



ADVANCING WELLNESS and RESILIENCE in EDUCATION

Information Brief

Collaborations between School and Home: Mental Health Diagnoses

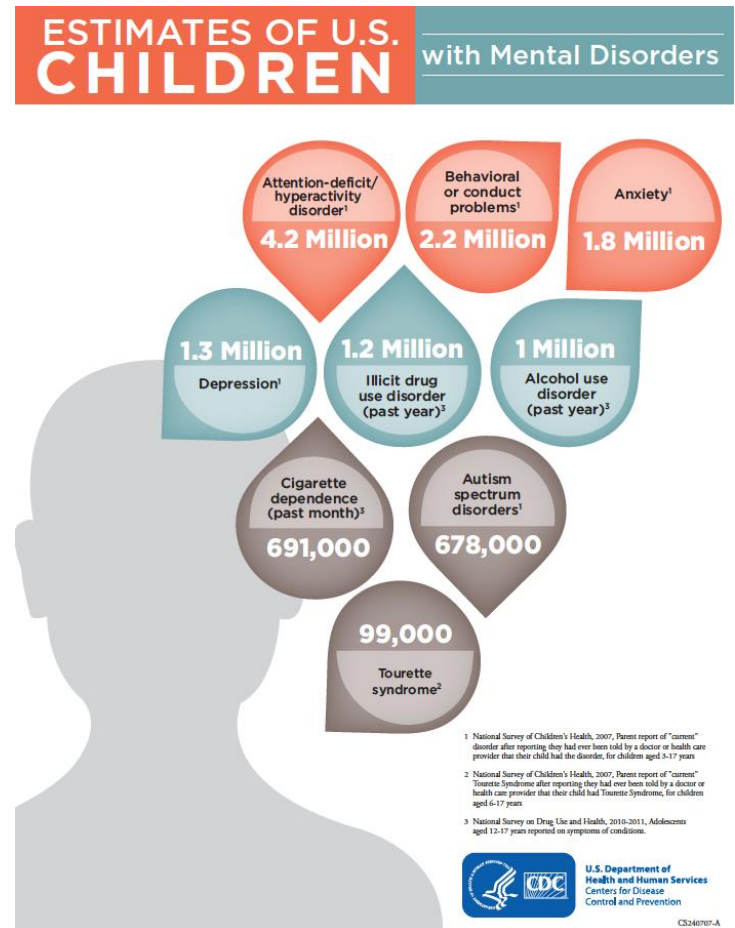
HOW COMMON ARE MENTAL HEALTH DIAGNOSES IN YOUTH?

The United States Department of Health and Human Services (1999) reports that more than four million children and adolescents in the U.S. have a serious mental disorder that causes significant impairments at home, school and with peers. This equates to one in five youth. Approximately half of all lifetime cases of mental illness begin by age 14, and three quarters by age 24.

SIGNS AND SYMPTOMS

As youth enter puberty, drastic changes are happening physically, emotionally, behaviorally and cognitively. While many of the following signs and symptoms are typical during this time, sudden changes, multiple symptoms, those lasting two weeks or longer and those significantly impacting daily routines should be looked into more carefully. Areas to watch for include:

- Frequent irritability with sudden bursts of anger;
 - More sensitive to criticism;
 - Not enjoying activities they usually like;
 - Feeling tired for much of the day;
 - A change in eating habit;
 - A hard time concentrating;
 - Drop in school grades or attendance;
 - Pulling away from family and friends;
 - Changes in energy level;
 - Obsessive or compulsive behaviors;
 - Loss of interest in personal appearance
 - Frequent self-criticism or self-blame;
 - Unrealistic or excessive anxiety or guilt;
 - Suspiciousness;
 - Talking rapidly;
 - Thoughts of suicide or death.*
- *Seek immediate intervention from a health and mental health provider



Getting the RIGHT information and help:

Although both parents and educators may have experience and understanding in various mental health disorders, it is important for a mental health professional to properly assess and diagnose in order to identify the right treatment, which may or may not include medication. Psychiatrists, psychologists, clinical counselors and clinical social workers all have received specialized training and should be consulted as soon as a family thinks their child/adolescent may be experiencing symptoms related to mental health needs. A referral from a health care provider is often recommended in order to rule out any physical or medical issues that could be causing the symptoms.



OPEN COMMUNICATION IS KEY

Adolescence is a time when youth are developing their own identities and independence from adults. It is not uncommon for pre-teens and teenagers to avoid their parents, hide how they are feeling and want privacy. As a result, school officials are in a unique position in that they get to see and talk with students each and every day. They have the chance to observe and document behavior changes, class participation and socialization patterns in order to share their concerns with families. Youth often are likely to open up to a trusted adult who is not a parent and often choose school staff as their confidants.

Behavioral and emotional changes occur in the home, school, and the community. Families should never be alone when trying to access help for their children and can always seek guidance or advice without embarrassment from a school staff member or professional. Stigmas associated with mental health continue to prevent individuals from seeking assistance. In addition, parents may feel they are blamed for their children's behaviors and are reluctant to reach out. By working together as a team, parents and school staff can support each other while supporting the student. Sharing information of what helps and what hurts provides consistency between school and home. Furthermore, engaging community partners from local mental health agencies and supportive programs provides an additional layer of support and ideas for interventions.

Communicating with Families: Tips for School Professionals

Adapted from: Braiden, Bothwell, & Duffy, 2010; Helm, Miranda, & Angoff-Chedd, 1998; and American Academy of Child & Adolescent Psychiatry, et. al. (2007)

1. Share concerns and test results with parents/guardians in person.
2. Provide observations and concrete examples. Avoid generalizations and labels.
3. Refrain from making judgments or assumptions about the parents' decisions regarding treatments or services.
4. Don't assume you know how the parent will react. Remember that denial and anger may exist; relief and validation may also exist.
5. Provide current and accessible information about the child's symptoms, diagnosis (if appropriate) or learning/emotional disabilities.
6. Provide information about local resources for the youth and information about parent training and support groups.
7. Recognize the parents'/guardians'/ feelings without displaying pity, shame or blame.
8. Be willing to participate in problem solving and brainstorming.
9. Be open to ongoing communication and support.



Learn More about Collaboration and Mental Health Diagnosis

National Alliance on Mental Illness (NAMI)

- This website provides information on the symptoms, causes, diagnosis and treatment of a variety of mental health diagnosis
- www.nami.org/learn-more/mental-health-conditions
- <http://www.nami.org/Find-Support/NAMI-Programs/NAMI-Parents-Teachers-as-Allies>

U.S. Department of Health and Human Services (HHS)

- Includes information for families, educators, youth and others on identifying, supporting and discussing mental health concerns.
- www.mentalhealth.gov

Youth Mental Health First Aid (YMHFA)

- Eight hour training designed to teach family members, educators, and other youth serving adults how to identify and help adolescents experiencing mental health challenges.
- Interested in attending a YMHFA training in Ohio? Contact Kathleen Oberlin at oberlink2@gmail.com
- www.mentalhealthfirstaid.org

REFERENCES

Braiden, H. J., Bothwell, J., & Duffy, J. (2010). Parents' experience of the diagnostic process for autistic spectrum disorders. *Child Care in Practice*, 16(4), 377-389.

Coalition of American Academy of Child & Adolescent Psychiatry, American Psychiatric Association, Child & Adolescent Bipolar Foundation, Children & Adults with Attention/Deficit/Hyperactivity Disorder, National Alliance on Mental Illnesses, & National Mental Health Association (2007). State Advocacy Toolkit. Retrieved from <http://www.nami.org>.

Helm, D. T., Miranda, S., & Chedd, N. A. (1998). Prenatal diagnosis of Down syndrome: mothers' reflections on supports needed from diagnosis to birth. *Mental Retardation*, 36(1), 55-61.

Mother Helping With Homework Art Image Courtesy of David Castillo Dominici at FreeDigitalPhotos.net.
Strong Relationship. Mother and Daughter Image Courtesy of stock images at FreeDigitalPhotos.net.

U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

U.S. Department of Health and Human Services, Center for Disease Control (2013). Estimates of Children with Mental Health. Retrieved from http://www.cdc.gov/media/DPK/2013/docs/Child_mental_health/Child_mental_health_infographic.pdf.

This brief was developed [in part] under grant number CFDA 93.243 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS. We also would like to acknowledge the Ohio Department of Education for their support of this work.

Brief prepared by: Sharon Custer & Amity Noltemeyer, Miami University