

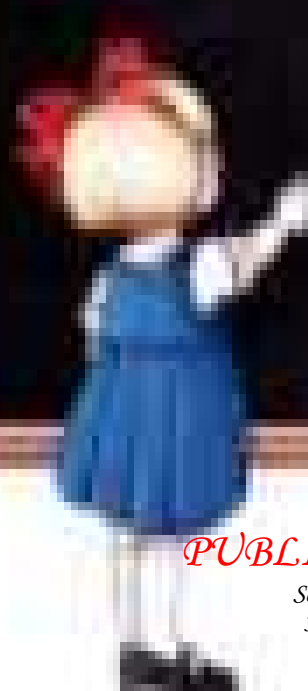
Sandilands Rehabilitation Centre



Teachers' Handbook

about

MENTAL
ILLNESS

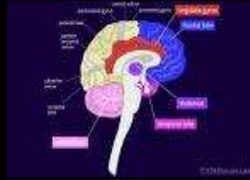


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INTRODUCTION

Health professionals often find it complicated to identify mental disorders in children. Such complication arises out of the fact that children naturally experiences various changes during their normal growth and development. Changes in the child's Physical, emotional, behavioral, social and hormonal development can easily mimic signs and symptoms of mental disorders. It is therefore critical that the professional, during assessment, considers the child's level of functioning at home, with family members, and neighbourhood friends; at school, with students and teachers and with peers in general.

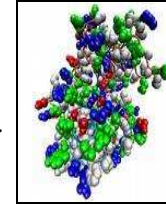
Recognizing how similar the symptoms may be, it is important to know what mental illness is. The definition of mental illness, for the benefit of this project is,

“Mental illness refers to chemical changes in the brain that interfere with the person's experience of their world: disrupting their thinking, feeling, moods and ability to relate to others.

What Causes Mental Disorder in Children?

The exact cause of most mental disorders is not known, but research suggests that a combination of factors, including;

Heredity (genetics): Many mental disorders run in families, suggesting that the disorders, or more accurately, a vulnerability to the disorders, might be passed on from parents to children through genes. (Genes are the basic biological unit of heredity. They contain instructions for the function of each cell in the body.)



Biology: Some mental disorders have been linked to special chemicals in the brain called neurotransmitters. Neurotransmitters help nerve cells in the brain communicate with each other. If these chemicals are out of balance or not working properly, messages might not make it through the brain correctly, leading to symptoms. In addition, defects in or injury to certain areas of the brain also have been linked to some mental disorders.



Psychological trauma: Some mental disorders might be triggered by psychological trauma, such as severe emotional, physical or sexual abuse; an important early loss, such as the loss of a parent; and neglect.



Environmental stress: Stressful or traumatic events can trigger a disorder in a person with a vulnerability to a mental disorder.



Symptoms of Mental Illness in Children?

Symptoms vary depending on the type of mental illness, but some of the general symptoms include:



*Abuse
of
Drugs
and/or
alcohol*

*Inability to cope
with daily
problems and
activities*



*Changes
in
sleeping
habits*



*Changes
in
eating
habits*



*Defying
author-
ity,
skipping
school,
stealing,*



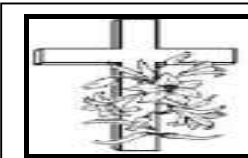
*And or
damage
To
prop-
erty*



*Intense
fear of
gaining
weight*



*lasting
negative
moods ac-
companied
by poor
appetite
....*



*..... and
thoughts
of death*



*Excessive
worrying
or anxiety*



*Hyper-
activity*



*Persistent
night-
mares or
night
terrors*



*Persistent
disobedience
or
Aggressive
behavior*



*Frequent
Temper
Tantrums*



*Hearing
voices or
seeing
things
that are
not there*



*Changes
in school
perform-
ance,
such as
poor
grades
despite*



*Significant
increase in
time spent
alone*



*Loss of
interest in
friends
and
activities
they
usually enjoy*



*Frequent
outbursts
of anger*



*Excessive
com-
plaints of
physical
ailments*

Common Mental Disorders in Children and Adolescents?

Mental Health Disorders in Children and Adolescents

Many children and adolescents have mental health problems that interfere with their normal development and daily life activities. Some mental health problems are mild, while others are more severe. Some mental health problems last for only short periods of time, while others, potentially, last a lifetime. Listed below are the 7 most common mental health disorders in children and adolescents.

Anxiety Disorder

Attention Deficit Hyperactivity Disorder (ADHD)

Bi-polar Disorder

Conduct Disorder

Depression

Schizophrenia

Substance Abuse



Attention Deficit Hyperactivity Dis- order (ADHD)



Many children are inattentive, impulsive and hyperactive at various times during normal childhood development. These symptoms are more frequent and severe in a child with ADHD. A child with ADHD will have trouble in school, find it difficult to interact with other children and have trouble at home.

What are the Signs of Inattentiveness?

A child may be inattentive if he or she has problems with the following:

focusing attention on any one thing;
completing a task or learning something new;
remembering and focusing; and
organizing and studying.

What are the Signs of Impulsiveness?

A child may be overly impulsive if he or she has an inability to do the following:

curb immediate reactions (may blurt out comments, display emotions without restraint);
think before acting (don't think about consequences of their actions); and
wait for things they want or taking their turn in games.

What are the Signs of Hyperactivity?

A child may be hyperactive if he or she has problems with the following:

sitting still (squirm and fidget in their seats or roam around the room);
a need to constantly talk; and
a difficulty with sitting still.



Anxiety Disorders in Children and Adolescents



Anxiety is a normal reaction to stressful situations. People of all ages — including children — feel anxious from time to time.

What are the Signs of Anxiety?

A child may have an Anxiety Disorder if you notice that his or her anxiety:

- doesn't go away;
- causes him or her distress;
- is excessive or out of proportion to the situation;
- is inappropriate for his or her age; and
- stops him or her from engaging in their usual activities in the usual way.

Types of Anxiety

The following are four key types of anxiety that affect children and youth.

Separation Anxiety Disorder (SAD): child experiences extreme fear of being away from home or from his primary caretakers

Generalized Anxiety Disorder (GAD): child experiences excessive and uncontrollable worry about things (e.g., the future, being on time for appointments, a change in routines) when there is really no problem or any realistic circumstance to cause the worry

Social Phobia (SOC): child experiences excessive fear of being negatively evaluated, rejected, humiliated or embarrassed in front of others

Panic Disorder with or without Agoraphobia (PD): child has panic attacks in certain situations or places, may be suffering from Agoraphobia if he or she has a fear of being stuck in a situation where help or escape is unavailable

Bipolar Disorder (Manic-Depressive Illness) in Children and Adolescents



Bipolar Disorder (manic-depressive illness) typically develops in late adolescence or early adulthood but it can occur in teenagers and even rarely in young children (.1%). Everyone goes through normal periods of ups and downs but Bipolar Disorder causes dramatic mood swings - from overly high and/or irritable (Mania) to sad and hopeless ([Depression](#)). A young person can experience either Depression or Mania for anywhere from several days to several months.

What are the Signs of Mania in a child?

A child could have Mania if you notice some or more of the following things about how he or she acts:

- ***severe changes in mood** - either unusually happy or silly, or very irritable, angry, agitated or aggressive;
- ***unrealistic highs in self-esteem** (e.g., a teenager who feels all powerful or like a superhero with special powers);
- ***surges in energy** and the ability to go with little or no sleep for days without feeling tired;
- ***unfocused talking patterns** (e.g., the adolescent talks too much, too fast, changes topics too quickly, and cannot be interrupted);
- ***distractability** (e.g., the teen's attention moves constantly from one thing to the next);



Conduct Disorder



A child with Conduct Disorder has both emotional and behavioural problems and will take dangerous risks. Many accidents in young people are the result of risks that they take because they have a Conduct Disorder. Conduct disorder involves a pattern of aggressive behavior toward people or animals, destruction of property, a pattern of deceitfulness, and/or serious violations of social rules at home or at school.

Let's examine each of these criteria:

Aggressive behavior toward people or animals - These children may bully other children, or repeatedly get into fights. Some children and adolescents have even used weapons in fights, or used weapons to intimidate others. In the extreme, there is a history of crimes involving violence, including mugging, extortion or forced sexual activity.

Destruction of property - Some children have intentionally set fires, with the intention of destroying property, while others have vandalized property. In conduct disorder, the child destroys the property of others, rather than destroying his/her own property.

Deceitfulness - This involves a pattern of breaking rules by lying or stealing from others. Shoplifting is common, often of minor objects, or taking objects from the home of a friend. In more serious cases, the child/adolescent may be a con artist, fooling others or lying to obtain something for nothing. In the extreme, the child or adolescent may have a history of breaking and entering, either of houses, cars, or stores.

Serious violations of social rules - Beginning at a young age, the child stays out late, without parental permission, or skips school, even before age 13. In the extreme, the child or adolescent has run away from home multiple times, staying away at least one overnight.

What are the Signs of Conduct Disorder?

A child may have a Conduct Disorder if he or she does the following:

- has difficulty following the rules and behaving in a socially acceptable way;
- bursts out in anger frequently;
- acts aggressively towards peers and adults;
- begins to lie, steal, destroy property, and be sexually inappropriate;
- takes risks and attempt to commit suicide;
- fails in school; and
- has negative family and social experiences.

Why should Conduct Disorder be Treated?

If a child does have a Conduct Disorder, and it is not properly treated early, he or she may begin to do the following:

- have difficulty learning and living in harmony with friends and family;
- violate the basic rights of others;
- act out his or her feelings in destructive ways;
- commit more serious destructive acts over time



Depression In Children

Can Children Really Suffer From Depression?

Yes. Childhood [depression](#) is different from the normal "blues" and everyday emotions that occur as a child develops. Just because a child seems depressed or sad, does not necessarily mean they have depression. But if these symptoms become persistent, disruptive, and interfere with social activities, interests, schoolwork and family life, it may indicate that he or she has the medical illness called depression. Keep in mind that while depression is a serious illness, it is also a treatable one

How Can I Tell if My Child is Depressed?

The symptoms of depression in children vary. It is often undiagnosed and untreated because they are passed off as normal emotional and psychological changes that occur during growth. Early medical studies focused on "masked" depression, where a child's depressed mood was evidenced by acting out or angry behavior. While this does occur, particularly in younger children, many children display sadness or low mood similar to adults who are depressed. The primary symptoms of depression revolve around sadness, a feeling of hopelessness, and mood changes.

Signs and Symptoms of DEPRESSION in Children

- Irritability or anger.
- Continuous feelings of sadness, hopelessness.
- Social withdrawal.
- Increased sensitivity to rejection.
- Changes in appetite -- either increased or decreased.

- Changes in sleep -- sleeplessness or excessive sleep.
- Vocal outbursts or crying.
- Difficulty concentrating.
- Fatigue and low energy.
- Physical complaints (such as stomachaches, headaches) that do not respond to treatment
- Reduced ability to function during events and activities at home or with friends, in school, extracurricular activities, and in other hobbies or interests.
- Feelings of worthlessness or guilt.
- Impaired thinking or concentration.
- Thoughts of death or suicide

Not all children have all of these symptoms. In fact, most will display different symptoms at different times and in different settings. Although some children may continue to function reasonably well in structured environments, most kids with significant depression will suffer a noticeable change in social activities loss of interest in school and poor, , academic performance, or a change in appearance. Children may also begin using drugs or alcohol, especially if they are over the age of 12.

Although relatively rare in youths under 12, young children do attempt suicide -- and may do so impulsively when they are upset or angry. Girls are more likely to attempt suicide, but boys are more likely to actually kill themselves when they make an attempt. Children with a family history of violence, alcohol abuse, or physical or sexual abuse are at greater risk for suicide, as are those with depressive symptoms.

Older children with Depression may do the following:

sulk, get into trouble at school,
 be negative and grouchy,
 say that people don't understand them,
 stop wanting to be around other people,
 say they feel hopeless, express suicidal thoughts.

Schizophrenia

Childhood-Onset Schizophrenia in Children and Adolescents

A child can first develop Schizophrenia at an early phase of his or her development and it can lead to a child being severely disabled.

Young people with Schizophrenia will find it hard to control what they think and the way they act. A young person will begin to act differently if he or she develops Schizophrenia. For example, a child who used to enjoy being around other people may become shy and seem in his or her own world.

What are the signs of Child-onset Schizophrenia?

A child may suffer from Schizophrenia if he or she does some of the following:

confuses television with reality;

has problems making and keeping friends;

is extremely moody;

laughs at a sad event;

has trouble telling the difference between dreams and reality;

thinks that people are out to get him or her or can read his or her mind.



What are the symptoms of



Substance abuse in teens?

Lying, making excuses, breaking curfew,

staying in their room,

becoming verbally or physically abusive toward others,

having items in their possession that are connected to drug use (paraphernalia),

the smell of drugs (for example, solvent smell of inhalants, marijuana smell) on them,

mood swings, stealing, and changes in friends.

Examples of paraphernalia include;

matches, rolling papers, and pipes for drugs that are smoked, multiple pill bottles for substances that are in pill form, mirrors for drugs that are snorted,

Items such as needles, syringes, and items that can be used as tourniquets for drugs that are injected

In addition to those more behavioral symptoms, loved ones can look for the physical symptoms of drug intoxication and withdrawal.

Given the complexity of those symptoms and how much they depend upon the specific drug being abused, loved ones are advised to have their family member evaluated medically and/or psychiatrically if substance abuse is suspected for any reason.

What are the dangerous effects of Substance use in teens?

Just a few of the many dangerous effects of drug use in adolescents include:

- Drugs of any kind decreases teens' ability to pay attention.
- The younger a person is when they begin using drugs the more likely they are to develop a substance-abuse problem and the more

Suicide Signals in children

Parents should be particularly vigilant for signs that may indicate that their child is at risk for suicide.. The strongest risk factors for attempted suicide in youth are depression, alcohol or drug abuse, aggressive and disruptive behaviours. A previous attempt of suicide should be taken serious.

RISK FACTORS

Youths who consider suicide usually display the following symptoms;

*Feel alone, hopeless and rejected
humiliation

*Has experienced a loss, hu-
miliation

SIGNALS OF SUICIDE

Listed below are the experiences, symptoms and behaviours that suggest looming thought of suicide. The presence of several of these symptoms should alert the need to consult a mental health professional

*Depressed Mood

*Substance Abuse

*Frequent episodes of running away or being incarcerated

*Family loss or instability; significant problems with parents

- Expressions of suicidal thoughts, or talks of death or the afterlife during moments of sadness or boredom
- Withdrawal from friends and family
- Difficulties in dealing with sexual orientation
- No longer interested in or enjoying activities that once were pleasurable
- Unplanned pregnancy
- Impulsive, aggressive or behaviour of request expressions of rage.

Treatment Approaches in the care of the Child/Adolescent Diagnosed with a Mental Disorder

Mental disorders are like many medical disorders—such as diabetes or heart disease—that require ongoing treatment. Although much progress has been made in the treatment of adults with mental disorders, the treatment of children is not as well understood. Experts are still exploring which treatments work best for which conditions in children. For now, many of the treatment options used for children, including many medications, have been adjusted from approaches used with adults. The most common treatment options used include the following:

Medication — Many mental disorders can be effectively treated with medications. The medications often used to treat mental disorders in children include anti-psychotics (neuroleptics), anti-depressants and anti-anxiety drugs, stimulants and mood stabilizing drugs. **Note:** Many medications used to treat mental disorders in adults do not come with specific instructions for their use in children. However, doctors use the drugs with children as they see appropriate, modifying dosages as needed. This practice is called "off-label" use of a medication.

Psychotherapy — Psychotherapy (a type of counseling) addresses the emotional response to mental illness. It is a process in which trained mental health professionals help people deal with their illness, often by talking through strategies for understanding and dealing with their symptoms, thoughts and behaviors. Types of psychotherapy often used with children are supportive, cognitive-behavioral, interpersonal, group and family therapy.

Creative therapies — Certain therapies, such as art therapy or play therapy, might be helpful, especially with young children who might have trouble communicating their thoughts and feelings.



MYTHS ABOUT MENTAL ILLNESS In Children

MYTH: Teenagers don't suffer from "real" mental illnesses; they are just moody.

FACT: One in ten children and adolescents suffer from mental illness. Most severe mental illnesses start in the teenage years.

MYTH: Talk about suicide is an idle threat that need not be taken seriously.

FACT: 90% or more of all suicide victims have a mental illness and/or a substance abuse problem.

For people ages 15-24, suicide is the second leading cause of death.

MYTH: Mental health problems are really the result of poor parenting and lack of discipline in the home.

FACT: Mental illnesses are often inherited from one generation to another, and generally have little or nothing to do with parenting. They can also be caused by problems during pregnancy or by head trauma.

MYTH: Mental illnesses are not real and cannot be treated.

FACT: Mental disorders are diagnosed in the same way as asthma, diabetes and cancer. Treatments of mental illness are effective 60%-80% of the time. This rate meets or exceeds success rates for cutting edge treatment for heart disease.

MYTH: We're good people. Mental illness doesn't happen to me and my family.

FACT: One in five Americans will suffer at some point from a mental health problem. These Americans are from ALL backgrounds. There is no way to predict who will develop a mental illness.

MYTH: Depression is a normal part of life (aka "the blues") that can be overcome without seeking treatment.

FACT: Major depression is a real, treatable illness that affects 19 million adult Americans every year. It is the leading cause of disability in the United States more so than back problems, heart disease and liver failure.

MYTH: Private health insurance routinely does not cover mental health services.

FACT: Well over 90% of companies with health insurance cover some mental health care, but often in discriminatory ways.

MAJOR UNDERSTANDINGS ABOUT MENTAL ILLNESS

- ◆ Don't ignore the early symptoms.
- ◆ Mental illnesses are;

R.E.A.L.

RECOGNIZE that there is a problem.

EDUcate yourself about stigma and mental illness.

ASK for help from a trusted adult.

LEND a hand - offer support to a friend.

- ◆ **Always remember that :**

1. Mental illness is a brain-based illness.
2. Early intervention and treatment are important.
3. People developing a mental illness require support.
4. People with a mental illness can lead productive lives.
5. The myths and stigma of mental illness are barriers to treatment.
6. Not to your students.
7. You are to be supportive of a student who is having difficulties.
8. Consult a mental health professional, eg. A counselor, psychiatric nurse or psychiatrist, when you feel that something is wrong.
9. You should not wait, once you recognize symptoms - the earlier treatment starts, the better the results.

Sandilands Rehabilitation Centre

LOGO



VISION

“To be a Caribbean model for Geriatrics, Psychiatric and Rehabilitative Health Care”

MISSION STATEMENT

“To provide comprehensive geriatric, psychiatric and rehabilitative health care through in-patient and day care facilities with the ultimate aim of assisting patients to attain and maintain their optimum level of functioning and become productive citizens”.

GERIATRIC HOSPITAL

MISSION STATEMENT

“To provide comprehensive health care that will contribute to the total well being of the elderly preserving complete geriatricity for as long as possible and allowing a dignified demise”.