



# Child and Youth Health and Well Being

*Exploring Anxiety and  
Mood Disorders*

# Thanks to...

- The ISCS unit
- Community mental health partners
- Dr. Marian Boer
- Shilagh Ostrosser
- Aurora HS

# What brings us together today?

- How many of you have someone whose mental health you are concerned about?
- Elementary school age?
- Secondary school age?
- Adult?

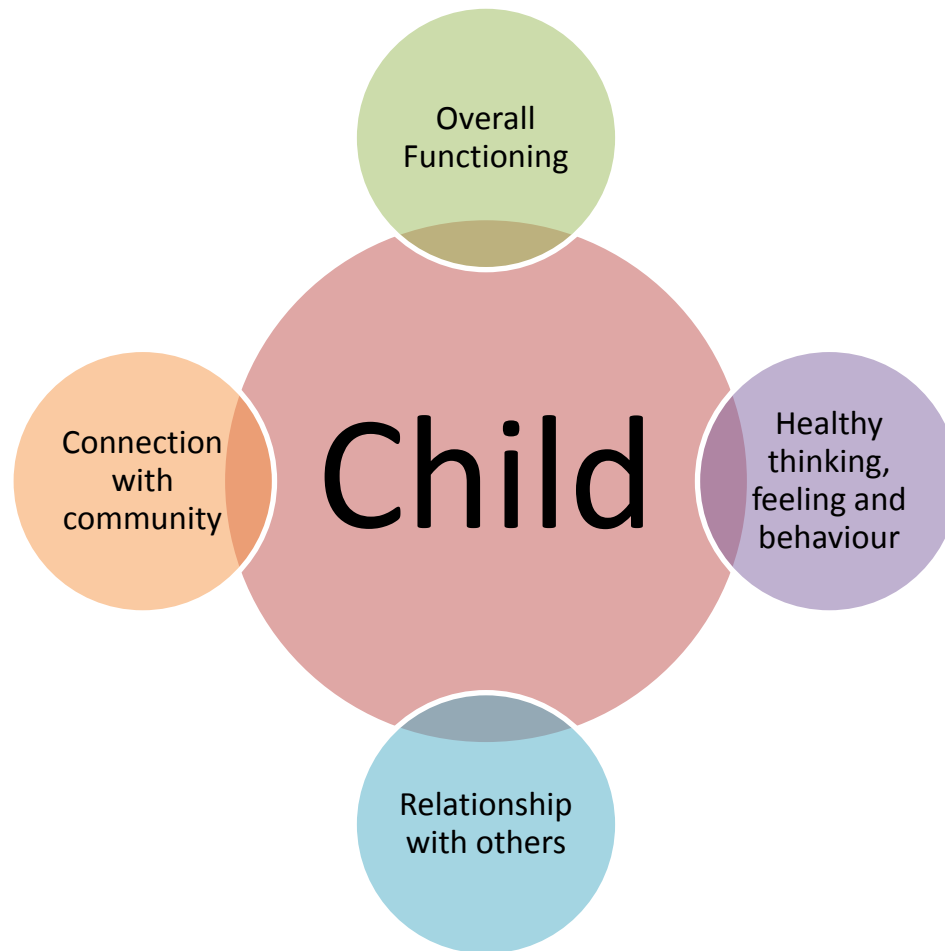
# How we will work together this evening

- Table exercises; ensuring safety
- Confidentiality
- The law of Yes But
- Process for questions

What do we mean when we talk  
about mental health?

*A Brief Overview*

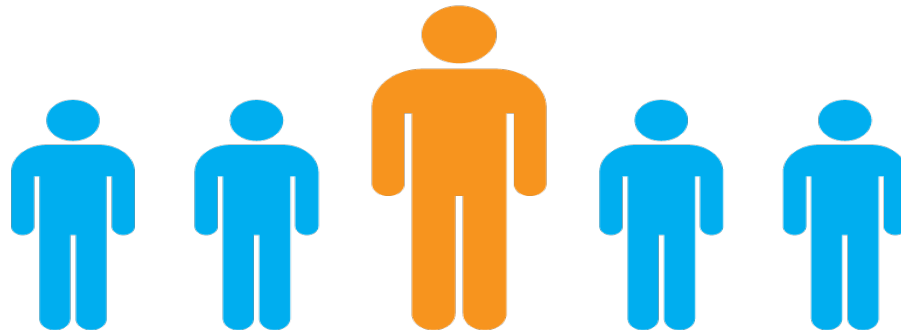
# Mental Health = A state of wellbeing



For many children and youth this state of well being is difficult to achieve

Mental illness affects 1 in 5 Canadians in their lifetime...

\*The remaining 4 will have a friend, family member or colleague who will struggle with mental illness



# What are mental health concerns?

They are a combination of emotional, behaviour and cognitive levels of functioning that cause distress or impairment in one or more areas of life i.e. school, work, friends, family interactions (*[www.kidsmentalhealth.ca](http://www.kidsmentalhealth.ca)*)



# Are MH Disorders preventable ?

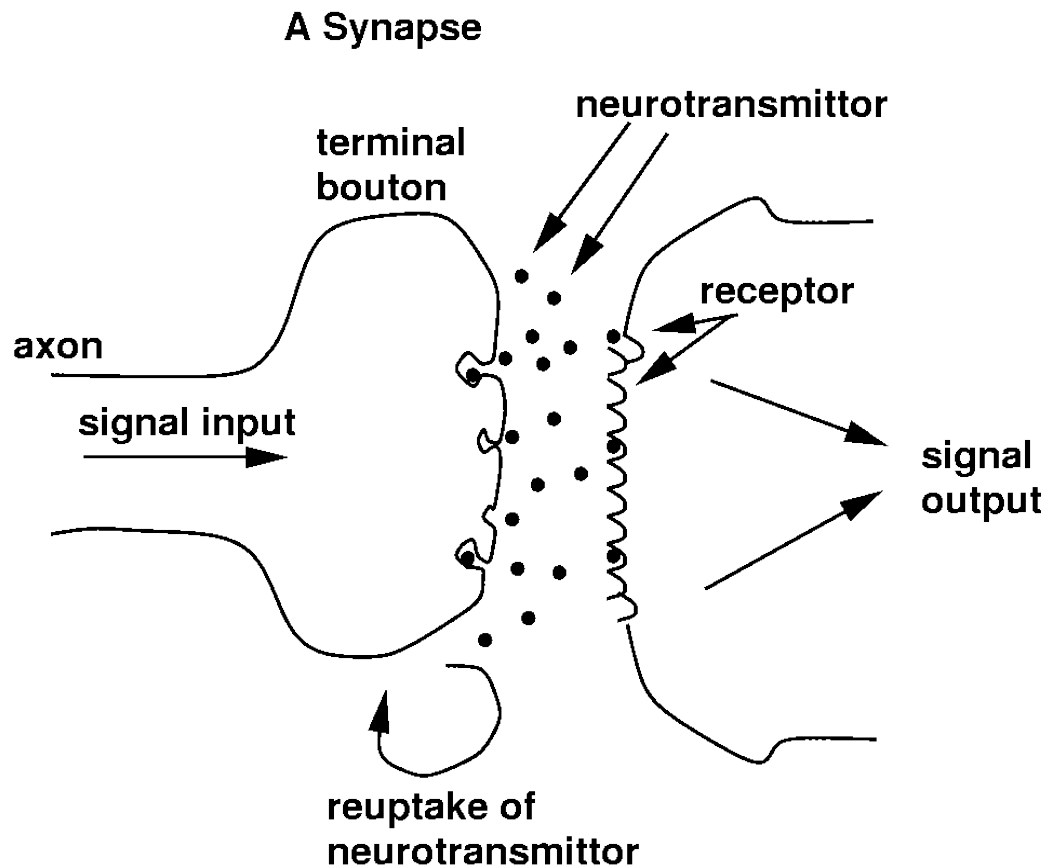
- We can do things to prevent physical illness  
i.e. healthy eating, not smoking, exercise etc.

BUT

Even if we do these things we can still get sick,  
the same goes for mental health

we can do positive things to promote positive  
mental health...i.e. building resiliency,  
effective coping strategies

# The Brain—an organ that can become ill like any other...



# A few cautions

- Diagnosis is a professional and controlled act
- Mental Health problems are complex and overlapping
- Behaviors that you observe may be indicators of several different disorders, or of normal development

# How does mental illness affect the family?

- Sorrow
- Anxiety, Worry
- Fear
- Guilt
- Shame
- Feeling isolated
- Anger

# The Good News: Mental Health Problems are Treatable

## What to do?

- Seek help
- Advocate using your wisdom of your child
- Be prepared to share concerns across all contexts such as home, school & community
- Examine what is the true functioning of the young person and what as a family have you learned to “manage” i.e. walking on eggshells phenomenon
- Consider with your doctor if medication may help
- Psychological /Psychotherapy support
- Individual and family counselling interventions

# STIGMA



# Consider....

- Your personal experiences with mental health and illness
- Your thoughts about those who struggle with mental health problems
- How mental health problems are talked about (or not talked about) in your home

At your table quickly share one word that describes how mental health issues are/were talked about in your family now, or growing up?

How do you think that affects how you think about mental health issues?

# Stigma defined

*“Labelling or discrimination against an individual or group of individuals on the basis of observed or presumed mental health difficulties.”*

Source: Ontario Centre of Excellence for Child and Youth Mental Health

## Reasons for Stigma:

- Fear
- Misunderstanding
- Discomfort



# Why does stigma concern us?

- Serves to devalue, exclude
- Decreases likelihood of help seeking

## What can we do?

- Acknowledge mental health problems are common and can happen to anyone
- Remember they are brain based disorders, the brain is a body part which can malfunction like any other body part

# Anxiety Disorders

- Most common mental health problem during childhood and adolescence
- Prevalence rates range from 12%
- More girls than boys are affected
- Anxiety disorders are very treatable

# Difference between anxiety and fear

## Fear

- ✓ Reaction caused by actual threat of danger or harm
- ✓ Sensible response to something potentially harmful
- ✓ Necessary and useful to preserve life

## Anxiety

- ✓ Similar to fear but to events or things that are either *not* dangerous or are much less harmful than imagined
- ✓ Feelings come from the anticipation of danger or that something might happen

# Healthy vs. Problem Anxiety

## Healthy Anxiety

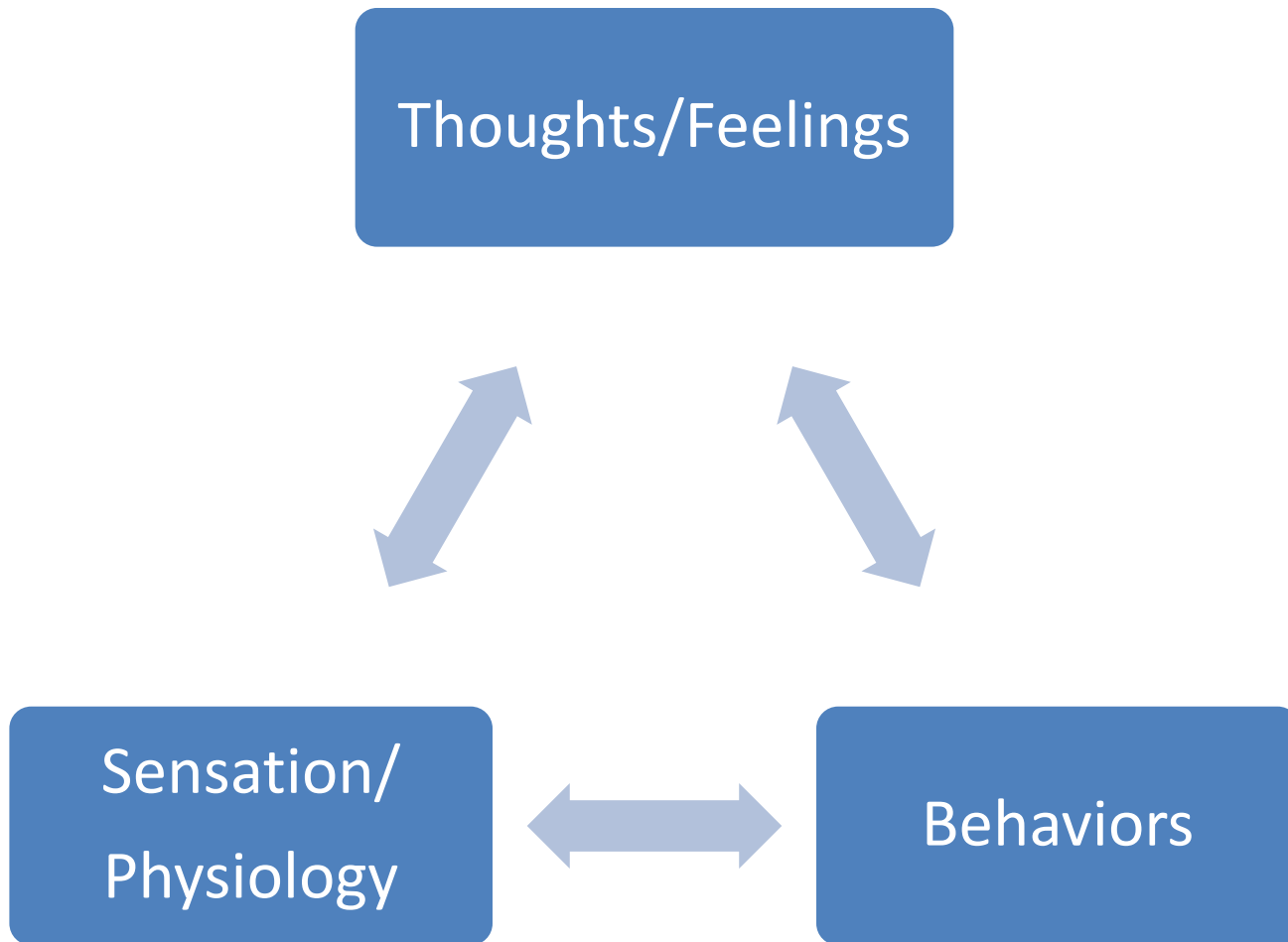
- Thoughts, feelings, behaviors, and sensations associated with stressful life events
- Some anxiety is helpful because it keeps us cautious, safe and performing well

## Problem Anxiety

- Exaggerated experience of these thoughts, feelings, behaviors and sensations and that interferes with functioning and/or causes distress (overestimate the threat, underestimate their ability to cope)

# What does Anxiety look like?

## *Understanding the Triad*



# What does anxiety look like?

## Thoughts

“Something bad might happen”, “I am not competent”,  
“I need to be perfect”, “What if..”

## Feelings

Worry, tension, fear, unsettled

## Behaviors

Avoidance of feared situations, perfectionism,  
procrastination, inertia, irritability

## Sensations

Stomach aches, sweaty palms, shakiness, dizziness,  
racing heart, shortness of breath, muscle tension

# Children and Youth with Anxiety may present with:

- School problems (based on worry and anxiety)
- Attention difficulties
- Issues with attendance
- Recurrent physical symptoms
- Social and relational concerns
- Irritability and mood symptoms
- Alcohol and drug use
- Preoccupation with achievement

# WHEN TO BE CONCERNED

## **When signs/symptoms:**

- Cause problems with function at home or school
- Are not age appropriate
- Are frequent
- Are intense
- Persist and do not go away
- Appear to change from baseline behaviour



# When to be Concerned

**F**requency

**I**ntensity

**D**uration

**D**evelopment

# How to determine if anxiety is a problem

- ✓ Do other members of your family often miss out on desired events because one of your children is too anxious to participate?
- ✓ Does your child miss out on many potentially enriching and fun-filled events that they might enjoy because of anxiety?
- ✓ Does anxiety prevent your child from participating in an academic, athletic or extra-curricular activity?
- ✓ Does anxiety cause your child to not perform to their potential in an activity?
- ✓ Does your child spend excessive amounts of time arguing with you and trying to convince you to change plans, so that he can avoid something that should be fun or worthwhile?
- ✓ Do you feel that anxiety is determining too many of your child's decisions? How long have you felt this way?
- ✓ Have most children outgrown the anxiety by your child's current age?

# Common Types of Anxiety Disorders in Children and Youth

## **Generalized Anxiety Disorder**

Excessive and chronic worry with physical symptoms

## **Separation Anxiety**

Extreme worry about separation from loved ones

## **Social Anxiety Disorder**

Extreme discomfort in social/unfamiliar situations

## **Obsessive Compulsive Disorder (OCD)**

Intrusive and persistent thoughts and/or repetitive behaviors

## **Specific Phobia**

Fear or avoidance of a specific object or situation

## **Panic Disorder**

Unprovoked episodes of intense fear with physical symptoms

## **Post Traumatic Stress Disorder (PTSD)**

Re-experiencing, hyper-vigilance after trauma

# Key to supporting: Shifting the Triad

## Thoughts/Feelings

Listen and Acknowledge

Teach replacement



## Sensation/Physiology

Manage distress states,  
relaxation, deep breathing



## Behaviors

Fake it till you make it

# How to help...

- There is effective treatment for anxiety disorders.
- Treatment can consist of medication and/or therapy (i.e. cognitive-behavioural therapy).
- Professional support is important.
- Early intervention can teach life long skills for managing anxiety.

# Mood Disorders

- Prevalence rates range from 20-25%
- More girls than boys are affected (2x)
- Adolescents 14% of this group, pre adol 6%
- Early intervention is one of the most successful tools we have.

# What are Mood Disorders?

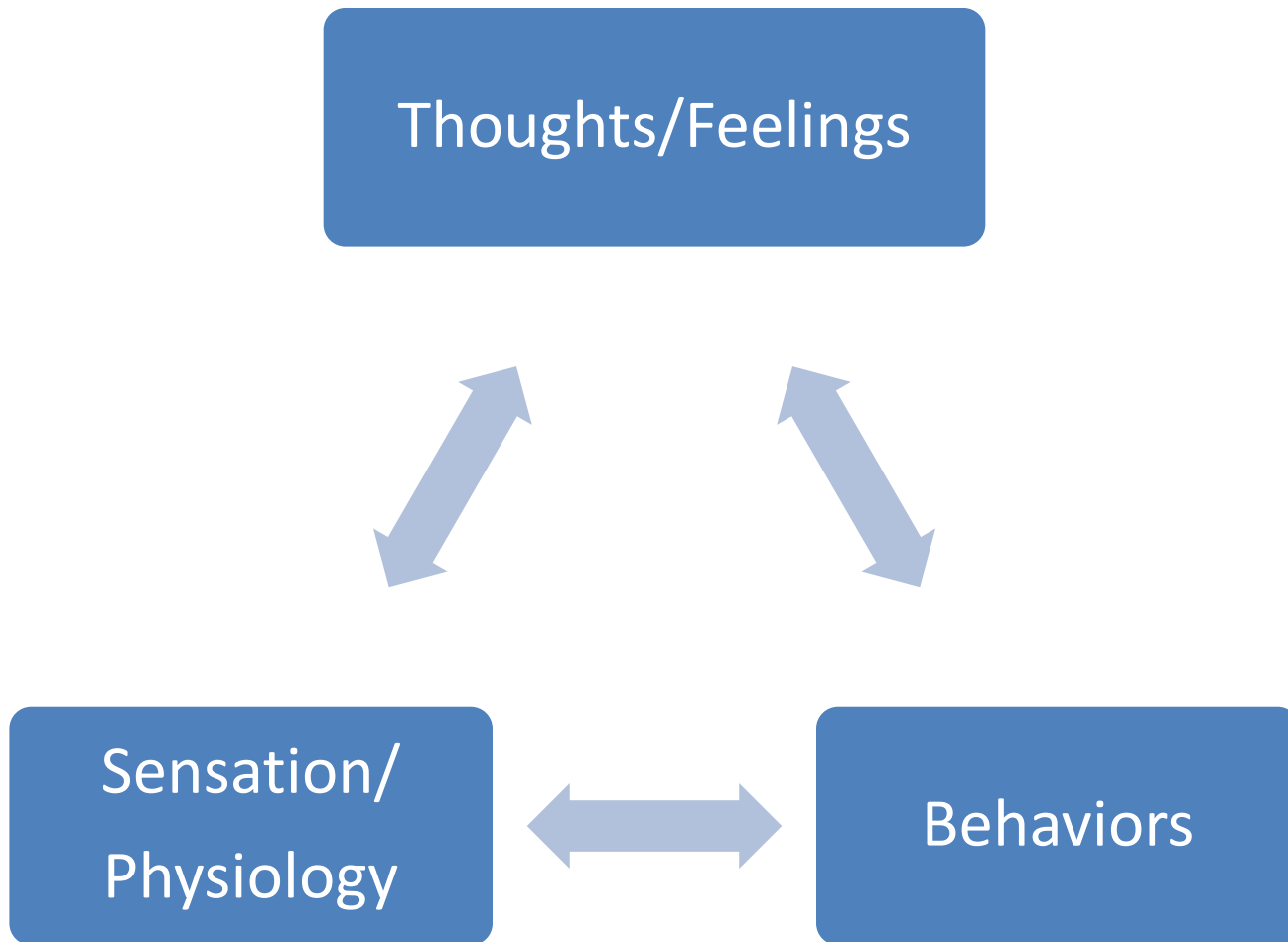
## Healthy Moods

- Generally positive approach and outlook, with times of sadness that are an appropriate response to life stressors

## Problem Moods

- Extended periods of sadness, irritability, and/or loss of interest in activities typically enjoyed
- Episodes of mania (grandiosity, elation, racing thoughts) alternating with times of depressed mood
- Impact thoughts, feelings/sensations, behaviors and start interfering with life

# Understanding the Triad





# What do mood problems look like?

## Thoughts

“I am not loved”, “Nobody cares”, “ I am powerless”, “ I am not competent”, “there is nothing to look forward to”

Mania: “I can do anything”

## Feelings

Sadness, irritability, anger, frustration

Mania: energy, elation, expansiveness

## Behaviors

Difficulty concentrating, social withdrawal, incomplete work, argumentativeness, frequent absences

## Sensations

Fatigue, lethargy, aches, pains

# A child/youth with a mood disorder might:

- Display a significant drop in academic performance
- Stop attending school, or does not leave the home
- Misuse drugs or alcohol
- Engage in cutting or self mutilation
- Stop eating or overeat
- Show changes in their sleeping patterns
- Engage in frequent fights with family members or friends
- Spend significantly more time on the internet, watching t.v. or listening to music alone

# When to be Concerned

**F**requency

**I**ntensity

**D**uration

**D**evelopment

# How to determine if your child's mood is a problem

- ✓ How often is your child's mood determining their decisions?
- ✓ Does your child miss out on many potentially enriching and fun-filled events that they might enjoy because of mood?
- ✓ Does your child's mood prevent your child from participating in activities they previously enjoyed?
- ✓ Does your child spend excessive amounts of time arguing with you and trying to convince you to change plans, so that he can avoid something that should be fun or worthwhile?
- ✓ Do other members of your family miss out on many desired events because one of your children's moods make it difficult to participate?
- ✓ How long have the changes in your child's mood and behavior (sleeping, eating etc.) been occurring?
- ✓ What do other children/youth look like with respect to managing mood?

# Common Types of Mood Disorders in Children and Youth

## **Major Depression**

Mood problems plus physical symptoms such as problems with sleep, appetite, concentration. Serious impairment in functioning (social, academic and physical)

## **Dysthymic Disorder**

Chronic low-grade depression that interferes with an individual's ability to enjoy life  
Seen over a period of months

## **Adjustment Disorder**

Mood problems following a stress. Symptoms may include prolonged or intense sad mood, tearfulness, feelings of hopelessness

## **Bipolar Disorder**

Extreme disabling mood swings, classically with:

- High energy, manic/hypomanic periods
- Low energy periods with depression

# Key to supporting: Shifting the Triad

## Thoughts/Feelings

Listen and Acknowledge

Teach replacement



## Sensation/Physiology

Manage distress states,  
relaxation, deep breathing



## Behaviors

Fake it till you make it

# Self Injury/Self Harm

## *What it might look like*

- Refusing to wear short sleeves or to take off clothing for sports
- Numerous unexplained scars, burns or cuts
- May voice concerns that they feel patronized and others do not listen
- Keeps sharp objects on hand
- Spends a great deal of time alone
- Claims to have frequent accidents or mishaps

# ***How do I support***

- Acknowledge that the child/youth is trying to cope. “I respect that you’re probably feeling overwhelmed. Many people hurt themselves (or use drugs, etc.) as a way to cope/feel better. What about you?”
- Identify underlying stresses. “Everyone gets stressed. Most people have stresses such as school (teachers, classmates, bullying, schoolwork) or home (stresses with parents/caregivers, siblings). What about you?”
- Support the development of replacement behaviors. “I appreciate that you want to feel better. What if we could find a way to feel better, without having to cut?”



# Understanding suicide

**Myth:** Suicide is sudden and unpredictable.

**Reality:** Suicide is most often a process, not an event. Eight out of ten people who die by suicide gave some, or even many, indications of their intentions.

# Understanding suicide

**Myth:** Talking about suicide will give a young person the idea, or permission, to consider suicide as a solution to their problems.

**Reality:** Talking calmly about suicide, without showing fear or making judgments, can bring relief to someone who is feeling terribly isolated. A willingness to listen shows sincere concern; encouraging someone to speak about their suicidal feelings can reduce the risk of an attempt.

# Understanding suicide

**Myth:** Suicidal people are determined to die.

**Reality:** Suicidal youth are in pain. They don't necessarily want to die; they want their pain to end. If their ability to cope is stretched to the limit, or if problems occur together with a mental illness, it can seem that death is the only way to make the pain stop.

# Understanding suicide

**Myth:** A suicidal person will always be at risk.

**Reality:** Most people feel suicidal at some time in their lives. The overwhelming desire to escape from pain can be relieved when the problem or pressure is relieved. Learning effective coping techniques to deal with stressful situations can help.

# Common warning signs

- ▶ sudden change in behaviour (for better or worse)
- ▶ withdrawal from friends and activities
- ▶ lack of interest
- ▶ increased use of alcohol and other drugs
- ▶ recent loss of a friend, family member or parent, especially if they died by suicide
- ▶ conflicting feelings or a sense of shame about being gay or straight
- ▶ mood swings, emotional outbursts, high level of irritability or aggression
- ▶ feelings of hopelessness
- ▶ preoccupation with death, giving away valued possessions
- ▶ talk of suicide: eg. "no one cares if I live or die"
- ▶ making a plan or increased risk taking
- ▶ writing or drawing about suicide (in a diary, for example)
- ▶ "hero worship" of people who have died by suicide

# How to help...

- There is effective treatment for mood disorders
- Treatment can consist of medication and/or therapy (i.e. cognitive-behavioural therapy)
- Professional support is important
- Early intervention can help prevent later episodes of mood disorders

# It's o.k. to ask

You can ask:

- ▶ Have you lost pleasure in the things that you used to like?
- ▶ Have you felt sad, low, down or hopeless lately?
- ▶ Do you feel like life is too difficult?

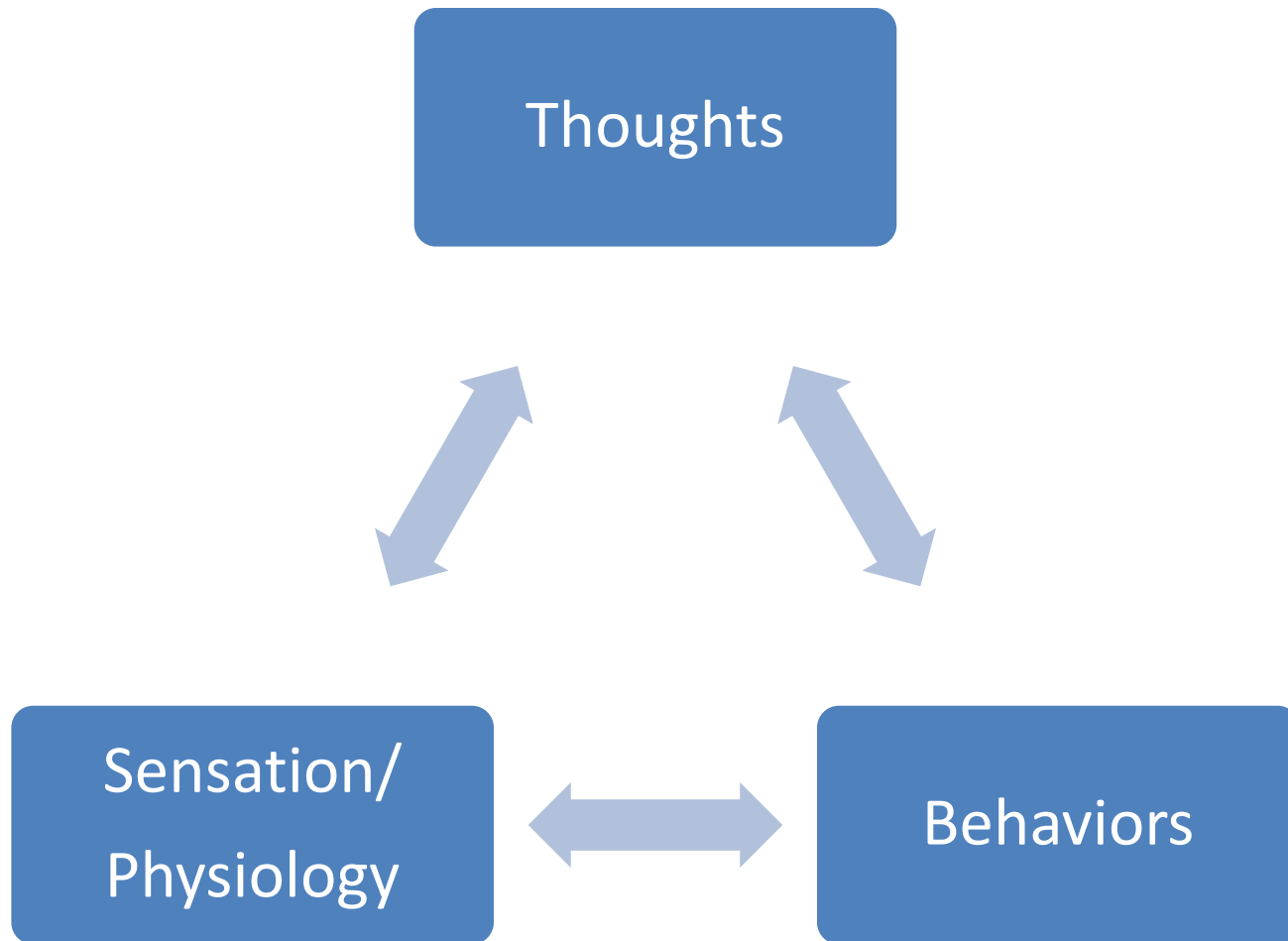
If the answer to any of these questions is YES, it is important to let your child/youth know that you are concerned, you'd like to support them in getting help.

# Anxiety and Mood Disorders

- Shared approaches to supporting and responding
- General rule: these are still kids first with kids needs (structure, rules, consistency)
- Anticipate hurdles but stay the course
- Have times that are nurturing and not problem focused—just spending time
- Understanding the Triad of thoughts, sensations/physiology, and behaviors



# Understanding the Triad



# Exercise

*You are sitting in your room at night reading.*

*You hear a noise/knocking at the window.....*

*Your first thought is.....*

# Exercise

What was your ***thought***?

i.e. animal, branch, person/burglar

What did you say to yourself?

i.e. “no big deal” (branch)

“oh no, I’ve got to get out of here” (burglar)

What ***feeling*** did your thoughts lead you to have?

i.e. fear/dread (burglar)

How would that feeling influence your ***behavior***?

i.e. run/hide/shake/tremble

What coping statement could you say to yourself to promote realistic thinking?

# Tools used in treatment of Anxiety and Mood Disorders

## **Cognitive Behavioral Therapy**

Changing thinking (cognition) to influence behavior i.e. change the “picture”

Trying to judge perceived threats using a more rational scale or creating an emotional distance from certain fears/beliefs/feelings i.e. putting things in a new, more balanced perspective

# Thinking Errors (Cognitive Distortions)

## **All or Nothing Thinking**

i.e. Perfect or Epic Failure, no middle ground

## **Overgeneralization**

Always/Never--a general conclusion based on a single incident or a single piece of evidence

## **Mental Filter**

Take the negative details and magnify them while filtering out all positive aspects of a situation.

## **Disqualifying the positive**

Doesn't really count, fluke

## **Jumping to conclusions**

Negative interpretation, assuming the negative, mind reading, fortune telling

# Thinking Errors (Cognitive Distortions)

## **Magnification/Minimization**

Exaggerate the importance of insignificant events (i.e. their mistake, or someone else's achievement). Or inappropriately shrink the magnitude of events until they appear tiny (i.e. a person's own desirable qualities)

## **Emotional Reasoning**

I feel it—it must be true, feelings and thoughts are facts

## **Should statements**

Rule with should and shouldn'ts, must and ought, i.e. I really should exercise, I shouldn't be so lazy (leads to guilt when one breaks the rules or anger/resentment to others when they break the rules)

## **Labeling and Mislabeled**

i.e. I am such a loser, when wasn't successful at one task

## **Personalization**

Cause of negative event

- Cognitive distortions are at the core of what many [cognitive-behavioral](#) and other kinds of therapists try and help a person learn to change in [psychotherapy](#). By learning to correctly identify this kind of “stinkin’ thinkin’,” a person can then answer the negative thinking back, and refute it. By refuting the negative thinking over and over again, it will slowly diminish overtime and be automatically replaced by more rational, balanced thinking.

# Modifying Thoughts

Adapted from: D. Bilsker, M. Gilbert, D. Worling & E. J. Garland

Situation	Thoughts Thinking Error	Realistic Thoughts
<p>While I was talking to a couple of friends in the cafeteria yesterday, I found out they had gone out for coffee the day before without inviting me</p>	<p>I figured they were letting me know they don't want to hang out with me anymore. They don't want me as their friend.</p> <p>[Overgeneralizing]</p>	<ul style="list-style-type: none"><li>✓ I've been friends with these two for years</li><li>✓ they still act friendly</li><li>✓ we're planning to go out together on the weekend</li><li>✓ maybe they were out talking about the school project they're doing together</li><li>✓ It looks like we are still friends.</li></ul>



# Practicing

Adapted from: D. Bilsker, M. Gilbert, D. Worling & E. J. Garland

To do this worksheet you start by briefly describing a situation where you felt your mood drop or anxiety rise (during the situation or afterwards).

Then, you write down the thoughts that went along with your low mood or anxiety.

Decide what kind of thinking error(s) you were using and write this down in the Thoughts column. (For example, “All or nothing thinking”.)

Finally, try to come up with more realistic ways of thinking about the situation and write these in the last column.

# Modifying depressive/anxious thoughts

Adapted from: D. Bilsker, M. Gilbert, D. Worling & E. J. Garland

Situation	Thoughts Thinking Error	Realistic Thoughts
	<p><b>All or Nothing Thinking</b> <b>Overgeneralization</b> <b>Mental Filter</b> <b>Disqualifying the positive</b> <b>Jumping to conclusions</b> <b>Magnification/Minimization</b> <b>Emotional Reasoning</b> <b>Should statements</b> <b>Labeling and Mislabeled</b> <b>Personalization</b></p>	<p><b>What proof do I have?</b> <b>Would most people agree with this thought?</b> <b>If not, what would be a more realistic thought?</b> <b>What would I say to a friend in a similar situation?</b> <b>What is a less extreme way of looking at the situation?</b> <b>Is there another way of thinking that is more encouraging or useful?</b></p>

# Modifying Behavior

## *Cycle of Avoidance/Escape*

- This is the behavior that follows thoughts and sensations of anxiety/depression
- Understandable as it relieves the “pressure”
- Difficult to break but important to move towards new ways of responding (face it to erase it!)
- Small, measured steps in confronting this
- It will be hard to see your child in distress, be prepared—you staying calm and moving forward is reassuring, sends the message there is nothing to fear

*Analogy-learning to ride a bike*

# Modifying Physiology/Sensation

## *Habituation*

- A reduction of a person's physiological/psychological response occurring when a specific stimulus occurs repeatedly.
- We can change the way we experience a stimulus/stressor/anxiety invoking event by controlled, repeated gradual exposures

*Analogy: cold lake*

# Tools Used in the treatment of Anxiety and Mood Disorders

## Mindfulness

**'When you learn to bring your attention into the present moment in a balanced way, you learn to undo those negative predictions for the future.'**—*Dr. Michael J. Baime, University of Pennsylvania*

*Mindfulness can bring the triad together: “what am I thinking right now, how does that affect how I am feeling, how is my body responding..”*

# Role of Medication

- Influences the brain physiology
- Can help promote healthier physiology to support changes in thinking and behavior
- Sometimes useful for allowing “space” for other forms of treatment i.e. psychotherapy
- A word on fears/risk of suicide in pharmacological interventions

# Our language in talking with our children is really important

## **Acknowledge their perspective**

- “I know I have shared some worries I have for you; what do you think? Are there things you are worried about or think are a problem?”

## **Develop a deeper shared understanding**

- Normalize: “A lot of people try \_\_\_\_\_. I get that.”
- Positives: “What does \_\_\_ do for you?”
- Negatives: “What problems does \_\_\_ cause for you?”

## **Problem-solving:**

“What if we could find a way to (get the positives) without (getting the negatives)?”

Assess level of motivation: “Do you think it’s a problem right now?” “When do you think it would be a problem?”

## **Agree on tasks**

- “What do you propose we could do together to support you?”
- Can we review our resource options and see what feels like a fit for you?

## **Keep communication open**

“No matter what, I am always happy to talk to you and help you with this.”

# Our Children and Youth, Their Voice

[http://www.youtube.com/watch?v=HHrMMSG9  
Vlg&list=PL6D4D5EA88B7DA2B5](http://www.youtube.com/watch?v=HHrMMSG9Vlg&list=PL6D4D5EA88B7DA2B5)



# Applying our Learning

- On a piece of paper write down ONE thing you will commit to doing based on what you learned tonight.
- Can be personal, for your child, for a friend/family member

Questions?