

The Pathway to Better Mental Health



Making Every Step Count For Children in Care

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Mental Health by the Numbers

From the Canadian Mental Health Association - CMHA (2014)

4,500,000

This number represents the current number of Canadian adults who will suffer a mental disorder in their lives. This represents one in five adults (21.3 percent). Anxiety disorders and depression are the most common, and approximately 2.5 million Canadian adults (over 10% of the adult population) have a depressive disorder.

1,500,000

Represents the current number of Canadian children, including youth, who are suffering through a diagnosable psychiatric disorder, a full 20% of all Canadian children and youth. Two thirds of these suffer from more than one disorder. Unfortunately, less than 20% will receive therapeutic intervention.

70%

The percentage of mental health problems and illnesses that have their onset during childhood or adolescence.

100%

This is the percentage of people who benefit from positive support during a mental health crisis. Stay positive. Those who support individuals with mental health issues can help by seeing past the occasionally challenging behaviours to the genuine person that can become buried beneath the illness. Be committed to believing in the individual's personal strengths, positive character traits, future recovery, and life goals, remembering the abundance of life's little gifts that, in spite of struggles, seem to sprinkle through virtually everyone's life.

43%

According to the CMHA most people with mental illness recover well and are able to lead fulfilling lives when they receive appropriate treatment and support. However, **only 43% of depressed adults seek care from a health professional.**

Is mental illness life-threatening?

No, mental illness itself is NOT life-threatening. However, the CMHA (2014) reports that more than 90% of people who take their own lives have a diagnosable mental disorder, most commonly a depressive or substance abuse disorder.

Reality Check



When someone we care for experiences mental health concerns we naturally want to ensure that he or she receives the best care available, as soon as possible. However, most parents have little experience navigating the ins-and-outs of the mental health system. **Unfortunately, the steep learning curve can end up costing valuable time**, delaying treatment and adding to the grief, pain, and suffering for both the child and the family around him. Using this guide can help you avoid delays.

Dealing With Your Own Feelings

It is not uncommon for the caregivers to feel some level of guilt, thinking that they somehow failed, did something wrong, missed something, or could have done something differently that would have avoided the problem. Dispel the idea that caregivers or parenting styles are somehow the cause of the problem. Mental health problems are much more common than most realize, and our energy is best served focusing strategies, solutions, and healing, not on blame.

You Are Not Alone

While every journey may be different, all families experience similar struggles no matter what the age of the child or their diagnosis. As you start to research the condition, you will find many stories of healing, hope, and victory regarding mental health issues. Avail yourself to the many supports and resources, and be prepared for an interesting journey. **YOU CAN DO THIS!**

How This Guide Can Help You:

1. Avoid Treatment Delays

The Child & Family Services managers who bear the responsibility of approving mental health treatments for children in care need specific information before they can approve a treatment plan. However, a recent survey of management throughout Alberta has revealed that getting the required information after a mental health consultation has taken place can be very difficult and time consuming. Case workers and managers often find themselves scrambling after an initial mental health consultation to fill in the missing pieces. This creates delays that add weeks and often months to the approval process, valuable time lost that is better spent on treatment and healing. This resource will help you identify and record the information that is needed for a quick approval.

2. Be Prepared for Initial Appointment

This resource will help you become organized and prepared for the initial mental health consultation, saving both time and grief for everyone involved. By organizing and preparing the information ahead of time, you are providing the doctor with information that is critical to identifying the underlying issues and providing the most appropriate treatment.

3. Provide Information and Support That Foster & Kinship Parents Need

The author of this booklet recently surveyed foster and kinship parents and the results indicated that the caregivers of children experiencing mental health issues WANT and NEED the type of information, support, and tools provided herein as they guide children in their care down the path of healing.

4. Understand and Manage the Impact in Your Own Life

When an individual in a household experiences mental health issues, it can be said that everyone in the home is impacted; this booklet provides information, encouragement, and ideas regarding self-care, based on the idea that people who care for others need to first take care of themselves.

5. Useful Tools for Caregivers

This resource includes tools to help you prepare for an initial mental health consultation. It will outline the information you will need to gather from the initial consultation in order to get quick approval for treatment. It also includes forms to track changes and monitor side effects once treatment has started.

6. Links to Information and Resources

Check out the links to a range of resources and information which may benefit you as you make plans to work towards better mental health for the child in your care.

“ Take the first step, no more, no less,
and the next will be revealed. ”
Ken Roberts



Things to Keep in Mind During the Journey

It is Nobody's Fault

Do not blame yourself, It is not your fault, you are doing the best you can. be kind to yourself. It is not the child's fault either; he or she would do better if he or she could. For 1 in 5 people, learning about and managing mental health simply becomes part of the journey.

Children DO Get Better

Childhood mental disorders can be treated and managed. There are many evidence-based treatment options; talk with the child's health care professional if you have concerns about the way your child behaves at home, in school, or with friends. Starting as soon as possible will help you to get ahead of the concerns and prevent the situation from developing into something worse. When treated appropriately and early, *many* children can fully recover, or learn to successfully control their symptoms. Even though some children become disabled adults because of a chronic or severe disorder, the encouraging truth is that many people who experience a mental illness, such as depression or anxiety, are able to live full and productive lives.

You Can Do This!

Many parents and caregivers have been down this path ahead of you and have successfully made it through. You can as well. You do not have to have all the answers; answers will come. As the child's primary caregiver or parent, you know the child the best, and you can use your knowledge of the child to help others understand him or her as you advocate for them. While no one intentionally chooses this journey, many have found themselves on it. You are not alone; reach out to others who have experienced these challenges, and talk with the caseworker or your support worker about the resources and supports that are available to you. Talk with other parents and caregivers who have been down this path.

You can be the Difference: Family Support Critical Component for Those Suffering

You are in a position that allows you to make a huge difference in a child's life, and you CAN do it. When asked about personal experiences in helping a child through the healing process, numerous foster and kinship families shared their stories, such as the two below, demonstrating the difference a caregiver and prompt care can make:



"I was getting so nervous and stressed out all the time. I couldn't sleep anymore and would go 2 or 3 nights without sleeping at all before finally getting just 3 or 4 hours of sleep. This was probably the worst of it all for me because I didn't have any energy and couldn't focus or do my school work or even have fun, and I was feeling nervous most of the time.

My Doctor gave me some medicine for anxiety that was also supposed to help me sleep too. Right away I noticed it helped me sleep and after a while I noticed that the anxiety and bad feelings were getting less. I also talked with a counselor and this really helped me too."



"What is really helping me is how my family is. It feels like things build up in me and then I sometimes say mean things and blame everyone for making me mad. I probably hurt mom's feelings sometimes but instead of getting mad she just hugs me and tells me it's OK. When I feel bad Mom tells me good things about me and it helps me and makes me feel better. This is what I would tell other moms to do is to remember all the good things about their kids when they are feeling bad. My family always tells me they believe in me and this makes me feel like it will be ok. I'm getting better sometimes now. "

8 Keys to Supporting a Child on their Journey

Key #1 Understanding the Difference Between Symptoms & Behaviours

It is critical for those supporting a child with mental health struggles to understand that the affected child's undesirable actions or behaviours are likely **symptoms of the illness, not "bad behaviour"**. By taking this view, caregivers are better prepared to react in a supportive way.

Take for example the following story a foster parent shared about a child who is moderately to severely impacted by Fetal Alcohol Spectrum Disorder (FASD), which illustrates nicely the difference it makes when a caregiver interprets their child's bad behaviour as "symptoms" of their condition, as opposed to simply "bad behaviours".

A Foster Mom's Example



The Birthday Party

The whole day of the birthday party was carefully thought out and structured from morning to night to ensure the child didn't get derailed leading up to the party; the event began with a movie for all the kids, followed by a traditional "party". The foster mother went to lengths to create a special and memorable 10th birthday for a girl that had been in her care since birth. The day went by without any problems, and the party was a smashing success!

Once the birthday girl was in the car to go home however, the fireworks began. In less than a minute she was screaming, kicking the seats, and yelling that she hated her mom and that the party wasn't any fun. The parent ignored the tantrum for several minutes, and then with a strategic question was able to redirect the child, who recovered quickly.

The parent explained that it didn't matter what was said, that she in fact **expected** the child to struggle and throw some sort of a tantrum, and that the child would have kept engaging her until something was said that would "cause" the tantrum.

Using the story above as an example, the following chart illustrates the difference it make when a caregiver interprets the challenging behaviours as "symptoms" of the condition instead of simple "bad behaviours"

When actions interpreted as "Bad Behaviours"

Actions taken personally

When a parent takes the angry outburst and hurtful words personally, they too become upset, and the opportunity to move quickly back to a state of positive relationship is lost. The hurt feelings are likely to linger for both caregiver and child.



When actions interpreted as "Symptoms"

Actions not taken personally

Realizing the child is exhibiting symptoms of her condition, the mother actually expected (from experience) that the child would struggle during this transition time, needing to "vent" the pent up emotions.

The parent ignored the child's tantrum and waited for the right time to redirect her. By doing so, the mother helps the child move rapidly back into a state of positive relationship and everyone enjoyed the ride home.

Understanding the Difference Between Symptoms & Behaviours (Cont.)

When actions interpreted as “Bad Behaviours”

Consequences given

Viewing the child’s outburst as simply bad behaviour, a parent may consequence the child, punishing them for “unacceptable behaviour”.

The dangers of adding a punishment for this behaviour are manifold;

- a) The child learns it is not safe to vent to you.
- b) The child may come to believe that they are in fact just a “bad kid”, creating a self-fulfilling prophecy of sorts.
- c) The child and parent miss the opportunity to understand and address the root cause of the behaviour, and develop coping strategies.

When actions interpreted as “Symptoms”

Support & encouragement given

Understanding and, in fact, expecting the behaviours as a symptom of an internal struggle, the parent chooses strategies that support the child in their time of need.

This allows the child to not only vent to a “safe” person, but also may, over time, help them to better understand their own issues and create opportunities to understand themselves.

This helps the child realize they are loved, and that neither they (as a person) nor their relationships are defined by their current difficulties.



When actions interpreted as “Bad Behaviours”

Child’s words taken as true feelings/thoughts

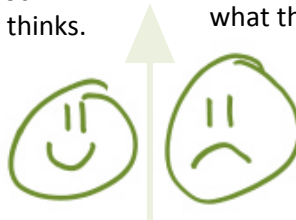
If the parent believes the child really feels this way, the relationship may suffer as caregivers build walls to protect themselves from the hurt.

Consider this; It is more likely that the child “feels” this way in the moment, but does not actually “think” this way. The feelings may be overwhelming but temporary, and not in agreement with what the child truly thinks.

When actions interpreted as “Symptoms”

Actions and words are believed to be a symptom of internal struggle, NOT indicative of how they really think or feel.

When a parent understands that the actions and words are a “symptom” of the pain or difficulty the child is experiencing, they are able to react compassionately, even in the face of hurtful words and behaviours, and help the child find a voice for what they are experiencing.



Remember: Sick, not Bad

Children with mental health issues (just like children with cognitive disabilities) can exhibit some challenging behaviours, and the way caregivers interpret these behaviours is going to determine their response. When parents recognize that undesirable behaviours are caused by something outside of the child’s control, and that a child is doing their best with their limited knowledge, they can change expectations to fit the child’s current struggles and abilities and positively support them through the tough times. This may lay the groundwork for the child to eventually come to understand their own issues and grow beyond the challenges of the day.

#2 Don't Blame Yourself

Discussions by this author with both parents and mental health professionals reveal that parents and caregivers of children with mental health issues are prone to feelings of guilt. Self-blaming, self-doubt and second guessing can lead caregivers to misdirected questions about parenting styles and choices, to wondering what they could have done differently, and generally believing that the mental health issue is a result of something the parent did or did not do. This self-blaming and guilt can undermine a parent or caregiver's confidence and potentially his or her own mental health.

Remember, mental illness is a health issue; it is no more the result of parenting than medical illnesses such as asthma, Lyme disease, or the flu.

#3 Believe In the Child

Children gain inner strength when the important people in their lives are able to maintain the vision of who they are when they are feeling well and not fighting a mental illness. They do not want to behave badly, and want nothing more than to feel like themselves again. Help them by holding onto and believing in that vision of the well person, the person they are without the illness.

#4 Communicate Often, Develop Strategies Together

When the child is in his or her better state, take the time to talk about strategies that can be used when he or she is not feeling well. Make a plan that outlines the steps for a start-over or no-fault reset of the home and relationships. Don't let the bad times define the good times by allowing bad feelings to carry over, but do the opposite; allow the good times and good feelings to carry over and define the bad times.



Be intentional about discussing ways that those around the child can offer support or comfort the individual when they are struggling. Tell your child that he can talk to you anytime about anything, and be the one to initiate the talks.

#5 Research the Condition

There are many different types of mental illnesses; read up on the child's specific condition. This will help you better understand the condition as well as what helps recovery and what can be done to prevent relapses in the future.

#6 Build a Support & Recovery Team

It is tempting for some to hide a mental health concern from friends and family because of a perceived stigma, but this is not helpful. Consider how various individuals can help support a child through recovery; by bringing these individuals into the loop and onto the team the list of people who understand the child and the circumstances grows, as does the number of safe places for the child.

Who are possible members of a recovery team? To begin, remember that the person living with the mental health condition is the most important member of his or her own recovery team and has an important voice in the process.

A Support & Recovery Team Might Include:

- ◆ The person who lives with the mental health condition
- ◆ The doctor who diagnoses the condition
- ◆ A therapist/social worker/counselor/psychologist/psychiatrist
- ◆ Family members, friends, neighbors
- ◆ Teachers, school nurse, youth leaders/mentors

#7 Help the Child Confront Inaccuracies in Their Thinking

It is not uncommon for people struggling with mental illness to get caught in negative thinking patterns. These cyclical patterns are so damaging because how one thinks effects how one feels, which effects behaviours.

Dr. Burns, in his most recent book, “When Panic Attacks” (2007), discusses how this cycle becomes entrenched and harmful to an individual, noting how one’s thoughts are based on an interpretation of an event, and the interpretation of the event – the inner thoughts and inner voice - leads to feelings, which leads to the externalization of these feelings through behaviours, like this:

events	→	thoughts	→	feelings	→	behaviours
When something happens		My inner voice tells me something about the event		My feelings follow my thoughts about the event		My behaviours reflect my feelings about the event.
Example		Example		Example		Example
Mom has not been around me much today; she isn’t her typical positive self		Mom must be tired of me and avoiding me. I burned her out and now she can’t stand me anymore.		I feel like I am nothing but trouble to everyone. Everyone has given up on me. I don’t blame them; I’m such a jerk. I hate myself more than ever.		Angry, pouting, moody, defensive, explosive, distant.



Keep in mind that these negative thought patterns aren’t intentional – the child isn’t trying to be negative, but instead the negative thinking (and the resulting behaviours) are symptoms of the mental illness. Gently reassuring and communicating without judgement about events and their interpretations can help a young person move towards healing. Your mental health professional can help you understand how these cycles begin and how to help your child confront and change them. Remember that confronting the negative thinking cycle does not mean confronting the child.

#8 Live, Love, Laugh, Cry, and Hug a lot - It’s All Good

Life continues; make plans, Keep living. There will be times that a child with mental health struggles will not feel like participating in the regular plans, and that’s OK. By making plans and continuing as normally as possible, you are supporting not only the child, but everyone else around him or her who is sharing in the journey. Keep life moving, and don’t let the illness become the center of attention.

Mental illness is simply part of the journey for many, as roughly 1 in 4 will struggle with it at some point in life. Take time to enjoy the good moments, allow yourself the genuine emotions that come in both the good and bad times. Offer lots of affection and hugs, a gentle touch or pat on the back. Acknowledge your child’s struggles and attempts to move ahead, successful or not, with supportive, encouraging comments.

Remember, when the child seems the prickliest, this is likely when they need support the most. Express your support out loud and often – it will strengthen them.

 **Start by doing what's necessary; then do what's possible; and suddenly you are doing the impossible.** 
St. Francis of Assisi

Avoiding Burnout - Taking Care of the Caregiver



Why do caregivers burnout? According to WebMD (2014), burnout occurs when caregivers don't get the help *they* need, or if they try to do more than they are able either physically, emotionally, or financially. Caregiver burnout can lead to a host of complications that can include physical, emotional, and mental exhaustion as well as compassion fatigue.

What does burnout look like? Symptoms may include (but are not limited to):

- Emotional and physical exhaustion
- Irritability
- Changes in sleep patterns
- Changes in appetite, weight, or both
- Feeling blue, irritable, hopeless, and helpless
- Strong negative feelings about yourself or the person you are caring for
- Frequent sickness
- Withdrawal from friends and family and/or a loss of interest in activities previously enjoyed

If you are experiencing any of the symptoms of burnout already:

Take the time needed to consider your own health needs, and then take steps immediately to do something about them. Talk with your caseworker about what supports may be available to you, and use them. Counseling, respite, extra in home support – are just some of the options that may be available to you. With the help of your support worker, significant other, or someone close to you, come up with a plan to address the stress. Do not be afraid to reach out to others for your own needs. The symptoms listed above are your body and mind's way of telling you about your own needs and, if ignored, can lead one to experiencing their own mental health crisis. Remember, it can take some time for the effects of burnout to develop, and it can take just as long or longer to remedy the condition and return to normal.

The key is to **recognize your own needs** and take the steps needed to properly care for yourself. Don't wait until the effects of stress are starting to take their toll on you before doing something about it.

The Ripple Effect: Family & Friends



Keep in mind that when one individual in a household is experiencing mental health concerns, everyone in the house is likely experiencing the ripple effects of the illness to some degree. Living with and working through a mental health issue can be stressful and difficult not only for the individual with the illness, but for everyone close to the him or her, including extended family and friends. This is not said to blame, shame, or guilt the individual who is struggling but to draw attention to the fact that those living with or close to an individual with mental health issues likely all share in the stress.

Consider how family and friends are affected or impacted by the stresses of living with mental illness. Just as one needs to be intentional about self-care, it is also critical to consider the effects on those close to the struggling child and discuss ways to mitigate the effects. This could include family talk times, one-on-one discussions and debriefing, individual or group counseling, and many other ideas that give individuals opportunity to talk about and process their experiences. Just by acknowledging the ripple effects, we are validating the difficulties and challenges faced and recognizing the efforts of those supporting the child or youth in need.



Put YOUR Mask on First



Care for yourself to have the strength to care for others

Self-Care & De-stressing

Consider the following self-care ideas:



- Self-care Rule #1: Plan for it before you need it. Schedule regular time-outs, continue with your normal activities, and continue to do the things you enjoy. This is about your health, and is not selfish. Don't wait until your stress becomes overwhelming before acting.
- Be proactive about your physical health: exercise, eat healthy, and get enough sleep. This will not only help with the energy you need, but will also support and strengthen your emotional wellbeing.
- Be purposeful and intentional about creating time and space for de-stressing. Don't leave it to chance or circumstances. Take the proverbial bubble bath!
- Take time to pursue hobbies and interests, and maintain friendships. Don't let caregiving consume your life.
- Consider counseling or therapy for yourself and spouse to help you cope with your feelings and also to help you keep a pulse on your own wellness throughout the process. Check with your caseworker to see whether the cost for this may be covered for you.
- Give yourself permission to disengage, be away, and think of other things. Don't waste time with feelings of guilt or wondering if you should be taking the time to take care of yourself. You need to take care of yourself if you want to be there to take care of someone else.
- Take time to work on your other relationships. Talk about your relationship with your partner and discuss ideas for keeping it healthy. Continue to do things together that both you and your partner enjoy.
- Use respite to give yourself, other household members, and the affected child time to de-stress and recharge.
- Bring in outside help such as extended family, home-care or youth workers, when possible. Build a strong support team and use it. Often others want to be helpful but don't know how.
- Communicate often, with everyone.
- Your feelings are genuine and legitimate, do not avoid them. Love, laugh, forgive, cry, it's OK.
- Book your respite, mini-vacations or stay-cations, dates, day trips, spa day, road trip, walks, ahead of time and follow through. Plan on having fun and then do!
- After booking your own time off and away, consider how the same may be helpful for the child or youth that has the mental health concern. A movie out, horseback riding, bike riding or a day trip may be a tonic or positive distraction for the child in question. These activities can be with you, extended family, or a child and youth care worker, depending on the need and the circumstances.
- Consider ways of using extended family and or community agencies/mentors to help support the child. Building a team around the child by extension helps the entire family.



“ Although the world is full of suffering,
it is also full of the overcoming of it. ”
Helen Keller

The Path to Better Mental Health Starts Here

Underlying Conditions May Cause or Aggravate Mental Health Concerns

There are a number of issues and general health conditions which are known to have the potential of impacting one's mental and/or emotional health. Caregivers can check for these issues while waiting for a mental health consultation and, if applicable, address them while waiting. Checking for these issues before the initial mental health appointment will provide a couple of benefits; first, if they are present in the child, addressing them immediately may correct or at least alleviate the symptoms which are disturbing the child. Secondly, by checking for these issues early, even while waiting for a mental health consultation, you are *doing something*, and taking steps to *do something* can be encouraging for the child and family.

Addressing the following concerns as soon as possible allows you to rule them out as potential underlying factors that are affecting the child's wellbeing, and may well be the first steps toward the path of hope and healing.

Sleep

Most of us have missed sleep at some point in our lives and can attest to how easily the lack of sleep can throw us off of our game. With prolonged sleep disturbances the ability to focus and pay attention can suffer, cognitive abilities and performance may be impacted and we may find ourselves short tempered, irritable, and overly emotional.

How is the child in your care sleeping? If he or she is having issues getting to sleep or staying asleep, this problem alone may be enough to create conditions which present as mental health and/or behavioural issues.

During the annual Foster Parent Conference in Jasper, Alberta (2014), Keir Kutney, a behavioural specialist from the Red Deer area with more than 26 years of experience working with children who have severe behavioural issues, noted that many behavioural, emotional, and/or psychological issues experienced by children in care may be caused by or further aggravated by chronic sleep problems. While sleep disturbances may be the result of many factors in general, a combination of past traumatic experiences, placement anxiety and current stresses, which are not uncommon for children in care, often do result in chronic sleep disturbances.

Tips for Improving Your Child's Sleep

- **Routine**

It is hard to overemphasise the value of routine when helping children who struggle with sleep issues. By creating a repetitive bedtime drill, we create a transition script that signals the mind and body that bedtime is eminent, and allows the mind to quiet itself. For children with FASD or other cognitive disabilities, developing a standard routine also helps them navigate the often challenging transition from playtime to bedtime. A routine can include anything that works for you and the child which creates quiet time and relaxation. Some ideas include warm baths, bedtime stories, pajama time, quiet time in bed reading or looking at books, or anything else that provides a positive, repeatable, and calming moment for the child.

Many sleep experts caution against using television or video games up to an hour before bed, for a number of reasons; first of all, the stimulating effect of these work directly against the goal of quieting the mind. Secondly, the light emitted from these electronics can affect the body's production of the natural hormones that help us sleep. A good sleep routine should include a relatively consistent waking time as well, as varying the wake time by large amounts (like sleeping in late) can work directly against the child's evening sleep cycle. For a child with sleep issues, the bedtime routine should start at the same time and follow the same script every night.

- **Environment**

Some people seem to be able to sleep anywhere, anytime, while others are much more sensitive to their environment and the stimulation within it. Unfortunately, children with FASD or other cognitive disabilities such as those caused by childhood trauma, both of which are not uncommon among children in care, often find themselves in the group that has much more difficulty achieving and maintaining sleep. Consider the child's environment based on their personal ability to habituate to (or block out) environmental stimulation;

the amount of light, the noise and activity level in and near their bedroom, and room temperature are easy places to start, but a thorough review of their environment should also include a review of the distractions within the child's room such as toys and décor, the type of or weight of the bedding, and even the type of clothing the child sleeps in. All of these are potential areas that can be adjusted to match the child's ability to habituate to or block out distracting stimuli.

Not all children respond the same way under similar circumstances. For instance, some may prefer a completely quiet room, while others prefer some background noise; some may prefer light bedding that they can kicked off, while others prefer a heavy blanket. Adjust the temperature, ambient light, and noise or activity near the child's bedroom accordingly.

- **Diet**

It is widely suggested that children not be given food or drink that contains caffeine up to six hours before bedtime. Avoiding foods with large amounts of sugar as well as large meals close to bedtime can also help you avoid conditions which may affect the child's ability to enter his or her natural sleep cycle.

- **Sleep Aids**

Children who chronically struggle with sleep disturbances may benefit from using sleep aids such a melatonin or even mild over the counter or prescription sleep medications. If you have explored all the less invasive options and the child still struggles with sleep issues, you may want to talk with the child's doctor and caseworker to decide if he or she would benefit from a sleep aid.

The Bottom Line

While getting enough sleep is critical to good mental and emotional health, sleep problems can easily be overlooked or considered less important when a family is struggling with symptoms and behaviours that are negatively impacting a child's life. If the child is having ongoing sleep problems – either falling or staying asleep, or is experiencing sleep disturbances such as regular nightmares, addressing these as soon as possible may well put the child onto the path of mental wellness. Talk to your child's health care provider and case worker if your attempts to address sleep don't work and you need additional help.

From the Web

There are many resources available on the internet to help you understand and address sleep issues. The following links can get you started on finding solutions for chronic sleep issues.



<https://myhealth.alberta.ca/health/Pages/conditions.aspx?hwid=abh0127>



<http://keltymentalhealth.ca/healthy-living/sleep>



Part 1: <http://lovinadoptin.com/2014/08/29/why-adopted-and-foster-children-have-sleep-issues-part-1/>

Part 2: <http://lovinadoptin.com/2014/09/05/how-to-help-your-adopted-foster-child-sleep-part-2/>

Underlying Medical Conditions

In some cases underlying medical conditions, such as Hypo or hyper-thyroid conditions, hypoglycemia, Iron deficiencies, low levels of Vitamin D, and hormone issues, may cause or contribute to mental health concerns.

It is important to see one's primary care physician as soon as concerns arise to rule out potential underlying health concerns, obtain a bloodwork baseline, and complete a thorough medical assessment.



Knowing Your Professional Team



There are many professionals who may play a role in a child’s wellness journey. Listed below are some of the more common professionals along with a description of their expertise and services provided.

Role Description	Requires Referrals	Prescribes Medications
<p>Family / Primary Care Doctor</p> <p>The family or primary care doctor will work with you to assess your child initially and help plan a course of action. He or she can also be beneficial in helping you select other team members to support the child and help monitor progress. Some service providers, like psychiatrists, can only be accessed through a referral from a primary care doctor.</p> <p>A family doctor can run tests to rule out medical factors such as hypo or hyper-thyroid, vitamin D deficiencies, hypoglycemia, hormone imbalances, low iron, etc., as these may cause symptoms which appear to be mental health concerns or add to the severity of depression, anxiety, irritability, and insomnia.</p>	NO	YES
<p>Pediatrician</p> <p>After becoming a medical doctor, pediatricians train for at least four more years in the specialized care of children. Many pediatricians train in a specific area of child and youth health, called subspecialists. Some examples are pediatric surgeons, neonatologists (caring for sick newborns or premature babies), and developmental pediatricians.</p> <p>A developmental pediatrician is a pediatrician who has received additional training in child development and behavior. Typically, a specialized pediatrician accepts patients through referrals.</p>	YES	YES
<p>Psychiatrist</p> <p>According to the CMHA (2014) a psychiatrist is a medical doctor with a specialty in the diagnosis and treatment of mental illnesses. They can prescribe medication and use counselling to support recovery. You usually need a referral from your family doctor to see a psychiatrist. Psychiatrists’ fees are covered by provincial and territorial health plans.</p>	YES	YES
<p>Psychologist</p> <p>Psychologists are trained to assess, diagnose and treat mental health problems and disorders. They hold a masters or doctoral degree in psychology and one or more specialty area or areas like clinical psychology or clinical neuropsychology. Their expertise includes psychological testing and assessment of emotional and cognitive functions, the diagnosis of emotional and cognitive disorders, and the use of evidence-based psychological treatments and psychotherapies (CMHA, 2014).</p> <p>When a psychologist is employed by a public institution like a hospital, school, or correctional facility, their services are covered by the public health system. When a psychologist practices in the community, however, their services are typically not covered by public health insurance plans.</p>	NO	NO
<p>Counsellors</p> <p>The CMHA (2014) notes that registered or certified counsellors (such as a Registered Professional Counsellor or Registered Clinical Counsellor) are trained to assess mental health problems and use different counselling and/or other therapeutic methods. This often includes teaching different skills to help improve well-being. Counsellors are not medical doctors and can’t prescribe medications.</p>	NO	NO

Knowing Your Professional Team

	Role Description	Requires Referrals	Prescribes Medications
Social Worker	A social worker is a helping professional who focuses on both the individual and his or her environment. Social workers perform interventions through research, policy, community organizing, direct practice, and teaching. A social worker can help organize a support team for your child, facilitate team meetings, and provide personal support to individuals and families.	NO	NO
Youth Mentors	The term <i>Youth Mentor</i> can be used to describe a wide range of professionals who support children who are struggling with various issues, including behavioural and mental health concerns. Depending on the agency through which the youth mentor is contracted, the individual may have minimal training gained through work experience, but more likely will have a diploma or degree in Child and Youth Care, Psychology, Nursing or Social Work. Youth mentors typically work as part of a team by carrying out therapeutic activities associated with a treatment plan within the individual’s home and social environments.	NO	NO
Pharmacist	Pharmacists represent one of the most accessible points of health care in Alberta. For those living with mental illness, this access to highly knowledgeable professionals in our healthcare system offers tremendous benefit. It is part of pharmacist’s regular duties is to answer your questions, and they are an excellent source of information regarding medications, alternatives, risks and side effects, interaction potential and much more. It is strongly recommended that one uses the same pharmacist throughout treatment to avoid receiving too many medications, or medications that contradict or cause a reaction when taken together. Alberta has recently expanded the role of the pharmacist by creating the Clinical <i>Pharmacist</i> position, whose purpose is not to dispense medications, but to give advice and support to patients and add to the medication information patients receive at the pharmacy counter.	NO	NO

Psychiatrist or Psychologist; Which One?

The answer to this question depends on the circumstances; it may be both and it may be neither, depending on the mental health issues of the child. When Dr. Abel (2011), a Psychologist and Author, was asked which she would refer a personal friend to, her answer was, “If I were advising a friend or family member on whether to see a psychotherapist or a psychiatrist; I might recommend both in some instances. However, by and large if the person suffers from Bi-Polar Disorder, ADHD, or Schizophrenia I would recommend a psychiatrist. If they are suffering from Generalized Anxiety Disorder (GAD), Post-Traumatic Stress Disorder, Social Anxiety, Panic Disorder, Agoraphobia, Simple Phobia, Insomnia, or Depression without cycles of Mania I would recommend a therapist who specializes in the field.” The first step is to see one’s family doctor who will help determine whether either of these specialists can benefit your child and support their treatment.



Useful Links and Phone Support



Alberta Mental Health Helpline
1-877-303-2642



Kids Help Phone
1-800- 668-6868



24 hour distress line Edmonton
780-482-4357 / 780-342-7777
(Mobile Response Team)



24 hour distress line in Calgary
403-266-1605 / 403-266-HELP(4357)
403-266-4357



Health Link Alberta
Toll Free 1-866-408-LINK (5465)



Canadian Mental Health 24 Hour Phone Support for Individuals Experiencing a Crisis. 1-888-787-2880



Phone 211:

Free information and referral system for thousands of community and social services in Alberta. Available day or night by dialing 211.



Text Connect: 1-587-333-2724

Text connect: Monday to Friday, from 5 pm – 10 pm and Saturday and Sunday from 12 pm – 10 pm If you feel more comfortable typing than talking, then you can get in touch with us this way.
(A program of the [Distress Centre](#))



Internet Links



♦ **Children's Mental Health Learning Series**

The Children's Mental Health Learning Series provides caregivers, families and professionals with helpful information to increase knowledge and help support children and youth with mental health concerns.

<http://humanservices.alberta.ca/family-community/cmh-learning-series.html>

♦ **Alberta Mental Health & Wellness**

Main web portal to Alberta's mental health services

<http://www.albertahealthservices.ca/mentalhealth.asp>

♦ **Alberta Health Services**

<http://www.albertahealthservices.ca/>

♦ **Edmonton region mental health service directory**

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=7484>

♦ **Edmonton Community Mental Health Clinic**

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=1001410>

♦ **Medicine Hat region**

support and services directory including crisis line

<http://ser.cmha.ca/files/2012/03/WhenYouNeedHelp-MedicineHat.pdf>



Internet Links



◆ **Addiction and mental health information and services**

Links to information and resources on mental health, substances and addiction to help improve the health and mental well-being of Albertans.

<http://www.health.alberta.ca/health-info/addiction-mental-health.html>

◆ **Parent Link Centres**

Three new Parent Link Centres will join a network of 50 other Centres to provide parents and caregivers with free resources and support to develop nurturing environments to support early childhood development.

<http://humanservices.alberta.ca/family-community/15576.html>

◆ **Parent link Alberta directory**

<http://humanservices.alberta.ca/family-community/plc-regional-map.html>



◆ **Alberta Mental Health Patient Advocate Office**

The Mental Health Patient Advocate is legislated to protect patient rights and investigate complaints. The Patient Advocate is not part of a provincial health authority, hospital, clinic or treatment team.

<https://www.mhpa.ab.ca/Contact/Pages/default.aspx>



◆ **Triple P**

Takes the guesswork out of parenting

The Alberta government is taking the guesswork out of parenting, supporting parents and caregivers with the Triple P – Positive Parenting Program. Triple P gives parents simple tips to help manage the big and small problems of family life.

<http://www.triplep-parenting.net/alb-en/home/>



◆ **CASA Caregiver Village**

A wealth of information, support and tools that covers a broad range of issues including mental health concerns, parenting, and developmental disabilities such as FASD. Select an area of concern and your child's age to find information and resources that can help you care for your child.

www.caregivervillage.ca/index.php/webapp



◆ **(CAMESA) guidelines**

The Canadian Alliance for Monitoring Effectiveness and Safety of Antipsychotics in Children (CAMESA) guidelines provide parents and doctors with information about the side effects of antipsychotic drugs in children.

<http://comesaguideline.org/about-the-guidelines>



◆ **Psychotherapies For Children And Adolescents**

A brief description of the more common types of psychotherapy for families and children and how they may benefit you.

http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Psychotherapies_For_Children_And_Adolescents_86.aspx



◆ **Kelty Mental Health**

A wide range of online resources to support families as they support individuals through a variety of issues, including mental health, parenting and developmental disabilities.

[http://keltymentalhealth.ca/resources?tid3\[\]=44](http://keltymentalhealth.ca/resources?tid3[]=44)



Internet Links



◆ National Alliance on Mental Illness Fact Sheet Library

NAMI's fact sheets are clear, concise information on mental health topics. A few ways you might want to use them are by sharing them with a loved one, bringing them to an appointment, or handing them out at health fairs.

<http://www.nami.org/Learn-More/Fact-Sheet-Library>



◆ Calgary Region

Hull Services helps children, adults, and families who experience significant mental health, behavioural and developmental challenges, using their expertise to help move them to success, and actively confront the barriers to wellness in our whole community

www.hullservices.ca



◆ Distress Center

Distress Centre ensures everyone has a place to turn to in a time of crisis by providing 24 hour crisis support, professional counselling and 211 referrals - all at no cost.

<http://www.distresscentre.com/>



◆ Help-4-Me

Mental health support for children and youth

<http://www.help4me.ca/>



◆ Youth Smart

Tools, information and Resources for youth

<http://www.youthsmart.ca/>



◆ ConnecTeen (Calgary)

A confidential peer support service for youth in Calgary and area, a program of [Distress Centre](#).

Calgary Help Line 403.264.8336 | TEXT: 587.333.2724

<http://calgaryconnecteen.com/>

Preparing for the Mental Health Consultation



Child's Personal History

Placement history

Any known history of neglect or abuse

Family of origin health/mental health history

Other

History of Symptoms

Current symptoms, challenges and/or problematic behaviours

First symptoms: what were they, when did they start, how have they changed

Known triggers which may lead to or escalate symptoms



Known Health/Mental Health & Cognitive Function Issues

Including current and past **health** and **mental health** issues, known or suspected cognitive **function** issues (i.e. FASD, ADHD, RAD, Bipolar, etc.)



Current Medications & Treatments

Include all prescribed medications, herbal and homeopathic remedies



Current Strategies

What strategies have you used to help with the symptoms, what has been helpful and what has not been helpful



Hopes, Desires, & Expectations of Treatment



Other (information you believe may be useful or relevant during the mental health consultation)

Question to Ask During a Mental Health Consultation

About the Illness

What is the cause of this illness?

What do we need to know about the condition?

How do we achieve the best results for this condition: psychotherapy, medication, or a combination of both?

Where can I get more information?

About the Treatment Plan

Is the goal of treatment to cure this condition or manage it? How long might treatment last?

Are there any medical tests or other assessments which need to be done before my child begins treatment?

How often will progress be checked and by whom? When is the next appointment?

Who do we contact in case of an emergency (regular business hours and after hours/weekends)

What potential behavioural changes should we be prepared for?

About the Medications

Why are you prescribing this medication to the child?

How will the medication help the child?

Question to Ask During a Mental Health Consultation

About the Medications (cont.)

Are there alternatives to using this medication?

What is the name of the medication? Are there benefits to taking the brand name versus a generic equivalent?

How long will my child need to take this medication?

What changes should we expect to see? How long before we expect to see changes and/or improvement?

What are the risks and side effects associated with this medication?

What do I do if side effects develop?

How long do you expect the child will need the medication, and how will the decision be made to stop using it?

Will a psychiatrist be monitoring my child's response to the medication?

Is this medication addictive? Can it be abused?

What if we miss a dose?

Are there other medications, foods, or activities which my child should avoid while taking this medication?

Are there adverse interactions between this medication and other prescription, over-the-counter, or herbal medications?

Does my child's school nurse need to be informed about this medication?

Question to Ask During a Mental Health Consultation

About Supporting the Child

What can the family do to support the child during treatment?

What advice or strategies would you recommend for dealing with challenging behaviours and symptoms?

Are there any community resources that would benefit the child and/or family during treatment?

What else do we need to know that hasn't been covered yet?

Monitoring Symptoms and Side Effects

The following pages contain forms that may be used to track both the symptoms and side effects that a child might experience when being treated with psychotropic medications.



IMPORTANT: Use this form along with one of the medication monitoring forms below, found on pages 26-29.

Remember: if you do choose to use these or any other tracking forms, to start tracking **BEFORE** a child begins using medications if possible, so that a solid baseline can be established prior to treatment. This will help identify positive or negative changes in symptoms and in possible side effects.

It is strongly recommended that you consult with the child’s primary care physician before beginning any psychotropic medications to determine:

- ▶ Whether there are underlying medical conditions which may be causing or contributing to the mental health issue, or which may cause an adverse reaction if medications are used in treatment
- ▶ Complete a medical assessment that establishes physical baselines to help monitor for potential changes as treatment progresses
- ▶ Check with the child’s primary care physician to ensure that whichever forms you choose to use (to monitor and track symptoms and side effects) are capturing the information that you and the child’s doctor need

Physical / Medical Baseline & Tracking

	Baseline	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	8 Weeks	10 Weeks	12 Weeks
Blood pressure										
Heart rate										
Respiration										
Height										
Weight										
Waist (circumference)										
BMI										
Blood work:										

For more information about the risks and possible side effects of antipsychotic medications, you can visit [CAMESA](http://comesa.org), which is dedicated to helping parents and doctors manage the side effects of second generation antipsychotics in children. <http://comesaguideline.org/about-the-guidelines>

Medication Monitoring Form: Anxiety and Depression

Anxiety & Depression

The following form is designed to help you track changes, positive and/or negative, while on medications. Always consult with your Physician prior to use, and follow their directions.

Rate **symptoms** using a scale of 0 to 3 as per the following:

0 = Not Present

1 = Little

2 = Moderate

3 = Severe and/or Frequent

NOTE:

1. It is important to complete a BASELINE evaluation for both symptoms and side effects BEFORE treatment begins to provide a comparison.
2. Extra spaces are provided below for specific symptoms which may not be represented

Baseline 1 2 3 4 5 6 8 10 12
 Week Weeks Weeks Weeks Weeks Weeks Weeks Weeks Weeks Weeks

Date											
Dose											

Symptoms

Baseline 1 2 3 4 5 6 8 10 12
 Week Weeks Weeks Weeks Weeks Weeks Weeks Weeks Weeks Weeks

	Baseline	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	8 Weeks	10 Weeks	12 Weeks
Anxiety										
Panic attacks										
Feeling overly worried										
Compulsive habits										
Unusual aches and pains										
Avoidance behaviours										
Obsessive thoughts										
Worried about social situations										
Restless or jittery										
Other:										
Depression										
Irritable mood										
Sad or low mood										
Feeling things are hopeless										
Guilty feelings (like you let yourself/others down)										
Little interest or pleasure in things you typically enjoy										
Moving or speaking slowly										
Difficulty concentrating or focusing on a task										
Any self-harm or "better off dead" thoughts										
Poor appetite (less than 2 regular meals/day)										
Overeating (more than 3 large meals/day)										
Not able to complete tasks (school/home)										
Sleeping too much (12+ hrs/day)										
Difficulty falling or staying asleep										
Other:										

Anxiety & Depression

The following form is designed to help you track changes, positive and/or negative, while on medications. Always consult with your Physician prior to use, and follow their directions.

Side Effects Monitoring Form: Anxiety and Depression

Rate side effects using a scale of 0 to 3 as per the following:

0 = Not Present

1 = Little

2 = Moderate

3 = Severe and/or Frequent

NOTE:

- It is important to complete a BASELINE evaluation for both symptoms and side effects BEFORE treatment begins to provide a comparison.
- Extra spaces are provided below for specific side effects which may not be represented

SIDE EFFECTS	Baseline	1	2	3	4	5	6	8	10	12
	Week	Weeks	Weeks	Weeks	Weeks	Weeks	Weeks	Weeks	Weeks	Weeks
Weight gain										
Weight loss										
Stomach ache										
Appetite increase										
Appetite decrease										
Indigestion										
Nausea										
Diarrhea										
Constipation										
Urinary problems										
Dry mouth										
Sweating										
Muscle spasms										
Twitching										
Can't sleep										
Tired/sleepy										
Apathy, unmotivated										
Agitation										
Anxiety										
Shakiness										
Heart racing										
Sexual changes										
Rash										
Inner restlessness										
Headaches										
Dizzy										
Vivid dreams										
Visual changes										
Other:										

Antipsychotics

The following form is designed to help you track changes, positive and/or negative, while on medications. Always consult with your Physician prior to use, and follow their directions.

Medication Monitoring Form: Antipsychotics

Rate **symptoms** using a scale of 0 to 3 as per the following:

0 = Not Present

1 = Little

2 = Moderate

3 = Severe and/or Frequent

NOTE:

- It is important to complete a BASELINE evaluation for both symptoms and side effects BEFORE treatment begins to provide a comparison.
- Extra spaces are provided below for specific symptoms which may not be represented

	Baseline	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	8 Weeks	10 Weeks	12 Weeks
Date										
Dose										

Symptoms	Baseline	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	8 Weeks	10 Weeks	12 Weeks
Aggression										
Low mood										
Anxiety										
Hallucinations										
Delusions										
Feeling overly excited or happy										
Disruptive behaviours										
Trouble falling or staying asleep										
Hyperactivity										
Disorganized thoughts										
Tics (uncontrolled motor movements or vocalizations)										
Other:										

Antipsychotics

The following form is designed to help you track changes, positive and/or negative, while on medications. Always consult with your Physician prior to use, and follow their directions.

Side Effects Monitoring Form: Antipsychotics

Rate side effects using a scale of 0 to 3 as per the following:

0 = Not Present

1 = Little

2 = Moderate

3 = Severe and/or Frequent

NOTE:

- It is important to complete a BASELINE evaluation for both symptoms and side effects BEFORE treatment begins to provide a comparison.
- Extra spaces are provided below for specific side effects which may not be represented

SIDE EFFECTS	Baseline	1	2	3	4	5	6	8	10	12
	Week	Weeks	Weeks	Weeks	Weeks	Weeks	Weeks	Weeks	Weeks	Weeks
Urinary problems										
Weight gain										
Weight loss										
Racing heart beat										
Skin rash										
Muscle spasms										
Stiff muscles										
Increased appetite										
Appetite loss										
Headaches										
Feeling drowsy										
Feeling nauseated and/or vomiting										
Feeling dizzy or lightheaded										
Feeling agitated										
Dry mouth										
Constipation										
Blurred vision										
Disruption with sexual functioning										
Disruption with menstrual cycle or										
Diarrhea										
Other:										