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National Alliance on Mental Illness

MINNESOTA

Recognizing Early Warning Signs

Learning Goals

- Understand typical development
- Identify early warning signs in children and youth
- Understanding mental illnesses and their impact on students at school
- Learn how to talk to parents about mental health concerns
- Learn strategies to help students
- Learn suicide warning signs and resources

Let's Talk – What's happening in your classroom?



What is Typical?



Developmental Markers

Early Childhood

- Prone to tantrums
- Possessive
- Testing limits
- Disruptive



Developmental Markers

2 - 4 Year Old

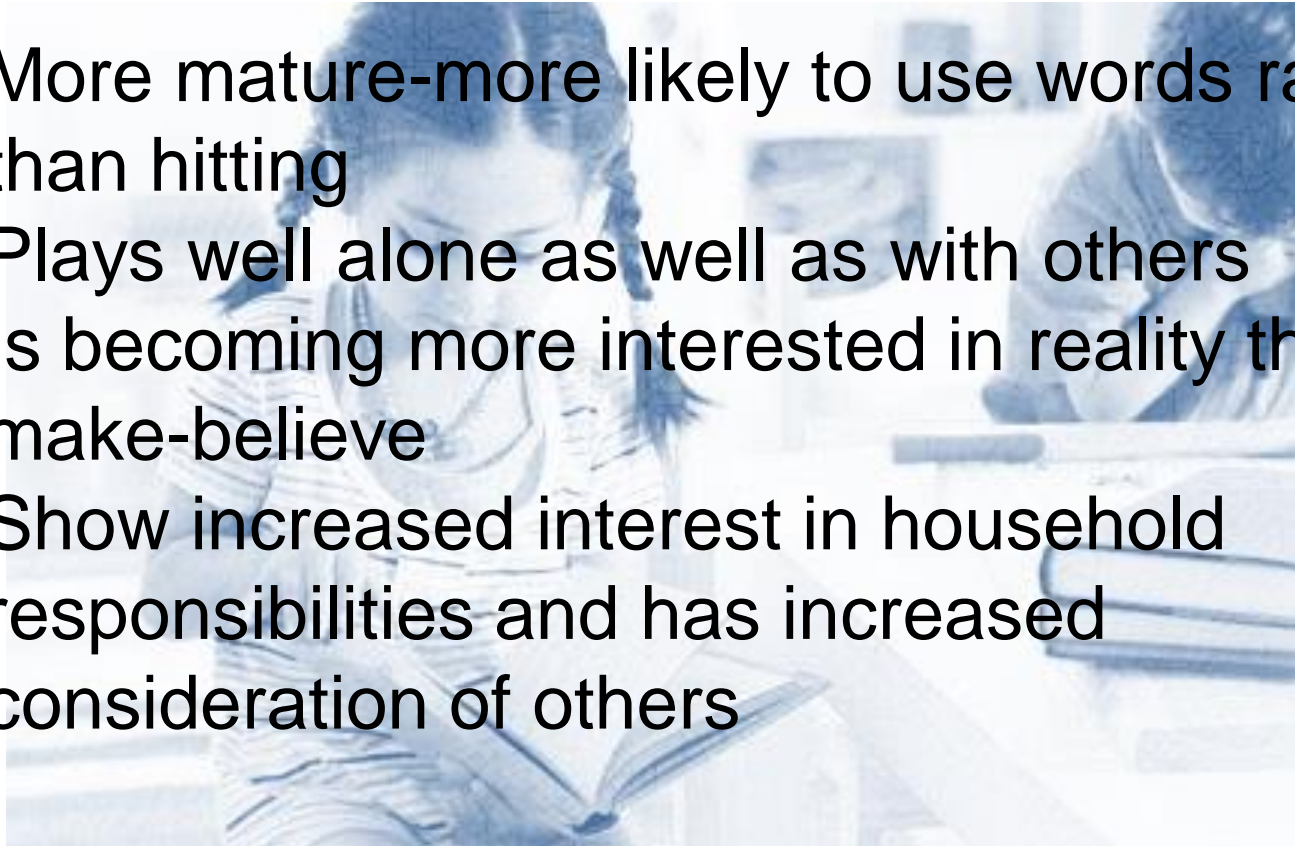
- Motor and language abilities growing by leaps & bounds
- Sociable, lively, highly imaginative, eager to learn
- Warm and affectionate-enjoys playing with friends
- Likes rituals-although daily routines may be a source of conflict



Developmental Markers

5 – 8 Year Old

- More mature-more likely to use words rather than hitting
- Plays well alone as well as with others
- Is becoming more interested in reality than make-believe
- Show increased interest in household responsibilities and has increased consideration of others



Developmental Markers

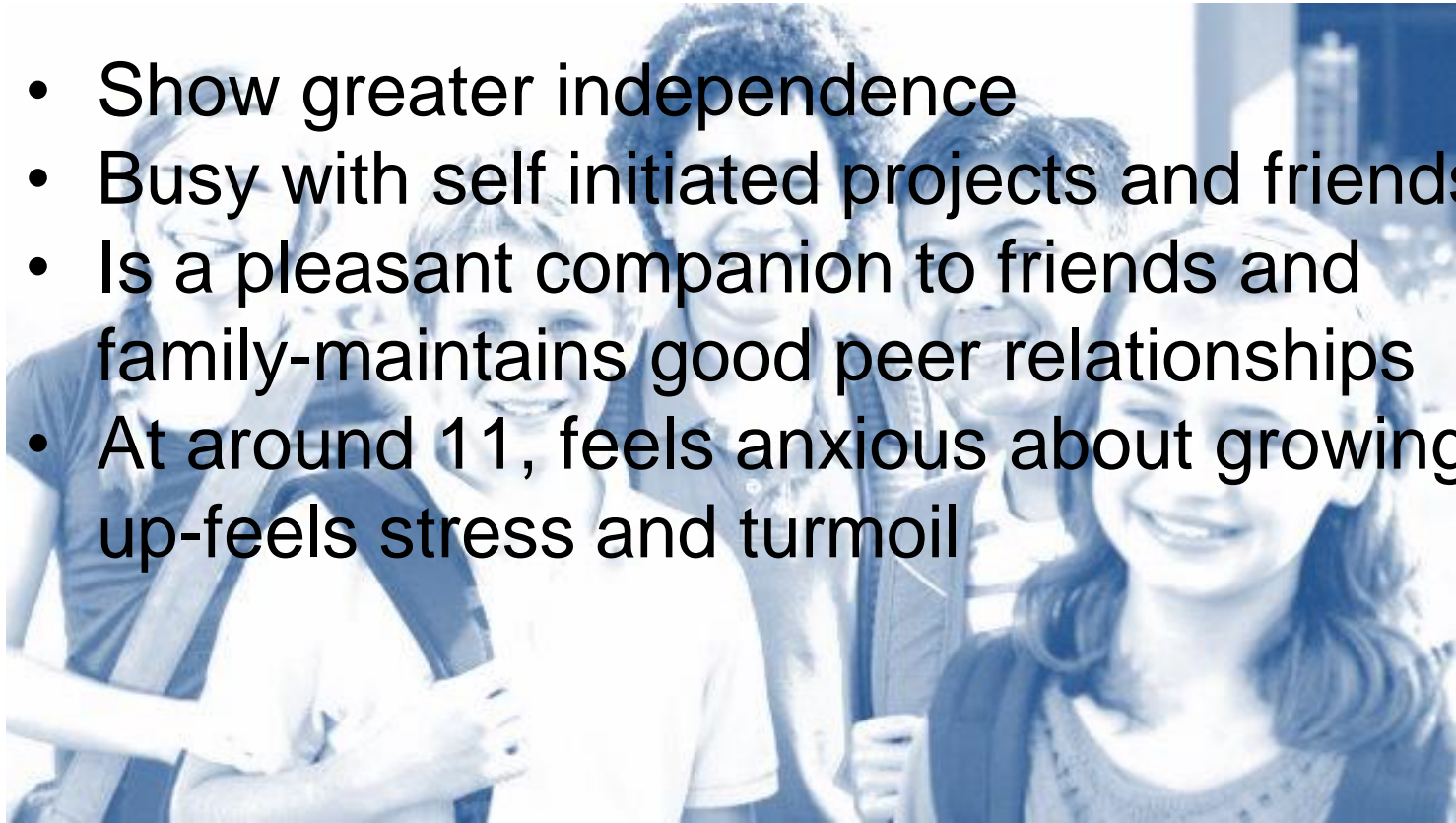
5 – 8 Year Old

- Is self-confident, cooperative and considerate
- Is making steady progress in skills and relationships
- Is self centered, likes to be in charge, have his own way, likes to win
- May have mood shifts-in addition to being moody may complain

Developmental Markers

9 – 12 Year Old

- Show greater independence
- Busy with self initiated projects and friends
- Is a pleasant companion to friends and family-maintains good peer relationships
- At around 11, feels anxious about growing up-feels stress and turmoil



Developmental Markers

9 – 12 Year Old

- Starting to break away from parental influence- may challenge parents view
- Confused, argumentative, hard to live with at times
- Prone to emotional outbursts, may feel picked on

Developmental Markers

13 – 16 Year Old



- Searching for own identity
- Having better more satisfying personal relationships
- Touchy and sensitive to criticism
- Need privacy

Developmental Markers

13 – 16 Year Old

- Wants and needs to make independent decisions
- Feels anxious about soon joining the adult world
- May be non-communicative at home and spend a good deal of time with friends

Let's take a second look at behaviors

Some behaviors are warning signs:

- At some ages
- In some situations



Some behaviors are clear warning signs no matter the age or situation



Behaviors

- Behavior is defined as the way in which a person acts in response to a particular situation, stimulus or environment: it is the manner of conducting oneself
- Behavior is anything that an organism does involving action and response to stimulation
- It is the way in which someone behaves

**NOT ALL
BEHAVIORS ARE
“BEHAVIOR”**

Behavior is the language used to communicate that something is wrong!

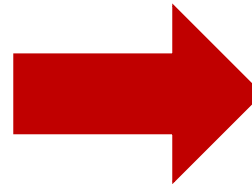


What Is Beneath The Surface?

Behaviors are like the part of the iceberg that is visible.

What's underneath the behaviors?

SYMPTOMS



Symptoms

An example would be MANIA. A person living with bipolar disorder can experience manic episodes. This is not necessarily due to a trigger, but rather a symptom of a brain disorder.

As you evaluate behaviors it is **important** to consider that what you are seeing may be a behavior that is culturally based.

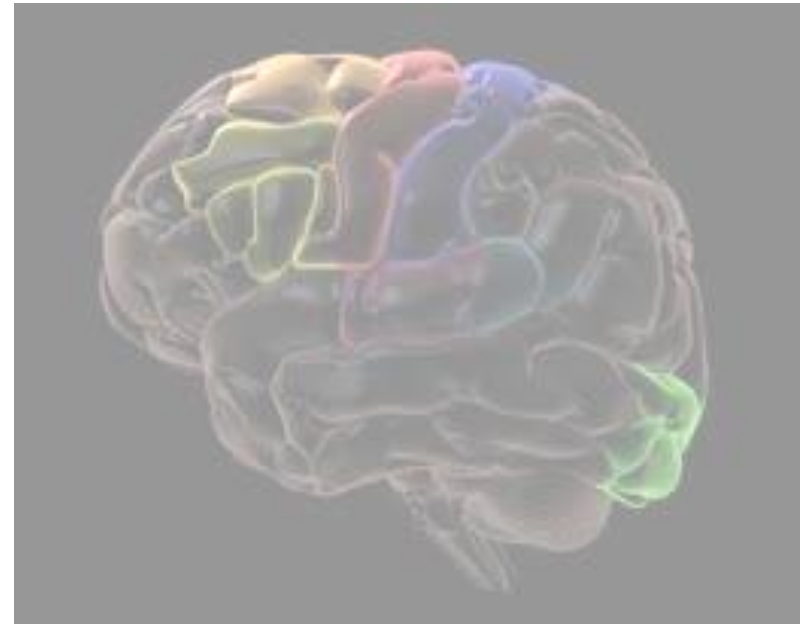


MENTAL ILLNESSES IN CHILDREN



Mental Illnesses Are:

- Brain disorders that affect thinking, moods, feelings and the ability to relate to others
- Medical illnesses whose symptoms are behaviors



Children's Mental Health Facts

1 in 5 children in the U.S. experience a mental health disorder

National Research Council & Institute of Medicine report, 2009

70% of children and youth who live with a mental health disorder do not obtain treatment

**Half of all lifetime cases of mental illness start
by the age of 14**



**Three quarters of all lifetime cases have begun
by age 24**

Recognizing Early Warning Signs

- Tense/keyed up
- Difficulty staying seated
- Difficulty keeping hands to self
- Repetitive behaviors
- Fear and avoidance of others

Warning Signs

- Losing temper
- Distractibility
- Restlessness
- Difficulty sustaining mental effort
- Blurting and issues with taking turns
- Inconsolable

Warning Signs

- Self Harm
- Grandiosity
- Hypervigilance
- Disassociation
- Spiteful/Defiant
- Flashbacks
- Suicidal ideation
- Hallucinations (hearing critical or threatening voices, experiencing sensations that others don't experience)
- Delusions

Common Mental Illnesses That Affect Students

- **Mood Disorders**
 - Depression
 - Bipolar Disorder
- **Disruptive, Impulse Control and Conduct Disorders**
 - ADHD
 - Oppositional Defiant Disorder
 - Conduct Disorder
- **Anxiety**
 - General Anxiety Disorder
 - Phobias
 - Panic Attacks
 - Other
- **Autism Spectrum Disorder/ASD**
- **Schizophrenia**
- **Substance Abuse Disorder**
- **Obsessive Compulsive Disorder**
- **PTSD**

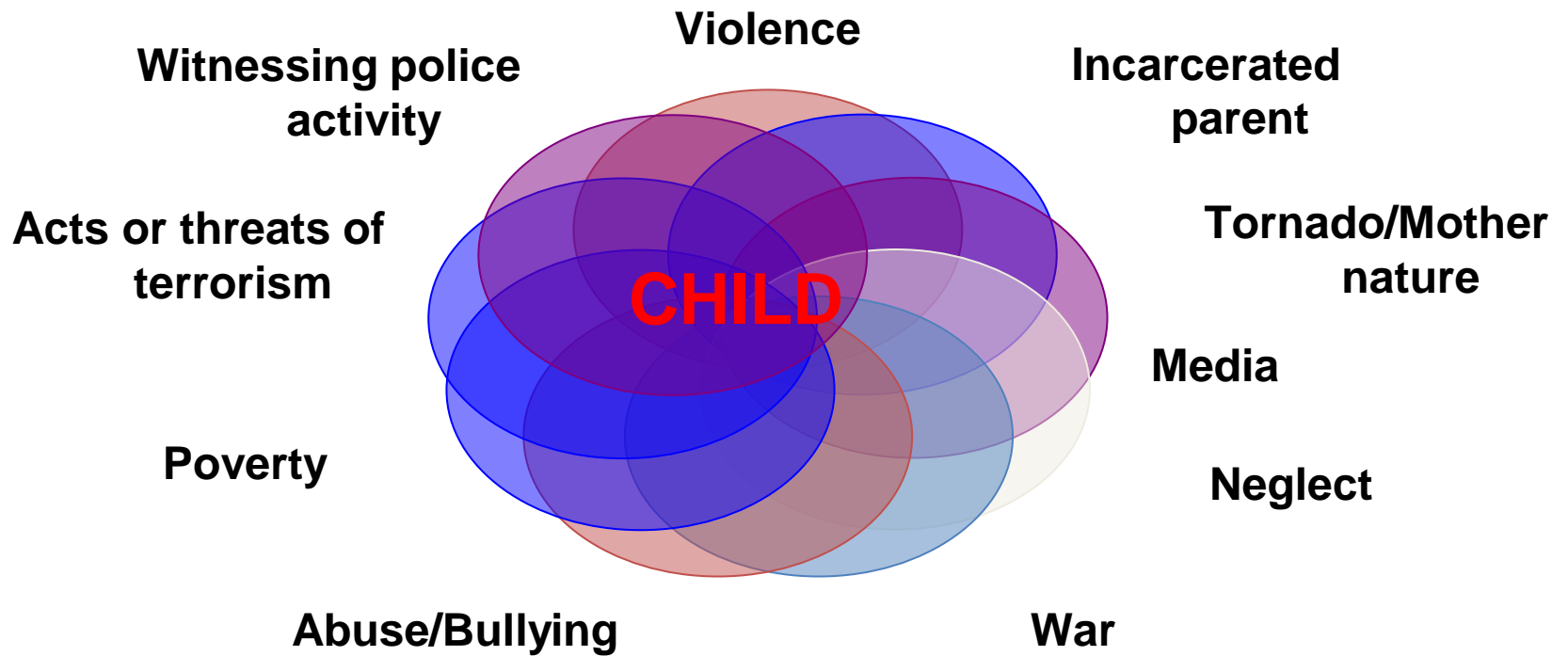
Child Traumatic Stress

Child traumatic stress is the physical and emotional responses of a child to events or experiences that threaten that child's sense of security. Traumatic stress can affect all areas of a child's life; in the home, school, and community.

- **Ambit Network**



Traumatic Events Can Range From One Event to Many Events Over Time



**THE MORE *TYPES* OF TRAUMA
EXPERIENCED, THE MORE LIKELY
TRAUMA WILL AFFECT A CHILD'S
MENTAL HEALTH**

Prevalence

1 out of every 4 children has been exposed to a traumatic event

- The impact of trauma can affect
 - Healthy development
 - School
 - Relationships
 - Work
- Trauma affects the ability to participate fully in a healthy life

Adverse Childhood Experiences



Symptoms Of PTSD/Trauma

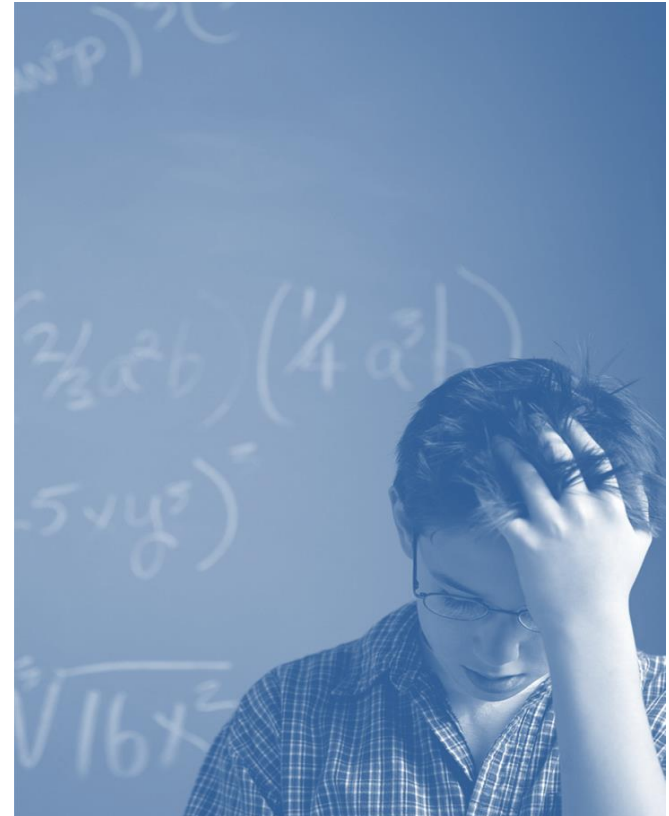
- A change in ability to interpret and respond appropriately to social cues
- Recreating the event
- Absenteeism
- Changes in behavior
- Over or under reacting to loud noises
- Emotional distress
- Making statements or asking questions about death and dying

Anxiety

- Irritable
- Looks terrified
- Displays sadness
- Hypersensitive/
feelings easily hurt
- Frequent tears
- Refuses to join
activities
- “Fight or flight”/or
freeze response
- Quick to anger
- Fearful/panicky
- Excessively worries
- Physical complaints
- Low frustration
tolerance
- Frequent absences

Obsessive Compulsive Disorder

- Involuntary thoughts, ideas, urges, impulses or worries that run through the mind (Obsessions)
- Purposeless repetitive behaviors (Compulsions)



Depression

Mood Changes

- Feelings of hopelessness
- Loss of interest/pleasure
- Irritable mood/anger
- Distractible
- Aggressive
- Excessive guilt/self-blame

Cognitive Changes

- Difficulty concentrating
- Problems making decisions
- Slow movement, speech and thinking
- Forgetfulness
- Suicidal thoughts or gestures

Bipolar Disorder

Mania

- Abnormally elevated mood
- Racing thoughts
- Increased talkativeness
- Aggressive, irritable, “touchy”
- Increased energy
- Uncontrollable rages
temper tantrums
- Decreased sleep

Depression

Same as previously discussed plus:

- Insecurity, anxiety, low self-esteem
- Self Isolation
- Suicidal thoughts or gestures

ADHD/ADD

Hyperactivity Symptoms

- Is on the “go”
- Has difficulty remaining seated
- Runs around or climbs excessively
- Difficulty engaging in activities quietly
- Difficulty waiting or taking turn

ADHD/ADD-Symptoms:

Inattentive Symptoms

- Daydreams
- Can't pay attention to details
- Doesn't finish school work
- Distractible, careless and disorganized
- Doesn't listen to, or follow through on directions

ADHD/ADD

Impulsivity Symptoms:

- Blurts out answers before questions have been completed
- Has difficulty waiting or taking turns
- Interrupts or intrudes upon others

Oppositional Defiant Disorder

ODD is a condition in which a child displays an ongoing pattern of:

- uncooperative,
- defiant,
- hostile, and
- annoying behavior toward people in authority

Autism Spectrum Disorder

- Type of pervasive developmental disorder (PDD)
- PDDs are a group of conditions that involve delays in the development of many basic skills, most notably the ability to socialize with others, to communicate, and to use imagination

Autism Spectrum Disorder

- Difficulties with social interaction
- Displays unusual nonverbal communication
- Shows an intense obsession with one or two specific, narrow subjects, such as baseball statistics, train schedules, weather or snakes

Schizophrenia

- Childhood schizophrenia is one of several types of schizophrenia, a chronic mental illness in which a person loses touch with reality (psychosis)
- Childhood schizophrenia is essentially the same as schizophrenia in adults, but it occurs early in life — sometimes even before the teen years — and has a profound impact on a child's behavior

Schizophrenia

- Positive symptoms – delusions, hallucinations
- Negative – emotional flatness, inability to start or follow through on activities, speech patterns are brief, no pleasure
- Cognitive – can't prioritize, remember or organize thoughts, lack of insight

Early Episode Psychosis



What is psychosis?

Psychosis is loss of contact with reality through

- Confused thinking and communication
- Delusions (false beliefs)
- Hallucinations (sensing things that others do not sense)

Who gets psychosis?

- Up to 6% of people
- Found in all cultures
- Affects males and females equally
- Can occur at any age but typically occurs in late teens/early adulthood



Causes of psychosis

- Diseases such as Parkinson's, HIV and Huntington's
- Certain medications
- Extreme stress
- Brain tumors and cysts or brain injuries
- Drug and alcohol use and withdrawal
- Depression
- Bipolar Disorder
- Schizophrenia

Identifying Psychosis – *You may notice a young person....*

- Having difficulty paying attention
- Not understanding what they hear
- Saying that lights are too bright, sounds are too loud
- Feeling disconnected
- Acting oddly
- Avoiding school

Identifying Psychosis – *You may notice a young person....*

- Having odd beliefs
- Acting as if they are suspicious of you
- Using odd word combinations
- Being unexpectedly aggressive
- Laughing inappropriately
- Feeling paranoid

Talking About Psychosis

- Talk with the young person about what you have seen – be calm and non-judgmental
- Let them know you are concerned
- Early treatment of psychosis is critical to recovery – delay increases risk and makes recovery more difficult
- Refer the young person to a counselor or mental health professional as soon as possible!

Substance Use and Mental Illness

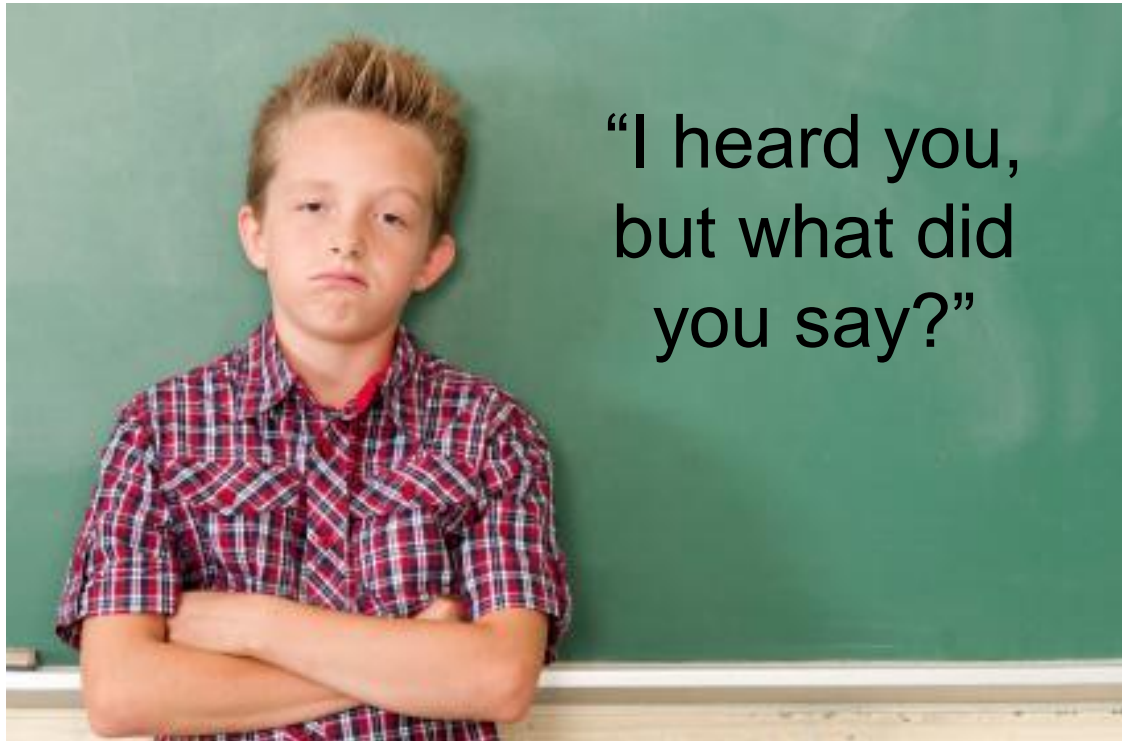


Medication Side Affects

- Drowsiness
- Dry mouth
- Dizziness
- Constipation
- Tics
- Weight gain or loss
- Nervousness
- Shakiness
- Confusion
- Headaches



Is It Non-Compliance Or Processing?



Executive Function

- A set of cognitive abilities that control and regulate other abilities and behaviors.
- Are necessary for goal-directed behavior.
- Allow us to anticipate outcomes and adapt to changing situations.
- Ability to form concepts and think abstractly

Executive Function

- ADHD
- Tourette's Syndrome
- Obsessive-Compulsive Disorder
- Traumatic Brain Injury
- Depression
- Learning Disabilities
- Autism Spectrum Disorders

While you are not trained mental health professionals you may be among the first to see the signs of impending trouble.



Intensity

- **Refers to how much the challenging behavior interferes with the child's daily life**
- Raises hand and Shouts “I know, I know” 20 times in a 45 minute class
- “sobs loudly”

Frequency

- **Is measured by how often the challenging behaviors occur**
- Three times a week during every math class
- “about ½ the time I ask”
- “every week”

Duration

- **Refers to how long the challenging behavior lasts**
- “Since the beginning of the second semester
- “for several days in a row”
- “the last two weeks”

Classroom Modifications And Accommodations

- Eliminate excessive noise
- Prompt the correct behavior and verbally reinforce it frequently
- Provide opportunities for physical movement (running errands, erasing the blackboard, passing out or collecting materials)

Classroom Accommodations

- Assign duties that require self-control (line leader, material distributor)
- Provide “do now” activities for other students while you focus on the student that is struggling
- Use alert cues (a thumbs up, head nod)

Classroom Accommodations

- Repeat and simplify directions
- If possible place instructions on an audio tape that can be replayed by the student as needed
- Use color and highlighting to accentuate certain important words or phrases on worksheets

Classroom Accommodations

- Present assignments in parts (5 math problems at a time)
- Limit unstructured time
- Allow the student to manipulate an object as long as s/he attends and is on task.
- Allow the pupil to doodle, squeeze a ball, bend a pipe cleaner.

Classroom Accommodations

- Seat the student next to appropriate models
- Provide visual cues
- Play soft background music without lyrics

Classroom Modifications

- Shorten assignments
- Allow additional time to complete assignments
- Change the assignment to “project-based” accountability

Classroom Modifications

- Allow another way for student to demonstrate competency-music video, dance
- Provide additional support for organizing and remembering assignments
- Give permission to leave class to go to “safe person - safe place”

Tools To Teach Transitioning

- Schedules and mini schedules
- Practicing “interrupting” preferred activities
- Starting and stopping games
- Visual duration maps
- Give 1-minute warning
- Light switch as a transition tool

Strategies

Finally, does the child have a caring adult at the school?

- Help each student find a caring adult in the community. This could be a janitor, secretary, EA, social worker or lunch lady

DEVELOP UNDERSTANDING TO BUILD STRONG RELATIONSHIPS WITH FAMILIES

Before You Meet Them...

...parents may have experienced:

- Trauma
- Hospitalizations
- Police and court involvement
- Social services involvement
- Withdrawal of friends and family
- Judgment from the community

And...

- Guilt
- Job loss
- Loss of their home
- Loss of circle of support
- The loss of a healthy, typical child
- Strain in relationships and finances
- Realization of the loss of a dream for their child

During This Process

...parents learn that:

- Mental illnesses don't have a quick fix
- The answers they're looking for are not always there
- That they and their child will have to learn strategies to live with their child's illness
- They have to deal with their grief and worry

Strategies

- Call parents simply to give honest praise
- Catch the child doing something positive and let parents know
- Talk to parents about what works for them at home or in the community
- Encourage participation in parent teacher conferences (catch up on child's needs)
- Don't be afraid to ask what works at home.

Strategies

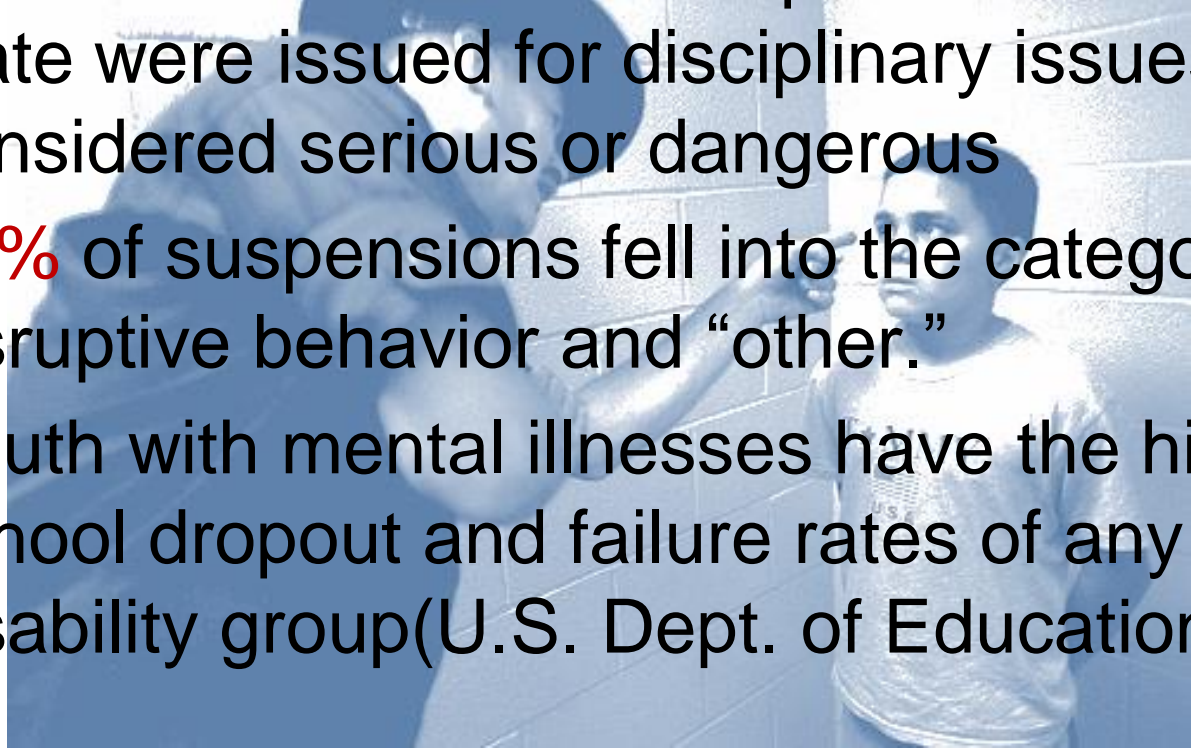
- Talk to the parent about possible impact of medication side effects and what the child needs (this does not mean suggest medication)
- Ask if there is a contact they can reach out to for additional assistance or information
- Never underestimate the power of a school nurse

Why is This SO Important?

important
1 NOUN
of being significant
importance of many
historic importance
2 NU The importance
influence or power
to anyone of impo
important / impo
1 ADJ Something
valuable, or nec
part of the job
employer and

School Suspensions & Juvenile Justice

- **5%** of all out of school suspensions in the state were issued for disciplinary issues considered serious or dangerous
- **95%** of suspensions fell into the category of disruptive behavior and “other.”
- Youth with mental illnesses have the highest school dropout and failure rates of any disability group(U.S. Dept. of Education)



What Can Schools Do?

- Keep kids in school and out of the juvenile justice system
- Train school resource officers to recognize the signs and symptoms of mental illnesses
- Verbally deescalate a crisis and connect children to appropriate mental health resources

What Can Schools Do?

- Collaborate to have school-linked mental health services
- Use positive behavior interventions and supports (PBIS) instead of zero tolerance policies
- Refer to providers to ensure timely diagnostic assessments, necessary treatment, services and supports

SUICIDE

Suicide and Youth

Suicide is the second leading cause of death for young people nationwide and the second leading cause of death in young people in Minnesota.



What is the most frequent method of *attempt*?

Overdose

On what?

Over the counter medications

**What medication is commonly found in
medicine cabinets in very large amounts?**

Acetaminophen or Tylenol

Suicide Warning Signs

- Suicide warning signs may be direct or indirect (clues)
 - Threats to hurt or kill him or herself
 - Current talk of suicide/making a plan
 - Strong wish to die/preoccupied with death
 - Anxious and depressed, not sleeping
 - Abusing substances
- The more warning signs observed, the greater the risk. Take all signs *seriously*

More Suicide Warning Signs

- No reason to live, no purpose in life
- Feeling trapped with no way out
- Withdrawing from friends, family and society
- Anger, irritability, engaging in high risk behavior apparently without thinking
- Statements of hopelessness and despair

Direct Verbal Warning Signs

- “I’ve decided to kill myself.”
- “I wish I were dead.”
- “I’m going to commit suicide.”
- “I’m going to end it all.”
- “If (such and such) doesn't happen, I’ll kill myself.”

Indirect Verbal Warning Signs

- “I’m tired of life, I just can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”

Behavioral Warning Signs

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Impulsivity/increased risk taking
- Giving away prized possessions
- Self-destructive acts (i.e., cutting)
- Unexplained anger, aggression and irritability
- Chronic truancy, running away

Situational Clues

- Being expelled from school /fired from job
- Family problems/alienation
- Loss of any major relationship
- Death of a friend or family member, especially if by suicide
- Feeling embarrassed or humiliated in front of peers
- Victim of assault or bullying

Other Areas of Concern and Signs of Distress

- Change in interaction with family and friends
- Recent disappointment or rejection
- Sudden decline or improvement in academic performance
- Increased apathy

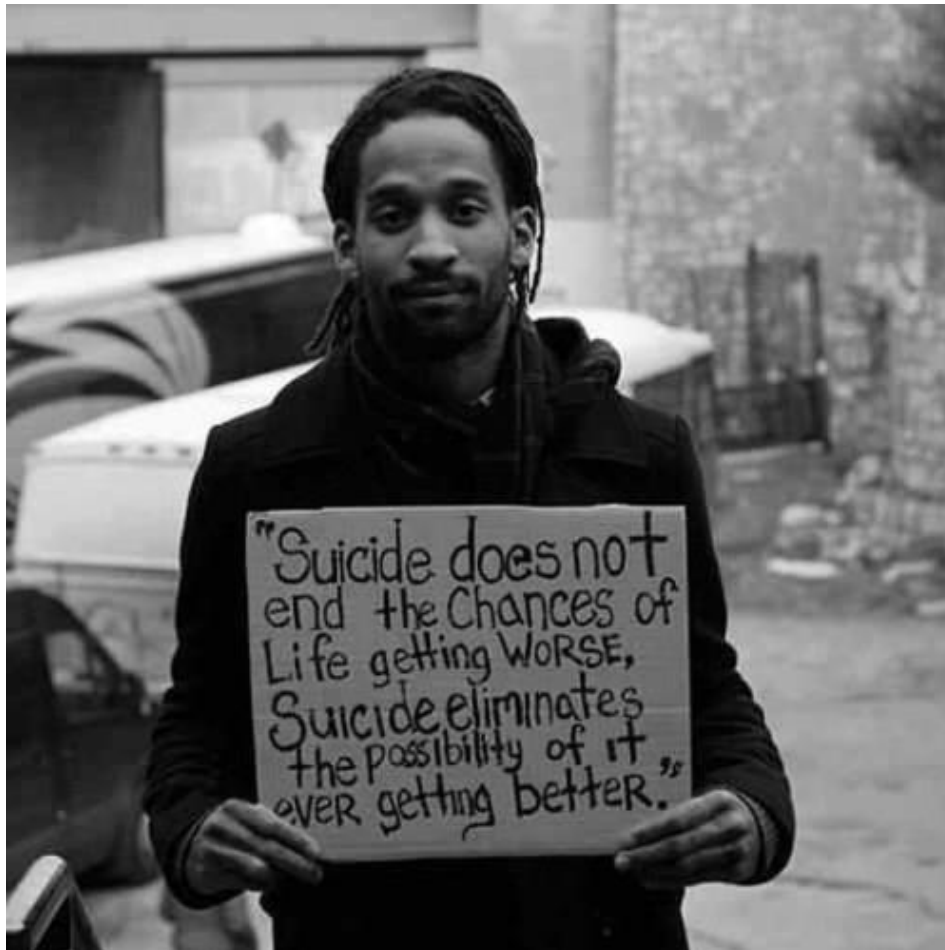
These may not be suicide warning signs but do require some explanation and concern

Refer

- Suicidal young people often believe they cannot be helped, so you may have to do more. The best referral involves taking the person directly to someone who can help.
- If the person refuses help, you may need to get others involved.
- While arranging for help, stay with the person

Who Do You Call?

- 911
- Hospital ER
- County Crisis Teams
- Family MD
- Counselor
- Crisis Line



Your Work is Important



I cannot emphasize
enough the
importance of a good
teacher
-Temple Grandin

NIMH-National Institute of Mental Health

NIMH:

The Numbers Count - Mental Disorders in America
National Institute of Health. Available at
www.nimh.nih.gov/publicant/numbers.cfm

What We Do

- Education classes, booklets and fact sheets
- Suicide prevention
- Support groups, Helpline
- Public awareness presentations
- Legislative advocacy
- NAMIWalks

Support NAMI Minnesota

- Advocate for a better Mental Health System
- Attend an event
- Sign up for a newsletter
- Join an affiliate
- Be a sponsor
- Volunteer
- Become a donor

Contact Information

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www.namihelpsyouth.org