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Let's Talk Mental Health
(Worries and Woes!
Anxiety Concerns in School-age Children)

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Agenda

- Overview of mental health disorders
- Links to child functioning
- Research findings
- Resources

Mental Health Literacy Defined

Refers to people's abilities to **access, understand, assess and communicate** health information

Health Literacy in Mental Health & Addictions includes:

- **Recognize** specific issues/disorders
- Seek **information**
- Know **risk factors**
- **Self management**
- **Professional** help available

How are we doing so far?

The general public has a poor understanding of mental illness

- **unable** to correctly identify mental disorders
- **do not understand** underlying causal factors
- are **fearful** of those they perceive as mentally ill
- have **incorrect beliefs** about the effects of treatment interventions
- are **resistant** to seeking help
- are **not sure how to help** others

AND WHAT ABOUT THE KIDS?

Teens report more stress than adults (APA, 2000)

Homework time: ⇧

Recess time: ⇩

Teaching mental health literacy

. . . is called

Social Emotional Learning

in schools

Social – Emotional Learning (SEL) in Schools

(Weissberg, Durlak, Taylor, & O' Brien, 2007)

- Quantitative analysis of 270 research studies
- Students participating in SEL programs
  - At least 15 percentile points higher on achievement tests
  - Significantly better attendance records
  - More constructive and less destructive classroom behaviour
  - Liked school more
  - Better grade point averages
  - Less likely to be suspended or disciplined

The Fourth 'R'

- But! No university in N America requires pre-service teachers in social/ emotional curricula Greenberg, 2007

Children's SEL Competencies …that lead to mental wellness

- Problem solving methods
- Ability to initiate, maintain, and end friendships appropriately
- Strong interpersonal skills (social skills, get along with others) *[Lacking? #1 reason for job failure in N America]*

More Competencies

- Adaptability, flexibility (ability to cope with demands of environment in flexible and realistic manner)
- Stress mgmt (ability to work well under pressure or resist/delay an impulse) [#1 predictor for success in university] (Parker, 2004)

Child & Adolescent Mental Disorders* Kutcher (6 months prevalence)

MENTAL DISORDER
Anxiety Disorders
Disruptive Behavioral Disorders
Mood Disorder
Substance Use Disorders
Any Disorder

SPECIFIC POPULATIONS

Younger children
Cognitive impairments
Gifted and elevated cognitive ability

Young Children: Early detection is important

- 10% prevalence rate in preschoolers (2-5 years) (Egger & Angold, 2006).
- National Comorbidity Survey of 10,123 adolescents aged 13-18 years in the US
  - Earliest onset was for anxiety with a median age of 6 years (Merikangas, Jian-ping He, Burstein, et al., 2010)

COGNITIVE IMPAIRMENT

Most professionals accept 30-35% of children with cognitive impairment also have a significant mental health concern (British Journal of Psychiatry, Vol 198)

Gifted and Heightened Ability

Anxiety correlates (rises) as IQ (rises)

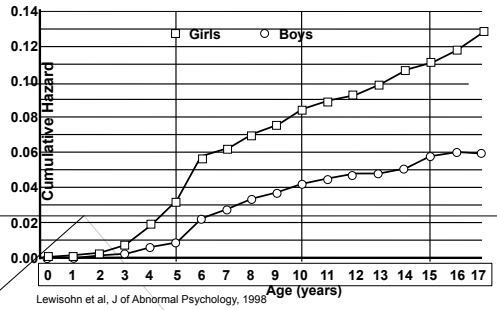
RURAL VS URBAN STUDENTS

Same prevalence of MH issues

Rural children are 20% less likely to have a mental health visit than urban children.

Lambert, D, Ziller, E., Lenardson, J. (2009).

When does anxiety begin?



Lewisohn et al, J of Abnormal Psychology, 1998

Complications of Untreated Anxiety

- Diminished educational and vocational achievement:
  - Lower college grad rates by 2%
  - Lower probability prof occupation by 3.5%
- Bullied more than their peers (Ledley, Storch & Coles, 2006).
- Impaired relationships
- Subsequent depression, alcohol abuse and cigarette smoking
- **Greatest predictor of suicide**

(Dadds et al., 1997; March et al., 1998; Muris et al., 2000; Murray et al., 1996; Sareen, 2005; Wittchen, 1998)

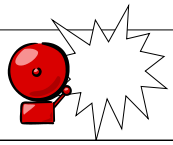
Anxiety has a (BIG) problem

- Masquerades as physical disorders
- Children, kids, and adults suffer enormously
- Physicians often miss (70% primary care MDs report ADs least understood; 2007 Cdn Nat'l Physician Survey)
- Mismatch between high rates of anxiety, proper detection, and effective treatment
- Significant cost associated with untreated (disability, health care, personal costs)

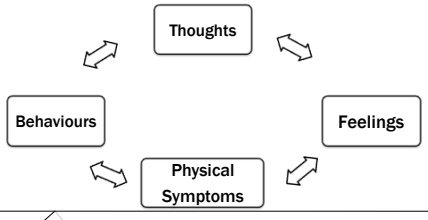
Probably the most treatable, psychologically, MH disorder

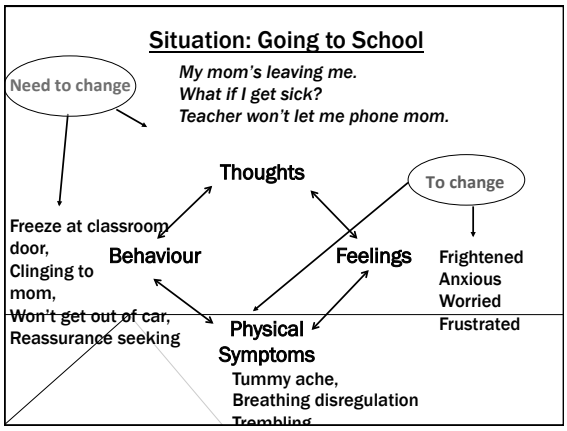
WHAT IS ANXIETY ?

- **NORMAL human emotion essential for survival**
- **Feeling anxious, fearful, nervous, apprehensive, worried, on guard, "freaked out", etc.**
- **Best viewed on a continuum from low to high**
- **Individual differences in the experience of anxiety**
  - *Types of symptoms*
  - *Intensity of symptoms*
  - *Frequency of symptoms*



Symptoms of anxiety:
Multi-dimensional & interconnected





Vulnerabilities

- Genes
- Avoidance
- Modeling/Parenting Reaction
- Early Experiences
- Friendship Difficulties

ANXIETY IS NORMAL

Survival systems:

- avoid separation from adults
- be vigilant for predators
- avoid specific dangers: heights, injury, animals etc.

ANXIETY IS DEVELOPMENTAL

Infant/Toddlers - separation, novel
Preschool - animals, dark, separation
School - adaptations, performance, family
Adolescence- social, existential, future

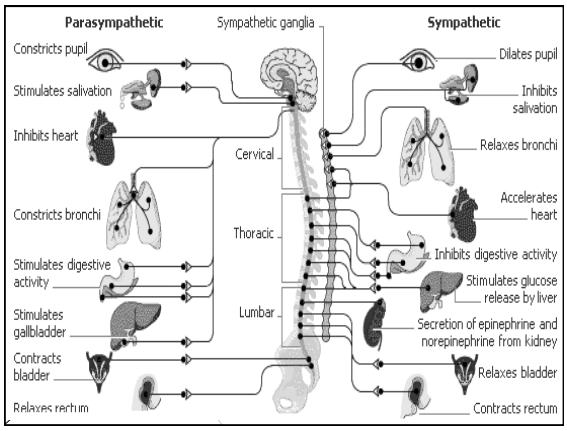
ANXIETY IS BEHAVIORAL

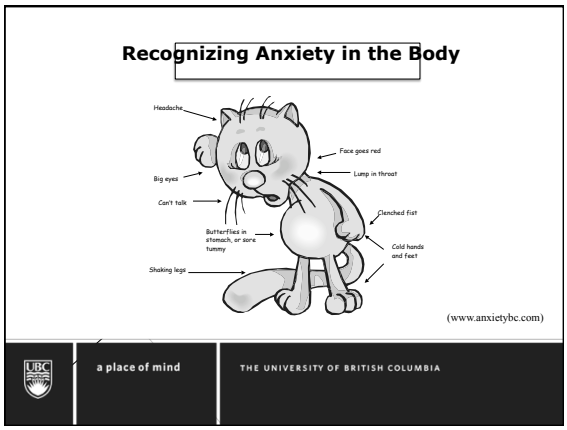
"*Fight*": **aggressions, tantrums, oppositional, irritable**
"*Flight*": **refusal, avoidance**
"*Freeze*": **physical, mental**

Seeking reassurance: co-sleeping, demanding, enmeshing

ANXIETY IS PHYSIOLOGICAL

Threat! Predator sighting





ANXIETY IS PHYSICAL

Arousal: heart rate, breathing, shaky, dizzy

Abdominal: nausea, stomachaches, etc

Tension: headaches, muscle aches, fatigue

Sleep: insomnia & avoidance

Typical Development of Disorders

Most common in childhood:

- Specific Phobias
- **Separation Anxiety Disorder**
- Obsessive-Compulsive disorder
- Generalized Anxiety Disorder

Most common in adolescence:

- Panic Disorder (w/o Agoraphobia)
- **Social Anxiety Disorder**
- Post Traumatic Stress Disorder

Common Associated Features

- Depressed or irritable mood, cries easily
- Fidgety, nervous habits (e.g., nail biting)
- Headaches, upset stomach, aches and pains
- Overly dependent or "clingy"
- Perseverance, difficulty shifting tasks, resistance to change, inflexibility
- Easily overwhelmed; gives up easily, low frustration tolerance
- Difficulty demonstrating knowledge on tests or during classroom participation
- Trouble coming to school or entering school/classroom

Frequently Overlooked Symptoms

- Angry outbursts
- Oppositional and refusal behaviours
- Temper tantrums
- Attention seeking behaviours
- Hyperactivity and difficulty sitting still
- Attention and concentration problems; difficulty learning
- Scholastic underachievement or excessive resistance to doing work
- Frequent visits to school nurse or physician
- High number of missed school days
- Difficulties with social or group activities

Normal Anxiety vs. Anxiety Disorders

- Anxiety can be a normal and expected reaction
  - Developmentally appropriate fears
  - Transitions and life changes
  - Stressful experiences or events
  - New or unfamiliar situations
- Formal assessment for possible Anxiety Disorder considered when anxiety leads to:
  - Significant interference (home, school, social)
  - Significant distress that is more frequent and more extreme than that of peers

Anxiety Disorders: General Overview

- Most common mental health problem
- Impact and morbidity not widely recognized
- Girls often have more fears than boys
- Number and types of fears across cultures fairly consistent
- Children and youth with anxiety disorders rarely receive appropriate or effective interventions

Course and Prognosis of Anxiety Disorders in Kids

- Variable course (symptoms wax and wane)
- Mean age of onset of anxiety disorders approximately age 10-12
- School attendance and early intervention = better prognosis
- Kids with anxiety problems CAN master the skills needed to manage symptoms for the rest of their lives
- Kids DO benefit from effective intervention programs.

Evidence Based Treatments

Shown to work in well-controlled scientific studies in which treatment effectiveness is systematically evaluated

1. Medications
2. Cognitive-Behavioural Therapy/Teaching (CBT)

- Both associated with improvements
- Can be used alone or in combination
- CBT probably superior in long-term and is first line of recommended treatment

Cognitive Behavioural Teaching (CBT)

- Psychoeducation
- Managing Body Symptoms
- Healthy Thinking
- Building Tolerance
- Relapse Prevention

Note: All components carried out in developmentally & age appropriate manner

Who can provide CBT?

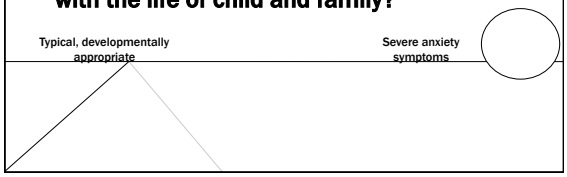
With specialized training many different individuals can deliver effective CBT programs or interventions:

- Psychologists or psychiatrists
- Other health professionals
- Teachers, school counselors and other school professionals
- Recovered consumers
- Other mental health workers or community volunteers

When is it a "problem"?

- Developmentally appropriate?
- Duration?
- Compared to peers?

KEY Question: How much is anxiety interfering with the life of child and family?



Where do we start?

- With you! ☺
- Responding, not reacting

A frightened captain makes a frightened crew.

-Lister Sinclair

Overall Approach:

Accepting, allowing, and empathy

PLUS

- Confidence in child's ability to handle it
- Belief that anxiety is not HURTING the child (just temporarily uncomfortable)
- Slightly increased expectations for better coping

THE FUNDAMENTALS

Step 1: Teach the child about anxiety, Recognizing and naming anxiety

Step 2: Relaxation Tools

Step 3: Helpful Thinking

Step 4: Facing Fears

Step 5: Relapse Prevention

STEP 1: TEACH THE CHILD ABOUT ANXIETY

1. Listen to the child's fears (*Some kids are afraid of.... I noticed when...That must feel _____)*
2. Let your child know that anxiety is:
   - Normal and helpful in some situations
   - Not dangerous
   - Private
   - Temporary – it WILL pass! Ride the wave.

STEP 1: RECOGNIZING ANXIETY

How anxiety affects the body (butterflies in tummy, big eyes etc... Draw on paper!)

Explain "false alarm" system

Name it (e.g., Worry Bug, Worry Monster)

Don't FIGHT anxiety, investigate it. Be curious!

STEP 1 CONTINUED: SCALE IT!

- Introduce the idea that we can feel a LOT or a LITTLE of any feeling
- Scale feelings 1-5 (or 1-10)
- Get in the habit of asking
- *"What number are you feeling?"*



STEP 2: RELAXATION/SELF-CALMING

- Calm Breathing (bubble breathing)
- Progressive Muscle Relaxation
- Visual Imagery/Social stories

See what works best for your child, but teach them all the tools! Must proactively schedule practice time.

STEP 3: ANXIOUS THINKING

- Anxious kids often have unrealistic, negative thoughts.
- They OVERESTIMATE the threat and UNDERESTIMATE their ability to deal with it.

e.g.,

- Catastrophic thinking *(I'm going to trip and everyone will point and laugh at me!)*
- All-or-none thinking *(If I can't read, then I stink.)*
- Overgeneralization *(I didn't play 4-square, I'm not good at sports.)*

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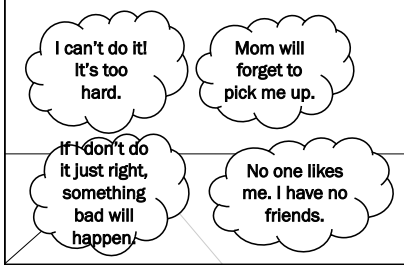
GREEN AND RED THOUGHTS

GREEN	RED
• I can do it! • I can ask for help • It doesn't matter what others think • I am brave!	• I can't do it! • It is too hard! • They will laugh at me • I am stupid!

(www.pathwayshrc.com.au, Fun Friends Program)

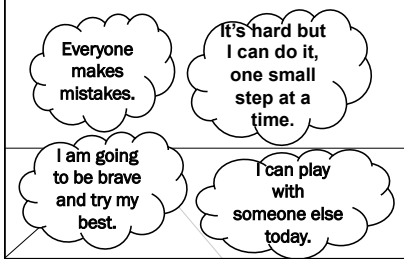
"RED" THOUGHTS = STOP!

Unhelpful, negative, "red" thoughts = scared, worried, angry



"GREEN" THOUGHTS = GO!

Helpful, positive "green" thoughts = brave, confident feelings



IMPORTANT TO REMEMBER ABOUT "UNHELPFUL" AND "HELPFUL" THOUGHTS

- It's *okay* to have scary thoughts – everybody does. But we want to have them less often. What's important is what we do with worries.
- Helpful, brave thoughts need to be *realistic*. They do not mean we are lying to ourselves.
- Changing scary thoughts to brave thoughts *takes effort*. It requires constant *practice*, *persistence* and *encouragement*.

STEP 4: FACING FEARS (EXPOSURE)

Normal to avoid things we fear. Why? It works!

PROBLEM: we never learn that the fears, object, or situation is not really dangerous.

Exposure involves facing fears in a very gradual and deliberate way

Exposure increase self-confidence and decreases anxiety

Takes planning

FEAR LADDERS

Step 1: Explain goal and why important
- Fear of dogs

Step 2: Develop a few steps

Step 3: Develop reward

Step 4: Start small!
- Do small step over and over until child ready to move up a step

STEP 5: RELAPSE PREVENTION

Know susceptible times

Be proactive (hand washing analogy)

WHAT CAN TEACHERS/PARENTS/CAREGIVERS/ CLINICIANS DO?

1. **Don't wait!**
2. **Work with school and home**
3. **Check sleep (electronics off 2 hours prior)**
4. **Encourage socialization (clubs, teams, lessons, camps)**
5. **Daily skills practice:**
   - Breathing re-training
   - Progressive muscle relaxation
6. **Seek resources**

Promoting Friendship is Important

Peer rejection (being disliked), **and not having friends**, is associated with adjustment problems both concurrently and over the long term, including

- internalizing problems
- externalizing problems
- academic problems
- school drop out

(McDougall, Hymel, Vaillancourt, & Mercer, 2001)

PLAY IS CRITICAL

Reduces stress ⇨

Children more socially competent
Improves working memory
Improves self-regulation
Kids are better behaved (Bartlett, 2011)

Helpful Websites

✓ www.AnxietyCanada.com

- Recommended reading
- Step-by-step how to's
- Evidence-based books
- Separation, OCD, Panic DVD

FEDERAL GOVT COMMITS $$$ (TO ONTARIO MAR 2017)

Ontario Making Historic Investment in Mental Health and Addictions Care for Every Stage of Life : $1.9 billion in support of mental health initiatives

$257 million for Kids' mental health

Expand access to publicly funded psychotherapy to up to 350,000 more people with mild to moderate anxiety and depression. This funding will include cognitive behavioural therapy, which has proven to be highly effective, as well as targeted support for refugees and survivors of gender-based violence. $141.3 million over four years

Take home summary

Anxiety disorders are highly prevalent, usually get worse without treatment, but are probably the MOST treatable of all mental health concerns.

CONTACT INFORMATION

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