

**Youth Mental Health 101:  
An Overview of Mental/Emotional Health Issues  
for Children and Adolescents**

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9/11/2023*

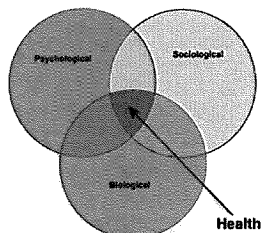
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**DIAGNOSIS?**

Our children/adolescents are more than a diagnosis. Although I am asked to provide a diagnosis or set of diagnostic tests, I attempt to take the view that the young person before me has a “divine spark” that their feelings may make more difficult to access. We need a bigger picture/model to understand their behavior. To that end I share with you...

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**THE BIOPSYCHOSOCIAL MODEL FOR UNDERSTANDING  
BEHAVIOR**



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**BIOLOGY**

- Genetic predispositions*
- Birth history*
- Medical status/medical history*
- Puberty status*

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**PSYCHOLOGY**

- Intelligence/neuropsychology*
- Emotional health/Mental health diagnoses*
- Trauma history*

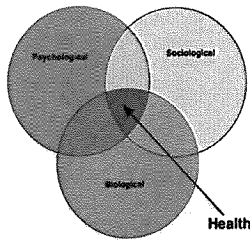
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**SOCIAL**

- Access to adequate housing and food*
- Family structure*
- Social supports for the family*
- Educational opportunity*

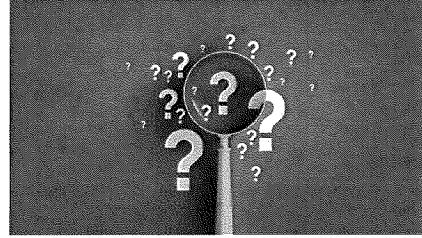
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**THE BIOPSYCHOSOCIAL MODEL—PLACES OF OVERLAP**



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**THERE IS GROWING RESEARCH ON THE IMPACT OF THE EXISTENCE OF A FOURTH SPHERE**



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**THE SPHERE OF THE SPIRITUAL**



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**DEFINITION OF SPIRITUALITY**

From Lisa Miller, Ph.D., "The Spiritual Child"  
 A felt sense of a close personal relationship to God (or nature or the universe or whatever term each person uses for the ultimate loving, guiding life-force) and a vital source of daily guidance.

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**A SAMPLING OF FINDINGS ON THE PROTECTIVE NATURE OF SPIRITUALITY**

- 40% less likely to use and abuse substances
- 60% less likely to be depressed as teenagers
- 80% less likely to have dangerous or unprotected sex
- Significantly more positive markers for thriving including an increased sense of meaning and purpose, and high levels of academic success.

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**WHAT'S HAPPENING TO THE MENTAL HEALTH OF OUR YOUTH?**  
 A breakdown by diagnostic categories

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## Though difficult to fathom at times,

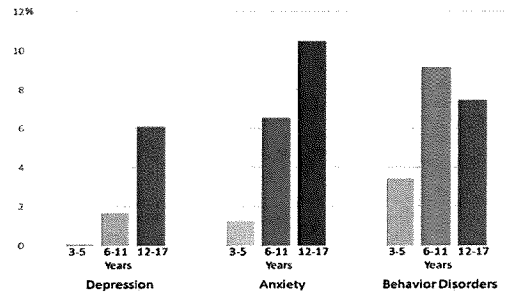


1 in 6 children aged 2-8 years has a mental, behavioral, or developmental disorder.

<https://www.cdc.gov/childrensmentalhealth/data.html>

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## Depression, Anxiety, Behavior Disorders, by Age



<https://www.cdc.gov/childrensmentalhealth/data.html>

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## The enormity of the problem

•ADHD, anxiety problems, behavior problems, and depression are the most commonly diagnosed mental disorders in children. Estimates for ever having a diagnosis among children aged 3-17 years, in 2016-19, are given below.

- ADHD 9.8% (approximately 6.0 million)
- Anxiety 9.4% (approximately 5.8 million)
- Behavior problems 8.9% (approximately 5.5 million)
- Depression 4.4% (approximately 2.7 million)

<https://www.cdc.gov/childrensmentalhealth/data.html>

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## The enormity of the problem:

• Some of these conditions commonly occur together. For example, among children aged 3-17 years in 2016:

- Having another mental disorder was most common in children with depression: about 3 in 4 children with depression also had anxiety (73.8%) and almost 1 in 2 had behavior problems (47.2%).<sup>3</sup>
- For children with anxiety, more than 1 in 3 also had behavior problems (37.9%) and about 1 in 3 also had depression (32.3%).<sup>3</sup>
- For children with behavior problems, more than 1 in 3 also had anxiety (36.6%) and about 1 in 5 also had depression (20.3%).<sup>3</sup>

<https://www.cdc.gov/childrensmentalhealth/data.html>

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## The enormity of the problem

• Depression and anxiety have increased over time

- "Ever having been diagnosed with either anxiety or depression" among children aged 6-17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011-2012.<sup>4</sup>
- "Ever having been diagnosed with anxiety" increased from 5.5% in 2007 to 6.4% in 2011-2012.<sup>4</sup>
- "Ever having been diagnosed with depression" did not change between 2007 (4.7%) and 2011-2012 (4.9%).<sup>4</sup>

<https://www.cdc.gov/childrensmentalhealth/data.html>

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## The enormity of the problem: a sampling

◦ Estimates show that nearly half of all children in the United States have both experienced at least 1 ACE and have a mental health disorder.

◦ One study found that 9% of children had current anxiety while 4% had current depression. Multivariate analysis concluded that all ACE measures were associated with significantly higher odds of both anxiety and depression. Children exposed to 4 or more ACEs had higher odds of anxiety and depression than children with exposure to fewer than four ACEs.

<https://www.cdc.gov/childrensmentalhealth/data.html>

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## Adverse Childhood Experiences

o Adverse childhood experiences (ACEs) include childhood emotional, physical, or sexual abuse and household dysfunction during childhood. The categories are verbal abuse, physical abuse, contact sexual abuse, a battered mother, household substance abuse, household mental illness, incarcerated household members, and parental separation or divorce.

<https://www.cdc.gov/childrensmentalhealth/data.html>

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## Let's look more closely at the individual diagnoses

- o ADHD
- o Anxiety
- o Depression
- o ASD



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### BARKLEY'S DEFINITION OF ADHD

Attention-deficit hyperactivity disorder (ADHD) is the current term for a specific developmental disorder seen in both children and adults that is comprised of deficits in behavioral inhibition, sustained attention and resistance to distraction, and the regulation of one's activity level to the demands of a situation (hyperactivity or restlessness). This disorder has had numerous different labels over the past century, including hyperactive child syndrome, hyperkinetic reaction of childhood, minimal brain dysfunction, and attention deficit disorder (with or without hyperactivity). <http://www.nasdi.org/factsheets/adhd-facts.pdf>

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### POP QUIZ, QUESTION

*Q: IS THERE AN ATTENTION DEFICIT IN ADHD?*

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### ANSWER--

*SOME RESEARCHERS SUGGEST THERE IS NO DEFICIT OF ATTENTION IN ADHD. RATHER, THE PROBLEM RESTS WITH THE REGULATION OF ATTENTION. THINK ABOUT THE AMOUNT OF TIME YOUR ADOLESCENT CAN FOCUS ON VIDEO GAMING.*

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### SOME TEACHERS...

*...think that ADD is the Absence of Discipline and Direction.*

*The truth is, poor teaching or poor parenting do not cause ADHD. However, good teaching and good parenting can make the effects of ADHD significantly better.*

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**PRIMARY FEATURES OF ADHD**

- Impaired response inhibition, impulse control, or the capacity to delay gratification
- Excessive task-irrelevant activity or activity that is poorly regulated to situation demands
- Poor sustained attention or persistence of effort to task

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**ASSOCIATED FEATURES OF ADHD**

- Struggles with working memory (and often processing speed)
- Difficulty with regulation of emotions, motivation, and arousal
- Greater than normal variability in task or work performance/completion

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**ADHD SUBTYPES**

*Overarching term is ADHD (not ADD) with different qualifiers*

- Hyperactive-Impulsive type
- Predominantly Inattentive type
- Combined type


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**A NEW DEVELOPMENT IN ATTENTION RESEARCH**

*Sluggish Cognitive Tempo or Concentration Disorder*


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**TYPICAL ADOLESCENT OR ADHD?**



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**MAKING THE DIAGNOSIS...**



*Spoiler alert—  
There's no one test for making the diagnosis.*

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**MAKING THE DIAGNOSIS—ESSENTIAL COMPONENTS**

History of the behavior, impact on current functioning, any functional limitations? Birth history and early development. School history and teacher comments. Family history, social history.

Behavior rating scales to explore how the student being rated compares to other students their age.

Neuropsychological and psychoeducational testing to determine what school accommodations/interventions need to be in place.

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**CHALLENGES OF DIAGNOSING ADHD IN ADOLESCENTS**

To qualify according to the DSM-V, symptoms must be present in some form before the age of 12 years.

Many of the symptoms in the DSM primarily written for the behavior of younger children.

Obtaining reliable reports of symptoms from external observers is complicated.

Some of the striking features of the diagnosis may be more subtle in teens.

The presence of other disorders complicate making the diagnosis (see anxiety and depression).

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**OBSERVATIONS FROM CLINICAL PRACTICE**

*While not always true, the brighter the student, the longer they are able to get by until the diagnosis is made.*

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**OBSERVATIONS FROM CLINICAL PRACTICE**

*Girls tend to get diagnosed more in middle and high school, boys more in elementary school (the “squeaky wheel gets the grease”). Girls often present with anxiety.*

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**OBSERVATIONS FROM CLINICAL PRACTICE**

*Students with attention problems often struggle with homework initiation, completion, or even turning in assignments when done.*

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**OBSERVATIONS FROM CLINICAL PRACTICE**

*Reading comprehension is often problematic due to the demands of working memory in the process, even when word decoding is fine. Written language often is marked by minimal content related to impaired effort.*

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**OBSERVATIONS FROM CLINICAL PRACTICE**

*Seeing less of ADHD presenting as a stand-alone diagnosis. Often is accompanied with anxiety and mood difficulties, particularly during the time of Covid-19.*

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**Anxiety overview**

Fear of threats is normal.

Early on in our evolutionary history we developed the capacity to respond to threats in our environment.

"Fight, flight or freeze" are the responses our body uses to deal with these threats.

The threats can be major (being chased by a wild animal) or more subtle (fear of not being accepted).

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**Dan Siegal's Hand Model of the Brain**

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**The Three-part Brain**

- 1. Neocortex
  - thoughts
  - meanings
  - logic
  - associations
  - feelings about feelings
- 2. Middle brain (limbic system)
  - simple emotions
- 3. Brainstem (reptile brain)
  - fight or flight
  - autonomic functions
  - appetite

<https://www.inhbruh.com/wp-content/uploads/2014/11/Triune-Brain-Dr-Faul-McLean-v1416690745797.png>

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The feeling of anxiety happens when we sense a threat. Depending on our assessment of the threat we respond by taking action...

<p>o Positive outcomes...</p> <ul style="list-style-type: none"> <li>We stay safe</li> <li>Our performance improves</li> <li>We take care of business</li> </ul>	<p>o Negative outcomes...</p> <ul style="list-style-type: none"> <li>We engage in chronic escape and avoidance, developing an anxiety disorder</li> <li>Impacts our relationships, work, school</li> </ul>
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## Fear vs. Anxiety

### o Fear

Fear is an emotional response to an immediate threat and is more associated with a fight or flight reaction – either staying to fight or leaving to escape danger.

### o Anxiety

Anxiety can cause people to try to avoid situations that trigger or worsen their symptoms. Job performance, schoolwork and personal relationships can be affected. In general, for a person to be diagnosed with an anxiety disorder, the fear or anxiety must:

- Be out of proportion to the situation or age-inappropriate
- Hinder ability to function normally

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## Anxiety disorders

- o Most common child and adolescent disorder (1 in 8). Prevalence increases with age.
- o Present in a myriad of ways.
- o Tend to run in families.
- o Anxiety comes in spikes, triggered by particular situations.
- o Frequently co-occurs with other issues (e.g., AD/HD, LD, ASD, chronic medical conditions)

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## Anxiety Disorders Co-occurrences

- o With ADHD—30% to 50%
- o With Learning Differences—20%
- o With Autism Spectrum Disorder—40%

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## Signs of Anxiety

### Visible signs

- o Physical distress
- o Fleeing, escaping
- o Outright statements of anxiety
- o Extreme distress upon contact with feared object
- o Refusal to engage in activities
- o Refusal to be alone or without a parent

### Less obvious signs

- o Clingy behavior
- o Irritability
- o Avoidance Behavior
- o Physical complaints
- o Reassurance-seeking behavior
- o Argumentative behavior
- o Extreme shyness



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## Generalized Anxiety

o Often get nervous about different things, like health, academics, friendships, dating, family



o Worry about not being as good as friends

o Worry about whether things will work out for you in the future

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## Agoraphobia

o Staying at home to avoid feeling uncomfortable or panicky

o Needing a specific person present to face certain situations

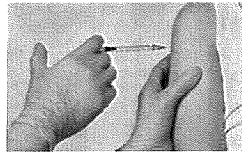


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## Phobias

- o A strong fear of something specific, like:
  - Blood or needles
  - Dogs or other animals
  - Storms/bad weather
  - The dark
  - High places
  - Enclosed places



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## Social anxiety



- o Nervous around people you don't know well
- o Hard to talk to people you don't know well
- o Shy
- o Get nervous having to do something while others watch
- o Nervous going to parties where don't know people well

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## Separation Anxiety

- o Fear of sleeping away from home
- o Prefer to stay close to parents
- o Worry about something bad happening to parents
- o Afraid to be alone at home



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## Panic Attacks

- o Often feel sick, even when nothing wrong

- o Frightened out of the blue

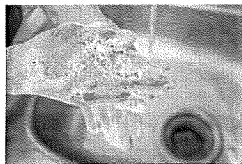


- o When nervous:
  - Hard to breathe
  - Feel like passing out
  - Fear of losing control
  - Heart races
  - Shakiness
  - Sweating
  - Feel dizzy
  - Sensation of choking

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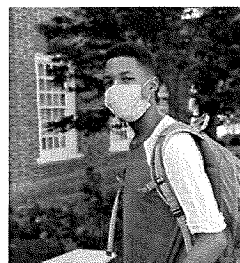
## Obsessive-Compulsive Disorder

- o Bothered by obsessive thoughts (worries that have germs on self, someone else will get hurt due to my actions)
- o Do things over and over that can't resist doing, like counting, washing, etc.



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## Pandemic Induced Anxiety



- o "At the beginning of the pandemic, most people were on high alert, experiencing fear and worry over the impact this virus may have. As scientists and health care professionals gained more understanding of the virus and how to treat the symptoms of COVID-19, society began to settle into a new and unfamiliar routine of living with a pandemic (*Medical News Today, May 7, 2021*)."

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## Pandemic Impact--Mental Health

- o Contamination fears
- o Loneliness/isolation
- o Screen fatigue
- o Increase in parental stress
- o Increase in parent-child conflict
- o Academic underachievement
- o Unmasking of latent problems (ADHD and executive functioning issues)
- o Increased screen time for children/adolescents

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## Increased Screen Time Study published by *JAMA Pediatrics* (November 2021)



- o Researchers summarized data from a survey of 5,412 adolescents aged 12 to 13 years old in May 2020.
- o "The participants reported a mean total daily screen use of 7.7 hours — most of it spent gaming or watching or streaming movies, videos or TV shows — which was higher than a prepandemic estimate of 3.8 hours per day from the same cohort."
- o Researchers "found that poorer mental health and greater perceived stress were associated with higher total screen use, whereas more social support and coping behaviors were associated with lower total screen use."

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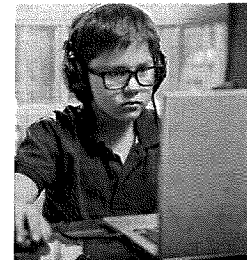
## More screen time during COVID-19 pandemic has negative effects on pediatric mental health (*JAMA Network Open, December 2021*)

- o "The investigators examined potential associations between specific forms of screen use and symptoms of depression, anxiety, conduct problems, irritability, hyperactivity and inattention among 2,026 children and youth aged 2 to 18 years in Ontario, Canada, between May 2020 and April 2021."
- o Participants were from two community cohorts and two clinically referred cohorts.
- o Parents answered repeated questionnaires related to their children's health behaviors and mental health symptoms during the pandemic.
- o Children's daily television/digital media time, video game time, electronic learning time and video chatting time served as the exposure variables.
- o Parent-reported symptoms of child depression, anxiety, conduct problems and irritability, and hyperactivity/inattention according to validated standardized tools served as the mental health outcomes.

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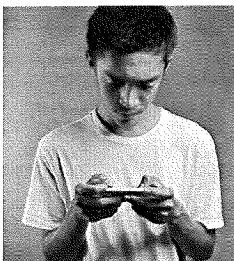
## Canadian screen time findings...

- o Results showed higher television or digital media time correlated with higher levels of **conduct problems** and **hyperactivity/inattention** among younger children (mean age, 5.9 years).



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## Canadian screen time findings...



- o More time using television or digital media correlated with higher levels of depression, anxiety and inattention.

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## Canadian screen time findings...

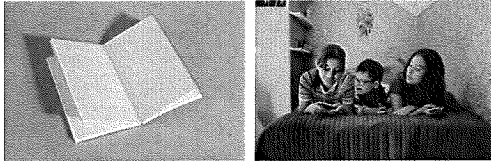
- o More time playing video games correlated with higher levels of depression, irritability, inattention and hyperactivity among older children and youth (mean age, 11.3 years).



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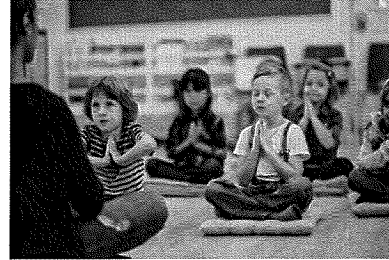


## Lower Anxiety with Positive Nightly Rituals



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## Practice Mindfulness Techniques and Stress Reduction Strategies Throughout the Day



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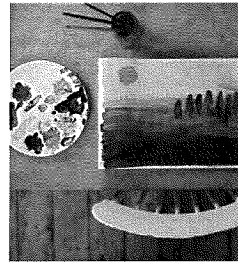
## Square Breathing

- o Breathe in to the count of 4
- o Hold to the count of 4
- o Breathe out to the count of 4
- o Hold to the count of 4
- o Repeat the cycle 4 times



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## Sensory grounding



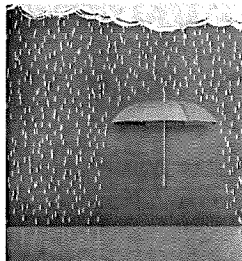
- o Name 5 things you can see
- o Name 4 things you can touch
- o Name 3 things you can hear from where you are
- o Name 2 things you can smell
- o Name 1 thing you can taste

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## RAIN for negative emotion...

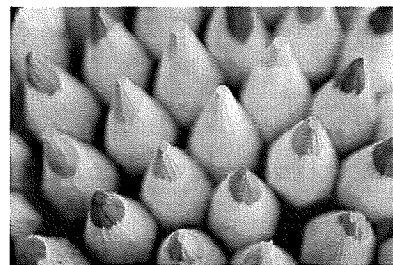
*Radical Acceptance, Tara Brach*

- o **R-Recognize**
- o **A-Accept**
- o **I-Investigate**
- o **N-Nurture/don't identify**




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## Channel Creativity and Express Yourself Through Art




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## Stay Active




Get moving everyday!

Keep mindful!



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SWITCHING GEARS

Depression

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### A WORD ABOUT ADOLESCENT MOOD

*Moods are fleeting and often are precipitated by a change in circumstance and are thought by some to be a typical occurrence in young people, particularly adolescents.*

*Considerations for distinguishing what is a passing mood and what represents depression—*

- Severity*
- Duration*
- Domains*

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**Mood—**

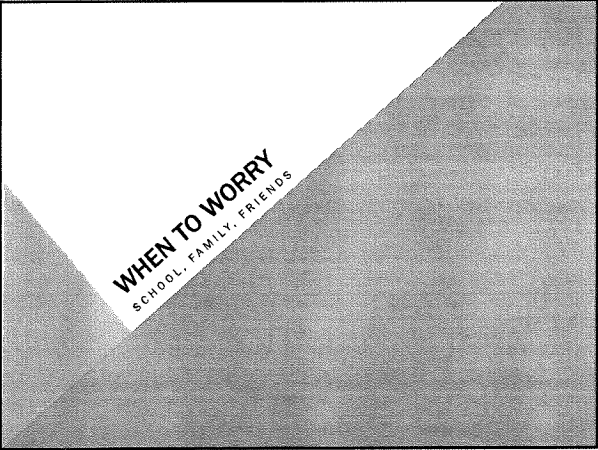
Major depressive episodes in adolescents tend to look more like adult depression with regard to cognition and vegetative symptoms. This finding is different from the concept of “moodiness.”

In a yet to be published article there was a slight increase in reported rates of depression and suicidal ideation during the pandemic.

Prior to the pandemic, from 2005 to 2014 there was an increase of major depressive episodes from 8.7% to 11.3%.

*(Pediatrics, 2016)*

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WHEN TO WORRY

SCHOOL . FAMILY . FRIENDS

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### WHEN TO WORRY...

*Decrease in enjoyment and time spent with family and/or friends.*

*Big changes in energy levels, eating, or sleeping patterns.*

*Feelings of hopelessness, sadness, anxiety or crying often*

*Physical symptoms (stomach aches, headaches, chest pain)*

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**WHEN TO WORRY...**

- Significant decrease in school performance.*
- Strong resistance to attending school or absenteeism.*
- Problems with memory, attention or concentration.*
- Substance abuse*
- Dangerous or thrill-seeking behavior.*
- Frequent aggression (verbal or physical disobedience)*

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**WHEN TO WORRY...**

- Excessive neglect of personal appearance or hygiene*
- Overly suspicious of others*
- Sees or hears things that others do not.*

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**EXTREME DEPRESSION CAN LEAD A CHILD TO THINK ABOUT SUICIDE OR PLAN FOR SUICIDE. FOR YOUTH AGES 10-24 YEARS, SUICIDE IS AMONG THE LEADING CAUSES OF DEATH.**

**5 Action Steps for Helping Someone in Emotional Pain**

- ASK**  
"Are you thinking about killing yourself?"
- KEEP THEM SAFE**  
Remove access to lethal agents/judges.
- BE THERE**  
Listen carefully and acknowledge their feelings.
- HELP THEM CONNECT**  
Call or text the 988 Suicide & Crisis Lifeline, number 988.
- STAY CONNECTED**  
Follow up and stay in touch after a crisis.

nimh.nih.gov/suicideprevention

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**SWITCHING GEARS**  
Autism Spectrum Disorder

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**PREVALENCE**

**1 IN 36**  
**8-YEAR-OLDS**  
**WERE IDENTIFIED WITH**  
**AUTISM IN 2020\***

CDC

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**DEFINITION**

Autism spectrum disorder (ASD) is a developmental disability characterized by persistent impairments in social interaction and the presence of restricted, repetitive patterns of behaviors, interests, or activities (1) that can cause a wide array of difficulties in social interaction, communication, and participation in daily activities.

Mazurek MO, Warren Z, Williams AL, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2010. MMWR Surveill Summ 2013; 62: 1-14. DOI: <http://dx.doi.org/10.55555/mmwr.mm6202a1>

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**SOCIAL COMMUNICATION AND INTERACTION**

A child or adult with autism spectrum disorder may have problems with social interaction and communication skills, including any of these signs:

- Fails to respond to his or her name or appears not to hear you at times
- Resists cuddling and holding, and seems to prefer playing alone, retreating into his or her own world
- Has poor eye contact and lacks facial expression
- Doesn't speak or has delayed speech, or loses previous ability to say words or sentences
- Can't start a conversation or keep one going, or only starts one to make requests or label items

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**SOCIAL COMMUNICATION AND INTERACTION**

- Speaks with an abnormal tone or rhythm and may use a singsong voice or robot-like speech
- Repeats words or phrases verbatim, but doesn't understand how to use them
- Doesn't appear to understand simple questions or directions
- Doesn't express emotions or feelings and appears unaware of others' feelings
- Doesn't point at or bring objects to share interest
- Inappropriately approaches a social interaction by being passive, aggressive or disruptive
- Has difficulty recognizing nonverbal cues, such as interpreting other people's facial expressions, body postures or tone of voice

<https://www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/symptoms-causes/tpe-20352928>

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**PATTERNS OF BEHAVIOR**

A child or adult with autism spectrum disorder may have limited, repetitive patterns of behavior, interests or activities, including any of these signs:

- Performs repetitive movements, such as rocking, spinning or hand flapping
- Performs activities that could cause self-harm, such as biting or head-banging
- Develops specific routines or rituals and becomes disturbed at the slightest change
- Has problems with coordination or has odd movement patterns, such as clumsiness or walking on toes, and has odd, stiff or exaggerated body language

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**PATTERNS OF BEHAVIOR**

- Is fascinated by details of an object, such as the spinning wheels of a toy car, but doesn't understand the overall purpose or function of the object
- Is unusually sensitive to light, sound or touch, yet may be indifferent to pain or temperature
- Doesn't engage in imitative or make-believe play
- Fixates on an object or activity with abnormal intensity or focus
- Has specific food preferences, such as eating only a few foods, or refusing foods with a certain texture

<https://www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/symptoms-causes/tpe-20352928>

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**BRINGING IT HOME**

What can we do in our communities of faith to promote the spiritual sphere and its protective function?

*Accept*

*Accommodate*

*Demonstrate*

*Experiences of transcendence*

*Experiences of gratitude*

*Experiences of being helpful to others to share common humanity*

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**NAMASTE!**



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