

Information for Educators

How to Help Children with Mental Health Issues

The importance of Emotional/Mental Health

The mental health of children and teens matters just as much as their physical health. Steps can be taken to promote mental health through building self-confidence and competence and providing a listening ear when problems arise. If mental health issues arise and are left untreated, they can become worse over time and can have negative consequences on academic performance, social and emotional well-being, and future opportunities. When treatment is provided early, there is a greater likelihood that it will be effective.

What Educators can do to Promote the Mental Health of Children and Teens

- Think of mental health as being vital to success in school. It is difficult, if not impossible, to focus on academics when a mental health issue gets in the way.
- Be accessible and approachable with students so they know they can talk to you about upsetting events at school or in the community. Make social emotional learning a regular part of the school day.
- Focus on creating a positive climate within your classroom/school for all students.
- Be alert to signs that students are being bullied, teased, or harassed and take action if you have suspicions or observe such behaviors.
- Use encouragement more often than criticism or harsh punishment, but hold students responsible by setting limits and applying consequences. Recognize accomplishments and provide extra helps when students need it.
- Be a positive role model by behaving in ways you would like students to behave and showing empathy for the feelings of others.
- Respect the confidentiality of all students, especially those with special needs.
- Know the warning signs of mental illness and consult with school counselors, social workers, or psychologists if you are concerned about a student.
- Use the mental health professionals at school as resources for social skills training, education for yourself about mental health, crisis counseling, and effective intervention and classroom management skills.

What are the Warning Signs of Possible Mental Health Issues in Children and Teens?

(These are persistent rather than one-time occurrences.)

- Severe, dramatic or abrupt changes in behavior, including school performance, eating, sleeping, etc.
- Inability to cope with problems and daily activities
- Many physical complaints and symptoms
- Frequent nightmares, especially when paired with other fears and excessive worries
- Sexual or other risk-taking behaviors
- Alcohol and/or drug abuse
- Hears voices or sees things that are not there, idiosyncratic thoughts
- Trouble focusing or sitting still
- Sustained feelings of sadness, hopelessness, or irritability
- Excessive anger/outbursts of aggression
- Needs to wash hands, clean things, or perform certain rituals frequently throughout the day
- Threatens to run away
- Avoids people/wants to be alone all the time
- Hurts animals or other people, damages property
- Intense fear of becoming obese with no relationship to actual body weight, significant weight loss or gain, use of laxatives, purging, not eating

These might indicate more serious problems

- Problems across a variety of settings (e.g., at home, at school)
- Returning to behaviors more common to younger children (e.g., bedwetting)
- Repeated thoughts of death
- Self-injury
- Loss of interest in activities which ordinarily were enjoyable



What should you do if you are concerned about the behavior or mental health issues of a student?

- Consult with the students' other teachers and with the school mental health support staff
- Use I-statements to start a conversation, such as "I have noticed that you are talking less in class and not eating lunch with your friends" or "I feel concerned because you have not been acting like yourself recently."
- Avoid using judgmental or dismissive language (e.g., "you'll get over it" or "just tough it out.")
- If you are a school mental health worker, speak with the student and listen carefully. Assess the student for suicide risk if necessary. Contact parents if needed and appropriate to share your concerns. Provide parents with outside referrals if appropriate. Follow up with the student and family.
- Keep student information confidential except for those who have a "need to know."
- Take care of **yourself**. Find someone in whom you can confide and ask for help when you need it.

Most common forms of mental illness in teens

One in five (20%) children aged 13-18 have, or will have, a serious mental illness. 50% of all cases of lifetime mental illness begin by age 14, but the average delay between onset of symptoms and intervention is 8-10 years. 70% of youth in juvenile justice systems have a mental illness. Suicide is the 2nd leading cause of death in youth aged 10-24, and 90% of those who commit suicide had an underlying mental illness.

- **Depression** - About 11% of adolescents have a depressive disorder by the age of 18. Girls are more likely than boys to experience depression, and the risk for depression increases as a child ages. The symptoms of depression may be different in teens than in adults, including sulking, getting into trouble, being irritable and feeling misunderstood. Most teens with depression respond best to treatment that is a combination of anti-depressant medication and psychotherapy.
- **Anxiety Disorders** - Anxiety can be a normal reaction to stress, but when anxiety becomes excessive and leads to avoidance, it can become disabling. Anxiety disorders include obsessive compulsive disorder, PTSD, generalized anxiety disorder, panic disorders, and specific phobias. About 8% of teens have an anxiety disorder, with symptoms commonly emerging around 6 years of age. High quality cognitive behavioral therapy (CBT) with or without medication is the treatment of choice for teens with anxiety disorders.

- **Attention Deficit Hyperactivity Disorder (ADHD)** - Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and very high levels of activity. The number of children with ADHD has been increasing, but the reasons for this are not clearly known. ADHD likely develops as an interaction between genes and environmental factors. In some cases medication is needed for ADHD. Different kinds of psychotherapy can also be effective in terms of teaching practical organizational skills and how to deal with emotions. Parent education can help decrease ADHD problem behavior because parents are better informed and know how to redirect behaviors.
- **Eating Disorders** - Although this disorder appears to be about food and weight control, it is really a device people use to cope with anxiety and depression or other issues. Teens with eating disorders may restrict certain foods, lose or gain a lot of weight, count calories obsessively, avoid family meals, disappear into the bathroom after eating, exercise excessively, and talk negatively about their bodies. If you suspect your child has an eating disorder, seek professional help right away. The more entrenched the illness becomes, the harder it can be to overcome. Family support is crucial to treatment and recovery from an eating disorder.

- **Autism Spectrum Disorder (ASD)** - these are developmental disabilities including what was previously called "Asperger's syndrome." Children who fall on this spectrum display problems with communication and social interactions, including difficulties in building friendships with others their age. These children may also be overly dependent on routines, unusually sensitive to changes in their environments, or intensely focused on specific items. A recent CDC study found the rate of ASD in the population to be 1 in 88 children (1 in 54 boys, 1 in 252 girls). The outcome for children with ASD is related to intellectual functioning and communication skills. Children with ASD who have normal or above normal intellectual and normal speech and language skills often finish high school and go on to college. The most effective treatment for ASD currently is a combination of psychotherapy, special education, behavior modification, and support for families, with medication also being used at times.

The above information has been adapted from information sheets developed by The National Institute of Mental Health, the Brown University Child and Adolescent Behavior Letter, familydoctor.org, Mental Health America, the American Academy of Child and Adolescent Psychiatry, PACER Center, and the Suicide Prevention Resource Center.

Resources

General Reading for Parents and Educators:

- Barkley, RA&AL Robin - *Your Defiant Teen: 10 Steps to Resolve Conflict and Rebuild Your Relationship*, Guilford Press (2008).
- Bell, Ruth - *Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships*, Times Book (2005).
- Dolin, Ann K. - *Homework Made Simple: Tips, tool, and Solutions to Stress-Free Homework*, Advantage Books (2011).
- Humphrey, SM. - *If You Had to Choose, What would You Do?*, Prometheus Books (2003).
- Lamed, Marianne - *Stone Soup for the World: Life-Changing Stories of Ordinary Kindness and Courageous Acts of Service*, Three Rivers Press (2002).
- Levin, Diane and Kilbourne, Jean - *So Sexy So Soon: The New Sexualized Childhood And What Parents Can Do to Protect Their Kids*, Ballantine Books (2009).
- Pipher, Mary and Ross, Ruth - *Reviving Ophelia: Saving Lives of Adolescent Girls*, Riverhead Trade (2005).
- Thomsen, Kate - *Parenting Preteens with a Purpose, Navigating the Middle Years*, Search Institute Press (2008).
- Willard, Nancy - *Cyber-Safe Kids, Cyber-Savvy Teens: Helping Young People learn To Use the Internet Safely and Responsibly*, Jossey-Bass (2007).

Reading on Specific Disorders:

- Adelizzi, JU and D.B. Goss - *Parenting Children with Learning Disabilities*, Bergin Garvey Trade (2001).
- Chansky, Tamar E - *Freeing Your Child from Negative Thinking: Powerful, Practical Strategies to Build a Lifetime of Resilience, Flexibility and Happiness*. Da Capo Lifelong Books. (2008).
- DePaulo, JR - *Understanding Depression: What We Know and What You Can Do About It*, John Wiley & Sons, Inc. (2002).
- Heinrichs, Rebekah - *Perfect Targets: Asperger Syndrome and Bullying -- Practical Solutions for Surviving the Social World*, Autism Asperger Publishing Co, (2003).
- Jamison, Kay Redfield - *An Unquiet Mind: A Memoir of Moods and Madness*, Vintage (1997).
- Shapiro, Ouisie - *Autism and Me: Siblings Stories*, Albert Whitman and Company (2009).
- Sheff, David. - *Beautiful Boy*, Houghton Mifflin, (2008) (about a teen's drug addiction)
- Spencer, Elizabeth DuPont et al - *The Anxiety Cure for Kids: A Guide for Parents*, Wiley (2003).

Web Resources

- | | | |
|---|--|--|
| American Academy of Child & Adolescent Psychiatry:
www.aacap.org | Healthy Children.org:
www.healthychildren.org | National Eating Disorders Association:
www.nationaleatingdisorders.org |
| American Asperger's Association:
https://www.autismspeaks.org/family-services/tool-kits | Family Doctor.org:
familydoctor.org | National Institute of Mental Health:
www.nimh.nih.gov |
| American Society for Suicide Prevention:
www.afsp.org | KidsPsych website:
www.kidspsych.org | National Library of Medicine's Medline Plus Website:
medline.gov |
| The Brown University Child and Adolescent Behavior Letter:
www.childadolescentbehavior.com | Mayo Clinic:
www.mayoclinic.com/health-information | Parents, Families and Friends of Lesbians and Gays (PFLAG):
www.pflag.org |
| Center for School Mental Health:
https://csmh.umaryland.edu/ | Mental Health America:
www.mentalhealthamerica.et/go/information/we-educate | Stop Bullying Now:
www.stopbullying.gov |
| Children and Adults with Attention Deficit Hyperactivity Disorder:
www.chadd.org | National Alliance for the Mental Ill:
www.nami.org | Teaching Tolerance:
www.teachingtolerance.org |
| The Gay, Lesbian, Straight Education Network (GLSEN):
www.glsen.org | The National Association of Parent Teacher Associations:
www.pto.org | |
| | National Autism Association:
www.NationalAutismAssociation.org | |