

Mental Health Matters

Raise Awareness • Erase Stigma • Foster Hope • (801) 323-9900

How to use this newsletter

Nationally, half of all lifetime cases of mental illness begin by age 14, and three quarters by age 24 (National Institute of Mental Health, 2005). The purpose of this newsletter is to provide specialized information on children's mental health to educators, allowing them to more effectively and proactively work with those who struggle with mental illness and their family members. The newsletter also offers in-

formation on the array of free services available through NAMI Utah for young people and their families.

As well as a resource and referral too, the newsletter can be used as a training tool. We encourage school administrators to not only use and distribute this newsletter, but also to hold a special staff training meeting disseminating the information contained herein.

Trained NAMI Utah staff members would be happy to attend your training meeting to walk you through the information and to answer questions that may arise. We are here as a resource for schools, teachers, parents, youth and the community.

Please feel free to contact NAMI Utah to get additional information on any of the topics within this newsletter.

What is mental illness?

excerpts from the "Parents and Teachers as Allies" booklet

In 2001, the US Surgeon General released a report stating that 12 percent of American children under the age of 18 have a diagnosable mental illness. The main hope for children at risk for serious mental illness lies in early detection.

Due to their daily proximity to their students, teachers are in a special position to assist in the detection of possible mental illness among their students.

There is now compelling evidence that brain disorders in children do occur, that untreated mental illness places children at risk of developing the most debilitating forms of illness, and that the impact of untreated mental illness on their growing years is devastating.

Early-onset brain disorders are a biological given, and this is a case where children are handicapped by a chemical disturbance in their brains that controls their behavior

and undermines their ability to deal with their world.

Among the most common mental illnesses in children and adolescents are:

Attention Deficit/ Hyperactivity Disorder, Oppositional Defiant Disorder and Conduct Disorder, Major Depression, Early-onset Bipolar Disorder, Anxiety Disorders, Childhood-onset Schizophrenia, and Obsessive-Compulsive Disorder.

How a teacher changed my future by Missee Greager



I was an honors student all my life until I hit ninth grade. My bipolar symptoms surfaced and as a result I started failing all my classes. I started changing, not only my grades but my friends. I fell into that crowd of kids that no one wants their kid to be friends with.

At that point I was seen as a rebel that really wasn't going anywhere in life. My troubles were only fueled by those who didn't understand and judged me.

Due to my bipolar symptoms,

I was put in a high school class for all the students that were in danger of not graduating. The teacher of this class changed my life. This woman saw me for who I was and knew my capabilities. She never gave up on me because I was running with the wrong crowd. She did everything in her power to help me graduate, whether it be giving me a safe place to come and talk when I had nowhere else or helping me get through another project.

I made many promises I never

kept but she still didn't give up and always did everything in her power to get me through. I wasn't another bad seed to her. I was a young girl with a lot of potential that wasn't showing it yet.

By the time graduation day came, I walked with my class. So much of that I owe to her and the impact she made on my life. I know that I'm not the only one who will never forget this teacher because she has helped many more students to graduate who never thought they had a chance.

How teachers supported my child by Robyn Emery

"The groundwork for her success was laid in school by caring and supportive teachers."



In the fall of 2002 our lives were turned upside down. My daughter Missee was an honor student and five of her seven classes were advanced classes. However, she started having a lot of anxiety about being in class. Her grades went from A's and B's to D's and F's. Teachers saw things before I did and many dealt with her very well. Over time, she lost all motivation to do school work and was very emotional and unable to be in a classroom for an extended period of time. We were lucky to have a wonderful

school psychologist and teachers to patiently work with her. A school counselor helped us get her diagnosis (Bi-polar) and got her started on the path to recovery. There were teachers who never gave up on her. They always saw her as a good person with a problem – not just a bad kid. They looked beyond her behaviors and saw the potential behind the symptoms. One teacher in particular really bent over backwards to help Missee. She was there when things were rough and always looked

past the bridges Missee was constantly burning behind her. When everyone else was ready to give up and believe that she was just a bad kid, this teacher and a few others were there to offer support to her. She really responded to the fact that these people really believed in her and were willing to help her achieve the most she could. She graduated in 2006 with a 4.0 the last 5 quarters. The groundwork for her success was laid in school by caring and supportive teachers.

One teacher's perspective by Shari Fullmer

It's so easy to just "write off" a student who is not responding, is sleeping in class or is not turning in assignments. As a teacher, I would have been less aware of students with mental health concerns had I not experienced them with my daughter. Some of the first clues I have come to notice are related to what a student looks like and

how they act in class. Lethargic? Bad attitude? Appearance? Mouthy? Non-communicative? Other verbal and physical cues? When something seems out of the norm, I try to talk to the affected student one-on-one. When I do that, I mention as many helps as possible available to them: school counselors and psychologists, city/county pro-

grams, etc. I try to reinforce daily the good things they are doing and show interest in any accomplishment. One of my main hopes is that they will know I care and that I will listen to them.

NAMI Utah programs: Hope for Tomorrow

Hope for Tomorrow is an ongoing school-based mental health education program for secondary schools.

The three **goals** of this program are:

- 1) Raise awareness of mental health issues;
- 2) Erase the stigma of mental illness; and
- 3) Foster hope among students and their families.

The three **topics** discussed are:

- 1) mood disorders;
- 2) substance use disorders; and
- 3) eating disorders.

The three **audiences** involved are:

- 1) Students;
- 2) Teachers and
- 3) Parents and the community.

Through education, this program provides an opportunity for adolescents who suffer from undiagnosed, under-treated, or untreated mental illness to learn both when and how to seek appropriate professional help.

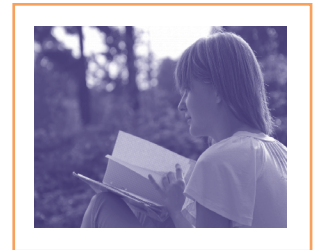
It also provides teachers, parents and the community with information on signs and symptoms of three potential, life threatening illnesses. Education is empowering-- especially when there is collaboration between homes and schools.

The curriculum consists of materials for each topic and each audience. It includes how to set up the program in schools, program materials for each topic, and a DVD presentation for students on each topic.



Evaluation of this program showed an increase in help-seeking behaviors as students sought help for themselves or for a friend by talking to a trusted adult.

This program was created in Utah, starting in 1998, by the following partnerships: NAMI Utah, Utah Parent Teacher Association, Utah State Office of Education, Primary Children's Medical Center Foundation, and the University of Utah School of Medicine, Intermountain Injury Control Research Center.



NAMI Utah programs: Parents and Teachers as Allies

Parents & Teachers As Allies is a free 2-hour in-service provided by NAMI Utah for both elementary and secondary school faculty. It is worth 2 hours towards re-licensure.

The program covers:

- Recognizing early-onset mental illness in children and adolescents
- Understanding family reactions to mental illness and guidelines for helping families
- Learning about available community resources
- Strengthening the alliance between parents & school

professionals

Participants will hear about the lived experience of a young person and the parent of a youth who have encountered early-onset mental illness.

This program is intended to provide an education tool for advancing mutual understanding and communication between families and school professionals; thus improving the lives and educational outcomes of children with mental illness.

Comments from past participants:

"The panel was great! I liked that the presenters have had personal experience. This will help with my work and family"

"Thank you for the information. This will greatly help my interaction with my students and parents".

To schedule an inservice, call NAMI Utah at 801-323-9900.

"Parents and teachers are children's closest observers."

What every Utah school professional should know excerpts from 'Medical Recommendations: What School Employees Can and Cannot Do', 53A-11-605, effective March 2, 2007, prepared by Carol Lear, Director School Law and Legislation, USOE

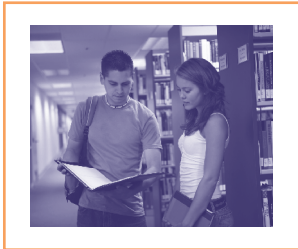
Schools, their employees and their psychologists are regulated in what they can and cannot do with regard to medical recommendations for a child. By knowing these regulations, you can better understand your constraints, rights and responsibilities as a school employee. We recommend reading the full document—a link to the document is available on our website (www.namiut.org). Here is a summary of its main points:

School personnel may provide to parents general information about their child's academic progress, social interactions, behavior and/or situations which exist that 'present a serious threat to the well-being of a student'.

School personnel shall report suspected child abuse; comply with health department laws, rules and policies; and conduct student evaluations consistent with IDEA.

School personnel shall not require a student to take/continue to take psychotropic medication; recommend that parent seek or use psychiatric/psychological treatment for a child; or make a report of suspected child abuse only because a parent refuses to allow a psychiatric, psychological or behavioral treatment for a child UNLESS not doing so would 'present a serious, imminent risk' to a child's safety. Please stay in close contact with your school's mental health specialists to best meet the needs of your students.

Free NAMI programs: Progression and Basics



Progression is a 6-week course focusing on young people between the ages of 15 and 21 who are living with mental illness. The name, *Progression*, alludes to its purpose of empowering young people with information and tools to advance towards their dreams and goals. Top-

ics include information about mental health/illness, recovery, roadblocks, communication, self care, self esteem and much more.

NAMI Basics is a 6-week education class for parents/caregivers who have a child or adolescent with mental

health issues. The course covers such topics as early onset symptoms, biology of mental illness, treatment options and skills for coping. The focus of the course centers around caring for you, your family and your child with mental illness.

Additional NAMI Utah programs

LEARN MORE: To find out when and where NAMI Utah programs are being held or to learn more, visit www.namiut.org or call 801-323-9900.

NAMI Utah offers a broad range of educational and support resources to assist those living with mental illness and their families. All of NAMI Utah's offerings are free of charge. Resources offered include:

Family-to-Family—a course for family members of adults with a mental illness;

BRIDGES—a course for adults living with mental ill-

ness;

Support Groups—weekly groups to gather and share understanding;

Clergy Training—provides training on mental health to clergy members;

Provider Training—provides training on mental health to professionals and other providers;

Mentoring—provides to individuals and family members, a peer who can listen,

empathize and connect to education and support groups as well as other valuable community resources.

Legislative Action—proactively work with the state legislature and state officials to ensure that policy decisions take into account the needs/ interests of those with mental illnesses.

Affiliates—There are NAMI Utah sites statewide offering program services.

A counselor's perspective by Erin Clegg, MEd

Educators are given the wonderful and yet incredibly challenging opportunity of helping teach, encourage, guide and support hundreds of young people from extremely diverse backgrounds and experiences.

As a school counselor, I sometimes felt overwhelmed by the responsibility. Yet, I learned along the way to believe in the capacity for change, growth and resilience in an individual and often learned more from my students than they learned from me.

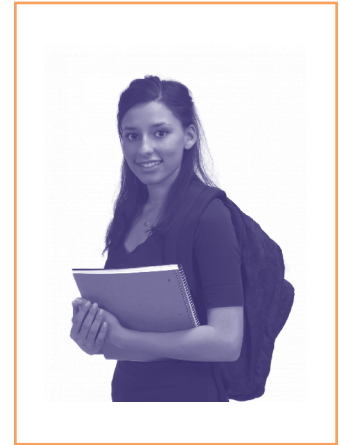
Most people know someone suffering from a mental ill-

ness or have dealt with it in their own lives. As a result of our profession as educators, we probably know more than a few people coping with mental illness.

In my own life, the thing that drew me to a profession in school counseling was, in large degree, my own personal experience with mental illness. Growing up, I witnessed the effects mental illness had on my own family. I lived through the horrors of crisis, felt the trauma of uncertainty and witnessed the devastation of life taken over by disease. Yet in the midst of this, I also found hope and encouragement from

those around me who were willing to ask and to listen. I also found NAMI which helped me to understand a little more about mental illness and helped me to realize that my family was not alone in their battle.

Educators are in an incredibly powerful position. As we educate ourselves about mental illness we develop a sympathetic understanding of those who suffer and we can learn more about how to reach out.



Suicide Prevention excerpts from the May 2007 Utah Suicide Prevention Plan

Recently, the State Division of Substance Abuse and Mental Health contracted with the National Alliance on Mental Illness (NAMI Utah), to develop a comprehensive state plan for all ages that represents the cultural diversity of Utah.

The plan was created by a Suicide Prevention Council that consisted of experts in the fields of social work, psychology, research, substance abuse, health and medicine, law enforcement, educators, clergy, representatives from various ethnic and culturally diverse groups, family mem-

bers and youth. Here are some of their findings and objectives:

The stigma associated with suicide and mental illness present as the predominant barrier to preventing suicide death and attempt among Utah residents.

Research consistently demonstrates that the leading cause of suicide for all age groups is untreated or undertreated mental illness. Risk escalates when mental illness occurs in combination with substance abuse.

Objective 4.2: Increase the proportion of school districts and private school associations with evidence-based programs designed to address serious childhood and adolescent distress and prevent suicide.

Objective 6.3: Increase the proportion of educational faculty and staff who have received training on identifying and responding to children and adolescents at risk for suicide.

You can help achieve the overall goal to save lives in Utah by educating yourself about suicide and mental illness.

LEARN MORE: To read the entire Utah Suicide Prevention Plan, go to www.namiut.org and click on Info and Resources.

Mental illness puts you at greater risk of early onset drinking

Researchers for the study of 3,600 Americans ages 18 to 39 were able to link early onset of drinking to five specific childhood experiences: physical abuse, sexual abuse, living with a family member with mental illness, substance abuse in the home, and parents' divorce or separation.

Adults who reported having any of these experienc-

es were more likely to have used alcohol before the age of 15 and also were more likely to have used alcohol in order to cope with their problems. The researchers said their findings are important in identifying particularly problematic issues in childhood and in pointing to early activities that can shape drinking patterns well into adulthood.

Researchers led by Emily Rothman, Sc.D., of the Boston University School of Public Health, found in their analysis of adults who were current or former drinkers that childhood abuse had the strongest association with early drinking. The risk of starting drinking before age 15 was two to three times higher for children who had experienced abuse.

Having a family member with a mental illness or substance abuse problem was the factor causing the next highest level of risk for early drinking.

Source: <http://www.join-together.org/news/research/summaries/2008/negative-childhood.html>

Red Flags: Signs students may need further help from a mental health professional

Consider referring the family for professional help if the elementary student:

- Seems excessively withdrawn and depressed
- Does not respond to special attention and attempts to draw him/her out
- Exhibits extreme signs of anxiety, such as excessive clinging, irritability, eating or sleeping problems for more than one month.

Consider referring the family for professional help if the high school student:

- Is disoriented, that is, if he/she is unable to give own name, town and the date
- Complains of significant memory gaps
- Is despondent and shows agitation, restlessness and pacing
- Is severely depressed and withdrawn
- Mutilates self
- Uses drugs or alcohol excessively
- Is unable to care for self, e.g., doesn't eat, drink, bathe or change clothes
- Repeats ritualistic acts
- Hallucinates, hears voices, sees visions
- States his/body feels "unreal" and expresses fears that he/she is "going crazy"
- Excessively preoccupied with one idea or thought
- Has a delusion that someone or something is out to get him and his family
- Is afraid he will kill self or another
- Is unable to make simple decisions or carry out everyday functions
- Shows extreme pressure of speech, talk overflows

Source: <http://mentalhealth.samhsa.gov/publications/allpubs/KEN01-0113/default.asp>

Myth vs. Fact: Teen Depression by Nicole Peradotto, Esperanza magazine, Spring 2008, pgs.38-39

Myth: You're better off not discussing depression with your child.

Fact: Communication is key to understanding what's going on in your teen's head. Even if he doesn't show it, he'll appreciate that you care enough to ask how he's feeling. Remember, you still can influence your child during adolescence.

Myth: Teens are just moody.

Fact: The National Institute of Mental Health reports that up to 8 percent of adolescents experience depression. That's why it's critical for parents to learn to distinguish between typical teen moodiness and behavior that could indicate depression.

Myth: Depressed kids are loners.

Fact: Depression can affect punks, perfectionists, popular kids – it doesn't distinguish. The only common thread is that depressed teens tend to feel alone – even when surrounded by friends.

Myth: You should strictly enforce limits with your depressed child.

Fact: It's wiser to choose your battles. Taking away privileges from a depressed teen may fuel her despair. Make her accept responsibility for her behavior, but don't punish her for the way she feels.

Myth: You can't do anything if your teen refuses help.

Fact: You don't have to take "no" for an answer. If she's adamant about refusing help, consult a therapist for parenting tips and advice on how to coax her into therapy.

Myth: You'll know if your child is depressed.

Fact: The signs of depression aren't always obvious. Some kids mask them so they won't worry their parents. What's more, parents may shrug off warning signs, confusing them with typical adolescence.

Myth: Depression isn't an inherited condition.

Fact: It runs in families. Frequently, if a teen has depression, one or more parents may also. It's important that other family members get treatment, too. The data shows when a mother gets treatment for her depression, her child often gets better.

Myth: Depressed teens look like depressed adults.

Fact: Adolescent depression manifests itself differently. Rather than appearing blue, teens may become defiant and irritable. Some get labeled troublemakers because they challenge authority. This, in turn, prevents them from getting the help they need.

Myth: Adolescent depression affects both sexes equally.

Fact: It's twice as prevalent in girls. Researchers think the inequality may have to do with the different way boys and girls experience and respond to stress.

Myth: Resuming normal routines helps depressed kids get better.

Fact: If a teen is depressed, the everyday can seem overwhelming. That's why parents should try to make reasonable accommodations rather than pushing their child to "keep up."

Myth: Teens shouldn't take antidepressants.

Fact: While antidepressants pose risks for a small percent of youngsters, they shouldn't be ruled out. If they are prescribed, both doctor and parents should closely monitor the teen's behavior.

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We're On the Web!
See us at:
www.namiut.org

Online Resources

National Alliance on Mental Illness

www.nami.org

National Institute of Mental Health

www.nimh.nih.gov

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

National Mental Health Association

www.nmha.org

Federation of Families for Children's Mental Health

www.ffcmh.org

CHADD: Children and Adults with Attention-Deficit/Hyperactivity Disorder

<http://www.chadd.com>

The Child and Adolescent Bipolar Foundation

www.bpkids.org

Kids Health

www.kidshealth.org

American Academy of Child and Adolescent Psychiatry

www.aacap.org

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