

Parents and Teachers as Allies Workshop for Michigan School Districts



Our Mission Statement

- **NAMI (National Alliance on Mental Illness) Washtenaw County** is a non-profit organization that aims to improve the lives of persons affected by and recovering from mental illness.
- We provide education, support and advocacy to people with mental illness, their families and friends, mental health professionals, schools and the broader community.

Our Purpose and Agenda

- Thank you for what you do.
- Raise awareness concerning the need for early detection and intervention of mental illness in youth.
- Help you better recognize early warning signs and the initial onset of problems.
- Provide information on community resources
- Present some ideas to help struggling students who may or may not have a diagnosis, help immediately after a crisis or make a long term plan for academic success
- Q & A



We are in This Together

Parents and teachers are frontline allies in the battle against mental illness. Schools are in a key position to identify mental health concerns early and to link children and adolescents with appropriate services.

YOU ARE NOT ALONE!



There is Hope

- The diagnosis of mental illness can be devastating for the person affected and their family.
- Students may have brain illnesses such as:
 - bi-polar disorder, anxiety disorders, depression, schizophrenia, ADD/ADHD, OCD, BPD, ODD, eating disorders and co-occurring substance abuse issues (see the booklet for detailed descriptions)
- These can interfere with their thoughts, moods, motivations, one's sense of self and of course, their success in school



Challenges to teachers

- You have a lot of students
- You may not have the training or expertise to meet the challenges a mentally ill child may present
- Your time is already allocated for academics and administrative jobs
- We are not asking you to do more, we are here to help!

Why is Mental Illness Difficult to Diagnose?



- Mental illness in youth is a "moving target."
- Especially with children, defining what is "normal" or typical for each child is hard.
- How do you differentiate between willful behavior and symptoms of a brain disorder?
- No conclusive blood tests or x-rays.
- Mental illness treatment is an inexact science.

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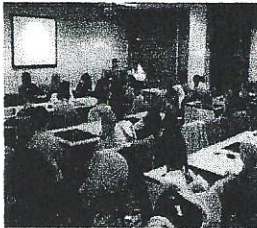
Suicide Prevention is Critical



- Data from Washtenaw County in 2006 indicates:
- 16% of high school students had suicidal thoughts
- 12% had suicide plans
- 9% had suicide attempts
- 3% required medical attention after the attempt
- 3rd leading cause of death in youth and young adults aged 15-24
- 90% of those who commit suicide had an underlying mental illness.

These signs require immediate action. Take them seriously to save a life. Call Access 734.544.3050 or 800.440.7548 (On handout).

Today's Situation



- 21 % of youth aged 13-18 live with a mental illness severe enough to cause significant impairment in their day-to-day lives
- That's 1/5 of your students!

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Common suicide warning signs:

- Talking about hopelessness, worthlessness, being a burden to others, feeling trapped or having no reason to live.
- Having no motivation or losing interest in activities once enjoyed.
- Withdrawing or feeling isolated.
- Sudden change in personality or behaviors.
- Giving away possessions, behaving recklessly.
- Talking about death or not being here tomorrow.
- Looking for ways to kill oneself such as searching online or buying a gun.

Statistics

- 50% of all lifetime cases of mental illness begin by age 14
- The average delay between onset of symptoms and interventions is 8-10 years.
- Only 50% of youth with mental illness receive treatment

Today's Situation



- Untreated mental illness can lead to drug and alcohol abuse, violence, school failure, involvement with criminal justice, social isolation, homelessness and suicide.
- Approx. 50% of students aged 14 and older with mental illness drop out of high school – the highest dropout rate of any disability group.
- 70% of youth in state and local juvenile justice systems have mental illness
- This is what can happen for many youth when they aren't connected with mental health services.

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Today's Situation: Summary

-Students need early identification and intervention. It can actually help prevent symptoms from worsening.

Treatment works!

Families need access to an array of effective mental health services.

Children represent 100% of our future.

Brain disorders affect approximately 1/5 of adolescents



Parents

- Understand that it's not your fault.
- Trust your instincts!
- Seek medical treatment (thyroid tests, strep, referral to psychiatrist)
- Seek resources from your child's doctor, school staff and NAMI (www.namiwc.org)
- Investigate therapies such as DBT and CBT
- Seek a NAMI class or support group, check local community mental health classes
- Communicate with the schools. Administrators and teachers can't respond if they don't know there's an illness. Do not perpetuate stigma.
- Be there as an advocate.

10 Warning Signs of a Mental Illness

1. Feeling very sad or withdrawn for more than 2 weeks (e.g., crying regularly, feeling fatigued, feeling unmotivated).
2. Seriously trying to harm or kill oneself or making plans to do so.
3. Severe out of control, risk-taking behaviors that can cause harm to self or others.
4. Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing.
5. Not eating, throwing up or using laxatives to lose weight; significant weight loss or weight gain.

Parents cont'd

- Listen to your child
- Ask how you could help your child with school stress
- Asking if they are suicidal does NOT increase their risk-stay calm if the answer is yes
- ask for a meeting with the guidance counselor
- Change your expectations-your child may not be capable of what they 'used to do'
- Decrease your student's stress:
- Postpone the ACT, consider a "Gap year", alternatives to a 4 year college, hire tutors, reduce course load etc.

Warning Signs (cont'd)

6. Severe mood swings that cause problems in relationships.
7. Repeated use of drugs or alcohol.
8. Drastic changes in behavior, personality or sleeping habits (e.g., waking up early and acting agitated).
9. Extreme difficulty in concentrating or staying still that puts a person in physical danger or causes school failure.
10. Intense worries or fears that get in the way of daily activities like hanging out with friends or going to classes.

Pay attention to severity and duration.

What can Schools do?

- Policy for handling academics and students with a health crisis? Different for mental health?
- Policy for online learning?
- Describe bare minimum graduation requirements-flexible?
- Confidentiality policy for communication between parents and staff?
- Short term and longer term planning for student success

School professionals

Who are they, how can they help?

- **Teachers** (classroom accommodations)
- **Counselors** (course selections, provision of a 'safe place' for students in distress, college planning guidance-JED foundation and transitions.org)
- **School social workers** (local resources)
- **School psychologists** (empathy, may do some early testing, initial referral, NOT for ongoing therapy)
- **Head of special education** (request a 504 or IEP)
- (Note that not all schools have professionals in each capacity. Check with your administration)

Wellness Practices to Consider

- **Decrease Stimulation**
 - Emotional – Criticalness, anger
 - Environmental – screen time (APA recommends limiting to 1 hr/day)
- **Sleep/naps** (6-8 hours daily)
- **Outdoor activity and exercise** – “think of it as medication”
- **Sports, drama, music activities** can all help-ask what your child wants
- **Diet** - many studies show good diets may decrease symptoms
 - Reduce refined sugar, “Junk food”, caffeine
 - Ensure adequate protein.
 - Vitamin D is considered neuroprotective
 - Gluten or dairy allergy? – common and may cause symptoms

Teachers and Counselors Can

- Remove feelings of blame. Help de-stigmatize mental illness
- Acknowledge denial and anger (from parents and students) as normal.
- Communicate empathy and compassion for the parents' dilemma.
- Emphasize that early intervention and treatment are essential protective steps for their child.
- Be particularly sensitive to parents with special needs and concerns. Financial concerns should not limit treatment.
- Provide parents with resources: Tell them education is the key to understanding. Share the NAMI website and resources

Local Resources



- See Handouts, there are many places that can help. Don't be afraid to ask!
- School resources in this district:
- Suggested First Contact

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How can teachers help families?

- Connect with parents and consider recommending that they start with the student's family physician.
- Inform appropriate school personnel (guidance counselor?)
- Educate Yourself-Be aware of available community resources so you can guide the families to the right place
- You are not expected to be a diagnostician nor a treatment provider.
- Suggest that Parents consider wellness practices that may help relieve symptoms

NAMI Can Assist.....



- Education about brain disorders, therapies, medications, interpersonal relationships
- Support Groups
- Advocacy
- The **Family-to-Family** program is one of the best evidence based treatments available to families who live in support of a loved one with mental illness.
- The **Basics** program is based on Family-to-Family, best for parents of school aged children

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Some Ideas for Helping Struggling Students



- Empathy – Listen.
- Accentuate the positive; continuously remind them that they can be resilient.
- Stay calm and lower voice if student is having tantrum. Repeat calmly what to do; don't say what not to do
- Help student find someone who likes them and will "mentor."
- Modify assignments if and when appropriate.
- Find ways they can be useful in school; make them feel needed.
- Not Research Based – Presented here to trigger ideas.

"Start where you are by being kind to others if it is done properly, with proper understanding we benefit as well. So the first point is that we are completely interrelated. What you do to others, you do to yourself. What you do to yourself, you do to others."

Pema Chodron
American Buddhist nun

Ideas to help cont'd

- Coach social skills – group work.
- Sometimes remove from too stimulating environment.
- Include student in negotiating plan for better self-control and managing stress.
- Give student choices you can live with, e.g., spelling or math worksheet until ready to join the group?
- Keep bottled water handy (side effects).
- Communicate with parents when appropriate.
- Learn about mental illnesses.

Teachers and Parents, please remember....

- These are SAD kids, not BAD kids!
- Your responses to them can and will affect their lives. Be nice. Even if its really hard to do, it matters. You cannot 'shout it out'.

From the parent of an 18 year old with MDD and anxiety, after 3 hospitalizations and 2 different high schools

Emotional Stages Parents and Students will likely go through

STAGE I - Dealing with Catastrophic Events:

Emotions: Crisis, Chaos, Shock, Denial, Hope

Needs: Support, comfort, hope, empathy, help finding resources, prognosis.

STAGE II - Learning to Cope:

Emotions: Anger, Guilt, Resentment, Recognition, Grief

Needs: Vent feelings, education, self-care, networking skill-training, letting go, cooperation.

STAGE III - Moving Into Advocacy:

Emotions: Understanding, Acceptance, Advocacy

Needs: Activism, restoring balance in life, responsiveness.

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Where do we go from here?

Ask your local NAMI group for help with finding support groups, a Basics class, Family to Family class, another presentation on a specific topic, resources, or how students can get involved with anti-stigma campaigns.