



Shifting Trajectories: Prevention and Promotion of Mental Health in Early Childhood

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May 2009

What is mental health?

- Mental health is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully... helps to protect against the onset of mental health problems and illnesses Mental Health Commission 2009

Children's social emotional competencies

- Learn problem solving methods
- Manage friendships
- Be adaptable
- Manage Stress [*predictor for Univ completion*]
- Have strong interpersonal skills [*Lacking? #1 reason for job failure in N America*]

The Fourth 'R'

- But! No university in N America formally teaches or trains teachers in social/emotional curricula Greenberg, 2007

Need

- ✦ 13-20% of all children identified with presence of one or more clinically significant emotional or behavioral problems (age 4-16)
- ✦ Only *1 in 6* of these in contact with mental health professional (Offord & Boyle, Ontario, Canada)

The Intervention Continuum

Timing of
Intervention

*Prior to Onset
of Disorder*



Universal Programs (Classroom Teachers)

- ✓ Includes all children – curriculum based
- ✓ Enhances resilience regardless of risk status
- ✓ Avoids possibility of any stigmatisation through labeling

Selective Programs (School Counsellors)

- ✓ Selects children at risk
- ✓ Selects children displaying mild symptoms

Treatment Programs

- ✓ Targets children with a diagnosed condition
- (Community MH Professionals)**

*After Onset
of Disorder*

Big Question:

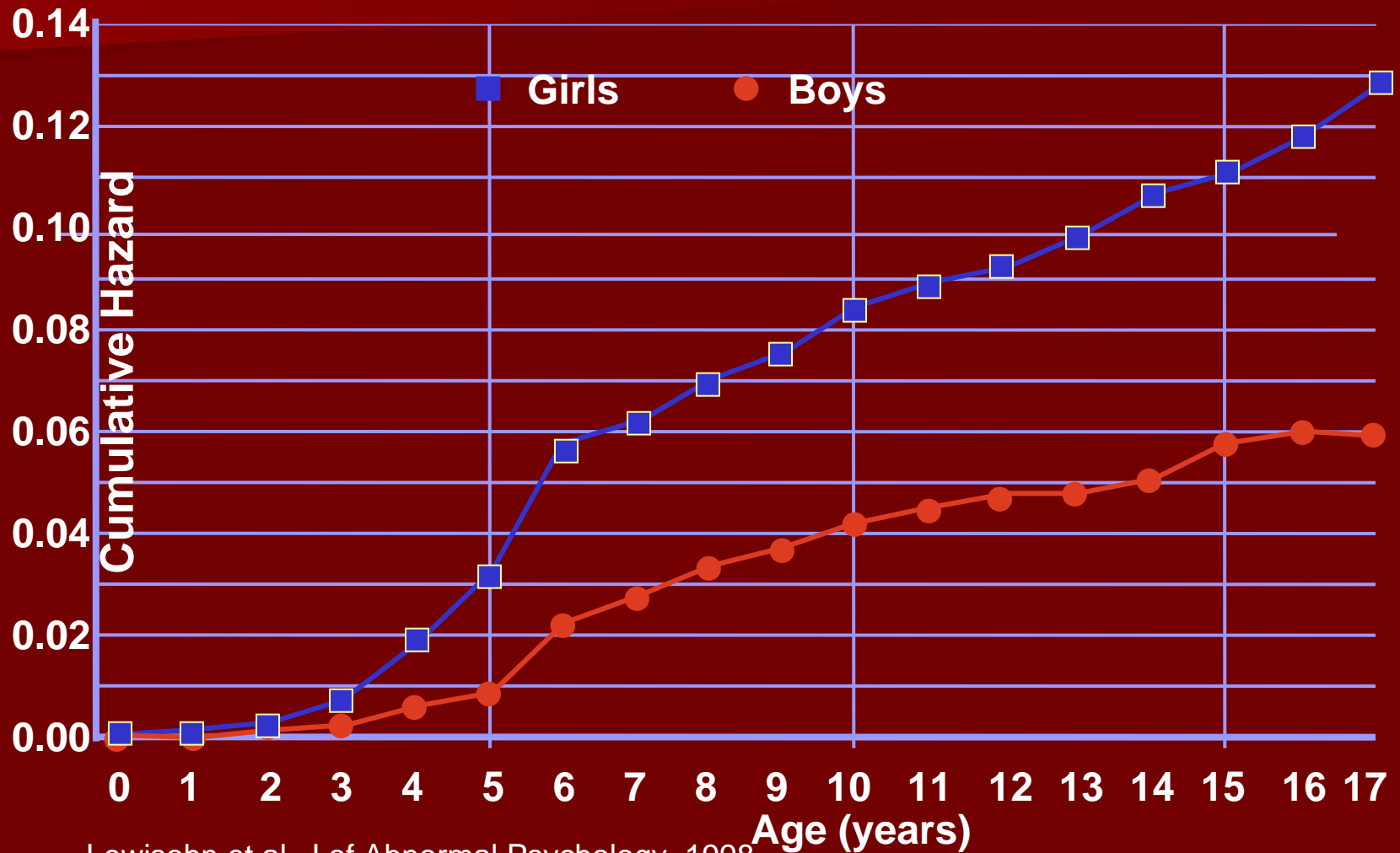
What is the most common mental health problem of children K-12?

TABLE 1. Prevalence of Mental Disorders in Children and Youth

<i>Disorder</i>	<i>Prevalence (%)</i>	<i>Approximate Number in BC ¹</i>
Any anxiety disorder	6.5	60,900
Conduct disorder	3.3	30,900
Attention-deficit/hyperactivity disorder	3.3	30,900
Any depressive disorder	2.1	19,700
Substance abuse	0.8	7,500
Pervasive developmental disorder	0.3	2,800
Obsessive-compulsive disorder	0.2	1,900
Schizophrenia	0.1	900
Tourette's disorder	0.1	900
Any eating disorder	0.1	900
Bipolar disorder	< 0.1	< 900
Any disorder	15	140,500

¹ The approximate number who may be affected is based on a population estimate of 936,500 children and youth in BC (MCFD, 2002)

When does anxiety begin?



Lewisohn et al, J of Abnormal Psychology, 1998

Why combat anxiety through schools?

- 10% of 8-year-olds
- 15% of 12-year-olds
- 21% of 17-year-olds

(Kessler, 2005; Offord, 1995; Great Smoky Mtn study, 1995)

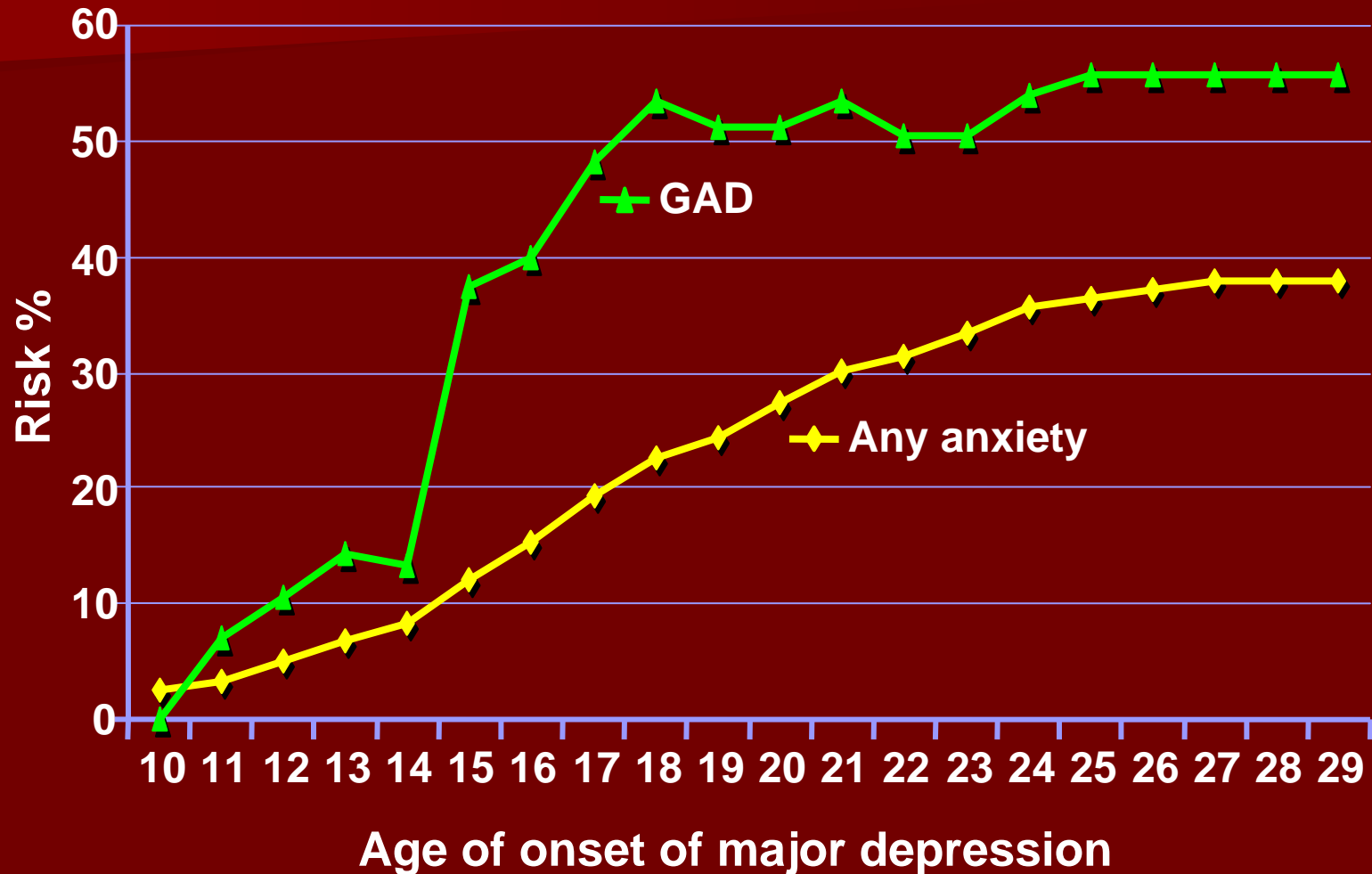
Fewer than 1 in 6 will see a professional for any mental health concern (Stanley, 2002)

Complications of Untreated Anxiety

- *Diminished educational and vocational achievement:
 - Lower college grad rates by 2%
 - Lower probability prof occupation by 3.5%
- Bullied more than their peers (Ledley, Storch & Coles, 2006).
- Impaired relationships
- Subsequent depression, alcohol abuse and cigarette smoking
- Greatest predictor of suicide

*(Dadds et al., 1997; March et al., 1998; Muris et al., 2000; Murray et al., 1996; Sareen, 2005; Wittchen, 1998)

Risk of becoming depressed if you have an anxiety disorder ...



Wittchen et al., CINP 2000

Morbidity and Comorbidity

- High disability and dysfunction with more than one disorder (comorbidity)!
- Comorbidity results in:
 - More difficult to treat
 - More severe symptoms
 - More Impairment
 - More Chronic and harder to make well
 - More likely to attempt and succeed at Suicide
 - Increased healthcare utilization

Disability - Adjusted Life Years Lost

75% accounted for by 3 Disorders:

- Anxiety
- Depression
- Substance-use

Andrews & Wilkinson, 2002

Can Anxiety, Depression and Substance Use be Prevented?

- Early in field trials
- Clinics > efficacy
- Communities (schools) > effectiveness

Depression

9 RCTs for Depression

- 4 in schools = no benefit
- 5 in schools : used CBT and psychologists = benefit

Anxiety

- 8 Empirical studies demonstrate ability to manage anxiety successfully in school settings (WL control)
- Teachers **best** referral resource
 - (Barrett, 2001; Dadds et al., 1997, 1999; Kendall, 1994; Lowry-Webster, 2001; Masia et al., 2001; Muris et al., 2000)
 -But can be reluctant

Substance Use

- 10 RCTs in schools = positive benefit
 - Caveats re: users vs non-users
 - Reduction in use
 - Percent of program completed, etc

Compelling facts: Go to school

- Families reluctant to seek mental health treatment outside of school settings (Braden & Sherrard, 1987; Conti, 1995)
- School-based services seen as accessible, increasing access to care and reduce barriers (Weist, et al., 2003)
- Natural environment increases likelihood of sustainable behavior change (Elias, 1994; Magee et al., 1999)

Common Elements of Prevention and Early Intervention Programs

(Browne et al., 2004)

1. Develop protective factors
2. Younger children show greater positive results than older children
3. Address a specific problem (not broad, unfocused interventions)
4. Involve family, school, and community
5. Informed by sound theoretical foundations
6. Long-term strategies

So... What's happening in BC?

Specific Target: Anxiety

- Most common mental health problem:
12 - 20% of children affected
- Mean age of onset of anxiety disorders
approximately age 10-12 (varies by subtype)
- Children and youth with anxiety disorders
rarely receive appropriate or effective
interventions

The FRIENDS for Life Plan



Feelings

Remember to Relax

I can do it! I can try my best!

Explore Solutions and Coping Step Plans

Now reward yourself! You've done your best!

Don't forget to practice!

Smile! Stay calm for life!

Barrett/WHO



4 Research Projects

- VP3: Vancouver Primary Prevention Project
 - Urban setting
 - Targeted intervention
- FP3: FRIENDS Primary Prevention Project
 - Suburban setting
 - Universal intervention
- AP3: FN FRIENDS Primary Prevention Project
 - Urban and Rural setting
 - Targeted and Universal intervention
- FRIENDS for Youth
 - Universal intervention

Cross Disciplinary and Collaborative

UBC Counseling Psychology Dept.

UBC Department of Psychiatry

Anxiety Disorders Adult TX Center

BCCW

AnxietyBC (Professional Association)

School Boards

MCFD

Dr. John March, Duke University

Measures: Multiple Informants*

* 4 time points

■ Children:

- *Multidimensional Anxiety Screen for Children* (MASC, March 1999)

■ Teachers:

- *Behavioral Assessment Schedule for Children* (BASC-T, VSB request)
- *Anxiety Scale for Educators* (ASE, pilot, Miller 2002)

■ Parents:

- *Behavioral Assessment Schedule for Children* (BASC-P)
- *Anxiety Scale for Parents* (ASP, pilot, Miller 2002)

Descriptive Data: VP3 + FP3

Samples:

Targeted

(Urban)

17 elem schools

41 classrooms

998 screened

n=192

Universal

(Suburban)

7 elem schools

14 classrooms

373 screened

n=254

More Descriptive Data

Targeted

- Male 52%
- Mean Age 10 yrs
- Mean Grade 5
- English 52%
(Chinese next @ 18%)

Universal

- 46%
- 9.8 yrs
- 5
- 82%
(Korean next @ 4%)

Separate Analysis

- Kids “elevated anxiety” = T -score on MASC ≥ 66
 - Targeted $n = 35$ (29% of consent pop.)
 - Universal $n = 75$ (29% of consent pop.)
- Kids at “clinical level” = T -score on MASC > 70
 - Targeted $n = 6$ (4.9% of total)
 - Universal $n = 14$ (3.3% of total)

Between subjects effects

- No main effect of condition (MASC as DV)

- Targeted

$$F(1, 139) = .009, p = .924$$

- Universal

$$F(1, 183) = .174, p = .677$$

Program Evaluation (Teacher Comments n=21)

- *I wish that our whole staff could participate in this training.*
- *This was very helpful for having a better understanding of how to deal with anxiety.*
- *I think that my new found knowledge (and attitudes) will benefit all the students in my class.*

Family Component

- 45% of all families interested in parent education (n=164)
- 18% of those interested came to Parent night #1 (n=55)
- 7.3 % attended all 3 sessions

Teacher and Parent Data

- gained significant understanding of child anxiety
 - 72% teachers
 - 83% parents
- gained basic understanding of CBT principles
 - 91% teachers
 - 100% parents
- acquired skills to assist
 - 83% parents

Children's Responses (n=166)

- Did you like the FRIENDS program?
 - 85% either sometimes or a lot
- Do you know how to use the strategies in the program?
 - 91% either sometimes or a lot
- Can you calm yourself when worried?
 - 92% either sometimes or a lot

Other Project Outcomes

Research lab “Canadianized” FRIENDS

- 70 of 72 school districts have FRIENDS training and materials (MCFD)
- 48 training days each year
- > 1200 adults in school setting trained
- > 50,000 grade 4 & 5 children have been through program
- Province-wide Teacher in-service 5 years

Preliminary Evaluation of Province-Wide Implementation

- > 700 evaluations returned
 - Training content useful?
 - Material well presented?
 - Material relevant to Gr. 4/5?
 - Prepared me to deliver?
 - Questions adequately addressed?
 - I enjoyed the day?
 - Important to implement?
- 95% agreed or strongly agreed

Ripples...

- Knowledge Network 1-hour documentary on child and adolescent anxiety
www.knowledgenetwork.ca
- > 420 MCFD clinicians trained in CBT for child anxiety identification and treatment in fourteen 2-day workshops

More ripples . . .

(Data analysis underway)

Aboriginal Primary Prevention (of Anxiety)

Project: AP3

Urban, rural; selected, universal

N = 850

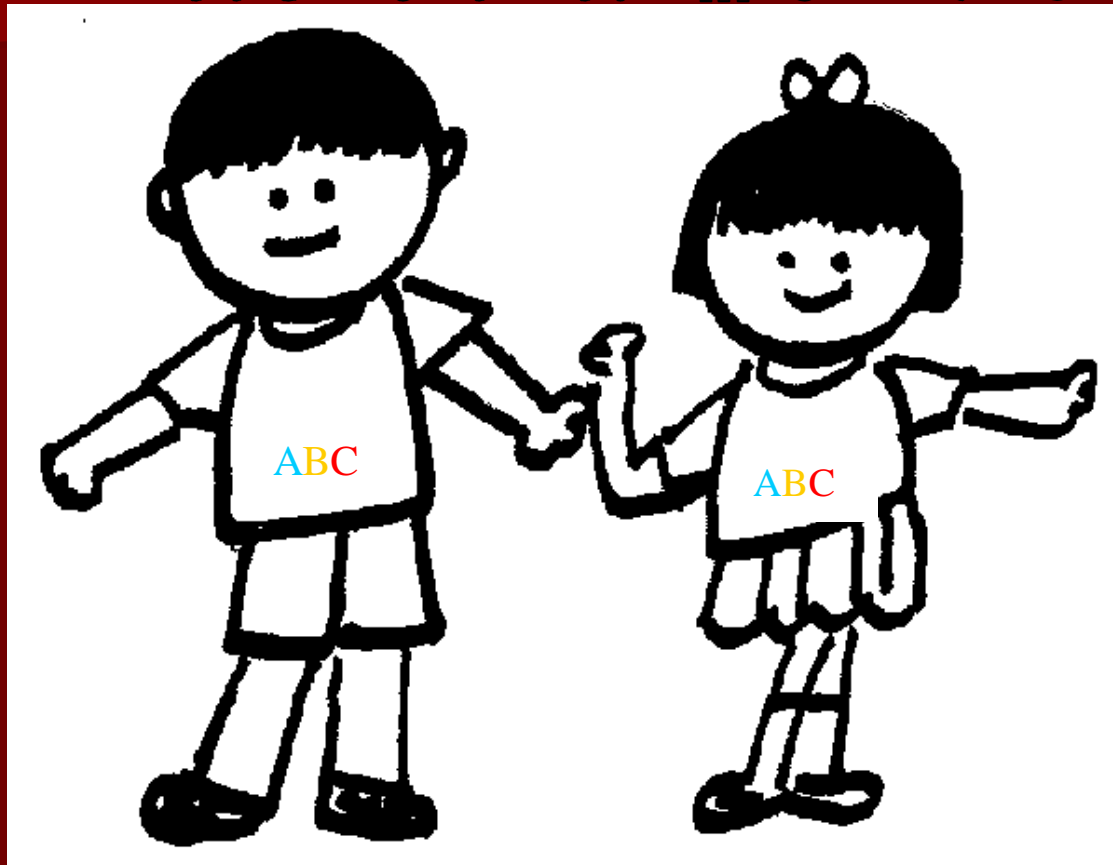
FRIENDS for Youth

Province-wide gr. 7/8 n = 1050 universal RCT

FRIENDS Parent Project

15 school districts

Anxious Behaviour in Children



Early Intervention Project

Take home summary

Anxiety disorders are highly prevalent, usually get worse without treatment, but are probably the MOST treatable of all mental health concerns.

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