

Children's mental health

by RHEA SEYMOUR

Landmark Today's Parent/RBC cross-Canada survey reveals how much — and how little — parents know about what's going on inside young minds

When doctors turned Dylan Collins away from the emergency department two years ago, he threw a chair in the examining room. It was the 10-year-old Calgary boy's second trip to the hospital in two weeks, and he and his mom Jane Collins had no intention of leaving without help. Dylan's father had taken him in when Dylan was having suicidal thoughts; Collins dragged Dylan back when he started going into specifics about how he was going to kill himself. "I was hiding the knives and scissors," she says. (The family's names have been changed at their request.)

Dylan's family had been trying to get him help for a year. He'd always been a bright, intense kid, extra-sensitive to touch and sounds, but by grade four, he was swearing at his teacher and lashing out at classmates. His doctor referred him for talk therapy but it wasn't enough. "He seemed sad and withdrawn, often crying," says Collins. A few months later, Dylan was diagnosed with mild anxiety. The psychologists who assessed him recommended group therapy, for which there was a six-month waiting list. By then, Dylan had been kicked out of his classroom. "His self-esteem was on the floor," says Collins.

It wasn't until Dylan's outburst in the emergency room that he finally got the help he needed: therapy, anger management and antidepressant medication. "We're one of the lucky families, due to our persistence," says Collins. "We're thankful we had the services available; he could have committed suicide."

Unfortunately, Dylan's case is not unusual: While children are increasingly being diagnosed with





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mental illness. (Among unconcerned parents, 83 percent say it’s because their kids have not shown any signs of difficulty.) The survey results showed that parents are more likely to seek professional help for kids’ physical symptoms, such as wetting the bed after age six (43 percent), than they are for emotional or social ones, such as excessive shyness (6 percent) or regular anxiety about school (24 percent).

Shame stands in the way of seeking help

It may also be that parents refrain from talking to their child’s doctor about their suspicions because they are concerned about the stigma surrounding mental illness. While this is lessening — 79 percent of parents recognize that mental illness is a disease, just like diabetes — it still exists: Eighty percent feel that children with a mental health condition are stigmatized among adults; 26 percent admit that they would not want anyone to know if their child was diagnosed with a mental illness.

Experts may not know what to look for

“I think family doctors and paediatricians would be the first to admit that their training in children’s mental health is very sparse,” says Korenblum. “Their ability to recognize and diagnose mental illness in children is not sophisticated.” Which is a worry, since 92 percent of parents say their child’s doctor would be their primary source for information on children’s mental illness.

But it is getting better

On the upside, there is a growing recognition in schools about the importance of building resiliency in children. For example, in BC, teachers are using a program called Friends for Life in classrooms to teach kids how to recognize feelings of anxiety and calm themselves down through relaxation, positive thinking and other techniques. Kids participate in a minimum of 10 classroom sessions and do home-based activities that teach them how to deal with worrying situa-

mental health issues such as anxiety, depression and bipolar disorder, families often struggle to get them help. And getting an early handle on these issues is critical. “If the brain is wired improperly, over time the pathways get laid down more firmly,” explains Marshall Korenblum, the chief psychiatrist of the Hincks-Dellcrest Centre for Children and Families in Toronto. The longer a person goes without treatment, he explains, the more entrenched this wiring becomes. Not only does the condition worsen, the complications do as well. A child with anxiety may avoid school, fall behind even flunk out. Their friendships may fizzle as they lose touch with peers; their family life may suffer from fighting with their parents about going to school. “So then we have to treat the mental illness and the impact,” says Korenblum.

On the other hand, when children are properly diagnosed and treated early on, they can develop good coping strategies and avoid many of the secondary complications, says Korenblum. “The illness itself is easier to treat, and the school and social relations stay on track.”

Kids are waiting too long for help

Early intervention is in short supply when it comes to children’s mental health. In July and August of this year, *Today’s Parent* and RBC conducted an online survey of more than 2,500 parents from across Canada about their awareness of

and attitudes toward children’s mental health. The results underscore some of the barriers to the early identification and treatment of mental illness in children.

More than half of parents who have kids with a mental illness had to wait longer than a year for official diagnosis; 22 percent of those had to wait longer than three years. And, on average, kids had to wait another year for treatment. That can feel like forever in the life of a child, says Ramona Alaggia, Factor-Inwentash Chair in Children’s Mental Health at the University of Toronto. “A lot of developmental milestones get put on hold while a child is on a waiting list,” says Alaggia. “Once they fall behind socially and academically, it can feel insurmountable.”

Parents may not know what to look for

According to Children’s Mental Health Ontario, an advocacy group for kids with mental illness, one in five children under age 19 has a mental health disorder that requires treatment, and mental health and behaviour issues are the number one reason Canadian families consult their paediatricians. And yet, 43 percent of parents who participated in the TP-RBC survey said they are not concerned about mental illness in their children.

Why this gap? It may be that many parents do not always know what to be concerned about, or which factors increase their child’s risk for a problem, such as a family history of



Helping kids be healthy inside and out.

One in five Canadian children suffer from a mental illness.* Access to the right programs and trusted resources can be a lifeline for parents, families and kids. The RBC Children’s Mental Health Project has funded more than \$6.5 million to organizations across Canada dedicated to providing early intervention, increase public awareness, and reduce stigma.

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DOES MY CHILD HAVE A MENTAL ILLNESS?

Parents may not realize a child is struggling because they don't recognize the symptoms of mental illness. The warning signs listed below are by no means definite indications of mental illness, but they are worth talking about, especially when they appear in an extreme way.

PRESCHOOL

- Separation anxiety, particularly when they were previously okay with separation
- Bedwetting after toilet training completed
- Frequent tummy aches, headaches or tiredness with no physical explanation

SCHOOL AGE

- School issues: not wanting to attend, frequent lateness and absences, skipping tests, dropping marks, disruptive in class or not paying attention
- Frequent tummy aches, headaches or tiredness with no physical explanation
- Excessive outbursts of anger or aggression
- Decrease in enjoyment of time spent with family or friends

OVER AGE 12

- Psychological symptoms, such as nervousness, excess worrying, sadness or not wanting to get out of bed
- Excessive outbursts of anger or aggression

ALL AGES

- Family history
- No friends or socializing at school or parties
- Compared to other kids their age, the child's behavior stands out

tions by being prepared, rewarding themselves and seeking support. Research shows that even several years later, children who do the program are less likely to have anxiety problems. In Toronto, the SNAP (Stop Now and Plan) program teaches CBT (a type of therapy that helps people learn to manage their own negative feelings) in the classroom, and in Vancouver, many kids are being taught social and emotional skills, including mindfulness.

Programs like these are inexpensive and effective ways to reach some kids, says David Wolfe, RBC Chair in Children's Mental Health at the Centre for Addiction and Mental Health in Toronto. Wolfe also thinks public health should provide parents with better education about child development. This, of course, requires more public funding. But, says Wolfe, "It makes a heck of a lot more sense to bolster our existing services so people can get the right information and referrals early on, as opposed to waiting until a child's mental illness becomes a crisis and it's tougher to treat."

It seems some governments are beginning to agree; Ontario recently announced \$257 million over the next three years for mental health programs. "Some of that is earmarked for children's mental health issues, which will translate into shorter wait times and more school-based mental health programs," says Alaggia. Which, as she points out, is progress.

When Tessa Vintar was 12, she developed unusual habits. "Wrinkles bugged me, so I didn't sleep on my bed, I slept on the floor," says Vintar, now 20 and living in Toronto. "Whenever I bent my elbow, I had to smooth out the wrinkles on my arms," While reading a magazine article about obsessive compulsive disorder, Vintar recognized herself. She was able to get help quickly, with her mom's support and connections to Toronto's SickKids Hospital, where Vintar had been in treatment for depression two years earlier, after her brother was diagnosed with leukemia.

To help her manage the symptoms of OCD, Vintar went for 12 weeks of cognitive behavioural therapy (CBT), where she learned how to deal with her worrisome thoughts by using strategies such as imagining a broom sweeping them out of her head. "CBT is fantastic," she says. "If I hadn't done it, I wouldn't have known my thoughts were irrational." During high school, Vintar also used prescribed antidepressant medications to treat her depression.

It wasn't always a smooth ride. Even though she was treated with kid gloves as the sister of a boy with cancer, no one had time for her diagnoses of depression and OCD. "I had a thick file filled with notes from my psychiatrist explaining my absences from school," says Vintar. "But my dance teacher wanted to kick me out of the program." She transferred to an alternative school, where she thrived.

Today, having completed a year at Queen's University, she's in a fine-arts program at George Brown College. And she's a role model for other kids and adults with depression: More than 3,000 belong to Vintar's Facebook group where she provides encouragement and support. "I've been through a lot and was one of the people thinking it would never get better," she says. "But I'm living proof it actually does." ■

The RBC Children's Mental Health Project is a multi-year commitment to support community-based and hospital programs that reduce stigma, provide early intervention and increase public awareness.

RBC has donated \$6.5 million to 125 organizations across Canada. You can help too! Go to Todaysparent.com/rbckitesforkids, fly a kite for a kid and RBC will donate \$2 to the Kids Help Phone.

