



**Mental Health 101:
Children Living with
Mental Health Conditions:
Symptoms, Behaviors &
Strategies**

Children's Mental Health Facts

1 in 5 children in the U.S. experience a mental health disorder

- National Research Council & Institute of Medicine report, 2009

70% of children and youth who live with a mental health disorder do not obtain treatment

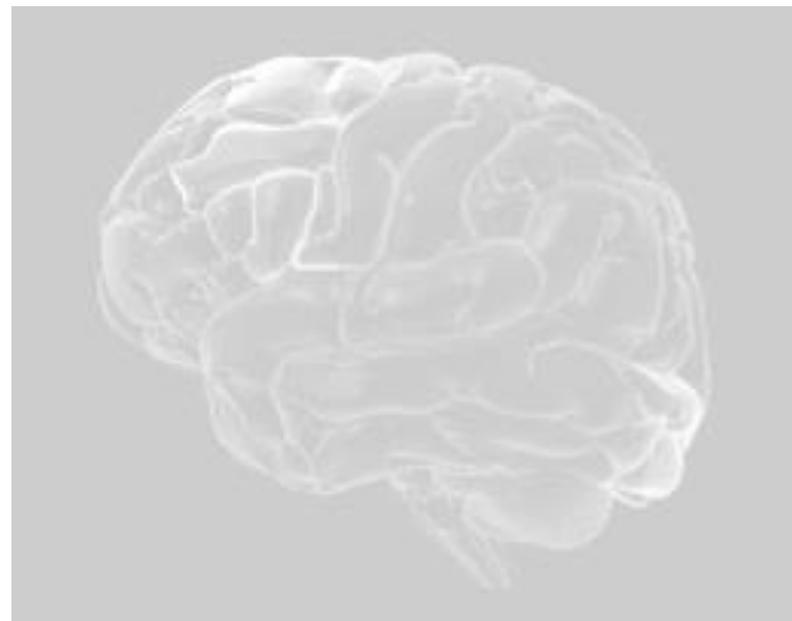
Half of all lifetime cases of mental illness
start by the age of 14



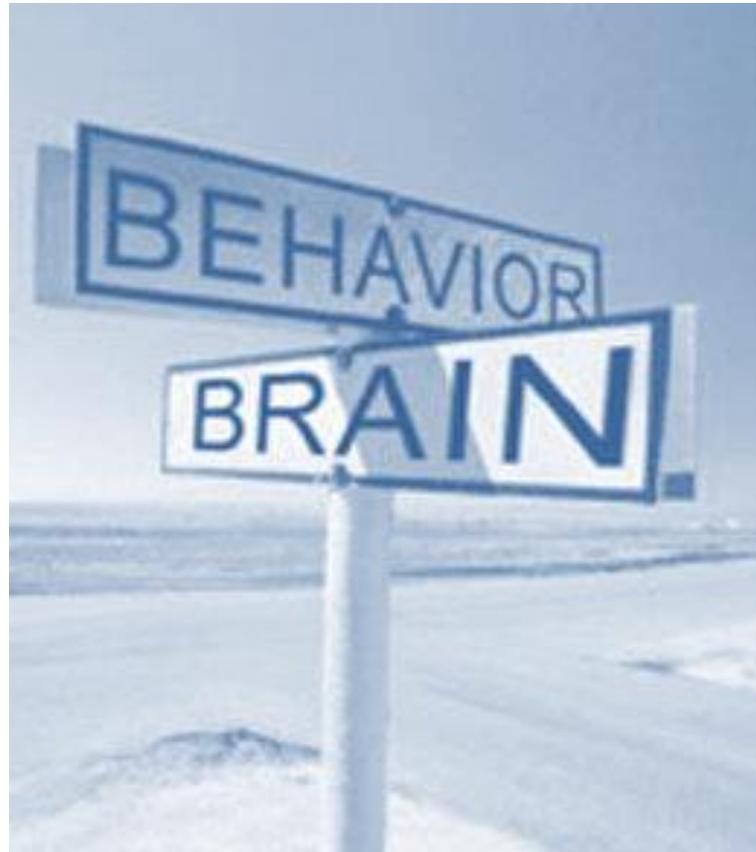
Three quarters of all lifetime cases have
begun by age 24

Mental Illnesses Are:

- Brain disorders that affect thinking, moods, feelings and the ability to relate to others
- Medical illnesses whose symptoms are behaviors



Behavior is the language used to communicate that something is wrong!

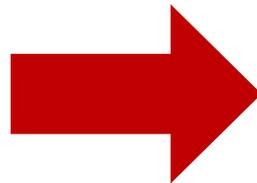


What Is Beneath The Surface?

Behaviors are like the part of the iceberg that is visible.

What's underneath the behaviors?

SYMPTOMS



As you evaluate behaviors it is **important** to consider that what you are seeing may be due to cultural differences.



Common Mental Illnesses That Affect Students

- **Mood Disorders**
 - Depression
 - Bipolar Disorder
- **Disruptive, Impulse Control and Conduct Disorders**
 - ADHD
 - Oppositional Defiant Disorder
 - Conduct Disorder
- **Anxiety**
 - General Anxiety Disorder
 - Phobias
 - Panic Attacks
 - Other
- **Autism Spectrum Disorder/ASD**
- **Schizophrenia**
- **Substance Abuse Disorder**
- **Obsessive Compulsive Disorder**
- **PTSD**

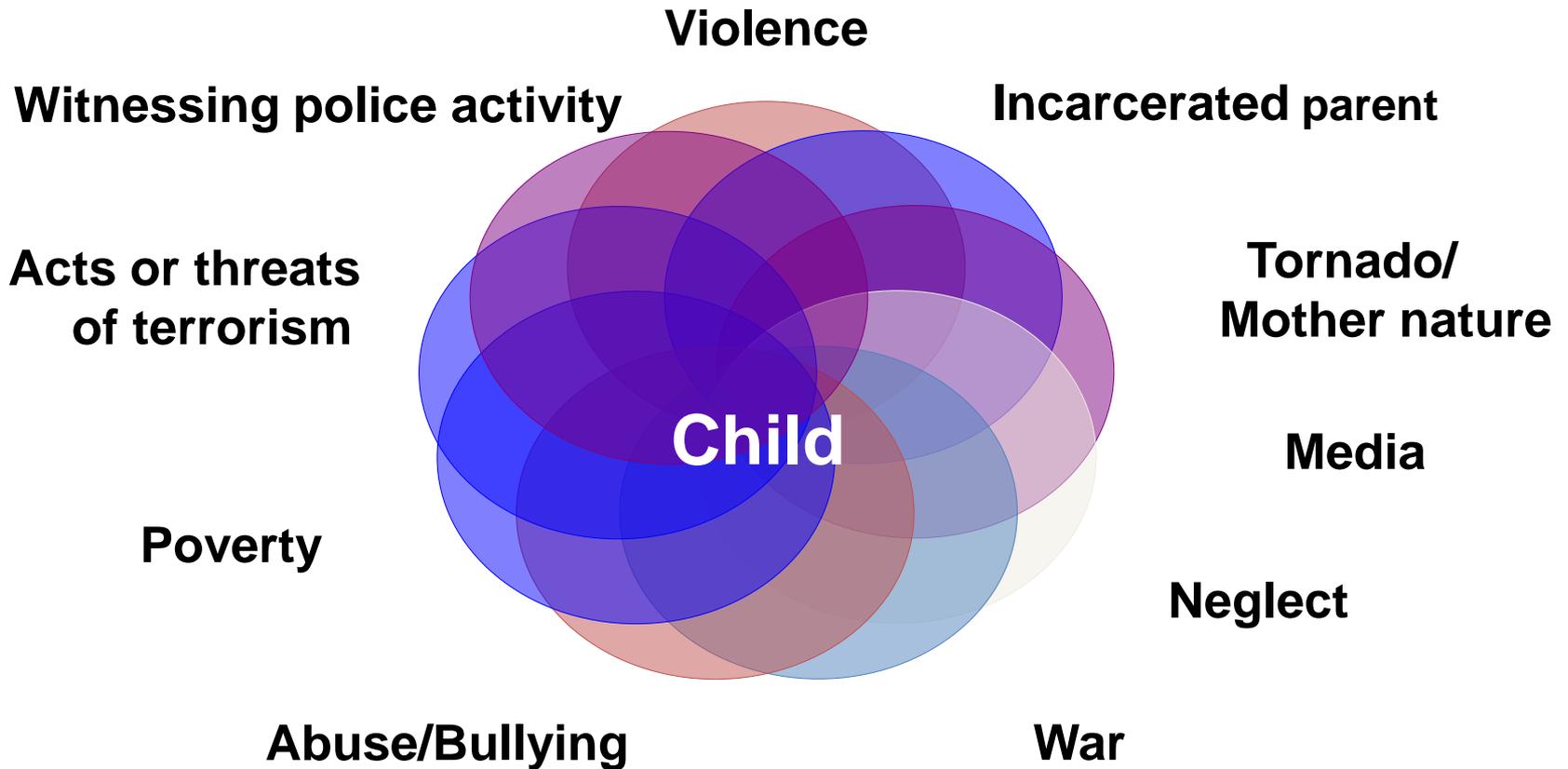
Child Traumatic Stress

Child traumatic stress is the physical and emotional responses of a child to events or experiences that threaten that child's sense of security. Traumatic stress can affect all areas of a child's life; in the home, school, and community.

- **Ambit Network**



Traumatic Events Can Range From One Event to Many Events Over Time



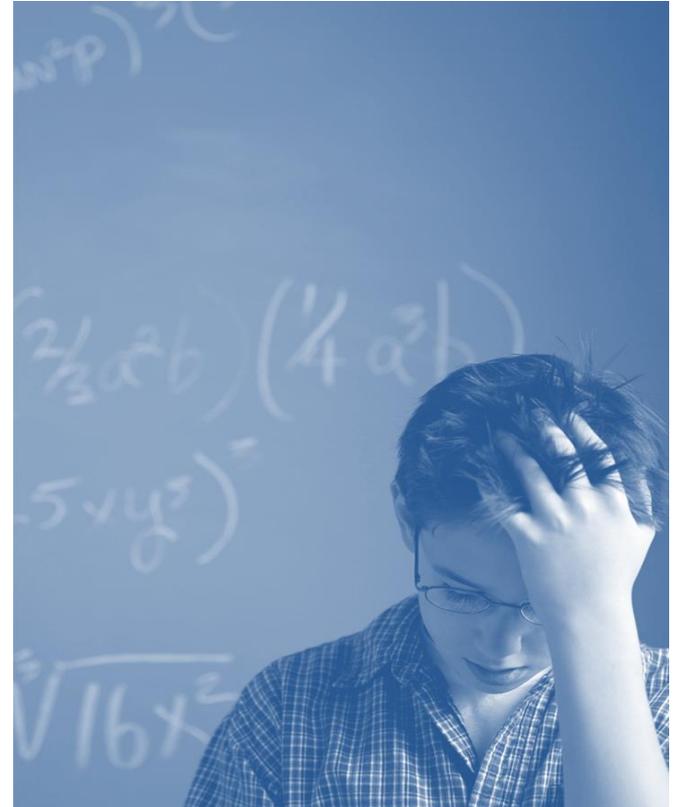
**THE MORE *TYPES* OF TRAUMA
EXPERIENCED, THE MORE LIKELY TRAUMA
WILL AFFECT A CHILD'S MENTAL HEALTH**

Anxiety

- Irritable
- Looks terrified
- Displays sadness
- Hypersensitive/
feelings easily hurt
- Frequent tears
- Refuses to join
activities
- “Fight or flight”/or
freeze response
- Quick to anger
- Fearful/panicky
- Excessively worries
- Physical complaints
- Low frustration
tolerance
- Frequent absences

Obsessive Compulsive Disorder

- Involuntary thoughts, ideas, urges, impulses or worries that run through the mind (Obsessions)
- Purposeless repetitive behaviors (Compulsions)



Depression

Mood Changes

- Feelings of hopelessness
- Loss of interest/pleasure
- Irritable mood/anger
- Distractible
- Aggressive
- Excessive guilt/self-blame

Cognitive Changes

- Difficulty concentrating
- Problems making decisions
- Slow movement, speech and thinking
- Forgetfulness
- Suicidal thoughts or gestures

Bipolar Disorder

Mania

- Abnormally elevated mood
- Racing thoughts
- Increased talkativeness
- Aggressive, irritable, “touchy”
- Increased energy
- Uncontrollable rages temper tantrums
- Decreased sleep

Depression

Same as previously discussed plus:

- Insecurity, anxiety, low self-esteem
- Self Isolation
- Suicidal thoughts or gestures

ADHD/ADD

Hyperactivity Symptoms

- Is on the “go”
- Has difficulty remaining seated
- Runs around or climbs excessively
- Difficulty engaging in activities quietly
- Difficulty waiting or taking turn

ADHD/ADD-Symptoms:

Inattentive Symptoms

- Daydreams
- Can't pay attention to details
- Doesn't finish school work
- Distractible, careless and disorganized
- Doesn't listen to, or follow through on directions

ADHD/ADD

Impulsivity Symptoms:

- Blurts out answers before questions have been completed
- Has difficulty waiting or taking turns
- Interrupts or intrudes upon others

Oppositional Defiant Disorder

ODD is a condition in which a child displays an ongoing pattern of:

- uncooperative,
- defiant,
- hostile, and
- annoying behavior toward people in authority

Oppositional Defiant Disorder

Signs and Symptoms:

- Argumentative, defiant behavior
- Defies or refuses to comply with adult rules or requests
- Deliberately annoys or bullies others
- Blames others for their mistakes
- Intense rigidity and inflexibility
- Touchy, easily annoyed by others
- Resentful and angry
- Aggressive
- Feels entitled to make unreasonable demands

Autism Spectrum Disorder

- Type of pervasive developmental disorder (PDD)
- PDDs are a group of conditions that involve delays in the development of many basic skills, most notably the ability to socialize with others, to communicate, and to use imagination

Autism Spectrum Disorder

- Difficulties with social interaction
- Displays unusual nonverbal communication
- Shows an intense obsession with one or two specific, narrow subjects, such as baseball statistics, train schedules, weather or snakes

Medication Side Affects

- Drowsiness
- Dry mouth
- Dizziness
- Constipation
- Tics
- Nervousness
- Weight gain or loss
- Shakiness
- Confusion
- Headaches



Executive Function

- A set of cognitive abilities that control and regulate other abilities and behaviors
- Are necessary for goal-directed behavior
- Allow us to anticipate outcomes and adapt to changing situations
- Ability to form concepts and think abstractly

Practical Strategies

- Eliminate excessive noise. (Go outside, use earmuffs, avoid loud areas)
- Prompt the correct behavior and verbally reinforce it frequently
- Provide opportunities for physical movement (running, jumping, skipping)

Practical Strategies

- Assign duties that require self-control (holding tickets, getting napkins/straws)
- Use alert cues (a thumbs up, head nod, high five)
- You may have to get down to get in a child's line of sight to prompt an interaction or reinforce a task/command

Practical Strategies

- Let the child know transitions are ahead (go over the schedule, talk about things more than once)
- Reiterate that unexpected things could happen, but you will be there to help and it will be okay
- Repeat and simplify directions
- Don't be afraid to ask what works at home

Practical Strategies

- Limit unstructured time
- Allow the child to doodle, squeeze a ball, bend a pipe cleaner, fidget
- Break down multi-step directions
- Help them through anxiety with deep breathing (their hand on your chest, or pretend to blow up a balloon)
- Give honest praise

Practical Strategies

- Shorten the activity if needed
- Allow time to regulate if they are tense or dysregulated
- Give 1-2 choices if the child gets “stuck”
- Reinforce good behaviors, “I liked how you_____”
 - Told me how you felt about that
 - Walked safely across the street with me
 - Used a soft voice

Tools To Teach Transitioning

- Schedules and mini schedules, make a checklist
- Visual duration maps/timers
- Give 1-minute warning
- Moving on, use first and then
 - “First we will go to the game, then we will get something to eat.”

During This Process

...we learn that:

- Mental illnesses don't have a quick fix
- The answers we're looking for are not always there
- That they and the child will have to learn strategies to live with their child's illness
- There is always hope!

Who Do You Call for a Mental Health Crisis?

- 911
- Hospital ER
- County Crisis Teams
- Family MD
- Counselor
- Crisis Line

NIMH – National Institute of Mental Health

- NIMH:
The Numbers Count - Mental disorders in America
- National Institute of Health. Available at www.nimh.nih.gov/publicant/numbers.cfm

What We Do

- Education classes, booklets and fact sheets
- Suicide prevention
- Support groups, Helpline
- Public awareness presentations
- Legislative advocacy
- NAMIWalks

Support NAMI Minnesota

- Advocate for a better Mental Health System
- Attend an event
- Sign up for a newsletter
- Join an affiliate
- Be a sponsor
- Volunteer
- Become a donor

Contact Information

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