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## Fears and Worries

- Many children have fears and worries, and may feel sad and hopeless from time to time.
- Strong fears may appear at different times during development (e.g., toddlers are often very distressed about being away from their parents, even if they are safe and cared for.)
- Persistent or extreme forms of fear and sadness could be due to anxiety or depression. Because the symptoms primarily involve thoughts and feelings, they are called internalizing disorders.
- Some children feel sad or uninterested in things that they used to enjoy, or feel helpless or hopeless in situations they are able to change. When children feel persistent sadness and hopelessness, they may be diagnosed with depression.
- Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, which cause distress and problems getting through the day.
- Childhood mental disorders affect many children and families. Based on the [National Research Council and Institute of Medicine report](#) that gathered findings from previous studies, it is estimated that **13 – 20 percent** of children living in the United States (up to 1 out of 5 children) experience a mental disorder in a given year.

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## Childhood Mental Disorders

- Childhood mental disorders affect many children and families. Based on the [National Research Council and Institute of Medicine report](#) that gathered findings from previous studies, it is estimated that 13 – 20 percent of children living in the United States (up to 1 out of 5 children) experience a mental disorder in a given year.
- ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children
  - **9.4%** of children aged **2-17 years** (approximately 6.1 million) have received an **ADHD diagnosis**.
  - **7.4%** of children aged **3-17 years** (approximately 4.5 million) have a diagnosed **behavior problem**.
  - **7.1%** of children aged **3-17 years** (approximately 4.4 million) have diagnosed **anxiety**.
  - **3.2%** of children aged **3-17 years** (approximately 1.9 million) have diagnosed **depression**.

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## Depression and Anxiety

- **Depression and anxiety have increased over time:**
  - "Ever having been diagnosed with either anxiety or depression" among children aged **6–17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011–2012.**
  - "Ever having been diagnosed with anxiety" **increased from 5.5% in 2007 to 6.4% in 2011–2012.**
  - "Ever having been diagnosed with depression" **did not change between 2007 (4.7%) and 2011–2012 (4.9%).**



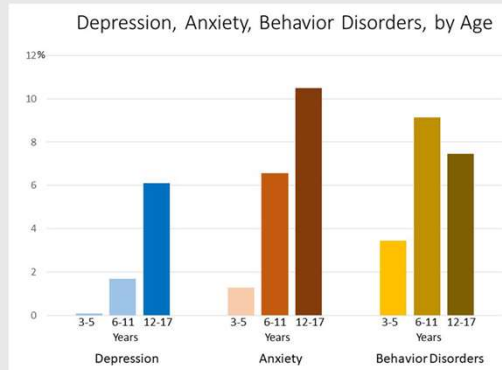
**1 in 6 children aged 2–8 years has a mental, behavioral, or developmental disorder.**

Source: [CDC Data and Statistics on Children's Mental Health](#), Retrieved: February 2020

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## Age

- Diagnoses of depression and anxiety are more common with increased age.
- Behavior problems are more common among children aged 6–11 years than children younger or older.



Source: <https://www.cdc.gov/childrensmentalhealth/data.html>

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## What is anxiety?

- Anxiety is one of the most common experiences of children and adults.
- It is a normal, adaptive reaction, as it creates a level of arousal and alertness to danger (e.g., fight or flight).
- The primary characteristic of anxiety is worry, which is fear that future events will have negative outcomes.
- Anxious children are much more likely than their peers to see minor events as potentially threatening (e.g., oral presentations in class).



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## Infancy and Preschool Years

- Anxiety first appears at about 7–8 months of age as stranger anxiety, when an infant becomes distressed in the presence of strangers.
- At about 12–15 months of age, toddlers show separation anxiety when parents are not nearby.
- **Both of these reactions are typical and indicate that development is progressing as expected.**
- In general, severe stranger and separation anxiety dissipate by the end of the second year of life.
- Anxiety at this age is primarily associated with fears of strangers, new situations, animals, the dark, loud noises, falling, and injury.



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## School Age Years

- Up to about age 8, many causes of anxiety continue from preschool levels with a focus on specific, identifiable events.
- With age, sources of anxiety become more social and abstract, such as worrying about friends, social acceptance, the future, and coping with a move to a new school.
- Adolescents tend to become more worried about sexual, religious, and moral issues as they continue to develop.
- In the vast majority of cases, children and adolescents cope well with these situations and severe or chronic anxiety is not common.



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## What does anxiety look like in children?



- Constant worry and nervousness
- Avoidance behaviors to perceived threats.
- Being very afraid when away from parents (separation anxiety)
- Extreme fear about a specific thing or situation, such as dogs, insects, or going to the doctor (phobias)
- Very afraid of school and other places where there are people (social anxiety)
- Very worried about the future and about bad things happening (general anxiety)
- Repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty (panic disorder)
- Withdrawal or avoidance of situations where they anticipate increased risk for failure.
- Very uncomfortable in new situations, won't initiate conversations, and may avoid group interactions.

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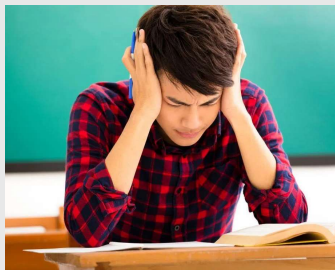
## Signs of Anxiety

- Thinking/Learning
- Behavioral
- Physical



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## Thinking/Learning



- Concentration problems
- Memory problems
- Attention problems
- Problem-solving difficulties
- Worry

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## Behavioral

- Restlessness
- Fidgeting
- Task avoidance
- Rapid speech
- Irritability
- Withdrawal
- Perfectionism
- Lack of participation
- Failing to complete tasks
- Seeking easy tasks



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## Physical

- Stomach discomfort
- Rapid heart rate
- Flushing of the skin
- Perspiration
- Headaches
- Muscle tension
- Sleeping problems
- Nausea



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## Anxiety Disorders

**ANXIETY  
DISORDER**

- A child or adolescent may have an anxiety disorder if anxiety is a pattern causing persistent problems.
- Several types of anxiety disorders exist, impairing social, personal, or academic functioning.
- In infancy and preschool children, anxiety disorders are infrequent. They most often start to emerge in early childhood and may persist into adulthood.
- The frequency of anxiety disorders in boys and girls is about the same during elementary school years, but differences between them emerge in adolescence, with girls being two to three times more likely to be diagnosed with anxiety disorders.

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## School-based Interventions

- Establish predictable routines
- Set clear and reasonable expectations
- Break tasks into manageable chunks
- Have specific evaluation criteria/clear expectations
- Provide opportunities for practice and rehearsal
- Pair anxious students with peers who are confident and supportive
- Give special responsibilities (e.g., something they're good at)
- Give time to relax when anxiety becomes high
- Reduce or avoid unexpected situations
- Avoid punitive and negative attitudes
- Reduce time constraints, if possible
- Move the student to a quiet setting with fewer distractions

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## Home-Based Interventions

- Be consistent with how you handle problems and discipline (e.g., set up predetermined ground rules and expectations).
- Be patient and be prepared to listen.
- Avoid being overly critical.
- Maintain realistic, attainable goals and expectations for your child.
- Do not communicate that perfection is expected or acceptable.
- Maintain consistent but flexible routines for homework, chores, activities, etc.
- Share with children that mistakes are a normal part of growing up and that no one is expected to do everything equally well.
- Praise and reinforce effort, even if success is less than expected.
- Practice and rehearse upcoming events (e.g., speech, performance).
- Teach strategies to help cope with anxiety (e.g., pre-planning, deep breathing, organizing).
- Do not treat feelings, questions, and statements about feeling anxious as silly or unimportant.
- Often, reasoning is not effective in reducing anxiety. Do not criticize your child for not being able to respond to rational approaches.
- Seek professional help from a medical provider or mental health professional if the problem persists and continues to interfere with daily activities.



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## What is Depression?

- It is a common and serious mental health issue that negatively affects how you feel, the way you think and how you act.
- It causes feelings of sadness and/or a loss of interest in activities once enjoyed.
- It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at school/work and at home.
- *Major depressive disorder*, often called clinical depression, is more than just feeling down or having a bad day.
- It is different from the normal feelings of grief that usually follow an important loss, such as a death in the family.
- Children and youth with depression cannot just snap out of it on their own.
- If left untreated, depression can lead to school failure, conduct disorder and delinquency, anorexia and bulimia, school phobia, panic attacks, substance abuse, or even suicide.

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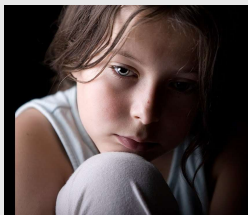
## Depression in Children

- Depression is one of the most common yet under-identified mental health problems of childhood and adolescence.
- Left unidentified and untreated, depression can have pervasive and long-term effects on social, personal, performance.
- Depression is not easily recognized or may be mistaken as another problem, such as lack of motivation.
- Severe depression might be displayed in symptoms such as suicide attempts, severe withdrawal, or mood swings, but the vast majority of cases are much milder and do not attract attention from adults.
- Children and adolescents are not as likely as adults to identify themselves as having mental health concerns.



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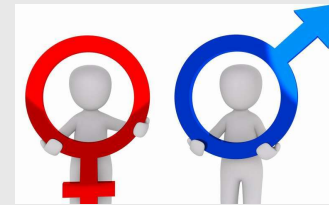
## Depression in Children & Adolescents



- Not all children will show all signs, or the signs may vary in frequency, intensity, and duration at different times.
- A persistent pattern over a relatively long time is likely to be associated with a variety of personal, social, and academic problems.
- Many of the symptoms could easily be mistaken for behavior problems associated with academic or social difficulties, such as apathy, low performance, or uncooperativeness.
- Some children may not talk about their helpless and hopeless thoughts, and may not appear sad.
- Depression might also cause a child to get in trouble or act unmotivated, causing others not to notice that the child is depressed or to incorrectly label the child as a trouble-maker or lazy.

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## Gender Differences



- In the early elementary years, prevalence rates for boys and girls are about equal.
- In adolescence, girls are more likely to be diagnosed with depression than boys.
- The overall rate of depression in adolescent girls versus boys is about 2:1 to 3:1.
- This is due to hormonal differences, the impact of different social stressors, variations in gender expectations, and coping methods.

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## Age of Onset

- Most often, the approximate onset of depressive disorders is at about 11 to 14 years.
- Depression may persist over several weeks, months, or years, or it may be the result of a more recent event, such as trauma.
- Most major depressive episodes last about seven to nine months, although 6–10% of cases may persist for several months to a few years.
- If one considers that up to 10% of adolescents have significant depression, about three students in a class of 30 would be affected, with two of them being girls.



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## Risk Factors

Those who have first-degree relatives with depression (e.g., a parent)

Those who live in highly stressful and demanding environments.

Those who have experienced a traumatic event (e.g., abuse, loss of a loved one).

Children with disabilities, such as learning or medical problems.

Exposure to violence, neglect, or poverty create vulnerability to depression.

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## Additional Risk Factors

- A recent stressor or change in medical or physical status.
- Children who perceive that others do not view them as competent.
- Teachers and peers view the student as not being academically or socially capable
- Children who find school to be a stressful places because they don't feel successful.



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Symptoms

- Thinking/Learning
- Behavioral
- Physical

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## Thinking/Learning


- "All or none" thinking
- Memory problems
- Concentration problems
- Attention problems
- Difficulty with self control
- Negative view of self, world, and future
- Automatic thinking
- Negative thought processes
- Negative/Sad affect
- Feelings of helplessness
- Feelings of hopelessness
- Low self-esteem
- Difficulty making decisions
- Feels loss of control
- Suicidal thoughts




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## Behavioral

- Depressed mood
- Social withdrawal
- Does not participate in usual activities
- Shows limited effort
- Decline in self-care or personal appearance
- Decreased work or school performance
- Appears detached from others
- Crying for no apparent reason
- Inappropriate responses to events
- Irritability
- Apathy (Seems like they don't care.)
- Uncooperative
- Suicide attempts



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## Physical

- Motor functions seem impacted/slowed
- Somatic/Physical complaints (e.g., stomach aches)
- Poor appetite or overeating
- Insomnia or hypersomnia (sleeping too little or too much)
- Low energy or easily/offen tired

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## Other Symptoms

Frequent absences from school or unusually poor academics	School refusal or excessive separation anxiety	Outbursts of shouting, complaining, unexplained irritability or crying	Chronic boredom or apathy	Lack of interest in playing with friends
Alcohol or drug abuse	Withdrawal, social isolation, and poor communication	Excessive fear of or preoccupation with death	Extreme sensitivity to rejection or failure	Unusual temper tantrums, defiance, or oppositional behavior
Increased Reckless/Risk-taking behavior	Difficulty maintaining relationships	Regression (acting babyish, resumption of wetting/soiling after toilet training)		

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## Depression and Suicide

- A small proportion of depressed students show serious thoughts of planning or attempting suicide.
- Although the risk of suicide is higher with depressed students, the vast majority of them do not attempt it.
- Extreme depression can lead a child to think about suicide or plan for suicide. **For youth ages 10-24 years, suicide is among the leading causes of death.**
- Any signs of suicide should be taken seriously, even if they appear to be meaningless gestures. Because actual suicide attempts are infrequent and often are the result of specific situations, they are difficult to predict.
- Suicidal thoughts are more likely when the student feels that nothing will help to improve the situation (e.g., hopelessness).
- **Share resources with children who may be in crisis.**



**1-800-273-TALK (8255)**  
suicidepreventionlifeline.org


CRISIS TEXT LINE |

Text "FL" to 741741

Here 2 Help

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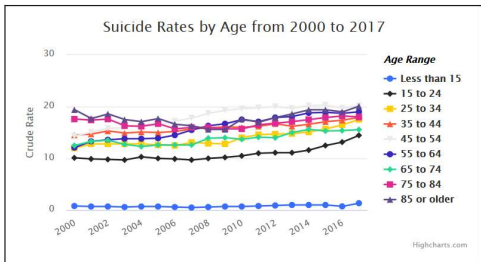
## Warning Signs of Suicide



<p><b>Talk</b></p> <ul style="list-style-type: none"> <li>◦ Killing themselves</li> <li>◦ Feeling hopeless</li> <li>◦ Having no reason to live</li> <li>◦ Being a burden on others</li> <li>◦ Feeling trapped</li> <li>◦ Unbearable Pain</li> </ul>	<p><b>Behavior</b></p> <ul style="list-style-type: none"> <li>◦ Increased use of alcohol or drugs</li> <li>◦ Looking for a way to end their lives, such as searching online for methods</li> <li>◦ Withdrawing from activities they used to enjoy</li> <li>◦ Isolating themselves from friends and family</li> <li>◦ Sleeping too much or too little/ Fatigue</li> <li>◦ Visiting or calling people to say goodbye</li> <li>◦ Giving away prized possessions/belongings</li> <li>◦ Aggression</li> </ul>	<p><b>Mood</b></p> <ul style="list-style-type: none"> <li>◦ Depression</li> <li>◦ Anxiety</li> <li>◦ Loss of interest</li> <li>◦ Irritability</li> <li>◦ Humiliation/Shame</li> <li>◦ Agitation/Anger</li> <li>◦ Relief/Sudden Improvement</li> </ul>
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- Based on the 2017 Youth Risk Behaviors Survey, 7.4 percent of youth in grades 9-12 reported that they had made at least one suicide attempt in the past 12 months.
- Female students attempted almost twice as often as male students (9.3% vs. 5.1%).
- Black students reported the highest rate of attempt (9.8%) with white students at 6.1 percent.
- Approximately 2.4 percent of all students reported making a suicide attempt that required treatment by a doctor or nurse. For those requiring treatment, rates were highest for Black students (3.4%).



**Source:**  
American Foundation for Suicide Prevention

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## What can you do if your child is in crisis?

- Make sure they are medically safe.
- Do not leave them alone.
- **Call 911** or Henderson Behavioral Health's Youth Emergency Services (YES) Team: **(954) 677-3113.**
- **YES (Youth Emergency Services):** Provides 24/7 telephone consultation, linkage, referral and mobile outreach services to youth and families of Broward County experiencing a crisis.



*Our Mobile Crisis Response Teams respond to thousands of emergency calls each year, providing services at a critical time of need.*

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## Evaluation and Treatment

- Evaluations must rule out other conditions (e.g., medical condition) or common responses to trauma.
- A mental health professional can develop a therapy plan that works best for the child and family.
- For very young children, parent involvement in treatment is key.
- Consultation with a health provider can help determine if medication should be part of the treatment.
- Behavior therapy includes child therapy, family therapy, or a combination of both. The school can also be included in the treatment plan.
  - Cognitive-behavioral therapy is one form of therapy that is used to treat anxiety or depression, particularly in older children. It helps the child change negative thoughts into more positive, effective ways of thinking, leading to more effective behavior.
  - Behavior therapy for anxiety may involve helping children cope with and manage anxiety symptoms while gradually exposing them to their fears so as to help them learn that bad things do not occur.
- Treatments can also include a variety of ways to help the child feel less stressed and be healthier like nutritious food, physical activity, sufficient sleep, predictable routines, and social support.

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## Mental Health Professionals in BCPS Schools

- School Counselors
- School Psychologists
- School Social Workers
- Family Counselors
- ESE Counselors
- Employee Assistance Program (EAP)
- School-based referrals can also be made to our Behavioral Health Partners

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**Mental Health Portal**  
[www.bcps-mentalhealth.com](http://www.bcps-mentalhealth.com)

**Mental Health Campaign**

Topics

Threat Assessment	Child Abuse	Suicide Prevention	Dating & Domestic Violence
Anti-Bullying	Baker Act	SEDNET	Substance & Abuse
Multi-Tiered System of Supports/Response to Interventions	Homeless Education	Family Counseling	Crisis Response
Social & Emotional Learning	Lesbian, Gay, Bisexual, Transgender & Questioning	Community Resources	Employee Assistance Program

**A MENTAL HEALTH CAMPAIGN**

**T.A.L.K.**

**TELL ANOTHER • LISTENING IS KEY**  
 Tell Another, Listening is Key to a HEALTHY MIND.

<http://bcps-mentalhealth.com>

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## Resources

- **Center for Disease Control and Prevention (CDC)** (<https://www.cdc.gov>)
  - [Anxiety and Depression in Children](#)
  - [Data and Statistics on Children's Mental Health](#)
- **Crisis Text Line:** <https://www.crisistextline.org/>
- **National Association of School Psychologists** ([www.nasponline.org](http://www.nasponline.org)):
  - [Anxiety & Anxiety Disorders in Children: Information for Parents](#)
  - [Depression: Supporting Students at School](#)
  - [Depression in Children and Adolescents: A Primer for Parents and Educators](#)
- **National Suicide Prevention Lifeline:** <https://suicidepreventionlifeline.org/>

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