

**EVERYTHING**

YOU WANTED

**TO KNOW ABOUT**

YOUR CHILD'S

**MENTAL HEALTH**

BUT ARE AFRAID

**TO ASK**

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WRITTEN BY THE STAFF OF THE  
Jewish Family & Community Services of Pittsburgh

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## Introduction

Parents can often find themselves at a loss when a child is showing signs and symptoms of mental illness. They struggle to cope with behaviors that are annoying, troubling or even frightening and may not know where to turn in the complex system of services and resources that may be able to help. The unfortunate societal stigma that still surrounds mental illness can also be a deterrent to obtaining effective treatment for a child, as parents may feel too much shame to ask their loved ones or even medical professionals for guidance on mental health treatment.

As a parent, you are the best expert on what behaviors and moods are normal and abnormal for your child, and you should trust your intuition. Don't be afraid to discuss your concerns with a pediatrician or other medical professional and ask if a referral to a mental health provider might be appropriate. This guide can also be a supplemental resource to help you understand the various aspects of mental illness and the treatments used to address it, as well as other supports and resources available to children and adolescents with mental health issues and their families. We hope that it points you in the right direction to get necessary and appropriate mental health care for your child.

# 01

## What is Mental Illness?

The National Alliance on Mental Illness defines a mental disorder as “a condition that regularly disrupts a person’s thinking, feeling, mood, ability to relate to others and function, but with early intervention and proper support and treatment, outcomes can be improved.”

A mental health condition is typically the result of a combination of factors, including biology, genetics, environmental stressors, traumatic events, and physical conditions. According to Mental Health America, an estimated 54 million Americans have a diagnosed mental health condition.

Children and teenagers are not immune from mental health disorders. In fact, many symptoms begin to emerge in childhood or adolescence. Half of mental health conditions are diagnosed by age 14, and 75% are diagnosed by age 24. Early recognition and intervention are crucial to mitigating more severe problems, helping your child manage their condition and reach their potential, and supporting the family.

**54** { million Americans have a mental health diagnosis.

**14** { years old is the age at which half of mental health conditions are diagnosed

**75%** { of children are diagnosed by age twenty-four

# 02

## Common Diagnoses in Children and Adolescents

There are dozens of possible mental disorder diagnoses, but the overview below focuses on those that tend to be identified more frequently among children and teenagers. Nonetheless, this is not intended to be a comprehensive listing, so if you are concerned about any aspect of your child's behaviors or mood, consult with your pediatrician or a mental health provider who specializes in treating children and adolescents. Also keep in mind that many of these conditions can be simultaneously occurring, which means that children and teens may have more than one diagnosis at the same time.

## Anxiety Disorders

Anxiety can be a temporary and understandable response to situations or events. However, this response becomes problematic when it is overwhelming or irrational. The conditions described below are common anxiety disorders. This classification also includes specific phobias.

### Generalized Anxiety Disorder (GAD)

Generalized Anxiety Disorder is characterized by a pervasive fear or worry about multiple areas of a child’s life (e.g., family, school, friends, etc.)

**SYMPTOMS MAY INCLUDE:**

- Persistent and excessive worry about numerous aspects of the child’s life (as opposed to one or two triggers)
- Restlessness
- Difficulty concentrating
- Irritability
- Sleep disturbances

### Obsessive-Compulsive Disorder (OCD)

Obsessive-Compulsive Disorder develops when a child is troubled by persistent intrusive thoughts and develops rituals to help manage the anxiety associated with those intrusive thoughts. While adults often realize that their obsessions are irrational or excessive, children may not understand this.

**SYMPTOMS MAY INCLUDE:**

- Distressing, intrusive thoughts (obsessions over issues such as cleanliness, possibility of bad things happening, need for symmetry)
- Repetitive rituals (compulsions, such as excessive handwashing, counting, checking), meant to alleviate the anxiety caused by the obsessive thoughts

Did you know that children and teens can be diagnosed with more than one mental disorder at the same time?

### Post-Traumatic Stress Disorder

Post-traumatic Stress Disorder (PTSD) can occur after a child endures a threatening event, or as a result of long-term exposure to an intense, frightening experience, such as domestic violence/abuse, a natural disaster, unexpected death or a serious injury or illness. Not all children who are exposed to such traumatic events will necessarily develop PTSD, and the likelihood and severity of the condition will depend on a number of factors, such as family support and natural personality. Symptoms can develop either in the short-term or long-term.

**SYMPTOMS MAY INCLUDE:**

- Re-experiencing: intrusive thoughts; nightmares; flashbacks; distress/fear when thinking or talking about the event(s).
- Avoidance: aversion to thinking about or discussing the event, and any reminders of the event (people, places, etc.); forgetting main parts of the event; feeling detached; expressing a limited range of emotion.
- Persistent Anxiety: difficulty falling or staying asleep; irritability; difficulty concentrating or focusing; oversensitivity to certain smells, sounds, etc.; startle response.
- Most anxiety disorders may be treated with talk therapy, such as cognitive-behavioral therapy, medication or a combination of medication and therapy. Parents can be important to a successful treatment plan, especially one that rewards positive, healthy behaviors.

## Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder

Attention Deficit Disorder/Attention Deficit Hyperactivity (ADD/ADHD) is a disorder of executive thinking (planning, organization, impulse control) diagnosed in approximately 3-5% of pre-school and school-age children. ADD/ADHD always begins in childhood, but symptoms can last through adolescence and adulthood. Attention issues are not always a sign of ADD/ADHD. These may also be attributable to stress, learning disabilities, anxiety, or depression. In order to be diagnosed, behaviors must appear before age 12, be present for at least six months, and create impairments in two out of four areas (classroom, playground, community, and home).

THERE ARE THREE TYPES OF THIS DISORDER:

01.	02.	03.
<b>ADHD Combined Type</b> <i>(difficulty with both attention and hyperactivity)</i>	<b>ADD</b> <i>(difficulty only with organization and attention)</i>	<b>ADHD Hyperactive Type</b> <i>(only shows overactivity)</i>

SYMPTOMS MAY INCLUDE:

- Being easily bored
- Lack of concentration (or conversely hyperfocus)
- Low impulse control
- Frequent or constant hyperactivity

ADD/ADHD can be treated with a combination of therapy, medication, concrete interventions, education, and family and other supports.

## Autism Spectrum Disorders

Autism disorders are characterized by a range of symptoms marked by deficiencies in social interaction and communication and patterns of restricted behaviors. According to the Centers for Disease Control, one in 68 American children are diagnosed with ASD. It is 4-5 times more likely to be diagnosed in boys than girls. Although it is thought to be present at birth, the most obvious signs of ASD appear between 12-18 months. There is no specific test for ASD; a diagnosis will be made by a psychologist taking into account the child’s entire history, length of symptoms, and medical history, as well as extensive observation.

SYMPTOMS MAY INCLUDE:

- Not responding to their name by 12 months of age
- Not pointing at objects to show interest by 14 months
- Not playing pretend games
- Avoiding eye contact
- Preferring to be alone
- Having difficulty understanding other’s feelings, or talking about their own
- Having delayed speech and language abilities
- Echolalia (repetition of words or phrases)
- Giving answers unrelated to questions
- Becoming upset at minor changes, or at particular smells, sounds, textures
- Having obsessive interests
- Rocking, spinning, or flapping

Although ASD does not have a cure, interventions such as behavior modification, supportive counseling, physical therapy, educational accommodations, and family education may all help the child to reach his or her potential. In general, earlier interventions tend to be associated with the best outcomes.



Many children with conduct disorder also have other mental health issues such as ADHD, learning disorder, and anxiety.

Psychotherapy can help a child express anger in more productive ways, while cognitive-behavioral therapy can help a child learn problem-solving techniques and impulse control.

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## Conduct Disorders

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Conduct disorders are evidenced patterns of disruptive, sometimes violent behavior and/or the inability or unwillingness to follow rules or act in socially acceptable ways. The causes of conduct disorder are unclear, but it seems to result from a combination of genetic, biological, social, and environmental factors. It is more prevalent in boys than in girls. Many children with conduct disorder also have other mental health issues such as ADHD, learning disorder, and anxiety.

### SYMPTOMS MAY INCLUDE:

- Aggressive behavior (bullying, fighting, cruelty to animals, forceful sexual behavior)
- Destructive behavior (arson, vandalism)
- Deceitful behavior (shoplifting, lying, stealing)
- Violation of rules (running away, skipping school, staying out all night)
- Irritability
- Low self-esteem
- Frequent temper tantrums
- Substance abuse may also be present.
- Little or no sense of guilt, remorse or empathy.

Therapy is the preferred treatment for conduct disorder. Psychotherapy can help a child express anger in more productive ways, while cognitive-behavioral therapy can help a child learn problem-solving techniques and impulse control. There is no medication to treat conduct disorder, although medications can help alleviate co-occurring issues such as anxiety or depression when those are present.

## Eating Disorders

Eating disorders involve either severe food restriction and/or excessive food intake, sometimes accompanied by purging, to the degree that the child’s health is at risk. Eating disorders affect both males and females, but girls are twice as likely to develop an eating disorder as boys. Eating disorders can co-occur with anxiety, depression, and substance abuse.

### Anorexia Nervosa:

Children and teens with anorexia have a severe fear of gaining weight and will engage in behaviors to address that fear, which result in the child being below a healthy weight for his or her age and height.

**SYMPTOMS INCLUDE:**

- Preoccupation with food
- Severe food restriction or purging to limit caloric intake
- Frequent weighing
- Distorted self-image and denial of seriousness of their condition
- Withdrawal from friends and family
- Amenorrhea (ceasing of menstrual periods)
- Changes in hair growth patterns: Downy hair may grow on body, while hair on head thins.
- Bone loss
- Stress to the heart

Eating disorders can co-occur with anxiety, depression, and substance abuse.

### Bulimia Nervosa

Children and teens with bulimia also have disordered thoughts and behaviors related to eating and their weight, but they maintain a normal body weight (which is how this disorder is distinguished from anorexia nervosa). Nonetheless, children with bulimia have similar fears about gaining weight and are chronically unhappy with their weight.

**SYMPTOMS INCLUDE:**

- Frequent recurrent episodes of excessive food intake
- Purging behaviors (i.e., induced vomiting, over-exercise, calorie restriction, use of laxatives).

People with bulimia also may demonstrate some of the same symptoms as people with anorexia, such as poor or distorted self-image and frequent weighing.

### Binge Eating Disorder

While individuals with anorexia or bulimia take steps to manage their weight, individuals with binge eating disorder eat excessively but then do not engage in any activities to keep their weight low or at a normal level.

**SYMPTOMS INCLUDE:**

- Excessive over-eating at least two to three times a week, without any accompanying binge behaviors
- Feelings of shame and guilt
- Noticeable weight gain
- Changes in dress to hide weight gain
- Treatment for eating disorders often entails a comprehensive approach that may involve individual therapy, behavioral interventions, family therapy, peer support groups and medication.

## Mood disorders

A mood disorder is defined as the dysregulation of a person’s emotional state. This includes unusually elevated or unusually low mood, or episodes of alternating high and low states. These mood changes cause disturbances in the child’s perceptions and ability to function effectively. There are numerous mood disorder diagnoses of varying intensities, the most common of which are discussed here: depression, bipolar disorder, and dysthymia.

### Major Depressive Disorder

Major depressive disorder (MDD) is a serious mental illness typically marked by ongoing sadness that interferes with the person’s day-to-day functioning. While irritability and moodiness can be typical of teenagers, they pass quickly in most cases. Enduring moodiness may indicate that a more serious issue is involved and that you should consult with a physician or mental health provider.

**SYMPTOMS MAY INCLUDE:**

- Negative mood that lasts two weeks or more and
- Interferes with daily functioning, including:
- Changes in sleeping and eating patterns
- Lack of interest in normal activities
- Negative thoughts
- Lack of energy

### Dysthymic Disorder

With Dysthymic Disorder, low mood is present more often than not for a period of at least one year, and many of the symptoms of Major Depressive Disorder, such as changes in sleep patterns or appetite, may also be present although with less severity than in MDD.

Treatment for mood disorders often involves both therapy and medication. Mood stabilizers are often effective for managing symptoms associated with bipolar disorder, while anti-depressants can bring relief to patients struggling with a major depressive disorder or dysthymic disorder.

### Bipolar Disorder

Bipolar disorder is a mood disorder which causes extreme shifts between mania and depression. Bipolar disorder is typically diagnosed in the late teens/early twenties, but it can occur in childhood and early adolescence as well, and is called early-onset bipolar disorder. There are several factors that contribute to the development of bipolar disorder, including genetics, brain chemistry, extreme stress, and anxiety.

While teens and adolescents typically can be moody, the mood changes seen with bipolar disorder are much more profound and impact a child’s ability to study, attend school, and get along with others. These mood shifts are often followed by a period of time when the child returns to normal functioning.

**SYMPTOMS MAY INCLUDE:**

(Manic episode)

- Acting unusually happy or silly
- Extremely high energy level with little need for sleep
- Talking very fast with racing thoughts
- Inflated sense of self
- Inappropriate sexual behaviors
- Recklessness

(Depressive episode)

- Low energy
- Loss of interest in activities they normally enjoy
- Complaints of physical symptoms (headache, stomachache)
- Changes in appetite
- Sleeping too much or too little
- Expressing feelings of guilt or worthlessness
- Expressing suicidal thoughts or thoughts about death

Bipolar disorder is diagnosed by a doctor’s observation of your child’s behavior, as well as an extensive family history, as there is a strong genetic proponent to the disorder.

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## Oppositional-Defiant Disorder

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Oppositional-Defiant Disorder (ODD) is a behavioral issue characterized by excessive and ongoing defiance of and hostility toward authority figures. While some anger and defiance can be expected of all children, ODD is marked by behaviors that are extreme in comparison to siblings or peers. This behavior goes beyond what is normal for children of the same age, and interferes with the child's social and educational spheres, as well as disrupting the entire family.

### SYMPTOMS INCLUDE:

- Refusal to follow rules or comply with requests from authority figures
- Deliberate attempts to annoy or upset others
- Constant anger and resentment
- Blaming others for their own misbehavior or mistakes
- Frequent temper tantrums
- Spitefulness; revenge-seeking
- Argumentativeness
- Easily irritated or annoyed

ODD can be managed through a combination of individual and family therapy, parenting education and training, social skills training, and cognitive-behavioral therapy.

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## Substance Abuse/Dependence

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Children and teenagers may abuse or become dependent on drugs or alcohol. With substance abuse, the child or teen will continue to use the drug despite negative consequences, such as poor attendance or performance at school or work. With substance dependence, the child or teen builds up a physical tolerance to the drug and will need to consume increasing amounts to achieve the same mind-altering effects.

Oppositional-Defiant Disorder is marked by behaviors that are extreme in comparison to siblings or peers.

# 03

## What Signs and Behaviors Should I be Concerned About?

As a parent, you may be the first person to notice that your child is having emotional or behavioral difficulties. There are many symptoms that may indicate that your child is experiencing mental health issues. Pay attention to the duration of the symptoms, as well. Children and teens are likely to exhibit some moodiness from time to time, but those episodes should resolve on their own rather quickly. Symptoms that persist can be cause for concern. As always, discuss any concerns that you have with your pediatrician or a qualified mental health provider.

Some signs of mental illness in children and teens are more obvious, while others may be rather subtle. You can monitor your child for the following issues:

Mood Problems	Behavioral Problems	Other Symptoms
Extreme anxiety or worry	Distraction/Inattention	Expressing negative thoughts
Prolonged sadness	Frequent or constant hyperactivity	Complaints about physical problems (headaches, stomachaches, etc. that do not appear to have physiological causes upon evaluation by medical professionals)
Irritability	Frequent outbursts/ tantrums	Nightmares
Suicidal ideation	Disobedience	Excessive, unreasonable concern about appearance/ weight
Anger, aggression	Delinquency (truancy, vandalism, theft, etc.)	Social withdrawal
Significant stress	Substance use	Changes in sleeping habits
	Significant stress	Changes in appetite
		Changes/decline in academic performance

If symptoms persist discuss any concerns that you have with your pediatrician or a qualified mental health provider.

A variety of factors can influence the development of a mental illness, so you may also want to consider other issues such as family history, environmental concerns and traumatic events that can also contribute to emotional difficulties.

# 04

## Building Blocks of Mental Health Treatment

Effective treatments are available for many of the mental health disorders that affect children and teens. Different specialists will deliver different interventions within their scope of practice, and the child may receive treatment in a variety of settings. This section of the guide reviews these aspects of treatment in addition to payment for services.

## Types of Mental Health Professionals

**Psychiatrist:**

A medical doctor with special training in the diagnosis and treatment of mental and emotional illnesses. A psychiatrist can prescribe medication, but they may not spend an extensive amount of time directly counseling patients.

**Psychologist:**

A doctoral-level psychologist (PhD or PsyD) can do evaluations, diagnose mental health disorders, administer psychological testing and provide group and individual counseling.

**Social Worker/Clinical Social Worker:**

Has a masters degree in social work. Clinical social workers have supervised clinical hours and licensure. Social workers can provide a range of services including discharge and support planning, treatment planning, assessment and referral, counseling, and group therapy.

**Psychiatric Nurse Practitioner:**

Trained as a medical nurse, but with specific training in psychiatry. A psychiatric nurse can diagnose and prescribe medications.

**School Psychologist:**

A psychologist with an advanced degree in psychology from an accredited/designated program in School Psychology. School Psychologists are trained to make diagnoses, provide individual and group therapy, and work with school staff to maximize efficiency in the school setting.

**Licensed Professional Counselor:**

Has a masters degree in a mental health field, in addition to two years’ supervised counseling training. LPCs can provide group, individual, and family therapy as well as assessment and diagnosis.

**Certified Alcohol and Substance Abuse Counselor:**

These counselors are trained specifically to work with people with substance abuse issues. This training is typically in addition to a related masters degree in a behavioral health field.

*(Other resources, such as the child’s pediatrician, a school counselor or clergy member may also be able to give valuable support and guidance to the family of a child with a mental health or behavioral disorder even if they are not directly involved in delivering treatment.)*

## Types of Therapy

**Psychotherapy:**

Psychotherapy, which is sometimes also referred to as “talk therapy,” is treatment by a mental health professional that explores a person’s thoughts, feelings and emotions, with the goal of helping the person gain greater understanding and make positive changes to help reach his or her potential. Psychotherapy can be done in a group, individual, or family setting. There are several approaches to psychotherapy that focus on addressing different factors that contribute to the disorder, such as irrational thought patterns or maladaptive behaviors.

**Family Therapy:**

Can include parents, along with any other relevant family members. The goal is to increase the family’s ability to communicate and function by providing exploration of the family dynamic, along with feedback, education and support.

**Group Therapy:**

Psychotherapy done in a group setting, under the supervision and moderation of a trained professional. People who participate in group therapy may be dealing with similar diagnoses, such as eating disorders or substance abuse.

**Cognitive Behavioral Therapy (CBT):**

Identifies negative or inaccurate thought patterns and provides concrete tools and strategies to help replace inappropriate or thoughts or behaviors with more adequate or productive skills.

**Play Therapy:**

Using a combination of talk, play, and creative expression, the therapist gives the child an opportunity to express his or her feelings and emotions. The therapist uses his/her observations of the child at play to gain a better understanding of the child and to help the child manage feelings and behaviors.



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## Treatment Settings and Programs

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**Outpatient therapy:**

Therapy services occur in a professional's office or within an agency.

**Behavioral Health Rehabilitation Services (BHRS):**

Various forms of behavioral health treatment that take place in a non-traditional setting. A treatment team, which includes a psychiatrist/psychologist (who prescribes these services) develops a plan that is carried out in the appropriate setting. A Behavioral Specialist Consultant (BSC) is the team leader and writes the treatment plan and oversees its implementation. A Mobile Therapist (MT) provides counseling services to the child and family. A Therapeutic Staff Support (TSS) works with the child directly in the setting that the treatment team deems necessary (home, school, community) and follows the plan written by the BSC, which includes the family's input. Services can be provided in the home, school, and/or community setting. These services can only be accessed through the Medicaid program (aka Medical Assistance).

**Community Based Treatment:**

A comprehensive multidisciplinary treatment team provides ongoing supports for the child while in a community setting (i.e. home or other facility). Typically used when a higher level of supports is needed.

**Intensive Outpatient Program (IOP):**

Commonly used for substance abuse and eating disorder treatment, IOP allows a person to live independently while attending group and individual treatment daily.

**Partial Hospitalization:**

The client resides at home but attends therapy sessions in an agency/center setting every day.

**Residential Treatment:**

All services are provided in a live-in care facility.

**In-patient therapy:**

Therapy occurs while a client is admitted to the hospital.

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There are a number of effective treatments available for many of the mental health disorders that affect children and teens.

A child's pediatrician, a school counselor or clergy member may also be able to give valuable support and guidance.

## Other Support Services

**Case Management:**

Case managers serve as a link between the child and the larger mental health systems. They provide assistance in finding and maintaining all applicable services based on needs assessment and evaluation, and maintain regular contact to ensure proper service delivery.

**Service Coordination Units:**

These provide a continuum of community-based services to residents of Allegheny County. Services may include case management, emergency services, family support, and advocacy.

## Medications

Medications may be recommended as part of the treatment plan for mental illness in some children and teenagers. Here is an overview of some of the more frequently prescribed psychiatric medications.

**Stimulants:**

Used to treat ADHD. These include, Adderall, Dexedrine, Ritalin and Concerta.

**Mood Stabilizers:**

Used to treat bipolar disorder. These include lithium, Depakote and Lamictal.

**Nonstimulant ADHD medications:**

These include Strettera and Intuniv.

**Antipsychotic Medications:**

Used to control symptoms in patients with hallucinations or delusions. These include Seroquel, Clozaril, Latuda and Geodon

**Antidepressant and Antianxiety medications:**

Used to treat some mood and anxiety disorders. These include Prozac, Zoloft, Paxil, Celexa and Luvox.

## Paying for Services

**Private insurance:**

Insurance provided by a parent’s employer may cover mental health services if the child is also covered under the policy. There may be restrictions on the types of services that are covered, as well as the providers who accept the insurance. If you have private insurance, contact your provider for a list of mental health providers that are covered by your insurance plan. Note that the Mental Health Parity Act dictates that if your insurance plan offers mental health coverage, the benefits for services (including those related to substance abuse) must be covered at the same level as medical services. However, the MHPA does not dictate that insurers must offer behavioral health coverage.

**Medical Assistance:**

In Pennsylvania, Medical Assistance (also known as Medicaid) funds many of the behavioral health services available to children and adolescents. Notably, Medical Assistance typically covers a wider range of services than private insurance (including prescriptions, transportation, speech and physical therapy).

Although Medical Assistance usually has strict financial eligibility requirements, those families who exceed the income to be eligible for Medical Assistance may fall under what is commonly called “the loophole.” Under this provision, only the child’s income is considered in the application for Medical Assistance. Thus, virtually any child with a mental health diagnosis can become eligible for services funded through Medical Assistance.

Medications may be recommended as part of the treatment plan for mental illness in some children and teenagers.

Stimulants, nonstimulant ADHD medications, antidepressant, antianxiety medications, mood stabilizers, and antipsychotic medications are the different types of medications that may be prescribed.

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## Finding Providers

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The task of finding an appropriate mental health provider for your child can feel overwhelming at first, but you likely already have a number of resources at your disposal for guidance on this. Your pediatrician probably makes similar referrals to other patients and may be able to give you the names of some providers. Similarly, a psychiatrist may refer patients to certain psychotherapists with whom he or she prefers to work. Community resources like Re:Solve (see Responding to Crisis Situations section) may also be able to give you information on providers. Before scheduling an appointment with any provider, be sure to contact your insurance company to verify that the provider is in-network.

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## Preparing For the First Appointment

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Parents may feel perplexed about preparing for a child's initial session with a mental health provider, but there are many similarities in getting ready for your child's first appointment with any new health care provider. Here are a few tips that may help to make the experience go more smoothly:

- Ask the provider what documentation is needed and gather those items to bring to the appointment. At the very least, you will be asked to provide proof of insurance coverage for your child, and additional paperwork is likely to be requested as well.
- Be prepared to discuss your child's medical, developmental and mental health history in detail, as well as any family history of mental illness. It may be helpful to jot down some notes on these topics so that you will have them handy.
- Ask about patients with similar cases who have responded well to treatment with the provider in the past.
- Develop a list of questions to ask the provider. Write them down so that you don't forget them.
- Bring results of any previously administered psychological testing (if applicable).
- If you ever have the feeling that the provider won't be a good fit for your child or your family, don't hesitate to explore alternative providers!

# 05

## Family Support

Families who have a child with a mental health disorder will need support to help them through the many systems that can assist the child in addition to support to help them cope with having a child with a mental illness in the home. Unfortunately, too many families may feel isolated, as if they are the only ones who are dealing with this situation. Furthermore, the systems often seem too complex or overwhelming to navigate on their own.

## Resources

Fortunately, there are resources available to assist you and to help you connect with other families who have experience in dealing with this issue. Consider reaching out and taking advantage of these resources even if you may be rather skeptical to accept assistance. Such support can truly be invaluable.

### Allegheny County Department of Human Services

The website of Allegheny County DHS features a comprehensive and informative guide called “Taking Care of Your Child’s Mental Health-A Parent’s Guide,” which can be found here: [http://www.county.allegheny.pa.us/uploadedFiles/DHS/About\\_DHS/Publications/Resource\\_Guides/OBHTkngChgrChdMntlHlth.pdf](http://www.county.allegheny.pa.us/uploadedFiles/DHS/About_DHS/Publications/Resource_Guides/OBHTkngChgrChdMntlHlth.pdf). Keep in mind that some of this information may have changed somewhat since the original publication of this document, so you may want to double check phone numbers, etc.

### Allegheny County Family Resource Guide

The Allegheny County Family Resource Guide (<http://www.familyresourceguide.org/family-support/diagnosis-specific-support.aspx>) provides a comprehensive listing of organizations and groups that provide support to families with children who have a wide variety of diagnoses, including mental health issues.

Take care of yourself by taking time to prepare healthy meals and getting enough exercise

### National Alliance for the Mentally Ill (NAMI)

NAMI provides education and support groups to families affected by mental illness, and many of these services are free of charge. A 6-week course called NAMI Basics is offered every spring and fall in Southwestern PA. This course is taught by parents or caregivers of individuals who developed symptoms of mental illness prior to age 13. The course includes a toolkit of information, training in preparedness and emotional resiliency and provides mutual support and positive input in a community where parents no longer feel alone.

Twice each year (beginning in March and September), NAMI Southwestern PA also offers a 12-week course entitled Family to Family for families and caregivers of adults with mental illness, which is also taught by family members of affected individuals.

To learn more, go to **[www.NAMISouthwesternPA.org](http://www.NAMISouthwesternPA.org)** or call 412-366-3788

Parents of children and teens with mental illness must take steps to support their own emotional well-being in order to care for the child. It’s somewhat like when the flight attendant instructs you to put on your own oxygen mask before helping others! This may sometimes seem like a daunting task, but make time to promote your own health by taking time to prepare healthy meals and get enough exercise (which happens to be an incredibly effective stress management technique, by the way). Be sure that you’re giving enough attention to your other relationships, including your spouse or partner, other children, extended family members and friends, all of whom can be important supports for you. Identify the coping techniques and strategies that are most effective for you, whether it’s yoga, meditation, a long walk or something else entirely.

### Parents' Rights Related to Mental Health Information

In many cases, parents will have the right to access information related to their child's mental health treatment. However, the Health Insurance Portability and Accountability Act (HIPAA) limits the release of certain Protected Health Information in some circumstances.

#### For More Information

Additional general information on these exceptions can be found here:

[http://www.hhs.gov/ocr/privacy/hipaa/faq/right\\_to\\_access\\_medical\\_records/227.html](http://www.hhs.gov/ocr/privacy/hipaa/faq/right_to_access_medical_records/227.html)

*Your child's provider can discuss how these regulations apply to your child's case specifically, as other considerations, such as the child's age may also factor into the decision.*

The Mental Health Parity Act dictates that if your insurance plan offers mental health coverage, the benefits for services must be covered at the same level as medical services.

Contact your insurance company before you schedule an appointment with any provider to verify that the provider is in-network.

# 06

## Responding to a Crisis Situation

Unfortunately, uncontrolled symptoms of mental illness can sometimes lead to a situation in which the child or teenager presents a serious threat of self-harm or harm to others. Under such circumstances, immediate action must be taken. Although crisis situations can feel scary and overwhelming, having a plan in place in advance can help you to react more calmly to protect your own safety as well as your child's.

If your child remains at risk for self-harm or harming others, it may be necessary to have your child committed to an inpatient setting.

Involuntary commitment is intended for individuals who are in imminent danger of harming themselves or others due to a serious mental illness.

### **Re:solve Crisis Network**

Re:solve is often the first call that a parent will make when a child is in crisis. This program provides 24-hour-a-day, 365-days-a-year telephone, mobile crisis, walk-in and crisis overnight residential services that are available to any Allegheny County resident regardless of age, ability to pay, or whether they have used behavioral health services in the past. Re:solve counselors may also gather information by phone to make recommendations about the most appropriate response or make referrals to behavioral health providers, if desired. The phone number for Re:solve is 1-888-796-8226 (1-888-7 YOU CAN), and the website is <http://www.upmc.com/services/behavioral-health/pages/resolve-crisis-network.aspx>

### **Involuntary Commitment**

When the symptoms that precipitated the crisis persist despite other crisis interventions and your child remains at risk for self-harm or harming others, it may be necessary to have your child committed to an inpatient setting.

To initiate an involuntary commitment, parents should call 412-350-4457. This number answers 24 hours a day, seven days a week and puts the caller in touch with an Allegheny County delegate who can authorize and coordinate involuntary Emergency Examination and Treatment (sometimes called a “302” after the section in the law) and who can provide information about ongoing services. Involuntary commitment is intended for individuals who are in imminent danger of harming themselves or others due to a serious mental illness. An involuntary commitment will last at least 72 hours and possibly longer depending on the child’s response to treatment.

Parents may feel frightened or guilty about initiating an involuntary commitment process, but it’s important to remember that your child’s long-term well-being is at stake and you are truly taking action to keep your son or daughter safe and healthy.



# 07

## Special Education

Some mental and behavioral health diagnoses may qualify children for special education services under the Individuals with Disabilities Act (IDEA), which covers aspects of special education, including parental rights, disability evaluation process, Individual Education Plan (IEP) requirements, placement issues, and supports, modifications, and accommodations for students with disabilities, among other issues.

Some indications that a child may have a disability that interferes with learning and qualifies the child for special education are:

- Consistent problems in getting along with others
- Difficulty communicating
- Lack of interest or ability in age appropriate activities
- Resistance to change
- Difficulty seeing or hearing that interferes with the ability to communicate
- Health issues that interfere with educational performance
- Difficulty performing tasks that require reading, writing, or mathematics
- Chronic behavioral or social issues that affect the child’s ability to learn

The Special Education System is a complex system developed according to federal and state laws that require that children with disabilities up to age 21 receive a free and appropriate education (FAPE) in the Least Restrictive Environment (LRE). All children with special needs need to be “included” in regular education as much as possible, which requires dedicated planning through the IEP.

Public schools are required to screen those who have the above issues but, many times, this screening is initiated by the parent. A parent can request an evaluation by the school staff anytime during the school year by sending a letter to the principal requesting the evaluation. Private schools are not covered under IDEA because they do not receive federal funding, but they are subject to Section 504 of the Americans with Disability Act, which does require that accommodations be made to give a child with a disability equal access to education. Some accommodations may be simple and direct, such as seating a child with ADD/ADHD near the front of the class. Because private schools tend to have fewer special education resources than public districts, the local regional educational service agency known as the Intermediate Unit may provide additional services, such as psychological testing or interventions when problems arise with counseling, psychological and social services.

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## RESOURCES AND REFERENCES

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### General Mental Health Information

- [www.nami.org](http://www.nami.org)
- [www.mentalhealth.gov](http://www.mentalhealth.gov)

### Specific Disorders

#### Anxiety disorders:

- [www.nimh.nih.gov](http://www.nimh.nih.gov)
- [www.nami.org](http://www.nami.org)
- [www.mentalhealth.gov](http://www.mentalhealth.gov)
- [www.adaa.org](http://www.adaa.org)

#### Anxiety disorders: Post-Traumatic Stress Disorder

- [www.kidshealth.org](http://www.kidshealth.org)
- [www.ptsd.va.gov](http://www.ptsd.va.gov)

#### ADD/ADHD

- [www.everydayhealth.com](http://www.everydayhealth.com)
- [www.aacap.org](http://www.aacap.org)
- [www.additudemag.com](http://www.additudemag.com)
- [www.help4adhd.org](http://www.help4adhd.org)

#### Autism Spectrum disorders

- [www.helpguide.org](http://www.helpguide.org)
- [www.cdc.gov](http://www.cdc.gov)
- [www.myasdf.org](http://www.myasdf.org)

#### Conduct disorders

- [www.webmd.com](http://www.webmd.com)
- [www.childmind.org](http://www.childmind.org)

#### Eating disorders

- [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)
- [www.med.umich.edu](http://www.med.umich.edu)

#### Mood Disorders: Bipolar disorder

- [www.nimh.nih.gov](http://www.nimh.nih.gov)
- [www.aacap.org](http://www.aacap.org)

#### Mood Disorders: Depression

- [www2.nami.org](http://www2.nami.org)
- [www2.massgeneral.org](http://www2.massgeneral.org)

#### Mood Disorders: Obsessive-Compulsive disorder

- [www2.massgeneral.org](http://www2.massgeneral.org)
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#### Mood Disorders: Oppositional Defiant Disorder

- [www.aacap.org](http://www.aacap.org)
- [www.maritalhealing.com](http://www.maritalhealing.com)

## Mental Health Treatment

### Service providers

*(limited to services offered through Allegheny County)*

- [www.county.allegheny.pa.us](http://www.county.allegheny.pa.us)

To access a list of providers of BHRS services, go to <http://alleghenycounty.us> , click on Disabilities, then Related Resources, then Child & Adolescent Mental Health Services Resource Guide.

### Medications

- <http://www.aboutourkids.org>

### Medical assistance

- <http://www.phlp.org>
- [www.Familybehavioralresources.com](http://www.Familybehavioralresources.com)

*(Click on Forms & Downloads, then Resource Guide for Families, then Applying for Medical Assistance)*

## Special Education

### [www.familyresourceguide.org](http://www.familyresourceguide.org)

Where to turn guide for special needs support. Excellent source for information ranging from early intervention to transition to adulthood

### [www.wrightslaw.org](http://www.wrightslaw.org)

Excellent resource for information regarding education law, advocacy tips, constantly updated information on all facets of education law and 504 agreements

### [www.portal.state.pa.us](http://www.portal.state.pa.us)

Pennsylvania Department of Special Education

### [www.pattan.net](http://www.pattan.net)

Pennsylvania Training & Technical Assistance Network supports the efforts and initiatives of the Bureau of Special Education and builds capacity of local education agencies to serve students who receive special education services. Also has a parent consultant at all sites throughout Pennsylvania

### [www.mhaac.net](http://www.mhaac.net)

Provides education advocates who assist families of children with a mental health disability up to age 21, as well as professionals in the education and human services field

### [www.pealcenter.org](http://www.pealcenter.org)

Parent Education & Advocacy Leadership Center provides parent advisors throughout Pennsylvania who are available to answer questions and provide information regarding special education for families and professionals. Also provides an information parent advisor who assists families with health and related concerns statewide

### [www.autism-support.org](http://www.autism-support.org)

Autism support for parents through conferences, events, and the largest network of support groups throughout Pennsylvania

### [www.parentcenterhub.org](http://www.parentcenterhub.org)

Provides an extensive list of Disability & Special Education Acronyms and resources for parents

### Special Education Consult Line

1-800-879-2301 (no website) Provides special education specialists to assist parents and advocates of children with disabilities or children thought to be disabled.

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## In memory of Alex Edward Seed

who touched so many lives  
during his life and after.

