

NAMI Wisconsin

The National Alliance on Mental Illness

Transition Academy - Mental Health

Wisconsin Dells

October 19 2011

NAMI Parents & Teachers as Allies – Patti Jo Severson

Going to College – Sandy Hall

NAMI's "Parents and Teachers as
Allies"

NAMI Parents and Teachers as Allies

The La Crosse Community Foundation
Gundersen Lutheran Behavioral Health
The Mahr Family to honor Kaitlin's Table
& Nancy Pfister
In Memory of her son Brad Pfister

2008 TRAINING
2009 – Lutheran Schools
2010 – WWEC Conference
2010 and 2011 – La Crosse School District
2011 - Oriskany

Signs of early-onset
mental illnesses in
children and
adolescents

****12% of kids have a diagnosable mental illness**

NAMI's "Parents and Teachers as
Allies"

7 Diagnostic Categories

1. Attention Deficit Hyperactivity Disorder (ADHD)
2. Oppositional Defiant Disorder (ODD)
Conduct Disorder (CD)
3. Depression
4. Bipolar Disorder (Manic-depression)
5. Anxiety Disorders
6. Schizophrenia
7. Obsessive Compulsive Disorder (OCD)

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Attention Deficit Hyperactivity Disorder (ADHD)

Occurs in one of every 20 children.

Early age of onset before age seven.

Typically act worse in school than at home.

Perform better one-on-one than in groups.

More than half have at least one other major childhood disorder:
40 % have oppositional defiant disorder
30 % have anxiety disorders
1/5 have depression

Teens with ADHD and history of the above disorders may be frequently dismissed and suspended from school.

Dropout rate is 12 times greater than those not affected by ADHD.

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Oppositional Defiant Disorder (ODD)

Conduct Disorder (CD)

Childhood disobedience that grossly violates accepted behavioral norms for children.

Boys outnumber girls with this disorder.

Core symptom for ODD: inflexibility.

Core symptom for CD: physical aggression and cruelty.

Symptoms can be displayed as early as age three.

Late Onset CD: Age 10. Child will become aggressive and antisocial.

Without treatment pose considerable threat to society at age 15

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Major Depression

Affects 2% of children and 8% of adolescents.

Largely been undiagnosed or misdiagnosed.

Core symptom in children: NOT sadness, BUT irritability and aggressiveness.

Key indicator: abrupt behavior change: suddenly problems with peers and ignores schoolwork

In adolescence a peak onset at age 15.

Some mask depression by outstanding school performance.

Others withdraw and try not to attract attention.

Family input is critical as many symptoms occur at home.

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Major Depression

50 % of adolescents with major depression also have an anxiety disorder that existed before the onset of the depression.

Anxious states increase the risk of suicide.

Suicide is the third-leading cause of death among adolescents age 15 to 19.

Girls have a higher rate of attempted suicide.

Boys complete more.

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Bipolar Disorder (Manic-depression)

Childhood onset diagnosis based on: 1. presence of strong family history of bipolar disorder. 2. an early onset symptom pattern unique to this age group.

"Pediatric Mania": mood shifts throughout the day.

Onset in Adolescence can be a devastating setback.

Reckless behaviors.

Possible psychosis and grandiose delusions.

All powerful feeling; unlikely to heed advice.

High risk for substance abuse and addiction.

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Anxiety Disorders

Most common mental illness in children and adolescents.

Three types in children:

1. Separation Anxiety.
2. Over-anxious--worrying.
3. Social Phobia--severe shyness/social contact avoidance.

Adolescent onset reaches peak in mid-teen years.

Often occurs after a loss or change in the teenager's life.

High susceptibility to substance use and addiction.

Missing school is a key warning sign.

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Schizophrenia

Rare in children: affects one in 40,000.

Significant abnormality in brain structure disrupts brain development.

Rarely observed before age 5.

In adolescents onset symptoms are reported as beginning in latter years of high school.

Strikes one in 100 people.

Repeated bouts of psychosis, hospitalization and risk of suicide.

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Obsessive Compulsive Disorder (OCD)

Obsessions: recurrence of senseless, intrusive, continuous, anxiety-producing thoughts and impulses.

Compulsions: rigidly patterned, irrational behaviors are often attempts to ward off obsessions.

Almost as common as ADHD.

Symptoms can start as early as ages 3 or 4. However peak age for onset is 10.

20 % with OCD have motor tic disorders.

20 to 40% with eating disorders have OCD.

High risk for depression.

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Understanding Family Reactions to
Mental illness. What teachers can do:

- ◆ Remove feeling of blame
- ◆ Acknowledge denial and anger as normal
- ◆ Communicate empathy and compassion for the parents' dilemma
- ◆ De-stigmatize mental illness

NAMI's "Parents and Teachers as
Allies"

Understanding Family Reactions to
Mental illness. What teachers can do:

- ◆ Emphasize that early intervention and treatment are essential protective steps for their child
- ◆ Be particularly sensitive to parents with special needs and concerns
- ◆ Provide parents with resources: Tell them education is the key to understanding

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