

Mental Health with Elementary Students



Key Concepts

- History of Mental health in Canada
- Statistics
- Mental health concerns
- break
- Strategies and practical approaches
- Questions and wrap up

WHY ?

History of Mental Health in Canada

History of mental health

- ▶ Hippocrates was one of the first writers to challenge the belief in supernatural causes of mental illness.
- ▶ By the Middle Ages, however, attempts to explain mental illness through rational mechanisms were replaced by theories of demonology and witchcraft.
- ▶ Philippe Pinel (1745-1826), director of 2 institutions in Paris for the mentally ill, was one of the first reformers to advocate a humane approach to mental patients.

History of Mental Health Canada

- ▶ 1860's - jailed or poorhouses
- ▶ End of 1800's - asylums and mental hospitals began developing
- ▶ 1960's many psychiatric patients were discharged into the community as many of the hospitals and wards were closed
- ▶ 1970 - funds were redistributed to various community mental health programs
- ▶ 1979 - NS legislation says a school "shall" accept a student with special needs, rather than the discretionary "may."

History of Mental Health

- ▶ 1980 - distinction was made between helping those with Mental illness and promoting mental health
- ▶ 1988 - Mental health for Canadians: striking a balance - first publication in Canada that focused on mental health
- ▶ 1990's saw a move towards integration, recovery, consumer choice, empowerment and flexible supports

History of Mental Health in Canada

- ▶ 1995 -Mental Health Promotion Unit was created to develop policies around fostering mental and spiritual health
- ▶ 1996 - Nova Scotia introduced integration into its schools through NS Education Act
- ▶ 1998 - Canadian Alliance on Mental Health was created to bring mental health issues to the attention of policy makers.
- ▶ 2006 - Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addictions Services in Canada
- First ever National study of all three

“Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”

STATISTICS

The background features a dark blue field on the left and a complex, layered geometric pattern of various shades of green on the right. The green shapes are semi-transparent and overlap, creating a sense of depth and movement. A thin white line runs diagonally across the bottom right corner, intersecting the green shapes.

- In any given year, **1 in 5 Canadians** experiences a mental health or addiction problem.
- By the time Canadians reach 40 years of age, **1 in 2 have** – or have had – a mental illness.¹

¹ Smetanin et al. (2011). *The life and economic impact of major mental illnesses in Canada: 2011-2041*. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.

An estimated 1.2 million children and youth in Canada are affected by mental illness—yet, less than 20 per cent will receive appropriate treatment

MENTAL HEALTH

- Everyone has mental health
- You can have great mental health or mental health that affects your well being
- Can have a diagnosable mental condition, but it may not affect your mental health

MENTAL ILLNESS

- Not everyone has a mental illness
- Diagnosable medical condition that may or may not affect mental health

Symptoms

No Symptoms

**Diagnosed
Mental
Condition**

It is possible to have
a diagnosed mental
health challenge
and still experience
well being

MENTAL HEALTH MATRIX

**Non
Diagnosed
Mental
Condition**

It is possible to
experience
poor mental health
without a mental
health condition

Anxiety disorders are the most common illness to affect children and youth. About 6% of kids experience an anxiety disorder at some point.

Attention-deficit/hyperactivity disorder (ADHD makes it very difficult for kids to focus their attention.) (conservatively 5% of the population)

Conduct disorder: It leads children to be extremely aggressive and destructive toward other people, pets or property. They may also seem like they don't care about important but basic rules, such as by doing things like regularly skipping school or running away from home.

Depression is a mood disorder that shows up most often during the teenage years. (Over 7% of the population)

Psychosis is a condition that involves loss of contact with reality. It most often appears later in adolescence and early adulthood. It can be seen on its own or with many of the illnesses mentioned in this info sheet.

Bipolar disorder is a mood disorder that may affect up to about 1% of young people. It usually starts during the teenage years, but in rare cases, it may be seen in younger children.

Eating disorders are less common in young children, but the risk increases with age. Anorexia affects up to 1% of young males and females aged 15-24, and bulimia affects up to 3% of young people in Canada. Eating disorders involve a distorted body image along with seriously harmful behaviours to manage food and weight, making it difficult to nourish oneself properly.

Schizophrenia affects about 1% of the total population, and usually shows up between the ages of 15 and 25. Schizophrenia makes it hard for people to think and speak in an organized way. It can also cause people to lose touch with reality.

- ▶ Millennial were the hardest hit the past year. **63%** per cent fell into the high-risk category for mental health challenges compared to, 41 % of Gen Xers and 24 % of Baby Boomers.

Suicide is the epitome of Mental Health Challenges.

Eleven people die in Canada every day by suicide.

In Canada, suicide accounts for **24 percent** of all deaths among those aged 15-24 year

Youth are among the highest risk populations for suicide.

- ▶ Suicide among those 15 to 24 year is the second leading cause of death in Canada, after accidents?
- ▶ Canada's youth suicide rate the third highest in the industrialized world.

It is estimated that **10-20%** of Canadian youth are affected by a mental illness or disorder – the single most disabling group of disorders worldwide

Approximately **5% of male youth and 12% of female youth**, age **12 to 19**, have experienced a major depressive episode

The total number of those aged **12-19** year in Canada at risk for developing depression is **an incredible 3.2 million.**

The latest figures for youth suicide in Canada aged **10 to 24** years old from Statistics Canada was **552**.

398 of the 552 were males.

Children and Suicide

- ▶ There is a low occurrence of suicide among children and very little data for children under the age of ten. However, suicide is the **4th leading cause of death among children between the ages of 10 and 14.**
- ▶ In Canada in 2009, there were **25** recorded suicidal deaths of children aged **10-14.**

Canada's children have high rates of suicide, self harm, abuse, infant mortality report

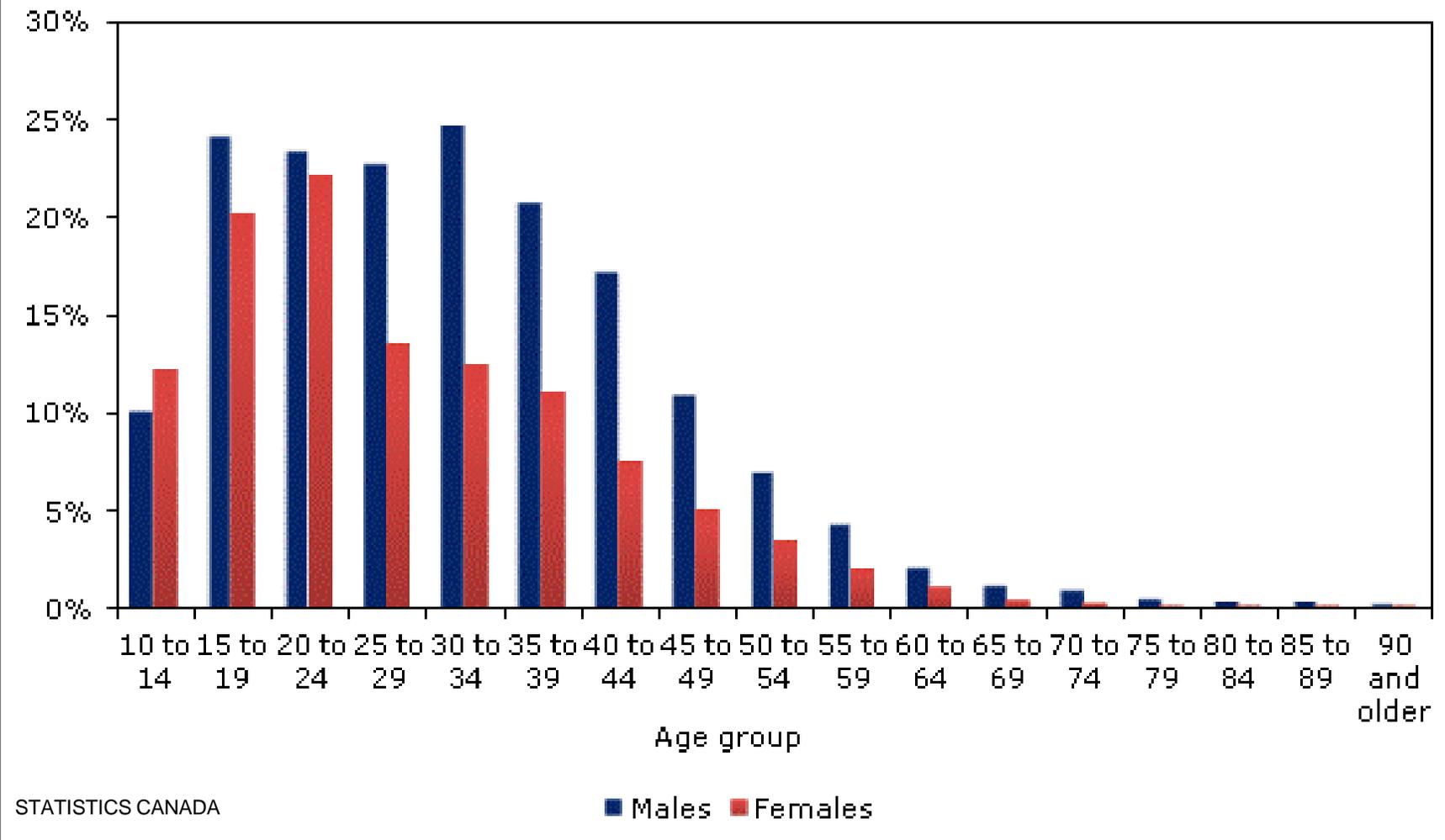
- ▶ The report found the number of mental health-related hospitalizations among people **aged 5 to 24** had soared **66 per** cent over the last decade, while the number of hospitalizations jumped 55 per cent over the same period.

- ▶ Every year about 12,000 children aged 5-14 years old are admitted to psychiatric hospital units for suicidal behaviour. Prepubescent children who have attempted suicide are up to 6 times more likely to attempt suicide again in adolescence (Tishler, 2007, p.812).

Why does this matter ...

“Mental health problems increase the risk of repeating a grade, truancy, and dropping out of school. The risk of developing an internalizing or externalizing mental health problem can be lessened by changes in the school environment and by the implementation of evidence-based school programs.”

Percentage of deaths caused by suicide



Canadians age 10-14 years: the percentage of deaths caused by suicide is 9.92% for males and 12.12% for females.
Canadians age 15-19 years: the percentage of deaths caused by suicide is 24.01% for males and 20.07% for females.
Canadians age 20-24 years: the percentage of deaths caused by suicide is 23.23% for males and 22.12% for females.

Poor Mental Health can appear as :

AGGRESSIVE

NON COMPLIANCE

PASSIVITY

QUIET

NO EMPATHY

ARGUMENTATIVE

FATIGUE

SOMETIMES THERE ARE NO SYMPTOMS

Peer pressure

Learning challenges

Busy schedule

Anxiety

Depression

Information overload

Unrealistic expectations

Unused to failure

Lack of understanding

Changing roles/rules

SURPRISE

- ▶ Professor John Hirdes of the University of Waterloo points out that children with a mental illness have very different needs than adult patients.
- ▶ The recent collaborative study by Canadian researchers at Waterloo and Western University found that children are at a higher risk for self-injury and suicidal ideation than adults
- ▶ They are also more physically and verbally abusive, and display more extreme behavior than adult counterparts

Considerations for Mental health challenges in younger students

- ▶ Seldom a formal diagnosis (although the diagnosis are starting earlier)
- ▶ The earlier the students are diagnosed or presumed to have a specific diagnosis, the more it becomes their identity
- ▶ Mental health disturbances can disrupt whatever situation they are in (preschool, day care, school settings, babysitters)
- ▶ Behaviors due to mental health challenges often occur in one place and become a means of coping with situations. It may become a transferable strategy that the child uses to cope with any challenge (Go –to response)
- ▶ Often the mental health challenges appear to have no origin and it is difficult to determine what might be triggering the responses of the child.

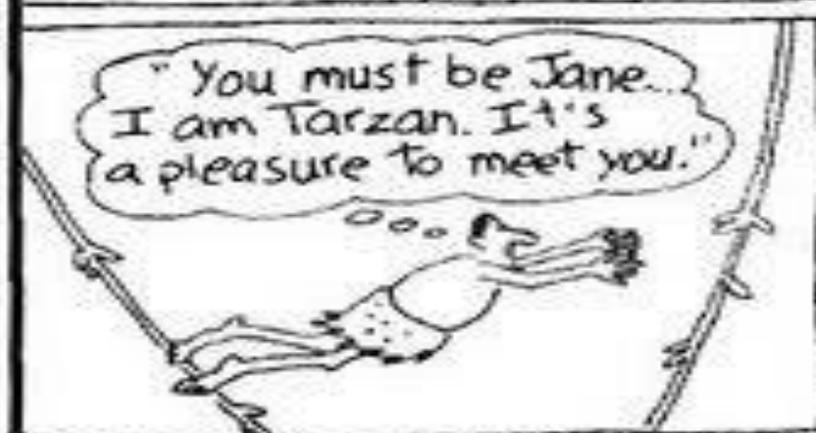
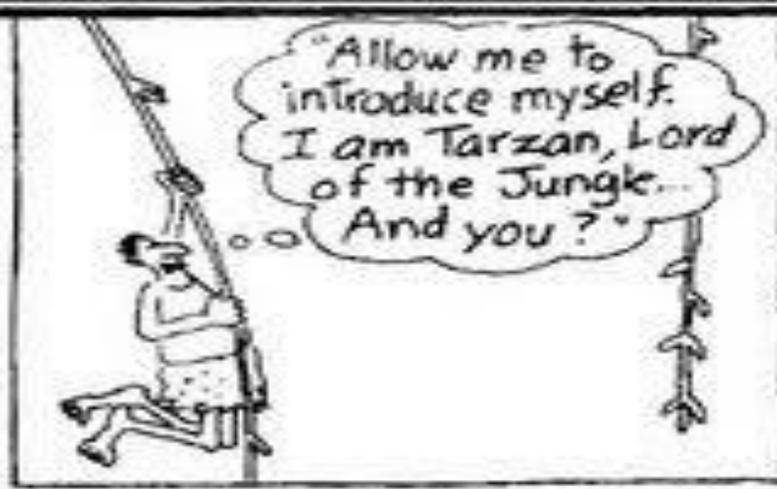
Focusing on positive mental health

Consider what researchers have been saying about mental health:

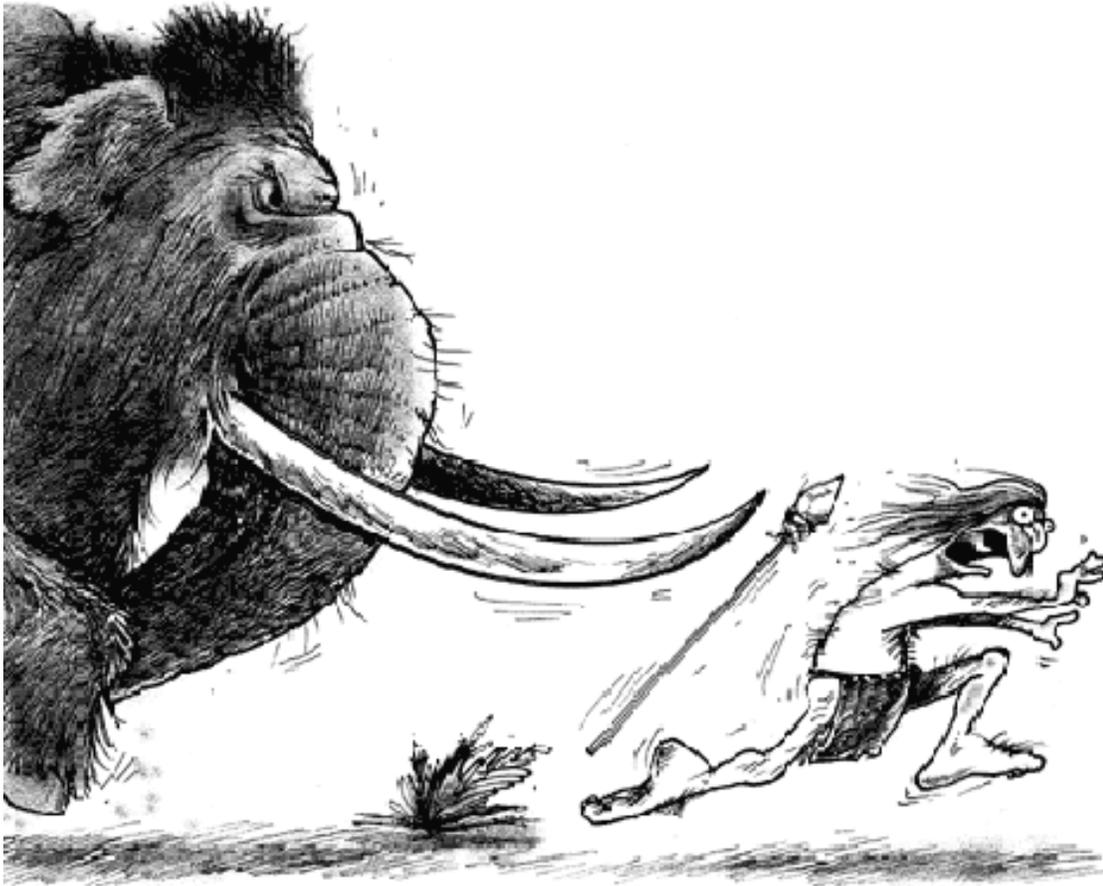
- ▶ People who were deemed “pessimistic” had a nearly 20 percent higher risk of dying over a 30-year period than those who were optimistic
- ▶ People who kept track of their gratitude once a week were more upbeat and had fewer physical complaints than others
- ▶ People who obsessively repeated negative thoughts and behaviors were able to change their unhealthy patterns when they focused on positivity—their brain activity actually changed.

**I DON'T CARE WHAT PEOPLE
THINK OF ME
AT LEAST MOSQUITOES
FIND ME
ATTRACTIVE**





Different Stimuli, Same System



Elementary youth mental health challenges tend to be displayed through fight or flight responses:

- ▶ Control - fight rather than flight
- ▶ Aggression - fight rather than flight
- ▶ Non compliance – flight rather than fight
- ▶ Avoidance - flight rather than fight
- ▶ Shutting down - flight rather than fight
- ▶ Running away - flight rather than fight

THIS LEADS TO

- ▶ Young adults with significant mental health disorders.



CHRIS
MADDEN



Search ID: eman850

“It’s not his fault he’s a little aggressive.
He’s got SMBD - spuriously medicalised
behavioural disorder.”

**Brainstorm Causes that May Lead to Poor
Mental Health!!!!!!!**

Why are we seeing more undesirable behavior in younger youth ?

- ▶ Learning environment
- ▶ Too much information for their development level
 - ▶ Overload of information
 - ▶ Too much higher level thinking information
 - ▶ Brain unsure how to process
- ▶ Screen time (TV, videos, music etc.)
- ▶ Organized play as opposed to free play (organized sports, assigned play dates etc.)
- ▶ Not being connected
- ▶ Lack of relationship building skills
 - ▶ (they are used to instant gratification, and instant results, do not understand others perspectives, empathy is lacking, listening skills, following routine when required)

WHAT DO WE DO ABOUT THIS?

The Joint Consortium on Positive Mental Health From British Columbia states that approaches in education and health share common principles or values related to fostering **the psychological well-being of children and youth**. These include the assumptions that:

Assumption 1

Children and youth have inner strengths and gifts that support their capacity to initiate, direct and sustain positive life directions (Hamilton & Hamilton, 2004; Losier & Morrison, 2007);

Assumption 2

Child and youth engagement and empowerment are critical considerations for facilitating positive development or change (CSPH, 2002; Deci & Ryan, 2007);

Assumption 3

Children's and youth's' social contexts and networks provide important resources and influences that have the capacity to contribute to and enhance their psychological well-being (Losier & Morrison, 2007; Sheridan, Warnes, Cowe, Schemm & Clarke, 2004); and

Assumption 4

Children's and youth's' relationships with adults and peers that contribute to psychological well-being are characterized by interactions that convey genuineness, empathy, unconditional caring and affirmation (Brendtro, 2003).

Key ideas in promoting positive mental health

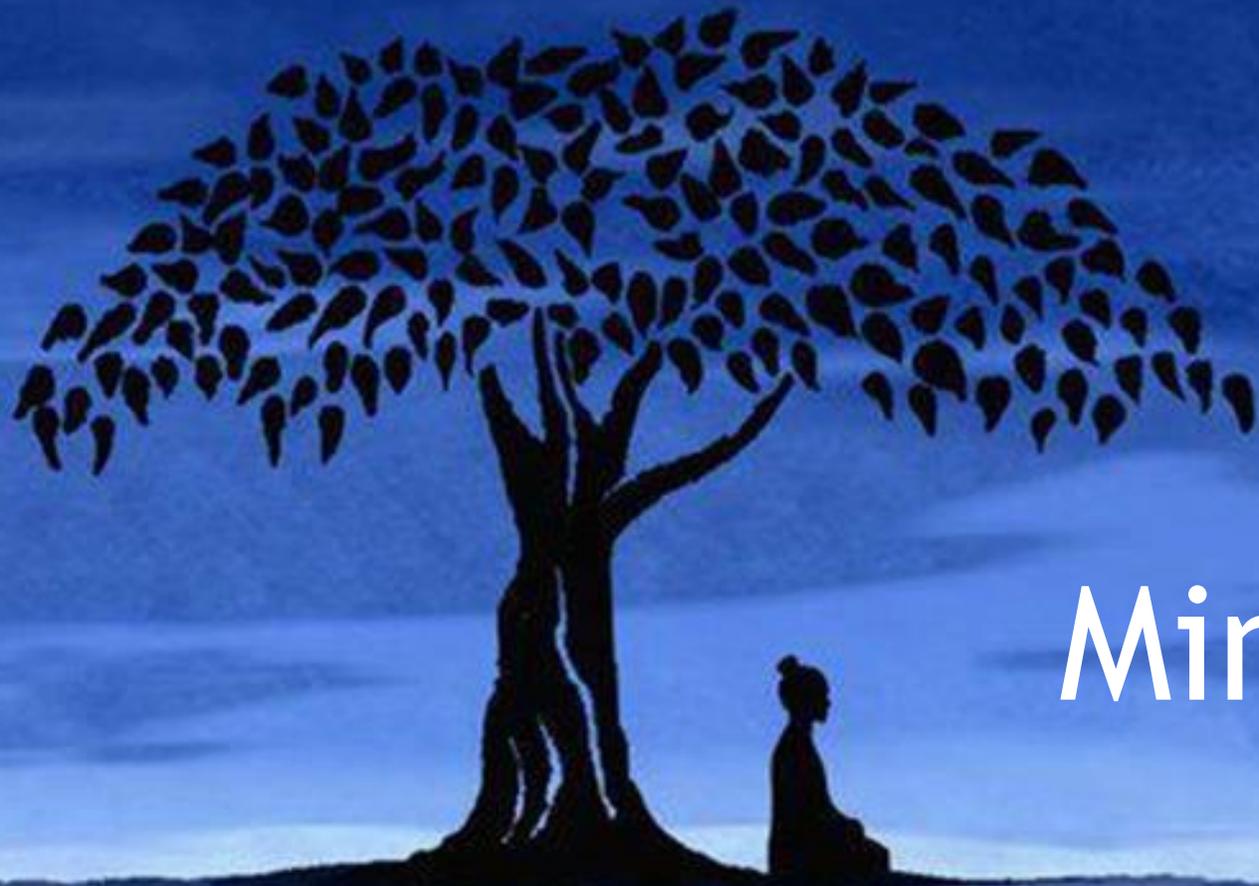
1. social-emotional learning;
2. positive (strength-focused) youth development;
3. resiliency;
4. protective factors;
5. diversity;
6. acceptance and understanding of student mental health needs;
7. connectedness;
8. strength-based perspectives;
9. mental fitness;
10. self-efficacy.

Research illustrates to us that positive Mental health occurs when individuals have :

- ▶ Positive Relationships (family, extended family, teachers, mentors, foster parents, peers and siblings)
- ▶ Positive self-esteem
- ▶ Good problem solving and coping skills
- ▶ Solid family cohesion and supports
- ▶ Strong connections to school
- ▶ Supportive teachers and counsellors
- ▶ Engagement in extracurricular activities
- ▶ Involvement in faith/religious communities (Bridges, 2008; CSP, 2000)

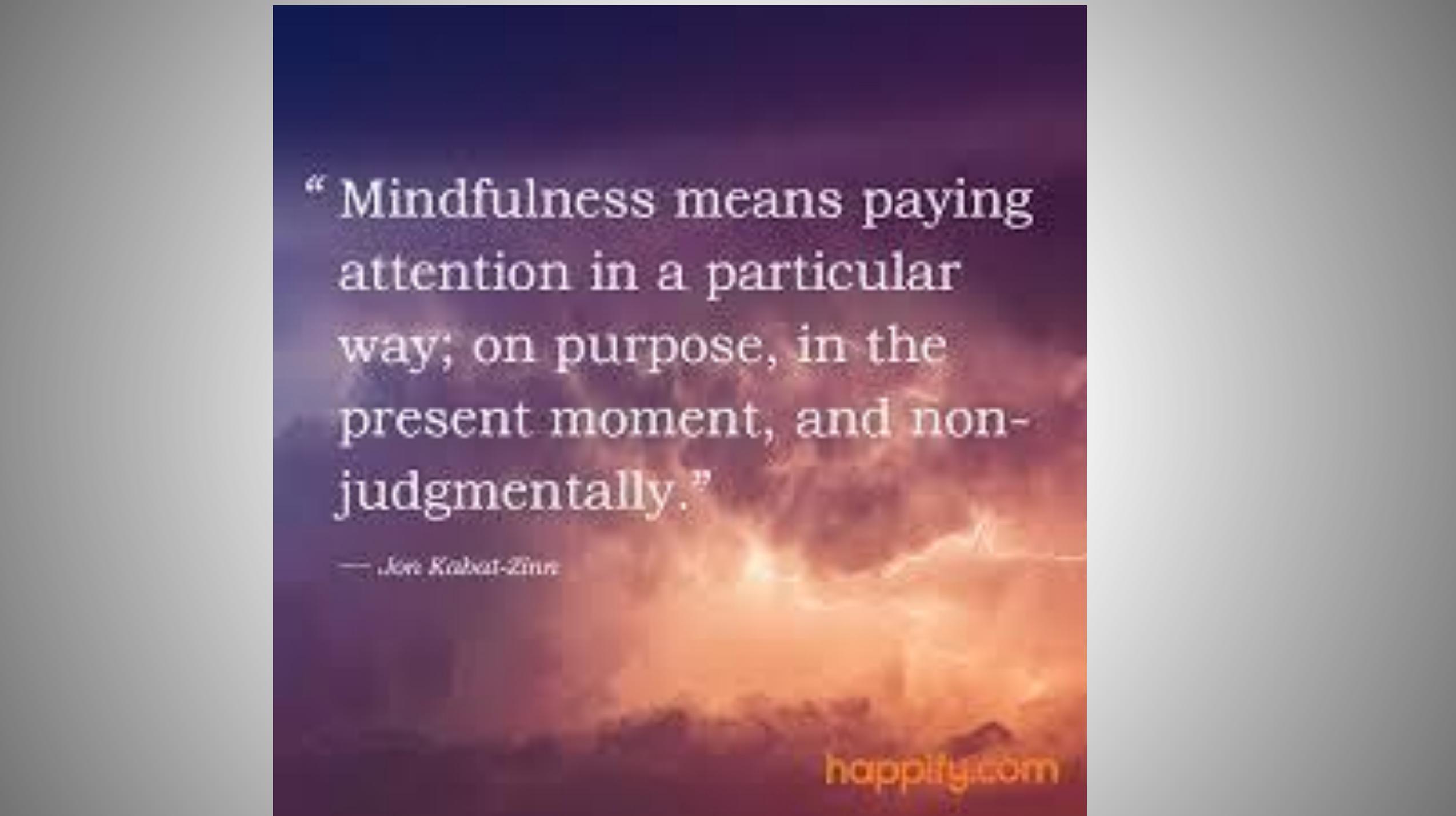
If the students do not have this type of support network at home, how can this be addressed:

- ▶ Mindfulness practices
- ▶ Play therapy/music therapy
- ▶ Information Highway
 - ▶ Limiting screen time
 - ▶ Discussions about what they see
- ▶ Direct intervention
- ▶ Direct teaching of relationship building through targeted programs.
- ▶ Relationship development
- ▶ ? Later start to school?



Mindfulness

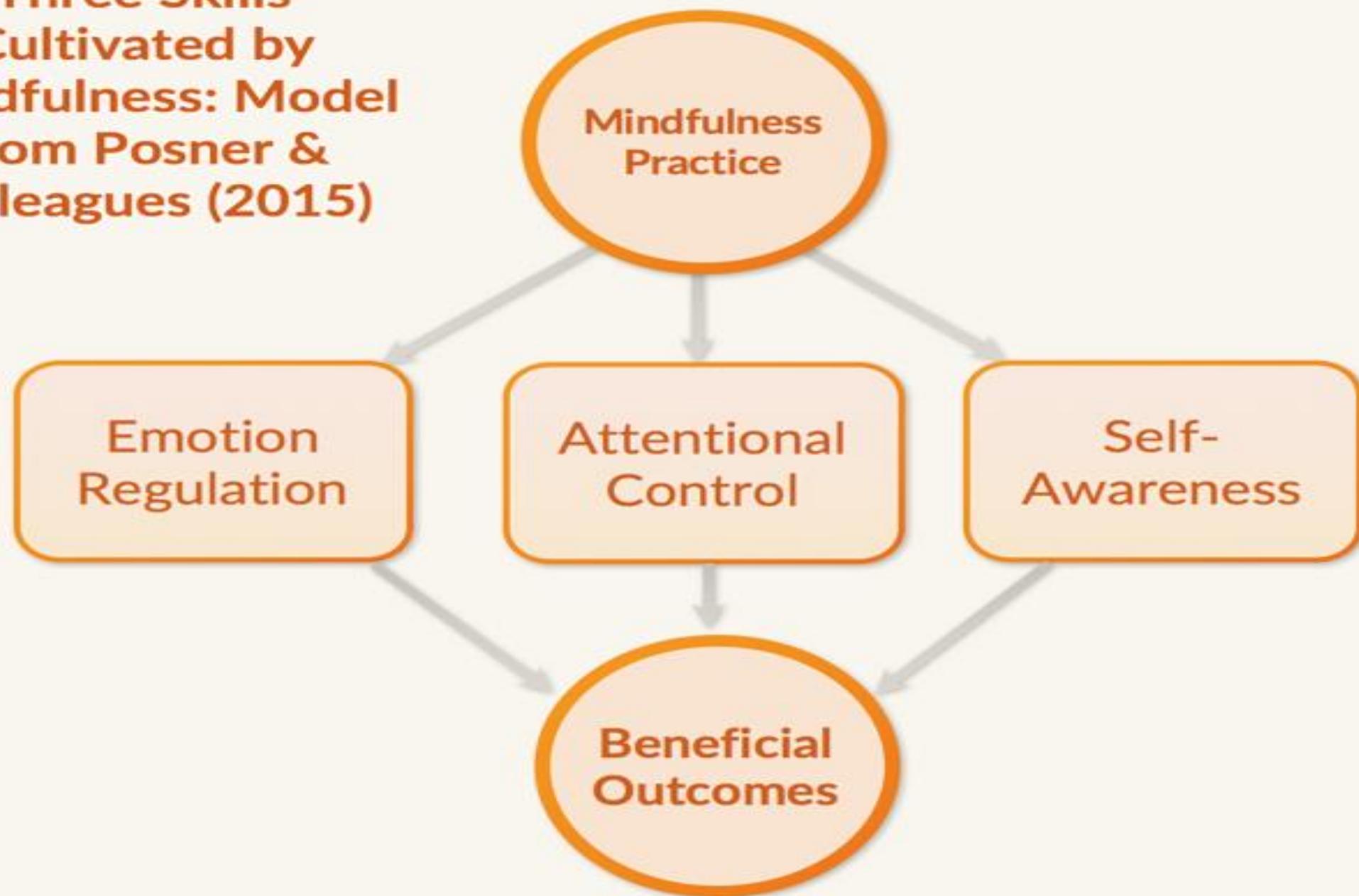
just be in the moment...



“Mindfulness means paying attention in a particular way; on purpose, in the present moment, and non-judgmentally.”

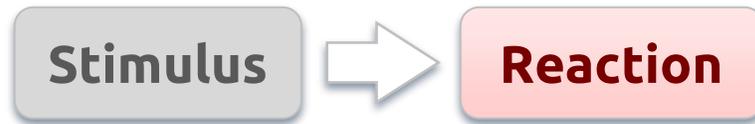
— *Jon Kabat-Zinn*

**Three Skills
Cultivated by
Mindfulness: Model
from Posner &
Colleagues (2015)**



Mindfulness helps to create space and replace **impulsive reactions** with **thoughtful responses**.

*Without
Mindfulness*



*With
Mindfulness*



Benefits of Mindfulness

Supported by 30+ years of research and current neuroscience among adults, and a growing literature with youth



Cognitive Outcomes

Better **focus** and **concentration**



Social-emotional Skills

Improved **self regulation** as well as **compassionate attitudes** and **behavior**



Well Being

Decreased **stress, anxiety,** and **depression**

Essential Instructions when beginning with Mindfulness

Short moments of awareness, repeated many times, become automatic and continuous

Find “neutral gear” – a place where attention naturally rests in the somatic or sensory field. If you/they can’t make contact with a sensory experience, use phrases

When attention is unavailable as a resource, use physiological tools

“Soak in” positive thoughts, sensations & feelings “like a sponge.”
Practice gratitude for small things frequently.

Short mindful activity

Five finger exercise.

Body Scan

Raisin Exercise

Five Finger Exercise

A simple exercise designed to bring your attention to the “now”. Effective anywhere with all ages.

- ▶ Name five things you see
- ▶ Name four things you hear
- ▶ Name three things you feel
- ▶ Name two things you smell
- ▶ Name one thing you taste

Three minute breathing space

- ▶ A very brief mindfulness meditation that can help integrate mindfulness into everyday life. It enables one to disrupt automatic patterns of thinking and behavior and increase acceptance-based coping.
- ▶ The exercise commonly involves the following three steps.
 - ▶ “Where am I?”
 - ▶ one steps outside the “doing mode” for a moment, disrupts habitual patterns, and becomes aware of the current experience
 - ▶ “How am I?”
 - ▶ Attention is directed away from thinking to the breath.
 - ▶ “What am I thinking?”
 - ▶ attention is expanded so that it also includes the awareness of body sensations

The focus here is on the body as a whole. The three-minute breathing space involves a direct way of coping characterized by the awareness and willingness to experience what is present.

Formal Practice: Mindfully Eating a Raisin

Place a few raisins in your hand. If you don't have raisins, any food will do. Imagine that you have just come to Earth from a distant planet without such food.

Now, with this food in hand, you can begin to explore it with all of your senses.

Focus on one of the objects as if you've never seen anything like it before. Focus on seeing this object. Scan it, exploring every part of it, as if you've never seen such a thing before.

Turn it around with your fingers and notice what color it is.

Notice the folds and where the surface reflects light or becomes darker.

Next, explore the texture, feeling any softness, hardness, coarseness, or smoothness.

While you're doing this, if thoughts arise such as "Why am I doing this weird exercise?" "How will this ever help me?" or "I hate these objects," then just see if you can acknowledge these thoughts, let them be, and then bring your awareness back to the object.

Take the object beneath your nose and carefully notice the smell of it.

Bring the object to one ear, squeeze it, roll it around, and hear if there is any sound coming from it.

Begin to slowly take the object to your mouth, noticing how the arm knows exactly where to go and perhaps becoming aware of your mouth watering consistency as you chew.

When you feel ready to swallow, consciously notice the intention to swallow, then see if you can notice the sensations of swallowing the raisin, sensing it moving down to your throat and into your esophagus on its way to your stomach.

Take a moment to congratulate yourself for taking this time to experience mindful eating.

Mindful Eating Journal

Was anything surprising?

What did you notice with the raisin (or whatever food) in terms of sight, touch, sound, smell, and taste?

Did any thoughts or memories pop up while doing this practice? Take a few moments to write down your reflections.

PLAY THERAPY



What is Play Therapy

It is the use of toys and play to allow children to express their experiences and feelings through a natural, self-guided, self-healing process.

This can be directed or undirected depending on your client. It has been determined to be a necessary part of positive mental health.





REMEMBER HER?

VALUE OF PLAY THERAPY

1. Ability to process emotions that they may not be able to express in other ways
2. A decrease in undesirable behaviors and an increased capacity regulate their own behavior
3. Development of independence and creative thinking
4. Improvement of social skills and the ability to respect others
5. Stronger relationships with family members

Children are starting organized sports, playgroups and even school earlier now than ever before.

They need time for pure unadulterated play.

Let them run and learn their limits,

Let them fall and scrape knees

Let them make Barbie ride a dinosaur or use their cars to make tracks all over their space.

Let them get out the pots and pans to make a band

Let them play “soccer” with friends

Learning to resolve conflicts:

- ▶ We have helicopter parenting and we have snow plow parenting
- ▶ Let them handle their own argument
 - ▶ We can give them the words
 - ▶ We can give suggestions
 - ▶ We can give them ideas

But allow them to take the steps themselves to resolve conflict leads to

- ▶ independence
- ▶ self confidence

“It is hard to remember when our kids are bored that we do not need rescue them, rather we can just let them be bored, and see what a beautiful place their boredom will take them.”

the world before social media...



Research

- ▶ Social media promotes that too much screen time is a negative thing.
- ▶ I challenge that - in fact
 - ▶ It turns out **What** they are doing/watching/engaging in, is more important than **how much** they are doing.
 - ▶ It does create bonds **AS** long as the parent or guardian does it with the youth
 - ▶ It can foster problem solving
 - ▶ **BUT** must be age appropriate.



**DIRECT
INTERVENTION**



“I expect you all to be independent, innovative, critical thinkers who will do exactly as I say!”

Sometimes in our society more is necessary

Direct teaching of

- emotional regulation
- patience
- empathy
- turn taking
- sharing
- losing
- winning
- replacement response behaviors

DIRECT TEACHING

- ▶ Some of the youth who have significant mental health challenges diagnosed and undiagnosed are simply going to need direct teaching of the skills they are lacking
 - ▶ Emotion regulation
 - ▶ Perspective taking
 - ▶ Size of problem
 - ▶ Listening comprehension

BUT these are only effective in conjunction with other therapies or methods.

Nothing by itself is 100% effective.

FREE DOWNLOADABLE BLANK SCALES

The Incredible 5-Point Scale:

The Significantly Improved and Expanded Second Edition

*Assisting students in understanding social interactions
and controlling their emotional responses*

Kari Dunn Buron and Mitzi Curtis



Should I or Shouldn't I

- 1 – Good thoughts
- 2 – Okay thoughts
- 3 – Weird or uncomfortable thoughts
- 4 – People will be annoyed
- 5 - Against the rules or may get you into trouble

RELATIONSHIP



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Relationship Development

Teacher-child relationships from primary to grade 2, in school has been linked to child well-being in various aspects of mental health including: peer relationships, behavior problems, classroom adjustment, and academic achievement (i.e., Birch & Ladd, 1998; Burchinal, Peisner-Feinberg, Pianta, & Howes, 2002)

One study by Yoviene illustrated that

- Improvements in teacher-student relationship quality predict declines in both mothers' and teachers' reports of internalizing behavior problems.

According to Strain and Joseph:

Building positive relationships with young children is an essential task and a foundational component of good teaching.

Relationship building takes time and patience, but the results significantly affects the mental health of elementary students in the class.

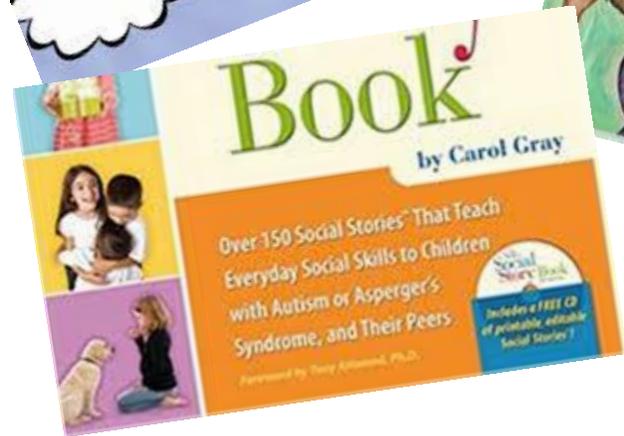
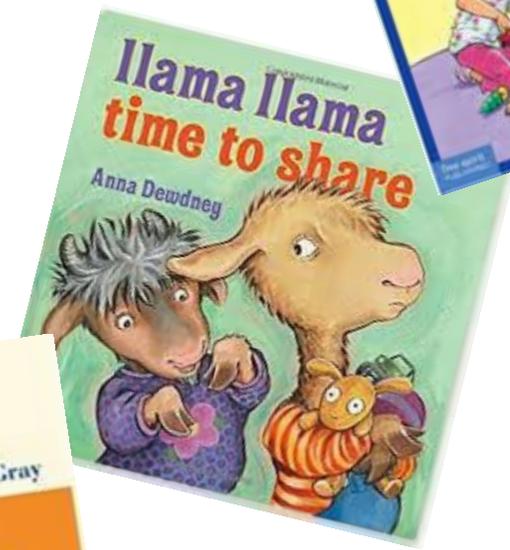
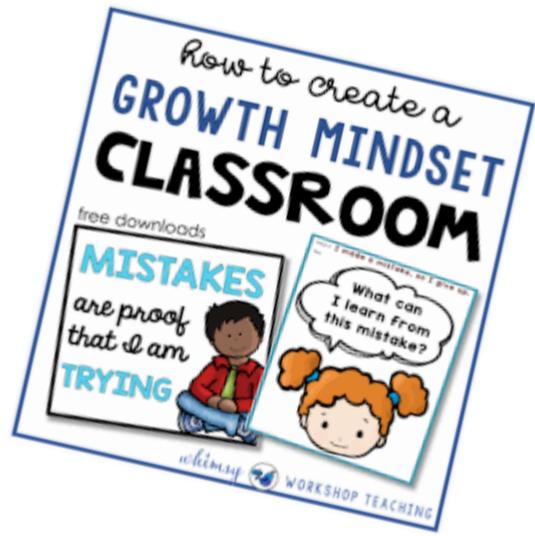
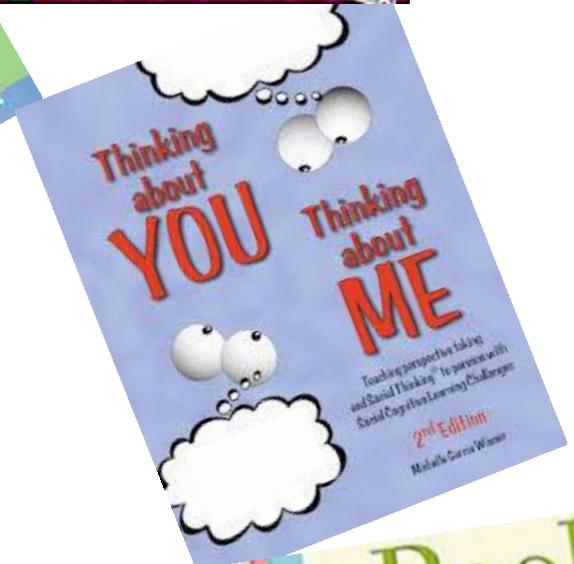
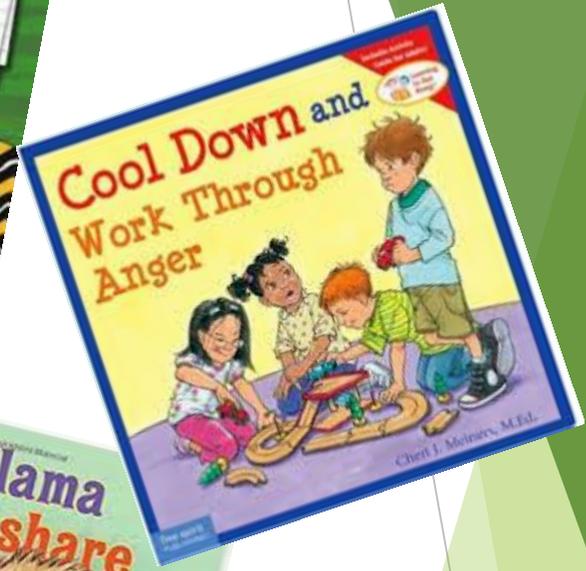
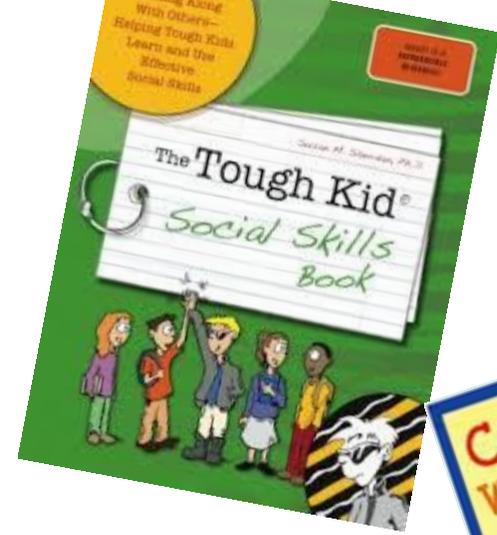
Joseph, E. & Strain, P.S. Building Positive Relationships with Young Children. Center on Evidence Based Practices for Early Learning. vanderbilt.edu/csefel. University of Colorado at Denver.

Relationships are key with Individuals who may have poor mental health.

- ▶ Trust given freely but not blindly
- ▶ Genuine feelings of interest and concern
- ▶ Clear expectations to maintain that trust both ways/mutual respect develops
- ▶ Instead of assumptions, seek explanations
- ▶ As an adult, you have the control of the relationship, but it should only move at the pace of the child. Do not expect more than they can give, nor take punitive measures if they cannot give you what to expect. Revise your own expectations
- ▶ Leave shame and judgment aside.
- ▶ Listen

MOTIVATIONAL INTERVIEWING

- ▶ The Core Interviewing Skills (minimizing shame in questioning)
 - ▶ Open ended questions
 - ▶ Affirmation
 - ▶ Reflective Listening
 - ▶ Summarizing



When a student says	The adult says
I'm not good at this	Not one is good at the beginning. Let me ask you some questions so we can work out what is being missed.
I give up	I'll teach you another strategy so we can move forward
It's good enough	That might be your best today, but each day you will get better
I can't do any better	Let's find something that we can do to help you make it better
This is too hard	It is meant to be hard. We do grow by our challenges and mistakes, not by doing something we already know,
I made a mistake	Let's figure out what happened and learn how to do it better
I just can't do it	I'll show you how to train your brain so you can do it.
I'll never be that smart	Being smart is something we learn. Lets see how we can help you learn.
Everyone else can do it	How have they gone about learning it?



NICE

(National Institute for Health and Care Excellence)

Believes an integrated approach is best.

Key Concepts

- History shows our approaches to Mental health have been slow
- Positive mental health is an issue for youth of all ages
- Poor mental health is a significant concern for North Americans
- Mental health challenges are significantly increasing at the early ages
- Mental health affects the learning capacity of youth

We can increase positive mental health:

- ▶ Mindfulness practices short bursts for young ages
- ▶ Play therapy/music therapy
- ▶ Direct teaching for alternative responses
- ▶ Direct teaching of relationship building through targeted programs.
- ▶ Screen time and Information that is age appropriate to their development
- ▶ Motivational interviewing and other Restorative practices.
- ▶ Relationship building is key

I WAS MY PARENTS' FIFTH CHILD AND THEY HAD TO LAY ME SIDWAYS IN THE CAR.



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THERAPY IN THE GAME OF LIFE



“Most potential mental health problems will not become mental health problems if we respond to them early.”

InBrief: Early Childhood Mental Health

Bibliography

Canadian Institute for Health Information, Improving the Health of Canadians: Exploring Positive Mental Health (Ottawa: CIHI, 2009).

Centre for Suicide Prevention Web Site are: © Centre for Suicide Prevention and/or its suppliers. All rights reserved. <https://www.suicideinfo.ca/resource/not-a-child/>.

Goodman, John T.. "Mental Health". The Canadian Encyclopedia, 31 January 2018, Historica Canada. <https://www.thecanadianencyclopedia.ca/en/article/mental-health>.

Government of Canada. (2016). www.canada.ca/en/public-health/services/promoting-positive-mental-health.html.

Joint Consortium for School Health developed on British Columbia

Joseph, E. & Strain, P.S. Building Positive Relationships with Young Children. Center on Evidence Based Practices for Early Learning. vanderbilt.edu/csefel. University of Colorado at Denver.

McKenna, C., (2018) Mindfulness & Education Program Officer, Mindful, mindful.org

National Institute for Health and Care Excellence, 2008

Bibliography

Noll, B. (2013). *Slow Family Living: Boredom; the Gateway to New Ideas*. Tarcher Perigee

Schulte-Körne G. (2016). Mental Health Problems in a School Setting in Children and Adolescents. *Deutsches Arzteblatt International*, 113(11), 183-90.

Smetanin et al. (2011). The life and economic impact of major mental illnesses in Canada: 2011-2041. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.

Rothman, D. (2017). Playing to Heal: 5 Benefits of Play Therapy. *Family, Mental Health*.

Taylor, A. (2019). *Slow Family Living: Boredom; the Gateway to New Ideas, The Magic that Happens when we Allow Ourselves to be Bored*. Elephant Journal.

Wilson, M. Hon. (2016). Mental Health Commission of Canada. *Globe and Mail*.

Yovience, L. (2015). The importance of teacher-child relationship during elementary school. *Content for Researchers & Academics., New Mentoring Research. Research from Related Fields*.

Youth Mental Health Canada. (2018). <https://ymhc.ngo/ymh-stats/>.