NAMI National Alliance on Mental Illness

NAMI Austin National Alliance on Mental Illness

Mental Illness or Bad Behavior?
Tips for School Personnel

In January 2001, the Surgeon General, Dr. David Satcher, released a report indicating that our nation now faces a crisis regarding mental health care for children and adolescents. According to recent figures, every teacher can expect to have at least three children in their class with biological brain disorders severe enough to warrant professional intervention. Moreover, we know that suicide is the third leading cause of death of teens and young adults, surpassed only by accidents and homicide.

Most teachers have experience with ADD and ADHD. Usually, that is the first thought of teachers and other school personnel when a child has behavior or learning problems. We now know that children can also suffer from major depression, bipolar disorder (manic depression), and a host of anxiety and other disorders.

Early detection and treatment provide the best chance for recovery. A caring and observant teacher is an invaluable asset in helping to make this happen. On a daily basis, teachers deal with many different personalities and cultural differences. Although teachers may not know why a child behaves a certain way, they certainly know when behavior is problematic. While all children have stages in which they may exhibit annoying, puzzling, or upsetting behaviors, most teachers can tell when there is a real problem, because the behavior persists. The things to note are frequency, duration, and intensity of any behavior that is severe enough to impede the child's social and academic progress.

Teachers have a broad base of comparison. A concerned teacher has many sources from which to get information, such as:

- School records
    1. Psychological tests
    2. Has child been retained
    3. Medical reports
    4. Family issues: divorce, new baby, multiple moves, death in family
- A teacher needs to develop a warm trusting relationship with parents; even when the child is difficult and not particularly likeable, don't be critical or rejecting of parents.
    1. Listen to parents
    2. Don't disregard diagnosis, if one has been made and reported by parents with medical documentation.
    3. If the child's psychiatrist or counselor provides forms requesting your feedback, fill them out. Your input is vital.

4. If possible, ask to have dialogue with the child's psychiatrist or counselor. If child has IEP, ask for input from the psychiatrist or counselor.

- Some teachers/ schools dismiss diagnoses; don't see the importance of their input to complete the diagnostic picture. However teacher observation is vital.

- Diagnosis is based on a thorough examination that requires teacher input.

  1. When you talk with parents, be frank but supportive. Be an ally. Never blame them, even if family has known problems.
  2. Your empathy and concern may elicit their concerns about home behavior.
  3. Parents may balk initially at testing, or even discussing problem, due to stigma.

- Suicide can occur with any mental illness, or even if there is no known mental illness present. It is estimated that 5,000 kids commit suicide every year, more than the number who die of cancer, heart disease, or other childhood diseases combined. Although warning signs are not always present, some common signs are:

  1. Dramatic changes in personal appearance-no longer cares.
  2. Loss of interest in favorite activities (depression).
  3. Self-destructive behaviors-reckless driving, drug abuse, promiscuity.
  4. Preoccupation with death-writing poems/ papers about death.
  5. Giving away favorite possessions.
  6. Suddenly cheering up after a deep depression-may mean a plan has been made.
  7. Talk of suicide, usually not to a teacher, but often to friends (ask them).

- If you suspect suicide is a possibility, confront the child, ask if he or she has a suicide plan. If they do have a plan, report it to school counselors or the child's parents at once.

- Management techniques for a child with a mental illness:

  1. Find out as much as you can about the disorder.
  2. If the child is on medication, ask about side effects. Common side effects include tremors, drowsiness, writing fatigue, weight gain.
  3. Be willing to make modifications

     A. Tape-record lesson for those who become fatigued
     B. Pair child with a buddy, not to be responsible for the child, but to keep the child on track.
     C. Make short assignments--it's the concept that is important.

4. Find ways for child living with mental illness/ serious emotional disturbance to succeed.

    A. Use them as tutors for younger children.
    B. Find ways they can feel useful in school, such as doing special chores in office or with custodian. Many children with mental illness shine in one-to-one situations.
    C. Make classroom safe, secure, and consistent.
    D. Set up opportunities for a child to work in a group to develop social skills.
    E. Teach social skills to timid, often-bullied children. Often, they lack them.
    F. Some classes are too noisy, too colorful, or too stimulating. A mentally ill child may thrive in a smaller, quieter environment.
    G. Middle school may especially provide too many transitions for a mentally ill child, if they are coming from a satellite or primary school. Transition to a mainstreamed class may take time. Time in a crowded hallway may be unbearable for a mentally ill child.

5. Some especially fragile children may benefit from an alternate school schedule-morning or afternoon only, not full day.

6. Help child be involved in negotiating his own steps for mastering self-control:

    A. Help child identify trigger points
    B. Pre-plan with child steps to take when he feels he's losing control.

7. During quiet times, affirm child's ability to handle stress.

8. During tantrum, avoid touching, unless it is necessary for safety reasons.

9. If a child is shouting, lower your voice. Avoid too much eye contact. Stand slightly to one side of a raging child. If he feels trapped, he may lash out.

10. If the child seems irrational, try to find something you agree on, and apologize, such as "I'm sorry it happened that way." Don't explain, but rather say, "What can we do to help you now?"

11. If a child is about to throw or damage something, don't tell him what <u>not</u> to do. Make a positive statement. Without yelling, say: "Stop! Put the chair down." Repeat calmly ("broken record").

12. Give a child contrary choices, either of which you can live with. Example: "I can see that you are too upset to work with the group right now. Would you prefer to do your spelling sentences or a page of math facts until you are ready to work with the group?"

- We don't guarantee that your classroom will be transformed, but these ideas are worth trying. We also encourage you to contact your NAMI State Organization or NAMI Affiliate to learn about other information available to you. There are brochures and other materials for you to share with your school and free educational programs available for you to recommend for the parents of the children in your classroom, such as NAMI Basics Education Program.

- The bibliography below will give you more in-depth information. Sources:

1. Divinyi, Joyce E., MS. Successful Strategies for Working or Living with Difficult Kids. The Wellness Connection, 1997.

2. Greene, Ross W., Ph.D. The Explosive Child. Harper Collins, 1998.

3. Koplewicz, Harold S. MD. It's Nobody's Fault: New Hope and Help for Difficult Children and their Parents. Time Books, 1996.

4. Papalos, Dimitri, MD, and Janice Papalos. The Bipolar Child. Broadway Books, 2000.

5. Torrye, E Fuller, MD. Surviving Schizophrenia, #rd. Ed. Harper Perennial, 1995.

6. Waltz, Mitzi. Bipolar Disorders: A Guide to Helping Children and Adolescents. O'Reilly and Associates, 2000.

7. Fristad, Mary A., Ph.D., ABDD, and Arnold Jill, Ph.D. Raising a Moody Child: How to Cope with Depression and Bipolar Disorder. Guilford Press, 2004.

For a free download of this handout, visit our website at:

www.namiaustin.org/education/parents-teachers-as-allies/

OR

www.namiaustin.org (search child and adolescent)

For additional resources and information:

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