

# Mental Health 101 for Children and Youth Ages 6-12

*School Mental Health Consultant Program*

**SCHOOL**  
**MENTAL**  
**HEALTH**

**NYC**

Health

Department of  
Education

# Learning Objectives


- \* Increase knowledge of:
  - \* Attention Deficit Hyperactivity Disorder (ADHD)
  - \* Depression
  - \* Anxiety
- \* Strategies to assist in home management
- \* Parenting resources

# Children & Youth Mental Health

- \* On a national scale, half of all psychiatric illnesses occur before the age of 14.
- \* 75 percent occur by the age of 24.
- \* Youth and children with psychiatric illnesses are at risk for academic failure, substance abuse, and involvement in the juvenile justice system.

*(For this and other mental health statistics, go to **NYCThrive: A Roadmap for Mental Health for All**: Extracted from Pages 21, 22, 26: Or visit NYC DOHMH and go to epiquery for Youth Risk Behavior Statistics.)*

# Attention Deficit Hyperactivity Disorder

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# ADHD

- \* About **5%** of (school-age) children worldwide have attention deficit hyperactivity disorder (ADD/ADHD).
- \* Attention deficit hyperactivity disorder is a problem of:
  - \* not being able to focus
  - \* being overactive
  - \* not being able to control behavior
  - \* a combination of these
- \* For these problems to be diagnosed as ADHD, they must be out of the normal range for a person's age and development.

# When is it “normal” and when is it ADHD?

- \* Interrupting
- \* Fidgety / unable to stay in seat
- \* Impulsive
- \* Does not listen to instructions
- \* Inability to stay on task
- \* Disorganized
- \* Argumentative
- \* Fails to complete homework regularly

# Signs & Symptoms of ADHD

- \* The typical child often has difficulty focusing and following instructions at some point during his or her childhood. Children tend to out grow these behaviors.
- \* Children with ADHD continue to struggle with distractibility as they grow and mature.

# Symptoms of ADHD

<b><u>INATTENTION</u></b>	<b><u>HYPERACTIVITY</u></b>	<b><u>IMPULSIVITY</u></b>
Inability to stay on task	Constant movement when it is not okay	Hasty actions in the moment
Lacks persistence	Excessively fidgets when it is not okay	Inability to delay gratification
Difficulty focusing	Excessively taps when it is not okay	Socially intrusive
Disorganized	Excessively talks when it is not okay	Overly interrupts others
	Extreme restlessness or wearing others out with their activity	Makes decisions without considering long-term consequences



# Possible Causes of ADHD

The cause(s) of ADHD are unknown, but research suggests that genetics and psychosocial risk factors play a role.

## ➤ Genetic components include:

- \* Children with ADHD are four times as likely to have had a relative who had ADHD.
- \* People with ADHD have lower levels of dopamine in the brain.

## ➤ Psychosocial risk factors include:

- Smoking or drinking during pregnancy
- Birth complications or very low birth weight
- Exposure to lead or other toxic substances
- Extreme neglect, abuse, or social deprivation

# Not Supported

➤ **Research does not support the popularly held views that ADHD is caused by:**

- Eating too much sugar
- Watching too much TV
- “Bad” Parenting
- Poverty
- Instability in the home

# Treatment of ADHD

**Children <6 yrs** = Behavior Therapy, **Children >6 yrs** = Behavior Therapy & Medication

## Behavior Therapy

Goal: Learn/strengthen positive behaviors and eliminate unwanted/problem behaviors.

- Parent training in behavior therapy: Teaches parent new skills to manage child's behavior and strengthens parent child relationship.
- Behavior therapy with children: Therapist works with child on new behaviors to replace problem behaviors. Child may learn to express feelings in a way that does not cause problems for self or others.

## Medication

- Stimulants: Most widely used - fast acting - between 70-80% of children with ADHD who are prescribed these medications have fewer symptoms. (eg: Adderall, Ritalin)
- Non-stimulants: Takes longer to work, but long lasting. (eg: Strattera, Kapvay)

# Home Management Tips

- \* Make chores and routine clear – check with your child to see if they understood what they need to do
- \* Give positive reinforcement and attention to positive behavior
- \* Make sure chores having an ending. Example: take out the garbage, clear your plate, etc.
- \* Allow time for movement and exercise
- \* Communicate with teachers on a regular basis
- \* Use a homework folder
- \* Be sensitive to self-esteem issues
- \* Minimize distractions in the homework/ chore area
- \* Involve the school counselor or psychologist

# Depression

# Depression

- \* 28% of NYC students report sadness and 8% report attempting suicide. That percentage doubles if a student has been bullied on school grounds.
- \* More than 1:4 students in New York reported feeling persistently sad or hopeless in the past year.
- \* An estimated 7,000 emergency room visits each year in NYC involve alcohol use among individuals under 21 years of age.

# Depression

- \* According to the World Health Organization, depression is characterized by:
  - \* Sadness
  - \* Loss of interest or pleasure
  - \* Feelings of guilt or low self-worth
  - \* Disturbed sleep or appetite
  - \* Feelings of tiredness
  - \* Poor concentration

# Symptoms of Depression

If five or more of the following symptoms have been present in the same two week period and do not coincide with medical condition:

- \* Depressed mood most of the day nearly every day
- \* Decreased interest in most or all activities daily
- \* Significant weight loss when not dieting or weight gain
- \* Unable to sleep or sleeps too much
- \* Feeling persistently sad, or anxious
- \* Feelings of hopelessness, pessimism
- \* Feelings of guilt, worthlessness, helplessness
- \* Decreased energy, fatigue, being “slowed down”
- \* Difficulty concentrating, remembering, making decisions
- \* Difficulty sleeping, early-morning awakening, or oversleeping
- \* Thoughts of death or suicide, suicide attempts
- \* Restlessness, irritability
- \* Persistent physical symptoms



# Possible Causes of Depression:

- \* A combination of genetics and neurochemical factors
- \* Suboptimal early developmental experiences and exposure to stresses
- \* Trauma (ex: abuse, loss of a loved one, foster care, violence, PTSD)
- \* Stressors in everyday life take place and affect an individual's emotional state (ex: school problems, problems with peers, family)

# Treatment of Depression

- \* **Cognitive Behavioral Therapy (CBT):** is the most common therapy used in treating depression. It aims to refocus a person's thinking from a negative perspective to a more positive and healthier mind frame
- \* **Family therapy:** A therapist works with both the parent and the child to identify and address the negative thoughts and behaviors that influence depression.
- \* **Medication:** Depending on the severity of depression and the recommendations of a psychiatrist, medication(s) may be prescribed such as antidepressants
- \* **Exercise/stress management** may be beneficial in reducing the stress

# Supporting Your Child at Home

- \* Talk to your child about bullying. It is a common experience for many youth.
- \* Listen non-judgmentally. Engage in conversation by asking how they are feeling and how long they have felt that way.
  - \* Try not to minimize or compare life experiences.
  - \* Do not blame your child for how they are feelings.
  - \* Have a realistic expectations for your student.
- \* Seek professionals that can help you and your child.

# Other Tips

- \* Things that can be helpful in conjunction with other treatments and therapies and may be suitable for students with less severe depression:
  - \* Fun exercise and vitamin D
  - \* Relaxation training. Deep breathing, yoga, chair yoga, meditation
  - \* Avoiding alcohol, tobacco, and other drugs.
  - \* Proper nutrition and sleep.

# Anxiety Disorders

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# Anxiety

- \* The onset of major mental illness may occur as early as **7 to 11 years old.**
- \* Anxiety disorders affect 1 in 8 youth
- \* 25.1% of youth 13 to 18 year olds will have a Lifetime Prevalence of anxiety.

# Anxiety vs Anxiety Disorder

## Typical Anxiety

- \* Worry about the first day of school
- \* Worry about a test
- \* Worry about peer relationships
- \* Worry about making mistakes occasionally

## Anxiety Disorder

- \* Excessive worry about **every** day of school
- \* Nightmares and difficulty sleeping
- \* Refusal to speak at school
- \* Intense fears of dogs, heights or other things that are not inherently dangerous.

# Anxiety vs Anxiety Disorder

- \* According to the National Alliance of Mental Illness, anxiety is a normal reaction to stress and can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention.
- \* Anxiety disorders differ from normal feelings of nervousness or anxiousness, and involve excessive fear or anxiety.
- \* It is important to distinguish between anxiety as a feeling or experience and an anxiety disorder as a psychiatric diagnosis.
- \* A person may feel anxious without having an anxiety disorder.



# Anxiety Disorders That Affect Children

Anxiety Disorder	Symptoms
<b>Separation Anxiety Disorder</b>	These kids not only won't spend the night with a friend or family member without their parents, they want someone with them until they fall asleep; difficulty staying long periods of time with familiar adults such as : Family members or a babysitter. <b>The level of anxiety is inappropriate for their age.</b>
<b>Social Anxiety Disorder</b>	A strong fear of social situations, being the focus of attention and/or being around unfamiliar people. afraid to talk in class, meet new people or even walk through a crowded room. <b>It is far beyond just being shy.</b>

# Effects On Learning And Behavior

- \* **Attention:** A student's focus can be disrupted by a sense of impending doom or the feeling that something is wrong
- \* **Concentration:** Students may find it difficult to pay attention during moments of intense anxiety
- \* **Self-expectations:** Students have expectations of poor outcomes / performance despite full effort
- \* **Mastery:** Students may feel like they have not developed mastery of subjects or projects because it may be difficult to retrieve or demonstrate previously learned information,
- \* **Behavior:** Students may freeze during exams; ask for help when unnecessary; have exaggerated/irrational fear; being overly prepared for tasks or test.

# Treatment for Anxiety Disorders

- \* **Cognitive Behavioral Therapy (CBT):** is the most common therapy used in treating depression. It aims to refocus a person's thinking from a negative perspective to a more positive and healthier mind frame
- \* **Individual therapy:** A therapist works with the child to identify and address the negative thoughts and behaviors that influence the anxiety and works on triggers of anxiety.

# Supporting Your Child in the Home

- \* Help your child manage the anxiety. It is common to avoid the stressor, but help them through it if possible.
- \* Express positive, realistic expectations. Don't promise them they won't ever do it again. Help build confidence.
- \* Don't ask leading questions or add to their anxiety. "Are you worried, are you scared?" Instead ask "How are you feeling about...?"
- \* Be flexible, but maintain a normal routine.
- \* Plan for transition. Create a schedule.
- \* Recognize and praise small accomplishments.

# Quiz



# ADHD is a problem of:

- A) Not being able to focus
- B) Being overactive
- C) Not being able to control behavior
- D) A combination of these

D) A combination of these

A common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration.

A) ADHD

B) Depression

C) Anxiety

**B) Depression**

# True or False?

A person can have feelings of anxiety without it being a diagnosable disorder.

True



*Thank You!*  
*Any Questions?*

# Resources for Parents

**Talk 1-888-NYCWell (1-888-692-9355)**

**Text WELL to 65173**

**Chat NYC.gov/nycwell**

This resource can be used to locate mental health services for most insurance providers. Help is free and confidential.

**Hite Site: <http://www.hitesite.org>**

Free and confidential referral source for mental health and social services.

**Family Resource Centers:**

<http://ocfs.ny.gov/main/publications/Pub5071.pdf>

- \* Provide parent-to-parent support
- \* Help navigating the mental health, education, and other child-serving systems in New York City

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