Health Literacy Defined

- Refers to people’s abilities to access, understand, assess and communicate health information

- Health Literacy in MH&A includes:
  - The ability to recognize specific issues/disorders
  - Knowing how to seek mental health and addiction information; knowledge of risk factors and causes, self management and professional help available
  - And attitudes that promote recognition and appropriate help seeking
How are we doing so far?

- The general public has a poor understanding of mental illness
  - unable to correctly identify mental disorders
  - do not understand underlying causal factors
  - are fearful of those they perceive as mentally ill
  - have incorrect beliefs about the effects of treatment interventions
  - are resistant to seeking help
  - are not sure how to help others
Why Is MH Literacy Important?

- Low levels of MH literacy contribute to
  - Lack of **prevention**/early intervention
  - **Delays** in seeking appropriate treatment
  - Poor **management** of MH issues
  - Utilization of **inappropriate** solutions
  - Difficulties **communicating** with mental health professionals
  - Perpetuation of **stigma**, discrimination

- Source: Mental Health Literacy: A Review of the Literature, 2007
Do Schools “Get” MH?

- A survey of 1200 principals worldwide, found students' academic performance was directly linked to how they felt emotionally.
- A student's reaction to bullying, harassment, anxiety, depression, family dysfunction and personal or family drug and alcohol issues was a big influence on their academic performance.
- And 94 per cent of the principals said a child's mental health and wellbeing was an important factor in their academic life.

Source: Stephen Lunn, Social affairs writer | September 08, 2008
Alarming facts (reminders)

- Canada spends about $14.4 billion annually on the treatment of mental illness (Stephens & Joubert, 2001)
- By 2020, the Canadian Psychiatric Association (2001) estimates that mental illness will be the leading health care cost in the country.
- WHO predicts by 2030, internalizing problems 2nd (to HIV/AIDS) in burden of disease (Mathers, 2006)
- More than half of all mental health problems begin before adulthood (Merikangas, 2010)
So! How to integrate mental health lessons in school settings?

Teaching mental health literacy... is called social emotional learning in schools
Social – Emotional Learning (SEL) in Schools
(Weissberg, Durlak, Taylor, & O’Brien, 2007)

- Quantitative analysis of 270 research studies
- Students participating in SEL programs
  - At least 15 percentile points higher on achievement tests
  - Significantly better attendance records
  - More constructive and less destructive classroom behaviour
  - Liked school more
  - Better grade point averages
  - Less likely to be suspended or disciplined
The Fourth ‘R’

But! No university in N America formally teaches or trains teachers in social/ emotional curricula Greenberg, 2007
Common Elements of Prevention and Early Intervention Programs

(Browne et al., 2004)

1. Develop protective factors
2. Younger children show greater positive results than older children
3. **Address a specific problem (not broad, unfocused interventions)**
4. Involve family, school, and community
5. Informed by sound theoretical foundations
6. Long-term strategies
### TABLE 1. Prevalence of Mental Disorders in Children and Youth

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence (%)</th>
<th>Approximate Number in BC ¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any anxiety disorder</td>
<td>6.5</td>
<td>60,900</td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>3.3</td>
<td>30,900</td>
</tr>
<tr>
<td>Attention-deficit/hyperactivity disorder</td>
<td>3.3</td>
<td>30,900</td>
</tr>
<tr>
<td>Any depressive disorder</td>
<td>2.1</td>
<td>19,700</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>0.8</td>
<td>7,500</td>
</tr>
<tr>
<td>Pervasive developmental disorder</td>
<td>0.3</td>
<td>2,800</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>0.2</td>
<td>1,900</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.1</td>
<td>900</td>
</tr>
<tr>
<td>Tourette’s disorder</td>
<td>0.1</td>
<td>900</td>
</tr>
<tr>
<td>Any eating disorder</td>
<td>0.1</td>
<td>900</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>&lt; 0.1</td>
<td>&lt; 900</td>
</tr>
<tr>
<td>Any disorder</td>
<td>15</td>
<td>140,500</td>
</tr>
</tbody>
</table>

¹ The approximate number who may be affected is based on a population estimate of 936,500 children and youth in BC (MCFD, 2002)
### Child & Adolescent Mental Disorders

**Kutcher**

**MENTAL DISORDER** | **Six Month Prevalence (%) Age = 9-17**
--- | ---
Anxiety Disorders | 13.0
Disruptive Behavioral Disorders | 10.3
Mood Disorder | 6.2
Substance Use Disorders | 2.0
Any Disorder | 20.9
Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Survey Replication—Adolescent Supplement (NCS-A) 2011

Kathleen Ries Merikangas, Ph.D., Jian-ping He, M.Sc., Marcy Burstein, Ph.D., Sonja A. Swanson, Sc.M., Shelli Avenevoli, Ph.D., Lihong Cui, M.Sc., Corina Benjet, Ph.D., Katholiki Georgiades, Ph.D., Joel Swendsen, Ph.D.
## Lifetime Prevalence Child & Adolescent Mental Disorders

<table>
<thead>
<tr>
<th>Mental Disorder</th>
<th>Lifetime Prevalence (%) Age = 9-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorders</td>
<td>31.9</td>
</tr>
<tr>
<td>Disruptive Behavioral Disorders</td>
<td>19.6</td>
</tr>
<tr>
<td>Mood Disorders</td>
<td>14.3</td>
</tr>
<tr>
<td>Substance Use Disorders</td>
<td>11.4</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>2.7</td>
</tr>
</tbody>
</table>
## Adult Mental Disorders* (Lifetime prevalence, Kessler et al., ’05)

<table>
<thead>
<tr>
<th>MENTAL DISORDER</th>
<th>Six Month Prevalence (%) Age =18-60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorder</td>
<td>28.0</td>
</tr>
<tr>
<td>Disruptive Behavioral Disorders</td>
<td>24.8</td>
</tr>
<tr>
<td>Mood Disorders</td>
<td>20.8</td>
</tr>
<tr>
<td>Substance Use Disorders</td>
<td>14.6</td>
</tr>
<tr>
<td>Any Disorder</td>
<td>46.4</td>
</tr>
</tbody>
</table>
Linking school year and anxiety

Lewisohn et al, J of Abnormal Psychology, 1998
Complications of Untreated Anxiety

- Diminished educational and vocational achievement:
  - Lower college grad rates by 2%
  - Lower probability prof occupation by 3.5%

- Bullied more than their peers (Ledley, Storch & Coles, 2006).

- Impaired relationships (family, peers)

- Subsequent depression, alcohol abuse and cigarette smoking

- Greatest predictor of suicide
  *(Dadds et al., 1997; March et al., 1998; Muris et al., 2000; Murray et al., 1996; Sareen, 2005, 2011; Wittchen, 1998)*
Disability - Adjusted Life Years Lost

75% accounted for by 3 Disorders:

- Anxiety
- Depression
- Substance-use

Andrews & Wilkinson, 2002
13-20% of all children identified with presence of one or more clinically significant emotional or behavioral problems (age 4-16)

Only 1 in 6 of these in contact with mental health professional (Offord & Boyle, Ontario, Canada)
Compelling facts: Go to school

- Families reluctant to seek mental health treatment outside of school settings (Braden & Sherrard, 1987; Conti, 1995)

- School-based services seen as accessible, increasing access to care and reduce barriers (Weist, et al., 2003)

- Natural environment increases likelihood of sustainable behavior change (Elias, 1994; Magee et al., 1999)
Unique position of school personnel

Youth will approach friends, family and teachers before doctors for help

Teens who have attempted suicide take teachers into confidence before other professionals

School personnel show a high degree of effectiveness in recognizing psychopathology in youth:
   Esp ADHD, anxiety, SM
Evidence Based Treatments for Anxiety

Shown to work in well-controlled scientific studies in which treatment effectiveness is systematically evaluated

1. Medications
2. Cognitive-Behavioural Therapy (CBT)
   - Both associated with improvements
   - Can be used alone or in combination
   - CBT probably superior in long-term and is first line of recommended treatment
Medications

- Most research on adults
- Long-term safety not yet fully demonstrated in children
- Several different classes of medications prescribed or being evaluated (most common listed below)
- Benefits often reversed when stop taking
- Great Britain and US withdrew from public

**Anti-depressants (SSRI’s)**
- Superior efficacy and typically low side effects
- e.g., Prozac**, Paxil, Luvox, Zoloft, etc.

**Benzodiazepines**
- short-term use only and can be addictive
- e.g., Valium, Ativan, Xanax, etc.
Does CBT for anxiety work?**

(**38-43% had SAD)

- **Individual**
  - 12 sessions 7-14 yr olds: No DX end (Barrett, 1996)
  - 16-20 sessions 7-14 yrs: No DX (Kendall, 1997)
  - 6 sessions 5-15 yrs: Greater improvement than WL children (Last, 1998)
  - 18 sessions 8-14yrs: 73% no DX (Flannery, 2000)
  - *TX gains noted up to 3. 5 years (Kendall, 1996)*
Group Tx for Internalizing

- 8 Empirical studies demonstrate ability to manage anxiety successfully in school settings (WL control)
- Teachers **best** referral resource
  - (Barrett, 2001; Dadds et al., 1997, 1999; Kendall, 1994; Lowry-Webster, 2001; Masia et al., 2001; Muris et al., 2000)
  - .....But can be reluctant
  - Meta-analysis n=31 (25 based on CBT)
    - MoodGYM
    - Coping and Promoting Strength
    - Penn Resiliency Program
    - FRIENDS (n=14)
Varieties of Psychotherapy

Many different theories of approach to mental problems
400+ different forms psychotherapy

- Cognitive: 49%
- Behavioral: 9%
- Humanistic: 11%
- Psychoanalytic/psychodynamic: 28%
- Family/systems: 19%
Steps in Cognitive Behavioural Therapy

- Psychoeducation
- Managing Body Symptoms
- Healthy Thinking
- Building Tolerance
- Relapse Prevention

*Schools do education!*

*Sounds like skills training!*

*Naturalistic environment!*
What is Anxiety?

- NORMAL human emotion essential for survival
- Feeling anxious, fearful, nervous, apprehensive, worried, on guard, “freaked out”, etc.
- Best viewed on a continuum from low to high
- Individual differences in the experience of anxiety
  - Types of symptoms
  - Intensity of symptoms
  - Frequency of symptoms
Normal Anxiety vs. Anxiety Disorders

- Anxiety can be a normal and expected reaction
  - Developmentally appropriate fears
  - Transitions and life changes
  - Stressful experiences or events
  - New or unfamiliar situations

- Formal assessment for possible Anxiety Disorder considered when anxiety leads to:
  - Significant interference (home, school, social)
  - Significant distress that is more frequent and more extreme than that of peers
Typical Development of Disorders

**Most common in childhood:**
- Specific Phobias
- (Separation Anxiety Disorder)
- Obsessive-Compulsive disorder
- Generalized Anxiety Disorder

**Most common in adolescence:**
- Panic Disorder (w/o Agoraphobia)
- Social Anxiety Disorder
- Post Traumatic Stress Disorder
So... What’s happening in BC?
FRIENDS in BC Schools

FRIENDS FOR LIFE

- CHILD
- YOUTH
- ABORIGINAL ENRICHMENT
- FUN FRIENDS
- FRENCH
- PARENT PROGRAM
Evaluation of Province-Wide Implementation

> 700 evaluations returned

  Training content useful?
  Material well presented?
  Material relevant to Gr. 4/5?
  Prepared me to deliver?
  Questions adequately addressed?
  I enjoyed the day?
  Important to implement?

■ 95% agreed or strongly agreed
Preventing Problematic Anxiety  
(highlights FRIENDS and research)


Key Lesson: Promote friendships and FRIENDS

Having friends predictive of most MH outcomes
Helping to give kids skills in school setting
Helping to give education about specific mental health concern
Making MH literacy available to thousands
MCFD contact

MCF.CYMHFRIENDS@gov.bc.ca
mcf.gov.bc.ca/mental health/ friends.htm
Unbelievably Helpful Website

✓ www.anxietybc.com

Videos, worksheets, recommended reading, youth interactive site
Contact Information

Lynn Miller, Ph. D., R. Psych.
Anxiety Prevention Projects
University of British Columbia
Faculty of Education
2125 Main Mall
Vancouver, BC V6T 1Z4
Anxiety.project@ubc.ca