



MENTAL HEALTH AND LEARNING DISABILITIES

Presented by
Rose Freigang (Registered Psychological Associate)
LDAO (Wellington Chapter) Family Conference
October 17, 2020

REVIEW AND INTRO

- There are people with LD's & AD/HD; there are people with Mental Health issues; and there are a group of people who have both. Each type of issue has risk factors associated with them.
- Having LD/ADHD/ID makes you more vulnerable to or at higher risk for a MH problem.
- A lens for viewing how this vulnerability gets expressed is that of "stress". All of us experience stressful events and situations – that is part of life. There are big stressors, or significant life events that happen both positive and negative. And there are daily life events, the small things that cause "blips" in our day.
- The pandemic is an example of a major stressor that has had an impact on many different aspects of our lives – turned many things upsidedown and challenged our beliefs about personal safety and the future. The pandemic has created quite an extra load for adults and children in decision-making big and small.
- A big decision this fall has been the decision about school format: in-person learning or attending remotely (added to that the anticipatory anxiety waiting for the province to roll things out, then shifting expectations board by board, conflicting messages etc.). This big decision becomes even more complicated by other big stressors, like finances and job security.
- Even planning a celebratory event like a birthday party has become more complicated in terms of practical things (e.g., what food to serve, how to serve it safely, seating). As well as relationship challenges. We have had to have difficult

conversations (e.g., people have different levels of comfort with getting together, people interpret rules differently, judgements are made).

- Smaller daily changes have been expected as well: such as, always leaving the house with a mask, maintaining physical distance when you meet someone you know, planning when you go grocery shopping. **We can't rely on automatic routines and this adds to our thinking and emotional load.**
- Stuart Shanker who has developed a model of **self-regulation** based on the idea that how we learn to effectively and efficiently learn to cope with life's challenges and recover is critical to our ability to meet developmental expectations and have healthy and purposeful life. This is true even in the face of extra loads.
- Shanker provides lists of stressors in five different domains: biology (e.g., hormonal changes, pain) and sensory based (e.g. bright lights, loud voices); social (e.g., bullying, public speaking, entering into conversation); emotion (e.g., specific fears, grief/loss, preholiday buildup); cognitive (e.g., information overload and pace of instruction, poor working memory, being interrupted); prosocial (e.g., compassion fatigue/helping someone through a crisis, unfairness, new neighbourhood).
- Given the world events of 2020 that shone a spotlight on many inequities in our North American society, I think that adding discrimination based on membership in a particular group (e.g., race, gender, socioeconomic status etc.) is another area that can add to an individual's level of stress as they walk through the world.
- Shanker's model and lists of stressors can be found in his book "Self-Regulation: How to Help Your Child (and You) Break the Stress Cycle and Successfully Engage With Life" and the website www.selfreg.ca . This content may expand your ideas of the things that your children and teens or yourselves may need to deal with that contribute to problems. You can use these lists to problem solve (what's triggering a melt down) to help you understand; engage in conversation with your son/daughter; collaborate with school personnel; talk with coaches.
- Two important protective factors that help us bounce back from disruptions and stress include a sense of control and social supports (network including family, teachers/support staff, mentors, friends). These are two important things to keep in mind re: prevention and strategies for helping.
- **Stress becomes a problem is when we don't get a chance to recover and regroup from stress – biologically and psychologically.** We get worn down when stressors become chronic or long-lasting. Stressors can have a multiplying effect and we get caught in a hamster wheel cycle of stress.
- **When there is an imbalance between the internal and external resources available to a person and the demands being placed on them --- stress becomes distress.** Distress is disruptive to functioning and needs attention. In some cases, the distress can turn into a diagnosable problem.

HANDOUT

- Mental health issues can **directly** impact an individual’s learning capacity and ability to meet the demands in the classroom. Sometimes creating a double whammy effect. For example, depression can lower concentration, attentional focus, executive functioning (e.g., getting started on something, organization), motivation. Anxiety can interfere with learning and managing evaluation situations (e.g., taking tests, doing a presentation etc.). So, in addition to the typical strategies employed to help with these issues, those that focus on reducing the impact of mental health issues will need to be added to an IEP or informal supports. Sticking with the usual won’t be as effective and may have the effect of “piling on stress”.
- Symptoms related to mental health issues, like low self-esteem, excessive worry, melt downs, may also arise from having an SLD/ADHD. This might be considered a **secondary** effect. That is, a person’s struggles with learning can lead to heightened feelings of distress, and maladaptive patterns or unhelpful ways of coping (e.g., avoiding school, procrastinating, acting out) may emerge that add to the problems the child or teen has.
- The reality is that at school and even other aspects of life is tougher for students with SLD/ADHD. **They carry an extra load**, as they are often required to work harder to accomplish tasks that for some come more naturally. Accomplishments can be hard won and progress can be slow. For some children, the accompanying experiences of frustration and failure may lead them to develop negative self-perceptions or beliefs about themselves (“I’m so stupid”, they may make negative social comparisons (kicks in around age7) with their classmates/siblings (“I’m not as smart as Jackson,”), and they may feel helpless to change their situation.

WHAT CAN BE DONE?

We need to tackle the mental health and learning difficulties on multiple fronts: biological/health; environmental accommodations; psychoeducation and self-knowledge; personal coping tools; professional assistance.

Health – foundation level

- Are there changes you have observed energy level, appetite, digestive functions (tummy aches), physical things (bags under eyes, limp hair, yawning), recurring infections? Get it checked out. We don’t want to provide psychological treatment alone, if there are other issues at play that need medical attention: such as, thyroid function, iron stores, allergies, celiac’s disease. Be aware of your family history for clues. Pay attention to functioning of eyes & ears, have them checked out.

- **Sleep hygiene:** Hard not to read a paper, magazine, online article and hear how important this is for learning and mental health. Key factors: routines for bedtime/waking; starting to wind down 1 hour before (not the time to exercise), no screens/blue light, dark room, try not to use an alarm, respect natural rhythms to a point, keep school/weekend as similar as possible, changing from holidays to nonholidays (especially summer) begin a couple of weeks before. Worries – mindfulness, music, lavender other self-soothing articles. Importance of attending to mouth breathing and snoring – get it evaluated through a sleep study. Adolescents need more help in this regard because their natural cycles are at odds with expectations for when the day starts and stops. They may also have extracurricular activities, part-time jobs that can be hard to juggle. If sleep problems persistent you may need to look at sleep remedies to reset; such as, melatonin or psychologically-based programmes to help.
- **Physical Activity:** Research has shown the importance of being physically active for maintaining appropriate levels of serotonin in brain – warding off and helping with depression. For children this doesn't necessarily mean signing up for an exercise class or structured sports team, but ensuring that they have opportunities to move during the day in play and day-to-day activities. This is one of the first things to work on in terms of establishing healthy lifestyle habits.

There is some variability among people about how much movement and activity they need to feel comfortable (regulated) in their bodies. Some people are wired to need more of this than others. For example, some individuals with AD/HD just need to move to discharge energy and to stay alert and aware. For some individuals with anxiety, exercise (walking, cycling, playing a sport) is a great stress reliever, and is an important part of their coping tool box.

Keeping in mind the importance of social support and connection with others as a protective factor; exposing your child to team sports and/or ensuring that they learn fundamental recreational skills (i.e., bicycle riding, skating, swimming) that allow them to say “yes” to social invitations can be a wonderful gift to offer your child. As children get older it will be increasingly important to involve them in decision-making here.

Some families in our community are successfully choosing to have younger children attend outdoor school for a day (as a stress reliever). Most schools

now also have a “hub” that offer body break tools/activities for children with a need to address sensory issues (including need for movement) during the day.

Nutrition: It’s very important for us all to keep body fueled. Part of our job as parents is to help children make healthy choices about what they eat, and to recognize and respect their body’s signals about being hungry and sated. Over time, learning how to shop for and prepare food is also an important life skill.

Consultation with a nutritionist about your child’s eating habits, including picky eating, is a good step to take if you have concerns about intake. Occupational therapists can also be helpful if there are motor concerns about how your child manipulates the tools for eating (i.e., forks, spoons etc), or if they seem to be displaying sensory issues with respect to textures.

If your child or adolescent appears to be “falling off” their weight and growth curves then follow up with your family physician or pediatrician is advised to investigate if there are medical issues underlying these changes.

Environmental Accommodations and Supports

- Most of us are familiar with how this works on an IEP. Among the tools we routinely use in the classroom are: changing (e.g., needing to write out spelling words for practice twice rather than three times)/graduating expectations (e.g., rate at which expectations are met is slower), bypass strategies, remediation (e.g., working on a specific math or reading programme to develop missing or lagging skills), offering additional tools to accomplish the same thing (e.g., assistive technology, calculator), physical environment/sensory changes (e.g., noise cancelling headphones, providing a quiet space to focus). The purpose of accommodating students is to enhance their learning, increase independence, and provide greater opportunity for success.
- The same can be said for accommodation and support in the mental health area As parents we do this, sometimes without realizing this, when we adapt to our children’s needs – because as we recognize that no two children are alike. For an adventurous child, this might mean that we can send them to Grade 6 overnight camp with a minimum of preparation, perhaps even following their lead. For a more timid or anxious child it may mean laying the groundwork down quite a while in advance. This might mean finding opportunities for your child to be on their own in a variety of difference ways with step-by-step progression. Going to other kids houses, attending

community programmes, going to day camp, staying at family members' homes for overnights, having friends/cousins sleep over, trying sleep overs with friends, mom/dad being a volunteer at the grade 6 camp. We need to respect temperament and explore issues if we can in a neutral or nonthreatening way.

The primary home or family goal is to develop resilience or bounce back in children, so that that can handle inevitable challenges in a way that allows them to keep moving forward in their development (while recognizing that the line to get there isn't always straight).

- Acknowledge your children's feelings. This lets them know that all feelings are acceptable and part of the human condition. This will help to destigmatize "negative," unpleasant, or uncomfortable feelings like, anxiety, sadness, anger etc.
- Empathize with them, but don't rush to reassure them and or step into solve their problems for them, especially for practical issues or minor skirmishes with friends. Try and take a more collaborative approach guide them through the problem solving process.
- Don't be afraid to show your emotions - disappointment, frustration, embarrassment etc. If you hold it together all the time, seemingly always staying calm, organized, flawless; you may inadvertently create unrealistic expectations. Your child or teen may feel that there must be something seriously wrong with them, if they experience worry/fear or do/sat something they're not proud of. They may be reluctant to approach you for help or guidance. They may try to be perfect!
- Be self-aware. If you are someone who struggles with worry/ anxiety, anger management, pessimism; you may inadvertently be passing along messages that the world is scary, others are to blame for mistakes and need a piece of your mind, nothing good ever happens. Are you modeling avoidance behaviours, making negative self-statements, or using "all or nothing" language (e.g., "I never catch a break!"). If you notice these patterns in yourself, you may want to make some changes. Catch yourself.
- Make mistakes and model positive coping strategies and self-talk. Be brave and admit that you don't have all the answers (but you may know how to find them). It is important for you to model appropriate skills particularly in the area of handling fear or worry (you may need to rely on "acting skills"), making mistakes, not knowing the answer to something, and managing disappointment and frustration. For example, commenting

that something is frustrating (but will keep on trying, ask for help etc.), mentioning your areas of skill and lack thereof so that the child begins to understand that everyone has strengths and weaknesses.

- If your child or teen comes to you with serious concerns regarding their mental health (e.g., mood, worry, perceptions of reality etc), problem with peers (e.g., bullying, isolation, conflict), or a disturbing/stressful event consider it a gift (they are letting you in). **Listen without alarm or judgement** (even if that is what you are feeling inside), and assure them that you are with them and together you will find help. Especially, with teenagers it will be important to respect their privacy.

Children and teens spend a substantial portion of their waking lives at school, and so dealing with the mental health issues that a student brings with them everyday is vital.

- Accommodations can be provided to assist children/teens and young adults cope with feelings that may be overwhelming, and the most common are anxiety. We have provided you with a handout that goes through some common ones for children. Which ones are appropriate for your child again depends on their temperament and school-based situations in which anxiety interferes with their ability to function academically, socially or behaviourally. In general, accommodations should be titrated so that the student can experience success and obtain a sense of mastery (without being overwhelmed or swamped with anxiety – fight, flight or freeze). At the same time, we don't want to accommodate and support to the point where their confidence is inadvertently undermined, and excessive dependence develops (i.e., "I really can't do it!" "The situation is worse than I thought, "I'd better not try!").
- For teens, options may be available at the secondary school level that try to address mental health struggles. The challenge may be around consent (re; sharing information) as students mature parental input and involvement declines. In most circumstances, having parents, students and staff working together is preferable but not always possible. Included among the supports and programmes high school students have access to are: the resource room, specific programs like Open Door, social workers that will help get student to class, reduced course load, combination of in school courses and online learning, student success programs, and alternative programmes (e.g., John Bosco).

Personal Coping Tools

MENTAL HEALTH AND LEARNING DISABILITIES – OCTOBER 17, 2020 HANDOUT

- Developing the vocabulary of feelings and asking for help. History of receiving empathy and receptivity helps here.
- Providing them with opportunities to be responsible. Chores, jobs, volunteer positions, participating in charitable events, discussing current events. Being a citizen. Also helping them accept responsibilities for their actions/inactions.
- Provide your children and adolescents with opportunities to make choices. This can start out as very simple for young children. You need to challenge the child to attempt new activities without flooding them with anxiety, small steps rather than the "Sink or Swim" approach. (e.g., Continually going to swimming lessons vs. throwing into the pool). But gives them some agency and a sense of control.
- Learning to negotiate, to consider the pro's and con's of a situation, problem solving in a systematic way are important life skills. Very important for self-advocacy.
- Help children embrace change and deal with uncertainty. (Provide an example)
- Allow your children and teens to make mistakes (resist your impulse to say "I told you so, they already no it). Failure with a safety net underneath.
- Encourage children to use the language of self-efficacy. "I can handle it", "These feelings will pass, they always do", "Ride the wave" . Developing the ability to stand up for themselves.
- Opportunities interact with others and develop a social network.

Psychoeducation & Self-Awareness

Important part of treatment is providing the individual and family members with information about what is happening to them, and what they can do about it. For many disorders this means explaining the relationships between thoughts, feelings and behavior. This can reduce distress by letting someone know that others have experienced it, there is a name, and there is help.

Part of the importance is to promote the skills necessary for self-advocacy that may be required in personal relationships, as well as postsecondary/work life. Having the words to explain knowing when it is safe and what your rights are (parents are important models here).

Signs that professional help may be necessary for Children and Adolescents

Depression

- Behaviour changes: sadness, or increase in irritability, aggression, outbursts
- Sleep changes: younger children/adolescents sleeping too much; older adolescents having trouble getting or staying asleep

MENTAL HEALTH AND LEARNING DISABILITIES – OCTOBER 17, 2020 HANDOUT

- Appetite changes: increase or decrease in appetite; older adolescents tend to lose weight; younger children or adolescents more likely to gain weight
- Physical symptoms: stomach aches, headaches, signs of decreased energy or fatigue
- School problems: school performance may take a nosedive; discipline problems may begin/increase
- Extended trouble coping with change, or prolonged reactions to stressful events
- Loss of interest in previously enjoyed pleasures
- Loss of interest in friends/socializing, or change in friend group
- Expressions of hopelessness and/or feelings of worthlessness
- Recurrent thoughts of death and suicide

Anxiety

- Marked change in personality
- Decline in school performance
- School refusal, sporadic attendance
- Avoidance of social activities/events
- Inability to cope with daily activities and typical problems (i.e., they start sweating the small stuff)
- Jumpiness and nervousness
- Excessive/irrational fears, lots of worry
- Significant changes in eating or sleeping patterns
- Crying, meltdowns, freezing, clinging
- Low morale, low self-esteem

Supports in the Community

Community Mental Health Association – Waterloo Wellington

24/7 crisis service; Walk in clinics;

Outpatient treatment – individual & group, psychiatry (diagnosis and medication management), in home supports in selected circumstances

Family Health Teams

Often will have social workers on their team to help with mental health issues and can help to navigate the system. Family physicians to make referrals (pediatrician) and monitor medication, facilitate hospitalization. Nurse practitioners.

Homewood Health Centre

CADS programme – Videogaming addiction is one of the services they provide for individuals over age 16 & their families. 519 836 5733.

**MENTAL HEALTH AND LEARNING DISABILITIES – OCTOBER 17, 2020
HANDOUT**

School Boards

Teacher/principal/special education resource teacher can be starting point; Other professionals that can be helpful are Child and Youth Workers and Mental Health leads/nurses (in high school). There may be specific programmes (e.g., Open Door) and other resources that you may want to look at the secondary school level (e.g., Student Success teacher, and in the Catholic Board the alternative programme at John Bosco)

UGDSB : For specific information about programmes, as well as resources recommended for children and teens you need to look at the Students tab.

Wellington Catholic School Board: For specific information about programmes and resources go to the programs tab and click on Mental Health.

Private Practitioners

Regulated Health Professionals: psychologists/psych associates; social workers, psychotherapists, OT's

Kids Help Phone 1 800 668 6868

Online Resources

www.anxietycanada.com This website has lots of information, videoclips for parents, children and youth; as well as programmes that you can sign up for re: helping your child in a step X step manner.

www.allkindsofminds.org

www.understood.org

www.mindyurmind.ca

www.additudemag.com This website offers a variety of webinars by experts on AD/HD and related problems and disorders. They are free. They also have a very wide range of informative articles and tip sheets.

www.caddac.ca A Canadian site about AD/HD and related topics.

**MENTAL HEALTH AND LEARNING DISABILITIES – OCTOBER 17, 2020
HANDOUT**

www.cmha.ca The Centre for Mental Health and Addiction (in Toronto) – resources about a variety of different mental health issues across the age span

www.connexontario.ca Government sponsored service to help individuals and families find support and assistance throughout the province.