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## **‘Maybe I don't want to be alive.’**

**by Brad Evenson**

Much has been said about how children are 'growing up' earlier, but until recently little attention has been paid to the anxiety tweens can feel.

Nobody knew about Emma's problem until a summer camp counsellor chased her halfway across Eastern Ontario last summer. The 10-year-old had packed her pink Powerpuff Girls suitcase, hugged her stuffed panda bear under her arm and boarded a bus home to Ottawa without telling a soul.

"After she disappeared, the camp called the bus depot, and someone remembered seeing this worried little girl getting on the bus alone," says her mother, Marie-Helene. "An older counsellor drove after the bus and caught it. But Emma wouldn't get off. She had a total meltdown, crying and yelling, that they called me to meet her at the station."

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Two weeks later, Marie-Helene sat with her daughter as a psychiatrist explained the problem. Emma had anxiety disorder, a psychiatric illness once only diagnosed in adults and older teens. "I was crushed," confesses Marie-Helene, who does not want the family's surname used.

Until recently, few doctors paid any attention to the mental health of tweens, the boys and girls straddling the childhood and teenage years. But when U.S. researchers noted the suicide rate in this age group – though small -- more than doubled between 1979 and 1995, the medical community began paying attention.

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Clinicians now understand that depression, anxiety, obsessive compulsive disorder and other illnesses can affect children. An estimated 5% of all children in Canada suffer from depression at any given time. And the face of depression in these troubled children has changed dramatically.

"I've been in practice now for 22 years, and I would say one of the phenomena we see now as part of depression is cutting -- kids hurting themselves, burning themselves, cutting themselves," says Dr.

Marshall Korenblum, chief of psychiatry at Hincks-Dellcrest Centre in Toronto, a child mental-health facility. "I would say this is a recent -- as in the last five years -- phenomenon. I didn't see any of this 20 years ago. It was so rare, usually the person would have to be psychotic to be cutting or burning themselves. Now -- I consult to schools -- cutting is common. It's happening all over the place."

Dr. Korenblum and many others say our culture is putting increasing pressure on young children to be thin, sexy and tough. Even the process by which information travels -- the Internet -- allows children to share their feelings, and they spread like wildfire.

"They get on the chatline, and one kid says, 'Maybe I don't want to be alive,' and it's been documented that there is a contagion effect," says Dr. Korenblum. "The Internet is a contributor to this contagion effect."

Perhaps unwittingly, parents may be contributing to the problem by wanting their children to succeed too much.

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In his 2001 book, *The Hurried Child*, David Elkind, professor of child development at Tufts University in Boston, warns of the pitfalls of pushing children academically, socially or emotionally. "Children need to feel important and cared for," he writes. Instead, he says, they are pushed into an adult mindset long before they can handle it.

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"Those milestones are all gone," says Toronto pediatrician Diane Sacks, incoming president of the Canadian Pediatric Society.

"We see seven- or eight-year-old boys with earrings. They act and they talk and they look like adolescents, partly because their parents want them to grow up, because that means that they can take on more responsibility and it lightens the load for parents, which shortens our term of parenting, which I think, believe it or not, many parents want."

This is stressful enough for healthy children, but for those with anxiety disorders, it is an unmanageable burden.

"Emma's diagnosis explained a lot," says Marie-Helene. "She was always a fretful kid. She wet her bed until she was nine, which is why she never went on sleepovers. But since she's been on [drug] treatment, she's become so much more confident. This summer, we may try a camp again."

Her daughter's diagnosis also meant changes for Marie-Helene. The child psychiatrist suggested she scale back her busy consulting practice to spend more "down" time with Emma -- not overprogram the child by rushing her off to piano lessons, ballet, judo and painting class. "We're taking beginners' yoga together,"

says Marie-Helene. "It gives her a lot of confidence that she can do moves with her flexibility that I can't."

Dr. Sacks says parents need to be more realistic in their expectations of tweens to reduce their stress levels. "What they do in Grade 3 won't necessarily hinder their opportunity of going to Harvard," she says.

Another mental disorder that turns up among tweens is attention deficit/hyperactivity disorder, especially in girls. In boys, AD/HD is often diagnosed at the age of five or six years, because little boys are often -- literally -- bouncing off the walls. But in girls, the disorder is often manifested by absent-mindedness, rather than misbehaviour, so it isn't as obvious in the early years.

"By the time they're in Grade 4, 5 and 6, the schoolwork gets a little harder," says Dr. Sacks. "The smart [AD/HD] kids can miss a lot and still keep up, but by the time you get up there in that tweeny period, it's harder when you have AD/HD to keep up, even with your intelligence."

Much has been written about how children are entering puberty earlier. The age of menarche -- a girl's first menstrual cycle -- has been gradually declining for years. But experts say the rush of hormones that puberty brings on are unlikely to account for many problems in tweens, noting the average age of menarche is still about 12 years. Similarly, research suggests divorce or family separation alone do not pose greater risk for most forms of mental illness. The main risk factor is a family history of mental illness.

Although the mental disorders children and adults suffer have the same biological basis, they might manifest themselves differently. Telltale signs of depression in children may include a withdrawal from family and friends, irritability and lack of co-operation, restlessness, appetite change and extreme sensitivity to rejection.

However, other adolescent behaviours, such as risk-taking -- smoking tobacco or marijuana or drinking alcohol -- are rising among tweens.

"I think some of that is self-medication; they're stressed and they're trying to relax," says Dr. Sacks. "Some of it is they're trying to be peer-related. At nine or 10, usually we cared only about our parents. But now it's important to have a peer group at that age. That [used to] be early adolescent behaviour but it's been pushed down a bit."

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Although some parents are more sensitive to the mood disorders of girls, boys often suffer a higher rate of illness. A good example is obsessive compulsive disorder [OCD], which particularly affects tween boys.

"An interesting feature of OCD is that it's about the same disorder in children and in adults," says Martine Flament, research director of the youth program at the Royal Ottawa Hospital, a psychiatric facility. "The other disorders like anxiety or depression might look different in children, but the core symptoms of OCD are the same: obsessions, such as the fear of contamination, rituals related to washing and cleaning and also obsessions about harm coming to oneself or family members, or compulsions for checking or rituals to prevent harm from occurring."

Dr. Flament says up to one in 200 tweens suffers from OCD. "It seems there are many cases of OCD that are not diagnosed in children, and it's only later on in life that people come for treatment, and when they are asked retrospectively about their symptoms, they say that they have had symptoms from a very early age."

Although OCD, like anxiety disorder, depression and many other mental disorders can be treated with drugs that affect serotonin levels in the brain, Dr. Flament says doctors may be overusing such medications.

"I think it's true that you shouldn't use medication as a first-line treatment," she says. "There are different ways of dealing with problems, like cognitive behaviour therapy."

The problem with drugs, she says, is the underlying problem may still be in place when a patient stops taking them, while therapy can have a more lasting effect.

Even so, drugs can have a dramatic effect and shouldn't be withheld if needed, experts say. "One of the greatest factors that has decreased the rate of suicide in youngsters in the past three or four years is the increased use of the SSRI medications," says Dr. Morin.

Statistics Canada reports that in 1999 – the most recent year for which it has death records -- only six children aged eight to 12 completed suicide, down from 17 just two years earlier.

Despite the unnerving news that tweens can suffer the same mental health woes as their parents, experts say the good news is such problems are being caught earlier. And the rise of public education campaigns aimed at supporting the healthy development of tweens -- especially girls -- has helped.

The Canadian Institute for Health Information reports the percentage of Grade 6 girls who "often wished they were someone else" dropped to 32% in 1998 from 42% in 1990.

Dr. David Elkind says children these days are pushed into an adult mindset long before they can handle it - which can lead to mental-health problems.