



Children, Mental Health and Resiliency

Helping Your Child to Succeed at School



A Message from Paul Wubben, Director of Education

Each year, we choose a focus for this newsletter and for the related monthly inserts, which you find in your school newsletter. This year, I have decided to provide information and resources on the important subject of the mental health of children and youth.

Before we begin, let's be clear about who we are and what we do. We are educators. Our expertise is teaching young people and helping them to learn. However, our primary task aside, the well-being of all of our students is our concern — partly because we have a duty to report when we believe a child's well-being is at risk, and partly because we are caring, compassionate professionals, who want the best for your children.

We want all of our students to be healthy physically, emotionally, socially and spiritually. The fact is, it is difficult to teach a child who has a fundamental need that is not being addressed.

Mental health is one of those fundamental needs. The words *mental health* and

mental illness often offend, particularly when they are used in reference to our own children. That's because there is a stigma attached to mental illness. In some ways, the mentally ill have become the lepers of our age. They are shunned as weak-minded or flawed in some profound way. This thinking is wrong and must be confronted. I believe one of the ways to destigmatize mental illness is to be direct. We must name it and not hide behind euphemisms. We must bring it into the light, identify it and seek help.

Like any other illness, mental illness can be treated. Although treatment doesn't always mean the illness will be cured, it can often be better managed or controlled. But the first step is to recognize the illness exists.

The Canadian Mental Health Association says one child in every five has some form of mental illness. The kinds of mental health disorders we see in our student population range from anxiety to attention deficit, hyperactivity, behaviour disorders, mood disorders and eating disorders.

There are many factors which contribute to these forms of mental illness, such as biological factors, early life experiences, current circumstances, thought patterns and many others. Some symptoms that our students exhibit are prolonged

periods of sadness, dramatic mood swings, aggressive behaviour, significant lapses in personal care, sleeplessness, rebelliousness, attention deficit, attendance issues, drug abuse, promiscuity and alcohol abuse.

As I stated at the beginning, many of these symptoms fall outside our responsibility as educators. But when we see behaviour that causes us concern, we notify parents and suggest that professional opinions be sought, to assess whether the behaviour warrants further intervention.

Often when these observations are made and it is suggested to parents that they seek professional help for their child, the recommendation is met with hostility. While such a reaction is understandable and no doubt rooted in the societal stigma attached to mental illness, it is not appropriate.

The intention of the teacher is to look out for the well-being of the student. It is the professional obligation of the teacher to inform the parent of what has been observed. It is the parent's decision as to whether to pursue the matter further.

Teachers are not trained to make diagnoses; rather, simply to report an observation. The observation does not constitute a diagnosis. It is an observation of a behaviour or set of

behaviours that are outside the norm and therefore warrant the attention of the parent or guardian.

With fully 20 percent of the population affected by mental illness (according to the Canadian Mental Health Association) one might well ask why it is that some people are affected by mental illness, while others are not.

Literature on the subject would suggest it is resilience, or the capacity to bounce back from adversity. It is one of the topics I will write about in my school newsletter inserts for the upcoming school year.

Resilience is something that can be cultivated in young people and can make all the difference, when they encounter life's rough patches.

That ability to "bounce back" is best captured in a bit of tee-shirt philosophy, which I came across a few years ago: "*It doesn't matter how far you fall. What matters is how high you bounce!*"

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Mental Health and Mental Illness in Children and Youth:

Facts for Parents and Caregivers

What is Good Mental Health?

Good mental health, like good physical health, is a resource for living. It allows us to learn, work, play and find enjoyment in life and cope with difficulties that arise.

From a child or teen's point of view, good mental health means:

- I feel like I have things to live for;
- I feel that people care about me;
- I feel hopeful about the future;
- I feel in control of my life;
- I like myself.

What is Mental Illness?

People have mental health problems or mental illness when problems with thoughts, feelings or behaviours get in the way of functioning at home, school or work. Everyone feels sad or upset from time to time; however, when these feelings are so strong that it's hard to carry on at school or home, then there may be a mental health problem. From a child or teen's point of view, mental health or mental illness may mean some or all of the following:

- I feel sad, irritable, worried or angry a lot;
- I feel that others don't care about me;
- I don't feel good about the future;
- I feel powerless and not in control of my life;
- I don't like myself.

Did You Know?

- **In Ontario, one in every five children and youth have some type of mental health problem;**
- **Most children and youth who need professional help will not get it. Just one in six children and youth get the help they need. Just imagine if only one in six people with broken bones got treatment;**
- **Mental illnesses affect people of ALL ages, educational and income levels, and cultures;**
- **The onset of most mental illnesses occurs during adolescence and young adulthood;**
- **Although there are no cures for mental illness, treatments can reduce the symptoms and help people lead productive and fulfilling lives;**
- **A complex interplay of genetic, biological, personality and environmental factors cause mental illness ... you cannot just "snap out of it."**

Let's call the stigma of mental illness what it is ... prejudice and discrimination.

The reality of discrimination has a very real and direct effect on the course and treatment of a person's mental illness. The results of the most recent Canadian Community Health Survey indicate that less than a third of people who have symptoms of mental disorders, or "brain" disorders, sought professional assistance. That means a great number of Canadians aren't being treated for their mental health concerns.

People often feel ashamed, guilty or embarrassed about having a mental health problem, or having a child with a mental health problem. People may believe that the illness is a sign of weakness or that they really have no good reason to feel the way they do. Parents may feel guilty that they have done something to cause a child's mental illness. Others may blame or judge people who have a mental health problem. This kind of stigma makes things even more difficult for children, youth and families coping with mental health problems and it's one reason why people don't seek the help they need.

We can change attitudes about mental illness.

- Think about physical and mental illness in the same way. Ask yourself, "Would I take my child to the doctor if she had pain in her stomach?" "Would I feel guilty if my child was being treated for cancer?" "Would I blame my friend if her child had epilepsy?"
- Talk openly about mental illness.
- Watch your language. Avoid using hurtful slang such as, "That person is a psycho!"
- Listen and offer support. Ask, "How can I be helpful?" and "How are you doing?"
- Support your child's treatment. Attend appointments and sessions with your child.
- Be open to the treatment plan. Communicate openly with your child's health professionals.



Helping Children and Youth to Overcome Anxiety

Anxiety is one mental health disorder in children that is often seen in our classrooms. Anxiety is the number one mental health issue for children and youth and it is the most treatable.

Some of the more common anxiety disorders are: separation anxiety, generalized anxiety, phobias and panic disorders. Genetics is certainly a factor in the predisposition of anxiety disorders; however, environment and lifestyle can play a role as well.

Anxiety is a common emotional state. It is intertwined with concepts such as stress, fear, worry and uncertainty. The function of anxiety is to signal danger, whether real or perceived. There are developmental considerations surrounding anxiety with age-appropriate levels of fear and anxiety. In general, preschoolers may fear large, harmful, dark, imaginary things; while elementary students are anxious about the dangers of the world. Our youth experience academic, social competence, natural dangers and death-related anxieties and fears. Adolescent fears are based more around abstract issues, such as their future and relationships. Children may not be able to identify or label their feelings as anxiety, which can make it even more difficult to recognize that it may be a problem.

Common Signs of Anxiety

Children and teens with mental health issues are usually having such a difficult time that they may not be able to ask others for help. It is really important that parents, teachers and peers watch for signs that a child or teen needs help.

Children may exhibit some or all of the following signs:

- Consistently complaining about physical ailments (i.e., headaches or stomach aches);
- Marked changes in sleeping and eating habits;
- Refusal to join social activities;
- Isolating behaviour;
- Irritable moods;
- Crying easily;
- Fidgety or nervous habits;
- Demonstrates perseveration;
- Demonstrates perfectionist tendencies;
- Easily overwhelmed;
- Drop in grades or increase in absences from school;
- Excessive worry about homework and grades;
- Demonstrates clingy and overly dependent behaviour;
- Exhibits trouble with transitions;
- Talk about suicide or feeling hopeless.

Ways to Support Your Child

Parents and teachers can work together to support children with anxiety disorders. These are some of the ways:

- Keep the child's schedule as regular as possible;
- Provide advance warning of changes in routine;
- Encourage your child to talk about his/her feelings and fears;
- Provide a learning environment where mistakes are viewed as a natural part of the learning process;
- Encourage children to use calming activities such as reading or listening to music;
- Give children choice in selecting strategies to reduce anxiety and reward their use of these strategies;
- Allow children time when moving from one activity to another;
- Encourage small group non-competitive play activities to promote group participation and team building;
- Decrease stressful situations by differentiating expectations (i.e., if a child feels uncomfortable in a large group setting, start him/her in a smaller group and gradually increase the size);
- Provide development appropriate books for children, which address children's issues;
- Stay informed through reading and attending information and support meetings.

Visit these websites to find out more about Anxiety Disorders:

Anxiety Disorders of Ontario
<http://www.anxietyontario.com>

The Child Anxiety Network
<http://www.childanxiety.net>

The Canadian Mental Health Association
<http://www.cmha.ca>

Visit these websites to find out more about children's mental health:

www.ementalhealth.ca

www.werkidsmentalhealth.com

www.excellenceforchildandyouth.ca



Helping Children and Youth to Develop Resilience

What is Resilience?

Young people who are valued, safe, connected and engaged are the core foundation of a population that is healthy and productive. As parents, educators and community members, it is what we all wish for our children. To become healthy and productive citizens, our youth must be resilient, especially when their difficulties are of such magnitude that they are vulnerable or at-risk.

Resilience is the ability to bounce back, or return to normal mental health after challenging or difficult situations. These stressors could include:

- Economic stresses at home;
- Illness;
- Problems in family or friend relationships;
- Transition periods, such as elementary to high school, from childhood to adolescence, or from adolescence to adulthood.

Resiliency can reduce anxiety and depression in youth as they build coping skills for overcoming these challenges. The good news is that resiliency can be learned at all stages of a child's development. Promoting youth resilience requires the combined efforts of parents and families, schools, communities and the youth themselves.

Why do some kids bounce back easily while others do not?

Scientific research in the area of brain health and development has had an impact on the understanding of resilience in Canada. We know that there are **protective factors** that children experience, which help them function well in times of adversity. These include:

- Positive relationships with adults and peers;
- Parental support;
- Self-concept;
- Achievement at school;
- Involvement at school and in the community;
- Spiritual beliefs and values;
- Self-control.



What can parents do to help build resilience in their children?

- Focus on positive strengths and assets of the child;
- Model resiliency and a “can do” approach to challenges;
- Encourage participation in community events and extra-curricular activities to promote a sense of belonging and competence;
- Help your children connect with people that they care about, building a strong network of supports;
- Be patient and allow your children to make mistakes and persevere;
- Encourage your child to stay in school to enhance his/her skills and build a future with self-confidence;
- Maintain positive relationships with teachers to develop a caring network;
- Never give up on young people — even when they push you away.



For more information on developing resilience in children and adolescents, visit the following websites:

<http://www.integra.on.ca/Developing%20Resilience.pdf>

<http://cecp.air.org/familybriefs/docs/Resiliency1.pdf>

“We have to re-create the attachment village. There needs to be an attachment relationship between teachers and parents, as much as between teachers and students, so that students see themselves in an attachment network.”

Dr. Gabor Mate
Physician and Author