

Our Children's Wellness Journey

Why Wellness Matters and What Our Resilient Leaders of Tomorrow Need Today

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Focus of my work

- Psychiatry:
 - A medical specialty
 - Focus: mental health & mental illness.
- Understanding...
 - How physical illness can affect the mind
 - How the mind can affect the body
 - The role of physical interventions (e.g., exercise, sleep, medication, etc.)
 - The role of psychotherapy (therapeutic talking)
- Different than psychology:
 - Psychologists:
 - Greater training in psychology (the human mind and how it works), but...
 - Not physicians and limited training in mind-body medicine.

My expertise:

- Specialization: child and adolescent psychiatry
- Age group: youth ages 14-24
- Conditions:
 - Mood disorders (e.g., depression & bipolar disorder)
 - Anxiety disorders (excessive / inappropriate anxiety that affects daily functioning)
 - Also, normal teen development
- Other things I see a lot of:
 - ADHD, learning disabilities, alcohol and substance abuse, maladaptive coping, sleep disruption, school avoidance, family conflict.

Challenges of 'High Performance' Academics

- Stress

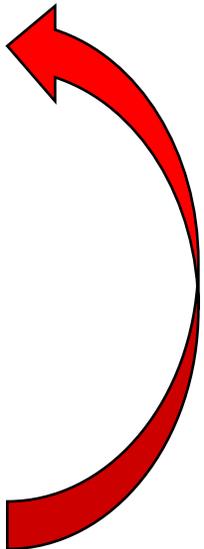
- OK in moderation; problematic at extremes
- Problematic if mismatch between demands and capabilities

- Anxiety

- Body's natural mechanism for alerting you to danger / threats
- A problem if excessive / inappropriate and affects behaviour / health

- Perfectionism

- One end of a spectrum
- High standards / critical self-evaluations / concerns re: others' judgements



Insights for teenage wellness

- Teens: most common age-of-onset of multiple mental health issues
 - Depression; bipolar disorder
 - Substance abuse
 - Alcohol abuse
 - Some kinds of anxiety disorders
 - Eating disorders
 - ...etc.
- Absolute rates of severe illness in teens modest but not zero
 - Severe anxiety disorders: 0.5-1.5%
 - Disabling depression: ~10%
 - Severely dysfunctional coping: unknown.

Preventing mental illness is a challenge

- Many mental illnesses seem to result from complex interactions between
 - a. **Genetics** (and other biological stuff, too),
 - b. **Temperament** (How you're 'wired' when you're born)
 - c. **Psychology** (How you've learned to think), and
 - d. **The environment** (biological, psychological, and social)

“Having a Child is Like Baking a Cake...”

- Many models: “Everyone’s different!”
- One model of Personality Traits: the “5-Factor Model”
 - 1.Extraversion
 - 2.Agreeableness
 - 3.Conscientiousness
 - 4.Neuroticism
 - 5.Openness
- Another model:
 - 1.Novelty-seeking
 - 2.Harm avoidance
 - 3.Reward dependence

Normal development:

- Ages 12-18: greatest rate of change from dependence to independence
- Teens' task: successfully negotiate this transition
- Parents' task: adjust parenting to match teen's changes
 - Example: "Identity formation": "Who am I, and where am I going?"
- Often, "who am I?" addressed by distinguishing self from parents.
 - Musical preferences
 - Testing rules: e.g., curfew, fashion, friends to highlight autonomy
 - Also, increased importance of peers ↔ less dependence on parents

The Challenges of Primary Prevention

- One simple example...
 - “Bottling up is bad for you”
 - vs....
 - “(S)he doesn’t tell me everything the way (s)he used to!!”
- Demand that the teen open up, respect their privacy, or something else?
- Bottom line: parenting is complicated – an art, not a science.

Non-Specific Health-Promotion Factors

- ...a.k.a. stuff you can do on your own:
 1. Stay physically healthy
 2. Proper sleep
 3. Eat a reasonable diet.
 4. Get active & exercise.
 5. Avoid street drugs / alcohol
 6. Keep stress to reasonable levels

Parents' Role in Primary Prevention...

- “...I’m noticing a change in my teen. What’s going on?”
 - The vast majority of teen report a basically satisfactory relationship with their parents.
 - What they *show* may be different than what they *feel*.
- Can’t hurt to ask them directly.
 - Let them know you’re open to hearing whatever they have to say.
 - Then, try to *listen*, non-judgmentally.
- Can always call school re: changes.
- Family doctor / paediatrician....

(The end.)

2015 OSDUHS – Alcohol / Cannabis (CAMH)

Drug Use, Gr 7-12	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12
Alcohol use (past year)	9%	16%	34%	52%	67%	72%
Binge-drinking (5+ drinks, past month)			9%	16%	31%	33%
Cannabis use (past year)			10%	25%	35%	37%

Kinds of Anxiety

- Common:

- Specific phobias (20%; 0.5% severe)
- Social phobia (10%; 1.5% severe)
- Panic disorder ('anxiety phobia') (2% severe)
- Generalized anx disorder (2%; 1% severe)
- Post-traumatic stress disorder (5%; 1.5% severe)

- Less common in teens:

- Separation anxiety (8%; 0.5% severe)
- Obsessive-Compulsive Disorder
- Selective mutism

- Other: eating disorders, personality disorders, substance use disorders, etc.

Depression: Prevalence

<u>Prevalence</u>	<u>Female</u>	<u>Male</u>	<u>13-14yo</u>	<u>15-16yo</u>	<u>17-18yo</u>	<u>Severe Impairment</u>
Teens:	15.9 %	7.7 %	8.4%	12.6%	15.4%	8.7%

- Rates in post-pubertal females = 2x rate in males.
 - (Reason for this unknown.)
- Rate of bipolar disorder (“manic depression”): ~1%
 - No sex difference.