

# Quarterly

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Celebrating children's mental health  
**50** lessons learned





Children's  
Health Policy  
Centre

### About the Children's Health Policy Centre

We are an interdisciplinary research group in the Faculty of Health Sciences at Simon Fraser University. We focus on improving social and emotional well-being for all children, and on the public policies needed to reach these goals.

To learn more about our work, please see [childhealthpolicy.ca](http://childhealthpolicy.ca).

### About the Quarterly

We summarize the best available research evidence on a variety of children's mental health topics, using systematic review and synthesis methods adapted from the *Cochrane Collaboration* and *Evidence-Based Mental Health*. We aim to connect research and policy to improve children's mental health. The BC Ministry of Children and Family Development funds the *Quarterly*.

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## Marking our anniversary issue...

Anniversaries offer a time for celebration and reflection. So for our 50th issue, we are highlighting 50 lessons learned from the research we have reviewed since we started the *Quarterly* in 2007.



### Some overarching themes stand out:

- Children's mental health is still underappreciated as a public priority
- Too many children are still not getting the treatment they need
- Prevention is still greatly underused
- Spending money "upstream" on prevention is just as important as spending it "downstream" on treatment

Yet despite these challenges, we have learned a lot about effective interventions that can help kids. If this publication inspires you to refer back to our previous issues, you can find them all on our website. Our [Subject Index](#) also lets you look up information by prevention program, treatment type or disorder.

### We hope you enjoy the issue!



### NEXT ISSUE

#### Helping young people who self-harm

Self-harming behaviours such as cutting are surprisingly common in young people. We identify treatment options for this problem.



## 1 Anxiety needs our attention

Anxiety disorders are the most common childhood mental disorders.<sup>1</sup> These disorders are also preventable. So investing in prevention programs has the potential to help large numbers of children. For prevention, compelling research evidence supports school-based programs using Cognitive-Behavioural Therapy. [2012, Vol. 6, No. 1](#)

## 2 Three cheers for parents

Parents play a profound role in every child's life. They provide the care, the environments and the experiences that influence lifelong emotional, cognitive and social well-being and development. Parents can also buffer the impact of adverse childhood experiences, helping children to be resilient. [2008, Vol. 2, No. 1](#)



## 3 Strive to reach more families in remote areas

All children with mental disorders need to receive effective treatment. And innovative technologies can help — particularly for addressing service gaps in rural and remote communities. For example, Cognitive-Behavioural Therapy can be effectively delivered using handbooks and videos supplemented with telephone coaching to significantly reduce childhood anxiety. [2012, Vol. 6, No. 2](#)

## 4 Help reduce substance use

Policy-makers can help reduce problematic substance use for young people using economic measures. In particular, setting higher taxes on beverages with higher alcohol content has been shown to reduce harmful drinking in young people. [2010, Vol. 4, No. 3](#)

## 5 Communities can help Indigenous kids

Indigenous children have experienced, and still experience, the negative legacy of colonialism. But many Indigenous children remain resilient. While these numbers need to be improved, a recent survey of nearly 5,000 First Nations youth in Canada found that more than half reported having very good or excellent mental health.<sup>2</sup>

[2018, Vol. 12, No. 2](#)



## 6 Preventing conduct disorder saves \$\$\$

Conduct disorder involves serious behaviour problems such as aggression toward others. It causes heavy burdens for individual children and for their families. It also leads to heavy societal burdens – particularly when the added health care, education, social service and justice system costs are counted. Given these added costs, averting just one case of conduct disorder could save an estimated \$4.2 to \$7 million over the lifetime – enough to pay for new prevention programs.<sup>3</sup>

[2007, Vol. 1, No. 2](#)

## 7 CBT is effective for trauma

Many forms of childhood adversity are avoidable. Preventing exposure to adversity is therefore always the main goal. But when prevention is not possible, effective treatments are critical. Cognitive-Behavioural Therapy is the most successful intervention when children have been maltreated or have been exposed to community violence. [2011, Vol. 5, No. 3](#)



## 8 Kinship care aids children

When children cannot live with their parents, the option of living with family — or kinship care — should be explored. Compared to typical foster care, kinship care can lead to improved child well-being, fewer childhood mental disorders and fewer placement changes. [2014, Vol. 8, No. 3](#)

## 9 Behavioural therapy can treat ADHD

There is good research evidence that Behavioural Therapy reduces attention-deficit/hyperactivity disorder symptoms and improves children's social skills. This therapy involves caregivers and teachers rewarding children for "on task" behaviours, ignoring minor misbehaviours and using "time outs" for more challenging behaviours. [2013, Vol. 7, No. 2](#)



## 10 Address parents' substance use

Roughly one in 10 Canadian children live with a parent who struggles with problematic substance use. Practitioners can help these families by addressing both substance use and parenting. For example, parent-focused programs can lead to children having significantly fewer alcohol or cannabis problems many years after their parents complete treatment. [2014, Vol. 8, No. 1](#)



## 11 Assessment is the first step

When a mental disorder is suspected, practitioners need a detailed understanding of the individual and their circumstances so they can provide the best possible care. A crucial first step is conducting a comprehensive assessment involving both the young person and their parents or caregivers. [2008, Vol. 2, No. 3](#)

## 12 Schools can succeed in reducing bullying

Bullying can be prevented, and adults can help. For example, children experience less victimization at schools where teachers send strong anti-bullying messages. In contrast, children experience more victimization at schools with high conflict and limited supervision. So schools can take concrete steps to keep children safe. [2008, Vol. 2, No. 4](#)



## 13 Children with OCD can face their fears

When a young person has obsessive-compulsive disorder (OCD), parents will often take steps to try to reduce their child's distress, such as helping them avoid feared situations. But these well-intentioned efforts may actually worsen the OCD, making it more entrenched. Practitioners can help — by teaching parents how to help children overcome their fears by facing them. [2014, Vol. 8, No. 2](#)



## 14 Make sure treatments are based on research

There are effective treatments for all the childhood mental disorders. There are also effective prevention programs for the most common childhood mental disorders. So policy-makers and practitioners should turn to these research-informed interventions first — to ensure that children and families get the best possible help. In addition, ineffective or unproven interventions such as unevaluated therapies or inappropriate use of medications should not be supported by policy-makers or practitioners.

2007, Vol. 1, No. 1



## 15 Protect children from maltreatment

Child maltreatment is a serious (and preventable) form of adversity — that nevertheless affects different children differently. Most children who have been maltreated actually experience good to moderate mental health despite their experiences. For those who struggle, however, proven interventions can address the most common associated mental health concerns — including anxiety, conduct disorder, substance use and depression. But the first step, always, is to stop the maltreatment and make sure children are safe. [2018, Vol. 12, No. 4](#)

## 18 Young lives deserve early investments

Most mental disorders start in childhood, then persist into adulthood. These include anxiety and behaviour disorders. Given this situation, effective prevention and treatment options need to be offered early in the lifespan — for all children in need.

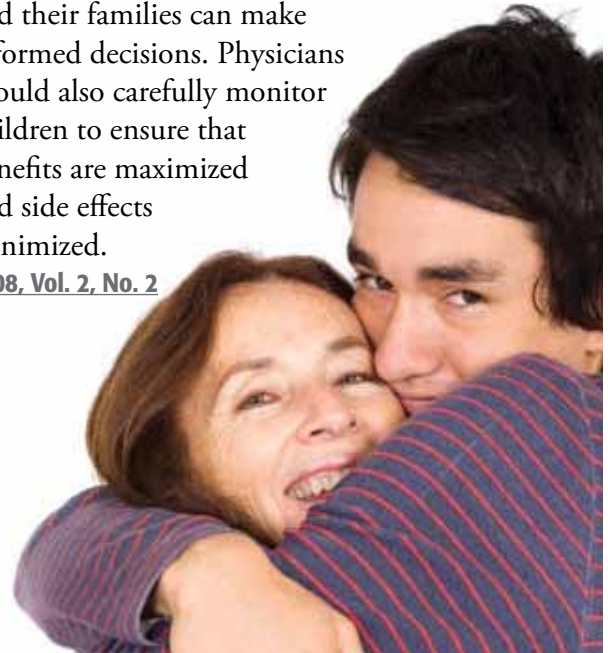
[2009, Vol. 3, No. 1](#)



## 16 Families require facts on medications

For many children, medications are a part of the treatment plan. Before starting any medication, physicians should always describe the associated risks and benefits so young people and their families can make informed decisions. Physicians should also carefully monitor children to ensure that benefits are maximized and side effects minimized.

[2008, Vol. 2, No. 2](#)



## 17 Depressed parents need speedy treatment

When a parent is depressed, the entire family is affected. And when a parent receives effective treatment, such as Cognitive-Behavioural Therapy, the entire family can benefit. For example, children often experience more positive moods when the affected parent's mood improves. [2010, Vol. 4, No. 4](#)

## 19 CBT can prevent depression in children

Childhood depression can often be prevented. In particular, when young people are offered effective interventions, like Cognitive-Behavioural Therapy, it is possible to stop depression from developing.

[2017, Vol. 11, No. 3](#)



## 20 Aid parents in supporting kids

Exposure to intimate partner violence is one of the most common forms of child maltreatment. Recent studies suggest that one of the best ways to help children in this situation is to help the abused caregiver, for example, to obtain safe housing and to learn strategies to address children's emotional and behavioural challenges.

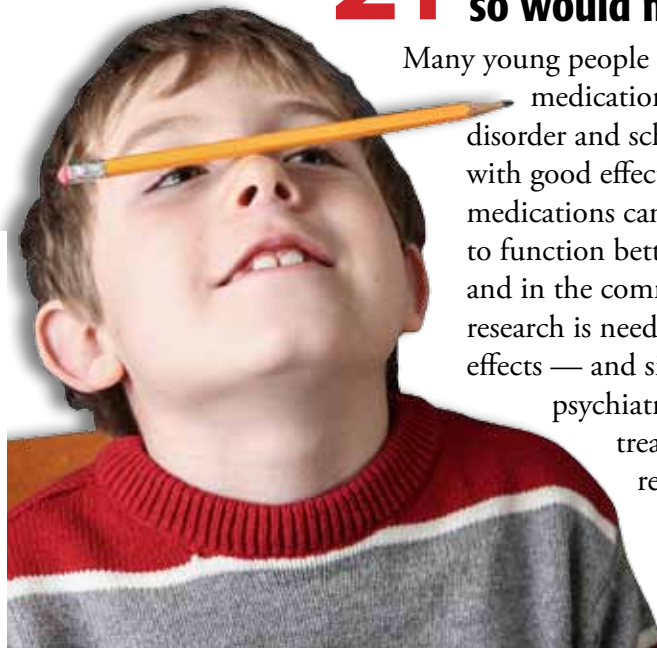
[2012, Vol. 6, No. 4](#)



## 21 Medications can help; so would more research

Many young people are prescribed medications for ADHD, bipolar disorder and schizophrenia — often with good effect. The appropriate medications can help young people to function better at home, at school and in the community. Yet more research is needed on the long-term effects — and side effects — of the psychiatric medications used to treat children, particularly research that is free from drug company involvement.

[2007, Vol. 1, No. 4](#)



## 22 Family ties prevent substance misuse

Families play a major role in protecting young people from problematic substance use. In particular, children typically use less alcohol and cannabis when parents have strong connections with their children, provide high levels of support and supervision, and encourage meaningful participation in the family. [2018, Vol. 12, No. 1](#)





## 23 More practitioners need CBT training

Cognitive-Behavioural Therapy (CBT) is a highly effective treatment for childhood obsessive-compulsive disorder. This treatment involves gradually exposing children to feared situations while they practise managing their distress. Despite strong research evidence that this treatment is effective, it is still not widely available. More practitioners therefore need to be trained and supported to offer CBT.

[2007, Vol. 1, No. 3](#)

## 24 Good relationships prevent anxiety

Positive relationships can protect children from problematic anxiety. For example, young people who feel accepted and respected by their parents and cared for by their friends are less likely to develop anxiety problems. [2016, Vol. 10, No. 2](#)



## 26 Brief therapy reduces drinking

Alcohol consumption in pregnancy can cause harm. And for those who need support to stop drinking in pregnancy, there are effective interventions. For example, when practitioners delivered a single 25-minute session to pregnant women and their partners, alcohol use was reduced fivefold — from five days a month to one. [2011, Vol. 5, No. 2](#)



## 25 Let's ban spanking

Spanking can harm children, for example, leading to physical injuries as well as emotional and behavioural problems. Spanking is also ineffective at changing children's behaviour. Spanking and other forms of physical punishment should therefore not be used.

[2015, Vol. 9, No. 1](#)

## 27 Reduce suicide by treating underlying disorders

Suicide is the second leading cause of death for 12- to 18-year-olds in BC, after motor vehicle accidents. Many of these deaths could be prevented by treating the underlying disorders that put young people at risk — particularly depression and problematic substance use. [2009, Vol. 3, No. 4](#)

## 28 Early intervention delivers long-term benefits

The Nurse-Family Partnership program is a leading example of how intervening very early in life can bring many long-term benefits. This intensive home-visiting program focuses on young first-time mothers-to-be who are coping with socio-economic disadvantage. It begins in early pregnancy and continues until children reach age two — and can produce life-



changing benefits. These benefits include reduced child injuries, improved child cognitive development and mental health, and improved maternal life circumstances. Benefits also extend to adolescence, including reduced anxiety and depression, less alcohol and cannabis use, and fewer contacts with the foster care and justice systems. [2011, Vol. 5, No. 1](#)

## 29 Control ads to reduce obesity

Childhood obesity has more than just physical health implications. Obese children often have higher rates of depression, anxiety and eating disorders. Yet steps can be taken to prevent childhood obesity — including restricting food and beverage advertisements that exploit children, and implementing policies that make healthy foods more available and affordable.

[2010, Vol. 4, No. 1](#)



## 30 Support foster parents and kids

When children have to enter foster care they often face significant new challenges, such as repeatedly changing foster homes. Specialized training and increased supports for foster parents can help — and have been shown to improve children's behavioural well-being, school functioning and residential stability.

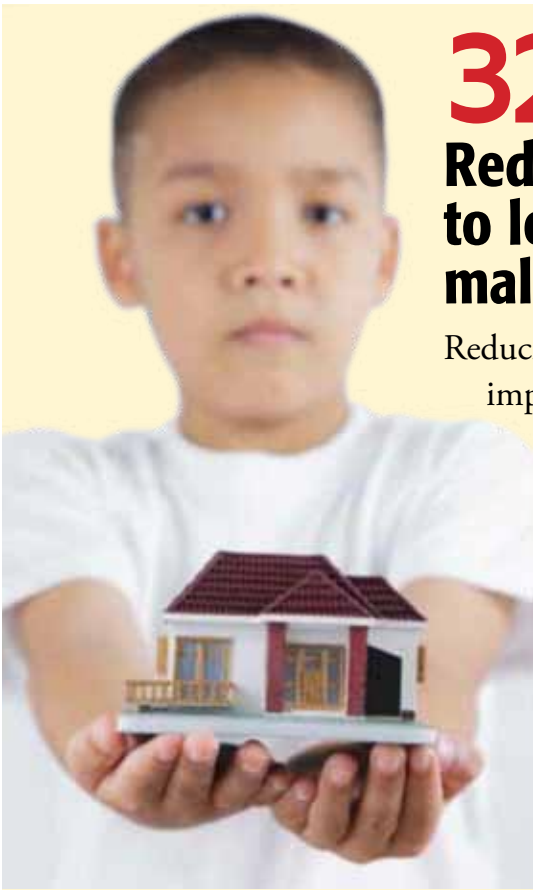
[2012, Vol. 6, No. 3](#)



## 31 Start with psychosocial treatments

When a child has depression, families should have easy access to effective psychosocial treatments such as Cognitive-Behavioural Therapy. Interpersonal Therapy can also be effective. Then, if medication is needed, fluoxetine is the first choice, given robust research evidence supporting its use.

[2017, Vol. 11, No. 4](#)



## 32 Reduce inequality to lessen maltreatment

Reducing income inequality has important implications for children. In particular, policies that redistribute wealth to ensure that more children have their basic needs met can contribute to reducing important problems such as child maltreatment.

[2009, Vol. 3, No. 2](#)

## 34 Use research to assist parents

Behaviour problems account for as many as half of all referrals to children's mental health services. So practitioners need effective approaches for addressing these problems. Parenting programs, such as Incredible Years, have strong evidence of success and should be readily available to families in need.

[2016, Vol. 10, No. 1](#)



## 35 Early childhood programs lead to many gains

Early child development programs can improve school readiness. Yet they can also do much more. For example, the Perry Preschool program, which was delivered to disadvantaged three- to four-year-olds, resulted in significant benefits up to 35 years after the program ended. These benefits included significantly less criminal involvement and less cannabis and heroin use.<sup>4</sup>

[2011, Vol. 5, No. 4](#)

## 33 Medications can help with ADHD

Research evidence supports the use of three medications — methylphenidate, dextroamphetamine and atomoxetine — for children with ADHD. Careful use of these medications can reduce children's symptoms and improve their quality of life. [2017, Vol. 11, No. 1](#)



## 36 Cultural values must be respected

Effective interventions can also be culturally relevant. For example, a Cognitive-Behavioural Therapy (CBT) program was adapted to reflect the local culture in a remote Indigenous community, with local practitioners receiving training and support to use the program. The adapted program succeeded, suggesting that local cultural values can be embedded within well-researched interventions such as CBT. [2016, Vol. 10, No. 3](#)

# 37

## Prevention investments can pay off

When problematic substance use is prevented, the benefits extend beyond helping young people and their families. Society also benefits, including financially. In particular, net benefits for effective skill-based programs were an estimated \$160 to \$1,850 dollars per youth.<sup>5</sup>

[2010, Vol. 4, No. 2](#)



# 38

## Promoting pro-social behaviour

Parents are crucial in promoting children's positive behaviours. Parents can do this by interacting in ways that are sensitive and warm, being highly connected to children and setting effective limits.

[2015, Vol. 9, No. 4](#)



# 39

## The benefits of caring for kids in community

When a young person has a mental health crisis, hospitalization is not the only option. Multisystemic Therapy offers 16 weeks of intensive community-based treatment, which can reduce mental health problems even more effectively than inpatient care. For example, youth who received this intervention had fewer suicide attempts one year later than those who were hospitalized. [2013, Vol. 7, No. 3](#)

# 40

## Help youth with eating disorders

Eating disorders can be effectively treated. For youth with anorexia, Family Therapy is the first choice. For those with bulimia, both Family Therapy and Cognitive-Behavioural Therapy (CBT) show positive results. And for those with binge-eating disorder, CBT is also highly effective. All young people with eating disorders should be easily able to receive these effective treatments.

[2015, Vol. 9, No. 3](#)

# 41

## Prescribe with care

Researchers have uncovered some troubling trends in prescribing practices with young people. In BC and Manitoba, antipsychotics have commonly been prescribed for conditions such as ADHD — where these medications lack both research evidence and regulatory approval. To better support young people, antipsychotic prescribing should be limited to conditions for which there is good research evidence and regulatory approval, such as schizophrenia and bipolar disorder. [2013, Vol. 7, No. 4](#)



# 42

## Schools can help reduce depression

Most children spend more than a third of their waking hours in school. So beyond academics, schools as a venue have tremendous mental health potential. For example, students in schools with safe environments, including high levels of peer and teacher support, have a lower risk for depression.

[2014, Vol. 8, No. 4](#)

# 43

## Indigenous kids need fair funding

Canada's history includes the forced removal of many tens of thousands of Indigenous children from their families and communities, causing mental health effects over generations. Indigenous people have addressed this legacy, in part, by recreating their own governance structures and by running their own service agencies. Yet other Canadians can do more as well. As a society, we need to tackle the long-standing underfunding of basic health, education and social services for Indigenous children and families — addressing basic inequities compared with non-Indigenous children and families.

[2018, Vol. 12, No. 3](#)



# 44

## Make dating safe for teens

Intimate relationships should be meaningful and enjoyable, not dangerous. Yet about one in 10 young people experience violence in their dating relationships. This form of violence can be prevented, however, setting the stage for healthy and respectful relationships in early adulthood and beyond. Two programs stand out — Fourth R and Youth Relationships — for having proven success in teaching positive relationship skills to Canadian teens.

[2013, Vol. 7, No. 1](#)

A young child with dark hair is smiling broadly, looking towards the camera. The child is surrounded by a large number of colorful balls in shades of red, blue, yellow, and green. The balls are scattered around the child, creating a vibrant and playful background. The child's face is partially obscured by the balls in the foreground.

**45**

## **Kids best helped by comprehensive mental health strategies**

A comprehensive public health strategy is the most effective way to address children's mental health in BC and in Canada. This strategy includes addressing social determinants, promoting healthy development for all children, preventing disorders in children at risk, providing effective treatments for all children with disorders and monitoring population outcomes. [2007, Vol. 1, No. 1](#)



## 46 Caregivers can help kids self-regulate

Self-regulation — including paying attention and inhibiting impulsivity — is crucial for healthy

child development. Parents can promote this skill by being responsive to their children, providing positive feedback during challenging tasks, and supporting older children and teens to be more autonomous. [2016, Vol. 10, No. 4](#)

## 47 Foster healthy body images

Eating disorders can be prevented. In particular, young people can learn how to combat messages promoting thin ideals, improve their body image and stop unhealthy weight control practices such as dieting. These approaches in turn can reduce eating disorder symptoms.

[2015, Vol. 9, No. 2](#)



## 48 Good options for treating schizophrenia

Three antipsychotic medications — haloperidol, olanzapine and risperidone — are effective for treating schizophrenia. These medications, along with education and intensive social supports, can help young people cope when they have this diagnosis. [2009, Vol. 3, No. 3](#)



## 49 Schools can help LGBTQ+ kids thrive

Most LGBTQ+ youth successfully navigate adolescence and thrive as adults. Yet everyone around these young people can help create conditions that further ensure they flourish. For instance, schools can use gender-neutral language, model acceptance, be aware of LGBTQ+ issues and create positive environments.

[2017, Vol. 11, No. 2](#)



## 50 New ways to treat bipolar disorder in youth

Even though bipolar disorder is a long-term condition, it can be managed. Once a careful diagnosis is made, there are two effective approaches for young people. One is medications. Aripiprazole and lithium reduce symptoms and improve overall functioning, although both cause side effects. The other approach is psychosocial. Three new family-focused programs, used together with medications, also reduce symptoms and improve functioning.

[2019, Vol. 13, No. 1](#)

## REFERENCES

1. Waddell, C., Shepherd, C., Schwartz, C., & Barican, J. (2014). *Child and youth mental disorders: Prevalence and evidence-based interventions*. Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University.
2. First Nations Information Governance Centre. (2018). *National report of the First Nations Regional Health Survey phase 3: Volume one*. Ottawa, ON: First Nations Information Governance Centre.
3. Cohen, M. A., & Piquero, A. R. (2009). New evidence on the monetary value of saving a high risk youth. *Journal of Quantitative Criminology*, 25, 25–49.
4. Schweinhart, L. J. (2013). Long-term follow-up of a preschool experiment. *Journal of Experimental Criminology*, 9, 389–409.
5. Washington State Institute for Public Policy. (2018). *Benefit-cost results*. Retrieved from <https://www.wsipp.wa.gov/BenefitCost>

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## LINKS TO PAST ISSUES

The *Children's Mental Health Research Quarterly Subject Index* provides a detailed listing of topics covered in past issues, including links to information on specific programs.

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### 2011 / Volume 5

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