

Helping Youth with Mental Health Disorders

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Mental Illness is:

- **Biologic disease**
- **Physical changes in the brain**
- **Changes in thinking, emotion and behavior**

Shared Concerns of Parent/Family/Physician/Educator re mental illness in youth

- Interfere with home life and family cohesion
 - i.e. increased stress on all family members
- Interfere with educational functioning and future success
- High cost to the individual and society

Prevalence of Child and Adolescent Mental Disorders in the U.S.

4 million children and adolescents suffer from a *serious* mental disorder that causes significant functional impairments at home, at school and with peers.

21 % of 9-17 y.o.'s have a diagnosable mental or addictive disorder that causes at least minimal impairment.

Half of all lifetime cases of mental disorders begin by age 14.

Only 20% of children with mental disorders are identified and receive mental health services.

Childhood Mental Disorders

Attention Deficit Hyperactivity Disorder (ADHD)

- Affects 3%-7% of school age children
- 3:1 male:female ratio
- Onset before age 7
- Impairment must be present in two or more settings

Core Symptoms of AD/HD

- Inattention
- Overactivity
- Impulsivity

AD/HD subtypes

- Combined type
- Inattentive
- Hyperactive-Impulsive

ADHD Criteria

■ Inattention

- Fails to give close attention
- Difficulty sustaining attention
- Does not listen
- Does not follow instructions
- Fails to finish tasks
- Difficulty organizing
- Avoids tasks that require sustained mental effort
- Loses things
- Easily distracted
- Forgetful

■ Hyperactivity-impulsivity

■ Hyperactivity –

- Fidgets
- Often leaves seat when sitting is expected
- Runs around or climbs excessively
- Difficulty playing quietly
- “on the go” or “driven by a motor,”
- Talks excessively

■ Impulsivity

- Blurts out answers
- Difficulty awaiting turn
- Interrupts others)

Associated Features of AD/HD

- School difficulties
- Learning problems
- Stimulants can be helpful

Associated Features with AD/HD

- Emotional lability
- Low frustration tolerance
- Behavior problems
- Low self esteem
- Family problems
- Peer problems

ADHD Management Strategies

- Education
- Medication (stimulant and non-stimulant)
- Child and family behavioral management
- Psychological factors, learning ability, executive functions, social skills and self-control strategies.
- School support and accommodations
- Alternative treatments

Depression in Youth

Affects as many as:

1 in every 33 children

1 in eight adolescents may have depression;

Age

Anyone at any age can be depressed.

Even 2 and 3-year-olds can be depressed.

Gender

Equal numbers of school-age boys and girls are affected

By adolescence females are more likely to suffer from depression.

MAJOR DEPRESSION

Definition: 5 of the following symptoms persisting for at least 2 weeks

- *1) Depressed mood or irritability
- *2) Decreased interest in almost all activities (“boredom”)
- 3) Significant weight loss or gain
- 4) Insomnia, or increased sleep
- 5) Psychomotor changes: increased or decreased
- 6) Fatigues easily, loss of energy
- 7) Feelings of worthlessness, inappropriate guilt
- 8) Decreased ability to think, indecisiveness
- 9) Recurrent thoughts of death, or suicidal ideation

Bipolar Disorder

- A serious mental illness that is characterized by recurrent *episodes* of depression, mania, and or mixed symptom states
- These episodes are associated with *unusual* and *extreme* shifts in *mood, energy, and behavior* that interfere with normal functioning

BIPOLAR I DISORDER

(Depression Mixed with Mania)

Manic Symptoms

A. A distinct period of elevated, expansive or irritable mood lasting at least one week

B. 3 of the following (4 if irritable)

- 1) Inflated self-esteem or grandiosity
- 2) Decreased need for sleep
- 3) More talkative or pressured speech
- 4) Flight of ideas or subjective “racing thoughts”
- 5) Easily distracted
- 6) Increased goal-directed activity or psychomotor agitation
- 7) Excessively seeking pleasure or increased risk-taking

Treatment of Depression and Manic Depression (Bipolar)

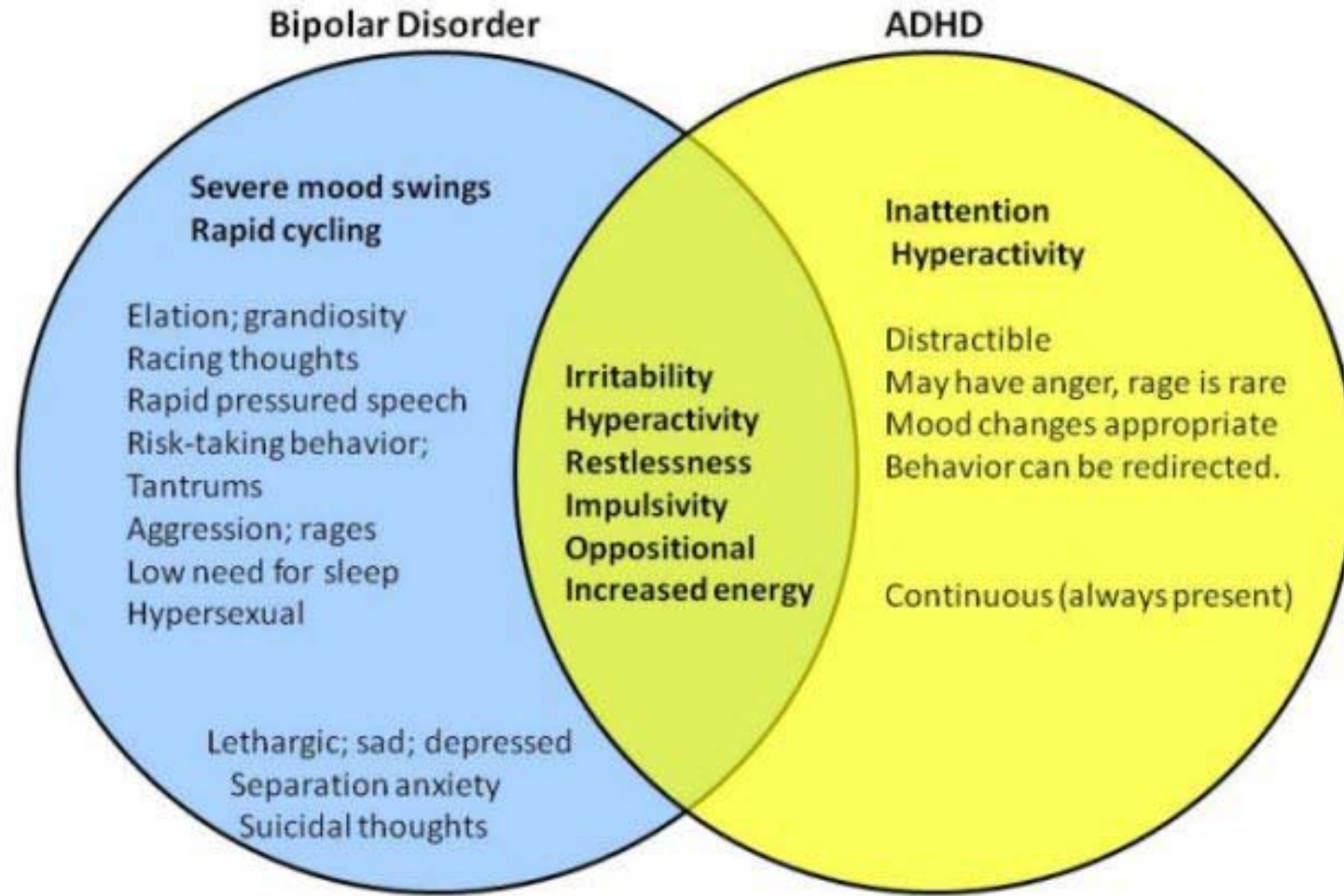
Treatment:

- **Education**
- **Support**
- **Psychotherapy (e.g. Cognitive Behavioral)**
- **Medication**
- **Exercise**
- **Sleep**
- **ECT (in rare circumstances)**

Overlap of DSM IV symptoms for Mania and ADHD

- Overlap of 3 out of 7 symptoms
 - Distractibility
 - Motor restlessness
 - Talkativeness

HOW TO DIFFERENTIATE BIPOLAR DISORDER FROM ADHD



Disruptive Mood Dysregulation Disorder

- A. The disorder is characterized by **severe recurrent temper outbursts** that are grossly out of proportion in intensity or duration to the situation. The temper outbursts are manifest verbally and/or behaviorally, such as in the form of verbal rages or physical aggression towards people or property. The temper outbursts are inconsistent with developmental level.
- B. Frequency: The temper outbursts **occur, on average, 3 or more times/week.**
- C. Mood between temper outbursts:
Nearly every day, most of the day, **the mood between temper outbursts** is persistently **irritable or angry**. The irritable or angry mood is observable by others (e.g., parents, teachers, peers).
- D. Duration: Criteria A-C have been present for **12 or > months**. Throughout that time, the person has not had 3 or more consecutive months when they were without the symptoms of Criteria A-C.
- The disorder must also be present in **2 or more settings** and the symptoms must appear **between the ages of 6 and 10**

Overlap of Mania and AD/HD

- The two disorders often co-exist
- Rate of AD/HD in manic youngsters 50%->90%
- Rate of mania in youngsters with AD/HD - 13%-19%

ANXIETY DISORDERS

General Anxiety Disorder (GAD)

Post-Traumatic Stress Disorder (PTSD)

Obsessive-Compulsive Disorder (OCD)

Social Anxiety Disorder

Panic Disorder

Specific Phobias

Anxiety Disorder

- About 13 % of kids 9-17 are affected
- Lead to school absences
- Considered “Internalizing” disorders
 - They cause more distress for the child than the parents or teachers
- Symptoms include:
 - Problem with sleep, worries, headaches, stomach aches , irritability, fatigue, poor concentration, muscle tension, restlessness

OPPOSITIONAL DEFIANT DISORDER

Recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures (6 months and 4 or more)

- Angry and resentful
- Loses temper
- Defiant or refuses to comply with rules
- Blames others for his/her mistakes
- Deliberately irritates/annoys others
- Touchy or easily annoyed
- Argues with adults
- Spiteful or vindictive

CONDUCT DISORDER

Repetitive persistent behavior violating the basic rights of others or age-appropriate social norms/rules
(At least 3 behaviors for 6 months)

Four Main Categories

- Aggressive conduct or serious threats to people/animals
- Destruction of property (fire setting, vandalism, etc.)
- Persistent lying to avoid consequences or to get stuff
- Serious rule violations (home, school and/or laws)

Treatment: CD and ODD

- Best: Prevention and Early Intervention
- -Educational, psychiatric and family assessment and intervention
- Cognitive-behavioral (CBT)
- Family Therapy
- Academic/school
- Medication
- Residential Care

General Points to Increase Success-

ACCENTUATE THE POSITIVE

- Build upon assets of
 - Child
 - Family
 - Teacher(s) and school staff

- Improve communication

- Provide predictable environment

An important ingredient for a successful
outcome

Individual Responsibility

*Every Child Has An Age/Developmental-
Appropriate Responsibility for Managing
His/Her Illness and Pursuing Recovery*

Children with Mental Illness Often
Require a TEAM Approach for Success:

Parents, Educators, Mental Health and other Child
Specialists and the Child

Helping Youth with Mental Health Disorders

Working with the School and
Educators.

What resources are available from the school to help children with mental illness?

- Teacher(General Education & Special Education)
- School psychologist and social worker advocate for your child.
- Guidance Counselor
- School Nurse
- Student Assistant Counselor
- Classroom Aides
- Parent Teacher Organization
- Director of Special Services

Resources

- Under the IDEA law
 - Request an evaluation
 - IEP must be developed for your child within 30 days if special education services are needed
- Under Sec 504 of the Rehabilitation Act of 1973, your child is entitled to a “free appropriate education” regardless of the severity of your child’s disability

How Can I work with my child's teacher?

- Communicate
- Keep teacher informed about diagnosis and medicine changes
- Keep teacher informed about factors at home or in school that may affect your child's performance, behavior, or both

How Can I work with the school to help my child?

- Provide information about **NAMI NJ Educating the Educators** Professional Development Presentation to the school
 - Presented by a psychiatrist, educator, and parent
 - Three hours of CEU's for educators
 - Resources on Mental Health, Mental Illness, Anti-bullying, and Suicide Prevention
 - Strategies to help educators deal successfully with challenging behaviors in youth

Strategies and Accommodations

I have come to the frightening conclusion.

I am the decisive element in the classroom.

In all situations, it is my response that decides whether a crisis will be escalated, and a child humanized or de-humanized.

Haim Ginott

NAMI NJ Every Mind Matters

Mental Health Teacher Resource

- Resource to help teachers educate students about mental health and mental illness
- Stress Relief
- Anti-Bullying
- Suicide Prevention
- Prevent stigma



Strategies for Educators and Parents from NAMI NJ Educating the Educators

- Helping Your Child Feel Safe & Supported at School
 - Use PBIS (Positive Behavior Interventions and Supports)
- Accommodations for ADHD
- Reacting to Oppositional Defiant Disorder and Defiance
 - STAY CALM, practice emotional neutrality
 - “I” Statements
 - Collaborative Problem Solving

Where can I get support and get help for my family?

- NAMI NJ Affiliate Support Groups
- NAMI BASICS
- NAMI Affiliate Sibling Support Groups
- IFSS, Family Success Centers and other state and county support organizations
- www.aacap.org, www.psychnj.org
- SPAN (Statewide Parent Advocacy Network)
- CHADD and other organizations for your child's specific diagnosis

Care for the Caregivers (that means you!)

- Get your family to work together
- Take care of your physical and mental health
- Learn ways to beat stress