Emerging Minds.

National Workforce Centre for Child Mental Health

Childhood asthma and mental health

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Overview

This fact sheet provides basic information about the links between asthma and mental health difficulties in children. It can be used as an accompaniment to the <u>Understanding child mental health and</u> <u>chronic physical conditions</u> e-learning course, which highlights the links between chronic illnesses/ conditions in childhood and associated mental health difficulties.

This fact sheet covers general information about asthma, as well as details such as prevalence in Australia and the implications of the illness for children, including mental health impacts. Some content also pertains to adults.

Key points include:

- Asthma is a medical condition of the airways that is characterised by wheezing, shortness of breath, coughing and chest tightness.
- Around 10% of Australian children aged 0–14 years have long-term asthma.
- Children are often able to manage asthma with preventive and reliever medications, however asthma may also have significant impacts on quality of life, health and physical wellbeing, and mental health.
- Support from family and health professionals can help children manage their asthma, enhance their quality of life, and improve their mental health and wellbeing.



What is asthma?

Asthma is lung condition that affects the airways. Children diagnosed with asthma may experience episodes of wheezing, shortness of breath, coughing, chest tightness and fatigue, brought on by widespread narrowing of the airways (National Asthma Council Australia, 2019).

The causes of asthma are not fully understood. It is thought that there is an increased likelihood of developing the illness through a combination of genetic predisposition and environmental exposure. Several triggers thought to exacerbate asthma have been identified, including exposure to allergens, irritants, viral infection, tobacco smoke, strong odours, air pollution, and chemical irritants in the workplace (Australian Institute of Health and Welfare [AIHW], 2020).

What is the prevalence of asthma in Australia?

Asthma is usually more common in boys (12.1%) aged O-14 years than girls (7.9%). It is more common in the O-14 age group for Aboriginal and Torres Strait Islanders (11.5%), compared to non-Indigenous Australians (9.7%). Asthma is also more likely to affect children living in the lowest socio-economic areas (12%) than those living in higher socio-economic areas (8.4%) (Australian Bureau of Statistics [ABS], 2018).

Asthma in Australia

An estimated 10% (around 460,000) of children in Australia aged 0–14 years had asthma as a long-term condition in 2017–18 (AIHW, 2020)

What are the implications of asthma for the child?

Most people with asthma take medications, including preventers and relievers, to control their asthma, to reduce symptoms and prevent asthma attacks (Asthma Australia, n.d.). There is a significant correlation between lack of disease control and reduced health-related quality of life (HRQoL) in children and adolescents with asthma (Costa, Pitrez, Barroso, & Roncada, 2019). This is understandable, given lack of disease control is likely to lead to more frequent hospital admissions, an increase in asthma attacks, and missed school days (Costa et al., 2019). An Australian study found that poorly controlled asthma has a negative impact on daily life and participation in positive activities for children including sporting activities, riding a bike, swimming, and playing at school or with animals (Sawyer & Fardy, 2003) - as well as contributing to poorer sleep and missed school days (Sawyer, Sawyer, Spurrier, Kennedy, & Martin, 2001).

A review of lived experience of children and adolescents with non-communicable disease found that children and adolescents with chronic disease, such as asthma, experience many similar challenges and needs, regardless of disease type. These include exclusion from social activities due to physical limitations, a lack of autonomy and privacy, struggles with disease management, bullying, and missed school days (Shorey & Ng, 2020). Trusting and secure relationships and adequate social support are protective factors from psychological distress, can improve treatment adherence and promote better mental health, and can assist children to take responsibility for the disease (Shorey & Ng, 2020).

Missed school days have implications for the attainment of age-appropriate developmental milestones. Meta-analysis has found that paediatric illness, including asthma, increases the risk of failing to achieve developmental milestones in young adulthood (Pinquart, 2014). This is particularly so for illnesses, such as asthma, which are longer in duration (presumably due to accumulated effects such as ongoing missed school days) and neurological disorders (Pinquart, 2014).

While death due to asthma is rare and on the decline, it is still a potential risk. In the period 2008–18, deaths due to asthma in Australians aged 5–34 years ranged from 0.2 to 0.4 per 100,000 people (AIHW, 2020).

What are the mental health impacts of asthma?

Children with asthma are at greater risk of experiencing adverse mental health and behavioural impacts (AIHW, 2020; McQuaid, Kopel & Nassau, 2001) and diminished health-related quality of life (HRQoL) than their healthy peers. The relationship between asthma and psychological comorbidity is bidirectional (Barsky, Gioncold, Baxi, & Gaffin, 2018). There is an association between asthma and vulnerability to both internalising and externalising disorders (Goodwin et al., 2012), such as anxiety disorders, affective problems, somatic problems, oppositional defiant problems and conduct problems. Children with more severe asthma are more likely to experience mental health impacts and impacts on health-related quality of life (Everhart & Fiese, 2009; Goodwin et al., 2012; McQuaid et al., 2001).

Children with asthma are particularly vulnerable to affective and anxiety problems (Goodwin et al., 2012).) Meta-analysis (Pinquart & Shen, 2011) outlines the impacts of chronic disease (including asthma) on the mental health of children. Children may experience heightened levels of social anxiety, overprotective behaviours from parents that can promote anxiety symptoms, and symptoms of some chronic diseases (for example, asthma) that mirror symptoms of anxiety and panic attacks (e.g. shortness of breath) and can be reinforcing.

Asthma commonly occurs with other atopic conditions, such as atopic dermatitis, food allergy, and allergic rhinitis (Banz, Zhue, & Theng, 2014). Experiencing more than one comorbid condition can compromise quality of life, and complicates the management of each of the conditions (AIHW, 2020). Evidence suggests that children with asthma, hay fever or eczema are more likely to experience emotional and hyperactivity difficulties than children without atopic conditions. One study indicated that children with more than one atopic condition were most at risk (Hammer-Helmich et al., 2016).

Children who have non-communicable diseases have a drive for normalcy and often engage in a process of personal growth after being diagnosed. Children diagnosed at a young age may not understand the implications until late childhood, which can lead to sadness, annoyance, anger and depression. However, as development continues, many begin to adopt a more positive mindset and develop future-oriented outlooks from adolescence onwards (Shorey & Ng, 2020).

What impact does asthma have on families?

Caregivers of children with chronic illness, such as asthma, experience greater levels of general and illness-related parenting stress than caregivers of healthy children. This is associated with psychological maladjustment for both children and caregivers, poorer illness management, as well as poorer health outcomes for children (Cousino & Hazen, 2013). Lack of disease control can have a negative impact on guality of life of parents and siblings (Costa et al., 2019), and certain factors related to asthma control can increase levels of parenting stress, including the toll of providing emotional support, managing the child's treatment regimen, appointment attendance, work absenteeism and sleep disordered breathing (Cousino & Hazen, 2013). One study demonstrated that parents who lack self-efficacy in asthma management, specifically medication use and inhaler use, and lack good judgement and decision-making during exacerbations of asthma, experienced negative impacts on quality of life (Kan et al., 2020). Parents who assume greater levels of responsibility for the management of their child's asthma may experience increased levels of parenting stress. An approach which focuses on shared responsibility with children and other caregivers can alleviate stress in parents (Cousino & Hazen, 2013).

Conclusion

Asthma can have significant implications for children's overall development and wellbeing, including ongoing mental health concerns. Early identification of these concerns and access to professional services, including allied health practitioners and social workers, offers the potential to alleviate the challenges for children and their families. Further information about the impact of chronic conditions on mental health can be found in the <u>Understanding</u> <u>child mental health and chronic physical conditions</u> e-learning course.



Where can I go for further information on asthma?

<u>Asthma Australia</u>

A consumer organisation delivering evidence-based prevention and health strategies to Australians with asthma and their families, and to professionals. Asthma Australia is a provider of support programs, advocacy, education and training, as well as a source of research grants. Asthma educators can be contacted on 1800 278 462 (1800 ASTHMA).

National Asthma Council Australia

The national authority on asthma, the National Asthma Council Australia aims to build capabilities for individuals with asthma and support best-practice in care. They are a provider of guidelines and advice, and they shape policy and practice across networks of collaborating organisations and bodies.

Lung Foundation Australia

Australia's peak body on lung disease, the Lung Foundation of Australia provides information, support and resources to the general public and health professionals. They also offer and support research grants. The information and support service is available 8am to 4:30pm Monday to Friday on 1800 654 301.

What are some other supports for children and families?

Beyond Blue

Beyond Blue provides information and support to help everyone in Australia to achieve their best possible mental health. The service supports those experiencing depression, anxiety or going through a difficult time. The phone service 1300 224 636 operates 24/7, while the website offers online chats, email support and online forums.

GP and psychologist

Families can consult with their local health professional to get access to specialised support.

Healthdirect Australia

Healthdirect is a national, government-owned, notfor-profit organisation supporting Australians in managing their own health and wellbeing through a range of virtual health services. Health advice is available on 1800 022 222.

Kids Helpline

Kids Helpline is a free, private and confidential 24/7 phone and online counselling service for children aged 5–12 years and young adults aged 18–25. Qualified counsellors are available via phone on 1800 551 800 or via WebChat or email.

Lifeline

Lifeline is a national charity providing all Australians experiencing emotional distress with access to 24hour crisis support and suicide prevention services. Available via phone on 13 11 14.

Parentline

Parentline is a confidential telephone service providing professional counselling and support in Queensland and the Northern Territory. Available via phone on 1300 301 300.

Raising Children Network

Raising Children Network is a comprehensive and trusted online resource for parenting information. A website includes information on children's health and wellbeing across the ages. It includes videos, fact sheets and downloadable toolkits on child development, behavioural problems and health issues.

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