Children's Mental Health Matters!

a Maryland public education campaign

Dear Maryland Family Member:

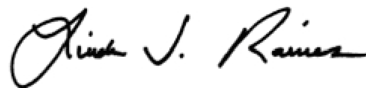
Thank you for choosing to read this Children's Mental Health Matters! Family Resource Kit. We hope this kit will give you information and resources to help your child.

The fact sheets on the left hand side describe some common behaviors or diagnoses that children and teens may experience. They are intended to be basic overviews with links to more in-depth information available online. The information is not a substitute for seeking an evaluation from a mental health professional.

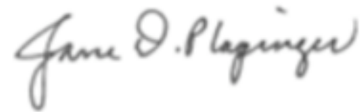
The pages on the right hand side of this kit offer suggestions about when and where to find professional help if you suspect your child has a mental health disorder.

We encourage you to share this kit with other family members. Our offices can provide you with additional kits by contacting the numbers below. Please remember that you are not alone, that there is help out there, and you and your family can find hope.

Sincerely,



Linda Raines
Chief Executive Officer
MHAMD



Jane Plapinger
Executive Director
MCF

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Acknowledgements: American Academy of Child & Adolescent Psychiatry, Robert P. Franks, PhD, Child & Health Development Institute - www.kidsmentalhealthinfo.com and Andrea Chronis-Tuscano, PhD, Director, Maryland ADHD Program and NIMH Science Advisor for MHAMD

MHAMD ~ 443-901-1550 ~ www.mhamd.org MCF ~ 410-730-8267 ~ www.mdcoalition.org

The Children's Mental Health Matters! Campaign is a collaboration of the Mental Health Association of Maryland (MHAMD) and the Maryland Coalition of Families (MCF) with support from the Maryland Mental Hygiene Administration and MD CARES. The Campaign goal, with over 80 partners across the state, is to raise public awareness of the importance of children's mental health. For more information, please visit www.ChildrensMentalHealthMatters.org

Facts For Families
Crisis Services

When your child or teen is experiencing a mental health crisis, it is frightening for everyone in your family.

What is a mental health crisis? Crisis is defined as a time of intense difficulty, trouble, or danger. Mental health crises include one or more of the following:

- Severe disruptive behavior
- Aggressive or threatening behaviors
- Self-injurious behaviors
- Acute psychosis
- Suicidal thoughts
- Threats to harm self or others

Children and youth are going to emergency rooms more and more often to address mental health crises; sometimes, this is necessary. But emergency rooms are often not well equipped to deal with many mental health crises. There are downsides to using emergency rooms:

- Long waits (up to 24 hours) for an evaluation
- Long waits (up to three days) for an open bed if a hospital stay is recommended
- Unsympathetic hospital staff
- Inability to leave your child alone in the emergency room

Depending upon where you live, there may be alternatives to the emergency room, including:

- Mobile Crisis Teams: This is a team of trained mental health professionals that you can call to come to your home to help you manage the crisis while it's happening and to provide follow-up support.
- Mental Health Urgent Care Centers: This is a walk-in clinic where you can take your child when he or she is in crisis to see licensed mental health professionals for support, evaluation, and referrals, in some cases without an appointment.
- In Baltimore City, there are a number of other crisis services available to families and youth. Contact Baltimore Child and Adolescent Response System (B-CARS) at (410) 752-2272.

To find out if alternative crisis services are available in your jurisdiction, look for your local crisis hotline number on the back of this factsheet.

Alternative crisis services may have the benefit of:

- Giving your child quick access to a licensed mental health professional
- Connecting your family to the least restrictive mental health services in your community
- Helping your family to identify alternatives to emergency room visits and hospital admissions

Crisis situations can be very draining on the entire family. Remember to take care of yourself and other family members too.

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MARYLAND MENTAL HEALTH CRISIS HOTLINES BY County

ALL HOTLINES BELOW ARE ANSWERED 24-HOURS A DAY/7 DAYS PER WEEK UNLESS OTHERWISE NOTED

Jurisdiction	Mobile Crisis Team or Hotline	Contact Number
Statewide	**Emergency number**	**9-1-1**
	Statewide Maryland Crisis Hotline	**1-800-422-0009**
	National Suicide Prevention Hotlines:	**1-800-SUICIDE or 1-800-273-TALK (784-2433) (-8255)**
	Veterans Crisis Line:	**1-800-273-8255, press 1**
	Maryland Crisis Online Chat	**www.Help4MDYouth.org (available Mon.- Fri., 4pm - 9pm)**
Allegany	Family Crisis Resource Center	301-759-9244
		211
	Frederick County Crisis Hotline Services- Mental Health Association of Frederick County	301-662-2255
	Western Maryland Regional Mental Center Hotline	240-964-1399
Anne Arundel	Anne Arundel County Crisis Response	410-768-5522
	YWCA Sexual Assault Crisis Center	410-222-7273
	YWCA Domestic Violence Hotline	410-222-6800
Baltimore City	Baltimore Child & Adolescent Response Systems (B-CARS)	410-443-5175
		410-752-2272
	Baltimore Crisis Response, Inc.	410-752-2275
		410-433-5175
Baltimore County	Baltimore County Crisis Response System (Affiliated Sante)	410-931-2214
Calvert	Calvert County Health Department	410-535-1121
		301-855-1075
		Teen Line- 410-257-2216
	Walden Behavioral Health Hotline	301-863-6661
Carroll	Maryland Crisis Hotline	1-800-422-0009
Cecil	Cecil County Domestic Violence and Rape Hotline	410-996-0333
	Life Crisis Center Hotline	410-749-HELP (-4357)
		211
	Eastern Shore Operations Center (ESOC) (Affiliated Sante)	1-888-407-8018
Charles	Walden Behavioral Health Hotline	301-863-6661
	Center for Abused Persons (CAP)	301-645-3336
Frederick	Frederick County Crisis Hotline Services- Mental Health Association of Frederick County	301-662-2255
		211
Garrett	Frederick County Crisis Hotline Services- Mental Health Association of Frederick County	301-662-2255
		211
Harford	Harford County Mobile Crisis (Sheppard Pratt)	410-638-5248 (8am-12am)
	Sexual Assault/ Spouse Abuse Resource Center, Inc.	410-836-8430
Howard	Grassroots Crisis Intervention	410-531-6677 (24/7 hotline & mobile crisis team)
Mid-Shore (Caroline, Dorchester, Kent, Queen Anne's and Talbot Cos.)	Eastern Shore Operations Center (ESOC) (Affiliated Sante)	1-888-407-8018
	For All Seasons, Inc. (Rape Crisis Center	1-800-310-7273
	Life Crisis Center Hotline	410-749-HELP (-4357)
		211
	Mid-Shore Council on Family Violence	1-800-927-4673
Montgomery	Montgomery County Crisis Center	240-777-4000
	Mental Health Association of Mongomery County Youth Suicide Hotline	301-738-2255
Prince George's	Prince George's County Crisis Response System	301-429-2185
	Prince George's County Suicide Hotline	Suicide Hotline 301-864-7130 1-800-784-2433
	Family Crisis Center of Prince George's County (Domestic Violence)	301-731-1203
Saint Mary's	Walden Behavioral Health Hotline	301-863-6661
Somerset	Life Crisis Center Hotline	410-749-HELP (-4357)
		211
	Eastern Shore Operations Center (ESOC) (Affiliated Sante)	1-888-407-8018
Washington	Frederick County Crisis Hotline Services-	301-662-2255
		211
Wicomico	Life Crisis Center Hotline	2410-749-HELP (-4357)
		211
	Eastern Shore Operations Center (ESOC) (Affiliated Sante)	1-888-407-8018
Worcester	Life Crisis Center Hotline	410-749-HELP (-4357)
		211

If you have insurance questions, please visit www.marylandparity.org or call 443-901-1550, ext. 206

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Facts For Families
When to Seek Help

When do I Seek Help for my child?
Mental Health, also known as emotional or behavioral health, is a vital part of your child's overall health and development. All children experience periods of anger, frustration and sadness. However, for some children, these normal stresses can be overwhelming to the point that it interferes with the child's everyday life; such as:

- Having difficulty at home, in school, interpersonally or within the family
- Having difficulties affecting his/her ability to eat or sleep
- Having a hard time in situations where they used to be okay
- Experiencing problems significant enough that they are causing the child or other family members distress

Families often wonder if what their child is experiencing or how they are behaving are typical states of development. When trying to separate what is "normal" from what is not, consider several things:

- How long has the behavior or emotion been going on: days, weeks, or months?
- How frequently does the behavior or emotion occur: several times a day, once a day, once a week?
- How intense is the behavior: annoying, upsetting, or very disruptive?
- Has there been a traumatic event in the child's life, such as a death, accident, illness, or changes with the family?

There are a few signs, as your child grows, that may indicate the need to seek help from a mental health professional. Examples are:

In Younger Children
- Intense anxiety with separation from caregiver
- Marked decline in school performance
- Poor grades in school despite trying very hard
- Severe worry, fear, or anxiety—regular refusal to go to school, go to sleep, or take part in activities that are normal for the child's age
- Hyperactivity; fidgeting; constant movement beyond regular playing
- Persistent nightmares
- Persistent disobedience or aggression provocative opposition to authority figures
- Frequent, unexplainable temper tantrums

In Pre-teens or Teenagers
- Marked fall in school performance
- Inability to cope with problems and daily activities
- Marked changes in sleeping and/or eating habits
- Frequent physical complaints
- Sexual acting out
- Depression shown by sustained, prolonged negative mood and attitude, difficulty sleeping, or thoughts of death
- Abuse of alcohol and/or drugs
- Intense fear of becoming obese with no relationship to actual body weight
- Persistent nightmares
- Threats of self-harm or harm to others
- Self-injury or self destructive behavior

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- Frequent outbursts of anger, aggression
- Frequent threats to run away
- Aggressive or non-aggressive consistent violation of rights of others; opposition to authority, truancy, theft, or vandalism
- Strange thoughts, beliefs, feelings, or unusual behaviors

The Bottom Line—Trust Your Gut!

You know your child better than anyone. If you think there is a problem, trust your instincts and seek help. You can talk with your pediatrician or family doctor. You will be glad you did.

Talk to Your Pediatrician or Child's Doctor

Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP) aims to support the efforts of primary care providers (PCPs), including pediatricians, family physicians, nurse practitioners and physician's assistants, in assessing and managing mental health concerns in their patients from infancy through the transition to young-adulthood. B-HIPP consultation services are available to all pediatric PCPs throughout Maryland.

Much of this Fact Sheet is adapted from the American Academy of Child & Adolescent Psychiatry, "Facts for Families" and from Dr. Robert Franks, Connecticut Center for Effective Practice, kidsmentalhealthinfo.com

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Facts For Families

First Steps in Seeking Help

If you are worried about your child's emotions or behavior, you can start by talking to friends, family members, your spiritual counselor, your child's school counselor, or your child's pediatrician/family physician about your concerns. The primary sources of information about options for helping your child are listed below. Contact information for local resources is listed by county on the back of this sheet.

Your child's **pediatrician** can talk with you about your concerns, and can make referrals for treatment.

Your **insurance company** can provide you with a list of the mental health professionals within your healthcare network.

School Psychologists, trained in both psychology and education, can help children and youth academically, socially, behaviorally, and emotionally. They may be part of an IEP team and perform academic and psychological evaluations.

Core Service Agencies (CSAs) are local agencies responsible for planning, managing and monitoring a specific region's public mental health services in Maryland. Many CSAs have specialists that coordinate services for children and adolescents that do not have health insurance.

Family or System Navigators provide one-to-one support to families. Each county in Maryland has Navigators that can help families access resources within Maryland's mental health system, understand their child's mental health concerns, find the right type of help, and provide support through the whole process. Family Navigators are parents who have cared for a child with special needs and have been trained to help other families. Any parent or caregiver can call a Navigator to request assistance for their child, aged 0 - 21 years, with special needs. There is no cost for navigation services.

County "warmlines" are community-based service referral call-lines staffed by trained people, often 24 hours a day. These phone numbers are designed to address certain non-life threatening concerns and questions.

Mental Health Education and Advocacy Organizations are dedicated to assisting family members with finding help for their child.

- Mental Health Association of Maryland - MHAMD is a statewide education and advocacy agency. Programs and services vary by chapter. www.mhamd.org
  - * The Maryland Parity Project can answer insurance questions to help you get the care you are entitled by law to receive. www.marylandparity.org
  - * Mental Health First Aid trains parents and caregivers to recognize mental health problems, know how to access services and support youth struggling with mental health issues. www.mhfamaryland.org
- Maryland Coalition of Families - MCF has Family Navigators and offers advocacy training and support for families. www.mdcoalition.org
- National Alliance on Mental Illness (NAMI) Maryland - is dedicated to education, support and advocacy of persons with mental illnesses, their families and the wider community. www.namimd.org

It is important to remember that many children and families benefit from **other services and supports** in places other than traditional providers. Often, these services are provided along with other forms of services. It is well researched that many children benefit from after-school activities, althetics and community and faith-based activities.

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Contacts by County

These numbers should provide you with the help you seek. Even if it is not the current number, those responding to the numbers below should direct you to the right number.

Jurisdiction	CSA	Navigator	Mobile Crisis Team or Hotline
Statewide	**Maryland Crisis Hotline** **Maryland State-Wide Info & Referral**		**Maryland Crisis Hotline** **800-422-0009** **2-1-1**
Allegany	Allegany Mental Health Systems Office 301-759-5070	Maryland Coalition of Families (MCF)- The Family Network, Allegany Co. 301-784-7142	(Maryland Crisis Hotline) 800-422-0009
Anne Arundel	Anne Arundel Co. Mental Health Agency 410-222-7858	Arundel Child Care Connections 410-222-1712	Anne Arundel Co. Crisis 410-768-5522
Baltimore City	Baltimore Mental Health Systems 410-837-2647	MCF, Baltimore City 410-235-6340	Baltimore Crisis Response, Inc. (Baltimore City) 410.433.5175
Baltimore County	Baltimore Co. Bureau of Behavioral Health 410-887-3828	Catholic Charities Child and Family Services 410-252-4700	Baltimore Child and Adolescents Response System (Baltimore Co.) 410-752-2272 Baltimore Co. Crisis Team 410-931-2214
Calvert	Calvert Co Core Service Agency 410-535-5400	Center for Children 410-535-3047	(Maryland Crisis Hotline) 800-422-0009
Caroline	Mid-Shore MHS 410-770-4801	MCF - Mid-Shore 410-479-1146	(Maryland Crisis Hotline) 800-422-0009
Carroll	Carroll Co. Core Service Agency 410-876-4440	Get Connected Family Resource Center 410-871-0008	Carroll Co. (Maryland Crisis Hotline) 800-422-0009
Cecil	Cecil Co CSA 410-996-5112	MCF - Eastern Shore, Cecil Co. 443-472-8836	(Maryland Crisis Hotline) 800-422-0009
Charles	Charles Co. Dept. of Health CSA 301-609-5757	The Family Resource Center 301-374-6696	(Maryland Crisis Hotline) 800-422-0009
Dorchester	Mid-Shore MHS 410-770-4801	MCF - Eastern Shore, Dorchester Co. 410-901-1007	(Maryland Crisis Hotline) 800-422-0009
Frederick	Mental Health Management Agency of Frederick Co. 301-682-6017	Mental Health Association, Systems Navigation 301-663-0011	Frederick Co. 301-662-2255
Garrett	Garrett Co. CSA 301-334-7440	Garrett Co. Partnership for Children and Families, Inc. 301-334-1189	(Maryland Crisis Hotline) 800-422-0009
Harford	Harford Co. Office on Mental Health 410-803-8726	MCF - Harford Co. 410-420-9880	Harford Co. Crisis Team 410-638-5248
Howard	Ho Co Mental Health Authority 410-313-7350	MCF - Central Office 410-730-8267	Howard Co. Crisis Team 410-531-6677
Kent	Mid-Shore MHS 410-770-4801	MCF Mid-Shore Kent/Queen Anne's 410-810-2673	(Maryland Crisis Hotline) 800-422-0009
Montgomery	Montgomery Co. Dept. of Health & Human Services 240-777-1400	Montgomery Co. Federation of Families for Children's Mental Health, Inc. 301-879-5200	Montgomery Co. Crisis System 240-777-4000
Prince George's	Prince George's Co. Dep't of Family Services 301-265-8401	Children & Families Information Center (CFIC) 1-866-533-0680	Prince George's Co. Crisis Response Team 301-429-2185
Queen Anne's	Mid-Shore MHS 410-770-4801	MCF - Eastern Shore, Kent/Queen Anne's Co. 410-810-2673	(Maryland Crisis Hotline) 800-422-0009
Somerset	Wicomico Somerset Co. Regional CSA 410-543-6961	Somerset Family Link 410-651-2824	(Maryland Crisis Hotline) 800-422-0009
St. Mary's	St. Mary's Co Dep't of Human Services 301-475-4200 x1680	The Family ACCESS Center of St. Mary's Co. 301-866-5332	St. Mary's Co. 301-863-6661
Talbot	Mid-Shore MHS 410-770-4801	MCF - Eastern Shore , Talbot Co. 410-901-1007	(Maryland Crisis Hotline) 800-422-0009
Washington	Washington Co. MHA 301-739-2490	MCF - The Family Network, Washington Co. 240-313-2086	(Maryland Crisis Hotline) 800-422-0009
Wicomico	Wicomico Somerset Co. Regional CSA 410-543-6961	Wicomico Partnership for Families and Children 410-546-8155	(Maryland Crisis Hotline) 800-422-0009
Worcester	Worcester Co. CSA 410-632-1100	Family Connections-Berlin 410-641-4598	Worcester Co. Crisis Response Team 911

updated 7/2013

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Facts For Families

Seeking Professional Help

Sometimes parents struggle with getting help because of their worries about what this might mean for their child or their family. Parents may worry about what other family members, neighbors or other peers in their community think about their child. It is important when getting help to find treatments and providers who are sensitive to the family and child's beliefs and values. The family and child should feel like they are respected by the professional, allowing the family to feel free to ask questions, raise concerns, and to assist in the decisions about next steps for treatment.

If a child receives a mental health diagnosis from a pediatrician or a mental health professional, it provides the professionals with a way of understanding the child's situation and problems or concerns he/she currently faces. Diagnoses—such as depression, ADHD, or anorexia—typically are not permanent and can change over time. These diagnoses do not fully explain or describe the child's strengths and positive nature. Mental health diagnoses also help insurance providers, Medicaid and other third party payers to classify and indentify the child's issues for payment. More information about the more common diagnoses and behaviors in children and adolescents are listed on the left side of the *Family Resource Kit*.

The good news is that treatment works. Therapy, sometimes in conjunction with medication, has been shown to be very effective in reducing the levels of distress in children who are experiencing mental health problems.

There are numerous mental health professionals that can provide therapy; and in some cases, therapy and medication.

Most **psychiatrists** have a medical degree and at least four additional years of study and training. They provide medical/psychiatric evaluations and a full range of treatment interventions for emotional and behavioral problems and psychiatric disorders. As physicians, psychiatrists can prescribe and monitor medications.

Child and Adolescent Psychiatrists are psychiatrists who have two years of advanced training (beyond general psychiatry) with children, adolescents and families.

Psychologists have a PhD and are licensed by the State of Maryland. They can provide psychological evaluation and treatment for emotional and behavioral problems. They also can provide psychological testing and assessments. They may not prescribe medications in Maryland.

School Psychologists are trained in both psychology and education, and possess at least a master's degree. They are licensed by the State of Maryland. School psychologists help children and youth academically, socially, behaviorally, and emotionally. They may be part of an IEP team and perform academic and psychological evaluations.

Social Workers typically have a master's degree in social work. In Maryland, social workers are licensed by the state after passing an examination. Social workers can provide different forms of therapy.

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Licensed Marriage and Family Therapists
Licensed Mental Health Counselors and Licensed Professional Counselors have a graduate degree and clinical training. They can provide various types of therapy in an individual, family or group setting.

Advanced Practice Registered Nurses and Psychiatric Mental Health Nurses have postgraduate-level degrees and advanced clinical education, knowledge skills and scope of practice. They work with individuals and families, assessing mental health needs and developing a nursing diagnosis. In Maryland, nurse practitioners may also prescribe some mental health medications.

Paying for Care

In Maryland, most health insurance plans cover some mental health treatment. Call your insurance provider before beginning treatment to find out which clinicians accept your insurance and what services are covered.

If you do not have health insurance, please refer to the list of local mental health agencies provided on the back of the Fact Sheet titled: *First Steps in Seeking Help*.

You may also visit the **Maryland Parity Project** at www.marylandparity.org or call 443-901-1550, ext. 206.

Other Resources For Care in Maryland

Greater Washington Society of Clinical Social Work
www.gwscsw.org

The Maryland Chapter - American Academy of Pediatrics
www.mdaap.org

Maryland Psychiatric Society
www.mdpsych.org

Maryland Psychological Association - Maryland Chapter
www.marylandpsychology.org

Middle Atlantic Division - American Association for Marriage and Family Therapy
www.madmft.org

National Association of Social Workers - Maryland Chapter
www.nasw-md.org

Network of Care - a comprehensive website offering mental health information by county.
http://networkofcare.org/index2.cfm?productid=2&stateid=25

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Treatment

Well-trained mental health professionals will work with you to plan a treatment that best meets your child's needs and includes their knowledge of best practices. The first place to start in identifying the right treatment is by having a thorough evaluation. During the evaluation, the clinician will collect history about your child and family, his or her symptoms, events leading up to the distress, school performance, relationships, and other issues. It often takes many sessions to collect the right information to do a comprehensive evaluation. During this time, the clinician may also ask you or your child to take some simple screening tests and other assessments to better understand the nature of your child's concerns. The tests are to make sure your child gets the best treatment and no hidden concerns are missed.

Therapy – What Should I Expect?

Therapy is the primary component of treating your child's mental health issues. Therapy is a form of treatment that can help children and families understand and resolve problems, modify behavior and make positive changes in their lives. There are several types of therapy that involve different approaches, techniques and interventions. At times, a combination of different therapy approaches may be helpful. In some cases, a combination of medication with therapy may be more effective.

It is important that parents and caregivers are closely involved in their child's treatment. The child may have therapy sessions alone with the therapist. At times, parents and caregivers may participate in therapy sessions with their child or may have private therapy sessions with their child's therapist.

Remember that due to confidentiality laws, the therapist may not be able to share everything the child tells the therapist in the sessions, which can be very frustrating to parents and caregivers. Be sure to ask your child's therapist what information they can and cannot share with you.

Medication – Part of the Larger Treatment Package

Medication can be an effective part of the treatment for several mental disorders of childhood and adolescence. A doctor's recommendation to use medication may raise concerns and questions in both the parents and the child. The physician who recommends medication should be experienced in treating psychiatric illnesses in children and adolescents. He or she should fully explain the reasons for medication use, what benefits the medication should provide, as well as possible risks and side effects. Other treatment alternatives should also be discussed. Child psychiatrists may not be available in some rural areas and often pediatricians prescribe medications for children. If parents still have serious questions or doubts about medication treatment, they should feel free to ask for a second opinion by a psychiatrist. For a sample list of questions to ask your doctor about medications, visit http://aacap.org/cs/root/facts_for_families/psychiatric_medication_for_children_and_adolescents_part_iii_questions_to_ask

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Talking with Children about Medication

Many children and teens are reluctant to take medication. They may be embarrassed, don't like to be different, or don't like the side effects. All of these are very real concerns. It is important to honestly discuss medication with your child so they understand how the medication will help them—not change them. They will be the same person, but medication can help them control their behavior and can help the unpleasant feelings go away.

Medication is most effective when it is taken at regular intervals so there is no lapse in time between doses. Preventing medication stops and starts can produce the greatest benefit and help determine whether the medication is actually helping. Establishing a regular time to give your child their medication helps establish a pattern.

Older children and teens who take medication on their own often do not take their medication regularly or stop taking it without talking to their parents or doctor. Explain why following prescription guidelines are important. Encourage your child to come to you with any medication-related concerns so you can work together to solve the problem or find another treatment option.

If your child is experiencing unpleasant side effects, talk with your doctor. Medication should never have a numbing effect on a child's energy, curiosity or enthusiasm.

Adapted from the American Academy of Child & Adolescent Psychiatry, "Facts for Families" and from Dr. Robert Franks, Connecticut Center for Effective Practice, kidsmentalhealthinfo.com

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Facts For Families

School Services

School is a major part of a child's life and a child with mental health needs can experience challenges that make it difficult to be successful in school. Your child's school can provide a range of services that can help your child succeed.

School Psychologist
Most schools have a school psychologist who is trained in both psychology and education, and possesses at least a master's degree. They are licensed by the State of Maryland. School psychologists help children and youth academically, socially, behaviorally, and emotionally. They may be part of an IEP team and perform academic and psychological evaluations.

School Mental Health Programs
Many schools have a therapist that comes to the school and meets with children to provide emotional support and address behavior issues in school. The therapist may also meet with you to discuss your child's progress and help you cope with your child's behavior/s or moods. There can be a charge for these services or, if your child has Medicaid, you will be asked to sign a form giving the school permission to bill Medicaid for the therapy.

Individualized Education Program (IEP)
Children with more intensive mental health needs may qualify for special education services under the federal law called Individuals with Disabilities Education Act (IDEA). IDEA requires that children with a disability receive additional services to help them in school. A child with mental health needs must show certain characteristics to qualify for special education as a child with an "emotional disability."

"(i) Emotional Disability is a condition exhibiting one ore more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's education performance:

1. an inability to learn that cannot be explained by intellectual, sensory, or health factors
2. an inability to build or maintain satisfactory interpersonal relationships with peers or teachers
3. inappropriate types of behavior or feelings under normal circumstances
4. a general pervasive mood of unhappiness or depression
5. a tendency to develop physical symptoms or fears associated with personal or school problems

(ii) Emotional Disability includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance."

In addition, in order to be eligible for services under IDEA, the student, by reason of their disability, must require special education and related services.

Note that the definition of Emotional Disability is not a diagnosis or medical term, but rather a term used in the federal education law to designate eligibility for special education. Under IDEA, if a child is found eligible, the student is entitled to an Individualized Educational Program (IEP) that is designed to meet their unique needs.

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504 Plans

Children with mental health needs who do not qualify for special education may qualify for services under another federal law, Section 504 of the Rehabilitation Act. Section 504's definition of disability is broader than the IDEA's definition. To be protected under Section 504, a student must be determined to: Have a physical or mental impairment that substantially limits one or more major life activities; or have a record of such an impairment; or be regarded as having such an impairment.

Under a 504 Plan, the school can make special accommodations for your child such as: a quiet space if your child becomes upset at school, home instruction, or a tape recorder or keyboard for taking notes.

Social and Emotional Foundations for Early Learning (SEFEL)

In Maryland, SEFEL is focused on promoting the social and emotional development and school readiness of young children between birth and five years of age. SEFEL's Pyramid Model, which is being integrated into early education settings throughout the state, promotes effective practices to enhance young children's social and emotional competence and to prevent challenging behaviors. Visit http:/csefel.vanderbilt.edu/ for more information.

Positive Behavioral Interventions and Supports (PBIS)

PBIS Maryland has been implemented in more than 900 schools across all 24 local school systems. The goals of PBIS are to promote a positive school climate, reduce disruptive behaviors, and create safer, more effective schools for all students. The emphasis on PBIS is on rewarding positive behaviors rather than focusing on reactive, punitive practices. For more information, see http://www.marylandpublicschools.org/MSDE/divisions/studentschoolsvcs/student_services_alt/PBIS/.

Taking Medication at School

Sometimes it is necessary for children to take medication during school hours. Schools have very strict regulations governing medications at school. A form completed by your child's doctor is required and can be downloaded from the Maryland State Department of Education website:
http://marylandpublicschools.org/NR/rdonlyres/8D9E900E-13A9-4700-9AA8-5529C5F4C749/3341/medicationform404.pdf
All medication must be in containers labeled by the pharmacist or doctor and an adult must bring the medication to school. Non-prescription medication must be in the original container with the label intact.

Resources on Special Education

Maryland State Department of Education
http://MarylandLearningLinks.org
http://www.msde.maryland.gov/NR/rdonlyres/5F4F5041-02EE-4F3A-B495-5E4B3C850D3E/22829/BuildingIEPswithMarylandFamilies_WebVersion.pdf

Maryland Association of Nonpublic Special Education Facilities (MANSEF)
http://www.mansef.org

Maryland Disability Law Center
http://www.mdlclaw.org/wp-content/uploads/2010/02/pub-special-ed-handbook-Sept-2009.pdf

Resources on 504 Plans

Office of Civil Rights, Protecting Students with Disabilities: Frequently Asked Questions About Section 504 and the Education of Children with Disabilities
http://www2.ed.gov/about/offices/list/ocr/504faq.html

Mental Health Resources
Transition-Age Youth

Transition-age is defined roughly as the period between 14 – 24 years of age when youth are preparing to move from adolescence to young adulthood in the areas of employment, education and independent living. The transition to adulthood can be challenging for all young adults – not just those with mental health needs. For young adults with mental health issues, the transition to adulthood can be longer and more difficult. The social and emotional delays experienced by youth with mental health needs impede the skills necessary to successfully transition to adulthood.

Transition-age youth with mental health needs do not necessarily fit the child or adult mental health system; services need to be tailored to their specific needs and developmental characteristics.

Youth coded with an “emotional disability” on an Individualized Education Program have the highest dropout rate of any disability group, hovering around 50% in Maryland. Transition-age youth with mental health needs have the lowest rate of engagement in continuing education or employment.

High School

If your child is eligible for an Individualized Education Program (IEP) or 504 plan, s/he may be receiving mental health or other support services at school.

- An IEP is developed for students with more intensive mental health needs who qualify for special education.
- Your child's IEP team is responsible for helping your child with transition planning and implementation.
- Under a 504 plan, the school can make special accommodations for your child if s/he does not qualify for special education.

If your child has a 504 plan, s/he will have access to the services for transition assistance, but you or your child may be responsible for initiating contact to access these supports.

High School Support Staff

- IEP Case Manager
- Guidance Counselor
- Transition Coordinator
- Division of Rehabilitation Services (DORS) counselor

After High School

The transition from high school can be challenging for youth with behavioral issues. Some youth may wish to attend college or vocational schools and others may want to seek employment.

Education opportunities include:

- College
- Community College
- Vocational and Technical Schools
- Division of Rehabilitation Services (DORS) Workforce and Technology Center (WTC) in Baltimore
- Apprenticeship Programs

Employment opportunities include:

- DORS provides a range of services including:
  - Career assessment
  - Career decision-making
  - Counseling and referral
  - Vocational training
  - Employment assistance
- Supported employment through the Mental Hygiene Administration

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Housing
Most families of young adults will find their youth continuing to live with them, if not on a permanent basis, then on a revolving door trajectory – moving out for a time and then moving back in. Outside of the idea of living in the family home, there are both subsidized and private-pay housing possibilities.

Subsidized housing
- Transition-age youth Residential Rehabilitation Programs
- Adult Residential Rehabilitation Programs

For more information, please contact your local Core Service Agency.

Other housing options might be
- Main Street Housing
- Section 8 housing
- Private-pay

Health Care
Health care in Maryland will change in the coming year with the Affordable Care Act and Medicaid expansion. To learn more or for enrollment information, visit www.marylandhealthconnection.gov
Health Care options include
- Medicaid
- Maryland Primary Adult Care (MPAC)
- Private Insurance

Resources/Links

Children's Mental Health Matters!
Facts for Families — First Steps in Seeking Help
www.ChildrensMentalHealthMatters.org
Facts for Families — School Services
www.ChildrensMentalHealthMatters.org

Core Service Agencies -
http://dhmh.maryland.gov/mha1/SitePages/csa.aspx

Department of Social Services - 1-800-332-6347 or visit www.dhr.maryland.gov/county.php

Main Street Housing - 410-646-0262 or visit www.onourownmd.org/msh.html

Maryland Coalition of Families
Navigating the Transition Years
http://www.mdcoalition.org/publications-and-webinars/publications/TAYHandbookSept2010.pdf

Maryland Department of Disabilities - 1-800-637-4113

Maryland Transitioning Youth - 1-800-637-4113
www.mdtransition.org

Maryland's Vocational Rehabilitation Agency - DORS
To learn more about the wide range of services DORs offers, you can visit www.dors.state.md.us or call 410-554-9109 (1-888-554-0334).

For information on health insurance coverage for mental health/substance use disorders or **Mental Health Parity** please call 443-901-1550, ext. 206 or visit www.MarylandParity.org

MPAC - 1-800-226-2142 or visit www.dhmh.state.md.us/mma/pac/index.htm

To apply for **Supplemental Security Income (SSI)** call 1-800-772-1213

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Facts For Families

ADHD

Attention Deficit Hyper Activity Disorder (ADHD) is a disorder that affects three to seven percent of school-age children. ADHD makes it difficult for children to pay attention or sit still. Until relatively recently, it was believed that children outgrew ADHD in adolescence as hyperactivity often lessens during the teen years. However, it is now known that ADHD nearly always persists from childhood through adolescence and that many symptoms continue into adulthood. In fact, current research reflects rates of roughly two to four percent among adults. It is more common in males than females in childhood, but equally prevalent in males and females in adulthood.

There are three types of ADHD:

- ADHD Combined Type (Classic ADHD) – trouble with inattention, hyperactivity and impulsivity
- ADHD Predominantly Inattentive Type – trouble with attention, sluggish; difficult to identify
- ADHD Predominantly Hyperactive Impulsive Type – trouble with impulsivity and hyperactivity; occurs more often in younger children

How it affects my child

Although individuals with this disorder can be very successful in life, without proper identification and treatment, ADHD may have serious consequences, including school failure, family stress and disruption, depression, problems with relationships, substance abuse, delinquency, risk for accidental injuries and job failure. Additionally, at least two thirds of individuals with ADHD have another co-existing condition, such as learning problems. Early identification and treatment are extremely important.

What can we do about it?

Take your child or adolescent for an evaluation if ADHD is suspected. There are several types of professionals who can diagnose ADHD, including school psychologists, clinical psychologists, clinical social workers, nurse practitioners, neurologists, psychiatrists and pediatricians.

How is ADHD diagnosed?

A good assessment consists of:

- Parent and teacher ratings of behavior
- Behavioral observations in the classroom
- Clinical interview with parents
- IQ/achievement testing to assess for learning disabilities

Once diagnosed, ADHD in children often requires a "multimodal" comprehensive approach to treatment which includes:

- Parent and child education about diagnosis and treatment
- Behavior management techniques in the home and classroom
- School programming and supports
- Medication - Stimulant and non-stimulant medications may be helpful as part of the treatment for ADHD

Specific strategies to use at home include:

- Setting clear expectations and house rules
- Keeping a consistent routine
- Providing praise and reward for appropriate behavior
- Ignoring mild misbehavior to focus on the more serious misbehaviors
- Use of daily report card at school

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Resources/Links

Children's Mental Health Matters!
Facts for Families — First Steps in Seeking Help
www.ChildrensMentalHealthMatters.org

American Academy of Child & Adolescent Psychiatry
This site contains resources for families to promote an understanding of mental illnesses.
www.aacap.org

ADHD Parents Medication Guide
http://www.parentsmedguide.org/ParentGuide_English.pdf

ADHD: What Parents Need to Know
http://www.med.umich.edu/1libr/yourchild/adhd.htm

American Academy of Pediatrics
www.aap.org/healthtopics/adhd.cfm

Children and Adolescents with Attention Deficit Hyperactivity Disorder
www.chadd.org

Center for Children and Families, Florida International University
This site offers free downloadable forms and resources for clinicians, caregivers and educators working with children ADHD.
http://casgroup.fiu.edu/ccf/

United States Department of Education
"Identifying and Treating Attention Deficit Hyperactivity Disorder: A resource for School and Home" This guide for families and educators provides information on the identification of ADHD and educational services for children with ADHD.
http://www.ed.gov/teachers/needs/spaced/adhd/adhd-resource-pt1.pdf

National Resource Center on ADHD
A program of CHADD, funded through a cooperative agreement with the Centers for Disease Control and Prevention.
http://www.help4adhd.org/index.cfm

KidsHealth
What Is ADHD?
http://www.kidshealth.org/parent/emotions/behavior/adhd.html

Medline Plus
Attention Deficit Hyperactivity Disorder
http://nlm.nih.gov/medlineplus/attentiondeficithyperactivitydisorder.html

National Institute of Mental Health
NIHM strives to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics and resources.
http://www.nimh.nih.gov

Network of Care - Maryland is a comprehensive website for mental health information in Maryland.
www.networkofcare.org
Select your area for county specific information.

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Facts For Families

Anxiety Disorders

Children and adolescents with anxiety disorders experience extreme feelings of panic, fear or discomfort in everyday situations. Anxiety is a normal reaction to stress, but if the child's anxiety becomes excessive, irrational and he/she avoids feared situations that interfere with daily life, it may be an anxiety disorder.

Anxiety disorders are the most common type of mental health disorders in children, affecting nearly 13 percent of young people*. Overall, nearly one quarter of the population will experience an anxiety disorder over the course of their lifetimes.**

Common types of anxiety disorders

Panic Disorders
Characterized by unpredictable panic attacks and an intense fear of future attacks. Common symptoms are heart palpitations, shortness of breath, dizziness and anxiety. These symptoms are often confused with those of a heart attack.

Specific Phobias
Intense fear reaction to a specific object or situation (such as spiders, dogs or heights) that often leads to avoidance behavior. The level of fear is usually inappropriate to the situation.

Social Phobia
Extreme anxiety about being judged by others or behaving in a way that might cause embarrassment or ridicule and may lead to avoidance behavior.

Separation Anxiety Disorder
Intense anxiety associated with being away from caregivers and results in youth clinging to parents or refusing to do daily activities such as going to school or sleepovers.

Obsessive-Compulsive Disorder (OCD)
Individuals are plagued by persistent, recurring thoughts (obsessions) and engage in compulsive ritualistic behaviors in order to reduce the anxiety associated with these obsessions. (e.g. constant hand washing).

Post-Traumatic Stress Disorder (PTSD)
PTSD can follow an exposure to a traumatic event such as a natural disaster, sexual or physical assault, or witnessing the death of a loved one. Three main symptoms are reliving a traumatic event, avoidance behaviors and emotional numbing, and physiological problems such as difficulty sleeping, irritability or poor concentration.

Generalized Anxiety Disorder (GAD)
Experiencing six months or more of persistent, irrational and extreme worry about many different things, causing insomnia, headaches and irritability.

How it affects my child

Children and adolescents with anxiety are capable of leading healthy, successful lives. If anxiety is left undiagnosed, youth my fail in school, experience an increase in family stress and disruption, and have problems making or keeping friends. To avoid these harmful consequences, early identification and treatment are essential.

What can we do about it?

Take your child to a mental health professional if an anxiety disorder is suspected.

- Consult with teachers and school so that social issues can be monitored and addressed.

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Once diagnosed, caregivers should consult with the health care expert on how best to provide for the child's needs, which may include

- Practicing relaxation techniques at home as recommended by the clinician
- Encouraging your child to approach, rather than avoid, feared situations so that he or she can experience success and see that nothing bad is going to happen
- Learning about your child's anxiety disorder so that you can be their advocate
- Consulting with teachers and school psychologists so that the child's special needs can be met in school
- A prescription of medication, for a period of time, to relieve anxiety. Ensure that your child receives their medication at the same time every day.

Specific strategies that can be used at home include

- Be predicable.
- Provide support and comfort, remembering to encourage all of the child's efforts.
- Never ridicule or criticize the child for becoming anxious. Although there may be no logical danger, these feelings are real to the child.
- While avoiding coercion, break up fearful tasks into smaller, more manageable steps.
- Avoid constantly reaffirming to your child that everything will be okay. It is important that he/she learn that they are capable of reassuring themselves and devise ways to do so.
- Do not attempt to eliminate all anxious situations for your child. Children with anxiety disorders must learn that it is normal to experience some anxiety.
- Create a mutual plan with the child to address their needs, letting them set the pace for their recovery.

*http://www.mental health.samhsa.gov/publications/allpubs/CA-0007/default.asp#8
**http://www.freedomfromfear.org/aanx_factsheet.asp?id=10

Resources/Links

Children's Mental Health Matters!
Facts for Families — First Steps in Seeking Help
(included in this kit)

Anxiety Disorders Association of America
This site assists those with anxiety disorders with finding a therapist, understanding their disorder and treatment recommendations, and offers inspirational stories and support groups. It has a special section devoted to children and adolescents.
http://www.adaa.org

American Academy of Child & Adolescent Psychiatry
This site contains resources for families to promote an understanding of mental illnesses.
http://www.aacap.org
http://www.aacap.org/publications/factsfam/anxious.htm

Bright Future
"Bright Futures- Tips for Parenting the Anxious Child"
http://www.brightfutures.org/mental health/pdf/families/mc/tips.pdf

National Institute of Mental Health
NIMH strives to transform the understanding and treatment of mental ill nesses through basic and clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics and resources.
http://www.nihm.nih.gov

Worry Wise Kids lists the red flags that can alert parents to each individual anxiety disorder and details the steps parents can take if they suspect their child suffers from an anxiety disorder and supplies parenting tips for helping anxious youth.
http://www.worrywisekids.org

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Facts For Families
Bullying

Bullying is a common experience for many children and adolescents. Teasing, ignoring or intentionally hurting another child are all types of bullying. Harassment and sexual harassment are also considered forms of bullying. Bullies may be large and aggressive, but they also could be small and cunning. Victims of bullying have poor self-confidence and typically react to threats by avoiding the bully. Both bullies and their victims make up a fringe group within schools. Those children who bully want power over others. Both bullies and their victims feel insecure in school. Boys typically bully by using physical intimidation. Girls bully in a less obvious manner by using social intimidation to exclude others from peer interactions.

How if affects my child

Children who are bullied by their peers are:

- more likely to show signs of depression and anxiety, have increased feelings of sadness and loneliness, experience changes in sleep and eating patterns, and lose interest in activities they used to enjoy
- more likely to have health complaints
- less likely to do well in school, miss, skip or drop out of class

When compared to their developmental peers, children who bully their peers are:

- more likely to engage in criminal activity as adults
- abuse alcohol and drugs
- less likely to do well in school

Types of bullying

- Verbal bullying is saying or writing cruel things about another person. Verbal bullying includes:
  - teasing
  - name-calling
  - inappropriate sexual comments
  - taunting
  - threatening to cause harm

- Social bullying, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes:
  - leaving someone out on purpose
  - telling other children not to be friends with someone
  - spreading rumors about someone
  - embarrassing someone in public

- Physical bullying involves hurting a person's body or possessions. Physical bullying includes:
  - hitting/kicking/pinching
  - spitting
  - tripping/pushing
  - taking or breaking someone's things
  - making mean or rude hand gestures

- Cyberbullying is bullying that takes place using electronic technology. Electronic technology such as cell phones or computers as well as social media sites, text messages, chat, and websites. Examples of cyberbullying include:
  - cruel text messages or email
  - rumors sent by email or posted on social networking sites
  - embarrassing pictures, videos, websites, or fake profiles

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What Can We Do About It?

Know your child's routines and pay attention to any changes to that routine. Does your child arrive home later than usual, take alternate routes to school (in order to avoid confrontation with a bully), or appear more overwhelmed or sad?

Maintain close contact with teachers to see if your child avoids certain classes or school settings. This may also help you to understand bullying.

Empower your child by showing how much you value him/her. Spend time talking with him/her personal self-worth and the importance of sticking up for himself/herself.

Help your child understand the difference between aggression and passive communication by showing different examples of each. Ask your school psychologist or social worker to explain the different forms of communication: aggressive (typical of bullying), passive (typical of bullying victims) and assertive (most effective means of communication).

Discuss with your child the impact of being a bully and how bullying is hurtful and harmful. Model how to treat others with kindness and respect.

If you suspect your child is being bullied at school, talk with your child's teacher or principal. Children should not be afraid to go to school or play in their neighborhood.

If your child sees another child being bullied, help your child report the bully to a teacher or another adult. Saying nothing could make it worse for everyone.

Become familiar with the bullying prevention curriculum at your child's school. For example, in Maryland, state law requires that all public schools include a bullying prevention component within their curriculum. See Maryland State Department of Education website for more information: http://www.marylandpublicschools.org/MSDE/divisions/studentschoolsvcs/student_services_alt/bullying/

Resources/Links

Children's Mental Health Matters!
Facts for Families — First Steps in Seeking Help
www.ChildrensMentalHealthMatters.org

American Academy of Child & Adolescent Psychiatry
This site contains resources for families to promote an understanding of mental illnesses.
AACAP Facts for Families - Bullying
www.aacap.org/publications/factsfam/80.htm

Centre for Children and Families in the Justice System
Bullying Information for Parents and Teachers
www.lfcc.on.ca/bully.htm

Kidscape
Stop Bullying Packet
www.kidscape.org.uk/assets/downloads/ksstopbullying.pdf

Maryland State Department of Education
MSDE bullying info
www.marylandpublicschools.org/MSDE/divisions/studentschoolsvcs/student_services_alt/bullying/

Maryland Suicide & Crisis Hotlines
http://suicidehotlines.com/maryland.html

StopBullying.Gov
A federal website managed by the U.S. Department of Health and Human Services.
http://www.stopbullying.gov/index.html
Bullying and LGBT Youth
www.stopbullying.gov/at-risk/groups/lgbt/index.html

Kids Resources/Links

StopBullying.gov
This federal website has a link just for kids.
www.stopbullying.gov/kids/index.html

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Facts For Families

Depression

Children with symptoms of depression show behaviors that cause distress for the child, problems in social relationships and difficulties in school. The symptoms may include intense sadness, being irritable or grouchy, losing interest in daily activities that they used to enjoy, losing interest in friends, complaints about feeling ill (especially stomach and headaches) and doing poorly in school. Teenagers are sad sometimes, but when it lasts for two weeks and interferes with their functioning, parents should be concerned.

How it affects my child

When compared to their same-age peers, children who display symptoms of depression

- Have lower levels of academic performance
- Are more likely to attempt suicide
- Are more likely to have unprotected sex
- Are more likely to abuse substances

If one or more of these signs of depression persist, parents should seek help

- Frequent sadness, tearfulness, crying
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Hopelessness
- Persistant boredom; low energy
- Social isolation, poor communication
- Low self-esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility
- Difficulty with relationships
- Frequent absences from school or poor performance in school
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of, or efforts to run away from home
- Thoughts or expressions of suicide or self destructive behavior

What can we do about it?

Actively observe your child's behavior around the house. Consider how and where your children spend their time—in their room alone, outside with peers, in front of the television.

Think about the factors at home that may contribute to the child's symptoms of depression. Write these down on a piece of paper and bring them with you when meeting with a mental health professional, school staff or pediatrician.

Learn how to identify "cries for help" from children and adolescents with depression. Know when your child needs immediate attention from you or a specialist.

Ask school or community mental health professionals about local resources. Attempt to enroll your child in a recreational league or youth organization that utilizes their interests, strengths and talents.

Seek a specialist's opinion of psychiatric treatments for depression or to learn more about different types of medicine prescribed for depression. Depression is often treated effectively with a combination of therapy and anti-depressants.

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Resource/Links

Children's Mental Health Matters!
Facts for Families — First Steps in Seeking Help
www.ChildrensMentalHealthMatters.org

American Academy of Child & Adolescent Psychiatry
This site contains resources for families to promote an understanding of mental illnesses.
www.aacap.org
The Depressed Child (which was a reference for this fact sheet)
http://www.aacap.org/cs/roots/facts_for_families/the_depressed_child
Children and Grief
http://www.aacap.org/publications/factsfam/grief.htm

National Association of School Psychologists
Depression in Children and Adolescents: Information for Families and Educators
http://www.nasponline.org/resources/handouts/social%20template.pdf

National Institute of Mental Health
NIMH strives to transform the understanding and treatment of mental illness through basic clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics, and resources.
http://www.nimh.nih.gov
Depression in Children & Adolescents
http://www.nimh.nih.gov/health/topics/depression/depression-in-children-and -adolescents.shtml

"When it hurts to be a teenager"
Principal Leadership Magazine, Cash,R. (2004). 4(2).
http://www.nasponline.org/resources/principals/nassp_depression.aspx

Facts For Families
Eating Disorders

An Eating Disorder is a psychological condition that shows itself in unhealthy and extreme eating habits. There are four types of eating disorders that are characterized by specific behaviors. Two primary behaviors are binge-eating, the consumption of a large amount of food in a short period of time accompanied by feelings of loss of control, and purging or self-induced vomiting. Misuse of laxatives, diet pills, or water pills, or intense excessive exercising after binging are also considered purging.

Bulimia Nervosa is the most common of the four diagnoses. It is characterized by preoccupation with food and weight, binging and a compensation for binging by purging, excessive exercise or fasting. This pattern is accompanied by shame and secrecy. Individuals with Bulimia Nervosa cannot be identified on the basis of weight—many are normal weight or even overweight.

Anorexia Nervosa is characterized by a refusal to maintain a normal weight for one's height, body type, age and activity level; restriction of food intake due to an intense fear of becoming "fat" or gaining weight (extreme concern over one's weight); body image misperception; and loss of two consecutive menstrual periods in females.

Binge-eating Disorder is characterized by binging, feelings of shame and self-hatred associated with binging, but not accompanied by purging.

Eating Disorders Not Otherwise Specified covers all maladaptive eating behaviors that do not fit into the above diagnoses. Examples include: restricting food intake, meeting some but not all of the requirements for the above diagnoses, chewing food and spitting it out, or binging and purging irregularly.

How it affects my child

Of the currently more than 10 million Americans afflicted with eating disorders, 90 percent are children and adolescents.

- The average age of eating disorder onset has dropped from 13-17 to 9-12.
- The number of males with eating disorders has doubled during the past decade.

Children with an eating disorder may experience

Physical problems (many that can be life-threatening) such as:

- Excessive weight loss
- Irregular or absence of menstruation in females
- Hair loss
- Severe digestive system problems
- Damaged vital organs
- Tooth and gum problems
- Swollen salivary glands due to induced vomiting
- General malnutrition
- Dehydration
- Thinning of the bones resulting in osteoporosis or osteopenia

Emotional issues such as:

- Low-self-esteem and a poor body image
- Being prone to mood swings, perfectionism and depression
- Strained relationships with family and friends
- Performing poorly in academic situations
- Suffering from other psychiatric disorders such as depression, anxiety, alcohol and drug dependencies

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What can we do about it?

Build children's self-esteem based on their positive traits. Be as supportive and encouraging as you can in raising children. Also, always try to highlight the positive points of their personalities and praise them for their good behaviors. Do not expect them to be perfect.

Serve as a healthy role model for your children. Do not diet. The key to developing a healthy lifestyle is to practice moderation both in eating and exercising.

Construct a healthy relationship with food. Make meal time a fun time by gathering all family members together and enjoying a variety of healthy foods. Never turn meal time into a power struggle between you and your child by rewarding or punishing him/her for his/her behavior with food.

Teach your children to respect differences in body structure and feel good about their appearances. Avoid labeling your children regarding weight and commenting about other people's weight and appearance as an indicator of their character and personality. Not all people resemble thin models and movie stars, so you should teach children that everyone is born with a unique body shape which is mostly influenced by family history. Encourage a realistic and positive body image.

Watch for warning signs. If you notice a change in your child's dietary behavior, such as anxiety around meal time, avoidance of social situations involving food, food rituals, visiting the bathroom soon after meals, rapid fluctuation in weight, overeating or hoarding, it is a good idea to seek the advice of a mental health professional.

Taking care of yourself. A battle with an eating disorder can be long and difficult, especially for parents. Do not blame yourself. If you begin to feel overwhelmed, it is wise to seek professional help. Remember, you cannot help your child without being healthy yourself.

Resource/Links

Children's Mental Health Matters!
Facts for Families — First Steps in Seeking Help
www.ChildrensMentalHealthMatters.org

American Academy of Child & Adolescent Psychiatry
This site contains resources for families to promote an understanding of mental illnesses.
www.aacap.org
Facts for families with teenagers with eating disorders
http://www.aacap.org/publications/factsfam/eating.htm

American Psychiatric Association
Let's talk about Eating Disorders
http://www.healthyminds.org/multimedia/eatingdisorders.pdf
Common Questions about Eating Disorders
http://www.empoweredparents.com/

KidsHealth for Parents
http://www.kidshealth,irg/parent/nutrition_fit/nutrition/eating_disorders.html

Maudsely Parents is a site for parents of children with eating disorders.
http://www.maudsleyparents.org/

National Association of Anorexia and Associated Disorders
http://www.anad.org

National Eating Disorders Association
Ten Things Parents Can Do to Prevent Eating Disorders
http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=286&Profile_ID=41171

National Institute of Mental Health
NIMH strives to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics and resources.
http://www.nimh.gov. Facts About Eating Disorders and the Search for Solutions http://www.nimh.nih.gov/publicat/eatingdisorders.cfm

NOVA: Dying to be Thin investigates the causes, complexities, and treatments for eating disorders anorexia nervosa and bulimia nervosa. PBS also provides a teacher's guide to the film and activities to do in the classroom. This film is accessible at:
http://www.pbs.org/wgbh/nova/thin/

Facts For Families

Grief

Grief is a natural response to a death or a loss, such as a divorce, an end to a relationship or a move away from friends. Grief may produce physical, mental, social or emotional reactions. Physical reactions can include change in appetite, headaches or stomach aches, sleeping problems and illness. Emotional reactions can include anger, guilt, sadness, worry and despair. Social reactions can include withdrawal from normal activities and the need to be near others or to be apart from others. The grief process also depends on the situation surrounding the death or loss, the relationship with the person who died and the person's attachment to that person. Grief is normal, but when the symptoms are very intense or last a long time, professional help may be needed.

How it affects my child

The way in which children are communicated with and managed at the time of a loss will affect how they are able to grieve and how they manage loss in the future. Children are often confronted with both natural death and death through unnatural means such as murder or suicide. The media may bring this issue to life for children, and they need an outlet to deal with the grief of unsettling images and thoughts.

Children who grieve may display many symptoms that impact their functioning. Some examples include:

- Young Children
  - Bedwetting
  - Thumb sucking
  - Clinging to adults
  - Exaggerated fears
  - Excessive crying
  - Temper tantrums
- Older Children
  - Physical symptoms (headaches, stomach aches, sleeping and eating problems)
  - Mood swings
  - Feelings of helplessness and hopelessness
  - Increase in risk-taking and self-destructive behaviors
  - Anger, aggression, fighting, oppositional behavior
  - Withdrawal from adults and /or peers and activities they enjoyed prior to the loss
  - Depression, sadness
  - Lack of concentration and attention

What can we do about it?

Be a constant source of support in your child's life. Research shows that maintaining a close relationship with a caring adult after the loss can help.

Provide a structured environment that is predictable and consistent. Limit choices; introduce small, manageable choices over time.

Contain "acting out" behavior. Insist that children express their wants, needs and feelings with words, not by acting out. This is also true for teens, who have a tendency to act out in anger rather than expressing how they feel directly.

Encourage children to let you know when they are worried or having a difficult time. Crying can help children release their feelings of sadness and help them cope with the loss.

Let your child know that she/ he is safe. Often when children are exposed to trauma they worry about their own safety

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and the safety of their family members. It is a good idea to keep them from seeing too many pictures of the event.

Encourage your child to ask questions about loss and death. Children often have many questions about death and may need to ask again and again. Be patient and answer these questions as openly and honestly as possible. Talk to your child about death in a way he/she can understand.

Give your child affection and nurturing. Attempt to connect with them.

Help your child maintain a routine. It is helpful for your child to continue with daily activities. Offer suggestions on how to eat and sleep well.

Be patient with regressive behaviors such as thumb sucking and bed wetting.

Put together a memory book. This is a good exercise to help your child experience his/her emotions in a positive way.

Be aware of your own need to grieve. Parents have often experienced the same loss as their children, and should allow themselves to experience grief and get support.

Resources/ Links

Children's Mental Health Matters!
Facts for Families — First Steps in Seeking Help
www.ChildrensMentalHealthMatters.org

American Academy of Child & Adolescent Psychiatry
This site contains resources for families to promote an understanding of mental illnesses.
www.aacap.org
Children and Grief
http://www.aacap.org/publications/factsfam/grief.htm
Children's Sleep Problems
http://www.aacap.org/publications/factsfam/sleep.htm
Helping Children after a Disaster
http://www.aacap.org/publications/factsfam/disaster.htm

The Dougy Center for Grieving Children and Families
http://www.dougy.org/

Child and Youth Health illustrates how children grieve and their level of understanding per age group.
http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=141&id=1662

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Facts For Families

Oppositional & Defiant Children

All children are oppositional from time to time, especially if they are tired, hungry, upset or stressed. They may argue and talk back to teachers, parents, and other adults. Oppositional behavior is a normal part of development for toddlers and early adolescents. However, oppositional behavior becomes a serious concern when it is so frequent that it stands out when compared with other children of the same age and development level and when it affects the child's social, family and academic life.

Children with Oppositional Defiant Disorder (ODD) show a pattern of negative, hostile and defiant behavior that lasts at least six months and impairs their ability to interact with caregivers, teachers and classmates. During this time period, the child or adolescent may often lose their temper, actively defy adults and appear spiteful. Other symptoms may include frequent temper tantrums, blaming others for his or her misbehavior and being easily annoyed by others.

How it affects my child

One to sixteen percent of all school-age children and adolescents have ODD. The causes of ODD are unknown, but many parents report that their child with ODD was more rigid and demanding than the child's siblings from an early age. When compared to their peers, children with ODD are more likely to have difficulties with academic performance and may engage in risky behaviors, including delinquent activities and substance use, although this is more common in oppositional children who are aggressive. Without intervention, children with ODD are more likely to develop other more serious problems such as destruction of property, aggression towards people and animals, lying or stealing.

What can we do about it?

Take your child or adolescent for an evaluation if ODD is suspected. There are several types of professionals who can diagnose ODD, including clinical psychologists, clinical social workers, nurse practitioners, psychiatrists and pediatricians. It is important to look for other disorders which may be present; such as Attention Deficit Hyperactivity Disorder (ADHD), learning disabilities, mood disorders (depression, bipolar disorder) and anxiety disorders. It may be difficult to improve symptoms of ODD without treating the coexisting disorder.

Specific strategies to use at home include:

- Setting up a daily school–home note system with your child's teacher(s)
- Being consistent
- Having set rules and consequences
- Using praise and rewards frequently
- Setting up a reward system at home
- Supervising your child and getting to know his/her friends
- Identifying a homework buddy or tutor to help with homework
- Identifying a mental health professional who can help you to set up a behavioral management program
- Asking your therapist to improve social relationships by:
  - Working on group social skills
  - Teaching social problem-solving
  - Teaching other behavioral skills often considered important by children such as sports skills and

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board game rules
- Decreasing undesirable and antisocial behaviors
- Helping your child develop a close friendship

Resource/Links

Children's Mental Health Matters!
Facts for Families — First Steps in Seeking Help
www.ChildrensMentalHealthMatters.org

American Academy of Child & Adolescent Psychiatry
This site contains resources for families to promote understanding of mental illnesses.
www.aacap.org
Oppositional Defiant Disorder
http://www.aacap.org/publications/factsfam/72.htm
Conduct Disorder
http://www.aacap.org/publications/factsfam/conduct.htm
Violent Behavior
http://www.aacap.org/publications/factsfam/behavior.htm

Mental Health America
Fact Sheet on Conduct Disorder
http://www.mentalhealthamerica.net/go/conduct-disorder

Mayo Clinic
This site discusses everything from the definition of ODD to lifestyle and home remedies to help change behaviors associated with the disorder.
http://www.mayoclinic.com/health/oppositional-defiant-disorder/DS00630

National Institute of Mental Health
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http://www.nimh.nih.gov

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Facts For Families

Psychosis

Psychosis occurs when an individual loses contact with reality. The term "psychosis" does not refer to a specific diagnosis, but rather a group of symptoms. Three out of every 100 people experience psychosis at some point in their lives, and most will recover.

How it affects my child

Psychosis affects the way a person thinks, feels and acts. Symptoms include:

- Hallucinations (hearing, seeing, tasting, smelling or feelings things that are not there)
- Delusions (fixed beliefs that are false, such as that one is being watched or followed)
- Disordered/confused thinking and difficulty concentrating
- Rapid changes in mood/feelings
- Behavior changes, including not taking care of or grooming oneself as usual or laughing at inappropriate times

What can we do about it?

Treatment for psychosis often involves the following:

- Learning treatment options and working with professionals
- Working with a mental health professional to learn coping skills
- Working with a physician to determine how medications can help
- Working with professionals who specialize in helping youth and young adults to manage relationships, jobs, and school neurologists, psychiatrists and pediatricians.

Why is early treatment so important?

Experiencing symptoms of psychosis may disrupt your child's life. When psychosis is detected early, many problems can be prevented and the greater the chances are of a successful recovery. Mental illnesses with psychosis often develop between ages 15 to 25. This is a critical stage of life, when teens and young adults are developing their identities, forming relationships, and planning for their future.

What helps people recover from psychosis?

The most important thing is for you and your child to be actively involved in treatment.

- Participate in treatment by partnering with your child's providers to learn all you can about medications and therapy.
- Help your child to focus on personal goals, which can be strong motivators for recovery.
- Help your child to find needed support -friends, family, support groups
- Make sure your child has structure in his/her life, whether school, work, volunteering or other activities.

** All information provided by: National Institute of Mental Health's Recovery After an Initial Schizophrenia Episode – Implementation and Evaluation Study. This information can be retrieved at: http://marylandeip.com/eip-resources.

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Resources/ Links

Maryland Early Intervention Program (EIP)
Offers specialized programs with expertise in early identification, evaluation, and comprehensive psychiatric treatment of adolescents and young adults at risk for, or in the early stages of mental illness with psychosis.
www.marylandeip.com

Maryland Coalition of Families
A coalition of organizations throughout Maryland dedicated to working on behalf of children with mental health needs and their families.
http://mdcoalition.org/

National Alliance on Mental Illness
A nation-wide organization that provides support, advocacy, education, and awareness to those affected by mental illness and their families.
http://www.nami.org/

American Psychiatric Association's Healthy Minds Blog
Provides articles regarding mental health and mental health treatment
http://apahealthyminds.blogspot.com/

Here to Help
Provided by the Canadian government, this site provides additional information, resources, and tools for those affected by mental illness
http://www.heretohelp.bc.ca/understand/schizophrenia-psychosis

Children's Mental Health Matters
Facts for families – First steps in seeking help
www.childrensmentalhealthmatters.org

Psychosis 101
A website devoted entirely to providing information, resources, and connection to those affected by mental illness with psychosis.
http://www.psychosis101.ca/

Facts For Families
Self-Injurious Behavior

Children who exhibit self-injurious behavior (SIB) perform deliberate and repetitive acts of injuring their own body as a way to cope with overwhelming negative feelings, such as sadness, anxiety or stress, or as a way to experience some sense of feeling. SIB can also provide a way for the youth to express some internal rage, to re-enact a past trauma, or to offer a brief sense of control. Some forms of self-injurious behavior are cutting, carving, scratching, burning, branding, biting, bruising, hitting, and picking/pulling skin and hair. A child that self-injures does so typically with secrecy and shame, so he or she will seek to hide the injuries with long clothing and try to explain the injuries with probable causes. Research indicates that girls are more likely to self-injure than boys, and that most begin SIB between the ages of 12 to 15.

How it affects my child

Children who participate in SIB

- Often feel alienated, isolated and powerless to stop
- Are more likely to engage in other risky behaviors, such as substance or alcohol abuse
- Often have an underlying mental health concern, such as anxiety, depression or post-traumatic stress disorder
- May continue to self-injure into adulthood; but with therapy, support and training in healthy coping strategies, and possibly medication, SIB can be overcome
- And in some cases, may be responding to a history of physical, emotional or sexual abuse

What can we do about it?

- Talk openly and non-judgmentally about the behavior with your child to help reduce the shame and secrecy that surrounds self-injury.
- Be aware that SIB is a method for your child to temporarily lesson overwhelming emotional issues. Addressing the emotional issues that "set off" the action will help more than focusing on stopping the action of self-injury alone.
- Be cautious not to punish a child that engages in self-injurious behavior. Punishing may increase the child's troubled emotions.
- Work with your child to identify those "triggers" or events that are most likely to cause a desire to self-injure.
- Be aware that most teenagers engaging in self-injurious behavior are not attempting suicide. It is **critical** to recognize, however, that some injuries are life-threatening.
- Work with a mental health professional experienced in self-injurious behavior. He or she can work with you and your child about uncovering the meaning behind the self-injury and identifying strategies you and the child can use to help prevent further injury.
- Learn about and talk with your child about healthy ways to communicate, self-soothe, and cope such as writing, drawing, exercising, and relaxation techniques.

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Resources/ Links

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Facts for Families — First Steps in Seeking Help
www.ChildrensMentalHealthMatters.org

American Academy of Child & Adolescent Psychiatry
This site contains resources for families to promote an understanding of mental illnesses.
www.aacap.org
Facts for Families No. 73
http://www.aacap.org/publications/factsfam/73.htm

Mental Health America
Fact Sheet on Self-Injury
http://www.mentalhealthamerica.net/go/information/get-info/self-injury

Mpower- Musicians for Mental Health
www.mpoweryouth.org/411cutting.pdf

S.A.F.E Alternatives (Self-Abuse Finally Ends)
http://www.selfinjury.com
info line 800-DONTCUT (366-8288)

Resource for Teens

To Write Love on Her Arms
www.twloha.com

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Facts For Families

Substance Abuse

Many children and adolescents use alcohol and other drugs. Some develop serious problems which require professional treatment. The younger kids start using drugs and alcohol, the more likely they are to develop serious problems with abuse and addiction later on. And, other psychiatric disorders often co-exist with substance abuse problems and need assessment and treatment. Fortunately, there are excellent resources for parents who want to prevent their kids from using drugs, and for those who believe their children are abusing drugs and alcohol and need help.

How it affects my child

Drugs and alcohol contribute to a host of problems for our children, including:

- Poor academic performance
- Memory and learning problems
- Truancy and absenteeism
- Problems with family and peer relationships and lack of empathy for others
- A tendency to engage in other risky activities and to feel invulnerable
- An increased risk for moving on to more dangerous drugs, and developing dependency or addiction

While all children are at risk of using drugs and alcohol, the following risk factors significantly increase the chance that a child will develop a serious alcohol or drug problem:

- Having a family history of substance abuse, dependency or addiction
- Depression or low self-esteem
- Social isolation; inability to fit into the mainstream

What can we do about it?

Research has documented that family involvement and classroom-based prevention programs are the most effective means of addressing substance abuse among youth.

Watch for signs of substance abuse:

- Sudden moodiness or irritability
- Becoming more secretive
- Argumentative, disruptive, rule-breaking behavior
- Low self-esteem or depression
- Poor judgment; irresponsible behavior
- Social withdrawal; pulling away from family
- Withdrawal from former activities or friends; change in friends; general lack of interest

Spend time with your children. Show them how much you love them and are concerned about their safety and well-being.

Educate your children about drugs and alcohol. Try to give them information that is appropriate for their age and level of development. Younger children can be told that drugs and alcohol can hurt their bodies, while older children can benefit from information about specific drugs and their effects.

Think about the structure and discipline you provide.
Make sure that it is appropriate to your child's age and development, and that you consistently reinforce the behavior you expect.

Let your child know—directly and firmly—that you disapprove of drug and alcohol use. Remember that you are your child's most important role model. Do not smoke, drink to excess or use drugs yourself.

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Try to listen carefully to your children, and stress the importance of open, honest communication. Kids whose parents talk to them regularly about the dangers of drugs are much less likely to use drugs than kids whose parents don't have these conversations.

Help your child recognize his or her own feelings, by sharing your feelings (e.g. I feel lonely), and by commenting on how your child appears to be feeling. Remember that children who can express their feelings are more likely to receive support from others, and are less likely to turn to drugs and alcohol to try to get rid of bad feelings.

Take care of yourself. It is difficult to help your child if you are becoming overwhelmed. Keeping yourself healthy will also allow you to present as a healthy role model for your child.

Be aware of your child's friends, as kids are most likely to use drugs and alcohol with friends (at parties, in cars, etc.).

Encourage your child's positive interests. Activities such as sports, exercise, art, community service and part-time employment provide positive alternatives to using drugs, and help your child feel good about him or herself.

Remember that parental monitoring and supervision are critical for drug abuse preventions. Try to be an active, consistent presence in your child's life, and let him/her know that you will do whatever it takes to ensure his/her safety and well-being. Checking in with your child's teachers, coaches and other adults in their life is a good idea.

If you suspect that your child is using drugs, you should voice your suspicions openly—avoiding direct accusations, when he or she is sober or straight and you're calm. This will show that your child's well-being is crucial to you and that you still love him or her, but are most concerned with what he/she is doing to him/herself. Take action. Don't assume that your child is experimenting or that it is a one-time incident.

Seek counseling from a certified mental health professional with experience in youth and substance abuse and treatment. Meeting with school counselors and/or your family doctor can lead to the right intervention and support for your child and family.

Resource/Links

American Council for Drug Education
This site is designed for parents who want suggestions for talking with their kids about drugs and alcohol, and information about signs and symptoms of specific drugs.
http://www.acde.org/parent/Default.htm

The AntiDrug.com, a website of the National Youth AnitDrug Media Campaign, provides parents and caregivers with information on proven prevention strategies and information about what to do if you suspect that your adolescent is using drugs or alcohol:
http://www.theantidrug.com/ei/

Building Blocks for a Healthy Future
A website developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) geared toward caregivers of younger children (age 3 to 6). You will find basic information about helping your children make good choices and develop a healthy lifestyle.
http://www.bblocks.samhsa.gov/family/default.aspx

Check Yourself- includes detailed descriptions of drugs, alcohol myths vs. truths, and personal stories.
http://checkyourself.com

National Council on Alcohol and Drug Dependence is particularly focused on alcohol use and abuse. For a list of specific signs that your child may be in trouble with alcohol: http://www.ncadd.org/facts/parent2.html

National Institute on Drug Abuse
NIDA provides links to facts on specific drugs for parents and teachers as well as age-appropriate curriculum regarding drug education.
http://nida.nih.gov
http://www.nida.nih.gov/parent-teacher.html

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Facts For Families

Suicide & LGBTQ Youth

Suicide is the act of taking one's own life and continues to be a serious problem among young people. Some youth may experience strong feelings of depression, stress, confusion, self-doubt, pressure to succeed, financial uncertainty, and other fears while growing up. These can be very unsettling and can intensify self-doubts. For some, suicide may appear to be a solution to their problems and stress.

Research has shown that lesbian, gay, bisexual, transgendered, and/or questioning (LGBTQ) youth are more than twice as likely to attempt suicide than straight peers. However, sexual orientation is not noted on death certificates in the U.S. so exact completion rates are difficult to report. Studies have also confirmed that LGBTQ youth have higher rates of suicidal ideation than their straight peers and often have more severe risk factors. It is important to note that being LGBTQ is not a risk factor in and of itself; however, minority stressors that LGBTQ youth encounter - such as discrimination and harassment - are directly associated with suicidal behavior as well as indirectly with risk factors for suicide.

How it affects youth

Warning signs specific to LGBTQ Youth may include:

- Previous suicide attempts
- A diagnosable mental illness and/or substance use disorder
- Relationship issues
- A high rate of victimization/bullying
- Difficulties in dealing with sexual orientation
- Lack of family acceptance
- Expressing hopelessness or helplessness
- Having a plan

IMPORTANT

Some youth may exhibit many warning signs yet appear to be coping with their situation and others may show no signs and yet still feel suicidal. The only way to know for sure is to ask the youth and to consult a mental health professional.

How can we help?

Some factors which may help to lower a youth's risk of considering suicide are:

- Programs and services that increase social support and decrease social isolation among LGBTQ youth (support groups, hotlines, social networking)
- Access to effective, culturally competent care
- Support from medical and mental health professionals
- Coping, problem solving and conflict resolution skills
- Restricted access to highly lethal means of suicide
- Strong connections to family
- Family acceptance of one's sexuality and/or gender identity
- A feeling of safety and support at school
- Connectedness at school through peer groups
- Positive connections with friends who share similar interests
- Cultural and religious beliefs that discourage suicide
- Positive role models and self-esteem

If you are worried that a youth may be thinking about suicide ask him/her directly if he/she is considering suicide. Ask whether he/she has made a specific plan and has done anything to carry it out. Explain the reasons for your

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concerns. Listen openly. Be sure to express that you care deeply and that no matter how overwhelming his or her problems seem, help is available. All suicide threats should be taken seriously.

Immediately seek professional help from a doctor, community health center, counselor, psychologist, social worker, youth worker or minister if you suspect a suicide attempt. In Maryland, call **1-800-422-0009.** You can also call **1-800-SUICIDE** or look in your local phone book for suicide hotlines and crisis centers.

If the youth is in immediate danger, do not leave him/her alone and seek help immediately. You can call 911 or take him/her to the emergency room. If the youth has a detailed plan or appears acutely suicidal and will not talk, he or she could be in immediate danger and it is important to get help right away. Do not leave the youth alone and seek help immediately.

Learn warning signs, risks, and other factors associated with suicide especially if the youth has made suicidal attempts or threats in the past.

Offer support.

Hotlines & Crisis Centers

Maryland Youth Crisis Hotline
1-800-422-0009

National Suicide Hotline
1-800-SUICIDE

National Suicide Prevention Lifeline
1-800-273-TALK
1-800-273-8255
http://www.suicidepreventionlifeline.org/Default.aspx

The Trevor Project
TREVOR LIFELINE: 1-866-488-7386

Resource/Links

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Facts for Families — First Steps in Seeking Help
www.ChildrensMentalHealthMatters.org

American Academy of Child & Adolescent Psychiatry
This site contains resources for families to promote an understanding of mental illnesses.
www.aacap.org
Teen Suicide
http://www.aacap.org/publications/factsfam/suicide.htm

American Foundation for Suicide Prevention
http://www.afsp.org

Gay, Lesbian & Straight Education Network
Talking About Suicide & LGBT Populations
http://www.glsen.org/cgi-bin/iowa/all/news/record/2736.html

National Association of School Psychologists
Preventing Suicide: Information for Families and Caregivers
http://www.nasponline.org/publications/cq/cq354suicide.aspx
Times of Tragedy: Preventing Suicide in Troubled Children and Youth, Part I:Tips for Parents and Schools
http://www.nasponline.org/resources/crisis_safety/suicidept1_general .aspx

National Institute of Mental Health
NIMH strives to transform the understanding and treatment of mental illness through basic clinical research, paving the way for prevention, recovery, and cure.
http://www.nimh.nih.gov

Suicide Awareness\Voices of Education (SAVE)
http://www.save.org/

The Trevor Project
A national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgendered, and questioning youth.
www.thetrevorproject.org

Yellow Ribbon Suicide Prevention Program for Parents
http://www.yellowribbon.org/Msg-to-Parents.htm

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Facts For Families

Suicide

Suicide is the act of taking one's own life and continues to be a serious problem among young people. Some youth may experience strong feelings of stress, confusion, self-doubt, pressure to succeed, financial uncertainty, and other fears while growing up. These can be very unsettling and can intensify self-doubts. For some, suicide may appear to be a solution to their problems and stress.

Suicide is the third leading cause of death among youth 15-24 (12.3%) in the U.S. In Maryland, between 1990-2006, there were 1,219 completed suicides among 10-24 year-olds. And, for every completed suicide by a youth, it is estimated that 100 to 200 attempts are made. However, building strong family relationships, having the knowledge of the risks and warning signs of suicide/depression, and having access to prevention and intervention resources will often decrease the likelihood of suicide in youth.

How it affects my child

Warning signs may include:

- Depressed mood, ADHD or other mental health problem
- Family loss or instability, significant problems with parent
- Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- Withdrawal from friends and family
- Difficulties in dealing with sexual orientation
- Poor ability to manage one's negative emotions
- No longer interested in or enjoying activities that once were pleasurable
- Impulsive, aggressive behavior, frequent expressions of rage
- Alcohol and/or drug abuse
- Engaging in high risk behaviors (e.g., fire-setting, involvement in cults/ gangs, cruelty to animals)
- Social isolation and poor self-esteem
- Witnessing or being exposed to family violence or abuse
- Having a relative who completed or attempted suicide
- Being preoccupied with themes and acts of violence on TV shows, movies, music, magazines, comic books, video games and internet sites
- Giving away meaningful belongings
- Frequent episodes of running away or being incarcerated

IMPORTANT: *Some children may exhibit many warning signs yet appear to be coping with their situation and others may show no signs and yet still feel suicidal. The only way to know for sure is to ask your child and to consult a mental health professional*.

If you are worried that your child may be thinking about suicide ask your child directly if he/she is considering suicide. Ask whether he/she has made a specific plan and has done anything to carry it out. Explain the reasons for your concerns. Listen openly to your child, tell your child that you care deeply and that no matter how overwhelming his or her problems seem, help is available. Many children make suicide threats—they should be taken seriously.

Immediately get your child professional help from a doctor, community health center, counselor, psychologist, social worker, youth worker or minister. In Maryland, call **1-800-422-0009**. You can

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also call **1-800-SUICIDE** or look in your local phone book for suicide hotlines and crisis centers.

If your child is in immediate danger, do not leave your child alone and seek help immediately. You can call 911 or take your child to the emergency room. If your child has a detailed plan or appears acutely suicidal and will not talk, he or she could be in immediate danger and it is important to get help right away. Do not leave your child alone and seek help immediately.

Learn warning signs, risks, and other factors associated with suicide especially if your child has made suicidal attempts or threats in the past.

Offer support to your child. Make sure your child knows that you are there for him/her, encourage him/her to seek you out in times of need, and if you are not there at the time when your child feels depressed or suicidal, have another support person to go to for help.

Secure any firearms, dangerous weapons and medications away from the child and preferably remove them from the house.

Hotlines & Crisis Centers

Maryland Crisis Hotline
1-800-422-0009

National Suicide Hotline
1-800-SUICIDE

National Suicide Prevention Lifeline
1-800-273-TALK
1-800-273-8255
http://www.suicidepreventionlifeline.org/Default.aspx

Resource/Links

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American Foundation for Suicide Prevention
http://www.afsp.org

National Association of School Psychologists
Preventing Suicide: Information for Families and Caregivers
http://www.nasponline.org/publications/cq/cq354suicide.aspx
Times of Tragedy: Preventing Suicide in Troubled Children and Youth, Part I:Tips for Parents and Schools
http://www.nasponline.org/resources/crisis_safety/suicidept1_general .aspx

National Institute of Mental Health
NIMH strives to transform the understanding and treatment of mental illness through basic clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics, and resources.
http://www.nimh.nih.gov

Suicide Awareness\Voices of Education (SAVE)
http://www.save.org/

Yellow Ribbon Suicide Prevention Program for Parents
http://www.yellowribbon.org/Msg-to-Parents.htm

Children's Mental Health Matters!

a Maryland public education campaign

Facts For Families

Trauma

A trauma is a dangerous, frightening, and sometimes violent experience that is often sudden. Trauma is the normal reaction that occurs in response to an extreme event. It can happen to one family member or a whole family. Examples of a trauma are:

- Violence
- Fire
- Homelessness
- Natural Disaster

After experiencing a trauma, children, teenagers and families may feel traumatic stress. Feelings of traumatic stress include:

- Feeling scared or anxious
- Feeling numb

How it affects my child

Many people who go through trauma will having trouble adjusting to life after. The brain of children and teenagers may be harmed and they may not develop needed skills. After trauma, some children suffer from Post Traumatic Stress Disorder (PTSD), Child traumatic Stress (CTS) or depression.

PTSD usually happens after a major trauma that was life-threatening. **CTS** happen after trauma is over. It is important to get help for a child or teenager after going through a trauma so he or she can continue to grow. For more information, refer to the Anxiety Disorder Fact Sheet included in this kit.

Signs & Symptoms

There are lots of reactions to trauma including:

- Thinking about what happened
- Aggression or irritability
- Body aches
- Having trouble at school
- Nightmares or difficulty sleeping
- Trouble concentrating
- Refusing to go to school

What can we do about it?

It's important to get help if children or teenagers are having signs or symptoms after a trauma. Caregivers and relatives can help children in two important ways:

1. Talking to children about what happened
2. Getting professional help

Recommendations for families

- Learn what trauma is
- Get help from trauma experts
- Be involved in your child's health

What can caregivers say and do?

- Tell children they are safe
- Let children talk about feelings and fears
- Go back to a daily schedule
- Spend extra time with family and friends

Children's Mental Health Matters.org
A MARYLAND PUBLIC EDUCATION CAMPAIGN

coordinated by

MCF
maryland coalition of families for children's mental health

Resource/Links

Children's Mental Health Matters!
Facts for Families — First Steps in Seeking Help
www.ChildrensMentalHealthMatters.org

American Academy of Child & Adolescent Psychiatry
This site contains resources for families to promote an understanding of mental illnesses.
www.aacap.org
Helping Children after a disaster – Information for parents about trauma, PTSD, and behavioral changes to look for.
http://www.aacap.org/publications/factsfam/disaster.htm
Posttraumatic Stress Disorder (PTSD) – Defines PTSD and gives symptoms.
http://www.aacap.org/publications/factsfam/ptsd70.htm
Talking to Children About Terrorism and War
http://www.aacap.org/publications/factsfam/87.htm

The Children's Hospital of Philadelphia - Center for Pediatric Child Traumatic Center
http://www.chop.edu/cpts

The Family- Informed Trauma Treatment Center (in Maryland)
http://www.fittcenter.umaryland.edu
The National Child Traumatic Stress Network
NCTSN seeks to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events.
http://www.nctsn.org

Maryland Coalition of Families for Children's Mental Health
http://www.mdcoalition.org

National Institute of Mental Health
NIMH strives to transform the understanding and treatment of mental illness through basic clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics, and resources.
http://www.nimh.nih.gov
Helping Children and Adolescents Cope with Violence and Disasters – Defines trauma, describes how children react to trauma and how to help them, includes tips for parents and caregivers.
http://www.nimh.nih.gov/health/publications/helping-children-and -adolescents-cope-with-violence-and-disasters-what-parents-can-do.shtml

The Children's Mental Health Matters! Campaign is a collaboration of the Mental Health Association of Maryland (MHAMD) and the Maryland Coalition of Families (MCF) with support from the Maryland Mental Hygiene Administration and MD CARES. The Campaign goal, with over 80 partners across the state, is to raise public awareness of the importance of children's mental health. For more information, please visit www.ChildrensMentalHealthMatters.org