



# Parents & Teachers as Allies

## Goals

- Highlight early **warning signs** of brain changes
- Stress importance of good **observations & partnering**
- Reinforce early intervention + early treatment = **better outcomes**





# Children and Teens

- May receive special education services or 504 modifications
- Typically in the general education classroom if identified
- Many students are not identified
- Behavior problem

# The Challenges



- 13% of youth ages 8-15 live with a severe mental illness; jumps to 21% in ages 13-18
- 50% of adult cases of mental illness had signs and symptoms by age 14
- Average delay for treatment is 8-10 years.



# The Challenges

- 50% of high school students with mental illness **drop out**
- 70% of youth in juvenile justice system have mental health issues
- Suicide 2<sup>nd</sup> leading cause of death, ages 15-24



# The Impact

Left untreated these disorders can become:

- **more severe**
- **more difficult to treat and**
- **lead to a poorer lifetime prognosis**



# The Good News

- Childhood = most observed years of life
- Best observers: parents and teachers
- **Parents + teachers = front line allies** toward better outcomes



# How Do We Get There?

Parents and teachers focus on shared commitment: **helping the child**

- Share observations and collaborate
- Doctors can more effectively treat with full array of facts from **both home *and* school**





**Early Warning Signs of  
Mental Illness in  
Children and Adolescents**

# Attention-Deficit/Hyperactivity Disorder (ADHD)

- **Inattentive Type**

- Doesn't pay attention to details
- Highly distractible
- Forgetful
- Doesn't listen

- **Hyperactive / Impulsive Type**

- Fidgets, squirms, can't stay seated
- Bothers others
- Disruptive
- Interrupts and blurts out answers



# Observations from Home



- Something “off” from the beginning
- Never slows down
- Exhausting & demanding
- “Head in the clouds”
- “Always in trouble”

# ADHD in Adolescence

- **Hyperactivity frequently diminishes, but:**
  - **50% of children experience**
    - poor performance, difficulty with relationships,
    - low self-esteem
  - **Dropout rate 12x higher** than peers without ADHD
  - **50% experience conduct disorder**
  - High risk of **alcohol and drug abuse**



# Oppositional Defiant Disorder & Conduct Disorder

- “Cocky” or “Tough” demeanor: low self esteem
- Disobedient, far beyond social norms
- Bullying (younger); physical abusers (older)
- Truancy, Expulsions
- Early drug and alcohol abuse
- Frequent encounters with criminal justice

**Teachers are anxious or fearful of having this child/adolescent in their classroom.**

# Observations from Home



- Angry that child won't cooperate
- Shocked & embarrassed by child's behaviors
- Worried about danger to siblings or others
- Overwhelmed by criticism from family & friends
- Many school suspensions add to the burden at home
- Can't take their child anywhere



# Major Depression

- Feeling mad, sullen, angry
- Anxious
- Physical symptoms: stomach aches, headache
- Withdraws, isolates
- Lethargic, apathetic
- Irritable, aggressive, combative
- Stops caring about appearance
- Starts thinking about death or suicide (**even young children**)

# Observations from Home



- Nothing pleases them
- Seems to hate self and everything else
- Parents say they have a “totally different kid”
- Tends to “put on a good face” in public & displays worst of symptoms at home



# Major Depression in Adolescence

- Sad, hopeless, crying in class
- Lethargic, sleepy *and/or*
- Unable to control hyperactivity
- Overreacts to disappointment or failure
- Isolation from friends and family
- Self-destructive behavior including “self-medicating” with drugs and alcohol
- Stops caring about appearance

# Disruptive Mood Dysregulation Disorder (DMDD)

Core feature of DMDD is chronic, severe persistent **irritability** with **two prominent symptoms**.

- Severe temper outbursts out of proportion to situation.
- Outbursts inconsistent with developmental level of child
- Outbursts occur on average 3-4 times/week
- Mood between outbursts is irritable or angry most of day, nearly every day and noticed at home and school



# Observations from Home



- Difficulty getting along with people at home & school
- Low frustration tolerance makes it difficult to participate in family activities
- Rest of family walks on eggshells to keep from “setting off” tantrum.

## Early-Onset Bipolar Disorder

- **Over-reactive:** irritable, oppositional, negative behavior
- **Grandiose** behavior
- **Rage/anger** usually controlled in school
- **Multiple mood shifts**
- **Hyperactivity**/decreased need for sleep
- **Hypersexual** behaviors
- **Psychotic episodes** may be reported



# Observations from Home



- Irregular sleep cycles night terrors, nightmares
- Violent rages or tantrums
- Severe separation anxiety/refusing to go to school
- Child acts worse at home
- Extreme physical sensitivity - clothes bother them, can't adjust to temperature

# Bipolar Disorder in Adolescence

- **Manic Phase**

- Difficulty sleeping; high activity at night
- Sets grandiose goals
- Rapid and insistent speech, “pressured speech”
- “All or nothing” mentality
- Spending sprees
- Aggressive, touchy, irritable, “in your face” manner
- Reckless behavior, including drug/alcohol use
- Hypersexuality
- Lying, sneaking out at night, skipping class



# Bipolar Disorder in Adolescence

- **Depressive Phase**

- Crying, catastrophic thinking
- Moodiness/Irritability
- Tremendous fatigue, oversleeping, lethargy
- Carbohydrate craving
- Insecurity and low self-esteem
- School avoidance, feigning sickness, constant physical complaints
- Self-isolation
- Suicidal thoughts and attempts

# Anxiety Disorders

- **Separation Anxiety** (childhood version of Panic Disorder)
  - Intense anxiety about being separated from parents
  - Worry parents will die/clings to parents
  - Refusal to sleep alone / will not go on sleepovers
  - Claims sickness to avoid going to school
- **Overanxious Disorder** (childhood version of Generalized Anxiety Disorder)
  - Excessive worry about school, how they look, standing with friends
  - Dread they will do things wrong / perfectionistic
- **Avoidant Disorder** (childhood version of Social Phobia/Social Anxiety Disorder)
  - Acute shyness in social situations
  - Restricts social contacts exclusively to close family



# Observations from Home

- Repeated absences
- Meltdowns when parents try to force activities which generate anxiety
- Parent in “*Catch 22*”: accommodate anxious behavior *OR* push/nag school & social success



# Anxiety Disorders in Adolescence

- **Panic Disorder**
  - Pounding heart, shortness of breath
  - Sweating, trembling, nausea, dizziness
  - Fear of dying, losing control, going crazy
- **Social Phobia (Social Anxiety Disorder)**
  - Fear of specific social/performance situations
  - Dread of embarrassment and humiliation
  - Avoidance of situations; intense distress
- **Social Phobia (Generalized)**
  - Inability to initiate or maintain conversations
  - Fear of participating in groups or speaking to authority figures
  - Fears include most social situations



# Schizophrenia

## *Childhood Onset*

- Rarely seen before age 15
- Confusion about what is real
- Marked by delusions & hallucinations
- Apathy, withdrawal, lack of motivation
- Inability to make friends
- Showing no emotion
- Speaking rarely
- Little or no eye contact
- Inappropriate expression of emotion

# Observations from Home

- Reports hearing voices
- Hallucinations, stares at things not there
- Shows no interest in friends
- Appears “blank”; little or no emotion





# Schizophrenia in Adolescence

The symptoms of schizophrenia can be divided into two categories—positive symptoms and negative symptoms.

- **Positive symptoms:**

- Hallucinations, usually voices which are critical or threatening
- Delusions, fear that people are watching, harassing or plotting against the individual
- Disorganized speech; inability to maintain a conversation
- Disorganized, unusual or catatonic behavior

- **Negative symptoms:**

- Reduction in emotional expression
- Lack of motivation and energy
- Loss of enjoyment and interest in activities

# Observations of Adolescents with Schizophrenia

- High functioning teen starts “falling apart”
- Becomes unrecognizable to family or friends
- A shy child becomes more so
- Unpredictable, bizarre behaviors
- Parents engulfed with fear & panic





# Obsessive Compulsive Disorder (OCD) in Children and Adolescents

- Almost as common as ADHD
- Behaviors considered absolutely necessary
- Boys twice as likely to suffer as girls
- Average age of onset: 10 years old
- As children age, they can become exhausted trying to hide behaviors from others
- Symptoms similar at any age

# Obsessive Compulsive Disorder (OCD)



- **Obsessions**

- Fear of contamination / germs
- Fixation on numbers or words; lucky / unlucky
- Excessive doubts
- Perverse sexual thoughts and impulses

- **Compulsions**

- Rituals (hand washing, grooming, cleaning)
- Repetitive counting, touching, writing, erasing
- Continuous checking, questioning, collecting



# Observations from Home

- Parents “must cooperate with compulsive rituals” to placate child and avoid confrontations
- Child too exhausted to play or join family activities
- Bewildered and angry at the child’s inability to control irrational behaviors
- Rituals swamp home life; more subdued in public



# OCD and Co-Occurring Disorders

- **20-40%** of adolescents with eating disorders have OCD
- Adolescents with OCD are at **high risk for depression.**
- **20%** of individuals with OCD also have motor tic disorders



# Tips for School Professionals

- **Recognize Stages of Emotional Reactions**
  - *Acknowledge and affirm anger & denial as normal*
- **Remove feelings of blame**
  - *Blame shuts down options for communication & support*
- **Communicate empathy & compassion**

# Empathy is the Doorway to Understanding

<https://www.youtube.com/watch?v=1Ewgu369Jw>





# Help Parents Understand

## Mental Health:

Talking about  
mental health openly  
is a good thing.



- **Mental illnesses** are medical illness.
- Mental illness is **not the family or child's fault** nor a sign of parental failure.
- **Anger, grief and denial** are predictable, common and **normal responses**.
- **Bad behavior** may not just be bad behavior.

# Help Parents Understand



- There are specific, observable **early warning signs** of mental illness.
- A **psychiatric evaluation** and treatment is often necessary in order to achieve recovery.
- The **earlier** children and adolescents receive treatment, the **better**.
- **Recovery** is possible. There is hope.



NAMI  
Ending the  
SILENCE

# What is mental health?

- We all have mental health.
- A healthy mind means
  - feeling good and enjoying life.
  - dealing with emotions, stress and challenges in positive ways.
- Mental health can be maintained with good habits.



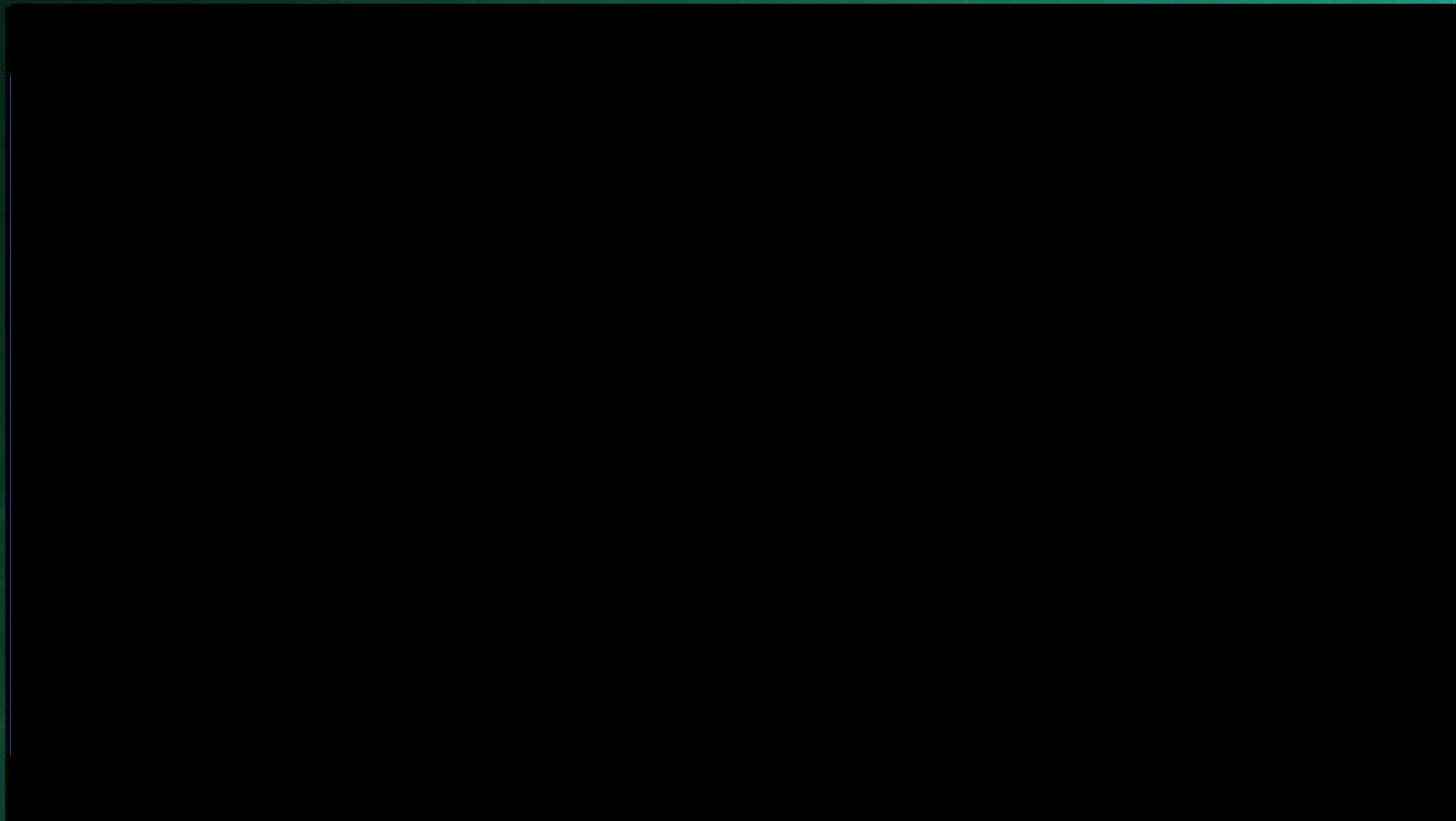


# What is mental illness?

- Mental illness **IS**
  - a medical illness, like any physical illness.
  - an illness that changes how people think, feel and act.
  - common and treatable.
- Mental illness **IS NOT**
  - anyone's fault or something to be ashamed of.
  - limiting – you can achieve your goals!



# Become a Friend





# What is stigma?

**Stereotyping**

**Labels**

**Bullying**

**Discrimination**



#OK2TALK

# Know the **WARNING SIGNS**

- Feeling very sad or withdrawn for more than 2 weeks.
- Severe out-of-control, risk-taking behaviors.
- Sudden overwhelming fear for no reason.
- Severe mood swings that cause problems in relationships.
- Drastic changes in behavior, personality or sleeping habits.



# Know the **WARNING SIGNS**

- Extreme difficulty concentrating or staying still.
- Intense worries or fears.
- Not eating, throwing up or using laxatives to lose weight.
- Repeated use of alcohol or drugs.
- Trying to harm or kill oneself or making plans to do so.

# Couldn't do it Alone



# What should you **DO**?



- Talk to a trusted adult (more than one if necessary).
- Talk to a friend.
- Write a note and give it to someone who cares about you.
- Use resources on handouts, call NAMI.



#OK2TALK

# What Should You DO?

- Add campus specific information....
- NAME/Contact



# What are warning signs of suicide?

**IMMEDIATE** attention is needed if someone is

- talking, writing or drawing about death.
- talking about
  - having no reason to live.
  - being a burden to others.
  - not being here tomorrow.
- looking for ways to attempt suicide.
- feeling hopeless, desperate or trapped.
- giving away possessions.
- behaving recklessly.

# What should you do?

Take warning signs seriously, take action  
**IMMEDIATELY:**

- Ask the question.
- Don't leave them alone.
- Tell an adult you trust.
- Call the National Suicide Lifeline at 800-273-TALK.
- Go to an emergency room or call 911.
- Don't keep suicide warning signs a secret.





# A New Tomorrow

# What can make symptoms **BETTER**?



## Treatment

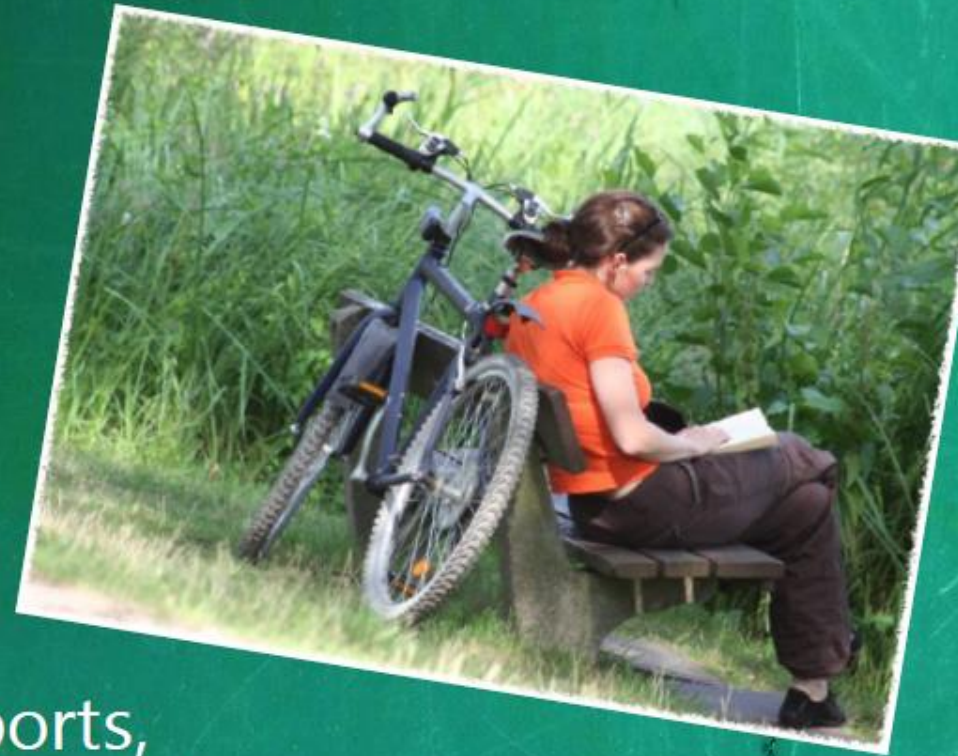
- Therapy
  - Cognitive behavioral
  - Group
  - Art or pet
  - Non-traditional
- Medication
- **The earlier, the better.**



# What can make symptoms **BETTER?**

## Positive Coping Strategies

- Get enough sleep.
- Exercise & eat healthy.
- Write (journal/blog) or listen to music.
- Be active: join a club, sports, hobbies, hang out with friends.
- Key to achieving & maintaining recovery.





# People with mental illness can **SUCCEED!**



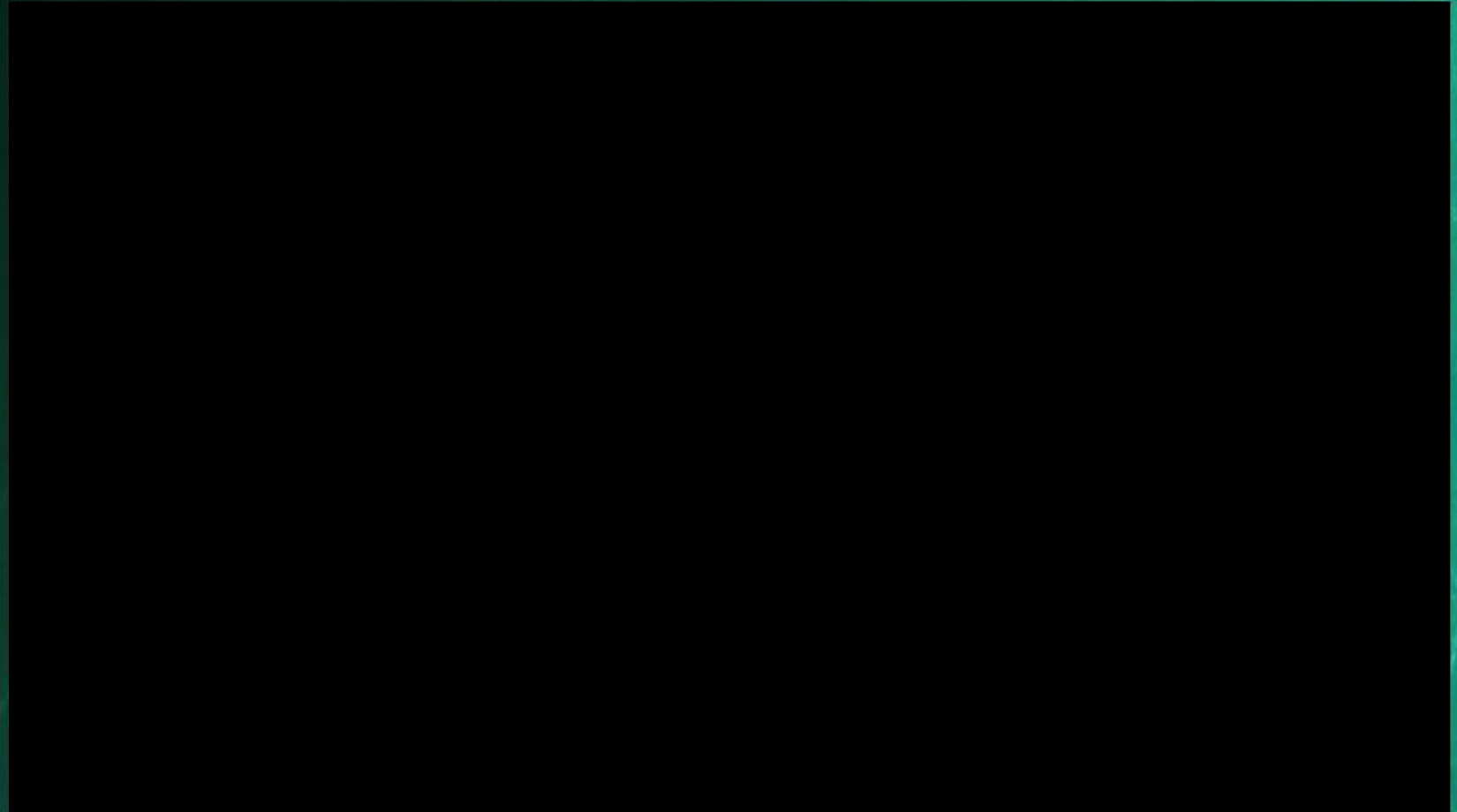


# How can you help a friend?

- Recognize the warning signs and share your concerns.
- Encourage your friend to talk to an adult.
- Share resources with support and information.
- Include him in your plans.
- Help her stay positive.
- Encourage him to follow his treatment plan.
- Check-in regularly, listen and offer support.



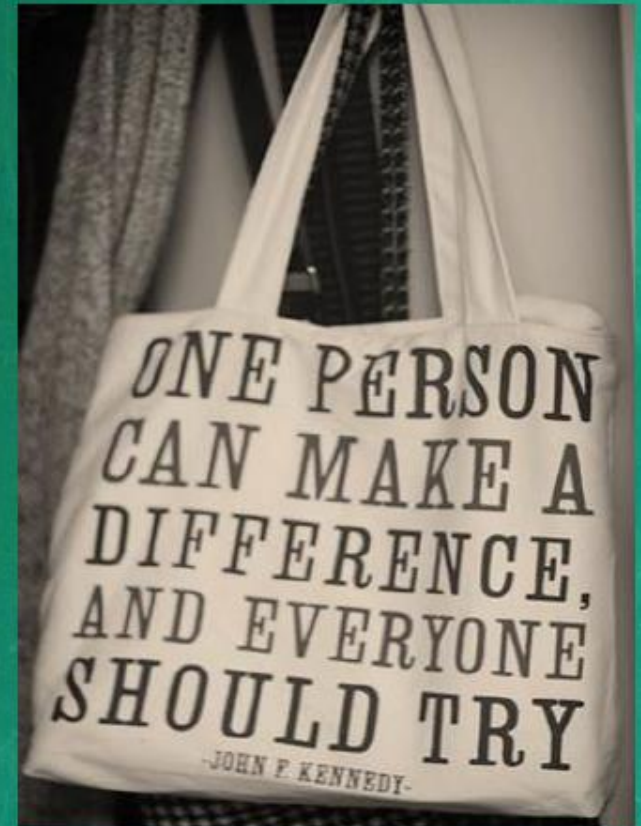
# More Than a Mental Illness





# Reduce **STIGMA**, take **ACTION**

- Talk about mental health with friends & family.
- Share links to resources on social media.
- Don't bully, stereotype or label others.
- Call people out if they use stigmatizing language.
- Post on [www.OK2TALK.org](http://www.OK2TALK.org) or use #OK2TALK.
- Wear lime green (ribbon, wristband, etc.)





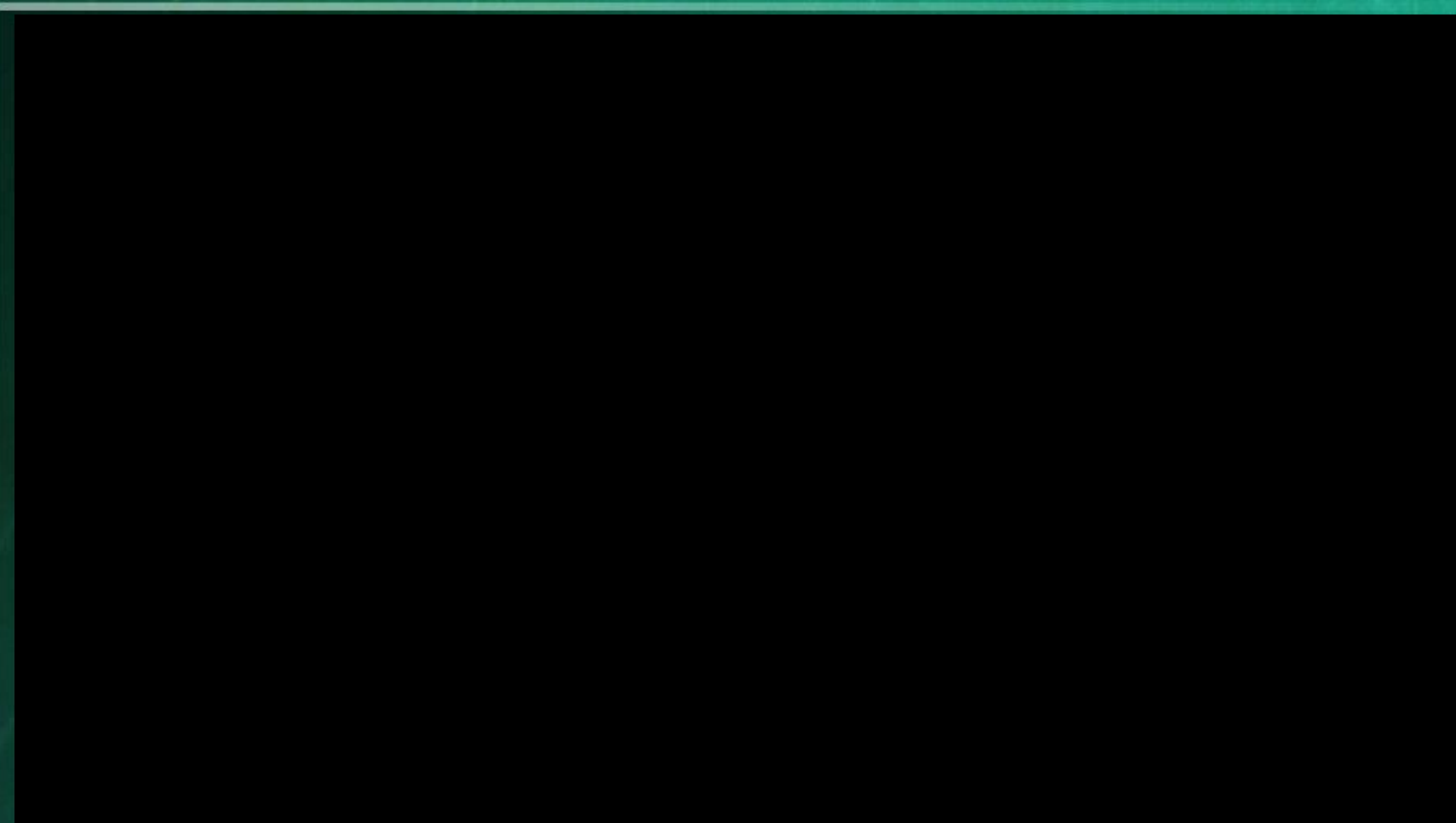
# Remember...

- Mental health conditions are **MEDICAL ILLNESSES.**
- It's **NOT** anyone's fault.
- Know the **WARNING SIGNS.**
- You are **NOT ALONE.**
- **RECOVERY** is possible, there is **HOPE.**
- You have the power to **END THE SILENCE.**





# If We All Speak Loud Enough



HANDOUTS  
[WWW.NAMIGREATERHOUSTON.ORG](http://WWW.NAMIGREATERHOUSTON.ORG)  
713-970-4483







# **Living with the Early Onset of Mental Illness**

# Use NAMI as a Resource



- **We offer resources for parents**
  - Support groups
  - Classes
  - Lending library
  - Information
- **Isolation is defeating; support is essential**
- **Education and accurate information are key to understanding**



# NAMI Basics

Free 6-week course for parents and caregivers of children and adolescents with early onset of mental health disorders.



# **Additional Resources**





**Thank You**  
**NAMI Greater Houston**  
**713-970-4419**