Welcome to
Parent and Teachers as Allies

January 8, 2013

Orange County Department of Education

Presented by NAMI-OC

The National Alliance on Mental Illness-Orange County

Parents and Teachers as Allies

Recognizing Early-onset Mental Illness in Children and Adolescents

"It may be that nature in its wisdom has singled out these two primary custodial human networks for the job of identifying children at risk, knowing that the vigilant eye of parents and teachers will sound the first alarm when a child fails to thrive"

Today's Situation

- 12 % of children in USA under 18 have a diagnosable mental illness. (2001, Surgeon General)
- Parents and teachers can be overwhelmed by child's mental illness.
- 50% of adult cases of mental illness had signs and symptoms by age 14
- Three quarters have begun by age 24

Today's Situation

- Left untreated these disorders can lead to a more severe, more difficult to treat illness.
- Serious lack of resources for children with mental illness.
- Parents and teachers are frontline allies in the battle against long-term devastation.

How did we get here?

- Historically doctors did not diagnose early in children
- Mental illness was linked to poor parenting
- Belief was they are just "bad kids"

Learning and Working *Together* as Allies

Objectives

- Develop a basic concept of psychiatric disorders
- Address the challenges of teaching a special needs child
- Identify ways teachers, counselors, nurses and other school personnel can improve success for students with psychological disorders

Is it all in Their Head?

- Mental Illnesses are Neurobiological Brain Disorders caused by chemical imbalances in the brain. They're medical illnesses just as credible as diabetes, cancer or heart disease.
- Brain disorders can usually be controlled using medications, therapy, support groups, family and classroom understanding.
- 2/3 of youth with mental illness do not receive treatment
- Of the 100,000 teens in detention, about 60% have behavioral, cognitive, or emotional problems

Why is Mental Illness Difficult to Diagnose?

- Mental illness in youth is a "moving target"
- Especially with children, defining what is "normal" or typical for each child
- Hard to differentiate between willful behavior and symptoms
- No conclusive blood tests or x-rays
- Mental Illness is an inexact science

The early warning signs of childhood and adolescent mental illness

ADHD

Hyperactivity

- Fidgets and squirms
- Can't still for long
- Inappropriate running or climbing
- Constantly "on the go"
- Has trouble playing quietly
- Talks excessively
- Restless

Impulsivity

- Blurts out information inappropriately
- Has trouble waiting his/her turn
- Interrupts when others are speaking
- Intrudes upon others
- Creates problems with other children in school and at play

ADHD

Inattentive Type

- Can't pay attention to details, often caught daydreaming
- Avoids, dislike or reluctant to engage in activities that require sustained attention
- Highly distractible, forgetful, absent- minded, careless, disorganized
- Often do not finish school work
- Don't listen to or follow through on instruction

Observations from Home

- Something "off" from the beginning
- Never slows down, or conversely, "clueless" with "head in the clouds"
- Exhausting & demanding
- Always in trouble

Oppositional Defiant Disorder Conduct Disorder in Adolescence

- Negative, hostile, defiant behavior; will not comply with requests
- Persistent arguing with adults
- Intense rigidity and inflexibility
- Touchy, resentful, spiteful
- Aggression and cruelty towards people and animals, bullying with bats etc.
- Destructive
- Deceitful
- Lack of remorse
- Truancy, running away from home

Observations from Home

- get angry with the child who won't obey or cooperate
- shocked & embarrassed by their behaviors
- worry about danger to other siblings
- overwhelmed by criticism from family & friends
- many suspensions add to the burden at home
- can't take their child anywhere

Major Depression

- Feeling mad, sullen
- Anxiety
- Negative self judgment
- Hypersensitive
- Withdraw
- Lethargic, apathetic, dispirited
- Irritable, aggressive, combative

Observations from Home

- Nothing pleases them
- Admit this child is no fun & hard to like
- They have a "totally different kid"
- Displays worst symptoms at home

Early-onset Bipolar Disorder (Manic-depression)

- Overreaction and irritable
- Rage and anger controlled in school
- Multiple mood shifts (angel/devil)
- Hyperactivity/decrease need for sleep
- Hypersexual behaviors
- Psychotic episode may be reported

Observations from Home

- Ragged sleep cycles – night terrors
- Violent rages – tantrums
- Severe separation anxiety/refusing to go to school
- Child acts worse at home than school

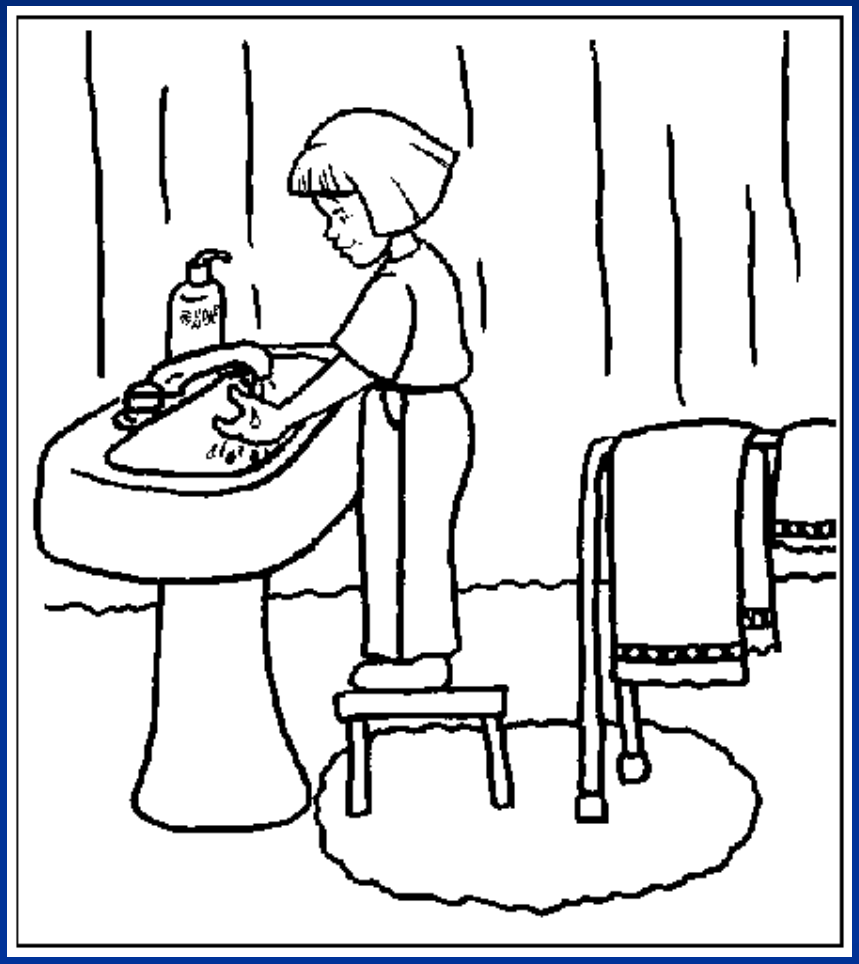
Anxiety Disorders

- **SEPARATION ANXIETY** (childhood version of panic)
  - Intense anxiety being separated from parents
  - Worry parents will die/cling to parents
  - Refusal to sleep alone/ will not go on sleep- over's
  - Claims sickness to avoid going to school
- **OVER ANXIOUS DISORDER** (childhood version of GAD)
  - Excessive worry – school, how they look, their standing with friends
  - Dread they will do things wrong/ perfectionist
- **AVOIDANT DISORDER** (Childhood version of Social Phobia)
  - Acute shyness in social situations
  - Restriction of social contacts exclusively to close family members

Observations from Home

- Repeated absences from school
- "Meltdowns" when parents try to force activities which generate anxiety
- Parent feels "catch 22"accomodating anxious behavior

Obsessive Compulsive Disorder



- Obsessions
  - Fear of contamination – germs
  - Fixation on numbers – words
  - Excessive doubts
- Compulsions
  - Rituals (hand washing, grooming, cleaning)
  - Repetitive counting, touching, writing
  - Continuous checking, questioning, collecting

Observations from Home

- Parents report they must cooperate with compulsive rituals to placate the child and avoid confrontations and tantrums
- Bewildered and angry at the child's inability to control irrational behaviors
- Rituals swamp home life but are more subdued in public

Schizophrenia

- Marked by delusions & hallucinations
- Withdrawal/anxious/disruptive
- Inappropriate expression of emotion
- Rarely seen before age 14
  - 1 in 40,000
- Between ages 15 to 19
  - 1 in 100

Observations from Home

- Child reports hearing voices
- Child stares at things not there
- Worries, child shows no interest in friends
- Child appears "blank" all the time; little or no emotion

A WORD ABOUT MEDICATION & YOUTH

Medication and/or other pharmacological interventions are utilized at times to treat adults and children with mental illness. Because children and youth are in such rapid phases of development, physiological changes can occur rapidly. It is *critical* for teachers and other school personnel to report changes in behavior and side effects that they observe as soon as possible to parents so that they, along with their child's doctor, can evaluate if the current treatment is the best option for the child at that time.

Families Dealing with Mental Illness
Families get the worst of it!

Coming through the Predictable Stages of Emotional Reactions

- Dealing with a catastrophic event
- Learning to cope: Going through the mill
- Moving into advocacy

I. Dealing with Catastrophic Events

- Crisis / Shock

  Feeling overwhelmed, dazed
- Denial
  - Protective response
    - Normalize what is going on
- Hoping-against-hope
  - Dawning of Recognition
  - Hoping life will go back to normal

Stage I.

NEEDS:

- Support
- Comfort
- Empathy
- Help finding resources
- Early intervention
- Prognosis
- NAMI

II. Learning to Cope
"Going through the Mill"

- Anger/Guilt/Resentment
  - Blame the victim
  - Child should snap out of it!
  - Fear that it is our fault, Self-blame
- Recognition
  - Mental illness becomes reality in our lives
  - Know it will change life as we know it
- Grief
  - Tragedy
  - Uncertain future
  - Sadness

Stage II

NEEDS:

- Vent feelings
- Keep hope
- Education
- Self-Care
- Networking
- Skill training
- Letting Go
- Co-operation from system
- NAMI

III. Moving into Advocacy

- Understanding
  - Gain sense of child's suffering
  - Respect for courage to cope with illness
- Acceptance
  - Bad things do happen to good people
  - Nobody's fault
  - We will hang in and manage
- Advocacy / Action
  - Focus anger and grief towards advocacy
  - Fight discrimination
  - Get involved

Stage III.

NEEDS:

- ➔Restore balance in life
- ➔Responsiveness from system
- ➔Activism
- ➔NAMI

Living with mental illness as a child

Personal observations

Downside of Living with Mental Illness….

- Social Stigma/Ignorance
- Medication Side Effects
- Bullying

How Can You help?

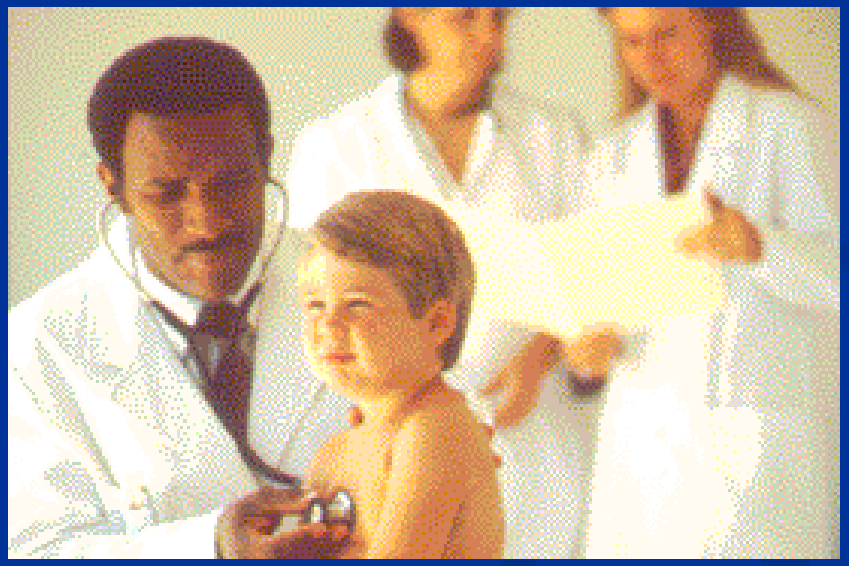
- De-stigmatize mental illness.
  - Compare Brain disorders to other childhood physical illnesses like juvenile diabetes and epilepsy
  - Recognize that treatment is highly effective
  - Emphasize better research is underway to ensure safe, appropriate medications for children.

What You Can Do

- Implement accommodations in class setting (some are very simple)
- Listen carefully to what the parents & children are saying
- Remove feelings of blame
- Acknowledge denial and anger as 'normal' responses
- Communicate empathy and compassion for the parents dilemma

Let Parents Know…

- De-stigmatize mental illness
- Emphasize early intervention and treatment are essential treatment steps for their child
- Be particularly sensitive to parents with special needs
- Provide parents with resources: knowledge about the illnesses is the key



How you can help the child cope with some of the side effects of the medications

WATER BOTTLE AT DESK
(Dry Mouth)

AUTOMATIC BATHROOM PASS/ OR SIGNAL
(Diarrhea/Frequent Urination)

DESIGNATED SAFE PLACE TO GO TO
(Crying Spells and Emotional Meltdowns)

SCHEDULE CORE ACADEMIC CLASSES LATER IN DAY
(Difficulty getting up in the morning)

BE SENSITIVE TO WEIGHT FLUCTATION (+ AND -)
(criticism from other children)

NAMI Can Assist…..

- Provide parents with resources:
  - Education is key to understanding
  - Offer Parents and Teachers as Allies booklet.
  - Encourage them to contact NAMI for:
    - Referrals
    - Support groups
    - Education classes
  - Urge them to seek support for themselves

LOCAL RESOURCES

NAMI-ORANGE COUNTY www.namioc.org 714-544-8488

NAMI-OC WARMLINE 714-991-6412 OR 877-910-WARM: The WARMLINE provides mental health resources and trained mentors to speak with people who are lonely, confused, etc.

Hours: Monday-Friday 9 AM-3 AM
Saturday and Sunday 10 AM-3 AM

Children and Adults with ADD (CHADD)

www.chadd.org ADHDmeeting@pacbell.net

Orange County Health Care Agency, Behavioral Health Network of Care - http://orange.networkofcare.org

Resources

- Substance Abuse & Mental Health Services Administration

  www.samhsa.gov

- National Institute of Mental Health

  www.nimh.nih.gov

- www.strengthofus.org – An online community designed to empower young adults

Thank You

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- www.namicalifornia.org