 pandemic.

Integration of varied levels of intervention cocreated within a pandemic response program specific to children and families is needed.4 Such programs may not require new initiatives and funding; the current pandemic instead challenges health care providers and institutions to reimagine service delivery using virtual care platforms. Delivery of programs that are easily implemented and meet the needs of children and their families is needed. Creation of a virtual helpline within pre-existing health communities, such as hospitals and treatment centres, supported by a multidisciplinary team to provide real-time supports and intermittent ongoing medical and behavioural support should be considered. The COVID-19 pandemic has given us the opportunity to expand and rethink service delivery to one of the most vulnerable populations, children and youth living with a disability and their families.

## Sharon C. Smile MBBS DM(Paeds)

Developmental pediatrician, Holland Bloorview Kids Rehabilitation Hospital, Toronto, Ont.

■ Cite as: *CMAJ* 2020 May 25;192:E587. doi: 10.1503/cmaj.75399

## References

- Laupacis A. Working together to contain and manage COVID-19. CMAJ 2020;192:E340-1.
- Liu JJ, Bao Y, Huang X, et al. Mental health considerations for children quarantined because of COVID-19. Lancet Child Adolesc Health 2020 [Epub ahead of print]. doi:10.1016/S2352-4642(20)30096-1
- Diagnostic and statistical manual of mental disorders: DSM-5. 5th ed. Arlington (VA): American Psychiatric Association. 2013.
- Campbell VA, Gilyard JA, Sinclair L, et al. Preparing for and responding to pandemic influenza: implications for people with disabilities. Am J Public Health 2009;99:S294-300.

**Competing interests:** None declared.