

Mental Health Matters! Psychological Issues and Their Effect on Children's Lives

2018

Lynn D. Miller, Ph.D., Lic. Psych.
CACBT certified

Associate Professor Emeritus, Univ of British Columbia

Agenda

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

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

CANADIAN TEACHERS FED (2012 SURVEY)

- 90% reported ADHD, LD, ASD pressing concerns**
- 79% reported STRESS most pressing**
- 73% reported ANXIETY most pressing**
- 59% reported DEPRESSION most pressing**

<http://www.ctf-fce.ca/Documents/Priorities/EN/mental%20health/StudentMentalHealthReport.pdf>

LYNN.MILLER@UBC.CA

AND WHAT ABOUT THE KIDS?

Teens report more stress than adults (APA, 2000)

72% of all kids will experience at least 1 ACE (Adverse Childhood Experience) before age 18 (abuse, neglect, household dysfunction; Education Week 2018)

Homework time: ↑

Recess time: ↓

LYNN.MILLER@UBC.CA

Is academic intelligence enough?

Analytical intelligence (IQ) accounts for only 10% to 15% of job success and other real-world outcomes.

LYNN.MILLER@UBC.CA

Teaching mental health literacy

... is called

Social Emotional Learning

in schools

LYNN.MILLER@UBC.CA

Recent Research Findings . . .

- Academic achievement in Grade 8 could be better predicted from knowing children's social competence in Grade 3 than from knowing Grade 3 academic achievement (Caprara et al., 2000).
- Pro-social behaviours exhibited by students in the classroom were found to be better predictors of academic achievement than were their standardized test scores (Wentzel, 1993).

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

The Fourth 'R'

- But! No university in N America formally teaches or trains teachers in social/ emotional curricula Greenberg, 2007

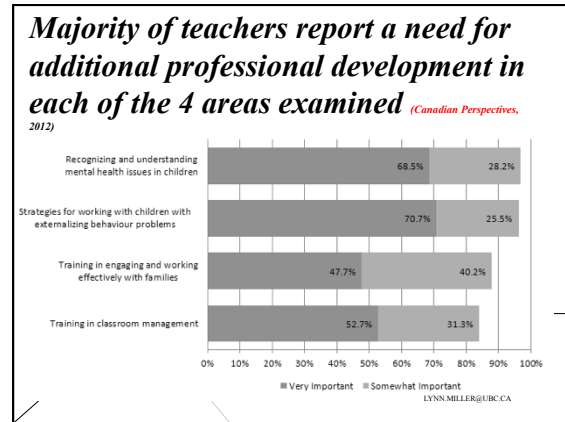
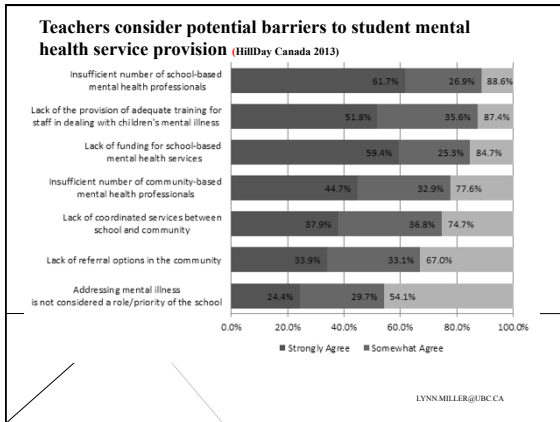
LYNN.MILLER@UBC.CA

7 IN 10 TEACHERS SURVEYED HAVE NOT RECEIVED PROFESSIONAL DEVELOPMENT TO ADDRESS STUDENT MENTAL ILLNESS IN THEIR SCHOOL

Response	Percentage
Yes	30%
No	70%

www.ctf-fce.ca 2013

LYNN.MILLER@UBC.CA



THERE'S MOVEMENT IN OUR FIELD!

CANADIAN ASSOC OF SCHOOL SYSTEM ADMINISTRATORS (CASSA) 2017

- Many evidence-based programs available and in use across Canada to support prevention and intervention in schools (SBMHSA Consortium, 2013).
- Targeted cognitive-behavioral skill development to address mild to moderate mental health problems at school (SBMHSA Consortium, 2013; Santor, Ferguson & Short, 2010).
- Studies underway to assess the impact of programs designed to build skills and reduce risk behaviors amongst Canadian students (e.g., Burke & Loeber, 2014; Crooks et al., 2015; Leadbeater & Sukhavanakul, 2011).

LYNN.MILLER@UBC.CA

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]

LYNN.MILLER@UBC.CA

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)

LYNN.MILLER@UBC.CA

COST-BENEFIT ANALYSIS

Approx 70% of all mental health problems begin in childhood or adolescence
(Merikangas, 2010; Government of Canada, 2006. The Human Face of Mental Health and Mental Illness in Canada)

School skills: Enhancing social relationships, coping with stress, and self-regulation yields a 86X return-on-investment (estimates from the United Kingdom suggesting that for every 1£ spent, an 86 £ yield can be expected (Knapp, McDaid, & Parsonage, 2011; Roberts & Grimes, 2011).

LYNN.MILLER@UBC.CA

Child & Adolescent Mental Disorders* Kutcher

MENTAL DISORDER	Six Month Prevalence (%) Age = 9-17
Anxiety Disorder	13.0
Disruptive Behavioral Disorders	9.7
Mood Disorder	6.2
Substance Use Disorders	2.0
Any Disorder	20.9

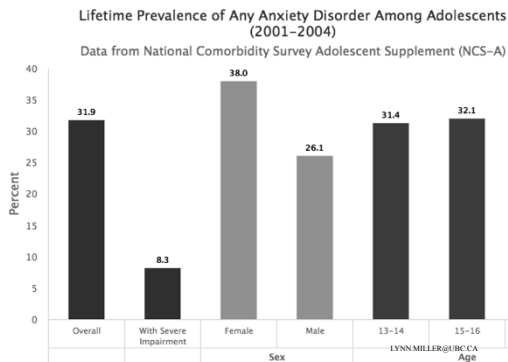
LYNN.MILLER@UBC.CA

Lifetime Prevalence Child & Adolescent Mental Disorders

Mental Disorder	Lifetime Prevalence (%) Age = 9-17
Anxiety Disorders	31.9
Disruptive Behavioral Disorders	19.6
Mood Disorders	14.3
Substance Use Disorders	11.4
Eating Disorders	2.7

LYNN.MILLER@UBC.CA

Figure 3



LYNN.MILLER@UBC.CA

Need

- 13 – 20% of all children identified with presence of one or more clinically significant emotional or behavioural problems (age 4 – 16)
- Only 1 in 6 of these in contact with mental health professional (Offord & Boyle)

LYNN.MILLER@UBC.CA

SPECIFIC POPULATIONS

- Younger children
- Cognitive impairments
- Gifted and elevated cognitive ability

LYNN.MILLER@UBC.CA

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)

LYNN.MILLER@UBC.CA

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)

LYNN.MILLER@UBC.CA

Gifted and Heightened Ability

Anxiety correlates (rises) as IQ (rises)

LYNN.MILLER@UBC.CA

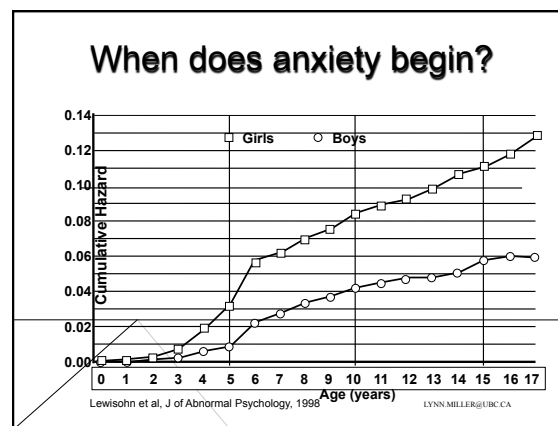
RURAL VS URBAN STUDENTS

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).

LYNN.MILLER@UBC.CA



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)

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

Compelling facts: Go to school

- Families reluctant to seek mental health treatment outside of school settings (Braden & Sherrard, 1987; Conti, 1995)
- School-based services seen as accessible, increasing access to care and reduce barriers (Weist, et al., 2003)
- Natural environment increases likelihood of sustainable behavior change (Elias, 1994; Magee et al., 1999)

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

Symptoms of anxiety: Multi-dimensional & interconnected

LYNN.MILLER@UBC.CA

Situation: Going to School

*My mom's leaving me.
What if I get sick?
Teacher won't let me phone mom.*

LYNN.MILLER@UBC.CA

Vulnerabilities

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

LYNN.MILLER@UBC.CA

ANXIETY IS NORMAL

Survival systems:

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

LYNN.MILLER@UBC.CA

ANXIETY IS DEVELOPMENTAL

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

LYNN.MILLER@UBC.CA

ANXIETY IS BEHAVIORAL

“Fight” : aggressions, tantrums, oppositional, irritable
“Flight” : refusal, avoidance
“Freeze” : physical, mental

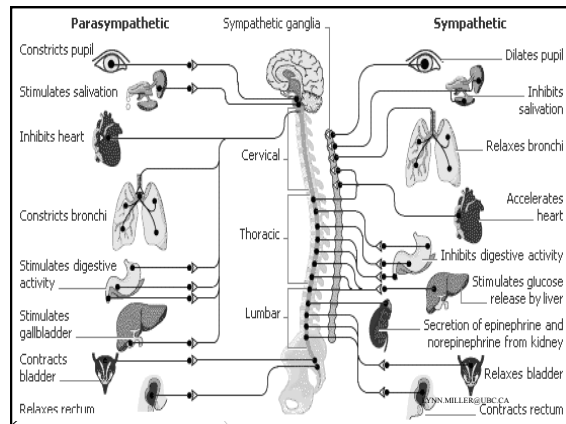
Seeking reassurance: co-sleeping, demanding, enmeshing

LYNN.MILLER@UBC.CA

ANXIETY IS PHYSIOLOGICAL

Threat! Predator sighting

LYNN.MILLER@UBC.CA



BODY CLUES FOR ANXIETY

Headache, Sweating, Tiredness, Face goes red, Tense muscles, Rapid breathing, Trembling knees, Numbness or tingling sensation, Can't sleep well at night

Other symptoms listed: Dizziness, Trouble concentrating, Heart beats fast, Mouth trembles, Goose bumps, Dry mouth, Upset stomach or butterflies, Butterflies in stomach, or sore tummy, Need to go to the rest room.

FRIENDS for Youth (Barrett)

LYNN.MILLER@UBC.CA

Recognizing Anxiety in the Body

Headache, Face goes red, Lump in throat, Clenched fist, Cold hands and feet, Shaking legs, Butterflies in stomach, or sore tummy, Can't talk, Big eyes.

(www.anxietybc.com)

UBC a place of mind THE UNIVERSITY OF BRITISH COLUMBIA

ANXIETY IS PHYSICAL

Arousal: heart rate, breathing, shaky, dizzy

Abdominal: nausea, stomachaches, etc

Tension: headaches, muscle aches, fatigue

Sleep: insomnia & avoidance

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

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
- Age of onset varies by type of anxiety disorder
- 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.

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

Cognitive Behavioural Teaching (CBT)

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

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

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

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?

Typical, developmentally appropriate Severe anxiety symptoms **Anxiety Disorder**

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

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)

LYNN.MILLER@UBC.CA

PLAY IS CRITICAL

Reduces stress →

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

LYNN.MILLER@UBC.CA

Helpful Websites

✓ www.anxietybc.com

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

LYNN.MILLER@UBC.CA

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

LYNN.MILLER@UBC.CA

Take home summary

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

LYNN.MILLER@UBC.CA

CONTACT INFORMATION

Lynn.miller@ubc.ca

LYNN.MILLER@UBC.CA