

Anxiety and Depression in Children and Adolescents: **What to Know and What to Do**



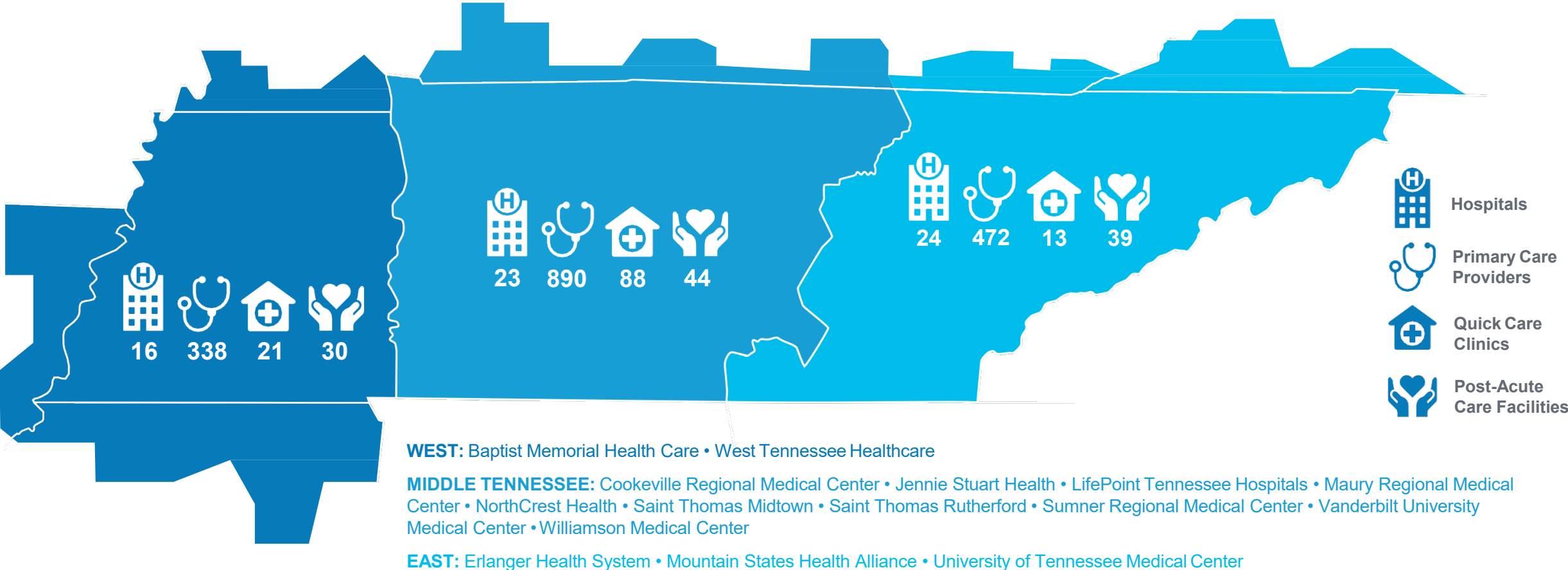
Housekeeping Notes

- Our goal is to have this be an interactive session, so please submit your questions throughout the presentation and we will be sure to answer as many as we can in the last 15 minutes.
- As a follow-up, we will send an email of the video recording and the presentation slides, along with links to resources discussed.
- We invite you to participate in the surveys featured after today's presentation.
- We'd love to hear from you! If we don't cover something, or if your question isn't answered, contact us.

Email us at info@vhan.com, and we will get you a response as soon as possible.

Vanderbilt Health Affiliated Network (VHAN)

The Vanderbilt Health Affiliated Network includes more than 6,200 clinicians, 70 hospitals, 13 health systems, and hundreds of physician practices and clinics working together to provide the best care, at the right time, and at the right cost.



Webinar Discussion

- How to identify warning signs of depression
- Anxiety disorders and signs to look for in both young and older children
- When to seek help for your child and safety planning recommendations
- How to engage and validate your child in a healthy way
- What you can do to care for yourself while caring for your family

Our Expert



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- According to the CDC it is estimated that up to 1 out of 5 children experience a mental disorder each year
- Diagnoses of depression and anxiety are more common with increased age
- Many children go without needed mental health treatment
- **Anxiety** (7.1% of children aged 3-17 years)
- **Depression** (3.2% of children aged 3-17 years)

Depression

- As many as one in every five teens experience depression at some point during adolescence
- Can last for weeks or months and interfere with the person's ability to participate in everyday activities
- Affects mood, outlook, thoughts and behavior
- It also can cause fatigue, irritability, loss of appetite, headaches and insomnia

Anxiety

- Excessive worry or fear that impairs a child's day-to-day functioning
- Kids with excessive anxiety and/or stress commonly have psychosomatic complaints (i.e. stomachache or headache)
- Anxiety disorders affect one in eight children
- Research shows that untreated children with anxiety disorders are at higher risk to perform poorly in school, miss out on important social experiences and engage in substance use

Anxiety Disorders

- Children with Generalized Anxiety Disorder experience chronic, excessive anxiety about multiple areas of their lives (e.g., family, school, social situations, health, natural disasters)
- Children with Separation Anxiety experience excessive fear of being separated from their home or caretakers
- Children with Specific Phobia fear a specific object or situation (e.g., spiders, needles, riding in elevators)
- Children with Social Phobia experience anxiety in social settings or performance situations

Anxiety Disorders

- Children with Panic Disorder experience unexpected, brief episodes of intense anxiety without an apparent trigger, characterized by multiple physical symptoms (e.g., shortness of breath, increased heart rate, sweating)
- Children with Obsessive-Compulsive Disorder perform repetitive mental acts or behaviors (“compulsions”) to alleviate anxiety caused by disturbing thoughts, impulses or images (“obsessions”)
- Children with Post-Traumatic Stress Disorder experience anxiety symptoms (e.g. nightmares, feelings of detachment from others, increased startle) following exposure to a traumatic event.

When to Seek Support

What is the difference between developmentally normal challenging behaviors and what is a cause for concern?

Unexplained changes in behavior is one of the biggest warnings (i.e. eating, socializing, grades, hobbies)

Contact your pediatrician:

- If children exhibit significant changes in behavior for more than 2 weeks
- Symptoms cause distress for the child or child's family
- Interferes with functioning at school, at home, or with friends

Signs to Look For in Young Children

- Have frequent tantrums
- Frequently irritable
- Often talk about fears or worries
- Complain about frequent stomachaches or headaches with no known medical cause
- Are in constant motion and cannot sit quietly
- Sleep too much or too little, have frequent nightmares, or seem sleepy during the day
- Are not interested in playing with other children or have difficulty making friends
- Struggle academically or have experienced a recent decline in grades
- Repeat actions or check things many times out of fear that something bad may happen

Signs to Look For in Older Children and Adolescents

- Have lost interest in things that they used to enjoy
- Low energy and motivation
- Sleep too much or too little, or seem sleepy throughout the day
- Frequently isolating themselves from others and avoiding social activities with friends or family
- Fear gaining weight, or diet or exercise excessively
- Engage in self-harm behaviors
- Smoke, drink, or use drugs
- Risky behaviors alone or with friends
- Have thoughts of suicide
- Have periods of highly elevated energy and activity, and require much less sleep than usual

Safety Planning



How to Help When There are Safety Concerns

- Children with many different diagnoses can experience unsafe thoughts and behaviors
- This can look like:
 - **Passive statements** “I want to die” or “I wish I didn’t wake up in the morning”
 - **Active statements/plans** “I am going to kill myself with ____”
 - **Self harm behaviors** (scratching, cutting, burning, etc.)
- If this happens, it’s important that they are engaged in psychiatric care, supervision is increased, and safety planning precautions are taken.
 - If the child already has a therapist or psychiatrist call your provider immediately. If you do not yet have a mental health provider, you will want to call your pediatrician for further evaluation.

When it is an Emergency



TENNESSEE STATEWIDE CRISIS LINE
There is hope.
855-CRISIS-1 (855-274-7471)

**Do you feel like you are
experiencing a mental health crisis?**

**Our Statewide Crisis Line is here to help individuals
struggling with a mental health emergency.**

If there is a mental health emergency (**dangerous or life-threatening situation**) the recommendation is to do one of the following:

- **Call the TN State Crisis Line**
- **Call 911**
- **Present to the nearest emergency department for emergent evaluation**

Safety Planning Recommendations

- Complete a safety sweep of the home
- Secure all medications – over the counter and prescription medications, even vitamins and supplements
- Remove firearms
 - Second-best: secure storage inside the home with lock box, cable lock, or firearm safe and ammunition stored and locked separately from firearm
 - We do not recommend parents “hiding” firearms in the home as almost $\frac{3}{4}$ of children living in households with firearms know where they are stored (AAP, 2017)
- Secure all sharp objects (knives, razors, scissors, etc.)
- Increase supervision
- Safety check-ins
 - Not leaving a child home alone
 - “Eyes on” supervision

Safety planning scenario

Jessica is a 14-year-old female living at home with her mother during the COVID-19 pandemic. Jessica's mother notices that more recently Jessica appears irritable and fatigued. When her mother questions Jessica about this, Jessica expresses that she feels hopeless that life might return to normal and she doesn't see the point in being alive. This mother calls a therapist who can get Jessica in for an intake in about one month.

The following night after hearing the local news, Jessica goes to the family medicine cabinet and ingests all of the remaining pills in the Tylenol bottle. Jessica goes into acute liver failure.

Jessica is a 14-year-old female living at home with her mother during the COVID-19 pandemic. Jessica's mother notices that more recently Jessica appears irritable and fatigued. When her mother questions Jessica about this, Jessica expresses that she feels hopeless that life might return to normal and doesn't see the point in being alive. This mother calls a therapist who can get Jessica in for an intake in about one month. Her mother decides in the meantime she will safety proof the home. Jessica's mother places a padlock on the medicine cabinet ensuring all prescriptions, over the counter medications as well as vitamins/supplements are secured. Jessica's mother has no firearms in the home.

The following night after hearing the local news, Jessica goes to the family medicine cabinet with plans to ingest medication to end her life. Jessica realizes that her mother has put a padlock on this cabinet and she cannot access any medications. Jessica decides to now call a friend and talk about common stressors they are both experiencing during this pandemic.

Safety planning scenario

Michael is a 16-year-old male with a history of anxiety. His girlfriend recently broke up with him. Michael's parents notice he appears sad, more withdrawn, and has started refusing to attend school. His parents contacted an outpatient counselor, but he refused to go to the appointment. Michael called his ex-girlfriend hoping to get back together, but she wouldn't speak to him. He felt distressed and hopeless.

He went to his father's gun cabinet, removed a loaded gun, and shot himself.

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He went to his father's gun cabinet, but the guns were gone. He found a sharp knife in the kitchen and made cuts to his arms. His parents found him an hour later and brought him to the hospital where he was treated and agreed to get help.

What You Can Do

- **Safety proof the home as referenced in previous slide**
- **Create safety check-in systems**
 - Stop light system – Red, Yellow, Green – Red is unsafe, yellow is not good but safe, green is safe
 - Number system – 1-10 – 1 is feeling bad/unsafe, 10 is feeling good/safe
- **Connect your child to resources**
 - Schedule with your pediatrician
 - Therapy
 - Medication management if recommended

Engagement and Validation

How You Can Engage

Be Attentive

Create time and space to check in without distractions

Get Curious

Ask open-ended questions

Do a Shared Activity

Having challenging conversations while doing a puzzle or playing a game can help increase comfort and decrease anxiety/shut down

Use Reflection

“What I’m hearing you say is...”

Summarize and Clarify

“So it sounds to me like _____. Is that right?”

Identify Feelings

“I see that you are feeling _____”

It is helpful to specifically label the emotion your child is feeling; research demonstrates that naming an emotion decreases its intensity. In a difficult moment, taking the time to say, “**I see that you are really sad**” can be incredibly soothing to your child.

Validation

Recognition or affirmation that a person's feelings or opinions are valid or worthwhile

- **REMINDER: Feelings are not right or wrong or good or bad**, they are natural sources of information

What validation isn't:

- Validation is not encouraging unhealthy choices
- Validation is not reinforcing unhelpful/unsafe behaviors
- Validation is not problem solving/fixing the situation

What validation is:

- Validation is showing up in meaningful ways

Why is validation hard? *(and necessary)*

Our immediate reactions are not always to validate **(we can learn)**

We want to fix the situation **(you might be able to, but later)**

We're afraid it won't be helpful **(it can)**

It can feel like relinquishing control over the situation **(it's not)**

It brings up our own stuff and our own feelings **(respond, don't react)**

We wish so badly our kids weren't hurting **(they are, and it's okay)**

Adult brains would be less impacted in some scenarios, and it can be challenging to understand and meet kids where they are at **(and it's important too)**

We're human **(and being human is hard, and okay)**

What does Validation do?

- It's what you can use when you don't know what to do, you don't know how to respond, or you can't fix the problem immediately
- It's what shows others you're listening, you're on their side, and you hear them
- Validation creates the space to open up, say the tough things, and allow the person to feel safe while doing so

Risks of Invalidating Statements

- Escalation
- Shut down
- Feeling unsafe
- Induces shame
- Closes communication
- Leads to internalization
- Barrier to connection

Instead of This, Try This:

1. Don't feel sad about missing vacation!
You should feel lucky that you have a place to live as other kids aren't as lucky
2. It's not that big of a deal
3. Stop worrying
4. Let it go
5. Don't think about it
6. You're over-reacting
7. There's no need for you to feel this way
8. Other people have it worse

1. It makes sense that you are disappointed about missing our vacation
2. I know this is hard for you
3. I can understand why you are worried right now, there are a lot of changes happening right now
4. Talk to me, I am listening
5. Tell me more about your experience
6. You are safe to feel your intense feelings with me, I can handle them
7. You make a lot of sense
8. What you're experiencing makes sense and it is hard

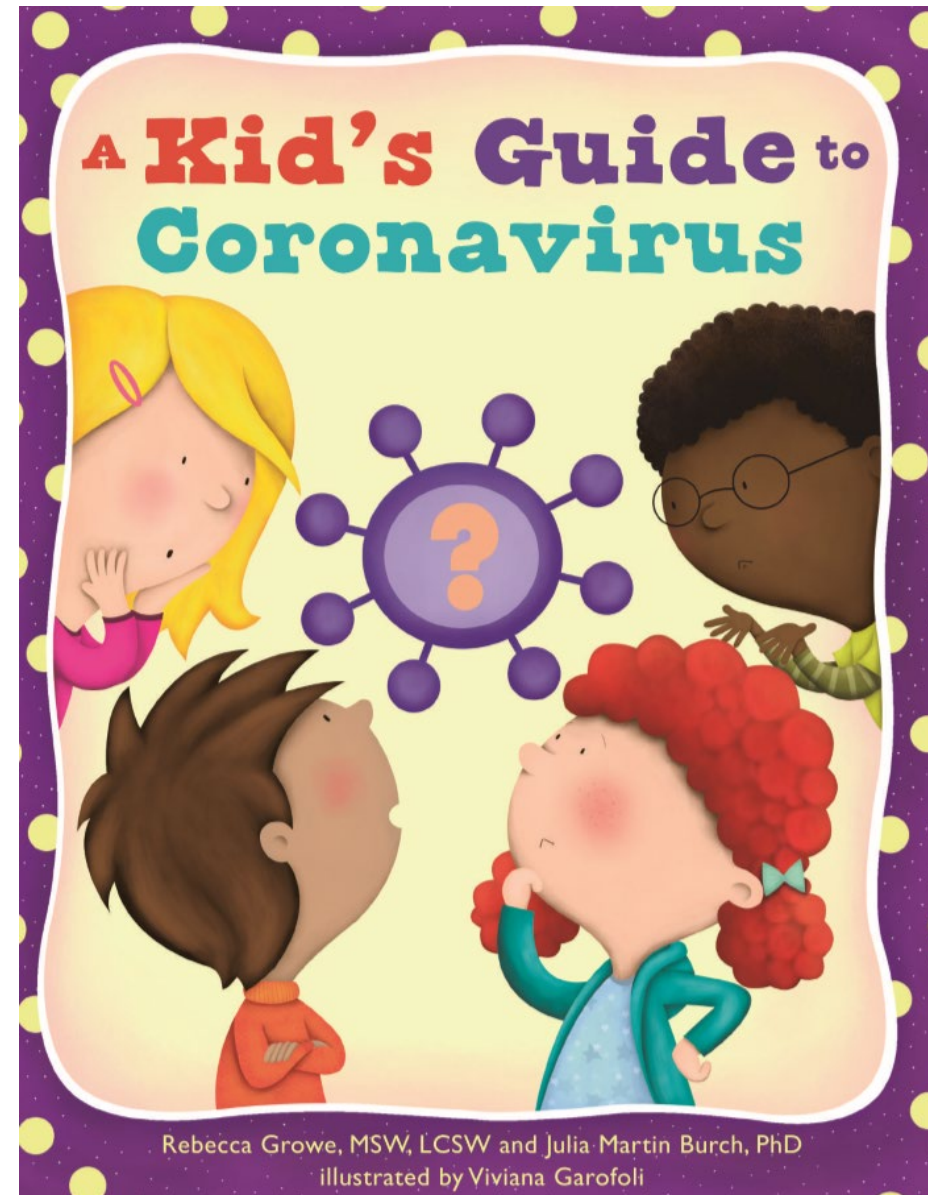


What You Can Do for You

- Take care of yourself!
- You know what they say on airplanes, put your own mask on first before you help others
- Learn your own skills
- Model desired behaviors for healthy coping and communication
- Reach out to your own supports
- Individual therapy can be very helpful

How Can You Best Explain Coronavirus to Your Kids?

- Includes printable workbook parents can review with their children
- Includes recommendations on ways to best support children through stressors of the pandemic



Resources

- https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Anxious-Child-047.aspx
- <https://www.apa.org/pubs/magination/kids-guide-coronavirus-ebook.pdf>
- <https://www.aap.org/en-us/Pages/Default.aspx>
- Centers for Disease Control and Prevention 2020

Email us at info@vhan.com, and we will get you a response as soon as possible.

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Questions?

