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Visions

Anxiety Disorders in Children and Youth

Doug did not find the academic material difficult. His organizational problems, however, resulted in his feeling overwhelmed by the amount of information he had to digest. These feelings further exacerbated his depression. "The problems I had in class made it harder for me to digest all this work and then I got very frustrated and I found myself getting very depressed, and then I started having a lot of problems with OCD." Doug feels that most of the time he was playing "catch-up."

Doug slowly learned to come to terms with his illness. "If you accept that you have a problem, that it's not you, that you are a smart person, that you are worthwhile, then that goes a long way in dealing with it." It was not until a late stage in his studies that he accepted a reduced course load and began not to enroll in early morning classes, for which he was unable to wake up on time. In retrospect, Doug remarked that he would have paid attention better in class, if he had sat in the front row. However, often he arrived late and felt conspicuous and seated himself where he felt he would not be noticed. Although it was suggested that he tape-record his lectures, Doug was reluctant to do so. He felt that his OCD would result in his stopping and starting the tape, though he never tried this strategy.

Doug did not engage in treatment with a therapist until the very end of his studies. He attributes this delay to long waiting lists and his inability to find someone whom he felt could actually help him. He pursued this route more vigorously only as he was getting read to graduate.

Since seeing a cognitive therapist, Doug has recently been able to say that his OCD is "a minor inconvenience," instead of his main obstacle to getting on with his life, and that he is learning to manage his illness better. He now realizes that "with a good strategy you can go a long way in helping yourself as opposed to just letting the illness take over." He has come to value the importance of "taking care of external problems by getting counselling outside of school."

He is hopeful that he will find a way around his illness so that he can extend his periods of productivity and be able to pursue an interesting career. He says that if he is ever to return to university for graduate work, he will have to have his illness under control.

Doug had a great deal of advice to give to other students with mental illness: "You have to persevere. You have to see your illness as an illness and see your problems as symptoms of an illness, not as personal deficiencies. You have to have a goal that you are working towards. Don't bite off more than you can chew. Keep a good mental attitude. Get treatment. Don't give up."

Doug earned his BA in five years, while living at home with his family. Doug believes he learned a great deal at university, mainly about himself. "Much as I complain about it, I can't estimate the benefits I have also attained by being there and they are kind of hard to quantify." The development of Doug's critical thinking skills helped to play a role in his taking charge of his life and in his seeking an appropriate and beneficial treatment approach for himself. He thinks he would have functioned much better at university had he received proper therapy at an earlier stage of his studies. He understands that he has finally moved from a position of learned helplessness to one of efficacy. ■

Heading off the Dragon

Parents of mentally ill children have a difficult time getting an accurate diagnosis, and now another hurdle is looming — government services, already scant, are being threatened by budget cuts

Karen Gram

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Imagine. You give birth to a baby boy. You hold your breath until you hear his first cry. Impatiently, you wait as the doctors check him. When you first hold him, you count his fingers and toes.

You check his reflexes and watch to see his eyes move. As the days pass, you still hold your breath always checking that your baby is responding properly to stimuli.

Gradually, you let the air out, relaxing as your baby develops normally. For nine years you nurture your son, marking the milestones along the way and feeling so proud of him.

Then, for no apparent reason, he starts to act strangely. He hasn't fallen, hurt his head or developed symptoms of any disease. But he isn't the same. He refuses to go to school, withdraws from his friends, prefers to stay home than go to favourite haunts.

This is the scenario Keli Anderson of Pitt Meadows experienced when her son James, a bright attentive nine-year-old, began his descent into a mental illness neither he nor his family understood or recognized.

And according to the Surgeon-General of the United States in a new report on mental health in children and youth, this situation is all too common. About 21% of children aged nine to seventeen have a diagnosed mental or addictive disorder with at least minimal functional impairment. That's more than one in five children; 11% of the same group suffer significant impairment and 5% live with an extreme functional impair-

ment due to a mental disorder. The numbers are similar around the world. James fits into the most serious category.

At first, he stopped paying attention at school, then he got into fights and then, over the summer, he withdrew from all the activities he had previously enjoyed, including playing with his friends. When school started up in the fall, James refused to go. He said he knew something bad would happen to him.

Anderson took him to the doctor who thought James might be depressed and prescribed antidepressants. But then James started tearing the house apart, says his mom. "He was running laundry and vacuuming all day and he never stopped talking. He talked so fast we couldn't understand him."

A counsellor at James' school decided James had school phobia, based on his refusal to attend. Treatment for phobias involves helping the phobic person confront their fears, Anderson explains.

So she dragged her son to school and left him sobbing, begging her not to leave, while someone held him down. "It wasn't good for any of us," she says. After that, doctors believed James had obsessive-compulsive disorder because he was obsessing about something bad happening at school.

Anderson quit her job to stay with her son, homeschooling him for grades five and six. He returned to school in Grade 7, but Anderson had to come too, staying in the classroom all day.

Finally, a year and a half after she began seeking explanations for his behaviour and following seven weeks in the psychiatric ward of Children's Hospital, James was diagnosed with separation anxiety and bipolar disorder. He was properly medicated for the bipolar condition.

This delay in diagnosis appears commonplace. Gayle Grass, an author based in Perth, Ontario, whose sister and son developed a mental illness, explains, "There are so many barriers along the way and the biggest one is the stigma."

That is why she decided to write a book for children going through it. Called *Iris the Dragon, Catch a Falling Star*, the book describes a young boy who begins to experience confusion and anxiety. He doesn't understand what is happening until he meets and confides in a dragon. The dragon handles the issue without blame or emotion and teaches him techniques to calm himself.

Although the diagnosis helped to get James' mood swings under control, the boy, now 12 and entering Grade 8, still suffers from extreme anxiety when separated from his mother. Anderson says the diagnosis experience left her feeling like James was a guinea pig with the experts tapping their chins and saying: "Hmmm, let's try this. If that doesn't work, we'll try something else."

"You wouldn't do that with a diabetic, give them something other than insulin."

Diagnosing children with mental illnesses can be difficult because it's not always clear if it's a developmental delay or a chemical imbalance, says Dr. Jane Garland, psychiatrist and director of the mood and anxiety disorder clinic at Children's Hospital.

image courtesy of **Catch a Falling Star: A Tale from the Iris the Dragon Series** by Gayle Grass

"You have to put it in context," she says, citing bed-wetting as an example. It's normal for 15% of five-year-old boys to wet their beds. But two years later, the percentage falls to 5%, and it is no longer 'normal.' Likewise, anxiety is normal at certain stages of life. But not if it persists over time. "With almost any symptom, we have to put it in a developmental context." It's that developmental context that is the worst part of a mental illness for children because the illness can interfere with normal development. It can take a long time to get back on track.

That's why Anderson and others formed an association called FORCE, (Families Organized for Recognition and Care Equality) aimed at getting early intervention and programs for children.

Part of the problem is that children's mental health is the responsibility of the Ministry of Children and Family Development (MCFD) instead of the Health Ministry, notes Anderson. MCFD is primarily concerned with the protection of children, not their health.

Anderson remembers her first visit with a worker in MCFD. The worker was less concerned with the health of her son than with the safety of her daughter if James had another episode.

"Imagine going to them with a health crisis and now you have to worry that they will take your other kid." Child mental health never belonged in that ministry, says Anderson, her comments echoed by Garland and many others in the field. ▶

Parents of children with mental illnesses must become detectives in order to ferret out the help they need. Here are a few web sites that can be helpful:

www.nami.com This is the web site of the National Alliance for the Mentally Ill, an American organization that is at the forefront in providing relevant information to parents. It also has links to other sites.

www.surgeongeneral.gov This excellent site offers a detailed assessment of current theories, risk factors and treatments of all forms of mental illness.

www.iristhedragon.com The web site of author Gayle Grass where you can order the book or check out good Canadian and American links.

But now, with Health and Education the only ministries protected from massive cuts, the issue is critical.

"If something is going to be cut from McFamilies [MCFD], it sure isn't going to be protection," says Anderson. "It will be child mental health. It is so low on the totem pole."

[Editor's Note: Due to lobbying by groups such as FORCE, leading child psychiatrists and CMHA, and due to increased attention within government, cuts to children's mental health were minimized in the latest budget.]

The system fails these kids, Anderson argues. They are traumatized by the disorder and then by the system.

"These are kids who have some part of their body that is in trouble and [experts] are saying they just need a better parenting plan. But this is not about kids seeking more attention. How crazy are we to even think that. It shows huge disrespect. When a child breaks her arm, we fix it, we don't blame the parents."

It's a natural reaction from a parent of a child with a clinical mental disorder, especially since the Anderson home is full of love and stability. It's a middle-class, two-parent, two-child family.

Garland says parents aren't to blame. Mental illnesses are brought on by a complicated interplay of genetics, temperament, family relations and the broader social context in which the person lives, she explains. It can be triggered by a specific traumatic event or just develop organically.

But Garland says parents of children with a mental illness must learn new parenting techniques because these techniques are an essential component in the child's therapy.

"It's true that most parents will encounter experts who seem to imply that if only the child had better parenting, there wouldn't be a problem," she says. "But it's not that parents are part of the problem."

Garland says doctors have observed that many children — and adults — having a psychotic episode reorganize their minds quickly when put in hospital with very strict routines, including bedtimes, meal times and organized activities.

"We're trying to give the child's world some order. So we ask everyone — parents, schools, everyone — to be extremely consistent."

Garland agrees with Anderson that childhood mental illness does not get the resources it needs. "If a child has cerebral palsy, they get all kinds of resources. If a child is abused, there are all kinds of resources, but what about a child with a serious mental illness who is looked after by the family? That is a group of kids that falls between the cracks. It doesn't fall into any category of support."

In the Lower Mainland, there's one preschool program offered through the Alan Cashmore Society with a day program for the kids, therapy and training for parents and families. There is one school-based program for adolescents. Both have long waiting lists and can only handle a handful of clients at a time. There is no such program for elementary-school-aged kids.

"One of the things we do need, clearly, is more things like (the Alan Cashmore society)," Garland says.

Gayle Grass agrees with Anderson and Garland that early intervention is essential.

"It's like diabetes," she says. "You do more damage by not attending to it. By the time the disease is full-blown it is so much work and money to deal with it. Why not just prevent it?"

Prevention or recovery are possible most of the time. Some people will always have a propensity to develop a mental illness. But citing diabetes again, where those predisposed can delay the onset, Garland says that if schizophrenia or bipolar disorder were properly treated and caught early enough, they could be managed and not interfere as much with development.

Others, like anxiety disorders or depression, do go away in 75 to 80% of patients, though they may experience another episode later if they encounter another trigger. Triggers can be anything stressful, but Garland says puberty and bullying are common ones.

Grass would like those with the potential for a mental illness to be given the opportunity to learn early how to reduce the stresses in their lives. She'd like special education programs in which such children could have an individualized program and, especially essential she says, are annual assessments.

"There are a lot of possibilities and solutions, but we need a lot of awareness and funding." ■

The FORCE (Families Organized for Recognition, Care and Equality) is a newly formed society aimed at helping parents and loved ones locate and obtain services for children experiencing a mental illness. In addition to disseminating resources and ideas through newsletters, public forums and their web site, the society is also active in advocating with decision-makers for more early intervention and mental health programs for children.

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