

Case 3



Case 3: Chloe, Age 13



Chloe's parents call you in a panic. They have just spoken with Chloe's teacher.

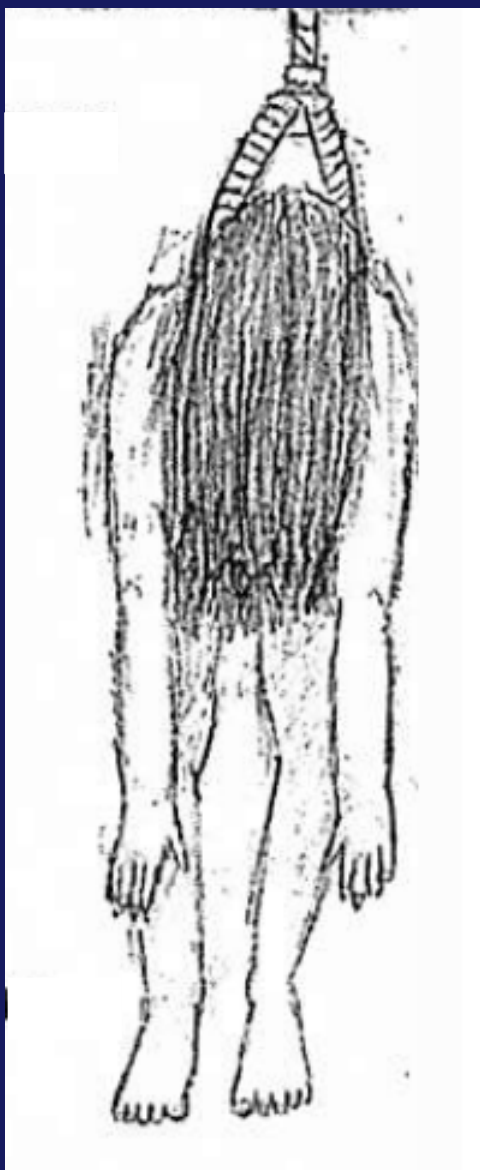
School has been more difficult this year. She was an "A" student. Now she gets Cs.

She has always been quiet, preferring to express herself in her stories and her art.

This week she was asked to add artwork to a poem they have been reading in French class.

The parents have arrived at your office with Chloe in tow. You bring them into your office. Chloe sits in a chair staring at the floor.







What could be going on?



Interactive Group Discussion

Case 3: Chloe, Age 13 - Context



- You have known this family since they were expecting Chloe.
- Mom works as a PSW and immigrated to Canada 15 years ago. She met Dad and they had Chloe soon after
- Dad works two jobs. They struggle to make ends meet financially.
- Mom is crying. Dad does the talking but all he can say is he has no idea what is going on. They have tried to talk to Chloe, but she says it's no big deal.
- “Just pictures”; “It was a sad poem.”
- You look at the poem. It has themes of loneliness and sadness.

What next?

Case 3: Chloe, Age 13 - Context



- You see Chloe on her own. You try to get some information about the poem and the drawings.
- She repeats, “It’s just drawings. It doesn’t mean anything.”
- To facilitate communication, you use the **Greig Health Record**. You conduct a brief psychosocial history.

Greig Health Record

<https://greighealthrecord.ca/>

GHR GREIG HEALTH RECORD		Preventive Care Visits: Ages 10,11,12,13 (visits in this age group are recommended every two to three years)		Name: Date of Birth: Pronouns: 	
Family History: Risk Factors:		Allergies:			
		Age 10	Age 11	Age 12	Age 13
Date					
Measurements (Use WHO growth charts)	Wt	BMI			
	Ht	BMI percentile			
Specific Concerns					
Psychosocial history and Development	o School & Activities				
	o Peer relationships				
	o Family relationships				
	o Mental Health				
	o Poverty Screen				
	o Substances and Addictions				
	o Sleep Issues				
	o Body Image				
	o Body Changes				
	o Sexual Health & Relationships				
	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 of heart-pumping activity 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) Rear seat: ≥ 145 cm (57 in) and check fit of lap & shoulder belts Front seat: usually ≥ 13 years - 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	Update immunizations: Men-C-C or Men-C-ACYW around age 12 Hep B, HPV (ages 9 and older) Varicella vaccine-2 doses (12mos to 12 years & susceptible adolescents) Discuss: Men B Discuss: flu & COVID vaccinations Consider TB test				
Immunization					
Medications					
					
Strength of Recommendation Strong = Good Medium = Fair Weak = Limited 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		

<https://greighealthrecord.ca/>



Psychosocial history and Development	☐ School & Activities ☐ Peer relationships ☐ Family relationships ☐ <i>Poverty Screen</i> ☐ Sleep Issues ☐ Body changes ☐ Menstrual issues ♀	
Education & Advice:		
Nutrition	Active h	
☐ Refer to Canada's Food Guide ☐ Variety of vegetables and fruits daily ☐ Whole grains ☐ Consume plant-based	☐ Refer to Canada's Food Guide ☐ Variety of vegetables and fruits daily ☐ Whole grains ☐ Consume plant-based	Injury Prevention And Safety ☐ 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 ☐ Carbon Monoxide Hazards – Smoke

Case 3: Chloe, Age 13



She shares the following:

- **Grandmother recently visiting** from overseas. This is the first time she has met her, but she **has to share her room**. Grandmother snores loudly and is verbally a **harsh disciplinarian**
- Denies abuse or bullying
- At school, she has been sent to the office for pushing another student; another time for yelling
- Has **one close friend** who is in her grade but **not in her class**
- She denies any substance use



Case 3: Chloe



She shares the following:

- You remember her parents said that Chloe was put in a class this year without the friend in hopes that Chloe would overcome her shyness.
- Chloe endorses **feeling sad** and **very tired**. It is **hard to focus** on schoolwork over last few months when she is tired.
- Parents express worry if she may want to harm herself based on the pictures

What are your concerns at this point?





Interactive Group Discussion



Can be present among multiple diagnostic presentations:

- Depression
- Anxiety
- Trauma
- Attention-deficit Hyperactivity Disorder
- Oppositional Defiant Disorder
- Conduct Disorders
- Autism Spectrum Disorder



Emotional Dysregulation:

- **Definition:** patterns of emotional experience, or expression that interfere with goal-directed activity, can be intense, lasting hours – couple days
- Transdiagnostic feature (+/- behaviour changes and escalation)
 - Present in mood, anxiety, neurodevelopmental, personality disorders, trauma, etc.
- Can be developmental adaptations in settings of adverse childhood events (ACEs) where “impairments” in emotionality, learning, and behavior may have been adaptive in early life
- Therapy skills can help support distress tolerance and strengthen regulation

Screening for Suicide



***How can we screen for
suicidal ideation?***



Interactive Group Discussion

Screening for Suicidal Ideation



You ask if she would be willing to do a short 20 second questionnaire on suicide risk.



Validated, standardized, specific set of questions designed to identify patients currently at risk of suicide.

Sensitivity 96.9%; Specificity 87.6%

Screening for Suicidal Ideation



You ask if she would be willing to do a short 20 second questionnaire on suicide risk.

Chloe agrees to do the questionnaire.



Screening for Suicidal Ideation



NIMH TOOLKIT: SCREENING TOOL FOR YOUTH AND ADULTS

Suicide Risk **Screening Tool**

Ask **Suicide-Screening** Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? ☐ Yes ☐ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ☐ Yes ☐ No
3. In the past week, have you been having thoughts about killing yourself? ☐ Yes ☐ No
4. Have you ever tried to kill yourself? ☐ Yes ☐ No
If yes, when was the most recent attempt? _____ ☐ Within last 12 months ☐ Over 1 year ago

If patient answers **Yes** to any of Questions #1 through #4, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ☐ Yes ☐ No
If yes, describe briefly: _____

ASQ Scoring



asQ NIMH TOOLKIT: SCREENING TOOL FOR YOUTH AND ADULTS
Suicide Risk Screening Tool

Ask Suicide-Screening Questions

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No to all
Questions #1–#4

Negative screen

No intervention is necessary at this time.
NOTE: Clinical judgment can always override a negative screen.

What if there is a "yes" answer or they refuse to answer?

Next steps?

ASQ Scoring



asQ NIMH TOOLKIT: SCREENING TOOL FOR YOUTH AND ADULTS
Suicide Risk Screening Tool

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5. Are you having thoughts of killing yourself right now? ☐ Yes ☐ No
If yes, describe briefly: _____

If the patient refuses to answer the screening questions:

- For youth, refusal is considered a **non-acute positive screen**.
- For adults, refusal is NOT considered a positive screen. No intervention is necessary at this time unless there are other safety concerns. Document the refusal.

No to all
Questions #1–#4

Negative screen

No intervention is necessary at this time.
NOTE: Clinical judgment can always override a negative screen.

Yes to any of Questions #1–#4 and...

Yes to Question #5

Acute positive screen
(imminent/acute risk identified)

No to Question #5

Non-acute positive screen
(potential risk identified)

ASQ Scoring



asQ NIMH TOOLKIT: SCREENING TOOL FOR YOUTH AND ADULTS
Suicide Risk Screening Tool

Ask Suicide-Screening Questions

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No to all
Questions #1–#4

Negative screen

No intervention is necessary at this time.
NOTE: Clinical judgment can always override a negative screen.

Yes to any of Questions #1–#4 and...

Yes to Question #5

IMMINENT RISK
Patient has acute suicidal thoughts and needs an urgent full mental health evaluation

No to Question #5

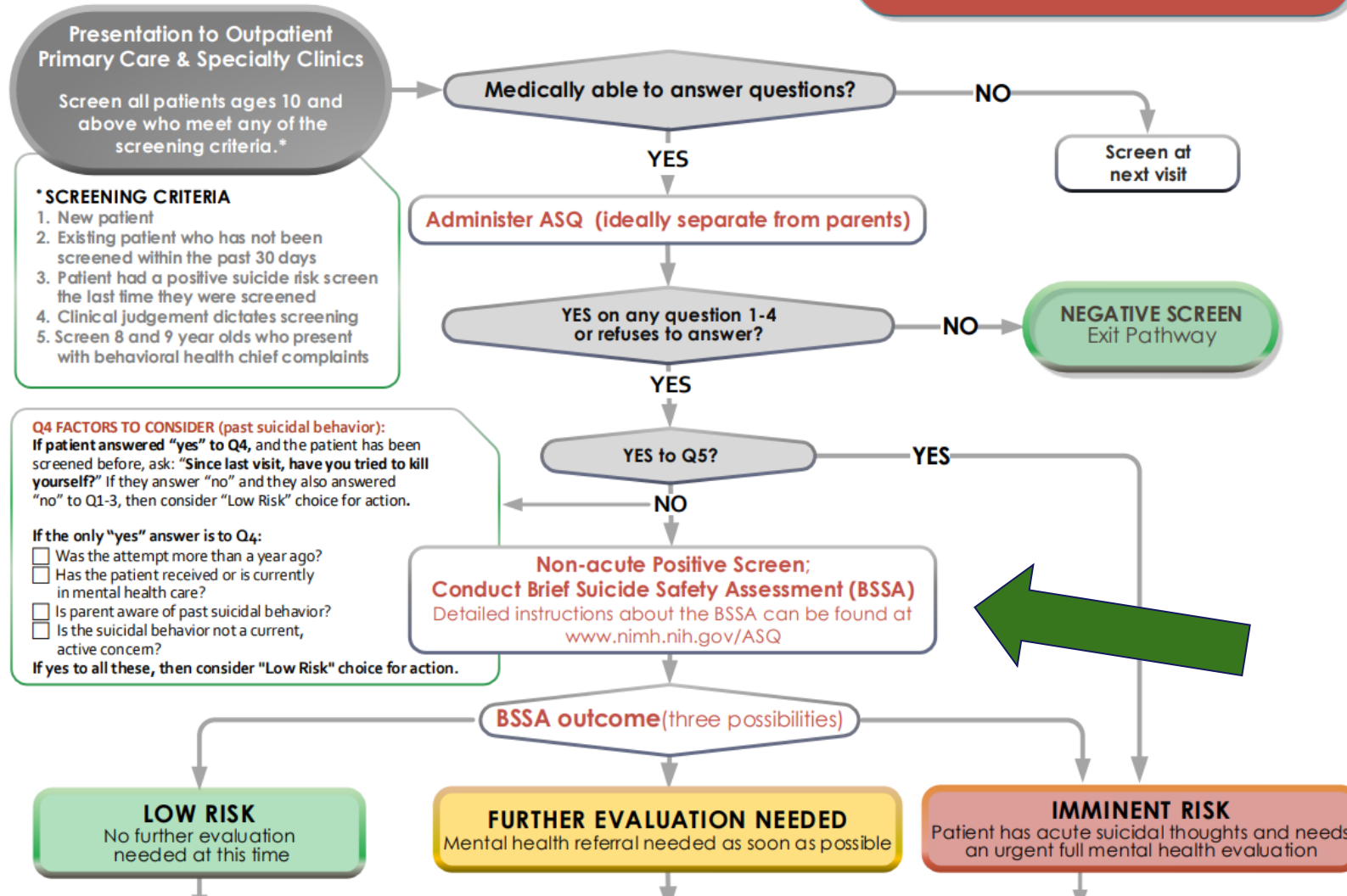
Non-acute positive screen
(potential risk identified)

ASQ Pathways



YOUTH SUICIDE RISK SCREENING PATHWAY

OUTPATIENT PRIMARY CARE & SPECIALTY CLINICS

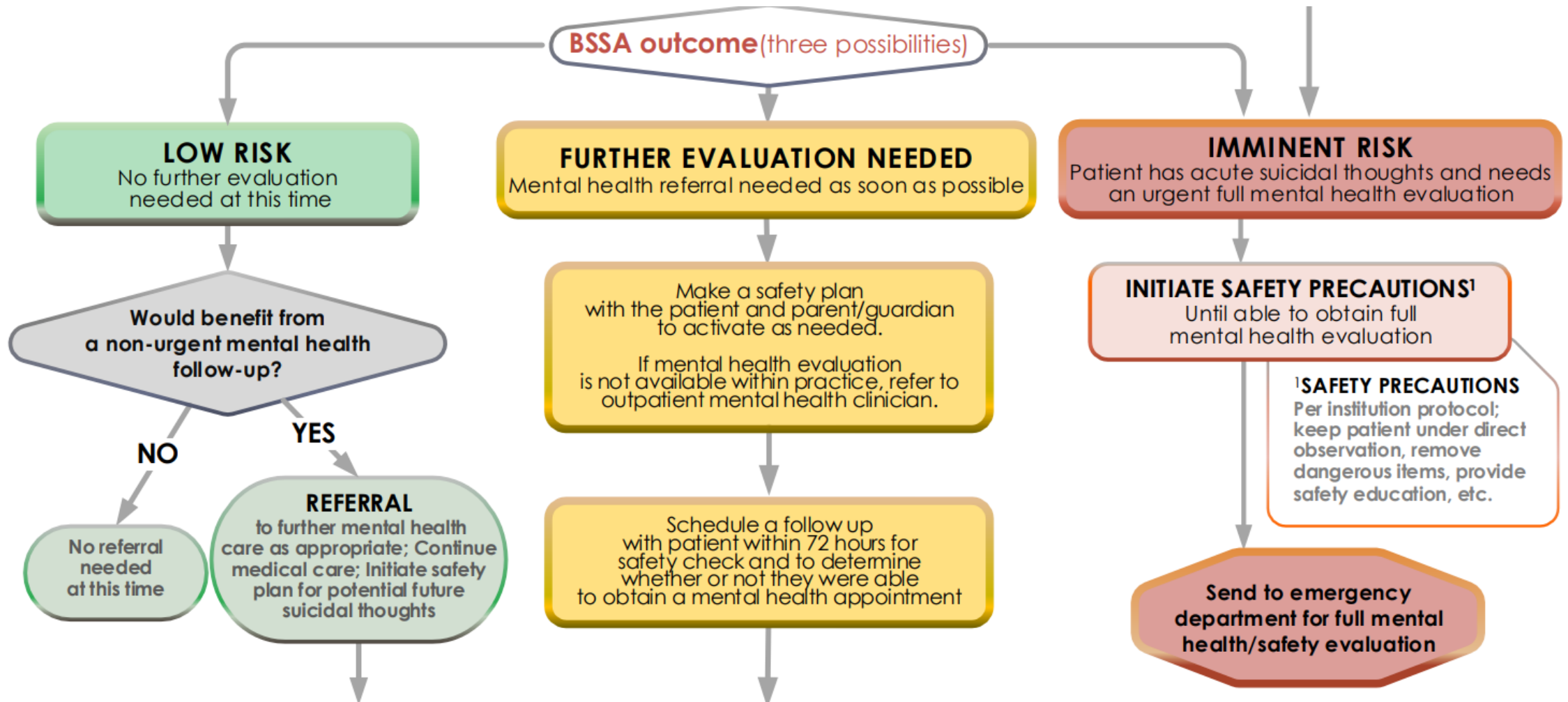


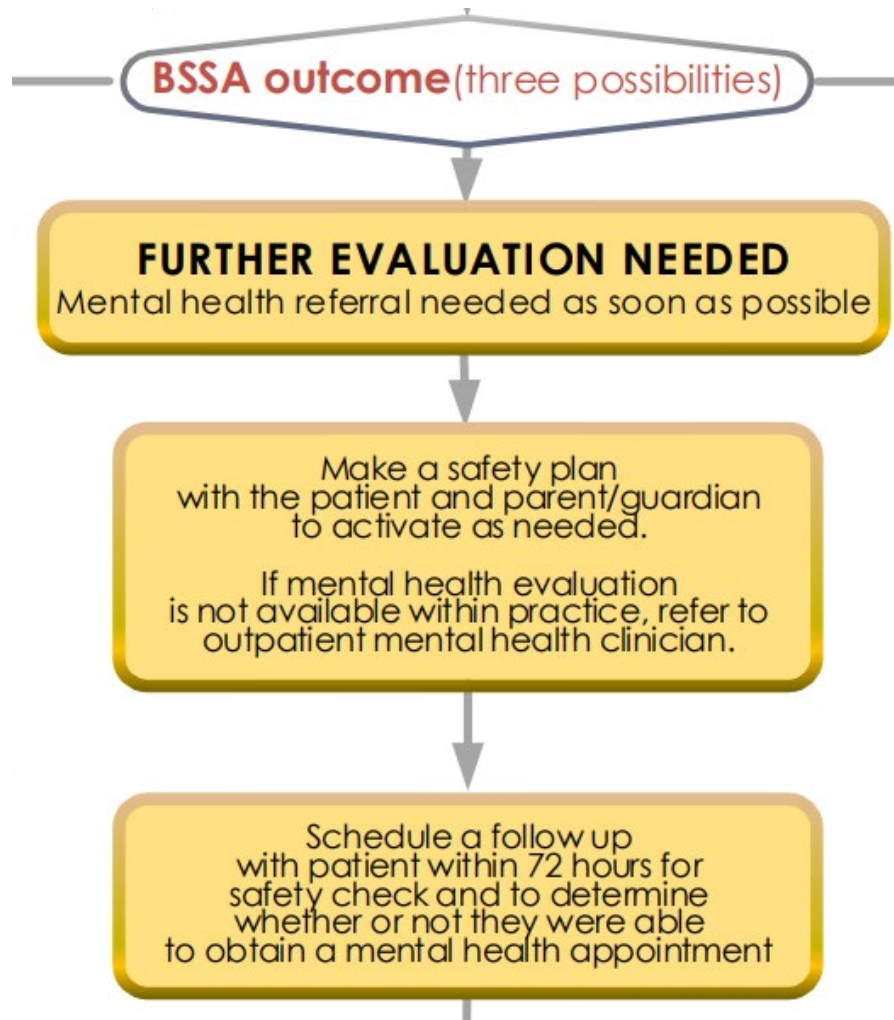


**Non-acute Positive Screen;
Conduct Brief Suicide Safety Assessment (BSSA)**

Detailed instructions about the BSSA can be found at
www.nimh.nih.gov/ASQ

ASQ Pathways





What might be concerning?

- Suicidal ideation without a plan
- Significant past history
- Other self-harm (cutting)
- Worsening mood /anxiety
- Significant functional impairment
- History of significant loss

Case 3: Chloe



Chloe answers **no** to all ASQ Questions, so her screen is **negative**.



NIMH TOOLKIT: SCREENING TOOL FOR YOUTH AND ADULTS

Suicide Risk Screening Tool

Ask **Suicide-Screening** Questions

Ask the patient:

- In the past few weeks, have you wished you were dead?
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- In the past few weeks, have you felt that you or your family would be better off if you were dead?
☐ Yes ☒ No
- In the past week, have you been having thoughts about killing yourself?
☐ Yes ☒ No
- Have you ever tried to kill yourself?
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If yes, when was the most recent attempt? _____ ☐ Within last 12 months ☐ Over 1 year ago

If patient answers **Yes** to any of Questions #1 through #4, ask the following acuity question:

- Are you having thoughts of killing yourself right now?
☐ Yes ☐ No
If yes, describe briefly: _____



Case 3: Chloe



Chloe answers "no" to all ASQ Questions; her screen is negative.

However, you still have concerns about her mood:

- Her drawing could be a form of non-verbal communication
- She has experienced a loss in terms of having her best friend separated from her
- Grandmother is perceived as harsh
- She has lost her status – her own room, privacy
- She has symptoms of depressed mood – sad, tired, lack of focus
- There is impact on her functioning

You decide to screen for depression.



Evaluating for Depression

Chloe: Depression Screening



You consider:

- Possible **differential diagnoses**
- How to screen for **physiologic causes**
- Available **tools for assessment** of depression in children

Differential Diagnosis



PHYSIOLOGICAL

- **Endocrine:** Cushing, thyroid, prolactinoma, hyperparathyroidism
- **Medications:** Prescriptions, abused medications, steroids, sedatives, appetite suppressants
- **Drugs**
- **Infectious:** Mononucleosis, HIV, Lyme, hepatitis
- **Inflammatory:** SLE
- **Deficiencies:** iron, folate, B12, vitD
- **Sleep disorders:** OSA

PSYCHIATRIC

- Major Depressive Disorder
- Dysthymia
- Bipolar
- Anxiety (GAD, OCD, Panic, Phobic disorders, Separation, PTSD)
- Eating disorders
- Premenstrual dysphoric disorder

Screening for Physiologic Causes



Look for Symptoms and Signs of:

- Thyroid and endocrine disorders
- Anemia
- Sleep Disruption
- Alcohol and drug use
- Infectious Diseases (e.g. long Covid)

No specific tests are recommended but...

Basic blood work panel often consists of:

- CBC
- TSH
- ALT
- ESR
- Ferritin
- Folate
- Serum B12

Consider based on history:

- HIV
- Syphilis
- Drug screens
- Serum calcium, PTH
- Electrolytes and creatinine
- Prolactin

Depression Evaluation



Criteria

- Feelings of **sadness, irritability** or **loss of interest or pleasure**
- Last **longer than 2 weeks**
- Affects most parts of **person's daily life**
- Stops people from doing what they used to enjoy

Ask About

- **Functioning, concentration, decision making**
- **Energy**, restlessness or being slowed down
- **Appetite** and **weight** changes
- Recent **triggers** for change in mood
- Other medical or physical concerns

For more information [DSM-5 Criteria](#)

POLL Question



Which validated clinical assessment tool(s) have you used? (select all that apply)

- A. Patient Health Questionnaire (PHQ-9)
- B. Mood and Feelings Questionnaire (MFQ)
- C. Revised Children Anxiety and Depression Scale (RCADS)
- D. Others



Interactive Group Discussion

Screens for Depression in Pediatric Patients



VALIDATED ASSESSMENT TOOLS

1

**PATIENT HEALTH QUESTIONNAIRE
FOR ADOLESCENTS (PHQ9-A)**

DOWNLOAD

2

MOOD & FEELINGS QUESTIONNAIRE (MFQ)

DOWNLOAD

3

**REVISED CHILDREN ANXIETY AND
DEPRESSION SCALE (RCADS)**

DOWNLOAD

Why use the RCADS?



- Validated for **ages 8 to 18**
- Captures **both depression and anxiety symptoms**
- Compares symptoms between youth of the **same gender and age**
- Short (25Q) vs. Full (47Q) versions:
 - **RCADS-25** can be broken down into overall depression and overall anxiety scores
 - **RCADS-47** results can be broken down into 6 subscales: MDD, OCD, Social Phobia, Separation Anxiety Disorder, GAD, Panic Disorder
- Available free in **multiple languages**



8-18
YEARS

3rd GRADE
READING
LEVEL

How to access the RCADS



- The Tool can be found at:



- For an in-depth guide: Use the Cundill Tool from CAMH:



- Download the Quick Guide PDF:

**Quick Guide to the
Revised Children's
Anxiety and Depression
Scale (RCADS)**



The RCADS Screen



Child or parent rates how often the patient feels the listed symptoms:

- Never = 0
- Sometimes = 1
- Often = 2
- Always = 3

Date: _____

Name/ID: _____

RCADS

Please put a circle around the word that shows how often each of these things happens to you. There are no right or wrong answers.

1. I worry about things	Never	Sometimes	Often	Always
2. I feel sad or empty	Never	Sometimes	Often	Always
3. When I have a problem, I get a funny feeling in my stomach	Never	Sometimes	Often	Always
4. I worry when I think I have done poorly at something	Never	Sometimes	Often	Always
5. I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
6. Nothing is much fun anymore	Never	Sometimes	Often	Always
7. I feel scared when I have to take a test	Never	Sometimes	Often	Always
8. I feel worried when I think someone is angry with me	Never	Sometimes	Often	Always
9. I worry about being away from my parents	Never	Sometimes	Often	Always
10. I get bothered by bad or silly thoughts or pictures in my mind	Never	Sometimes	Often	Always
11. I have trouble sleeping	Never	Sometimes	Often	Always
12. I worry that I will do badly at my school work	Never	Sometimes	Often	Always
13. I worry that something awful will happen to someone in my family	Never	Sometimes	Often	Always
14. I suddenly feel as if I can't breathe when there is no reason for this	Never	Sometimes	Often	Always
15. I have problems with my appetite	Never	Sometimes	Often	Always
16. I have to keep checking that I have done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always



- EMR/Online Tools
- Automated
<https://rcads.ucla.edu/automatedscoring>
- Manual
<https://rcads.ucla.edu/manualscoring>





T Scores for RCADS

- T-Scores < 65 = **normal**
- T-Scores 65 – 69 = **mild**
- T-Scores 70 – 80 = **moderate**
- T-Scores > 80 = **severe**



Case 3: Chloe



Chloe completes the RCADS-25:

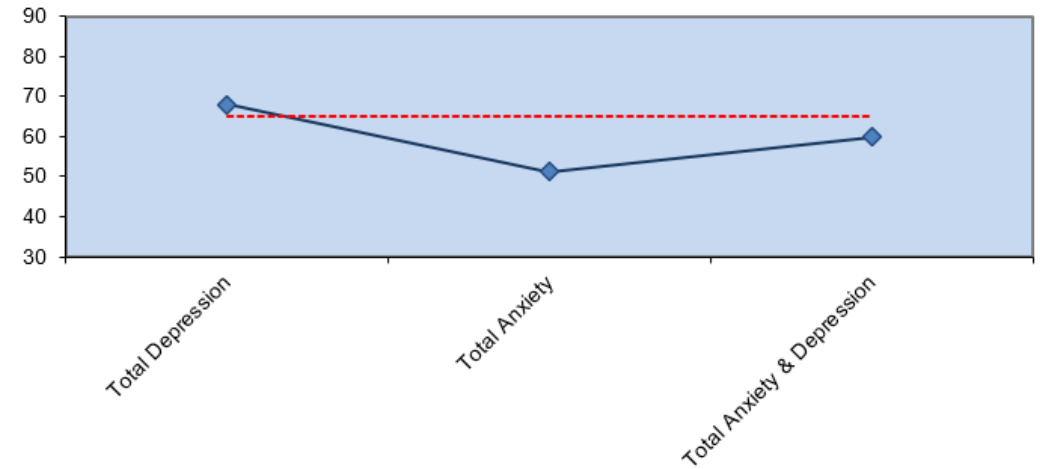
- Depression score 16 = T-score 68
- Anxiety score 12 = T-score 51

= MILD DEPRESSION

T-Scores < 65 = **normal**
T-Scores 65 – 69 = **mild**
T-Scores 70 – 80 = **moderate**
T-Scores > 80 = **severe**

Gender = girl (boy or girl)
Grade = 9 (3 - 12 only)

Scales	Raw Scores	T Scores
Total Depression	16	68
Total Anxiety	12	51
Total Anxiety & Depression	28	60



Depression Treatment

Treatment Resources



camh | Cundill Centre for Child
and Youth Depression

[https://cundilldepressioncaretool.
camh.ca/](https://cundilldepressioncaretool.camh.ca/)



GREIG HEALTH RECORD

<https://greighealthrecord.ca>

Cundill Online Depression Tool



Guide to the Tool



There are four main sections in this tool. Use the PREVIOUS and NEXT buttons at the bottom of the page to navigate through the content. You can also use the purple taskbar at the top to quickly navigate between the sections. It will take approximately 20 minutes to complete the tool, not including time spent viewing additional resources.

Overview	Learn about the purpose and origins of the tool, gain an overview of depression in teens, and access our depression fact sheet.
Assessment	Review the diagnostic criteria for depression, obtain tips to assess for depression, identify valid assessment questionnaires, and obtain guidance on determining depression severity.
Treatment	Access two evidence-informed care pathways—one for mild depression; one for moderate/severe depression. Click on the interactive boxes to learn more about lifestyle advice and psychosocial strategies, psychotherapy and medication recommendations, and options when there is no response to treatment.
Resources	Access additional information, including practical tools for youth and clinicians, links to local services and crisis lines in Canada, frequently asked questions (FAQ), and references.



Mild Depression Pathway

Click on each box to learn more.

Step 1

Lifestyle Advice & Psychosocial Strategies

Step 2

Check response after 2 weeks

[Read More](#)

Step 3

Response

- Relapse prevention plan
- Reduce intensity & frequency of visits

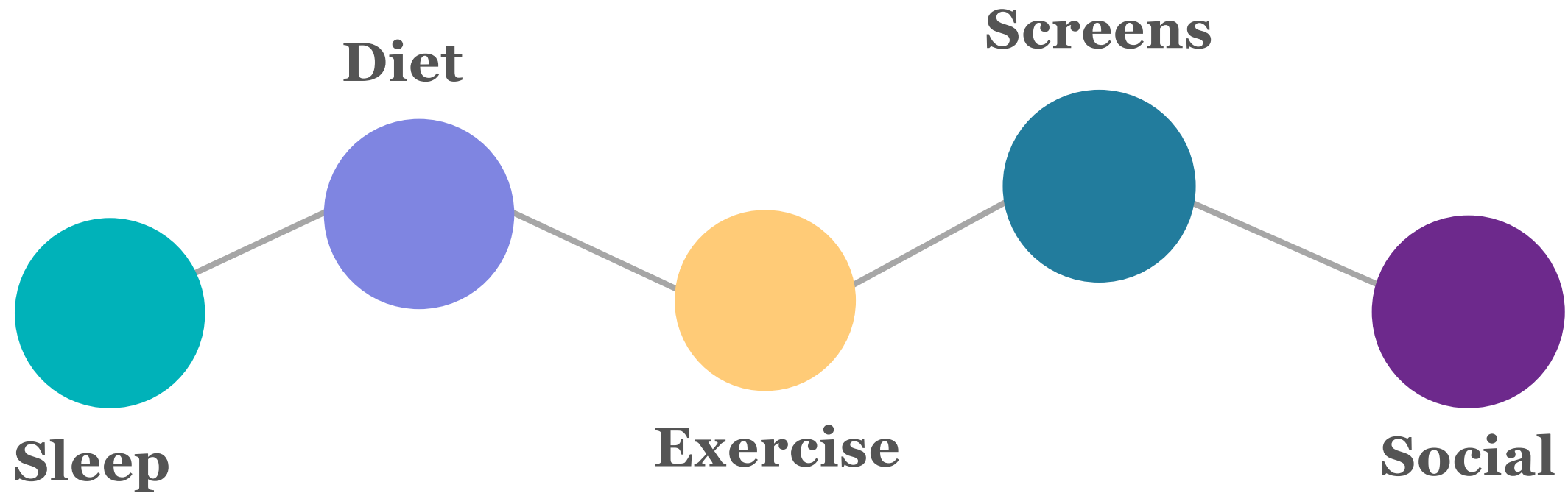
[Read More](#)

No response

Psychotherapy

[Read More](#)

Lifestyle Interventions



Case 3: Chloe - Lifestyle



- **SLEEP:** Sleep was good. Now interrupted due to grandmother's snoring
- **DIET:** Good variety. Lower appetite recently.
- **EXERCISE:** Has always had 60 minutes per day but she finds she has low energy.
- **SCREENS:** At least 3 hours/day. Often more at night when can't sleep.
- **SOCIAL:** Still going to choir and lacrosse but has to take breaks. Reduced stamina.



Greig Health Record



Education & Advice:

Nutrition	Active healthy living	Behaviours and Habits
○ 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 of heart-pumping activity 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 - 8 to 10 hours/d – ages 14 to 17 years	○ Ask about safe media use, TV and Internet ○ Hearing Protection ○ Healthy Relationships ○ Dental care, fluoride ○ Substances & Addictions ○ Alcohol ○ Tobacco ○ Cannabis ○ Other

Greig Health Record - Sleep



Sleep Recommendations (hrs/24hrs)			
Age (yrs)	Actual Average	CPS	CDC
6-12 yrs School age	9.2	10 to 12	At least 10
13 -18 Adolescent	8.1 -9.0	9 to 10	9 to 10



Strategies for Good Sleep Habits – Adolescents

Have a consistent bedtime routine

Try to keep sleep and wake times the same for weekdays and weekends

Avoid daytime napping

Have a relaxed setting at bedtime (dim lights, calm environment)

Get exercise every day, but avoid high-intensity exercise within 3 hrs of bedtime

Fall asleep in your bedroom, not on the couch

Avoid caffeine after mid-afternoon and later

Don't smoke, and don't use alcohol, herbal products or over-the-counter sleep aids to help you sleep

Avoid media/electronics in the bedroom

Limit screen time before bedtime (avoid 1-2 hrs before bedtime)

Consult with a primary care practitioner about snoring or other sleep concerns



Position Statement

Digital media: Promoting healthy screen use in school-aged children and adolescents

Canadian Paediatric Society, Digital Health Task Force, Ottawa, Ontario

Correspondence: Canadian Paediatric Society, 100–2305 St Laurent Blvd, Ottawa, Ontario K1G 4J8. E-mail info@cps.ca, website www.cps.ca

All Canadian Paediatric Society position statements and practice points are reviewed regularly and revised as needed. Consult the Position Statements section of the CPS website www.cps.ca/en/documents for the most current version. Retired statements are removed from the website.

Abstract

Digital media are integrated into the everyday lives of children and adolescents, with potential benefits and risks for learning, mental and physical health, and for social life. This statement examines the cognitive, psychosocial, and physical effects of digital media on school-aged children and adolescents, with a focus on family routines, context, and activities. Evidence-based guidance for clinicians and families involves four principles: healthy **management**, **meaningful** screen use, positive **modelling**, and balanced, informed **monitoring** of screen time and behaviours.

Keywords: *Adolescents; Children; Development; Digital media; Family; Health; Screen use*

BACKGROUND

Digital media are integrated into the everyday lives of children and adolescents, and health care providers are often asked about the effects of screen use on mental and physical health.

6 years, with a focus on journal articles, reviews, systematic reviews, and meta-analyses. A search of the grey literature was also conducted, using paediatric and psychological association websites, reference lists, and information from screen research



- **In school-aged children (age 6-12)** - higher screen use is reported in children with **higher depressive symptom levels**, lower levels of physical activity and increases the risk of exposure to negative or harmful content
- **In adolescents (age 13-18)** - excessive screen use (> 4 hours/day) associated with **negative effects on mental and physical health**
 - Unclear whether the use of social media is a cause or a symptom of depression
 - Negative social interactions, cyber-bullying and social media content can negatively affect **self-esteem** and **interpersonal relationships**, increase **mental distress and depression**, **self-injurious behaviour** and **suicidality** among youth
 - Effect is greatest among **females** and has **dose response relationship**

Screens – What can we do?



- Develop a Family Media Plan
- Parents model healthy behaviour around screens
- Avoid screens in the bedroom
- Avoid media multitasking
- Co-view media with children 6 – 12 y.o.
- Open discussion with teens about screens, social media; provide positive engagement and guidance
- Interactive screen time such as cooperative or competitive video games can help strengthen friendships, develop skills in collaborative work and encourage self-esteem
- Recommended *minimum* age for having a social media account is 13 years



Canada's Centre
for Digital Media
Literacy

<https://mediasmarts.ca/>

Case 3: Chloe – The Plan



SLEEP

DIET

EXERCISE

SCREENS

SOCIAL



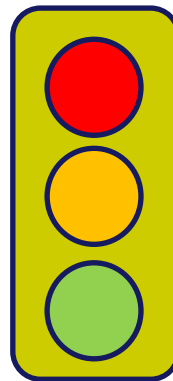
- Because of the content of the artwork (as non-verbal communication), you initiate a **semi-urgent psychiatric referral**. Unfortunately, in your community this will take a few weeks or longer.
- You address **lifestyle** with parents:
 - They will move grandmother to the basement bedroom so that Chloe can have more privacy and improved sleep.
 - They will keep electronics out of the bedroom.
 - They will set limits on the total screen time.
 - They will also try going for family hikes and swimming at the local community centre on the weekend.
- You order basic **bloodwork** because of the fatigue. Your examination revealed no other concerns.

Case 3: Chloe – The Plan



Follow up:

- You suggest daily **check-ins** with parents regarding her mood
- Chloe agrees to let her dad know how she is doing by giving him a number on a **1-10 scale** and use the '**Traffic Light**' system for safety
- You do a quick phone check-in in **72 hours** and book an in-person follow-up in two weeks



Case 3: Chloe – Two weeks later



- **Bloodwork report was normal**
- **72-hour check-in was fine**
- Chloe reports sleeping better but still complains of low energy
- She has reduced her recreational screen time to 1 hour per day on school nights and has few restrictions on weekends
- The family went for a hike one weekend and the next Sunday for a walk and picnic with parents joined by her aunts, uncles, and cousins
- Her appointment with the psychiatrist isn't for another 6 weeks
- Her RCADS (which she did while she was in the waiting room) shows...



Case 3: Chloe



Chloe completes the RCADS-25:

- Depression score 16 = T-score 79
- Anxiety score 12 = T-score 59

Reference Ranges:

T-Scores < 65 = **normal**

T-Scores 65 – 69 = **mild**

T-Scores 70 – 80 = **moderate**

T-Scores > 80 = **severe**



Case 3: Chloe



Chloe completes the RCADS-25:

- Depression score 16 = T-score 79
- Anxiety score 12 = T-score 59

Moderate Depression

- Symptoms are impacting her school attendance and academic performance
- Losing her temper with friends and family more often



Case 3: Chloe



Chloe completes the RCADS-25:

- Depression score 16 = T-score 79
- Anxiety score 12 = T-score 59

Moderate Depression

- Symptoms are impacting her school attendance and academic performance
- Losing her temper with friends and family more often



Now what?



Interactive Group Discussion

Case 3: Chloe – Next steps



- Chole reports no suicidal thinking
- However, she says her mood is lower than the first visit
- She didn't tell you the full extent of her symptoms because she was worried about her parents' reaction
- She does trust you and says she is comfortable talking to you
- The psychiatrist appointment is not for several weeks



Case 3: Chloe – Next steps



- Chole reports no suicidal thinking
- However, she says her mood is lower than the first visit.
- She didn't tell you the full extent of her symptoms because she was worried about her parents' reaction
- She does trust you and says she is comfortable talking to you
- The psychiatrist appointment is not for several weeks.
- **You ask if there is anything else you should know in order to help her better – she says no.**
- **You decide to recommend therapy and start medication after discussing with her and parents.**



Psychotherapy for Depression

Case 3: Chloe - Ongoing follow-up



- **Psychotherapy for Depression:**
 - Indicated in addition to lifestyle modifications for mild depression
 - *Combination of **cognitive-behavioural therapy (CBT)** + **medication*** results in better treatment outcomes in moderate to severe depression (vs. therapy or medication alone)
 - Ideally access early/while awaiting medication where possible
- OHIP-covered:
 - <https://bouncebackontario.ca/teens/>
 - [Local CMHA directory](#)
 - [Helpahead.ca \(Toronto Region\)](#)
- In-office supportive therapy in interim



March, J. S., Silva, S., Petrycki, S., Curry, J., Wells, K., Fairbank, J., Burns, B., Domino, M., McNulty, S., Vitiello, B., & Severe, J. (2007). The Treatment for Adolescents With Depression Study (TADS): long-term effectiveness and safety outcomes. *Archives of general psychiatry*, 64(10), 1132–1143.
<https://doi.org/10.1001/archpsyc.64.10.1132>

Case 3: Evidence-Based Psychotherapy



1

COGNITIVE BEHAVIOURAL THERAPY

2

INTERPERSONAL THERAPY

3

PROBLEM SOLVING THERAPY





Moderate/Severe Depression Pathway

Consider referral to or consultation with youth mental health specialist

Step 1

Lifestyle Advice & Psychosocial Strategies

Step 2

Medication

+

+

Psychotherapy

[Read More](#)

Step 3

Check response after 4-6 weeks

[Read More](#)

Step 4

Response

[Read More](#)

Continue treatment for 3 months

OR

No response

[Read More](#)

Team Review & Treatment Change

Cundill Tool – Psychoeducational Resources



camh | Cundill Centre for Child
and Youth Depression

- Resources for Youth and Providers – Food, Movement and Sleep videos, handouts

<https://cundilldepressioncaretool.camh.ca/resources/tools>

Psychoeducational Tools

- ▶ Video - Mood Matters: Describing Depression
- ▶ Video- Mood Matters: How Food, Movement & Sleep Can Have an Impact on You
- 📄 Mood Foundations Package for Youth

Assessment Tools for Primary Care Providers

- ▶ Video- Monitoring Mental Health: Using measurement tools to inform care for youth
- ▶ Video- Monitoring Mental Health: Using the Revised Children's Anxiety and Depression Scale
- ▶ Video: Assessing for Depression in a Virtual Primary Care Appointment with a Young Person
- 📄 Quick Guide to the Revised Children's Anxiety and Depression Scale (RCADS)
- 📄 Assessment Tools: - Mood and Feelings Questionnaire - Revised Children's Anxiety and Depression - Scale (ICHO Standard Set for Children & Young People with Depression and Anxiety)

Treatment Tools

- 📄 Medication Handout for Youth
- ▶ Video: How can problem solving help youth with depression?
- 📄 Problem Solving Worksheets
- 📄 Cognitive Restructuring Worksheets

Special Populations and Considerations

- 📄 Autism and Depression Package

Medication Initiation

CUNDILL CENTRE ONLINE DEPRESSION TOOL



camh | Cundill Centre for Child
and Youth Depression

HOME

OVERVIEW

ASSESSMENT

TREATMENT ▼

RESOURCES ▼

Moderate/Severe Depression Pathway

Consider referral to or consultation with youth mental health specialist

Step 1

Lifestyle Advice & Psychosocial Strategies

Step 2

Medication

+

+

Psychotherapy

[Read More](#)

Step 3

Check response after 4-6 weeks

[Read More](#)

Step 4

Response

Continue treatment for 3 months

[Read More](#)

OR

No response

Team Review & Treatment Change

[Read More](#)



Medication

- Start youth on fluoxetine, which is the first-line medication
- If youth has already had an adequate trial of fluoxetine without response, try sertraline or citalopram
- Do not offer medication without also offering psychotherapy
- If psychotherapy is declined, youth should still be offered medication treatment
- Do not offer paroxetine, venlafaxine, tricyclic antidepressants or St. John's Wort

MEDICATION: FLUOXETINE



Fluoxetine

Sertraline

Citalopram

Titrating

- Week 1: 10 mg/day
- Week 2: Increase to 20mg/day
- Week 4: Assess response; continue fluoxetine at 20mg/day or consider increase to 30mg/day
- Week 6: Assess response; consider increase to 40mg/day
- Week 8 or 12: Assess response; if sufficient, continue fluoxetine at 20-40mg/day. If some response but significant symptoms/impairments remain, consider increase to 60mg/day (if medication tolerated and youth agrees). If insufficient response, switch to another SSRI.

Monitoring

- Monitor weekly for the first 4 weeks.
- Monitor closely for suicidal behaviour, increased anxiety and intolerance.

Tapering

- If current dose is < 40mg/d, can be stopped abruptly.
- If current dose is $\geq$ 40mg/d, reduce by 20mg every week until stopped.

MEDICATION: SERTRALINE



Fluoxetine

Sertraline

Citalopram

Titrating

- Week 1: 25 mg/day
- Week 2: Increase to 50mg/day
- Week 4: Assess response; continue sertraline at 50mg/day or consider increase to 100mg/day
- Week 6: Assess response; consider increase to 150mg/day
- Week 8 or 12: Assess response; if sufficient, continue sertraline at 50-150mg/day. If some response but significant symptoms/impairments remain, consider increase to 200mg/day (if medication tolerated and youth agrees). If insufficient response, switch to another SSRI.

Monitoring

- Monitor weekly for the first 4 weeks.
- Monitor closely for suicidal behaviour and intolerance.

Tapering

- If current dose is $> 100\text{mg/d}$, reduce by 50mg/d every week until 50mg/d is reached, then reduce by 25mg/d a week until stopped.
- If current dose $\leq 75\text{mg/d}$, reduce by 25mg/d a week until stopped.

MEDICATION: CITALOPRAM



Fluoxetine

Sertraline

Citalopram

Titrating

- Week 1: 10 mg/day
- Week 2: Increase to 20mg/day
- Week 4: assess response; continue citalopram at 20-40mg/day.

Monitoring

- Monitor weekly for the first 4 weeks.
- Monitor closely for suicidal behaviour and intolerance.

Tapering

- Reduce by 10mg/d every week until stopped.

Case 3: Chloe - Ongoing follow-up



You've prescribed fluoxetine **10 mg** x 1 week with instructions to increase the dose to **20 mg** on week 2 if tolerated well

- Counsel around common side effects – headaches, GI upset, no family history of bipolar disorder/mania

You follow-up with Chloe in 4 weeks.

- She is tolerating the Fluoxetine 20 mg well.
- A repeat RCADS:
 - Depression score 16 = T-score 68 (improved to **mild depression**)
 - Anxiety score 12 = T-score 51



Reference Ranges:

T-Scores < 65 = **normal**

T-Scores 65 – 69 = **mild**

T-Scores 70 – 80 = **moderate**

T-Scores > 80 = **severe**

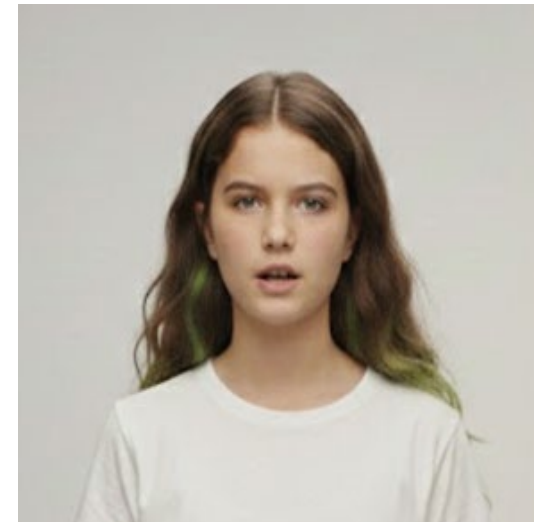
Case 3: Chloe - Ongoing follow-up



You see her in 2 weeks and the psychiatry appointment is scheduled

- Chloe reports mood is better and is opening up more:
 - Reports that dad and mom argue a lot, sometimes can escalate to mom throwing things
 - Dad drinks at night to cope
 - Grandmother arrived to help mom around the house and expects Chloe to take on more chores.

What else can you do to help Chloe?





Interactive Group Discussion

Case 3: Chloe - Ongoing follow-up



- ***What else can you do to help Chloe?***
 - Confirm if home environment is safe
 - Role of mandatory child welfare reporting when appropriate
 - Clarify risks in the form of adverse childhood events
 - Supporting Chloe and family in developing resilience



Psychosocial Risks: Adverse Childhood Experiences



What Constitutes Risk and Examples of ACEs

- AKA "*Developmental Trauma*"

Adverse childhood experiences
Experiencing physical, emotional abuse or neglect or sexual abuse
Living with someone who abuses drugs or alcohol
Living with someone who is or has been in prison
Living with someone who has serious mental illness
Being exposed to domestic violence
Loss of a parent – divorce, death or abandonment

Adapted from Jacob et al. Paediatrics & Child Health 2019;24 (1):30-36.



Poll: True or False?



Children/adolescents from socioeconomically disadvantaged backgrounds are 2-3 x more likely to suffer from mental health issues compared with those from more advantaged backgrounds.



Reiss F. Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. *Soc Sci Med* 2013;90:24-31.



Interactive Group Discussion

Poll: True or False?



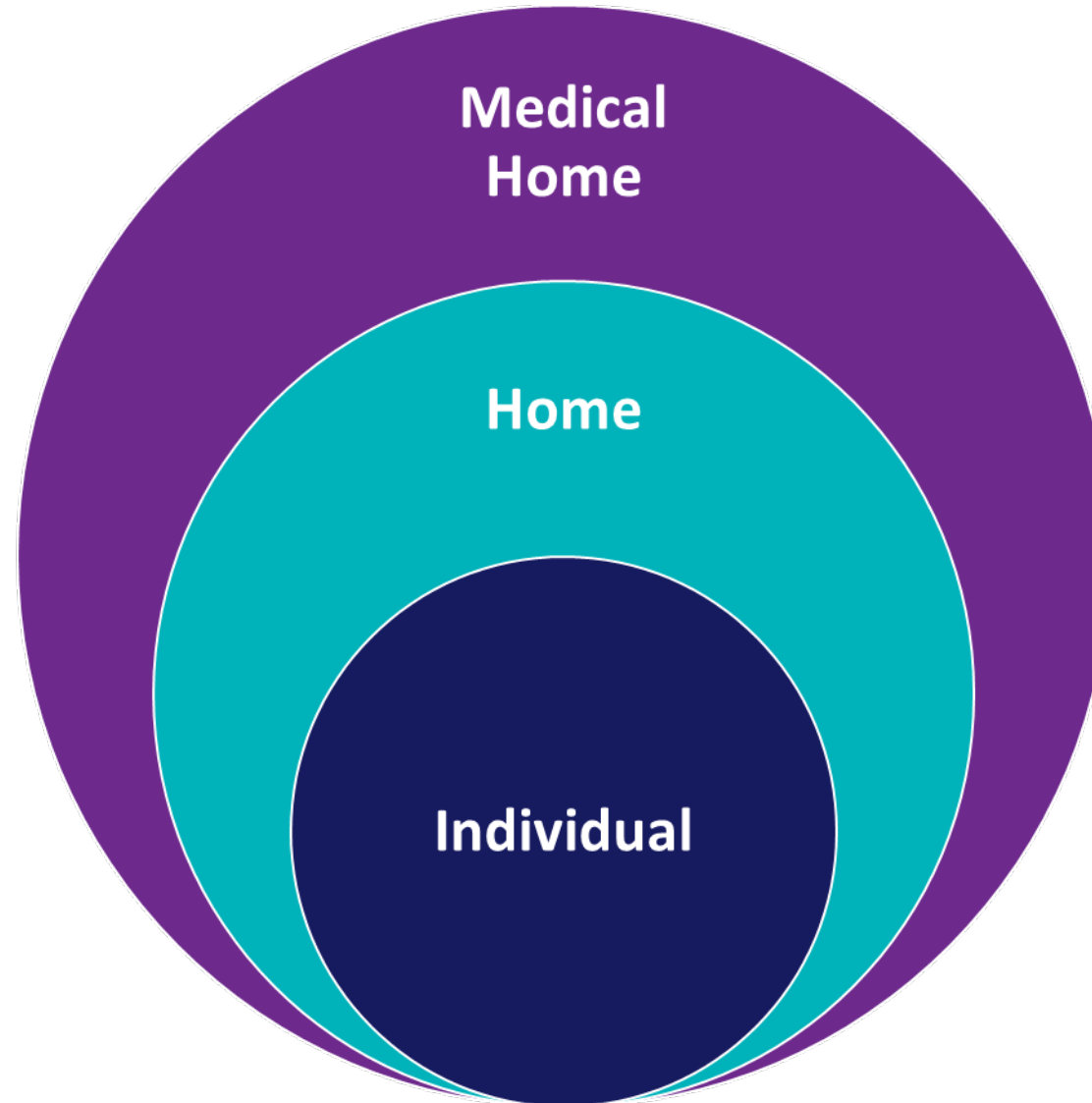
Children/adolescents from socioeconomically disadvantaged backgrounds are 2-3 x more likely to suffer from mental health issues compared with those from more advantaged backgrounds.

True



Reiss F. Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. Soc Sci Med 2013;90:24-31.

Creating Resilience



Creating Resilience: Individual Level



Positive childhood experiences

Feeling able to talk to family about feelings

Feeling supported by family during difficult times

Enjoying participating in community traditions

Feeling a sense of belonging during secondary school

Feeling supported by friends

Having at least 2 adults (not including parents) who have a genuine interest in the child / adolescent

Feeling safe and protected by an adult you live with

Bethell Cs. JAMA ~~Pediatr.~~ 2019;173(11):e193007

Parenting Strategies



Five Universal Parenting Strategies	
Warmth	to give attention, love, caring
Empathy	communicate with word, body language, co-regulation of emotions
Structure	through household rules, predictable daily routines with consistent sequence, nutrition, sleep, physical activity
Safety	structure, protection including shelter, avoiding creating fear
Caregiver qualities	self regulation, maintain physical and mental health, external supports

Adapted from Dosman & Gallagher Paediatr Child Health 2022;27(6):327

Positive Parenting and Caregiver Resources



- **Alberta Health:**
<https://www.albertahealthservices.ca/assets/info/amh/if-amh-scsf-positive-parenting-handout.pdf>
- **American Academy of Pediatrics:**
<https://www.healthychildren.org/English/family-life/family-dynamics/communication-discipline/Pages/Disciplining-Your-Child.aspx>
- **Canadian Paediatric Society:**
<https://caringforkids.cps.ca/handouts/behavior-and-development/positive-discipline-for-young-children>



Validation



- **VALIDATION**

- Communicating (through words, actions, etc.) that someone's thoughts/feelings/actions are understandable to you in a particular situation

- **SELF-VALIDATION**

- Perceiving your own feelings, thoughts, and actions as making sense and understandable to you in a particular situation

- **INVALIDATION**

- Communicating that yours or someone's thoughts/feelings/actions in a particular situation are incorrect, incomprehensible or not worthy of your time, interest, or respect

How Can We Validate Others



1. **Active listening** – making eye contact and staying focused
2. **Being mindful of verbal and non-verbal reactions to avoid invalidation** (rolling eyes, minimizing someone's expressed concern)
3. **Observe the other person's feeling**
4. **Reflect the feeling without judgment** – communicate you understand how they feel, can try to paraphrase: *"That sounds difficult."*
5. **Showing tolerance** of how the feeling may make sense for the other even if you don't agree/approve
6. **Respond according to the person's needs** - *"Do you need me to listen or problem solve?"*

Creating Resilience in the Medical Home



Primary Care Office:

- Creation of a "medical home"
- Longitudinal relationships
- Providing behavioural health care and guidance
- Directing access to community resources
- Counselling about poverty – Centre for Effective Practice Resources



Centre
for Effective
Practice

<https://cep.health/clinical-products/poverty-a-clinical-tool-for-primary-care-providers/>

Preventing ACEs: Systems Level



Preventing Adverse Childhood Experiences (ACEs): *Leveraging the Best Available Evidence*

<https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>

 Preventing ACEs	
Strategy	Approach
Strengthen economic supports to families	• Strengthening household financial security • Family-friendly work policies
Promote social norms that protect against violence and adversity	• Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention
Ensure a strong start for children	• Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement
Teach skills	• Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches
Connect youth to caring adults and activities	• Mentoring programs • After-school programs
Intervene to lessen immediate and long-term harms	• Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders

Additional Clinical Resources



CRISIS

NOT A CRISIS

Brief Suicide Safety Assessment (BSSA)



Ask **Suicide-Screening** Questions

What to do when a pediatric patient screens positive for suicide risk:

NIMH TOOLKIT: **YOUTH OUTPATIENT**

Brief Suicide Safety **Assessment**

- Use after a patient (**8 - 24 years**) screens positive for suicide risk on the asQ
- Assessment guide for mental health clinicians, MDs, NPs, or PAs
- Prompts help determine disposition

WORKSHEET

8-24 years old

Takes 10 mins

https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/youth-outpatient/bssa_worksheet_outpatient_youth_asq_nimh_toolkit.pdf

Brief Suicide Safety Assessment (BSSA)



Steps

1. Praise
2. Assess SI
 - Frequency of thoughts
 - Suicide plan
 - Past suicidal behaviours
 - Symptoms
 - Supports and stressors
3. Interview patient and parent/guardian together if possible
4. Safety Plan
5. Determine disposition
 - Emergency
 - Further evaluation within 72 h
 - Non-urgent mental health follow-up
6. Provide resources including Helpline

NIMH TOOLKIT: YOUTH OUTPATIENT

**Brief Suicide Safety Assessment**

Ask **asQ** Suicide-Screening Questions

What to do when a pediatric patient screens positive for suicide risk:

WORKSHEET page 1 of 4

Patient name: _____ DOB: _____
Interviewer name: _____ Assessment date: _____

- 1 Praise patient** *for discussing their thoughts*

"I'm here to follow up on your responses to the suicide risk screening questions. These are hard things to talk about. Thank you for telling us. I need to ask you a few more questions."
- 2 Assess the patient** *Review patient's responses from the asQ*
 - ☐ **Frequency of suicidal thoughts**

(If possible, assess patient alone depending on developmental considerations and parent willingness.)
Determine if and how often the patient is having suicidal thoughts.
Ask the patient: "In the past few weeks, have you been thinking about killing yourself?"
If yes, ask: "How often?" _____ (once or twice a day, several times a day, a couple times a week, etc.)
"When was the last time you had these thoughts?" _____

☐ "Are you having thoughts of killing yourself right now?" (If "yes," patient requires an urgent/ STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)

 - ☐ **Suicide plan**

Assess if the patient has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means). **Ask the patient:** "Do you have a plan to kill yourself?" **If yes, ask:** "What is your plan?" **If no plan, ask:** "If you were going to kill yourself, how would you do it?"

Note: If the patient has a very detailed plan, this is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

Three interventions that can make a difference

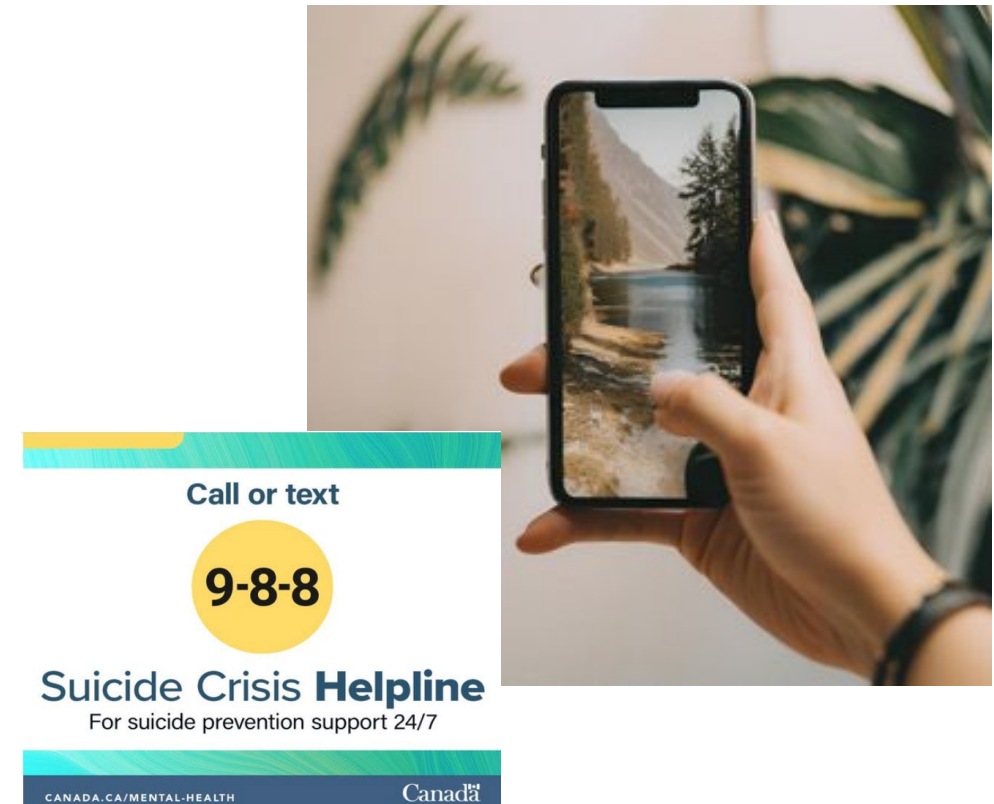


1. Safety Planning
2. Lethal means safety counselling
3. Provide crisis resources

National Crisis Resources



- **9-1-1 Or your local emergency**
- **9-8-8 Canada:** National suicide crisis helpline that can be called or texted for people of all ages.
- youthspace.ca
 - open 6pm to 11 pm PST
 - online chat or text
- kidshelpphone.ca
 - Text to 686868, Call 1-800-668-6868
 - TEXT: FIRST NATIONS / INUIT / METIS
 - RISE (Black Youth Helpline)



Other Crisis Resources – Regional/Provincial



- **Greater Toronto Area:**

- Includes distress lines, mobile crisis response, community crisis supports, specialized resources and additional resources.
- The Toronto Community Crisis Service (TCCS) provides free, confidential, in-person mental health supports city-wide from mobile crisis worker teams. TCCS supports Toronto residents 16 years of age or older and is available 24 hours a day, seven days a week without involving the police.

- **Ontario:**

- ONE STOP TALK
- Call: 1 (855)416-8255 / 1 (855) 416-TALK
- Virtual counselling service available across Ontario to provide youth ages 0-17 with immediate access to free mental health support.
- Monday to Friday from 12pm to 8pm and on Saturdays from 12pm-4pm

Community-specific Helplines



- [HOPE FOR WELLNESS](#) ✨
 - Indigenous supports
 - Call or online chat: 1-855-242-3310
- [NASEEHA](#) ✨
 - Muslim Focused Helpline: 1-866-627-3342
- [LGBTQ2S+ YOUTHLINE:](#) ✨
 - 1-800-268-9688
- [Transgender Lifeline](#) ✨
 - 1-877-330-6366

Step One: Crisis or Not?



NOT A CRISIS



OPTIONS:

- Youth Wellness Hubs
- SCOPE
- E consult

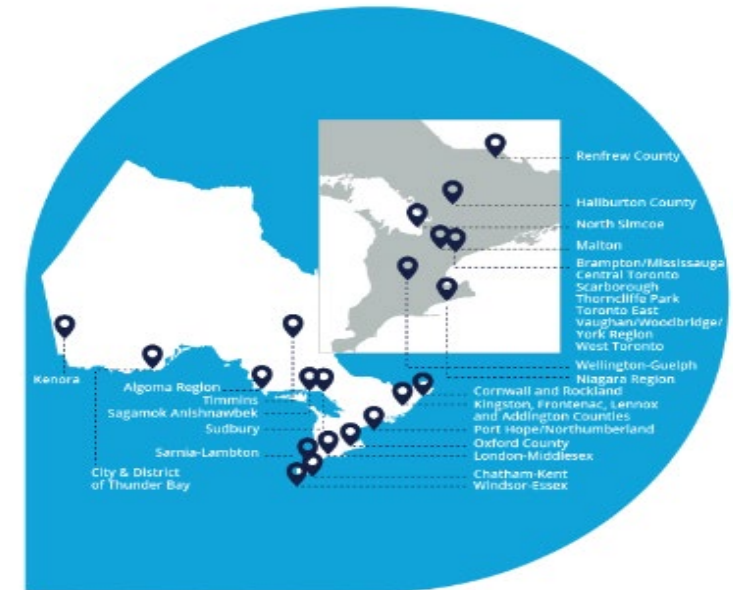
Provincial Resources: Youth Wellness Hubs



Youth Wellness Hubs

<https://youthhubs.ca/>

- 27 networks across Ontario
- For youth ages 12-25, families, and other support individuals
- An Integrated Youth Services (IYS) initiative designed to address the service gaps in the youth mental health and substance use across sectors in Ontario
- Access to mental health and substance use services, primary health care, peer support, education and employment services, and additional resources
- Connect to mental health professionals and facilitate referral where needed



Provincial Resources: SickKids TeleLink Mental Health



SickKids TeleLink Mental Health

<https://www.sickkids.ca/en/care-services/clinical-departments/telelink-mental-health/>

- Virtual **psychiatric consultation** across Ontario
- Rural, remote, underserved areas
- Partnered with local community agencies
- Ages under 18

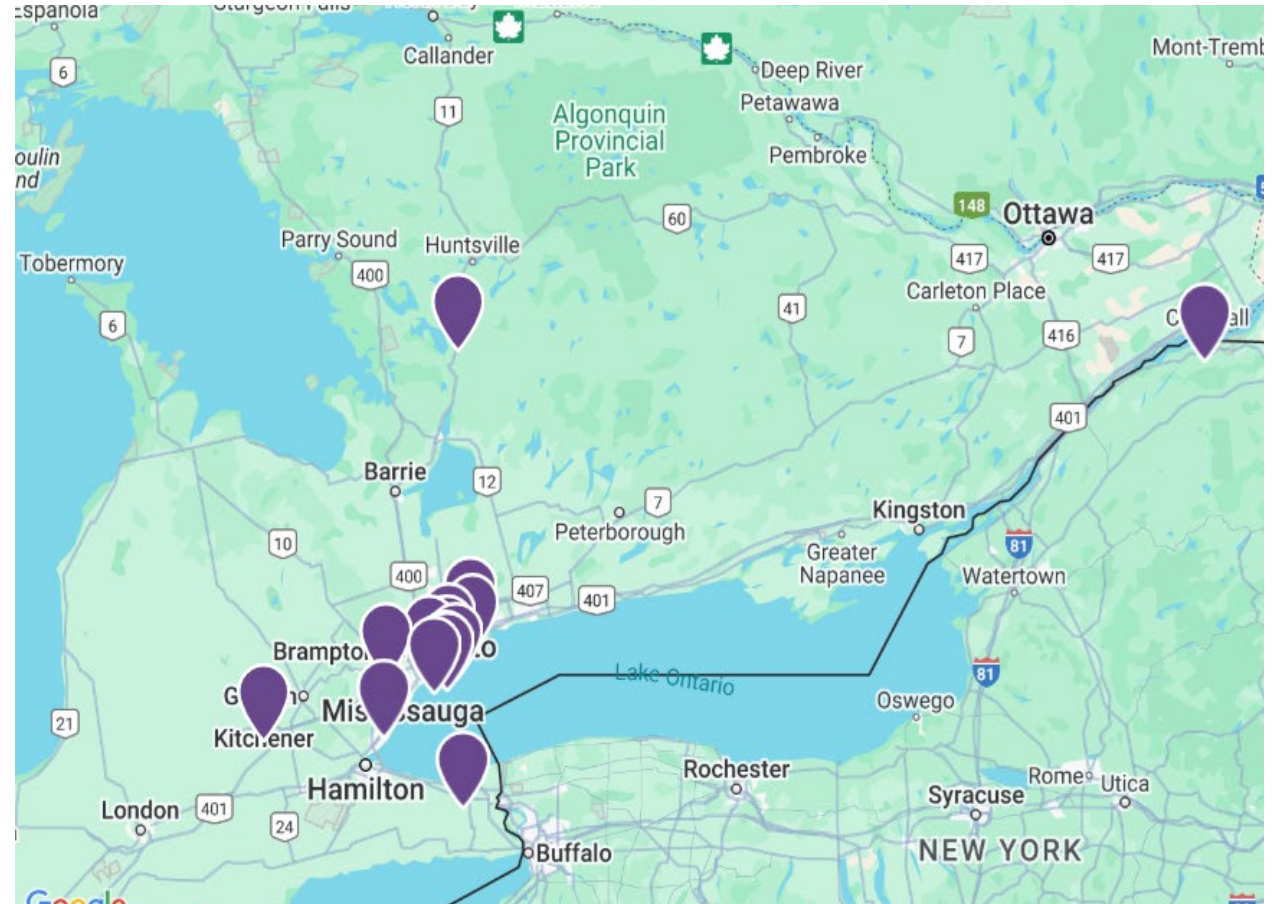
A screenshot of the SickKids TeleLink Mental Health website. The page has a light blue header with navigation links: Emergency (with a red cross icon), Patients & Visitors, Care & Services, News, SickKids (logo), Research, Learning, and Careers & Volunteer. Below the header is a secondary navigation bar with links: About, Directory, Contact, Network, and AboutKidsHealth. The main content area has a breadcrumb trail: Home / Care & Services / Clinical Departments / TeleLink Mental Health Program. The title 'TeleLink Mental Health' is prominently displayed. Below the title, there is a paragraph explaining the service: 'TeleLink is a program that provides a virtual mental health consultation service for children and youth in partnership with their caregivers. We connect children/youth, caregivers, and care teams to mental health specialists using virtual technology so they don't have to leave their community.' Another paragraph follows: 'Patient care is individualized to meet the needs of the child or youth and can include teachers, case managers, doctors, nurse practitioners and others as determined by the referral team. We also provide agencies with program consultations or education sessions on a variety of topics aimed at building capacity and increasing knowledge.' There are two blue buttons: 'See our services' and 'See referral process'. Below this is a section titled 'Areas of expertise' which lists: Attention Deficit Hyperactivity Disorder (ADHD), Disruptive behaviour disorders, Mood and anxiety disorders, and Learning difficulties. On the right side, there is a sidebar titled 'On this page' with links: What we do, Programs and services, Who we are, Education and training opportunities, Contact TeleLink, and Our history. At the bottom right of the sidebar is a 'Support SickKids' button with a heart icon.

Provincial Resources: SCOPE



SCOPE Hub scopehub.ca

- Help for finding specialists through a Nurse Navigator





ONTARIO E-CONSULT **econsultontario.ca**

Allows for:

- An initial contact with a specialist for brief Q&A consultation
- A foot in the door
- Asking about local resources
- Asking about where and to whom to refer



Provincial Resources: Bounceback & CMHA



Bounceback

- OHIP-covered therapy
- i-CBT or time-limited sessions
- Ontario Structured Psychotherapy Program Equivalent for ages <18

CMHA (Canadian Mental Health Association)

- Connection to additional resources
- Regional services (child, youth, family programming)





ConnexOntario

- Access to navigation and program listings for mental health, addictions, problem gambling resources across Ontario
- Aimed for general population (adult and youth)



Regional Resources (Toronto Area)



What's up Walk-In ✨

- Free single-session in-person and virtual mental health counselling for infants, children, youth, young adults, and families (self-referral; OHIP-funded).

Help Ahead ✨

- Centralized intake point for individual/family therapy, and intensive/day treatment resources in Toronto (self-referral; OHIP-funded).

Sunnybrook Family Navigation Project ✨

- Provides phone and email service navigation to youth(11 to 29) experiencing mental health and/or addiction issues, and their families in the **Greater Toronto Area**.





Thriving Minds Hub

<https://thrivingmindshub.ca/>

- Youth, Caregiver, and provider supports, clinical programs and educational materials/resources



ThrivingMinds

powered by

SickKids[®]

camh