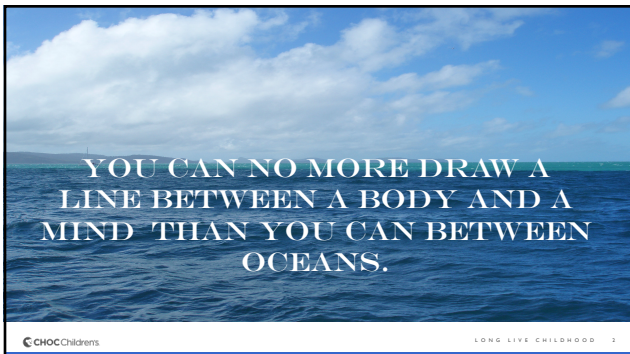




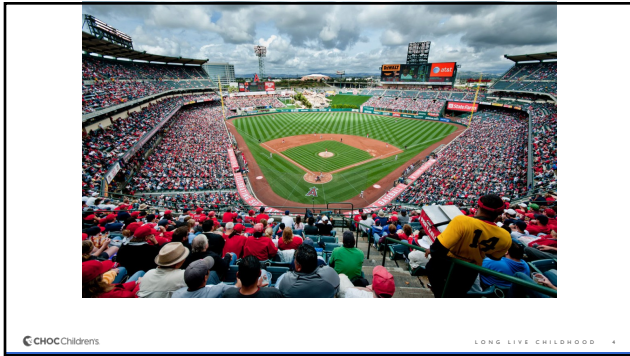
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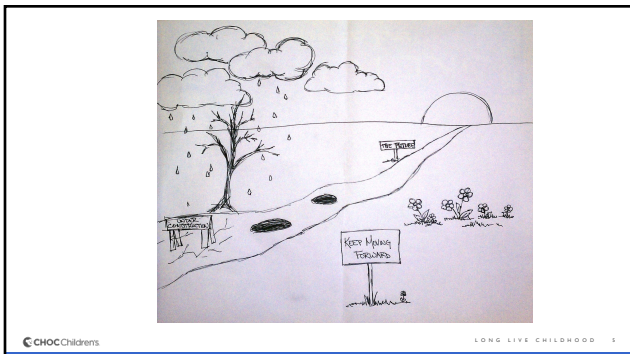
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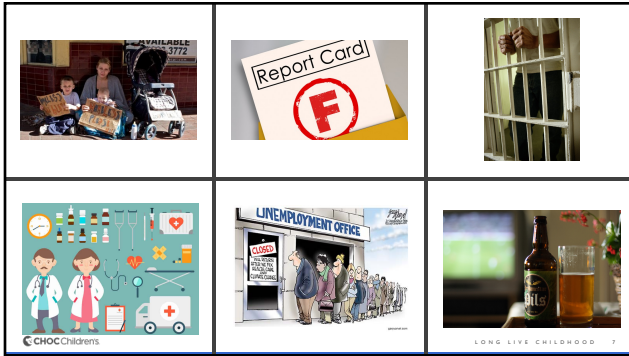
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Common Mental Health Disorders in Children and Adolescents

- Anxiety Disorders (e.g., OCD, panic disorder, PTSD)
- Mood disorders (Depression, Bipolar)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Eating Disorders

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When Do I Worry?

- Persistent
 - Occurs more often than not
 - Longer period of time
- Pervasive
 - Occurs in more than 1 area
- Changes in normal behavior
 - Sleeping, eating, friends, self-care
- Causes Problems in Daily Living
 - School
 - Peers
 - Home and family life



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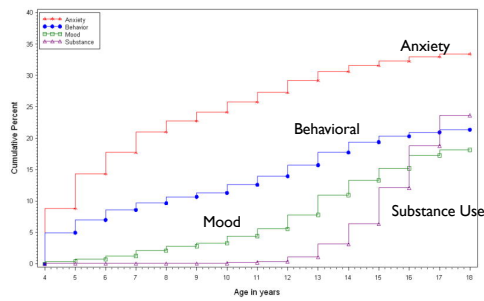
What should I look for in a provider?

- Licensed in California
 - Psychiatrist – Board Certified Child and Adolescent Psychiatry
 - Psychologist – Licensed
 - Social worker – LCSW
 - Marriage and family therapist - LMFT
- Experience in dealing with children
- Experience with evidence based treatment specific to children



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Ries Merikangas et al. Journal Am Acad Child Adol Psychiatry 2010 (pp 980-989)

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*I get nervous about everything,
sometimes I literally don't know
why I'm anxious, I just am and
no-one seems to understand that.*



HealthyPlace.com


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What does it look like?

- Complaints of stomach aches or headaches
- Sleep problems or difficulty concentrating
- Behavioral changes such as moodiness, a short temper or clinginess
- Development of a nervous habit, such as nail biting
- Refusal to go to school or getting into trouble at school




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When To Worry About An Anxious Child

Severe anxiety is unrealistic.
 Severe anxiety is out of proportion.
 Severe anxiety is being overly self-conscious.
 Severe anxiety is often unwanted and uncontrollable.
 Severe anxiety doesn't go away.
 Severe anxiety leads to avoidance.




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Treatments

- Cognitive Behavioral Therapy
 - Identify thoughts
 - Increase coping skills
 - Coping CAT
- Exposure and Response Prevention
 - Graduated exposure
 - Coached coping
- Relaxation/Meditation
- SSRI's



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Attention Deficit Disorder With Hyper Activity

- Inattention
- Hyperactivity/Impulsive
- Occurs 2 or more settings
- Evidence of impairment
- Signs before age of 12
- Inconsistent with developmental level
- Symptoms over 6 months

A cartoon illustration of a child sitting on the floor, playing with a large pile of yellow blocks. The child is holding a red block and looking at it with a focused expression.

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ADHD Symptoms Over Lifespan

The Changing Face of ADHD

Childhood	→	Adulthood
Hyperactivity (can't sit still, always "on the go," climbs or runs at inappropriate times)	May Become	Restlessness (can't stay focused on one thing; fidgety, impatient)
Physical Impulsivity (doing things that result in a lot of injuries; problems waiting one's turn)	May Become	Verbal Impulsivity (saying the "wrong thing" or speaking out of turn; interrupting others excessively)
Inattention (problems paying attention in class or completing school work)	Often Remains	Inattention (difficulty concentrating at work; problems finishing tasks)

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When to Refer for Mental Health Treatment

- Child engaging in dangerous, self-injurious behavior
- Impairment in school, social or family functioning
- Problem does not resolve with parental strategies
- Parents unwilling or unable to implement parental behavioral strategies



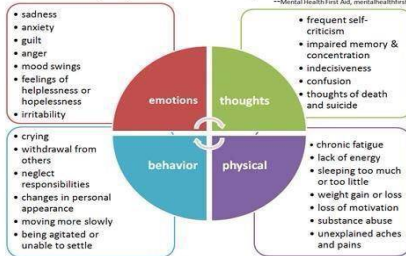
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Symptoms of Depression

→MentalHealthFirstAid, mentalhealthfirstaid.org



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LEADING CAUSES OF DEATH IN 10- TO 19-YEAR-OLDS

— UNITED STATES, 2015 - 2017

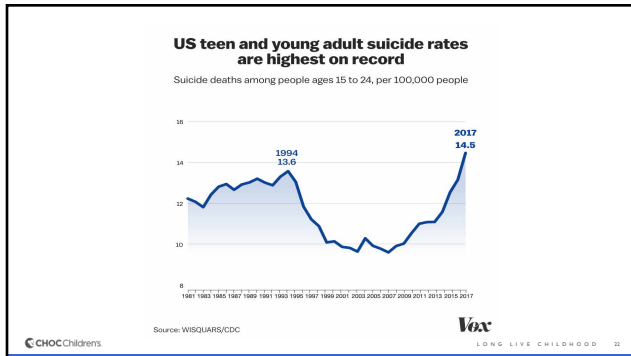
CAUSE	Rate per 100,000
Accidents	11.6
<u>Suicide</u>	<u>6.4</u>
Homicide	4.6
Cancer	2.4
Heart Disease	1.0
Congenital anomalies	0.8

Data Source: CDC WONDER surveillance data system, accessed July 17, 2019

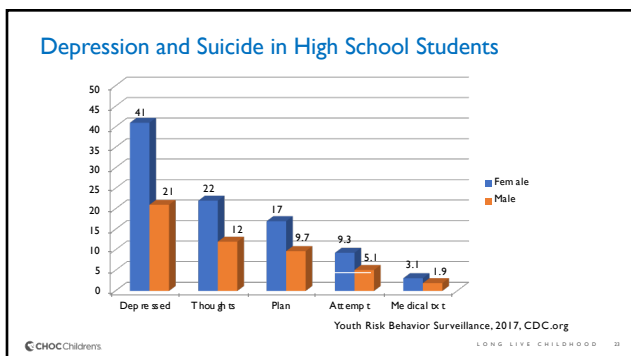
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When To Worry About A Depressed Child

- Withdrawing from social interactions
- Isolation from family
- Drop in school performance
- Not engaging in previously "fun" activities
- Giving away possessions
- Discussing death

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Evidence Based Treatments

- Cognitive Behavioral Therapy
 - Identify thoughts
 - Increase coping skills
 - Coping CAT
- Dialectical and Behavioral Therapy
 - Managing strong emotions
 - Skills coaching
- Mindfulness based stress reduction
- SSRI's




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SIGNS AND SYMPTOMS OF EATING DISORDERS




PREOCCUPATION WITH FOOD, WEIGHT AND BODY



DISTORTED BODY IMAGE



EATING ALONE OR IN SECRET



COMPULSIVE EXERCISE

Source: National Association of Anorexia and Associated Disorders

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Signs Of Anorexia

Losing weight unexpectedly and/or being dangerously thin (lack of recognition of thinness)
 Obsessing over calorie counts and nutritional facts
 Spending many hours exercising to burn off calories
 Skipping meals
 Avoiding eating socially
 Irregular periods, thinning hair, and constant exhaustion

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Evidence Based Treatments

- Family Based Treatment (FBT),
 - Maudsley Approach
 - Family focused
- Cognitive Behavioral Therapy - Enhanced
 - Special focus on eating disorders
- SSRI's to manage symptoms when needed



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Treatment is Effective

- Depression and other mental health disorders are treatable
- Especially in children and adolescents
- Can see return to functioning

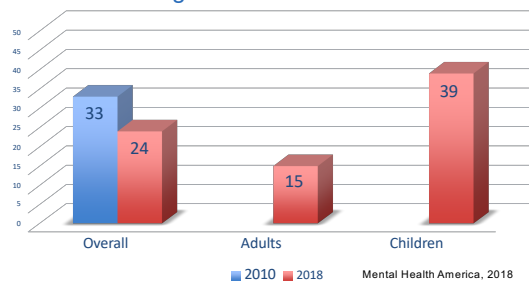


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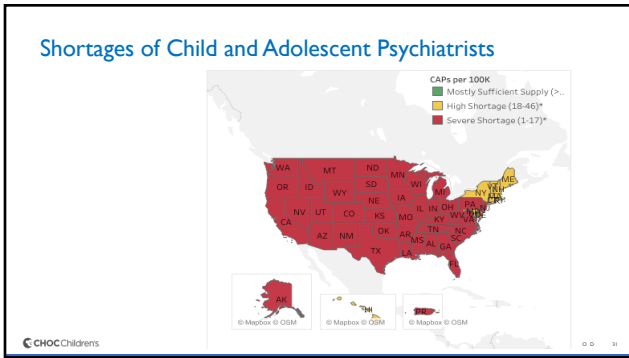
California Ranking in Mental Health Services



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BUILDING RESILIENCE

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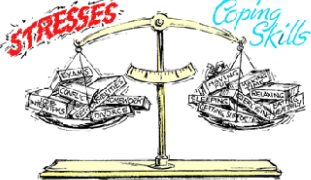
Mood Hygiene

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Coping Strategies



- Overall health behaviors
- Identify feelings
- Targeted positive feedback
- Face fears
- Emotional regulation
- Social media

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Breathing

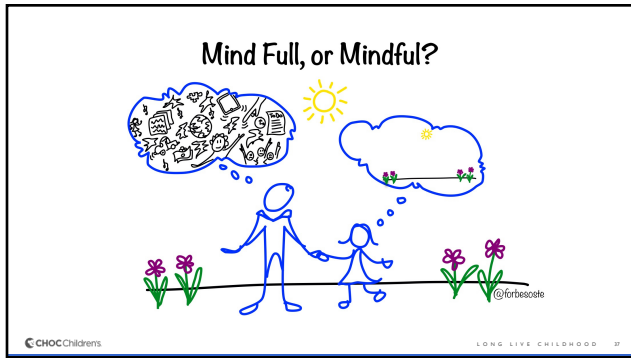
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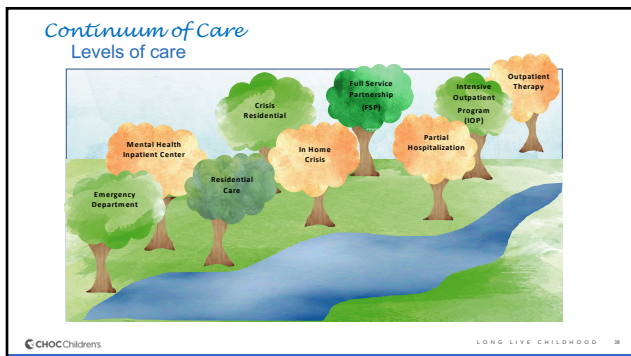


Relaxation

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When is Inpatient Treatment Needed?

- Child can not keep themselves safe
- Others in family at risk of harm
- Inpatient treatment goals:
 - Keep child safe
 - Complete thorough evaluation
 - Possible medication start or adjustment
 - Start treatment process
- Generally 5 to 10 days in length
- Starting point



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Intensive Outpatient Program

- Dialectical and Behavioral Therapy (DBT) adherent
- 8 weeks, 4 days per week, 3 hours per day
- After school
- Adolescents (high school)
- Outcomes:
 - < 12% year 1; 0% YTD
 - Clinically significant improvement
 - Parent and child self report



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Thank you.

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