Mental Health Presentations in Children & Adolescents
Overview and Impact on Learning

1. Anxiety

1.1 Disorder Overview

- Anxiety is *"a complex cognitive, affective, physiological and behavioural response system that is activated when anticipated events or circumstances are deemed to be highly aversive because they are perceived to be unpredictable, uncontrollable events that could potentially threaten the vital interests of an individual."*[1]

- Anxiety disorders share features of excessive fear and anxiety and related behavioural disturbances. **Fear** is the emotional response to real or perceived imminent threat, whereas **anxiety** is anticipation of future threat[2].

- Anxiety is one of the most common conditions experienced by children and adolescents. It affects approximately 7% of those aged between 4 and 17[3].

- Anxiety presents differently in every person. Some children react by shrinking from situations that trigger fears, some react with overwhelming need to break out of an uncomfortable situation. That behaviour, which can be unmanageable, is often misread as anger or opposition. Anxiety commonly presents as school refusal[2].

- The most common types of anxiety presentations seen in children and adolescents are;
    - **Generalised Anxiety Disorder** – the individual finds it hard to control their excessive worry about a broad range of concerns.
    - **Social Anxiety** – persistent fear of being negatively evaluated in social situations, resulting in avoidance of performance and social situations
    - **Separation Anxiety** - excessive anxiety about being separated from home or a person where there is a strong emotional attachment i.e. parent
    - **Specific Phobias** - marked fear of objects or situations i.e. dogs, heights, blood
    - **Panic Disorder** – the individual experiences unexpected surges of intense fear [1,3]
    - **Selective Mutism** – the individual experiences a hard time speaking in some settings, e.g. at school with their Teacher

1.2 Anxiety in the Classroom

- Anxiety can significantly interfere with an individual's ability to learn. When anxious, children and young adults experience compromised ability to pay attention, process information effectively, demonstrate skills or retrieve previously learnt information.

- Anxiety in children and adolescents may display as;

    - inattention and restlessness
    - difficulty focussing, or mind going 'blank'
    - excessive absences, school refusal, truancy
    - disruptive behaviour
    - fixation on an issue causing anxiety
    - trouble answering questions in class
    - excessively seeking reassurance
    - fear about particular activities
    - mistakes, routine changes or new situations cause distress
    - psychosomatic complaints – headache, stomach ache
    - perfectionism
    - procrastination
    - unexplained headaches, nausea, stomach aches, or even vomiting
    - avoiding socializing or group work[3].

- When working with children who are anxious, especially in a classroom environment, the following strategies can be helpful;

    - Model healthy ways of managing anxiety
    - Express positive, but realistic expectations. While you cannot assure the student that they will not fail a test, or be able to complete an assignment, you can express confidence in their abilities and reassure them that their anxiety will decrease over time if they work through it
    - Respect their anxious feelings, but don't empower them – validation does not mean agreement. You can listen and be empathetic without giving weight to anxious thoughts
    - Encourage the student to utilise helpful strategies, such as deep breathing or positive visualisation, to manage their anxiety

2. Depression

2.1 Disorder Overview

- Depression is characterised by the presence of sad, empty or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function[2.]

- Approximately 2.8% (1 in 35) young Australians aged between 4 and 17 experience depression. Depression in adolescence must be taken seriously as youth suicide is the leading cause of death in this age group[3].

- Types of Depression most common in children & adolescents[3];

    - **Major depressive disorder** - moderate to severe depression, experienced with major depressive episodes
    - **Dysthymia** - mild to moderate low mood that has a chronic course
    - **Drug-induced depression** - resulting from substance use

- Common symptoms of children/ adolescents with depression[3];

    - low energy and motivation
    - loss of interest in activities they usually enjoy
    - difficulty listening and concentrating on tasks
    - the tendency to make negative comments about themselves
    - withdrawal from social situations
    - negative cognitive bias; looking for what's wrong rather than seeing the positives in situations
    - very difficult to please
    - irritable, agitated, easily annoyed or upset
    - sad, cry easily and are difficult to soothe
    - either have no interest in food or overeat
    - experience problems going to sleep or staying asleep, wake early, or sleeping a lot.

- Depression may be a reaction to life stresses, like trauma, including verbal, physical, or sexual abuse, the death of a loved one, school problems, bullying, or suffering from peer pressure. It is commonly comorbid with anxiety and other psychiatric disorders.

2.2 Depression in the Classroom

- Children with depression often struggle in the learning environment, due to difficulties with relating to their peers or teacher and concentrating on academic work, resulting in poor academic performance.

- Depression may impact schoolwork and attendance in the following ways;

    - difficulty commencing tasks/staying on task or refusal to attempt tasks
    - difficulty completing, or refusal to complete, assessments
    - lateness to school
    - frequent absences, school refusal and truancy
    - lowered self esteem
    - aggression towards others
    - social isolation/ difficulty sustaining friendships
    - defiant or disruptive behaviours
    - change in interest in schoolwork and activities
    - grades may drop due to lack of interest, loss of motivation or excessive absences[2]

- Strategies to consider when working with a student who has depression may include;

    - Coaching the student on how to set goals and self-monitor progress
    - Providing regular, individualised feedback on performance
    - Explicitly teaching problem-solving skills
    - Setting up a consistent communication channel with the student's home support team to monitor academic performance, social engagement and any developments including medication, behavioural change or suicidality.
    - Where possible, allowing flexibility in classroom schedules to accommodate fluctuating moods and motivation levels

3. ADHD

3.1 Disorder Overview

- Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterised by inattention, disorganisation and/or hyperactivity-impulsivity[1]. In children, it often overlaps with externalising disorders, such as Oppositional Defiant Disorder and Conduct Disorder. The typical presentation includes inability to focus on any one task, seeming not to listen and losing items, as well as overactivity, inability to wait or stay seated and excessive fidgeting[1].

- Diagnostic criteria differentiate two categories of symptoms; the first includes problems of inattention and the second includes hyperactivity and impulsivity. Either the first or second and third set of symptoms must be present for someone to receive a diagnosis of ADHD.

- ADHD begins in childhood. Prevalence studies indicate that ADHD is found in about 5.2% of child populations across all regions of the world[4]. Boys are 3 times more likely to be diagnosed with ADHD than girls[4].

- ADHD very often persists into adulthood, resulting in impairments of social, academic and occupational functioning[1].

3.2 ADHD in the Classroom

- ADHD commonly co-occurs with a specific learning disorder, and is also often comorbid with Autism Spectrum Disorder, anxiety, depression, Oppositional Defiant Disorder and Conduct Disorder.

- The core features of ADHD, i.e. inattention, hyperactivity, and impulsivity often cause secondary problems for those with the disorder, including poor academic performance in children[4]. In addition to learning, it can significantly interfere with social and general functioning, impacting relationships, self-esteem, mood and personal organisation[3].

- While ADHD does present some challenges for classroom learning, it has also been found that children with ADHD possess creative problem solving skills, good conceptual skills and are often adept public speakers and enthusiastic students.

- In the classroom, a child with ADHD may;

    - change activities often without finishing them
    - lose or misplace belongings
    - forget what they have been told to do
    - be restless in situations requiring calm
    - be always 'on the go'
    - have difficulties planning and organising
    - have difficulties in social situations
    - be constantly talking
    - appear to be daydreaming
    - have atypical interoception
    - experience unpredictable mood swings[3].

- Strategies to consider employing when working with a student who has ADHD include;
    - Limit distractions. Give careful thought to the student's seating arrangements. Typically, they will do best seated in a position close to the Teacher, away from disruptions such as doors, windows, or other disruptive peers.
    - Keep expectations consistent so that the student is clear about what's expected of them in terms of academic work and behaviour while in class. Visual reminders, such as a laminated version of the classroom rules, work well.
    - Provide regular positive feedback when the student is 'on task'.
    - Instigate regular 'brain breaks' where students can get up and move around. Many students with ADHD struggle to remain seated at a desk for long periods of time, so regularly break up learning with the chance to stretch and walk around.

4. Conduct Disorders – Oppositional Defiant Disorder

4.1 Disorder Overview

- Oppositional Defiant Disorder is characterised by frequent and persistent patterns of angry/ irritable mood, argumentative/ defiant behaviour or vindictiveness[2]. As is typical of most conduct disorders, the condition involves problems in the self-control or emotions and behaviours[2].

- There is a developmental relationship between Oppositional Defiant Disorder and Conduct Disorder. Those with Conduct Disorders previously would have met criteria for Oppositional Defiant Disorder. However, most children with Oppositional Defiant Disorder do not eventually develop Conduct Disorder[2].

- A core pillar of the disorder is problematic interactions with others. Complicating the issue is that those with the disorder typically don't regard themselves as angry, oppositional or defiant. Instead, they justify their behaviour as a response to unreasonable demands or circumstances[2].

- Estimates of the prevalence of Oppositional Defiant Disorder vary between 1 – 11%, with averages typically seem at 3.3%. It is more common in boys than girls.

- Children with Oppositional Defiant Disorder are at risk for eventually developing other problems besides Conduct Disorder, including anxiety, depressive disorders and substance abuse[2]. The most common comorbid disorders are ADHD and Conduct Disorder. The disorder is associated with significant suicide risk.

4.2 Conduct Disorder in the Classroom

- One of the common functional consequences of Oppositional Defiant Disorder is frequent conflict with parents, peers and teachers. This means that often, social adjustment and academic performance can be compromised.

- A child with Oppositional Defiant Disorder may;
    - have emotional outbursts
    - argue with adults/ Teachers
    - actively refuse to do what adults ask and disobey rules
    - deliberately annoy peers
    - blame others for mistakes and challenging behaviour
    - become easily annoyed or frustrated[5]

- Strategies for working with a student who has Oppositional Defiant Disorder might include;
    - utilising short, direct and specific instructions so that the student is clear of what's expected of them
    - seating the student in the front of the classroom, away from peer distractors
    - instigating explicit emotional regulation programs, designed to teach children how to manage strong emotions like frustration and anger
    - using a reward program for good behaviour, which will allow the child to feel supported and like they're not always being punished for unacceptable behaviour

References

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