



## Mental Health, Learning Disabilities and the Pandemic

Presented by

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### **THE PANDEMIC AS A MAJOR STRESSOR**

- 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 upside down 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.
- At the beginning of the pandemic, most of us **experienced some disorientation and anxiety as we faced the uncertainty of what was going to happen.** Parents and children, in particular, were expected to pivot with little notice to remote learning and working. Households needed to adapt rapidly (roles changed, routines were disrupted, physical environment was altered etc.). We needed to learn new skills related to technology. And some families needed to carry the extra burden of financial stress or job loss, illness (COVID and otherwise), loss of supports (e.g., programmes).
- As the pandemic continued, families with children and adolescents were asked to make many big decisions about schooling (in person, remote; hybrid), vaccination, attending recreational programmes etc. Added to that the

anticipatory anxiety waiting for the province to roll things out, then shifting expectations board by board, conflicting messages and so on.

- Older adolescents and emerging adults were tasked with making decisions about their schooling and/or work lives in the context of a great deal of uncertainty (e.g., proceeding with plans for education, moving home etc.) and without benefit of their peer group.
- Many of us have had COVID-related challenges in our family relationships, friendships, and with co-workers. These are people that we count on for support and replenishment. 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, feelings are hurt etc.).
- Especially in the first year or so, smaller daily changes have been expected as well: such as, always leaving the house with a mask, maintaining physical distance when you met someone you know, planning if or when you went grocery shopping. **We couldn't rely on automatic routines and this added to our thinking and emotional load.**
- We actually showed a lot of resilience in managing things – but of course the pandemic and aftereffects have dragged on.
- We also **experienced a great deal of cumulative loss over the course of pandemic** which we are just beginning to recognize and understand now (e.g., missing or having “meh” celebrations of transition markers like graduations, beginning new experiences like starting high school/postsecondary from home or in a dorm room without the orientation and opportunity to make new memories with peers, lacking extracurricular activities through school or the community).
- There also were more **insidious “losses” like lack of opportunity to have informal opportunities to play or hang out with people at recess, after school, on the weekend** These losses have affected people in all age groups.
- **Learning loss** has occurred for many students because of the challenges children and adolescents had in adapting to shifting expectations and less access to their teachers (e.g., redirection for attention, asking questions, monitoring output) and supports. Many parents tired hard to fill in for educators, but this expectation was unreasonable over the longterm and in many circumstances added to family stress and strained relationships.
- **Loss of physical activity and for some individuals increased recreational screen time.**
- Given the added stress levels, reduced opportunities for social connection, losses, and perceptions of diminished control over our lives; it is not surprising to learn that the incidence of mental health (MH) problems, especially anxiety and depression have risen over the past couple of years in all people, including children and adolescents. **Research has shown that individuals who already**

**had MH challenges were more likely to have a recurrence or an intensification of symptoms.**

- Information from a report available through the Ontario Centre of Excellence for Child and Youth Mental Health reported on a study conducted at the beginning of the pandemic (ages 4-25 years). Over 60% of youth reported experiencing a combination of worry, upset, sadness and anger about impacts of the pandemic; 30% reported feeling sad nearly everyday for the previous 2 weeks; 25% reported feeling lonely every day. Two-thirds of respondents mild to moderate anxiety and just under 20% reported severe levels. In addition, 80% of participants reported several days of disturbed sleep, over half said they had problems concentrating; and 25 % reported physical symptoms (e.g., headaches, stomach aches etc.).
- This survey also looked at caregiver (typically parents) stress – almost 29 % reported moderate to severe levels of caregiver strain. Moreover, strain was related to worse mental health. Close to 1/3 of parents had already sought MH support at the time of the study.
- Stats Canada also produced a document (School Closures and COVID-19: Interactive Tool) regarding school closures and the pandemic which identified and hoped to collect further information on factors which differentially impacted elementary and secondary school students. **This document identified that having a learning disability and those who have had learning/behavioural challenges without a diagnosis as being more likely to have negative impacts.** It also reiterated the information on mental health difficulties (very similar to the stats described above). Interestingly, their survey reported that among children aged 12 to 17 a discrepancy between parent and child perceptions of problems occurred in 52% of families. In this group, 2/3 of children/teens rated their mental health less positively than did their parents.
- Finally, a critical analysis of studies done between Dec 2019 and Dec 2020 (Effects of COVID-19 pandemic on mental health of children and adolescents: a systematic review of survey studies; SAGE Open Medicine) based their conclusions on a collation of 35 surveys of participants aged 4-19 years with a total of over 65,000 individuals om total. They found that anxiety (29%), depression (23%) loneliness (5%), stress (5%), fear (5%), tension (3%), anger (3%), fatigue (3%), confusion (3%) and worry (3%) were the most common mental health issues reported. **Social and family support and a positive coping style were associated with better outcomes.** Positive coping included: actively reducing stress, developing accurate knowledge about the pandemic, connecting with friends and family members, engaging in physical activities, limiting leisure screen time, and cognitive restructuring.

- Parental distress and social isolation, in conjunction with systemic differences (e.g., poverty), were identified as significant factors contributing to the presence of symptoms.
- These initial studies looking at the impact of the pandemic on mental health, are consistent with some of the literature on resilience and stress management. 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.

### **THE CONNECTION BETWEEN MENTAL HEALTH AND LEARNING DISABILITIES**

- Mental health issues can **directly** impact an individual's learning capacity and ability to meet the demands in the classroom. This can create a multiplier effect – taking an already difficult or challenging situation and adding to it. 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:** Important to keep body fueled throughout the day. We joke about ourselves sometimes being “Hangry” (short fuse and irritability due to low blood sugar or other factors linked to hunger). Children can feel this way too, and sometimes this can lead to conflicts and meltdowns. Picky eaters can often benefit from consultations with nutritionists and/or occupational therapists.

### **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 different 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 they 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**

- 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).

## **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.

### *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

[www.mindbeacon.com](http://www.mindbeacon.com) Providing virtual mental health services and education (supported financially by some private health care providers)

### **Online Resources**

[www.anxietycanada.com](http://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](http://www.allkindsofminds.org)

[www.understood.org](http://www.understood.org)

[www.mindyurmind.ca](http://www.mindyurmind.ca)

[www.childmind.org](http://www.childmind.org)

[www.additudemag.com](http://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](http://www.caddac.ca) A Canadian site about AD/HD and related topics.

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

[www.connexontario.ca](http://www.connexontario.ca) Government sponsored service to help individuals and families find support and assistance throughout the province.

### **Book**

Shankar, S. *Self-regulation: How to Help your Child and you Break the Stress Cycle.*