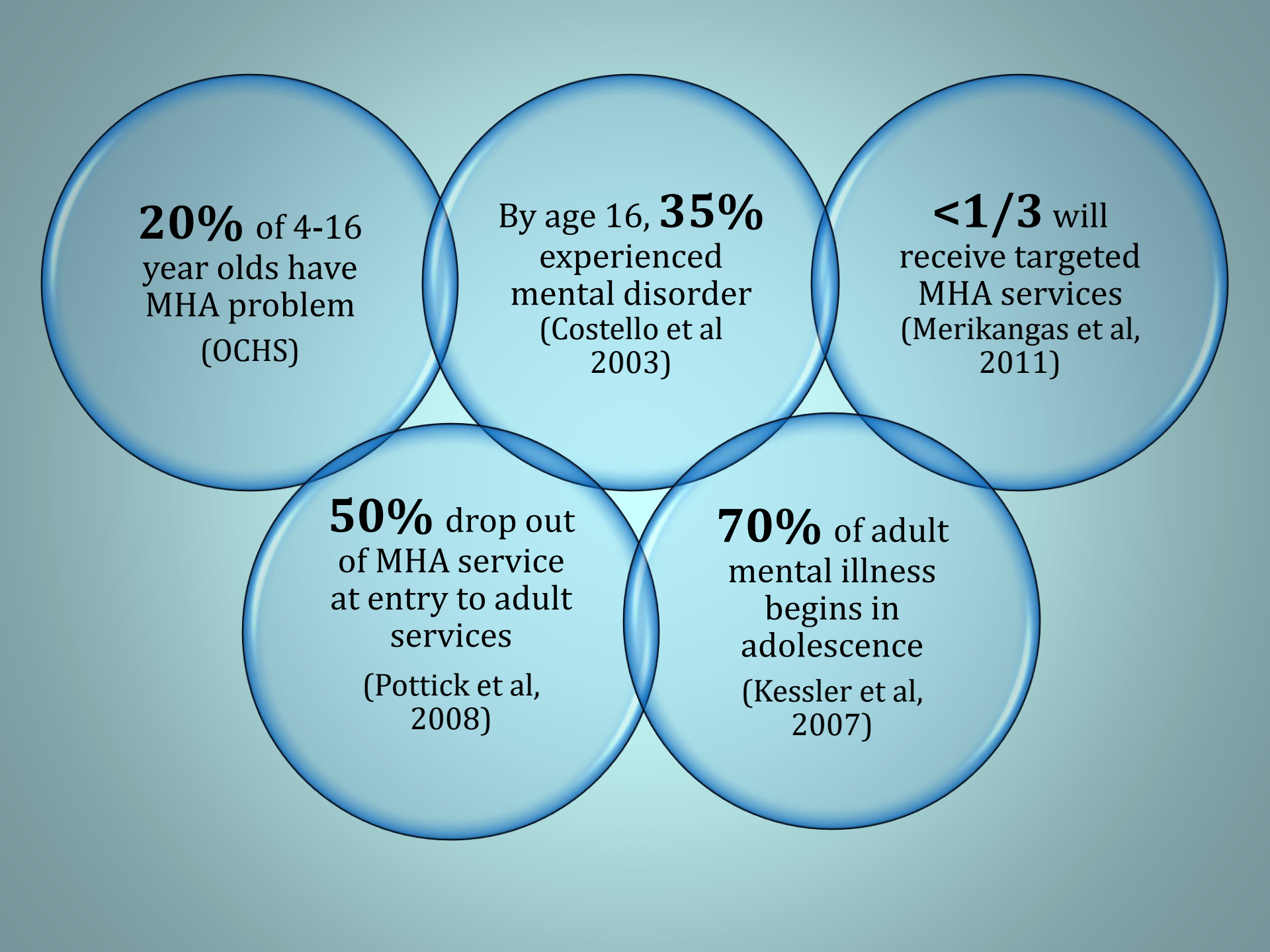


# Parents Navigating Youth Mental Health: What to Look for and What to Do?



**Ian Manion, Ph.D., C.Psych.**



**20%** of 4-16  
year olds have  
MHA problem  
(OCHS)

By age 16, **35%**  
experienced  
mental disorder  
(Costello et al  
2003)

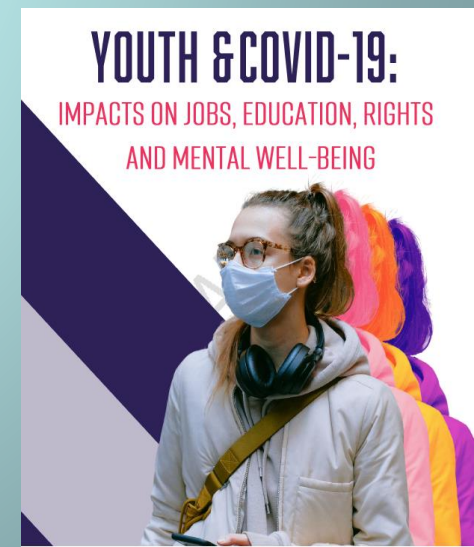
**<1/3** will  
receive targeted  
MHA services  
(Merikangas et al,  
2011)

**50%** drop out  
of MHA service  
at entry to adult  
services  
(Pottick et al,  
2008)

**70%** of adult  
mental illness  
begins in  
adolescence  
(Kessler et al,  
2007)

# Youth and Covid: What We Have Seen

- PTSD symptoms, confusion, irritability, and anger ↑
- Stressors (boredom, isolation, school, family conflict, anxiety/fears of infection, future)
- Youth concerned about health of others
- 36% concerned about family stress
- 20% of youth ↑ alcohol and drug use
- All pre-existing MH issues made worse
- ↑ eating disorders



## YOUTH & COVID-19:

IMPACTS ON JOBS, EDUCATION, RIGHTS  
AND MENTAL WELL-BEING



# Children/Youth Are Like Icebergs

**Behaviours**

**Thoughts**

**Feelings**

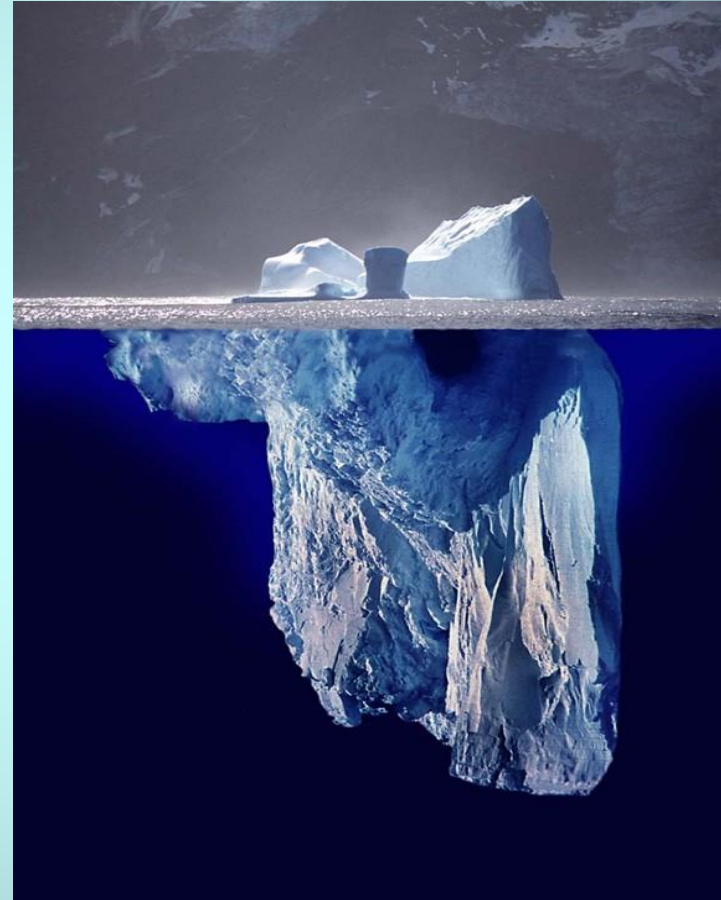
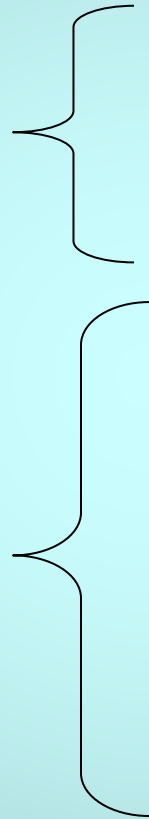


Image by Uwe Kils

## Ear Ache

- Pain (inside)
- Dizzy
- Hard to concentrate
- Irritable
- Can't sleep
- No appetite
- Stay home
- Less social
- Physical symptoms
- Go for help right away

## Psych Ache

- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ?

*(Peggy Austen, 2005)*

# What to Look for in Youth

- Mood (sadness, irritability, anxious, outburst, oppositional, overemotional, rapidly changing moods)
- Physical symptoms
- Changes in eating and sleeping
- Withdrawal/isolation (social, school, activities)
- Separation problems, ↑ need for reassurance
- Concentration ↓
- School performance (harder to tell with COVID)
- Negative remarks about self or life
- Risk taking ↑ (including drugs and alcohol use)

# **When To Be Concerned?**

**Signs of a significant underlying mental health concern if they are:**

- a marked change from baseline;
- not developmentally appropriate;
- intense;
- persist over long periods of time;
- interfere with one or more aspects of your life

# Anxiety and Depression

- The most common mental health issues in youth
  - Anxiety (13-21%)
  - Depression (13-17%)
  - Gender and age factors
- Very strong inheritability components
- Comorbidities are frequent (school issues, substance use, eating disorders, .....)
- We know more about treating anxiety and depression than any other disorder in youth

**Cognitive Behaviour Therapy (CBT) works!**



# Youth and Disordered Eating

- 27% of girls 12-18 years old report engaging in severely problematic food and weight behavior
- 6% of adolescents suffer from either anorexia nervosa or bulimia nervosa: making it the third most common chronic health condition after Obesity (11.7%) and Asthma (8.1%) in teens



# Functions of an Eating Disorder

- Provide a sense of control and safety
- Helps to avoid and manage painful emotions
- Provides a valued identity
- Is a method for staying slim (2ndary gain)
- Is experienced as a reliable guardian / friend

# Treatment

- Prevention efforts are critical
- Early intervention has best outcomes
- Team approach often required (nutritionist, medical specialist, psychology/psychiatry)
- Three primary issues:
  - Restoring weight
  - Modifying distorted eating behavior
  - Addressing the psychological and family issues

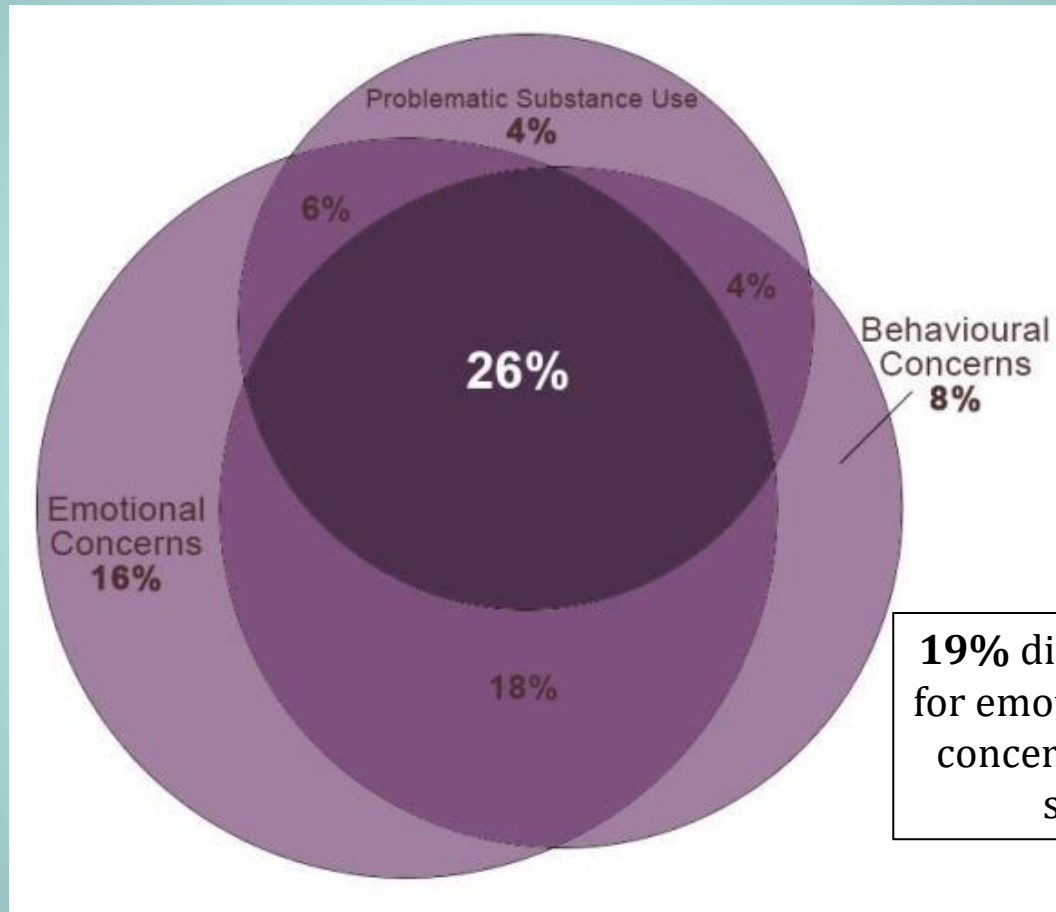
**Which drug is responsible for the most deaths, injuries, and accidents amongst youth?**





# Youth Concurrent Disorders: Results from 14 Canadian Communities

13



**19%** did not screen positive for emotional or behavioural concerns, nor problematic substance use.

## Sources:

Henderson, J. & Chaim, G. (2013). *National Youth Screening Project Report*. Toronto, ON: Centre for Addiction & Mental Health.

Henderson, J. & Chaim, G. (2014). *Ontario Youth Screening Project Report*. Toronto, ON: Centre for Addiction & Mental Health.

# Responding to a youth who may be at-risk for substance abuse

- Be aware of your own values and attitudes (substance use)
- Avoid judging, labelling, and blaming
- Focus on rapport, your greatest asset in building trust.
- Provide information and raise awareness
- Emphasize safety and harm reduction
- Express concern in a non-confrontational manner
- Readiness and motivational interviewing

# Responding to a youth who may be at-risk for substance abuse (cont.)

- Be informed, but don't feel you need to be a drug expert.
- Use teachable moments; "What did you learn?"
- Focus on strengths, resiliency, good choices
- Never confront when the person is under the influence
- But have non-negotiables (e.g., don't come to tx high)
- Concurrent treatment of MH and substance use

# **Technology and Social Media: Some Facts**

- 63% of youth spend 3+ hours on screen time
- 16% 5+ hours on social media
- 20% report being cyberbullied
- 26% play video games daily (40% boys vs 11% girls)
- 1/8 report symptoms of a video-gaming problem (preoccupation, tolerance, loss of control, withdrawal, escape, disregard for consequences, disruption to family/school/social life)
- 1/3 youth drivers text and drive



# The most pronounced concerns lie in:

- Self-Esteem ↓
  - focus on shortcomings
  - feeling envious of others while engaged with social media
  - FOMO
- Using social media as your prime leisure activity.
- Feeling disconnected and not interacting in person
- Decrease in ability to concentrate.
- Increased/unusual social anxiety when with people offline.
- Feeling a need to share everything you're doing offline on social media.
- Using social media as a distraction to avoid or suppress emotions.
- Irregular or disordered sleeping patterns.
- Increase in fatigue and/or stress during or after using social media.

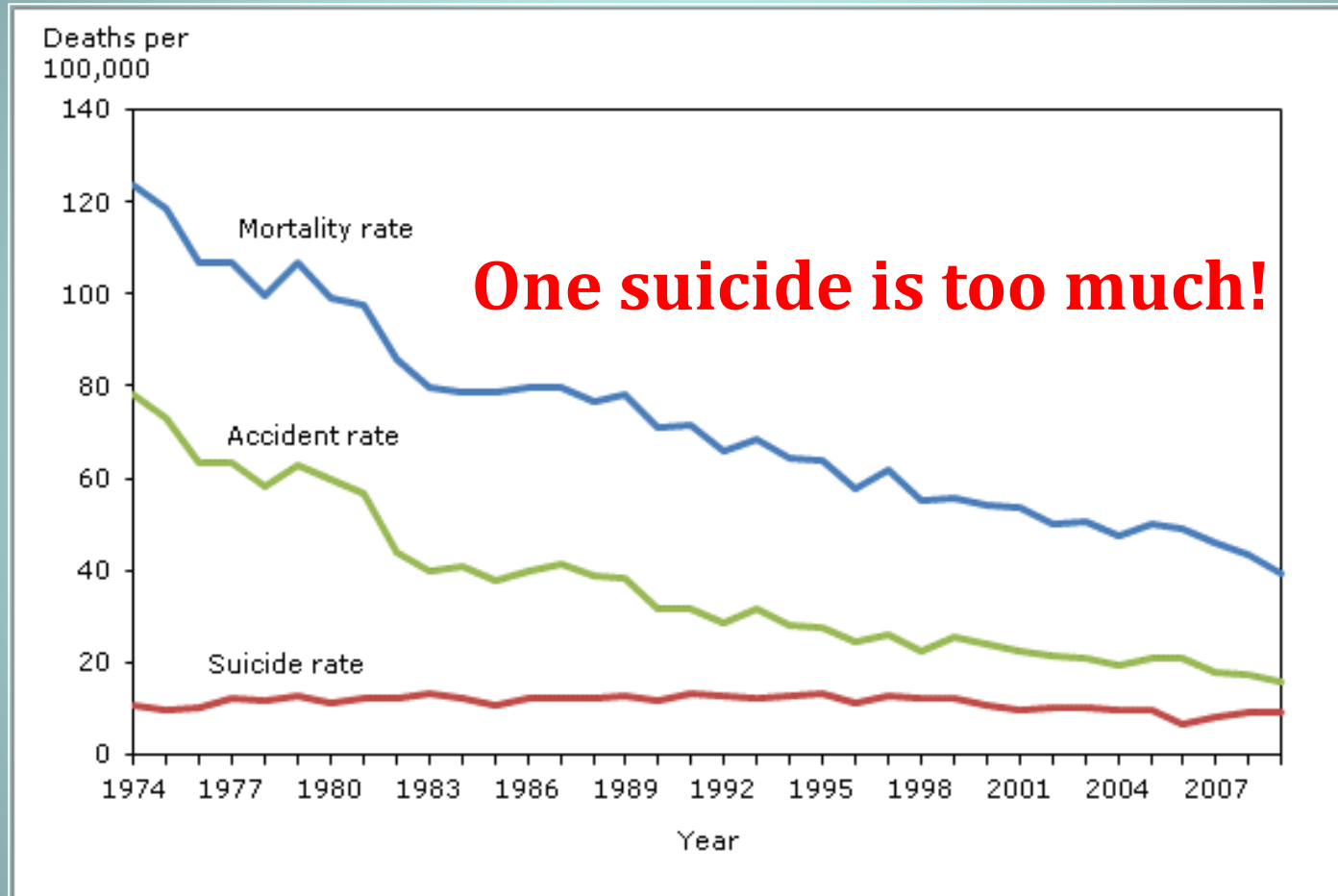
# What to do?

- Reach out offline:
  - Substitute your social media time with face-to-face
  - Put down your devices when you're with others.
- Tune up your mind and body:
  - Exercise. Meditate. Find a new healthy hobby; learn a new skill or language.
  - Get some sleep for physical and mental wellbeing
- Have a conversation with yourself about FOMO

# What to do?

- Unplug and erase:
  - Take some time away from the Internet a
  - Take social media off your radar by uninstalling apps, removing shortcuts from your home screens and bookmarks from your browsers.
- Set firm goals / boundaries.
  - Time of day, how long,
  - Stay away from SM that leaves you feeling low
  - Set a timer

# Youth Suicide Prevention

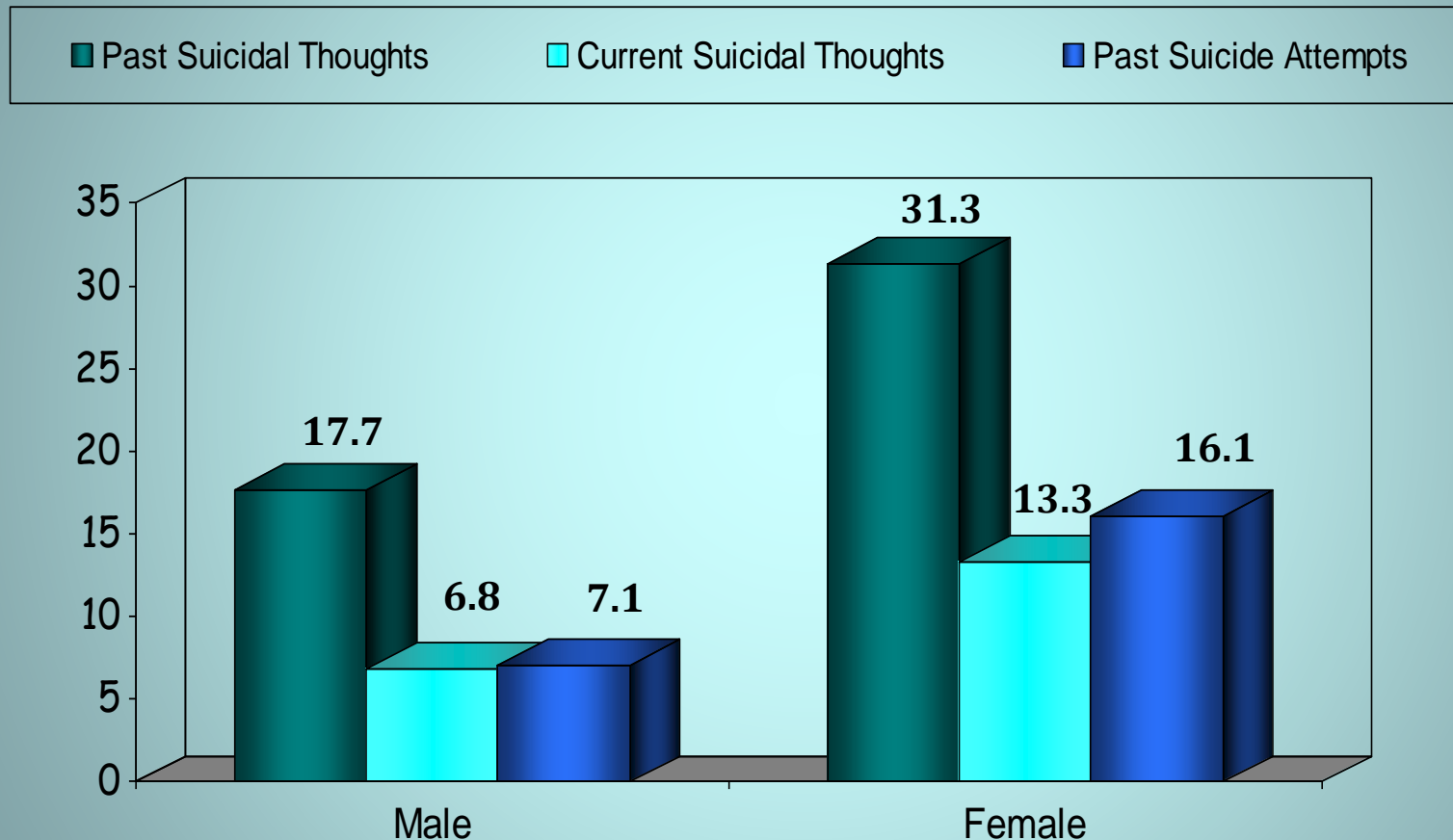


(Statistics Canada, 2012)

1974-2009: mortality, accident and suicide rates  
among youth aged 15 to 19 years



# Suicidal Ideation & Behaviour by Gender



(YN/RA, N=19996)

# Suicide: Key Warning Signs

- Depression, hopelessness, low energy level
- Dramatic changes (behaviours, appearance, actions, attitudes)
- Expression of preoccupation with death, dying, suicide; making jokes about death/suicide
- Serious talk of suicide or making a plan
- Previous suicide attempt
- Sudden elated mood following depression
- Absence, truancy, dropping out, withdrawal
- Unusually quiet or aggressive/angry
- Engaging in risky behaviour

# Youth SUICIDE: Protective Factors

- Good family relationships
- Social skills, social integration
- Self-confidence, openness
- Seeking help/advice
- Good relationships with significant adults (e.g., teachers, coaches)
- Optimism and balance (vs. black and white thinking)
- An array of adaptive coping skills (vs I can always kill myself!)
- Meaningful engagement



# Self-injury / Self-harm



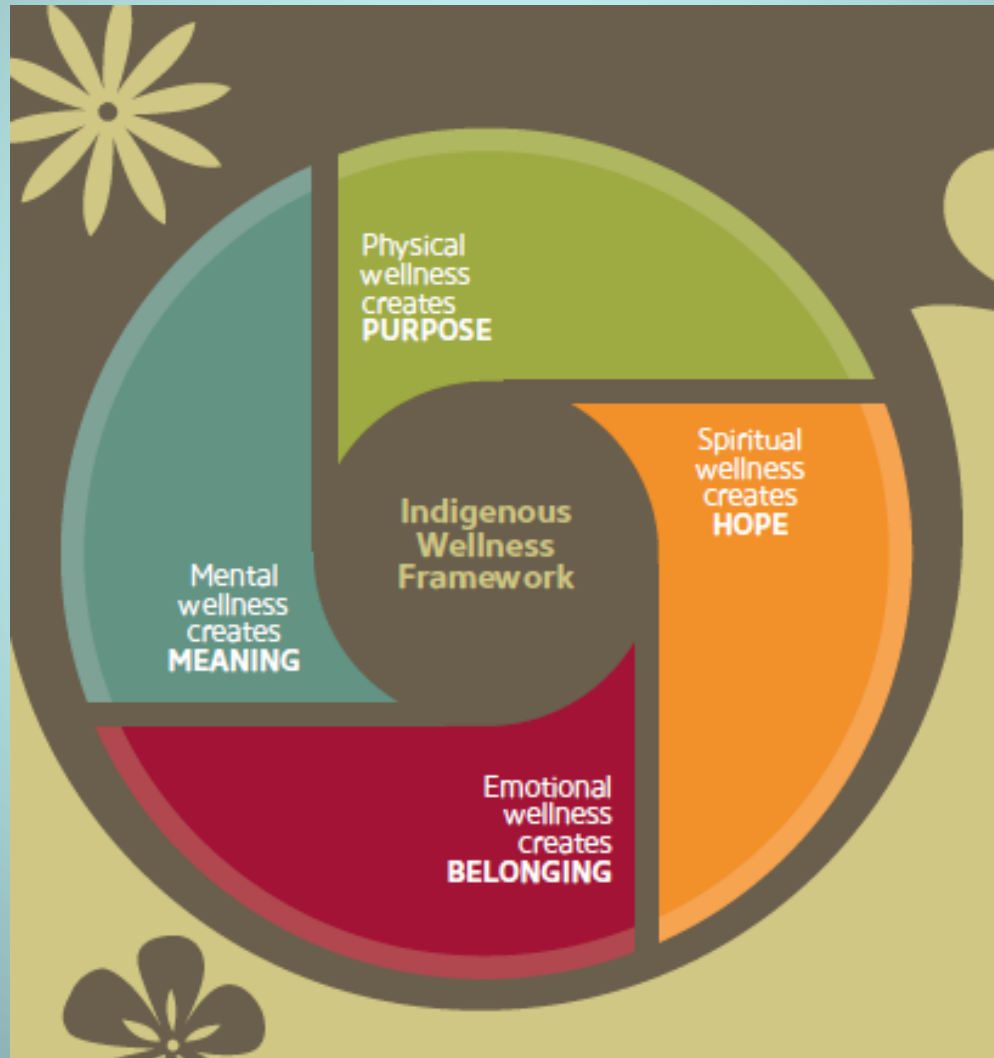
- The act of deliberately harming one's own body (i.e. cutting or burning) is referred to as self-injurious behaviour (SIB) and is used as a way of coping.
- Often occurs with other mental health problems
- **SIB is the child's attempt to:**
  - Escape from feeling of numbness
  - Draw needed attention or signs of caring
  - Feel in control
  - Turn intense emotional pain into physical pain
  - Escape from feelings of emptiness/depression
  - Relieve tension
- SIB is not considered to be suicidal behaviour but can be correlated with suicidal thoughts and behaviours



# Self Harm Risk Factors

- Eating disorders
- Physical, emotional or sexual trauma or abuse
- Depression, paranoia or obsessive-compulsive disorder
- Low self-esteem and self-worth
- Bullying
- Feelings of shame, humiliation, and rage may set off incidences of self-harm

# Life Promotion Versus Suicide Prevention

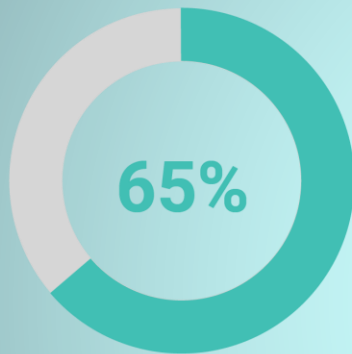


# Transitional Aged Youth (16-25)

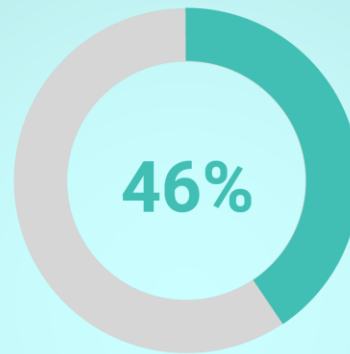


# Post-Secondary Mental Health

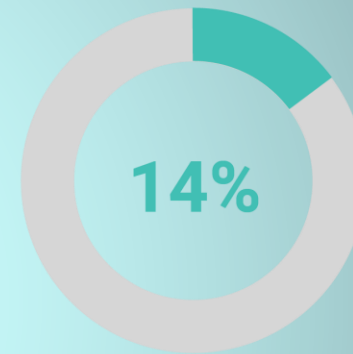
The Spring 2016 National College Health Assessment indicated that depression, anxiety, and suicide attempts are increasing among Ontario's post-secondary students:



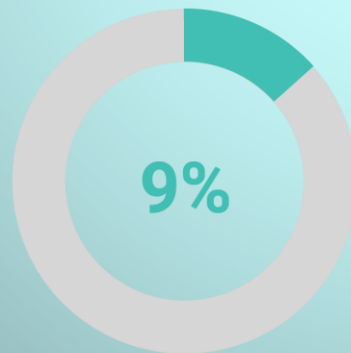
of students reported experiencing overwhelming anxiety in the previous year



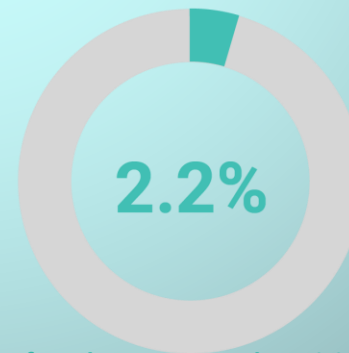
of students reported feeling so depressed in the previous year, it was difficult to function



of students had seriously considered suicide in the previous year



of students had indicated they had attempted suicide, but not in the previous year



of students reported a suicide attempt within the previous year

Ontario Reference group consisted of 25,168 respondents

# Creating the Wrong Expectations

## Pressure to:

- It's a race and you have to finish first
- University for a good life
- College for weak students
- Need to have a clear career path and climb that ladder
- Marks are everything

## Reality of:

- No one clear path
- Many jobs don't even exist yet
- College and university co-exist
- People will change careers multiple times
- Applied experience is critical





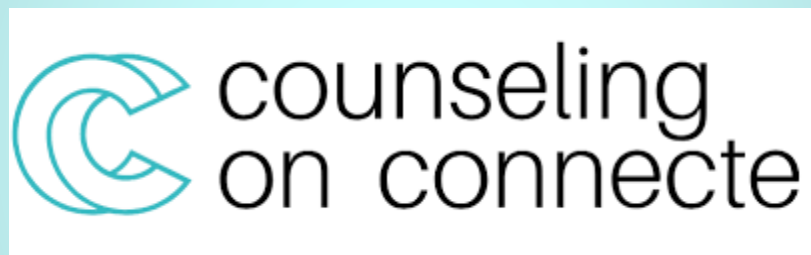
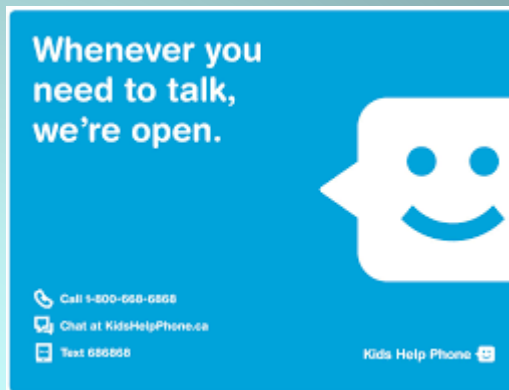
**1.866.925.5454**  
or connect through 2-1-1

**Post-Secondary Student Helpline**

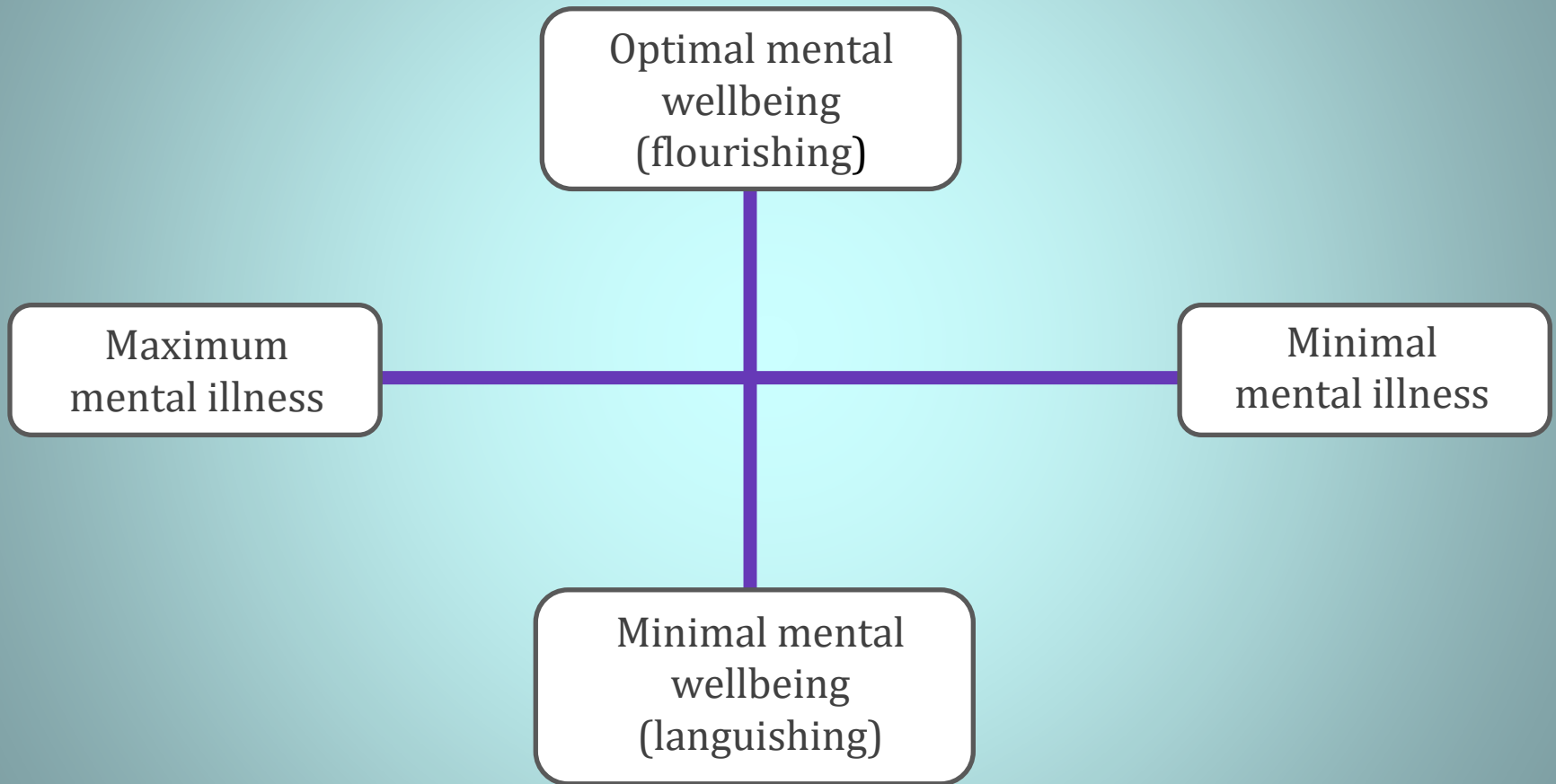
# Healthy Happy Successful Youth

# Barriers to Help Seeking

- Stigma, embarrassment
- Should be able to handle it on your own (weak)
- “I am not crazy!”
- Problems not serious enough
- I’m not the problem
- Not willing to share information / privacy
- Confidentiality
- Will be labelled, judged, blamed or criticized
- Cost
- Not trusting the professionals
- Do not feel it will help
- Don’t know where to go
- Wait times



# A Model for Mental Health and Wellness



Keyes, 2003



# Resilience

Resilience = Adversity + Skills to cope and thrive







# Manion's Tips to Build Resiliency

- Do something that scares you a little bit each day
  - Promote self-efficacy
- Focus on beauty marks rather than warts
  - Every young person has strengths
- Develop skills in emotional regulation
  - Healthy expression not over or under-control
- Learn to fail forward
- Promote relationships (they are the key to everything)
- Develops sense of belonging and meaning
- Promote meaningful engagement



# Youth Engagement Promotes Health and Decreases Risk

**Armstrong & Manion, 2007; 2013**

“The more meaning found in engagement, the less likely youth were to report suicidal thoughts in spite of risk factors”





For youth, by youth mental health promotion and intervention organization

- Stigma reduction
- Promoting positive coping strategies
- Enhancing help seeking



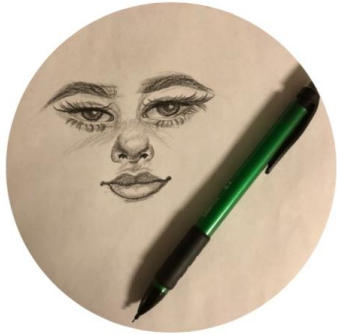
<http://ynra.ca/>





## PROGRAMS

PENS & PAINTS



ROOTED



MINDFULNESS



WINTER WELLNESS



## WORKSHOPS

❖ Virtual Wellness  
101

+ ❖ Virtual Stressless

❖ Virtual How to  
Help a Friend

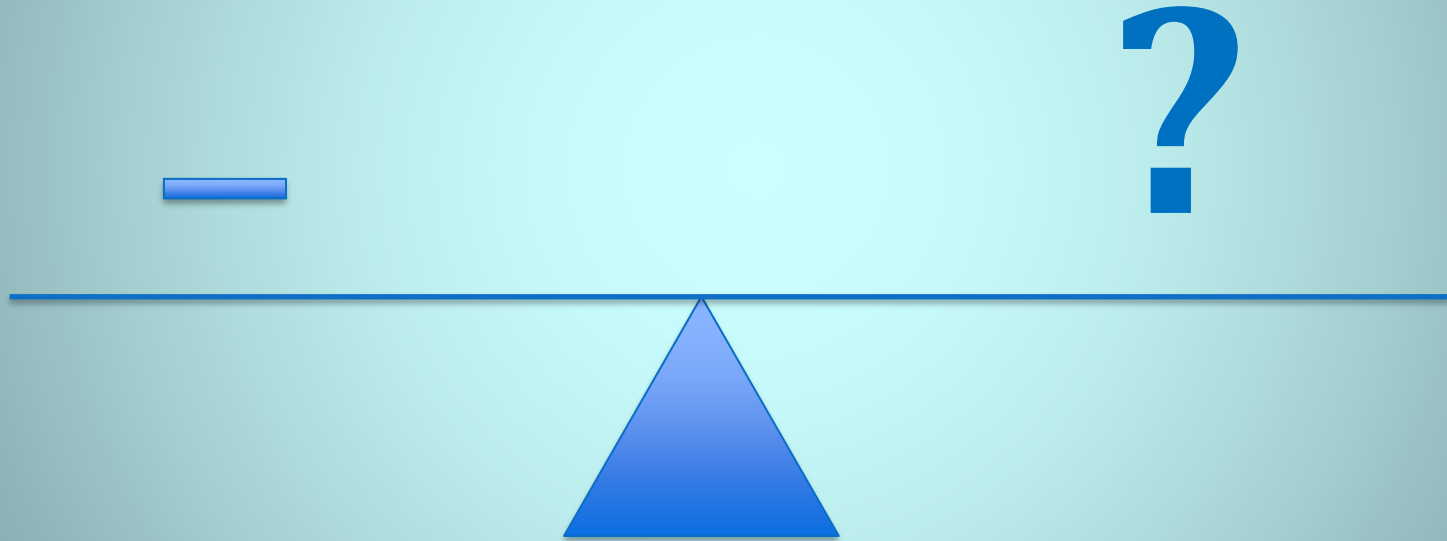
# Working Clinically With Youth

- Be clear at the onset
  - Whose agent are you?
  - Confidentiality and boundaries (and their limits)
  - Expectations
- Rapport is everything
- Park your ego (can't do it all)
- Find the thread
- Ask the tough questions
- Strengths not just weaknesses
- Coping versus mastery
- Promote balance in everything

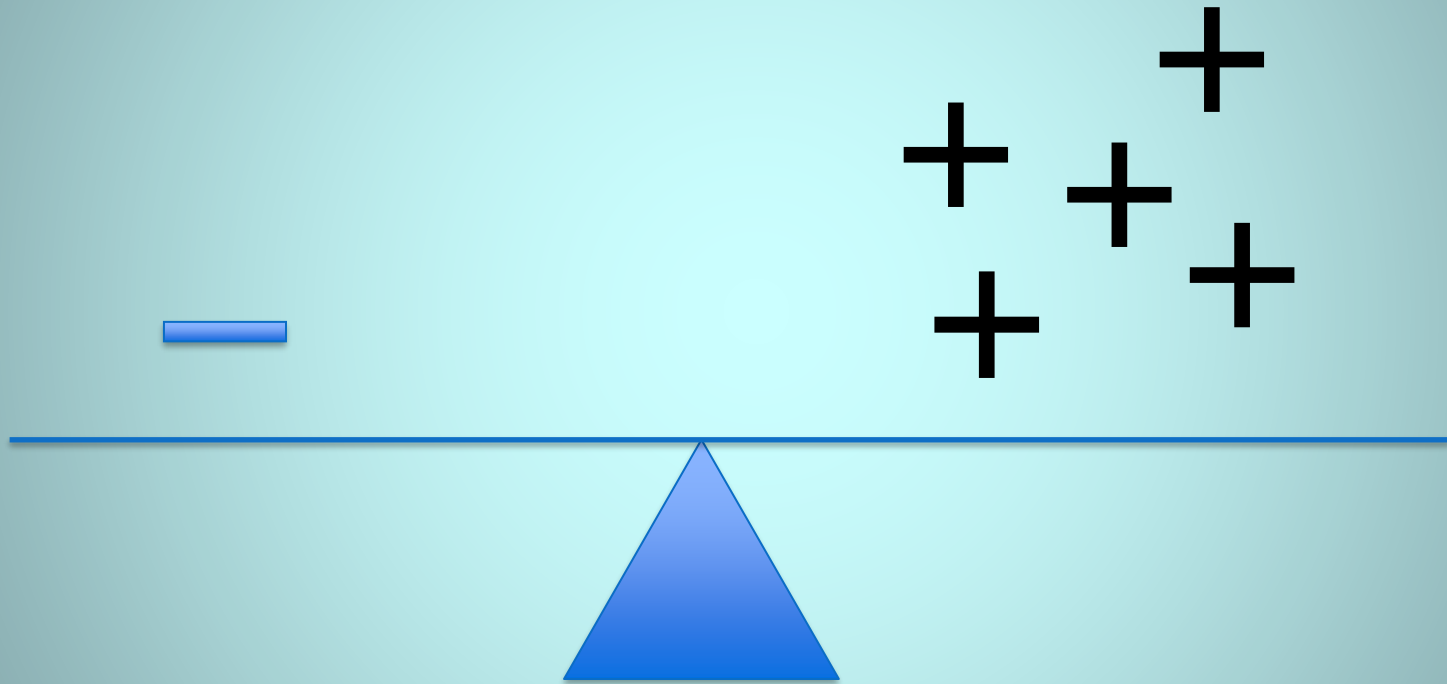
# Working Clinically With Youth

- Sleep, nutrition, exercise and meaningful engagement
- CBT +
- Goal setting works
- Teach how to live in the grey (not black or white)
- Plan for discharge (get fired)
- Relapse prevention

**How much do negative  
thoughts weigh?**

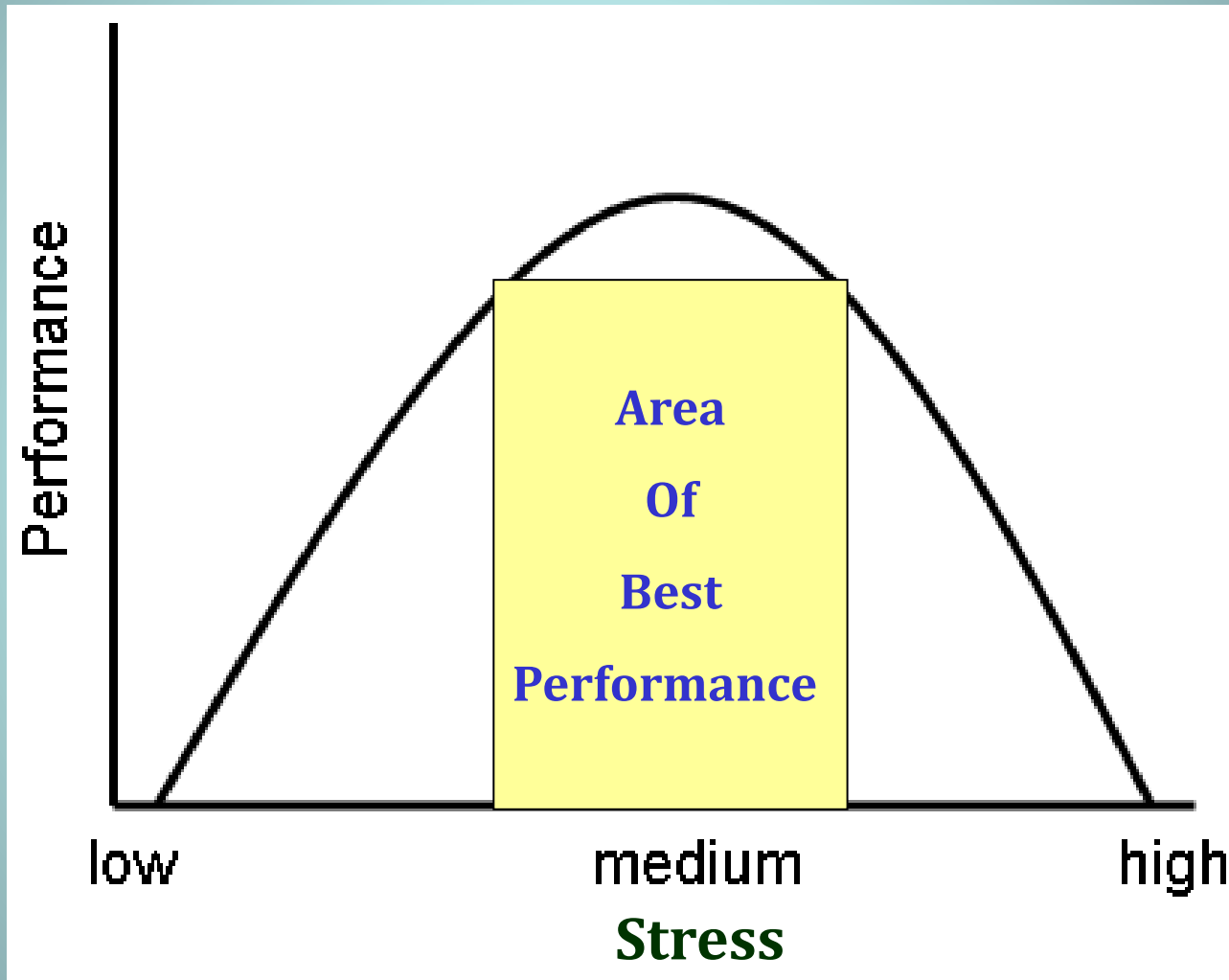


# How much do negative thoughts weigh?





# The Stress Curve





# What Can Parents Do When Youth Struggle?

## Do

- Let your youth know that you have noticed a change
- Express concern (“I care and am worried about you”)
- Offer support (“I want to help, is there something I can do?”)
- Create opportunities to talk with choices (when, where not if)
- Down time and fun time still important
- Get a sense of the stuff piling up
- Promote physical health (sleep, exercise, nutrition)
- Support is important but it doesn’t have to be from you

## Don’t

- Blame, guilt trip
- Expect youth to snap out of it
- Expect youth to know why
- Get into a power struggle (work with choices)

**50 / 50 Rule**

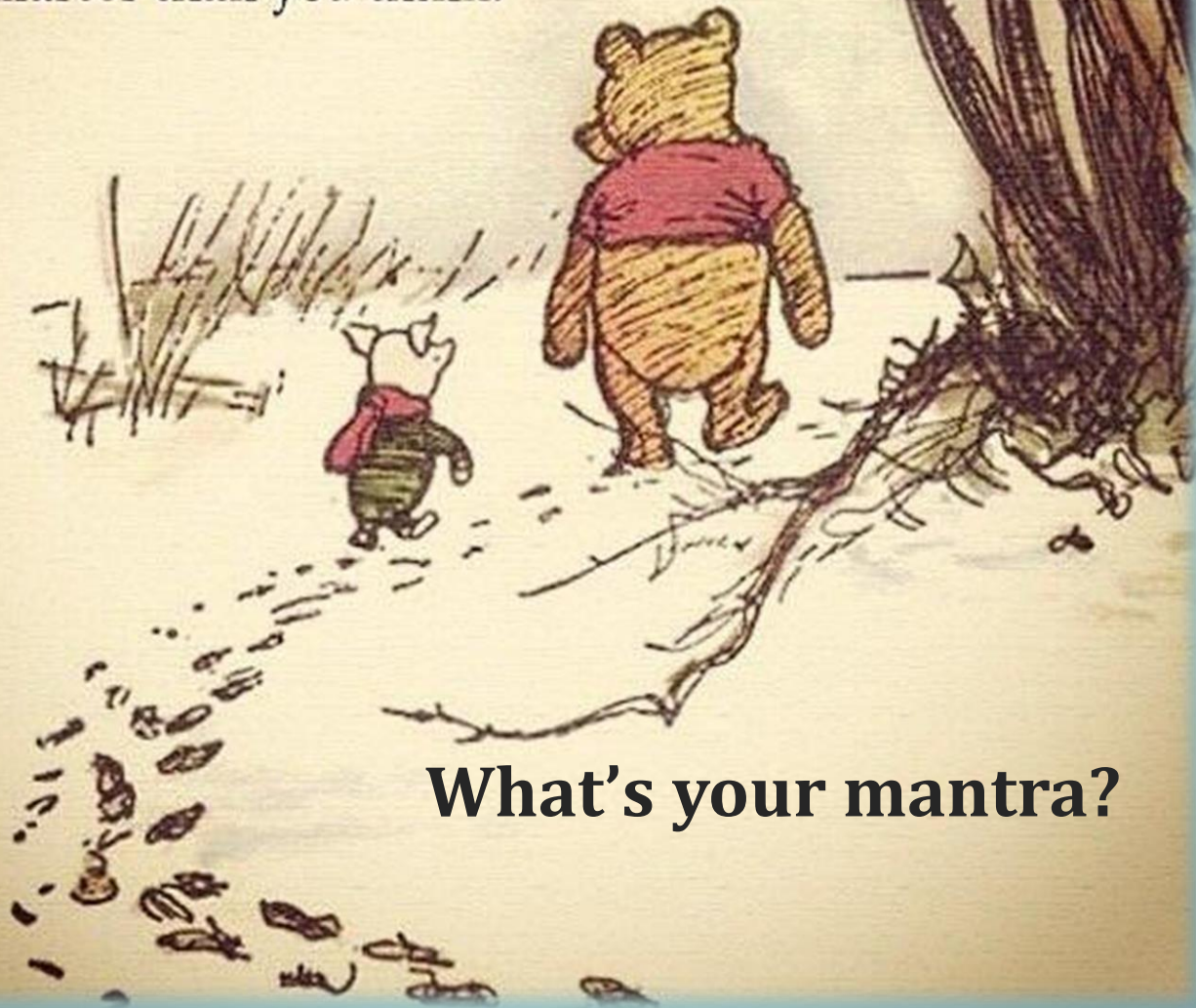
# Personal Responsibility



If we should lose cabin pressure ...



Promise me you'll always remember:  
You're braver than you believe,  
and stronger than you seem,  
and smarter than you think.



**What's your mantra?**

# Thank You! Questions?



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