WHY DOES EVERYTHING SEEM TO BE GETTING MORE COMPLEX?

Learning and Mental Health Issues in the 21st Century

Learning Disabilities

Learning Disabilities

- A Learning Disability is a neurodevelopmental disorder which may:
  - Affect the ability to process verbal and/or non-verbal information
  - Cause academic underachievement relative to intellectual ability
  - Cause difficulties in the development of reading, writing, and/or math skills, as well as difficulties in executive functioning skills
- A learning Disability may involve deficits in a variety of areas of cognitive functioning, such as:

Phonological processing	Memory and attention	Processing speed	Perceptual-motor processing	Visual-spatial processing	Executive functions

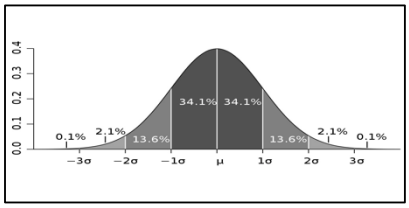
- A Learning Disability may be associated with difficulties in social interaction (e.g. difficulty in understanding social norms or the point of view of others); with various other conditions or disorders, diagnosed or undiagnosed; or with other exceptionalities.
- A Learning Disability is not the result of hearing and/or vision problems, other medical conditions, intellectual disabilities, socio-economic factors, cultural differences, or language proficiency

Diagnosing a Learning Disability

- The following four conditions must be met:
  - Evidence of at least average learning potential
  - Evidence of deficits in one or more areas of cognitive processing
  - Corresponding deficits in one or more areas of academic functioning
  - Absence of physical, emotional, socio-economic, or other factors

Determining Learning Potential: Cognitive Ability

- Distribution of cognitive functioning



Attention-Deficit/ Hyperactivity Disorder

What is Attention-Deficit/Hyperactivity Disorder (ADHD)?

- "The essential feature of ADHD is a persistent pattern of inattention and/or impulsivity that interferes with functioning or development." (DSM – 5)
- ADHD begins in childhood: Several symptoms must be present before the age of 12
- Manifestations of the disorder must be present in more than one setting (i.e. at home, in school, etc.)

Inattentive Symptomatology

- Fails to pay close attention to details or makes careless mistakes
- Has difficulty sustaining attention in tasks and play activities
- Does not seem to listen when spoken to directly
- Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace
- Has difficulties organizing tasks and activities
- Avoids, dislikes, or is reluctant to engage in tasks requiring sustained mental effort
- Loses things necessary for tasks or activities
- Is easily distracted by extraneous stimuli
- Is forgetful in daily activities

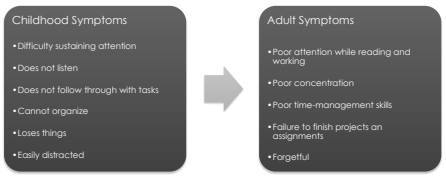
Hyperactive/Impulsive Symptomatology

- Fidgets with or taps hands or feet or squirms in seat
- Leaves seat in situations when required to remain seated
- Acts in a manner that is unsuitable for the environment
- Is unable to engage in leisure activities quietly
- Is often "on the go" and acting as if "driven by a motor"
- Talks excessively
- Has difficulty waiting his or her turn
- Interrupts or intrudes on others

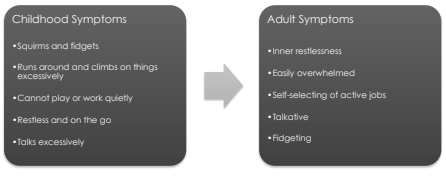
Diagnostic Categories

- 314.01ADHD Combined presentation – both inattentive and hyperactivity-impulsivity criteria are met.
- 314.00 ADHD Predominantly inattentive presentation – inattentive criterion is met but hyperactivity-impulsivity criterion not within past 6 months
- 314.01 ADHD Predominantly hyperactive/impulsive presentation – hyperactivity-impulsivity criterion is met but not inattentive

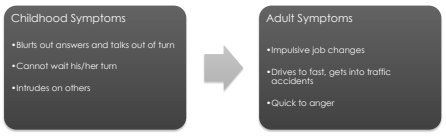
Inattention: Symptom Migration



Hyperactivity: Symptom Migration



Impulsivity: Symptom Migration



Depression

A Snapshot of Mental Health Among Canadian Youth

- The Canadian Community Health Survey –Mental Health, 2012 (Statistics Canada, 2017)
  - 15-24-year-olds have the highest rates of mood and anxiety disorders among all age groups in Canada
  - 11 percent of youth aged 15-24 met criteria for depression in their lifetime, and 7 percent met criteria within the previous year
- Centre for Addiction and Mental Health (CAMH)
  - 34 percent of Ontario secondary school students indicate moderate-to-serious symptoms of depressions and anxiety. 14 percent of students indicate serious symptoms
  - Men have higher rates of addiction. Women have higher rates of anxiety and mood disorders
  - Suicide is the second-leading cause of death among 15-24-year-olds, after accidents

The Teen Brain and Mental Health

- Are teens more vulnerable to mental health issues?
  - Brain growth occurs most quickly during early childhood, but it does not stop there.
  - The brain continues to remodel itself throughout adolescents and into young adulthood through a process called 'synaptic pruning'.
  - The last part of the brain to undergo this process is the prefrontal cortex, considered to be the decision-making part of the brain, responsible for planning, problem-solving, weighing consequences, and controlling impulses.
  - It is thought that teens rely more heavily than do adults on another part of the brain called the amygdala when making decisions. The amygdala is associated with emotions, aggression, and instinct.
  - This helps explain why teens are more likely to engage in risky behavior and may be more susceptible to certain mental health illnesses such as anxiety and depression

What is Depression?

- Depression is more than simply having "the blues"
- It is a potentially serious mental disorder which can negatively affect your mood, cognition, behaviour, and physical health
- The primary and most common symptom of depression is profoundly low mood, characterized by intense despair and feelings of hopelessness
- Depression can occur as a single acute episode or may last for an extended period of time. Depression also tends to reoccur over the lifespan. Having experienced a single episode of depression significantly increases the likelihood of reoccurrence
- Depression symptomatology can manifest differently depending on gender and age.
  - Depressed men tend to feel more irritable and angry than do depressed women.
  - Similarly, children and teens may experience depression differently than do adults, and they may be more likely to engage in risky behaviour, malinger, and get in to trouble. Thus, it may sometimes be difficult to distinguish depression from typically phases of maturation.
- There are a number of recognized Depressive Disorders, including:
  - Major Depressive Disorder (Clinical Depression or Unipolar Depression)
  - Persistent Depressive Disorder (Dysthymia)
  - Bipolar Disorder
  - Post-Partum Depression
  - Seasonal Affect Disorder

What is Major (Clinical) Depression?

- A period of at least two weeks during which the individual experiences at least five of the following symptoms (including at least one of A or B:
  - A. Depressed mood most of the day, nearly every day, and/or
  - B. A markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day, and at least three of the following:
  - C. Significant changes in diet/appetite/weight
  - D. Insomnia or hypersomnia nearly every day
  - E. Psychomotor agitation or retardation nearly every day
  - F. Fatigue or loss of energy nearly every day
  - G. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day
  - H. Diminished ability to think or concentrate, or indecisiveness, nearly every day
  - I. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The episode is not attributable to the physiological effects of a substance or to another medical condition
- The occurrence of the major depressive episode is not better explained by another mental illness
- There has never been a manic episode or a hypomanic episode

Risk Factors for Depression

Genetic
- Like many mental and physical illnesses, depression is heritable. This means that a person is more likely to experience depression at some point in their life if there is a history of depression in his or her family.

Biochemical
- An imbalance or deficit of certain neurotransmitters in the brain may contribute to the development of depression

Personality
- Some personality traits are more closely associated with depression than others. Neuroticism, in particular, is closely linked to depression and other common mental disorders.

Environmental
- Lifestyle choices, trauma, crises and major life events, drug and alcohol abuse, economic factors, as well as typical life-stressors can impact a person's mood.

Biology of Depression: Monoamine Hypothesis

- Monoamine Hypothesis of Depression posits that depression is related to the function of a group of neurotransmitters in the brain called monoamines.
  - Monoamines including:
    - Serotonin – obsessions, compulsions, anxiety
    - Norepinephrine – Alertness, anxiety, energy
    - Dopamine – motivation, pleasure, reward
    - Epinephrine
  - A deficit of one or more of these neurotransmitters is thought to underlie various symptoms of depression.
  - Antidepressant medications work by modulating levels of one or more of these neurotransmitters, typically serotonin.

Environmental and Personal Triggers for Depression

Lifestyle Factors
- Poor and/or irregular sleep patterns
- Poor diet
- Lack of exercise
- Drug and/or alcohol use
- Social isolation

Stressors
- Academic demands
- Social pressures
- Family dynamics and conflicts
- Major life events
- Bullying

Psychological Factors
- Negative thinking patterns
- Low self-esteem
- Personality traits
- Problem-solving and coping skills

Signs and Symptoms of Depression

Psychological	Physiological	Social/Academic
• Feelings of worthlessness, guilt, sadness, and hopelessness • Lack of motivation and enthusiasm • Difficulty concentrating • Thoughts of death suicide • Tearfulness and frequent crying • Negative thinking	• Changes in Eating habits • Changes in sleep habits • Restlessness • Fatigue or lack of energy • Unexplained aches and pains	• Irritability, anger • Withdrawal from friends and family • Loss of interest in social activities and personal interests • Changes in academic performance, • Poor Attendance • Risky behaviour

Thinking Traps Common to Depression and Anxiety

Fortune-Telling
- I know I'm going to fail this test

Black-and-White (All-or-Nothing) Thinking
- I never make the football team. There's no chance I'll make it this year.

Labeling
- I'm an idiot.

Over-Generalizing
- I not good at soccer. I'm a terrible athlete.

Mind Reading
- They definitely don't like me. I can tell.

Catastrophizing
- This is the biggest mistake I've ever made. My life is over!

Should-Statements
- I should be better than this. I should know better.

Suicide and Adolescents

- Suicide is a leading cause of death among teenagers and young adults.
  - In 2012, suicide accounted for 15 percent of deaths among youth aged 10-14, 29 percent among youth aged 15 -19, and 23 percent among young adults aged 20-24

Risk Factors	Signs	Preventative Factors
• Mental illness, primarily depression • Exposure to suicide – having known someone who attempted or committed suicide • Access to means of suicide • Previous attempts of suicide • Clear plan for suicide • Recent trauma or loss • Family history of suicide • Impulsiveness	• Sudden changes in mood and/or personality • Talking directly or indirectly about death/wanting to die • Significant changes in appearance and/or hygiene • Making preparations for death (e.g. giving away possessions) • Withdrawing socially/isolating oneself	• Strong personal/intimate social connections • Strong problem solving skills • Restricted access to means of suicide • Cultural and/or religious beliefs which discourage suicide • Easy access to appropriate intervention

Suicide Myths and Self-Harm

Myth: Asking a person about suicide will "put the idea in their head"

- Fact: If you have reasonable grounds to suspect someone is suicidal, it is best to address your concerns directly or attempt to connect the person with appropriate services if possible

Myth: Only severely depressed people are at risk of suicide

- Fact: Mental illness and depression, specifically, are risk factors for suicide, however, there is no threshold for suicide risk.

Myth: Sudden improvements in the mood/mental state of those that have recently attempted suicide or who are depressed, indicates that the risk of suicide is minimal

- Fact: There is typically an increased risk in the immediate months following a suicide attempt. Often, a sudden improvement in mood can be sign that a person has made a firm decision to end their life

Myth: Self-Harm leads to suicidal ideation and behaviour

- Fact: Self-harm does not necessarily reflect suicidal intentions nor does it necessarily lead to suicide. Often, self-harm behaviour is a means of managing emotions and controlling pain.

Protective Factors and Management of Depression

- Approximately three quarters of all mental health disorders have their onset before age 24, and approximately half of all adult disorders have their onset before age 14

Protective Factors

- Supportive adults
- Strong family relationships
- Strong peer relationships
- Strong coping and emotional regulation skills
- Volunteerism

Prevention

- Self-care activities
- Challenging negative thinking
- Education

Management

- Therapy/Counselling
- Medication

Helping Teens with Depression

- Be Aware of the Symptoms (Is it typical teen angst or depression?)
  - How many symptoms can you identify?
  - How long have the symptoms been present?
  - Is there are specific reason for the symptoms?
  - Is there a history of mental health issues in the family?
- Foster Relationships
  - Prioritize face time on a daily basis, even if just to check-in. He/She may not be willing to talk, but letting them know you are there is very important
  - Encourage teens to schedule time with friends.
- Minimize Social Isolation
  - Do what you can to help your teen get involved in community sports, extra-curricular activities, etc.

Communicating with Someone Who May Be Depressed

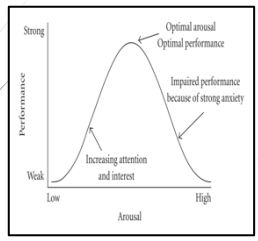
- Listen, don't lecture:
  - Try not to question, criticize, or judge what the person is saying
- Be gentle, but persistent:
  - Do not pressure the person to disclose how he/she is feeling. Emphasize your concern without intruding on the person
- Acknowledge, don't minimize:
  - Don't try to fix the problem or down play the person's feelings or interpretations of events
- Keep the person talking:
  - You might not be the right person for the person to talk to, but you may be able to help find the right person. Suggesting that the person could speak with a third-party, whether a school counselor, preferred teacher, friend, or mental health professional, may be the best course of action

Anxiety

What is Anxiety

- Anxiety is a physiological state characterized by cognitive (thoughts), somatic (physical symptoms), emotional, and behavioral components.
- It is natural response to a stressful, dangerous or uncertain situation
- It is typically accompanied by physical symptoms such as heart racing, sweating, stomach aches or trouble breathing.
- These physical symptoms are our bodies way of preparing ourselves to encounter a "dangerous" or anxiety provoking situation.

Clinical vs. Normal Anxiety



- Anxiety exists on a continuum
  - At low - moderate levels
    - motivation, attention and interest increases and improves our productivity.
  - At high levels
    - Interferes with our productivity, memory and ability to absorb information.
- **When anxiety interferes with our daily functioning and the pursuit of our goals than it may meet criteria for an anxiety disorder.**

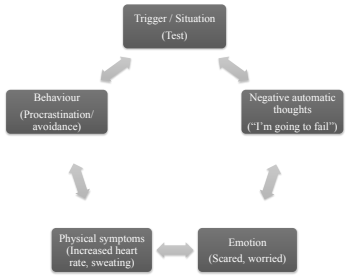
Types of Anxiety Disorders

Generalized Anxiety Disorder	·Excessive anxiety and worry, occurring more days than not for at least 6 months, concerning a number of events and activities ·The individual finds it difficult to control the worry
Social Anxiety	·Marked fear or anxiety about one or more social situations. ·Individual fears he will act in a way that will be negatively evaluated.
Specific Phobias	·Marked fear or anxiety about a specific object or situation (e.g. flying, heights, animals). ·Fear is out of proportion and persistent lasting at least 6 months or more.
Obsessive Compulsive Disorder (OCD)	·Characterized by repeated, intrusive and unwanted thoughts (obsessions) and/or rituals, repetitive behaviors or mental acts designed to reduce the anxiety (compulsions).
Panic Disorder	·Panic attack is an abrupt surge of intense fear or discomfort that reaches a peak within minutes ·At least four physical symptoms possibly including fear of losing control or dying.

Signs and Symptoms of Anxiety

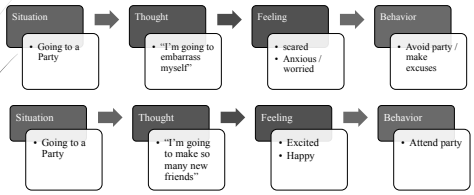
Thoughts	Physical Symptoms	Behaviour
•"I'm going to fail" •"I'm not good enough" •"I'm going to embarrass myself" •"I can't do it" •"I can't make mistakes" •"what if's"	•Increased heart rate •Sweating •Trouble breathing •Difficulty sleeping •Decreased appetite •Stomach aches / Nausea •Restlessness or muscle tension	•Procrastination •Avoidance •Not attending social events •Afraid to raise hand in class •Not joining groups •Behaviours unique to different disorders •Rehearsing •Checking / Washing

Cognitive-behavioural Model of Anxiety

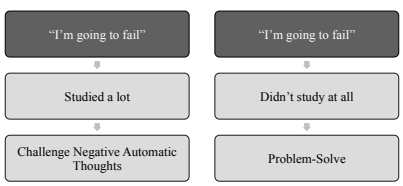


Challenging Negative Automatic Thoughts

- **What we think affects how we feel**



Coping Strategies for Managing Anxious Thoughts



Challenging Negative Automatic Thoughts

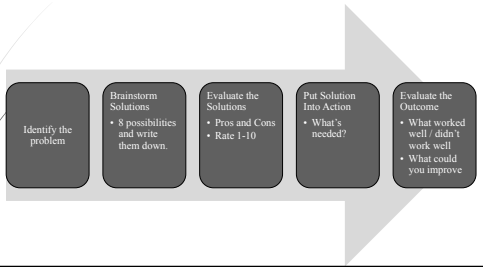
- **Step 1: Use questions to help *identify* thoughts or negative self-talk that leads to feelings of anxiety.**
  - *What is making you feel scared?*
  - *What are you worried will happen?*
  - *What bad thing do you expect to happen?*
- **Step 2. Challenge "anxious" or "worried" thinking.**
  - *What is the evidence that this thought is true? What is the evidence that this thought is not true?*
  - *What would I tell a friend if he or she had that thought?*
  - *Am I 100% sure that _____ will happen?*
  - *How many times has _____ happened before?*
  - *What is the worst that could happen?*
  - *If it did happen, what can I do to cope or handle it?*

Challenging Negative Automatic Thoughts

- **Step 3. Formulate *more helpful or realistic ways* of thinking**
  - **Alternative or balanced statements based on challenging negative thoughts:**
    - Using the evidence, come up with a more balanced thought:

Situation	Anxious Thoughts	Balanced Thought
Test Tomorrow	•"I'm not good at tests" •"I'm going to fail" •"I'll never pass the class"	"I will study tonight and try my best tomorrow. I don't know for sure that I will fail. I passed the last test and have done well on the assignments, so I will probably pass the class even if I don't do that well on the test."

Problem-Solving Steps



What to do and Not to do

Do's

- **Express positive but realistic expectations.**
  - Something bad may occur but they will be able to manage it.
- **Respect their feelings, but don't empower them.**
  - Listen and be empathetic.
  - Help them understand what they're anxious about, and encourage / empower them to face their fears.
- **Encourage the child to tolerate her anxiety.**
  - "Habituation curve"—anxiety drops over time as you continue to have contact with the stressor.
- **Think things through with your child**
  - Having a plan and a sense of control can reduce the uncertainty in a healthy, effective way.
- **Try to model healthy ways of handling anxiety.**
  - Let your child hear or see you managing it calmly, tolerating it and feeling good about getting through it.

Don'ts

- **Don't avoid things just because they make your child anxious.**
  - Avoidance provides relief in short-term but reinforces the anxiety in the long term.
  - Confronting situations help build confidence
- **Don't ask leading questions.**
  - Are you anxious about the big test?"
  - Instead ask open-ended questions: "How are you feeling about the test?"
- **Don't reinforce your child's fears.**
  - You don't want to be saying, with your tone of voice or body language: "Maybe this *is* something that you should be afraid of
- **Minimize their Feelings**
  - "relax", "just don't think about it" and "it's not a big deal

Final Thoughts

Some Thoughts On Screens

- Too much effort is focused on limiting screens rather than managing them
- The best current evidence does not link playing games with violence and perpetrating violence
- What do we want out kids to be doing as they grow towards adulthood?
- Do we have a way of making users more responsible for what they say and do on line?

What is The New Normal?

- Are we all becoming ADHD?
- What is appropriate sleep hygiene?
  - Teens need more sleep than adults, roughly 9 hours.
- What are the Pros and Cons of using devices as punishment?
- Media starts with Me – Is Narcissism the way forward?

Mental Health Resources and Accessing Care

- Learning Disabilities Association of Ontario - http://www.ldao.ca/
- Centre for Addiction and Mental Health - www.camh.ca/
- Tangerine Walk-In Counseling - http://www.tangerinewalkin.com/
- Associated Youth Services of Peel - http://www.aysp.ca
- Nexus Youth Services - http://www.nexusyouth.ca/
- Mental Health Services for Children and Youth – Centralized Intake http://www.peelcc.org/en/services-for-professionals/prof-centralized

Helpful Educational Videos:

- Asap Science: The Science of Depression https://www.youtube.com/watch?v=GOK1tKFFIQI
- Asap Science: Why Are You Anxious? https://www.youtube.com/watch?v=iALfvFpcItE
- Asap Science: Why Are Teens So Moody? https://www.youtube.com/watch?v=Gu8SiPJ1ZKo

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