Introduction

Welcome to the second edition of the Saskatoon Public Schools (SPS) Mental Health Newsletter. The purpose of this newsletter is to raise awareness and understanding of mental health issues that may affect our students. This issue’s focus will address the topic of Anxiety.

Understanding Anxiety & Development

In some form or another, we all experience anxiety on a daily basis. It is very common to feel nervous or uptight before an exam or public speaking or to have butterflies in your stomach before going on a first date. In fact, anxiety has been defined as, “fear or nervousness about what might happen” by the Merriam-Webster On-Line Dictionary.

Anxiety is actually a very normal and adaptive human reaction that we are all programmed to feel when we encounter a stressful or new situation. It is both expected and normal at certain ages and in certain situations. It signals the fight or flight response, and is an immediate reaction to perceived danger or threat. This signal often helps us to pay attention, to think more effectively, to be careful, or to recognize that there is a problem to be solved. Because anxiety can arise from real or imagined circumstances, almost any situation can set the stage for it to occur. Anxiety becomes a problem when it becomes excessive and debilitating and begins to interfere with day to day functioning (at home, school, work, in social domains). In children with anxiety disorders, this normally useful emotion can work against them.

Anxiety is a normal part of growing up and it is expressed differently at different stages of development. The following are examples of some of the common fears experienced in infancy, childhood, and adolescence:

Infancy (0-2 years)—fear of loud noises; fear of strangers; fear of separation from parents/caregivers; fear of sudden, unexpected, or looming objects.
One in five lifetime in Canada: a mental illness in your

Early Childhood (4-5 years)—fear of separation from parents; fear of animals, dark, noises, and “bad” people; fear of bodily harm/death.

Early Elementary (6-8 years)—fear of supernatural beings (e.g. ghosts and witches), fear of bodily injuries/death; fear of thunder and lightning, the dark, and sleeping or staying alone; fear of separation from parents; media events causing anxiety.

Late Elementary (9-12 years)—fear/worry surrounding natural disasters/traumatic events and media events; anxiety around taking tests or exams in school; worry about school performance; fear of bodily injury/death; worry around their physical appearance; fear of thunder and lightning.

Adolescence (12-18 years)—fear of rejection from peers; worry about personal appearance, school, political issues, the future, animals, supernatural phenomena, natural disasters, and safety.


The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the United States and Canada. In 2013, the Fifth Edition was published, DSM-5. With the new edition came changes to some of the categories of anxiety disorders, mainly in refining criteria and symptoms across the lifespan (including children and older adults).

For further information on the DSM-5, please refer to the following website from the American Psychiatric Association, http://www.psychiatry.org/DSM5

_**Types of Anxiety Disorders**_

There are many types of anxiety disorders. In children and adolescents the most common tend to be generalized anxiety disorder (GAD), separation anxiety disorder, and specific phobia. For the purposes of this newsletter only a brief definition of each type of anxiety disorder will be provided. For more detailed information, please go to the Anxiety Disorders Association of Canada website.

- **Separation Anxiety Disorder** – Characterized in children as an excessive fear of being separated from familiar people (i.e.; their parents/caregivers).
- **Generalized Anxiety Disorder (GAD)** – Characterized in children and adolescents by excessive and uncontrollable worries concerning different areas of daily living, such as performance in school, in sports, or worries about their health or the health of others.
- **Specific Phobia** – Characterized as an intense fear of an object or a situation (e.g.; dogs, blood, injections, flying, etc.).
- **Social Anxiety Disorder (Social Phobia)** – Characterized as an excessive anxiety in social situations, such as talking in front of an audience or to a stranger.
- **Post-Traumatic Stress Disorder (PTSD)** – Can occur after being exposed (directly or indirectly) to a traumatic event (natural disaster, war, aggression, loss of a loved one, sexual abuse, etc.).
- **Obsessive-Compulsive Disorder (OCD)** – Recognized by the presence of obsessions (intrusive and recurrent thoughts or images, like fear of being contaminated by germs) or of compulsions (recurrent rituals or behaviours performed in an attempt to reduce anxiety, like constant hand washing).
- **Panic Disorder (with and without Agoraphobia)** – Characterized by panic attacks (a sudden surge of intense anxiety) and by avoidance of situations associated with the attacks (if there is agoraphobia).

**What is an Anxiety Disorder?**

According to the Anxiety Disorders Association of Canada:

An anxiety disorder is diagnosed when the symptoms of anxiety create significant distress and some degree of functional impairment in a person’s life. They may find it difficult to function in areas of life such as social interactions, family relationships, work or school. And often, different anxiety disorders occur together or with other conditions, such as depression or substance abuse.

The categories/types of anxiety disorders include: Social Anxiety Disorder, Post-Traumatic Stress Disorder, Panic Disorder with or without Agoraphobia, Obsessive-Compulsive Disorder, Specific Phobia, Generalized Anxiety Disorder, and Separation Anxiety (in children and youth).


**The factors related to good mental health:**

- The ability to handle day-to-day demands
- The ability to handle unexpected problems
- In youth — integration with peers and positive feelings about appearance
- In seniors — retaining life satisfaction through maintaining value systems, roles, activities, and relationships

**The activity known to reduce the symptoms of anxiety, depression, and panic disorder:**

Exercise

**Anxiety is one little tree in your forest.**

Step back and look at the whole forest.
What do you do if you suspect one of your students may have anxiety?

Determining whether or not a young person is anxious is sometimes very difficult to do because not every student who exhibits these signs is anxious and not every student who is anxious exhibits all these signs. Therefore, if you suspect one of your students may be anxious, a good first step for teachers or parents is to consult with your school’s counsellor or guidance counsellor, or recommend the family speaks with their family doctor.

General Classroom Strategies

There are many ways that schools can help students with anxiety succeed in the classroom. Anxious children perform best in a calm and supportive environment. Because change and uncertainty can be unsettling for them, a structured and organized classroom will allow children to feel safe and to know what to expect. Although this is by no means an exhaustive list, examples of some possible accommodations, adaptations, and strategies include:

- **PREFERENTIAL SEATING**
  Anxious children often struggle with the fear that they will get in trouble. Therefore, seating them away from disorderly classmates will be less distracting, and may help them focus on their work rather than feeling responsible for the class.

- **FOLLOWING DIRECTIONS**
  Concerns about getting the directions wrong either because of distraction or misunderstanding are common. Signaling the class first when giving directions (flashing lights, clapping hands) and when possible having directions written on the board or elsewhere may assure anxious children that they have understood the directions.

- **CLASS PARTICIPATION**
  Fears of getting the answer wrong, saying something embarrassing, or simply having other kids look at them may be concerns for an anxious child. Determine the child’s comfort with either closed ended questions (requiring a yes or no) or with opinion questions, start with whichever is easiest. Use a signal to let the child know that his/her turn is coming. Provide opportunities for the child to share knowledge on topics in which he or she is most confident.

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Signs & Symptoms of Anxiety in Children & Adolescents

The signs of anxiety vary from individual to individual and from situation to situation, yet, there are some symptoms that tend to be rather consistent across anxiety disorders. These symptoms can be categorized as physical, cognitive, and behavioural. The challenge with childhood anxiety is that it is often not recognized. And although the signs of anxiety disorders are similar in children and adults, children tend to show more signs of irritability and inattention.

**PHYSICAL SIGNS:**
- Stomach discomfort
- Rapid or increased heart rate
- Flushing of the skin
- Excessive perspiration
- Headaches
- Muscle tension
- Sleeping problems
- Nausea, vomiting, diarrhea
- Trembling or shaking
- Shortness of breath
- Dizziness
- Chest pain or discomfort

**COGNITIVE SIGNS:**
- Poor attention and concentration
- Overreaction and catastrophizing relatively minor events
- Memory problems
- Worry
- Irritability
- Perfectionism
- Thinking rigidly
- Hypervigilance
- Fear of losing control
- Fear of failure
- Difficulties with problem solving and academic performance

**BEHAVIOURAL SIGNS:**
- Shyness
- Withdrawal
- Frequently asking questions
- Frequent need for reassurance
- Needs for sameness
- Task avoidant
- Lack of participation
- Failure to complete tasks
- Seeking easy tasks
- Rapid speech
- Excessive talking
- Restlessness, fidgety
- Habit behaviours, such as hair pulling, hair twirling, or nail biting
- Impulsiveness


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• CLASS PRESENTATIONS
Children with extreme social anxiety may have difficulty with oral reports. Consider having the child present to the teacher alone, or have the child audiotape or videotape the presentation at home.

• ANSWERING QUESTIONS AT THE BOARD
For children with social anxiety, the combination of getting the answer wrong, and being visible to the whole class may be so overwhelming that they may opt to avoid school altogether. Consider having the child exempt from going up to the board until they are ready to handle that challenge, or, begin to approach that situation by eliminating the risk of being wrong, by simply asking the child to write the date on the board.

• TESTING CONDITIONS
Extended time on tests will ease the pressure on anxious children, and just knowing that the time is available may reduce the need to use it. Sometimes anxious children become distracted when they see other children working on their tests or turning them in, they may inaccurately assume that they don’t know the material as well. Testing in an alternate, quiet location may be preferable for some children.

Consider the use of word banks or equation sheets to cue children whose anxiety may make them “blank out” on rote material.

• LUNCHROOM/RECESS/UNSTRUCTURED ACTIVITIES
Free choice times can be a welcomed and necessary break from the pressures of school, but fears of rejection in the lunchroom or on the playground can take the fun out of free time. Bridge the gap socially by creating ties between small groups of children. A lunch bunch with two or three children can create a shared experience which kids can then draw on later. When working in pairs or small groups, don’t always have children choose the groupings themselves, alternate this with a “counting off” technique or drawing straws to allow variability in the groupings.

• SAFE PERSON
Having one person at school who understands the child’s worries and anxieties can make the difference between a child attending school and staying home. A guidance counselor, principal, nurse, or teacher can be identified as a point person for the child to check in with briefly (5-10 minutes) to help dispel worry thoughts, take deep breaths and return to class.

• COOL DOWN PASS
Pressures build for anxious children. Being able to leave the situation briefly to get a drink of water or wash their face can allow them to clear their heads and return to class on a less anxious track. Since anxious children may be hesitant to ask for “body breaks” and risk being the center of attention, use an orange card which the child simply places on his desk, or the teacher’s desk, which signals they are out on break.

• ASSEMBLIES/LARGE GROUP ACTIVITIES
Some children become anxious in crowds. Until a child has mastered the gymnasium, allow them to sit where they feel most comfortable (e.g., at the end of the row in the back of the gym), until they can gradually rejoin their class.

• RETURN AFTER ILLNESS
Anxious kids may be very distressed about work they have missed while they were away. Assign a responsible buddy to copy notes and share handouts. If tests are given the day of the child’s return, give them the option to take the test at another time and use the test-time to make up any other missing work.

• FIELD TRIPS
Compounding the daily stress of the anxious child, field trips include the factors of being away from home and parents, and a change in routine. Accommodate the child’s level of readiness so that he or she can participate as fully as possible. Consider having the child in the “teacher’s group,” or having parents accompany the group until the child is ready to handle an excursion without these supports in place.

• CHANGE IN ROUTINE/SUBSTITUTE TEACHERS
Because anxious children try very hard to please and predict what is required in a situation, changes of any sort may be experienced as very stressful. When possible, send a note home the day before to alert the child/family of a change in routine, this will allow the child to process the change in his or her comfort zone and will make the transitions go more smoothly the next day.

• FIRE/SAFETY DRILLS
While these drills are for a child’s safety, anxious children may be very distressed by imaging that these events were actually happening. If there is an opportunity to signal the child in person just before the alarm sounds, this may buffer the surprise of the drill and allow children to mobilize with less distress.

• HOMEWORK EXPECTATIONS
If children are spending inordinate amounts of time on homework because of redoing, rechecking, rereading, or simply worrying that the assignment was not done thoroughly enough, the teacher can set a reasonable amount of time for homework and then can reduce the homework load to fit into that time frame. Teachers can also provide time estimates for each assignment (this could be helpful to the entire class), so that the anxious child can attempt to stay within 10% of the estimated time. Eliminate repetition by having the child do every other math question. Reduce reading and writing assignments. Consider books on tape if a child is unable to read without repetition. For a child with writing difficulties, consider having a parent, teacher, or another student “scribe” for the child while he or she dictates the answers.

• INDIVIDUALIZED PROGRAMMING
Each case is different and will require individualized programming based on the strengths and weaknesses of each student.

Adapted from “Sample Accommodations for Anxious Kids” which was downloaded April 10, 2014 from: http://www.anxietywisdomorg/resources/40

EDUCATIONAL IMPLICATIONS:
Students with anxiety disorders tend to frustrate easily and they may have difficulty completing their work. They may worry so much about getting everything right that they take much longer to finish assignments or exams than other students. Or they may simply refuse to begin out of fear that they will not be able to do anything right. Their fears of being embarrassed, humiliated, or failing may result in school avoidance. Getting behind in their work due to numerous absences often creates a cycle of fear of failure, increased anxiety, and avoidance, which lead to more absences. Furthermore, children are not likely to identify anxious feelings, which may make it difficult for educators to fully understand the reason behind poor school performance.

Adapted from the Minnesota Association for Children’s Mental Health Fact Sheet entitled “Anxiety Disorders” http://www.macmh.org/publications/fact_sheets/Anxiety.pdf
LOCAL RESOURCES

Canadian Mental Health Association – Saskatoon Branch
306-384-9333; 1301 Avenue P North.
The Canadian Mental Health Association promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness.

Catholic Family Services
306-244-8537; 200 306 25th Street East.
Catholic Family Services (CFS) delivers support to the Saskatoon community by providing relevant and meaningful programs and services to individuals, couples and families.

Mental Health & Addiction Services: Child and Youth Programs
306-655-7950; 715 Queen Street.
The purpose of the Child and Youth Program is to meet the mental health and addiction needs of children and youth, and support healthy development in all spheres of daily life.

NATIONAL RESOURCES

Canadian Mental Health Association
The Canadian Mental Health Association promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. The CMHA accomplishes this mission through advocacy, education, research and service. www.cmha.ca

Anxiety Disorders Association of Canada
This is a Canadian non-profit organization whose aim is to promote the prevention, treatment and management of anxiety disorders and to improve the lives of people who suffer from them. http://www.anxietycanada.ca/english/index.php

Anxiety BC
AnxietyBC™ provides a rich resource of self-help information and programs, as well as resources for parents and caregivers. Their mission is to increase awareness, promote education and improve access to programs that work. http://www.anxietybc.com/

Healthy Minds Canada
This national charity funds mental health research and helps improve service and support systems for the millions of Canadians affected by mental health problems by educating families, teachers and service providers about mental health research outcomes and best practices. http://www.healthymindscanada.ca/

Kids Help Phone
Kids Help Phone is Canada's leading youth counselling service, moving kids from distress and isolation to confidence and competence. Available anytime of the day or night, in English and French, by phone and by web. It is the go-to-resource for kids in Canada aged five to 20, when they need help or trustworthy information on issues that are difficult to discuss with anyone else. Contact 1-800-668-6868 or www.kidshelpphone.ca

ABC's of Mental Health
The ABCs of Mental Health provides two free, web-based Resources—one for teachers and one for parents—to help answer these questions. The Resources include ideas for promoting the mental health of children and adolescents, information about how children change as they get older, descriptions of behaviours that might indicate a problem, and practical suggestions for steps to take. http://www.hinksdellcrest.org/ABC/Welcome.aspx

Centre for Addiction and Mental Health (CAMH)
The Centre for Addiction and Mental Health is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. http://www.camh.ca/en/hospital/Pages/home.aspx

Teen Mental Health
A website for teens which strives to create, develop and deliver nationally and internationally recognized research, education and clinical programs in order to help improve the mental health of youth. http://teenmentalhealth.org/understanding-mental-health/

INTERNATIONAL RESOURCES

American Academy of Child & Adolescent Psychiatry (AACAP)
Information on child and adolescent psychiatry including fact sheets for parents and caregivers, current research, practice guidelines and managed care. http://www.aacap.org/AACAP/Families_and_Youth/Home.aspx?hkey=4e918a42-7a64-4d60-bf12-9e9dfe48164

Anxiety & Depression Association of America
They strive to promote the prevention, treatment, and cure of anxiety, depression, and stress-related disorders through education, practice, and research. http://www.adaa.org/

National Association of School Psychologists (NASP)
NASP maintains a website with a large number of resources, including handouts, articles, and other information freely available to the public. http://www.nasponline.org/index.aspx

Worry Wise Kids
Their mission is to improve the quality of life for anxious children and their families by providing parents, educators and mental health professionals with comprehensive, user-friendly information on the full range of anxiety disorders: how to identify symptoms, find effective treatments and prevent anxiety from taking hold in a child's life. http://www.worrywisekids.org/

National Institute of Mental Health
Their mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. You can download an Anxiety Disorder Basic Fact Sheet. http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

BOOKS & ARTICLES


De-Stress
Provides information on mental health and stress and tips to reduce stress and improve mental well-being. You can also download a resource book on coping with the stresses of life. http://www.de-stress.ca/


Minnesota Association for Children’s Mental Health Fact Sheets
http://www.marchm.org/publications/fact_sheets/Axiety.pdf

Happiness is not a brilliant climax to years of grim struggle and anxiety. It is a long succession of little decisions simply to be happy in the moment.

- J. Donald Walters

28 TIPS TO HELP YOU RELAX INSTANTLY

By Vesta Giles

The following article was adapted April 16, 2014 from Canadian Living Magazine at: http://www.canadianliving.com/health/mind_and_spirit/28_tips_to_help_you_relax_instantly_2.php

Remember those bubble bath commercials that promised to take away all the day’s cares and worries? Well, no one’s denying that a nice long soak can do wonders for lowering your stress level, but it’s not likely you have a whirlpool in your office or a standby babysitter who can drop in for an hour while you get your equilibrium back.

So the next time you get those “stressed out” symptoms—tightness in your stomach, jaw, neck and back; shallow breathing; squinting eyes; fatigue; clammy hands and pounding heart—try one of the following instant stress busters.

STRESS RELIEF TIPS FOR HOME, WORK, OR SCHOOL:

1. Sit still and focus on your breathing. Inhale slowly and deeply for eight seconds, then exhale slowly for eight seconds. Repeat this five or six times. It helps bring more oxygen to the brain.

2. Stretch. With your chin down, slowly roll your head from shoulder to shoulder.

3. Make faces (try imitating Jim Carrey) in a mirror to stretch out tense facial muscles—and provide a good laugh, too!

4. Be optimistic. Think of ways to turn difficulties into opportunities.

5. Count your blessings. Make a list of everything you’re grateful for (and keep it handy for your next bout).

6. Find a stress-free sanctuary. Go to a spot where you can find some peace and privacy, even if it’s a bathroom stall.

7. Go for a walk around the block.

8. Visualize. Breathe deeply and think of a place that gives you comfort: a private beach, a garden, a cozy room.

9. Turn off the ringer on your phone.

10. Have a banana. It’ll boost your energy and replace potassium, which is depleted quickly during times of distress.

PARENTS COULD TRY THESE WITH THEIR KIDS:

11. Cloud-watch. Looking for interesting patterns together will calm you both.

12. Stretch together.

13. Let them brush your hair. While they play, you’ll get a scalp massage.


15. Gently massage your child’s shoulders or feet, then let her massage yours.

16. Have a stock of activities that you know will keep your child occupied for a few minutes while you sip some tea.

IN THE MIDDLE OF A TASK:

17. Minimize negative self-criticism. Delete the chatter in your head and choose constructive ways to look at yourself and the situation.

18. Check in with your body. Is your jaw clenched? Are your shoulders up around your ears? If so, adjust your body position.

19. As a general rule, remember to keep your head up, your shoulders down and your back and jaw relaxed. And don’t forget to keep breathing.

20. Focus. Think about what you’re doing instead of how you’re doing.
THE BUDDY SYSTEM:
Strike a deal with a trusted friend or co-worker to be stress-busting pals. Some ideas:

21. “5 x 5” -- take five minutes to talk about the problem and another five minutes to work on a solution.

22. Whine! Bellyache about what’s making you feel stressed. Get really dramatic and by the end you may both find yourselves laughing hysterically.

23. Trade shoulder massages.

OTHER SUGGESTIONS:
Keep a stash of de-stressers on hand. Here are some items to include.

24. A picture of a favourite relaxation spot or a book of beloved quotations or treasured poems.

25. An item that’s guaranteed to give you a good chuckle: maybe a Slinky or a rubber chicken.

26. Ginger. Add a pinch of powdered ginger to hot water for a soothing drink. Don’t exceed three cups a day and if you have intestinal difficulties, speak with your doctor first.

27. Chamomile tea.

28. Calming scents. Essential oils such as lavender, geranium, petitgrain, sandalwood, neroli, ylang-ylang and bergamot soothe and relax. Combinations of these oils can be used in either spray, roll-on or diffuser form.

The preceding tips were compiled with the assistance of Penny Lawson, wellness professional; Helen Martinic, dietitian; and Dana Sinclair, sports psychologist.

All life is an experiment. The more experiments you make the better.

- Ralph Waldo Emerson