

# Children's Mental Wellness

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*“It is estimated that nearly 1 in 5 Ontario children under the age of 19 experiences a mental, emotional or behavioural disorder that are severe enough to seriously affect their daily functioning at home, school or within the community.”*

Knowing what to look for is the first step

- Children’s Mental Health Ontario

# Signs of Mental Illness in Children

These are signs once *persisting in duration, intensity and interfering with a Child's life*

- ▶ Avoidance of family and friends
- ▶ Lower grades in school
- ▶ Frequent mood swings
- ▶ Rebellious behaviour towards authority
- ▶ Loss of appetite
- ▶ Apathy
- ▶ Sleeping difficulties
- ▶ Substance abuse
- ▶ Lack of motivation
- ▶ Constant worrying
- ▶ Bullying
- ▶ Self-injury or damaging of property
- ▶ Persistent reluctance or refusal to go to school
- ▶ Psychosomatic symptoms: headaches, stomach-aches, nausea, vomiting

# Anxiety Disorders

- ▶ Characterized by **WORRY**
- ▶ Unrealistic/ excessive/ persistent anxiety
- ▶ Is both a feeling and a thought
- ▶ Children can have more than one type of anxiety disorder at the same time
- ▶ Types
  - ▶ Generalized Anxiety Disorder: motivated by *worry*
  - ▶ Separation Anxiety Disorder: motivated by *worry about parental separation*
  - ▶ Panic Disorders: motivated by *panic*
  - ▶ Phobias (Social): motivated by *fear*
  - ▶ Obsessive/Compulsive Disorder: motivated by *thoughts and actions*
  - ▶ Post-Traumatic Stress Disorder: motivated by *recall distress*
  - ▶ Selective Mutism: motivated by specific *worry of speaking*
- ▶ Symptoms
  - ▶ Emotional: feeling tense, nervous, on edge
  - ▶ Physical: Increased blood pressure and heart rate, motor tension, sweating
  - ▶ Cognitive: bias for negative information, loss of ability to focus
- ▶ Treatment
  - ▶ Must break the association of the emotion to the event
  - ▶ Relaxation and Systematic Desensitization through exposure therapies
  - ▶ CBT is preferred therapy
  - ▶ Medication - SSRIs

# Mood Disorders

- ▶ **Major Depression:** long-lasting condition affecting most aspects of life. It exhibits very distinct emotional, mental and physical symptoms for more than two weeks
  - ▶ Very high numbers in youth - age of onset is now 15-19
  - ▶ Can be single episode or recurrent
  - ▶ Length: usually 6 months or more, however it can be chronic
- ▶ **Dysthymia:** chronic low level depression that lasts at least two years and reduces feelings of pleasure, enthusiasm and ambition
  - ▶ Length: usually lasts two or more years, can be chronic
- ▶ **Bipolar Disorder:** the two emotional states of depression and mania may not alternate. There may be a long period of depression before any manic phase in children. Primary signs in teens are irritability and grandiosity
  - ▶ Length: usually life-long

▶ **Symptoms**

▶ **Mood:**

- ▶ Anhedonia: loss of the ability to experience pleasure
- ▶ Apathy: disinterest in life, no enjoyment from interactions, hopelessness
- ▶ Irritability

▶ **Cognitive:**

- ▶ Decreased concentration, memory and decision making
- ▶ Pessimism - minimization of positive information, exaggeration of negative information

▶ **Physical and Behavioural:**

- ▶ Lack of motivation, difficulty initiating (psychomotor retardation)
- ▶ Fatigue and loss of energy
- ▶ Increase or decrease in sleeping and eating habits
- ▶ Social withdrawal

### Causes

- Biological: norepinephrine, serotonin dysregulation, genetic - depression runs in families
- Situational: stressful events lead to negative thinking or can trigger depression such as a death
- Environmental: domestic violence in the home

### Treatment

- CBT, Narrative, MI, Play therapy, Interpersonal therapy
- Anti-depressants: Selective Serotonin Reuptake Inhibitors (SSRIs)
- \*Gradual effect - many will stop taking drugs because the results are not instantaneous

# Attention Deficit/ Hyperactivity Disorder

- ▶ Gender difference is 4:1
- ▶ Symptoms
  - ▶ Inattention: easily distracted, short attention span, difficulty finishing projects, work is often disorganized and careless
  - ▶ Hyperactivity & Impulsivity: difficulty sitting still, fidget and squirm atypically
  - ▶ Behavioural, cognitive, social, and academic problems: difficulty in making & keeping friends, lack of judgment, risk of school failure, higher rates of substance abuse and comorbidity with other mental illnesses (anxiety, mood disorders, learning disability, oppositional defiant disorder and conduct disorder)
- ▶ Causes
  - ▶ Biological:
    - ▶ Maternal smoking is a risk factor
    - ▶ Genetic
  - ▶ Neurobiological:
    - ▶ Inactivity and abnormal development of frontal cortex and basal ganglia
    - ▶ Right hemisphere malfunction
  - ▶ Psychosocial:
    - ▶ Social isolation, peer rejection
    - ▶ Low self-image resulting from negative feedback from teachers, parents and peers
- ▶ Treatment
  - ▶ Medication is best treatment
  - ▶ CBT also shown to be effective
  - ▶ Improve compliance and decrease negative behaviour
  - ▶ Combined Bio-Psycho-Social treatment is highly recommended

# Behaviour Disorders

## ▶ **Oppositional Defiant Disorder (ODD):**

- ▶ Children are openly hostile, uncooperative and irritable, easily lose temper, mean towards others, spiteful, deliberately annoy others, disobedient and argue with others on a regular basis
- ▶ Defiant behaviour is mainly directed towards figures in authority
- ▶ Relationships with family and peers are affected negatively by their behaviour and the way they think

## ▶ **Conduct Disorder (CD):**

- ▶ Is not just children being “bad”, can be a more serious phase of ODD
- ▶ Children have difficulty understanding how others think
- ▶ They suffer impairments in language skills - particularly in using words and talking with others
- ▶ Trouble making friends
- ▶ These children also exhibit physical aggression, stealing, bullying, have high reactivity, threaten or harm people or animals, damage property and lie often.
- ▶ These children frequently miss school

***Research suggests kids with ODD and CD have a pronounced history of trauma***

## ▶ Causes

- ▶ Family history of behaviour problems, mood problems, substance abuse, exposure to violence, mother with untreated depression, authoritarian/indulgent parenting styles
- ▶ TRAUMA
- ▶ Comorbid often with depression, anxiety, or AD/HD
- ▶ More common in boys than girls

## ▶ Treatment (ODD)

- ▶ CBT to improve mood and control anger, focus on thinking patterns
- ▶ Trauma therapy, TIR, EMDR, CPT for trauma, Narrative
- ▶ Social skills training and family therapy
- ▶ Treatment of other conditions will greatly reduce ODD symptoms

## ▶ Treatment (CD)

- ▶ Early intervention necessary as symptoms worsen with age
- ▶ Trauma therapy, TIR, EMDR, CPT for trauma, Narrative
- ▶ Parent training and family therapy
- ▶ Multi-systemic Therapy - involves family, school and community

# Trauma and Teens

- ▶ What is trauma?
  - ▶ The experience of witnessing of an event(s) in which an individual perceives a threat to their life or evoking intense fear, helplessness or horror.
  - ▶ Type 1 trauma response: results from an unexpected and discrete experience that overwhelms the individual. This affects their ability to cope with the stress, fear or horror of the event leading to PTSD. Usually a single event.
  - ▶ Type 2 trauma response: results from and expected, unavoidable and ongoing experience(s) that overwhelms the individual's ability to withstand the event. This leads to chronic and complex trauma.
- ▶ Impact of trauma on teens can be great
- ▶ Often it is misunderstood, mislabelled and misdiagnosed
  - ▶ Misdiagnoses: ADHD, ODD, CD or learning issues

# Reactions to Trauma

- ▶ Shock and disbelief
- ▶ Fear and/or anxiety
- ▶ Grief, disorientation, denial
- ▶ Hyper-alertness or hyper-vigilance
- ▶ Irritability, restlessness, outbursts of anger or rage
- ▶ Emotional swings - such as crying to laughter
- ▶ Worrying or ruminating - intrusive thoughts of trauma
- ▶ Nightmares
- ▶ Flashbacks - feeling like the trauma is happening now
- ▶ Feelings of helplessness, panic, loss of control
- ▶ Increased need to control everyday experiences
- ▶ Minimizing the experience
- ▶ Attempts to avoid anything associated with trauma
- ▶ Tendency to isolate oneself
- ▶ Feelings of detachment
- ▶ Concern over burdening others with problems
- ▶ Emotional numbing or restricted range of feelings
- ▶ Difficulty trusting and/or feelings of betrayal
- ▶ Difficulty concentrating or remembering
- ▶ Feelings of self-blame and/or survivor's guilt
- ▶ Shame
- ▶ Diminished interest in everyday activities or depression
- ▶ Unpleasant past memories resurfacing
- ▶ Loss of a sense of order or fairness in the world
- ▶ Expectation of doom and near of the future

- ▶ Reactions from trauma can last weeks, months to several years varying in degree
- ▶ For teenagers it is critical to have supportive family, friends, and caring adults during this period
  - ▶ Do not: push the individual to “get over it” before they’re ready
  - ▶ Do: show accurate empathy, be nurturing, and understanding to provide feelings of safety
- ▶ Trauma therapists are a great support for teenagers should the symptoms prolong
  - ▶ They can help work through any anxiety and panic features
  - ▶ Specifically they can help establish coping strategies that are effective to move forward
- ▶ Unresolved trauma can lead to dissociative disorders

# Coping Strategies for Trauma

-according to Patti Levin (PsyD)

- ▶ Mobilize a support system to reach out and connect with others, particularly any who have shared in the event
- ▶ Talk about the experience with empathetic listeners
- ▶ Cry
- ▶ Hard exercise (jogging, aerobics)
- ▶ Relaxation exercise (yoga, massage)
- ▶ Humor
- ▶ Prayer or meditation/deep breathing exercises, guided imagery relaxation
- ▶ Hot baths
- ▶ Music and art
- ▶ Balanced diet and sleep
- ▶ Avoid over-using stimulants such as caffeine, sugar or nicotine
- ▶ Commitment to something personally meaningful daily
- ▶ Hug those you love, including pets
- ▶ Organize proactive responses towards personal and community safety
- ▶ Do something socially active
- ▶ Write about the experience in detail, for yourself or to share with others
- ▶ Eat tryptophan activators which help you feel tired but good
  - ▶ Examples include: warm turkey, boiled onions, baked potatoes, cream-based soups

# Shifting Children & Youth from a Life of Mental Health Mental Wellness

## ▶ Building Resiliency

- ▶ Research suggests on the biology of stress that “healthy development” can be derailed by excessive or prolonged activation of stress response system in the body and brain.
- ▶ “Toxic stress” can have damaging effects on learning, behaviour, and health across the lifespan.
- ▶ Creates an overactive fight/flight response in children/youth increasing the release of adrenaline causing increased heart rate, blood pressure and cortisol.
- ▶ Environment can create more “charge” in a child or supportive environments which bring the children back to a calm baseline.
  - ▶ Where these supports are not available to children, this can lead to long-lasting damage and implicated brain architecture, with life long repercussion.
- ▶ Learning how to cope with adversity is an important part of healthy development.

# Building Mental Wellness Through Resiliency

## 1. Make Connections

- Making friends.
  - Teach your child to be a friend in order to get friends.
- Teaching and modelling empathy or feeling another's pain.
- Build a strong family network to support through their moments of human suffering and hurts.
- At school, ensure the one child is not being isolated out.
- Connecting with others supports strengthening resiliency.

# Building Mental Wellness Through Resiliency

## 2. Help your child by having him or her help other

- Promote age appropriate volunteering
- At school, brainstorm with children about ways they can help other

## 3. Maintain a daily routine

- Routine is comforting for children
- Encourage your child to develop his or her own routines

## 4. Take a break

- Endless worrying is counter-productive
- Teach your child to focus on something different other than what they worry

# Building Mental Wellness Through Resiliency

## **Teach your child self-care**

Be a good role model - healthy food choices, eat, sleep exercise

Teach your children to have fun, but also teach them make "down time" to relax

## **Move toward your goals**

Have your children set goals - teach them that obstacles may get in the way but to keep moving forward

Teach your children resiliency in the face of challenges

## **Nurture a positive self-view**

To build strength in your child remind them of how they have handled stressful situations in the past

Help your child to see their contributions towards their at school and in their community

# Building Mental Wellness Through Resiliency

## **Keep things in perspective and maintain a hopeful outlook**

Teach your child that life moves on after bad events - use history to guide this  
Use a broader context to teach kids to keep a long term perspective

## **Look for opportunities for self-discovery**

Children learn more about themselves when they experience tough times  
Have conversations of what your child has learned after facing a tough situation

## **Accept that change is part of living**

Change can be scary  
Help your child see that change is part of life  
Set new goals that replace goals that have not been accomplished

# Building Mental Wellness Through Resiliency

## 1. Authoritarian Parenting

- ▶ Do any of these statements sound like you?
- ▶ You believe kids should be seen and not heard.
- ▶ When it comes to rules, you believe it's "my way or the highway."
- ▶ You don't take your child's feelings into consideration.

## 2. Authoritative Parenting

- ▶ Do any of these statements sound like you?
- ▶ You put a lot of effort into creating and maintaining a positive relationship with your child.
- ▶ You explain the reasons behind your rules.
- ▶ You enforce rules and give consequences, but take your child's feelings into consideration.

# Building Mental Wellness Through Resiliency

## 3. Permissive/Indulgent Parenting

- ▶ Do any of these statements sound like you?
- ▶ You set rules but rarely enforce them.
- ▶ You don't give out consequences very often.
- ▶ You think your child will learn best with little interference from you.

## 4. Uninvolved Parenting

- ▶ Do any of these statements sound familiar?
- ▶ You don't ask your child about school or homework.
- ▶ You rarely know where your child is or who she is with.
- ▶ You don't spend much time with your child.

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