



# Tier 1, 2, and 3 Embedded Strategies

## Mental Health Promotion, Prevention and Intervention for Children and Youth: Suggested Strategies for School Personnel

Susan Bazyk, PhD, OTR/L, FAOTA

**Mental Health** is more than the absence of mental illness – it refers to a positive state of functioning resulting in feeling good emotionally and functioning well in everyday life. Tune into students’ affect (seem happy or content?), ability to perform needed tasks, interaction with peers/adults, and ability to adapt to everyday challenges. Mental health is one aspect of overall health.

**UNIVERSAL, TIER 1 Promotion efforts:** focus on competence enhancement in all children/youth – building strengths and resources in students with and without mental health challenges, behavior problems, and disabilities.

Components of Positive Mental Health	Evaluation (guiding questions)	Promotion Intervention Strategies	Resources
<p><b>Positive affect; feeling ‘happy’</b></p> <ul style="list-style-type: none"> <li>▶ Joy, contentment, pleasure, optimism</li> <li>▶ Positive emotions reduce negative emotions and promote emotional resilience and psychological well-being (Fredrickson, 2004).</li> <li>▶ When OTs engage children in activities that are ‘fun’, we are contributing to mental health. Explain this to others, “having fun helps children feel good emotionally which is a component of positive mental health”.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Note the types of engagement that produces positive emotions in the child/youth. What is the child doing when he/she appears happy?</li> <li>▶ Does the child/youth demonstrate periods of joy/happiness throughout the day?</li> <li>▶ Note whether there has been an observable change in the child’s overall disposition - for example, from ‘sunny’ disposition to withdrawn.</li> <li>▶ Tune into healthy occupations that a child appears to enjoy – physical activities? Art? Music? Reading? Socializing?</li> </ul>	<ul style="list-style-type: none"> <li>▶ Help children explore a range of occupations and identify those that add meaning and joy to their lives.</li> <li>▶ Consciously design occupations for children and youth that lead to enjoyment and positive emotions and encourage continued participation. Why ‘enjoyment’ matters – participating in enjoyable occupations can help promote mental health and foster resilience.</li> <li>▶ Recognize features of activities associated with positive emotions (e.g., those that utilize personal strengths, offer a just-right challenge, and allow choice)</li> <li>▶ Observe and articulate the mental health outcomes of participation in enjoyable occupations to children, families, and other health care providers</li> <li>▶ Help children become aware of the activities that bring about positive emotions so they can build these into their everyday life</li> </ul>	<p>Website: Actions for Happiness <a href="http://www.actionforhappiness.org">http://www.actionforhappiness.org</a></p> <p>Bazyk, S. (2010, September). Promotion of positive mental health in children and youth with developmental disabilities. <i>OT Practice</i>, 15(7), CE-1-CE-8.</p> <p>Bazyk, S., &amp; Bazyk, J. (2009). The meaning of occupational therapy groups for low-income youth: A phenomenological study. <i>The American Journal of Occupational Therapy</i>, 6, 69-80.</p> <p>Fredrickson, B. L. (2004). The broaden-and-build theory of positive emotions. <i>Philosophical Transactions of the Royal Society B: Biological Sciences</i>, 359, 1367-77.</p>
<p><b>Positive character traits</b></p> <ul style="list-style-type: none"> <li>▶ Humor, love, kindness, artistic talent, curiosity, persistence, positive disposition, creative, humorous, sociable, kind, flexible, energetic, nurturing,</li> </ul>	<ul style="list-style-type: none"> <li>▶ What positive qualities are unique to each child? Look for qualities that reflect personality traits versus specific skills such as having a sense of humor or a natural tendency to nurture others.</li> <li>▶ Identify the child’s interests which may fall outside of a traditional skill</li> </ul>	<ul style="list-style-type: none"> <li>▶ Help all children identify their unique signature strengths &amp; engage in occupations that support &amp; cultivate their expression (e.g. artistic talent, volunteer work)</li> <li>▶ Expose children to a variety of artistic, musical, and other creative activities in order to explore possible interests.</li> <li>▶ Avoid focusing solely on skills. Children with limited skills also have character strengths that must be acknowledged, celebrated and fostered.</li> </ul>	<p>Web resources: HandsOnScotland: Information on flourishing and character strengths <a href="https://www.handsonscotland.co.uk/character-strengths/">https://www.handsonscotland.co.uk/character-strengths/</a></p>

cheerful, spiritual, etc.	<p>set such as interests in trains, dolls, collecting rocks, painting, nurturing animals, etc.</p> <ul style="list-style-type: none"> <li>▶ Make a point of noting the child's unique character traits to the child and family (e.g. sense of humor, natural ability to nurture).</li> </ul>	<ul style="list-style-type: none"> <li>▶ Guard against framing 'intense interests' in a negative light (e.g. obsessions). Use intense interests to foster participation in a range of activities revolving around the intense interest. Example: Develop a book club focusing on reading books that involve trains, for a child who has an intense interest in trains.</li> </ul>	Alliance for Children and Youth – Strength-Based Approaches <a href="http://www.healthylg.org/_resources/Strength-Based_Approaches_Backgrounder.pdf">http://www.healthylg.org/_resources/Strength-Based_Approaches_Backgrounder.pdf</a>
<p><b>Positive institutions</b></p> <ul style="list-style-type: none"> <li>▶ Environmental factors such as families, caring adults, and programs that foster character strengths and positive emotions.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Do the settings where the child learns, socializes &amp; plays foster positive emotion and personal strengths?</li> </ul>	<ul style="list-style-type: none"> <li>▶ Consult with teachers, administrators, and youth workers to create and/or adapt activities and the environment to promote positive experiences.</li> <li>▶ Advocate for programs to emphasize mental health promotion.</li> <li>▶ Modify the sensory environment to promote participation based on the child's unique sensory needs.</li> </ul>	<p>Kuypers, L. (2011). <i>The zones of regulation: a curriculum designed to foster self-regulation and emotional control</i>. San Jose: CA, Social Thinking Publishing. <a href="http://www.zonesofregulation.com">http://www.zonesofregulation.com</a></p> <p>Bowen-Irish, T. (2004). <i>Drive Thru Menus for Relaxation, Stress Busters, Attention, and Strength</i>. <a href="http://www.therapro.com/Drive-Thru-Menu-Programs-P209352.aspx">http://www.therapro.com/Drive-Thru-Menu-Programs-P209352.aspx</a></p>
<p><b>Competencies/Strengths</b></p> <ul style="list-style-type: none"> <li>▶ Social and emotional skills</li> <li>▶ Skills needed for school, work, play, leisure, ADLs and rest</li> </ul>	<ul style="list-style-type: none"> <li>▶ Use strength based assessment tools such as The Devereux Student Strengths Assessment (K-8) (DESSA) (LeBuffe, Shapiro, &amp; Naglieri, 2009)</li> <li>▶ Use a variety of functional assessments to evaluate skills needed for successful participation in home, school, and the community.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Incorporate the child's strengths and interests into intervention activities.</li> <li>▶ Embed SEL goals into intervention activities. SEL areas include self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (<a href="http://www.casel.org">www.casel.org</a>).</li> <li>▶ Help children identify and talk about their feelings and think about how feelings influence behavior.</li> <li>▶ Help children become aware of how they can change how they feel by participating in enjoyable activities (i.e. occupational reflection); doing enjoyable activities can lessen feelings of depression; doing relaxation activities may help reduce stress; etc.</li> </ul>	<p>Resources – see <a href="http://www.casel.org">www.casel.org</a></p> <p>There are many excellent resources here.</p> <p>Refer to the CASEL Guide for Social and Emotional Learning</p> <p><a href="https://schoolguide.casel.org/">https://schoolguide.casel.org/</a></p>
<p><b>Coping abilities</b></p> <ul style="list-style-type: none"> <li>▶ Ability to cope with life stressors and challenges.</li> <li>▶ Resilient</li> <li>▶ Adaptable</li> <li>▶ Flexible</li> </ul>	<ul style="list-style-type: none"> <li>▶ Observe how the child reacts to everyday challenges such as struggling with an assignment or losing a game.</li> <li>▶ Identify if the child uses problem-solving skills during the stressor.</li> <li>▶ Identify whether the child uses strategies to modify negative emotions during the stressor such as relaxation strategies or cognitive restructuring.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Modify the environmental demands to match the child's capabilities.</li> <li>▶ Teach child <i>problem-focused coping</i> including efforts to change the source of stress (e.g. seeking support or assistance, modifying the environment)</li> <li>▶ Teach <i>emotion-focused coping</i> including efforts to manage negative emotions associated with the stressor (e.g. emotional regulation, cognitive restructuring, cognitive distraction, thought-stopping, etc.) (Pincus &amp; Friedman, 2004).</li> </ul>	<p>Websites:</p> <ul style="list-style-type: none"> <li>• Calm Moments Cards for reducing stress and enhancing emotional well-being (Every Moment Counts) <a href="https://everymomentcounts.org/view.php?nav_id=213">https://everymomentcounts.org/view.php?nav_id=213</a></li> <li>• Stress Free Kids – See 'Resources for reducing stress' <a href="https://stressfreekids.com/">https://stressfreekids.com/</a></li> <li>• Association for Mindfulness in Education - <a href="http://www.mindfuleducation.org/">http://www.mindfuleducation.org/</a></li> <li>• Mindful Schools <a href="http://www.mindfulschools.org">http://www.mindfulschools.org</a></li> <li>• Yoga Kids <a href="http://www.yogakids.com">http://www.yogakids.com</a></li> </ul>

**Targeted, Tier 2 Prevention Efforts for Children and Youth At-Risk of MH Challenges.** Focus on preventing the development of mental health challenges and promoting mental health and well-being.

At-Risk Condition	Associated Mental Health Risks	Occupational Performance Risks	Suggested Occupational Therapy Interventions
<p><b>Physical disabilities</b> (Petrenchik, King, &amp; Batorowicz, 2011)</p>	<ul style="list-style-type: none"> <li>Over-emphasis on rehabilitation of physical impairments overshadows attention to social and emotional needs.</li> <li>More likely than typical peers to encounter negative social environments (stigmatized, marginalized, socially excluded, and bullied)</li> <li>~ 1 in 3 children with developmental disabilities are identified as having a co-occurring mental health condition such as anxiety and depression (Schwartz et al., 2006) .</li> </ul>	<ul style="list-style-type: none"> <li>May have fewer opportunities to participate in extracurricular activities resulting in boredom and delayed skill development.</li> <li>Social isolation may result in delayed social skills, lack of friends, and limited opportunities to develop extracurricular interests</li> <li>Poor self-confidence, depression and/or anxiety may contribute further to social isolation</li> </ul>	<ul style="list-style-type: none"> <li>Promote a balanced view of health including attention to both physical and emotional needs of the child.</li> <li>Foster sustained participation in enjoyable neighborhood- and community-based out-of-school activities to promote the development of interests, friends, and to build on strengths and talents. Encourage the child to express and process feelings related to reduced physical functioning</li> <li>Help create school and community environments that are inclusive, stimulating, satisfying and enjoyable</li> <li>Contribute to whole school approaches emphasizing disability awareness and acceptance of differences.</li> </ul>
<p><b>Autism Spectrum Disorders</b> (Crabtree &amp; DeLany, 2011)</p>	<ul style="list-style-type: none"> <li>Social-cognitive challenges may lead to difficulties in establishing and keeping friends</li> <li>Higher rates of anxiety, depression, obsessive-compulsive and ADHD disorder than the typical population</li> <li>Over 90% experience sensory processing challenges which are associated increased stress and social and communication challenges</li> </ul>	<ul style="list-style-type: none"> <li>Challenges with social participation, making and keeping friends and social isolation due to sensory modulation and communication difficulties</li> <li>ADL – May see restricted diets and clothing choices due to sensory modulation issues</li> <li>Delays in academic, independent living and work skills due to social, cognitive and sensory challenges</li> </ul>	<ul style="list-style-type: none"> <li>Promote social participation in natural contexts with peers in order to foster generalization of skills</li> <li>Explore and foster positive mental health and happiness (Peter Vermeulen - Autism Centraal <a href="http://www.autismecentraal.com/public/">http://www.autismecentraal.com/public/</a>)</li> <li>Foster participation in extracurricular activities to promote the development of interests and meaningful friendships</li> <li>Apply a cognitive-behavioral approach to social development to teach cognitive strategies for understanding and managing emotions (Sofronoff, Attwood &amp; Hinton, 2005)</li> <li>Use Social Stories™ to teach the child how to respond in a specific situation.</li> <li>Develop peer support programs such as Circle of Friends (Pallis, 2008), lunchtime clubs, and Best Buddies (Best Buddies International, 2010) to prevent isolation and bullying while fostering friendships.</li> </ul>
<p><b>ADHD, LD, DCD</b> (Poulsen, 2011; Young, 2007)</p>	<ul style="list-style-type: none"> <li>Low self-esteem due to difficulties in school and home performance</li> <li>Social exclusion</li> <li>Anxiety</li> <li>Depression</li> </ul>	<ul style="list-style-type: none"> <li>School - Failure to attend to details, careless errors, avoids challenging academic tasks that require sustained mental effort, frequent shifts in attention), difficulty organizing school materials in locker or desk, forgets homework.</li> <li>ADLs - Messy eating or drinking; irregular sleeping</li> <li>IADLs - Disorganized bedroom and study space, homework incomplete, poor follow through with chores</li> <li>Leisure - Inattention to instructions, performance erratic, difficulty waiting turn, may have coordination problems (DCD)</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the identification and expression of feelings by applying social and emotional learning (SEL) strategies.</li> <li>Help children explore and successfully participate in extracurricular leisure interests based on areas of strength in order to enhance feelings of competence and autonomy. Provide leisure coaching if necessary (Ziviani et al., 2009).</li> <li>Analyze the student's sensory needs and develop a sensory diet to successful function in home, community and school context.</li> <li>Consult with teachers to modify classroom expectations and assignments based on the specific sensory and behavioral needs of the child (e.g. breaking down assignments into manageable pieces, taking tests in a distraction-free area, etc.). These accommodations may take the form of a 504 Plan.</li> <li>Help parents and teachers understand the reasons for the child's behaviors and offer support and solutions for changing and adapting the unwanted behaviors.</li> </ul>

		<ul style="list-style-type: none"> <li>• Social participation - May be teased or bullied for poor performance</li> </ul>	
<p><b>Obesity</b> (~11% US population)  <b>Overweight</b> (~25%)  Children at greatest risk of obesity are those living in poverty or who have a disability  (Bazyk, 2011)</p>	<ul style="list-style-type: none"> <li>• Poor self-esteem and body image</li> <li>• Anxiety</li> <li>• Depression</li> <li>• May experience the negative effects associated with weight bias</li> <li>• Eating disorders (binge dieting and eating)</li> </ul>	<ul style="list-style-type: none"> <li>• Social participation challenges. Difficulty making and keeping friends due to weight bias</li> <li>• Higher risk of being bullied</li> <li>• Sleep/rest challenges due to risk of sleep apnea</li> <li>• Limited play/leisure. May find physical activities too challenging.</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasize 'health at any size' versus weight loss.</li> <li>• Teach children about healthy food choices.</li> <li>• Work with school officials to decrease the availability of foods high in fat and sugar in the cafeteria and in vending machines.</li> <li>• Develop after-school programs that foster participation in enjoyable physical activities and healthy cooking.</li> <li>• Consult with school personnel to develop enjoyable physical activities during recess.</li> <li>• Work with school official to prevent weight biased bullying.</li> <li>• Embed social and emotional learning (SEL) strategies to help children identify feelings and develop positive coping strategies.</li> </ul>
<p><b>Grieving loss</b>  The conflicted feelings caused by change due to loss. Examples: death of parent, friend or pet; parental divorce, moving to a new home, etc.  (Bazyk, 2011)</p>	<ul style="list-style-type: none"> <li>• Stress associated with loss may result in a range of behavioral changes (emotional withdrawal, regressive behaviors)</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Difficulty concentrating at school</li> <li>• Psychosomatic complaints (headaches, stomachaches)</li> </ul>	<ul style="list-style-type: none"> <li>• ADL changes (altered eating patterns, bedwetting)</li> <li>• Altered sleep and rest including excessive or limited sleep.</li> <li>• Difficulty concentrating in school; drop in grades.</li> <li>• Social withdrawal and friendship issues.</li> <li>• Loss of interest in play/leisure activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Teach children how to provide support to friends who are grieving.</li> <li>• Help teachers recognize emotional and behavioral changes associated with grieving and suggest strategies for modifying expectations and providing support.</li> <li>• Encourage participation in enjoyable but low-stress activities with close friends to minimize feelings of isolation.</li> <li>• Use creative arts occupations to help children express feelings of loss either in small group or individual sessions (e.g. journaling, memory boards, etc.)</li> <li>• Mention the person who died in everyday conversation to encourage the student to talk about what he/she valued in the relationship.</li> <li>• Be aware of 'grief triggers' such as birthdays and holidays. Reassure children that heightened emotions during these times are a natural part of grieving.</li> </ul>
<p><b>Poverty</b> (~16% US population)  <b>Low Income</b> (~37%)  (Bazyk, 2011)</p>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Anxiety</li> <li>• Substance Abuse</li> <li>• Aggressive behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep problems due to stressful environment</li> <li>• Obesity due to limited access to fresh fruits, vegetables, and safe playgrounds</li> <li>• Limited opportunities to engage in extracurricular leisure activities resulting in boredom and participation in risky behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Help parents consciously steer children away from street influences by monitoring free time and friendships.</li> <li>• Promote engagement in structured leisure activities outside of school such as sports, church groups, and creative arts in positive environments</li> <li>• Foster social and emotional learning (SEL) – identifying feelings and reflecting on how feelings influence behavior.</li> </ul>
<p><b>Children who have experienced trauma</b>  Domestic violence; physical abuse, sexual abuse; neglect; natural disasters; medical trauma  (Bloom, 1995; Stein, Jaycox, Kataoka, Wong, Elliott, &amp; Fink, 2003)</p>	<ul style="list-style-type: none"> <li>• Posttraumatic Stress Disorder (PTSD)</li> <li>• ADHD</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Communication disorder</li> <li>• Conduct disorder</li> <li>• Eating disorders</li> <li>• Oppositional defiant disorder</li> <li>• May engage in self-destructive and risky behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep disorders</li> <li>• ADL. May demonstrate poor hygiene and self-care.</li> <li>• Social participation. Social withdrawal and isolation. May have difficulty trusting people.</li> <li>• School. Poor attendance, low grades, difficulty concentrating, and behavioral challenges</li> <li>• Play/Leisure. Loss of interest in leisure activities and play.</li> </ul>	<ul style="list-style-type: none"> <li>• Modify home and school environments to create safe, secure and sensory friendly spaces. E.g. weighted lap pads, fidget toys, rocking chairs, and soothing lights.</li> <li>• Apply the Sanctuary Model to help create collaborative and healing environments that promote recovery from trauma (<a href="http://www.sanctuaryweb.com">www.sanctuaryweb.com</a>)</li> <li>• Structure predictable routines in home and school.</li> <li>• Tune into the child's affect and emotional responses, and triggers to problem behaviors. Develop strategies to modify them.</li> <li>• Offer small occupation-based groups to provide opportunities to share feelings, learn new coping strategies, and engage in enjoyable creative occupations</li> <li>• Provide leisure coaching to help children identify and participate in enjoyable extracurricular activities.</li> <li>• Teach relaxation skills including yoga, deep breathing and progressive relaxation.</li> </ul>

**Intensive, Individualized Tier 3 Efforts for Children and Youth With Identified MH Challenges.** Focus on minimizing symptoms associated with the mental health disorder and also promoting mental health and well-being. [Adapted from Downing, D. (2011) in Bazyk, S. (2011) – See reference]

Mental Health Diagnosis	Associated Symptoms	Occupational Performance Risks	Suggested Occupational Therapy Interventions
<p><b>Children at-risk of psychosis and demonstrating signs of prodromal phase</b></p> <p>Subtle, experiential symptoms may ebb and flow in frequency and intensity up to 4 years before the onset of an illness.</p>	<ul style="list-style-type: none"> <li>• Cognitive changes in functioning such as difficulty concentrating or remembering information. May experience jumbled thoughts or confusion.</li> <li>• May experience perceptual distortions such as hearing one's name called or increased sensitivity to sounds.</li> <li>• May demonstrate behavioral changes such as withdrawal or increased irritability.</li> <li>• May become suspicious of others and/or fearful for no good reason.</li> <li>• May demonstrate jumbled speech or writing.</li> </ul>	<ul style="list-style-type: none"> <li>• Social participation. Deteriorating social function altering relationships with family and friends. May become socially isolated.</li> <li>• School. Problems staying focused in class or during studies; may demonstrate a drop in grades.</li> <li>• Work. May demonstrate declining performance such as tardiness and a failure to complete work assignments.</li> <li>• Leisure. May drop out of extracurricular activities.</li> <li>• ADLs. May demonstrate dramatic changes in appetite and difficulty in dressing and/or hygiene.</li> <li>• Sleep/rest. May demonstrate dramatic changes in sleep either difficulty sleeping or excessive sleep.</li> </ul>	<ul style="list-style-type: none"> <li>• Offer in-services to school personnel and families about sensory preferences and how to modify the environment to decrease stress and promote positive functioning.</li> <li>• Offer small group sessions to foster participation in enjoyable activities in order to reduce stress and promote socialization.</li> <li>• Consult with teachers and parents to make accommodations to reduce stress and enhance participation such as decreasing activity demands, assisting with organization of a task, reducing environmental stimulation, and developing routines that include exercise, healthy nutrition and good sleep hygiene.</li> </ul>
<p><b>Thought Disorders</b>  <i>(Peak age of onset is between 16 and 25 years)</i>                      - Schizophrenia                      - Schizoaffective Disorder</p> <p><i>Note: Medication and other therapies may be prescribed to treat these disorders— suggestions made here are to help guide OT interventions.</i></p>	<ul style="list-style-type: none"> <li>• Hallucinations—visual, auditory, olfactory, and/or tactile sensory distortions</li> <li>• Delusions—beliefs that are fixed and false</li> <li>• Paranoia or suspiciousness</li> <li>• Low registration</li> <li>• Reduced sense of smell</li> <li>• Poor insight about symptoms</li> <li>• Reduced ability to process information</li> <li>• Slowed visual scanning abilities</li> <li>• Mood fluctuations</li> <li>• Reduced facial expressions (“blunting”)</li> </ul>	<ul style="list-style-type: none"> <li>• Distracted by internal stimulation, making it difficult to orient to tasks and stay focused, and adding to the appearance of being “odd”</li> <li>• Difficulty organizing thoughts and articulating well, which effects school/work performance and social relationships</li> <li>• Isolation and difficulties making and keeping friends due to moodiness, sensory sensitivities, suspiciousness, delayed responses and odd behaviors</li> <li>• Tendency to miss key information due to poor awareness of visual cues and surroundings, as well as slowed information processing</li> <li>• Difficulty reading facial expressions, which can lead to inappropriate emotional responses and poor understanding of social situations</li> <li>• Difficulty multi-tasking and understanding complex directions</li> </ul>	<ul style="list-style-type: none"> <li>• Use activities to help organize thoughts and behaviors, such as deep proprioceptive tasks (calisthenics, yoga, physical work, weight lifting; kneading dough; etc.)</li> <li>• Use environments with few distractions in which to perform school or work tasks, e.g., quiet spaces, few interruptions, predictable changes, and not crowded.</li> <li>• Use simple and clear instructions that are repeated and/or written down to ensure success—use a calm tone, but not patronizing.</li> <li>• Demonstrate new tasks and allow the individual to practice several times, offering extra demonstrations and practice sessions as needed.</li> <li>• Create and support opportunities for socialization with peers and co-workers, especially when social situations are not overwhelming, e.g., small gatherings. Introduce client to one person who shares a common interest and assist with “small talk”.</li> <li>• Respond to signs of depression and talk of suicide. Help the person seek professional assistance when necessary.</li> </ul>

<p><b>Depression</b></p>	<ul style="list-style-type: none"> <li>• Sadness that lingers</li> <li>• Irritability</li> <li>• Low energy</li> <li>• Loss of interest in activities</li> <li>• Difficulty initiating tasks</li> <li>• Withdrawal from friends and social activities</li> <li>• Sleep and appetite disturbances</li> <li>• Children and adolescents may refuse school attendance</li> <li>• Decreased mental functioning</li> <li>• Thoughts of death and suicide</li> </ul>	<ul style="list-style-type: none"> <li>• Affect appears sad</li> <li>• Can appear argumentative or short-tempered, which impacts social relationships</li> <li>• Falls asleep easily, in class, at work, in social situations</li> <li>• May not be able to get out of bed all day</li> <li>• Overeats or refuses to eat</li> <li>• Difficulty starting tasks; may fall behind at school or work</li> <li>• Difficulty sustaining attention with any task or activity and difficulty processing information</li> <li>• Difficulty making decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Eliminate decision-making to increase activity-engagement and reduce stress.</li> <li>• Offer simple, structured, familiar tasks to promote self-efficacy and productivity—one at a time.</li> <li>• Encourage the development of daily routines that include good nutrition and some physical activity.</li> <li>• Advocate for shorter school and work days, with reduced tasks and expectations, even if only temporarily.</li> <li>• Offer to consult with employers, school personnel, and service providers to help with accommodations.</li> <li>• Keep conversations short and simple.</li> <li>• Set reasonable goals within the person's reach, e.g., "try doing this in the next 10 minutes".</li> <li>• Be alert to signs and talk of suicide. Get help quickly.</li> </ul>
<p><b>Generalized Anxiety Disorder</b></p>	<ul style="list-style-type: none"> <li>• Excessive anxiety and worry that is difficult to control causing disability in social, work, school or other important areas of functioning</li> <li>• Feeling "keyed up" or "on edge"</li> <li>• Difficulty concentrating, or mind "going blank"</li> <li>• Irritability</li> <li>• Muscle tension</li> <li>• Easily fatigued</li> <li>• Difficulty falling or staying asleep, or restless unsatisfying sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Tendency to isolate from others and withdraw from activities as a way to reduce anxiety—may refuse school or work, or drop out of extracurricular activities</li> <li>• Difficulty completing tasks due to fatigue, distractibility, poor concentration, low frustration tolerance.</li> <li>• May forget thoughts when talking</li> <li>• May appear restless or have difficulty engaging in tasks</li> <li>• Peers may avoid due to irritability</li> <li>• May complain of soreness in different body areas, or may appear stiff during physical activities (even when walking or sitting)</li> </ul>	<ul style="list-style-type: none"> <li>• Explore enjoyable, calming activities, especially deep breathing, meditation, physical exercise.</li> <li>• Identify tasks the person needs to complete, then break them into easy, manageable steps with a realistic time frame (i.e., extra time allowed, but within a finite period). Posting a daily schedule can help reduce anxiety because expectations and tasks are clear.</li> <li>• Discuss ways to decrease muscle tension, e.g., warm baths, yoga, stretching, heating pads on muscles.</li> <li>• Encourage writing thoughts on paper before speaking so there is a "reference" and to increase confidence.</li> <li>• Help establish a bedtime routine that prepares for restful sleep, e.g., no caffeine 5-6 hours prior to sleep (includes soda and chocolate), no TV 1 hour before bed, consistent bedtime, etc.</li> </ul>

**References:**

Bazyk, S. (ed.). (2011). *Mental health promotion, prevention, and intervention for children and youth: A guiding framework for occupational therapy*. Publisher: AOTA Press.

Bazyk, S. & Arbesman, M. (2013). *Occupational Therapy's Role in Mental Health Promotion, Prevention, & Intervention*. Publisher: AOTA Press.

Downing, D. (2011). Occupational therapy for youth at risk of psychosis and those with identified mental illness. In S. Bazyk (Ed.) *Mental health promotion, prevention, and intervention with children and youth*. Bethesda, MD: AOTA Press.