

Foundations of Children's Mental Health



Objectives



At the conclusion of Workshop 1, participants will be able to:

- Carry out a **focused psychosocial mental health history** for pediatric patients.
- Describe how children experience **grief and/or adjustment disorder** based on their developmental stage and apply strategies to support families through these transitions.
- Assess **anxiety, depression** and **ADHD** using age-appropriate, evidence-based tools.
- Initiate and monitor **pharmacologic management** for youth with **mild to moderate depression and anxiety**.
- Initiate and monitor **pharmacologic management** for youth with **ADHD**.
- Screen for **suicidal ideation** using evidence-based tools and pathways.
- Identify **adverse childhood experiences** and strategies to mitigate impact.



Mental Health in Children and Youth



- 1.2 million children and youth in Canada experience emotional, behavioral and psychosocial problems serious enough to disrupt function and development
- Less than 20% receive appropriate treatment



Early identification and intervention is critical to prevent progression into adulthood.

Pediatric care providers should **integrate aspects of mental health care** – screening, assessment and treatment – **into routine pediatric care.**

(Canadian Pediatric Society Position Statement, May 2023)

Common Psychiatric Disorders in Children & Adolescents



Anxiety Disorders

GAD, Panic disorder, Separation anxiety disorder, Social anxiety disorder, Agoraphobia, Specific phobias

Stress-related disorders

Adjustment Disorder, Acute stress disorder, PTSD

Mood disorders

Major Depressive Disorder, Dysthymia

Obsessive-compulsive disorder

Disruptive behaviour disorders

Conduct disorder, oppositional defiant disorder

Neurodevelopmental disorders

ADHD, ASD, Rett syndrome, Fragile X syndrome, DiGeorge syndrome, etc.

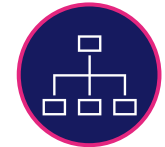
All Kids Experience Stress



School



Online/Social Media



Parents

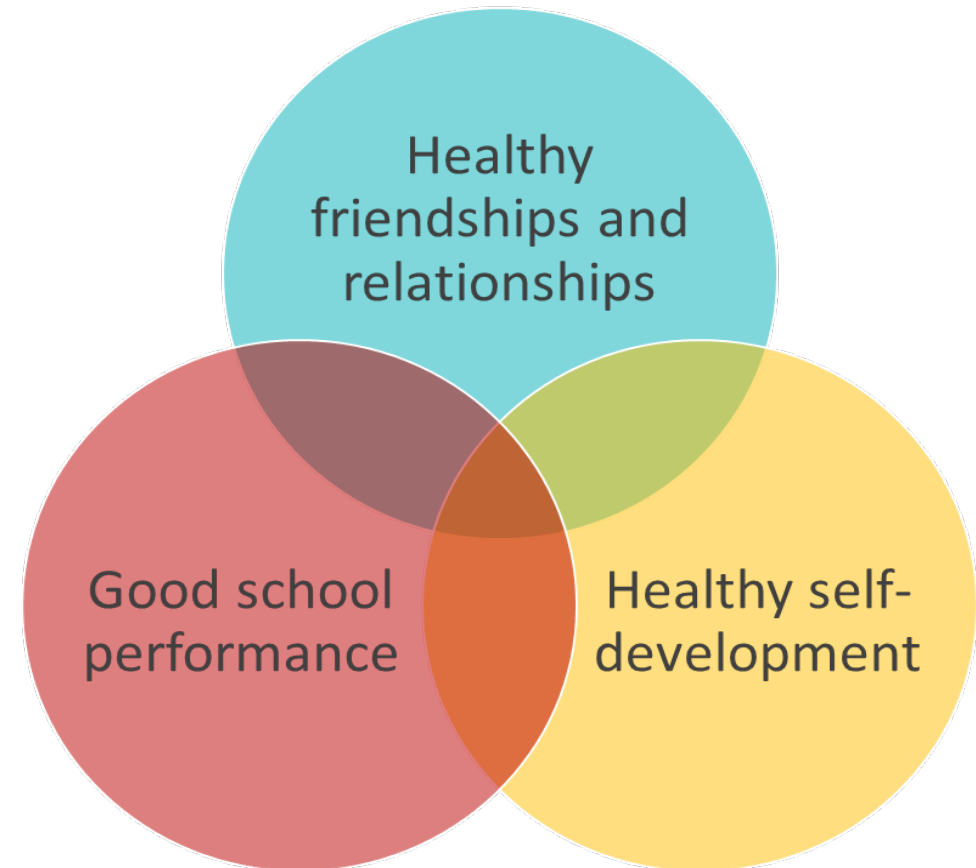


Work

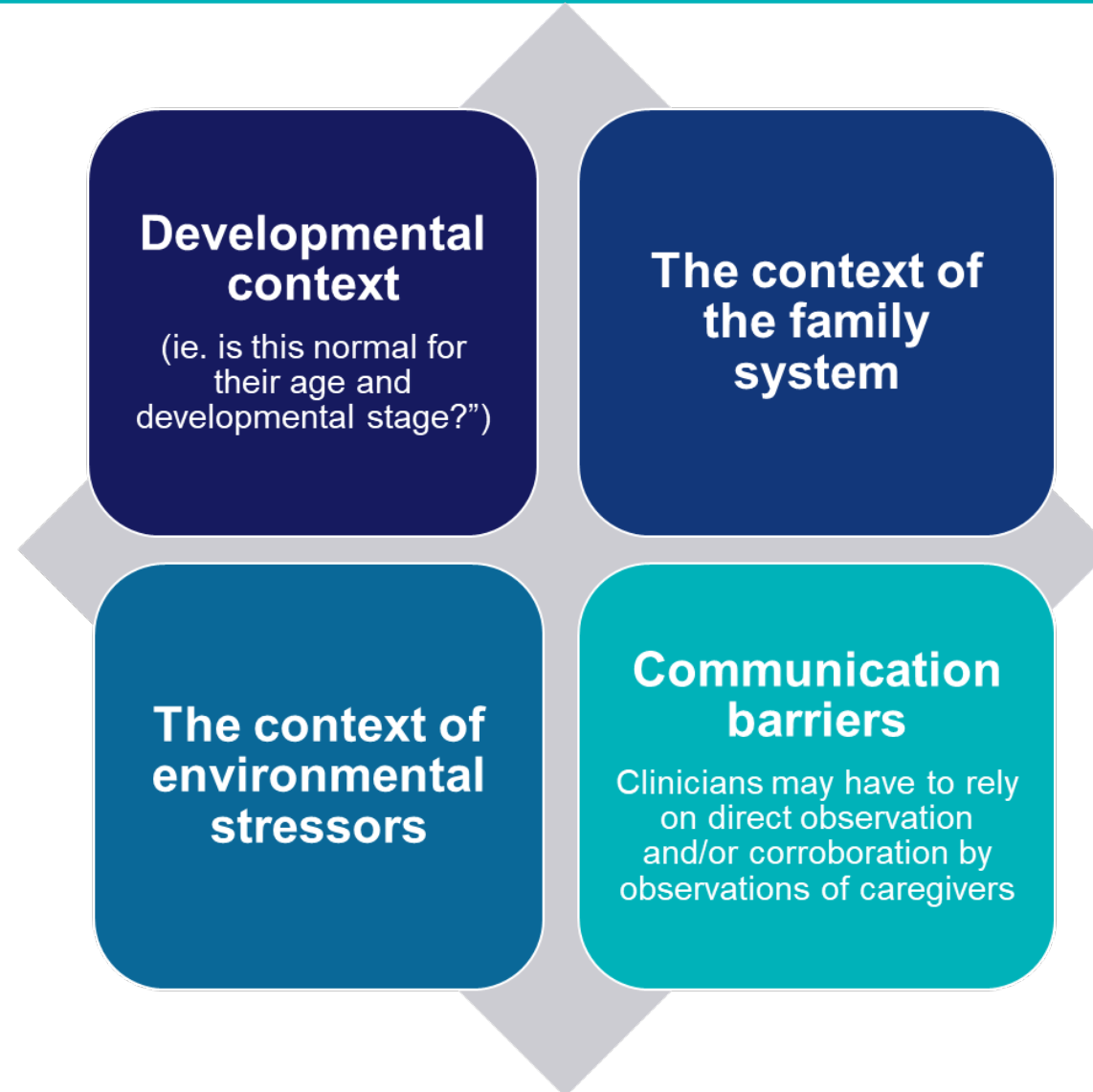


The World

Typical child behavior has a healthy balance of:



Evaluation of Psychiatric Disorders: Challenges Unique to Children and Youth



<https://www.merckmanuals.com/professional/pediatrics/psychiatric-disorders-in-children-and-adolescents/overview-of-psychiatric-disorders-in-children-and-adolescents>

Greig Health Record

- An **evidence-based** health promotion guide for clinicians caring for children and adolescents **aged 6 to 17 years**.
- **Checklist templates** include sections for growth and weight; psychosocial history and development; nutrition; physical activity and sedentary behaviour; sleep; injury prevention; abuse; the physical exam; immunization; and other specific concerns.
- Five pages of selected guidelines and resources are also included.

<https://greighealthrecord.ca>



Preventive Care Visits:
Ages 6,7,8,9
(visits in this age group are recommended every two to three years)

Name:
 Date of Birth:
 Pronouns:

Family History:
 Risk Factors:

Allergies:

		Age 6	Age 7	Age 8	Age 9
Date					
Measurements (see WHO growth charts)	Wt	BMI			
	Ht	BMI percentile			
Specific Concerns					
Psychosocial history and Development	o School & Activities				
	o Peer relationships				
	o Family relationships				
	o Poverty Screen				
	o Sleep Issues				
	o Body changes				
	o Menstrual issues ♀				

Education & Advice:

Nutrition	Active healthy living	Behaviours and Habits	Injury Prevention And Safety
o Refer to Canada's Food Guide o Eat a variety of vegetables and fruits daily o Choose whole grains o Eat protein daily. Consume plant-based proteins more often. o Choose mostly unsaturated rather than saturated fats o Water is the beverage of choice. o Avoid sugar-sweetened beverages and diet drinks o Family meal-time and home-cooked meals can promote healthy eating o Ask about supplements and CAM o Vitamin D – through diet or supplement (400IU)	o Refer to CSEP guidelines o Daily physical activity (PA) 60 min Include vigorous PA for 60 min. ≥ 3 days/week Include muscle and bone strengthening ≥ 3 days/week o Stay active - several hours of light physical activity/day, limit sitting for extended periods o Screens - no more than 2 hrs per day of recreational screen time, less is better o Sleep - 9 to 11 hours/d – ages 6 to 13 years	o Ask about safe media use, TV and Internet o Hearing Protection o Effective Discipline & Positive parenting o Dental care, fluoride o Substances & Addictions o Alcohol o Tobacco o Cannabis o Other	o Refer to Parachute Canada o Helmet safety o Vehicle Safety (see local laws) Booster seat: ≥ 18 kg (40 lbs) Rear Seat: ≥ 145 cm (57 in) and check fit of lap & shoulder belts o Violence & Firearms o Trampoline Safety o Water Safety o Sun Safety o Smoke and Carbon Monoxide Detectors o Environmental Hazards – incl. Second Hand Smoke

Examination					
Blood Pressure					
Head & Neck					
Visual Acuity (L)					
(R)					
CVS					
Chest					
Back					
Abd					
GU					
Sexual Maturity Rating					
Skin					

Assessment					
Immunization	Update immunizations: DTaP-IPV (age 4-6) MMR (2 nd dose by age 6) HPV (ages 9 and older) Varicella vaccine-2 doses (12mos to 12 years) Discuss Men B Discuss flu & COVID vaccinations Consider TB test				
Medications					
©A.Greig 2024					
Signature					

Strength of Recommendations
Bold = Good
Italics = Fair
 Plain Text = consensus or inconclusive evidence

Disclaimer: Given the evolving nature of evidence and changing recommendations, the Greig Health Record is meant to be used as a guide only.


 Selected Guidelines and Resources are found at
greighealthrecord.ca

Greig Health Record



Psychosocial history and Development	○ School & Activities				
	○ Peer relationships				
	○ Family relationships				
	○ <i>Poverty Screen</i>				
	○ Sleep Issues				
	○ Body changes				
	○ Menstrual issues ♀				
Education & Advice:					
Nutrition	Active healthy living	Behaviours and Habits	Injury Prevention And Safety		
○ Refer to Canada's Food Guide ○ Eat a variety of vegetables and fruits daily ○ Choose whole grains ○ Eat protein daily. Consume plant-based proteins more often. ○ Choose mostly unsaturated rather than saturated fats ○ Water is the beverage of choice. ○ Avoid sugar-sweetened beverages and diet drinks ○ Family meal-time and home-cooked meals can promote healthy eating ○ Ask about supplements and CAM ○ Vitamin D – through diet or supplement (400IU)	○ Refer to CSEP guidelines ○ Daily physical activity (PA) 60 min Include vigorous PA for 60 min. ≥ 3 days/week Include muscle and bone strengthening ≥ 3 days/week ○ Stay active - several hours of light physical activity/day, limit sitting for extended periods ○ Screens - <i>no more than 2 hrs per day of recreational screen time, less is better</i> ○ Sleep - 9 to 11 hours/d – ages 6 to 13 years	○ Ask about safe media use, TV and Internet ○ Hearing Protection ○ Effective Discipline & Positive parenting ○ Dental care, fluoride ○ Substances & Addictions ○ Alcohol ○ Tobacco ○ Cannabis ○ Other	○ Refer to Parachute Canada ○ Helmet safety ○ Vehicle Safety (see local laws) Booster seat: ≥ 18 kg (40 lbs) Rear Seat: ≥ 145 cm (57 in) and check fit of lap & shoulder belts ○ Violence & Firearms ○ Trampoline Safety ○ Water Safety ○ <i>Sun Safety</i> ○ <i>Smoke and Carbon Monoxide Detectors</i> ○ Environmental Hazards – ○ incl. Second Hand Smoke		

Greig Health Record Forms



Psychosocial history and Development	☐ School & Activities ☐ Peer relationships ☐ Family relationships ☐ <i>Poverty Screen</i> ☐ Sleep Issues ☐ Body changes ☐ Menstrual issues ♀	
Education & Advice:		
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Family History from a Psychosocial Lens



Family Psychosocial History

Living circumstances. Who lives in the home?

Family history of mental health issues, substance abuse, intimate partner violence.

Parental adverse childhood experiences

Poverty or financial issues

Discipline strategies, effective discipline, limit setting

Conflict resolution strategies, non-violent conflict resolution

Adapted from Flaherty EG, Stirling J Jr; Pediatrics. 2010;126(4):833-841

Case 1



Case 1: Freddie, Age 6



Freddie is a 6-year-old boy in grade 1.

Parents bring him to see you because of **sleep issues**: for the last 2 weeks he has been having nightmares, and **he wet the bed** (first enuresis in > 6 months).

You take a more comprehensive history.

Case 1: Freddie, Age 6



Past Medical History

Full term birth; healthy;
Met developmental milestones;
Immunizations UTD

Social History

Lives with both parents & sister (age 10); supportive stable home, no hx bullying or CAS involvement

Family History

Mother: post-partum depression;
No FHx bipolar, psychosis, ADHD or substance use disorders

Home History

- 4 weeks ago, **Freddie's grandfather** (with whom he had a close relationship) **died unexpectedly**.
- Freddie was present during the emergency response and observed his mother become highly distressed.
- Since then, Freddie is more **withdrawn** and **emotional**.

School History

- Grade 1, **youngest in class** but previously a strong student with good peer relationships; reading at grade level;
- Participates in youth soccer and after school art club but **recently refusing to attend**.



What could be going on?

Developmental Milestones



'CRUCIAL SKILLS' IN CHILD DEVELOPMENT – SCHOOL AGE



A* = Always

M = Make

C = Compassion

C = Clinically

S = Significant

*At every age, ask ACADEMICS: Does parent have concern about child's writing, reading, or math?

Age	Motor	Communication	Cognitive	Social-Emotional
6 years	Balances on 1 foot for 10 seconds Sees to catch tennis ball with 2 hands; buttons & unbuttons Dynamic mature pencil grasp	Makes back & forth conversation on partner's topic Follows detailed 2-step directions (e.g. <i>'With your <u>red crayon</u> draw a <u>line</u> between the <u>boys</u> who are <u>running</u>.'</i>)	Sometimes follows rules without parent present Concentrates for 5-minute chore Does morning routine receiving 1 prompt per task	When calm, with parent help says a solution for problem Guesses friend's feeling Understands right versus wrong with coaching

Developmental Milestones

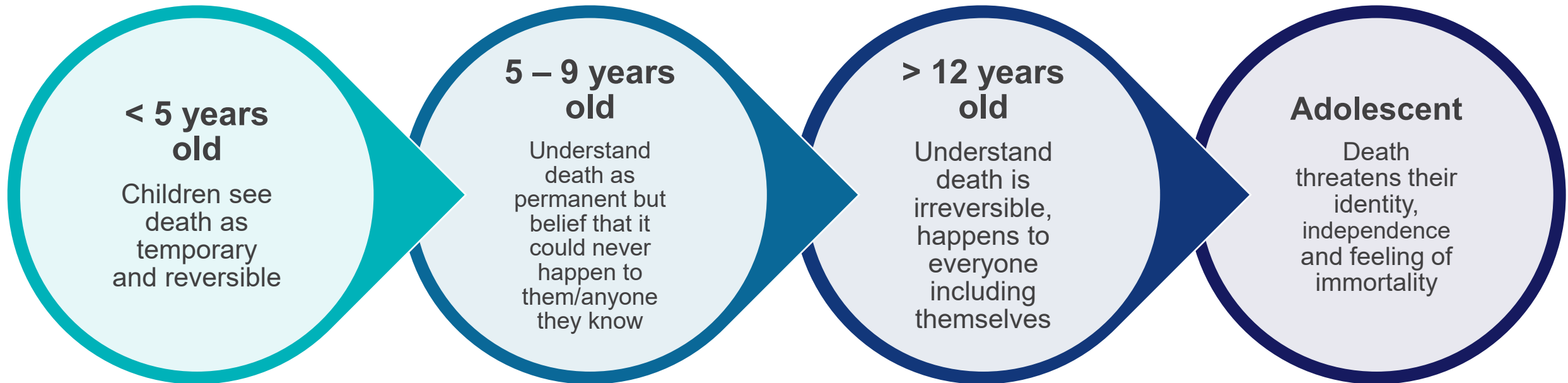


Piaget's Stages of Cognitive Development

Stage	Age range	What happens at this stage?
Sensorimotor	0-2 years old	Coordination of senses with motor responses, sensory curiosity about the world. Language used for demands and cataloguing. Object permanence is developed.
Preoperational	2-7 years old	Symbolic thinking, use of proper syntax and grammar to express concepts. Imagination and intuition are strong, but complex abstract thoughts are still difficult. Conservation is developed.
Concrete Operational	7-11 years old	Concepts attached to concrete situations. Time, space, and quantity are understood and can be applied, but not as independent concepts.
Formal Operational	11 years old and older	Theoretical, hypothetical, and counterfactual thinking. Abstract logic and reasoning. Strategy and planning become possible. Concepts learned in one context can be applied to another.

The Psychology Notes Headquarters - <https://www.PsychologyNotesHQ.com>

A Child's Concept of Death



A Child's Grief Reaction to Loss or Death



Sadness, especially around special times (eg. birthdays, holidays) but also unexpected moments



Anxiety (e.g. fear of their own death, loss of control, separation from family/friends)



Anger (e.g. boisterous play, nightmares, irritability, etc.)



Guilt (e.g. feeling responsible for the death; “magical” thinking)



Denial, defiance, apathy (especially in teens)



Acting younger than their age (e.g. baby talk); regression of milestones (e.g. bed wetting)

Case 1: Freddie, Age 6



- You reassure the parents that Freddie's change in behaviour, nightmares and bed wetting may be part of a **normal grief reaction**.
- You counsel them on **ways they can help**:
 - Find ways to honor or remember the person who died (drawings, story-telling, photo albums)
 - Allow children to express feelings in their own way
 - Be direct, don't use euphemisms (eg. "they went to sleep")
 - Maintain routines

Case 1: Freddie – 2 Months Later



- Still not sleeping well, fearful to sleep alone so mum sits with him at bedtime
- Gets angry easily
- Struggling at school, often refusing to go
- Teachers notice he sits alone at recess and lunch; does not want to be around his friends

Is this still normal?



Adjustment Disorder



- An unhealthy, **excessive emotional or behavioral response** to an **identifiable stressful event** or change.
- Occurs **within 3 months** of the event or change.
- Symptoms can **include depressed mood, anxiety** or a **change in conduct**.

Common triggers (children):

Major shifts in routine or caregiving

Parental separation or divorce

Loss of a loved one or pet

Starting a new school

Moving to a new house

DSM-V Adjustment Disorder Criteria



Diagnostic criteria

- A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).
- B. These symptoms or behaviours are clinically significant, as evidenced by one or both of the following:
1. Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
 2. Significant impairment in social, occupational, or other important areas of functioning.
- C. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.
- D. The symptoms do not represent normal bereavement.
- E. Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months.

- **Onset within 3 months**
- **Lasting no more than 6 months**
- **Distress is out of proportion**
- **Significant impairment**

DSM-V Adjustment Disorder Cont'd



Specifiers

Specify whether:

- **With depressed mood:** Low mood, tearfulness, or feelings of hopelessness are predominant.
- **With anxiety:** Nervousness, worry, jitteriness, or separation anxiety is predominant.
- **With mixed anxiety and depressed mood:** A combination of depression and anxiety is predominant.
- **With disturbance of conduct:** Disturbance of conduct is predominant.
- **With mixed disturbance of emotions and conduct:** Both emotional symptoms (e.g., depression, anxiety) and a disturbance of conduct are predominant.
- **Unspecified:** For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder.

Red Flags – Consider further assessment



- Symptoms lasting > 6 months
- Prolonged inability to sleep, loss of appetite, fear of being alone
- Excessive anger, fighting
- Withdrawal from family and friends
- Sharp drop in school performance or refusal to attend school
- Physical complaints (headaches, stomach aches, fatigue)
- Long term denial of the loss/death

Assess the ability of caregiver(s) to cope with their own grief and continue normal childcare responsibilities.

Adjustment Disorder Treatment



- Symptoms may be self-limiting – **re-assess regularly**
- **Supportive therapy**
- **Anxiety management skills**
- **Cognitive Behavioural Therapy (CBT)** – for depressed mood, anxiety
- **Family therapy** with parent-management skills – for disturbance of conduct
- If persisting/evolving, **consider if meeting criteria** for Major Depressive Episode or an Anxiety Disorder

Untreated adjustment disorder increases the risk of depression, chronic anxiety and substance abuse.



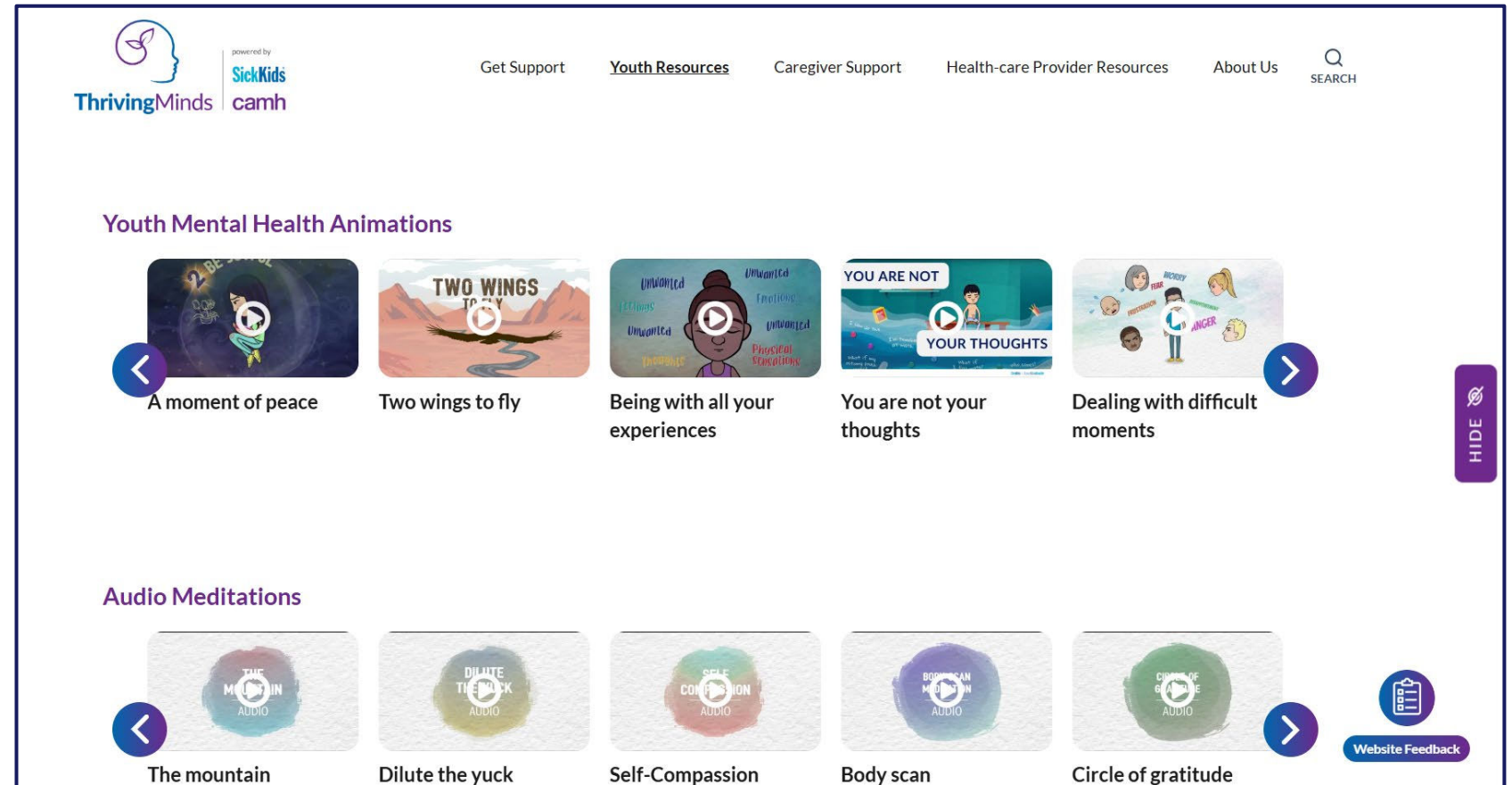
Anxiety Management Skills

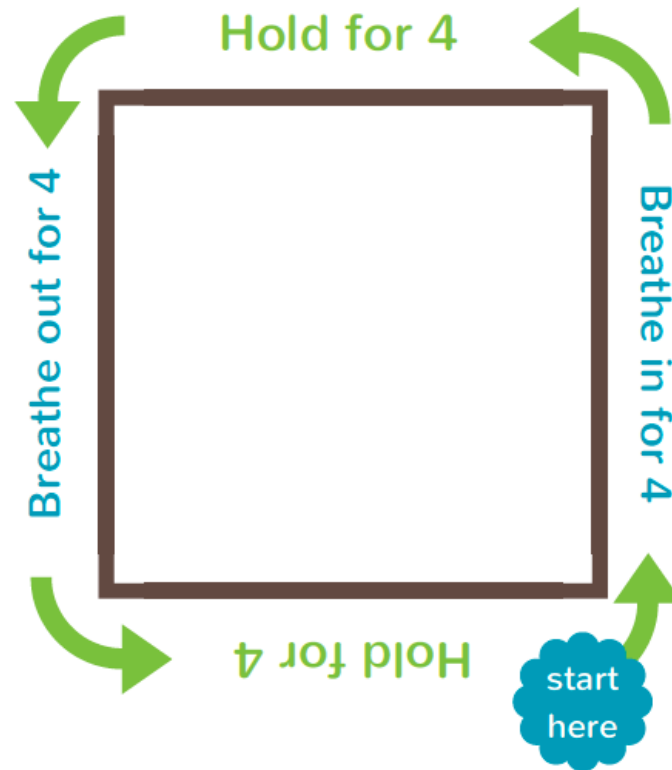
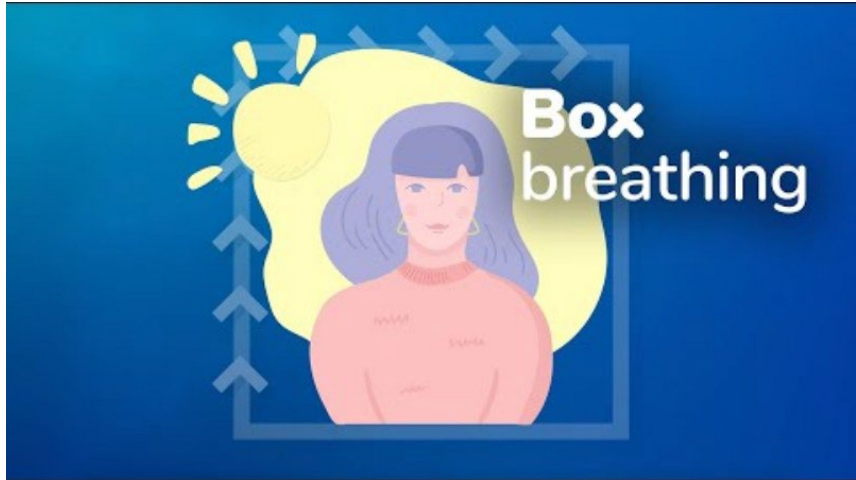


Thriving Minds Hub

Meditation, mindfulness and relaxation skills for children/youth – audio and video

<https://thrivingmindshub.ca/youth-resources/>





Box Breathing

- Can improve mood and reduce physiological arousal (Balban et al. 2023)

<https://health.sunnybrook.ca/box-breathing-calm-stress-anxiety/>

Balban MY, Neri E, Kogon MM, Weed L, Nouriani B, Jo B, Holl G, Zeitzer JM, Spiegel D, Huberman AD. Brief structured respiration practices enhance mood and reduce physiological arousal. *Cell Rep Med*. 2023 Jan 17;4(1):100895. doi: 10.1016/j.xcrm.2022.100895. Epub 2023 Jan 10. PMID: 36630953; PMCID: PMC9873947.

Image: <https://copingskillsforkids.com/blog/using-shapes-to-teach-deep-breathing>



Box breathing

Grief & Bereavement Resources



Bereaved Families of Ontario

<http://www.bereavedfamilies.net/>

Email: info@bereavedfamilies.net

Phone: 416-440-0290

- Bereaved Families of Ontario offers individual and group programs across the province for children, adolescents, young adults, parents and grandparents.
- Contact information for each region is listed on the website.

Children and Youth Grief Network

<https://www.childrenandyouthgriefnetwork.com/>

- The Children and Youth Grief Network provides information, resources and programs across the province of Ontario for grieving children and youth.

KidsGrief.ca

<https://kidsgrief.ca/>

- A free online resource that helps parents support their children when someone in their life is dying or has died.

Grief & Bereavement Resources



Family Service Toronto

Phone: 416 595 9618

Email: sau@familyserVICetoronto.org

- Offers in-person counseling services at 5 locations in Toronto, including traumatic experiences. Fees are charged on a sliding scale based on household income. No referral needed.

www.kidshelpphone.ca

Phone: 1-800-668-6868, text or live chat.

Available 24 hours a day, 7 days a week.

- Professional counseling, information and referrals, and volunteer-led, text-based support for young people between 5 and 20 years of age.

Big White Wall Distress line

- Community of members giving peer support to cope with grief and loss. Available 24 hours a day, 7 days a week.



Books for children and teens

- **Healing Your Grieving Heart for Teens: 100 Practical Ideas** by Alan D. Wolfelt, PhD
- **Lifetimes** by Bryan Mellonie and Robert Ingpen. A book that parents and family members can use to explain life and death. Helps children understand that dying is as much a part of living as being born.
- **When Someone Very Special Dies: Children Can Learn to Cope with Grief** by Marge Heegaard
- **When Dinosaurs Die** by Laurie Krasney Brown and Marc Brown
- **The Memory Tree** by Britta Teckentrup



Interactive Group Discussion