

Making a Difference

An Educators' Guide to Child and Youth Mental Health Problems

Third Edition, September 2010

Developed by the Student Support Leadership Initiative,
Hamilton District Team

In partnership with

E-BEST (the Evidence-based Education and Services Team)
at the Hamilton-Wentworth District School Board,
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This publication is intended to provide general information to help educators understand mental health problems in children and youth. It does not replace professional consultation. The information is general in nature and may not apply to a particular child or youth.

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Mental Health in the Classroom

You may notice that students in your classroom are struggling. They may be acting out, or they may be withdrawn and not communicating. Whatever the cause, this is interfering with their achievement at school, and preventing the students from learning.

Sometimes these problems may be because of mental health problems. When mental health problems interfere with a student's ability to learn and achieve, their success in school suffers. Schools have an important role in identifying students who may be having mental health problems, and in connecting them with services that can help. In Ontario, this is outlined in the "Shared Solutions" document from the Ministry of Education (This document is available at: www.edu.gov.on.ca/eng/general/elemsec/speced/shared.pdf).

Teachers have a busy work life, and many competing priorities. While teachers can not be expected to be experts in child and youth mental health problems, they have an important role to play. Teachers can ensure that their classrooms are safe and healthy environments for all students, they can recognize the behaviours and indicators that a student is struggling with mental health problems, and they can feel confident that they understand the next step to take in seeking help for that student.

This guide is designed to help teachers understand more about mental health problems in children and youth, to outline the steps they can and should take to help those students, and to give them some ideas on how they can talk about mental health problems in their classroom.

What are child and youth mental health problems?

Children and youth can experience mental health problems that range from mild to serious. For instance, some students in your class may have a little anxiety when they are facing a test, while others may be very anxious about the same test. When a problem lasts for more than a few weeks, and interferes with the student's daily life, then it becomes a concern that requires further help.

How common are child and youth mental health problems?

In a classroom of 30 students, about 5 to 6 students will be facing a mental health problem, and 3 to 4 of them will have a problem that interferes with their daily life.

Ontario Child Health Study, 1985, Waddell and Shepperd, 2002



What causes child and youth mental health problems?

Mental health problems are believed to result from a combination of factors. These include problems in the brain's 'wiring' process during early development, genetic influences, chemical imbalances, brain trauma, and severe life stress.

Mental health problems can be triggered by the stress of school work, relations with peers, conflicts within their family and difficulties adapting to the structure of school. Whatever the immediate trigger, mental health problems are usually sustained by a number of different factors. This is why working together with the school, the family, and the community is important.

What are the educational implications of child and youth mental health problems?

When mental health problems occur in childhood, the child may have difficulty maintaining regular progress at school. Children with severe mental disorders often struggle in school and may need special attention guided by an individualized education plan (IEP).

Educational programs for children with mental health challenges need to include attention to developing social skills, increasing self-awareness, self-control, and self esteem in order to succeed academically. While these skills are important to all students, mental health problems often interfere with developing these skills at the same pace as other students.

Students with developmental problems, physical disabilities, and learning problems may also be at higher risk for mental health problems. These young people often need special support and remediation to build social and interpersonal skills.

Being alert to the signs a child may be struggling with a mental health problem can greatly aid in early intervention and minimize further disruptions to the child's school work and social development. Information in this resource will help you to become more attuned to signs of mental health concerns and what you, as their teacher, can do to help a student.

"My daughter's teacher created a positive journal for her, so when something in school was bothering her she can get out her journal, write that negative thing down, and beside it she writes 6 things that happened that day that were positive so she can see visually there is much more to be positive about than to worry about the negative. It has really helped calm her down when she begins to worry."

Parent of an 11 year old girl

Basic facts about childhood mental health problems

- Approximately 1 in 5 children and youth have a mental health problem, which includes anxiety and depression (Waddell & Sheppard, 2002).
- Mental health problem can seriously impair a child's ability to be successful at school and in their relationships with their peers.
- These children are not bad kids nor are their parents bad parents.
- Mental health problems are treatable. Early prevention is important.
- Treatment can assist in reducing symptoms but does not provide a cure – the child will still need understanding and support.

When should I be concerned?

Signs that a child may be struggling with mental health problems include the following:

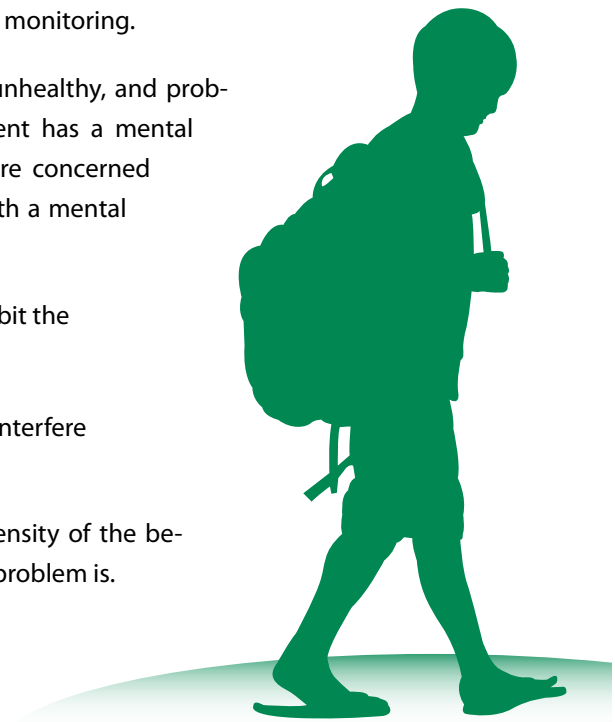
- A child exhibits behaviors or moods that are not age-appropriate
- Their behaviors are much more dramatic than in their peers or
- Their behaviors continue for longer than usual

These behaviors would indicate a need for closer monitoring.

Mental health is a continuum from healthy to unhealthy, and problematic behaviours are not 'proof' that a student has a mental health problem. Consider three things if you are concerned that one of your students may be struggling with a mental health problem:

- Frequency: how often does the student exhibit the behaviours of concern?
- Duration: how long do they last?
- Intensity: to what extent do the behaviours interfere with the child's activities?

Understanding the frequency, duration and intensity of the behaviours will help to determine how serious the problem is.



What can I do?

A first step may be simply documenting the frequency, duration, and intensity of the behaviours that are causing you concern. We have included a sample form in Appendix 2 that may help you record this information. Your school board may have their own form to record this information as well.

Once you have gathered several observations of the behaviour that is causing you concern, you will want to share these observations with others that can help you develop a plan to manage the behaviours.

Who else should be involved?

Teachers play an important role in the identification of possible mental health problems, but they are not alone. A team approach that includes parent(s)/guardian, other staff in your school, and sometimes specialists from your Board and community is important to solving these problems.

Each school and school board may have different procedures on what comes next. Your school may have a Learning Resource Teacher (LRT), School Resource Teacher (SRT), or a school counselor, or your principal may be the next step in identifying the problem and developing solutions. All schools are required to have a team that reviews students who are not achieving as expected.

Parents are important in helping to solve these problems as well. Speak to your Principal or colleagues about the particular procedures for requesting additional help with a mental health problem in the classroom.

How do I know what mental health problem I'm dealing with?

Mental health problems in children and youth are often complex and overlapping. There is often no simple test or procedure to accurately diagnosis mental health problems. As you will see in the following pages, many behaviours or symptoms that you observe in the classroom may be indicators for several different mental health problems.

In Ontario (under The Health Professionals Act), the only professionals who are qualified to diagnosis mental health problems are physicians (including psychiatrists) and psychologists. Teachers have an important role in this process though, as they can provide observations on the child or youth's behaviour that may not be seen by the parent or in the professional's office.

Your school board may have professionals on staff who can make these sorts of diagnoses, but in most communities, it will require a referral to a children's mental health services. In Ontario these services are funded by the Ministry of Children and Youth Services, and delivered by independent organizations. Many of these organizations are members of Children's Mental Health Ontario, which maintains a listing by geographic area on their web site www.kidsmentalhealth.ca.

What else can teachers do?

Teachers can also (with the appropriate consent from the parent(s) or guardian) provide valuable observations on whether treatments are working in the school environment. The most effective treatment is delivered when the student, the parent(s)/guardian, the mental health professionals, and the school team are all working together to solve the same problem, using similar approaches.

Teachers also have a unique opportunity to influence all students' perceptions and understanding of mental health problems. Children, young people, and adults all agree that one of the major barriers to seeking help for mental health problems is stigma.

For further information on school-based programs that combat stigma about mental health problems, visit the web site of the Mental Health Commission of Canada www.mentalhealthcommission.ca or the Provincial Centre of Excellence for Child and Youth Mental Health www.onthepoint.ca.

“Stigma is a mark of disgrace or discredit that sets a person apart from others. It involves negative stereotypes and prejudice. Stigma results from fear and mistrust of differences. It builds on repeated exposure to misinformation reinforcing negative perceptions and false beliefs that are intensely held and enduring. Stigma leads to social exclusion and discrimination. Discrimination, which is unfair treatment of a person or group on the basis of prejudice, affects people in many areas including employment, housing, health care, policy and funding neglect, coercive treatment and denial of basic human rights.”

Mental Health Commission of Canada



Signs your student may be experiencing a mental health problem

Emotional/Behavioural signs

- Overly withdrawn, quiet or doesn't engage.
 - Low self-esteem, feelings of failure or worthlessness.
 - Increased irritability, which can appear as disobedience or aggression.
 - Feeling hopeless or overwhelmed.
 - Unstable moods, such that teachers and other students don't know what to expect from them.
 - A short fuse and lashes out when frustrated.
 - Extreme worries or fears that interfere with friendships, school work, or play.
 - Severe mood swings affecting relationships with others.
 - Drastic change in personality or behaviour.
 - Extreme sadness lasting two weeks or more.
 - Refusal to go to school on a regular basis.
-

Academic signs

- Fidgets, is constantly moving around or seems 'always on the go'.
- Poor grades in school despite trying very hard or a noticeable decline in classroom participation.
- Poor attention to detail and makes careless mistakes in schoolwork.
- Does not appear to listen when spoken to directly.
- Does not follow instructions or finish tasks.
- Is easily distracted.
- Is forgetful in daily activities.
- Has a hard time staying focused on one thing.
- Becomes bored easily.
- Loses or forgets things often.
- Difficulty attending to individual work or class activity.
- Dreamy or unable to pay attention.
- Afraid to participate in class or answer questions.
- Difficulty managing at recess, free time, unsupervised, in larger groups.

Signs your student may be experiencing a mental health problem, continued

Communication/social skills signs

- Spends most of their time alone.
- Goes on and on about a subject and takes over a conversation.
- 'Acts silly' in a group to get attention but doesn't fit in.
- Plays too roughly in the playground and hurts other children .
- Has poor motor skills (e.g., can't catch or throw a ball).
- Other children may feel their schoolmate is being bossy or too rough.
- Damages toys etc. without meaning to.
- Speaks without thinking.
- Barges into games.



Where to find further information about child and youth mental health problems

Centre of Knowledge on Healthy Child Development

www.knowledge.offordcentre.com

Developed by the Offord Centre for Child Studies, the site has evidence-based information about child and youth mental health problems.

Caring for Kids

www.caringforkids.cps.ca

Developed by the Canadian Paediatric Society, this site has health information for parents, about a number of child and teen health issues

Canadian Mental Health Association

www.cmha.ca/bins/content_page.asp?cid=2-29&lang=1

Some information about children's mental health problems.

Teen Mental Health

www.teenmentalhealth.org

Teen Mental Health has been developed by Dr. Stan Kutcher, at Dalhousie University, Halifax. The site contains information about teen mental health problems, and is directed towards youth, their parents, and others interested in young people.

When Something's Wrong Handbook: Ideas for Teachers

www.cprf.ca/publication/handbook_pdf.html

Developed by the Canadian Psychiatric Foundation, this guide helps teachers recognize and deal with mental health problems in the classroom.

Provincial Centre of Excellence for Child and Youth Mental Health

www.onthepoint.ca/index_e.htm

The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO, along with other leaders, is working towards an integrated system that truly meets the mental health care needs of children, youth and their parents and caregivers.

Anxiety Problems

Teachers may notice that a student seems nervous or fearful. This may be related to a stressful event, such as performing in a school play or writing an exam. In such situations it is normal for a child to worry or feel nervous. It can even help the child memorize their lines or study longer for a test.

Children or teenagers may have a problem however, if they are frequently nervous or worried and find it hard to cope with any new situation or challenge. Rather than being just 'nervous', the way they feel is better described as being 'anxious'. Anxiety is defined as a feeling of worry or unease.

When the level of anxiety is great enough to interfere with a child or young person's everyday activities, we call this an Anxiety Disorder. Anxiety disorder is a psychiatric condition that may require medical or psychological treatment.

How common are anxiety disorders?

Roughly 6% of children and youth have an anxiety disorder that is serious enough to require treatment.

How long do they last?

Without treatment, some of the anxiety disorders that begin in childhood can last a lifetime, although they may come and go.

What causes anxiety disorders?

Anxiety disorders have multiple, complex origins. It is likely that genes play a role in causing anxiety. However, the home, the neighbourhood, school and other settings can also contribute to anxiety.

For example, some babies or young children who live with too much stress can become anxious. Other children may 'learn' to respond in an anxious way to new situations because a parent or other caregiver shows anxiety. In most children and young people it is a mix of these causes that leads to an anxiety disorder.

What's normal and what's not?

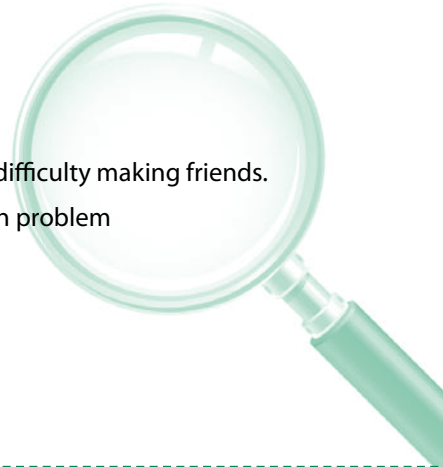
Being nervous about a single event, such as writing an exam, is normal. Trying to avoid any situation that causes anxiety is not normal and may mean that the child or teen has an anxiety disorder.

Many young people with this disorder are quiet and not disruptive in the classroom, so it can be easy to miss signs they are struggling because of anxiety. Children may not be able to identify or label their feelings as anxiety, which can make it even more difficult to recognize that it may be the problem.

In some situations, anxiety may be normal for a younger child but not an older one. One common example is a young child who becomes upset when left at school for the first time. This separation anxiety is a normal reaction for a young child but would not be normal for an older child. When the symptoms begin in later childhood or adolescence and continue for several weeks then it may be time to seek professional help.

Some of the more common signs a child may be struggling with anxiety

- Frequent absences
- Refusal to join in school social activities.
- Decline in grades or unable to work to expectations.
- Often spends time alone, has few friends, or has great difficulty making friends.
- Physical complaints that are not attributable to a health problem
- Excessive worrying about homework or grades.
- Frequent bouts of tears
- Easily frustrated
- Fear of new situations



Educational Implications

Anxiety can often be a primary contributing factor in poor school performance. Students who have an anxiety disorder can become easily frustrated and have difficulty completing their work. Or they may simply refuse to do the work because they feel they won't do it right.

In classroom situations, these children may appear to be shy: They may be reluctant to do group work or speak out in class. Fears of being embarrassed or failing may result in refusal to go to school. Other children with anxiety at school may act out with troublesome behaviors. Obviously, the disruptive behavior is not helpful in solving the problem, but at the moment it is an alternative to the dreadful anxious feelings.

Children with perfectionist tendencies set impossibly high standards for themselves. They may show extreme anxiety over not achieving this perfection and dissatisfaction with their school performance. These expectations hinder completing an assignment or even attempting school work (because there is 'always room for improvement').

Children who are perfectionists are consumed by fears, especially fears of social or academic failure. Perfectionism can have a crippling influence when coupled with immaturity and the limited skills of a young child.

The irony is that those high standards can actually get in the way of peak performance; all of that trying to be perfect becomes an obstacle instead of a means of achieving a goal.



Anxiety Disorders: Suggestions for Supporting Your Student in School

- Slow steps are absolutely the key to sustaining progress. Avoid 'buying into' the anxiety, but on the other hand, don't push too hard.
- Reward brave, nonanxious behaviour: Catch them being brave doing something they normally wouldn't. Make a big deal about it. Label the action as fighting fear. Seeing they can fight fear will help build their self-confidence and make them feel better about themselves.
- By avoiding feared situations, children learn they are not able to cope with the situation or their worry. Encourage them to take little steps toward accomplishing the feared task.
- Check-in with student at the beginning of the day.
- Learn what situations the student can handle and how you can respond when they are unable to cope.
- For school refusal, formulate a plan for when the student first arrives at school, such as providing an immediate reward for coming.
- Have the student check with the teacher or have the teacher check with the student to make sure that assignments have been written down correctly.
- Reduce school work load or homework when necessary.
- Keep as much of the child's regular schedule as possible.
- To prevent absences consider modifying the child's class schedule or reducing the time spent at school.
- Ask your student's parents what works at home to relieve their child's anxiety.
- Recognize and reward small improvements; e.g., finishing a task on time without continual erasing to make it perfect.
- Provide a learning environment where mistakes are viewed as a natural part of the learning process.
- Encourage and reward all positive steps in fighting anxiety.
- Provide advance warning of changes in routine.





More information

Websites

Anxiety Disorders Association of America

www.adaa.org/GettingHelp/FocusOn/Children&Adolescents.asp

Canadian Paediatric Society

www.caringforkids.cps.ca/behaviour&parenting/Fears.htm

National Institute of Mental Health

www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

Books for Teachers

School Phobia, Panic Attacks, and Anxiety in Children

Marianna Csoti, Jessica Kingsley Publishers (2003) ISBN: 1843100916

Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children

John S. Dacey, Jossey-Bass (2001) ISBN: 0787960403

Books for Young People

I Don't Want to Go to School: Helping Children Cope with Separation Anxiety

Nancy Pando, New Horizon Press (2005) ISBN: 0882822543

The Anxiety & Phobia Workbook, Fourth Edition

Edmund J. Bourne, New Harbinger Publications (2005) ISBN:1572244135

Behaviour Problems

Difficulties in behaviour are often the most visible sign or symptom of a student having difficulties of some sort. Sometimes the difficult behaviour is for obvious reasons, such as frustration with an assignment, conflict with another student, or a student who is tired or irritable. At other times, the difficult behaviour is hard to understand, and may not have any reason that is apparent to others (or the student).

Almost every person has some episode of difficult behaviour in their childhood. Infants may cry and fuss if they are wet or hungry. This behaviour is a sign to their parent/caregiver to feed them or change them. This is an early way in which we all use our behaviour to communicate a message.

As children grow older, they learn better ways to communicate their thoughts, their desires, and their feelings. When they don't learn better ways, or revert to more childlike ways of behaving, we identify this as a behaviour problem. Because a behaviour that may be difficult at one age, may be perfectly normal for another age, understanding child development is an important part of understanding behaviour problems.

Just as children learn language and motor skills by listening, observing, and practicing these skills, they require practice and encouragement to develop social skills, self-control, and good behaviour. Deficits in any of these skills may be due to lack of practice, limited opportunities to observe other children's behaviour, or insufficient encouragement.

Teachers working in early primary settings are familiar with the wide range of social skills, self-control skills, and behaviours that students arrive with when they first enroll. If kindergarten is a child's first opportunity to observe, practice and develop these skills, they may lag behind others who have had the chance to work on these skills in day care or play settings.



As with other skills, not all children learn new skills at the same rate. Children and young people with developmental disabilities may learn these skills at a slower rate, or may never learn some of the more subtle and sophisticated social skills. Learning difficulties may impact acquiring these skills, as well as academic skills. It is easy to see how a child who arrives for the first day of school with learning problems, behaviour that is less mature than their peers, and a difficult home situation can quickly fall behind in so many areas.

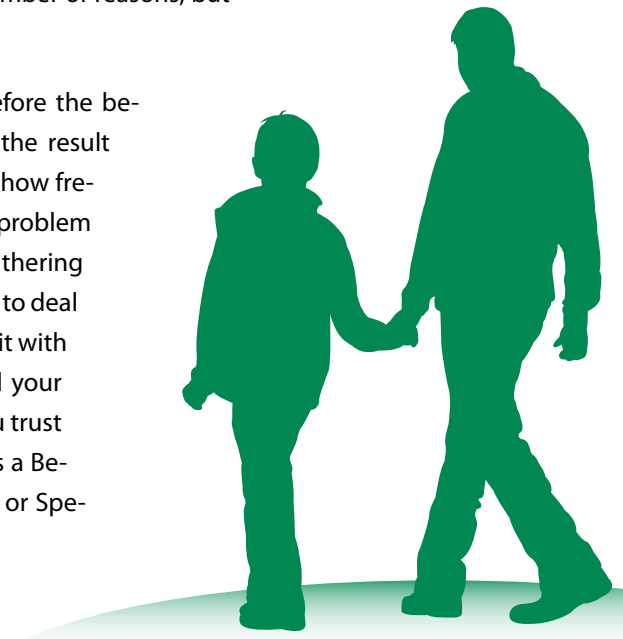
Some other problems can also compound behaviour difficulties. Children and young people with Autism have great difficulty understanding social cues and behaviours. Children and young people with physical disabilities, or with chronic illnesses may have less exposure to social situations in which they can observe and model age-appropriate behaviour. Other mental health problems such as substance abuse, attention problems, anxiety, and mood problems may also contribute to behaviour difficulties.

Many behaviour difficulties are short-lived, and may be the result of a particular situation or problem the student is facing. It is important to remember that all of us 'regress' to behaviours we learned earlier in life when we are tired, or stressed, or because our more sophisticated 'mature' behaviours don't seem to be effective. Often we communicate with behaviour when our words don't seem to make a difference!

When students who usually behave well, begin to have behaviour problems, it is helpful to gather some information, and to try to understand what the student is trying to achieve with the behaviour. You might want to note what was happening in the classroom when the behaviour became problematic, and what the result of the behaviour was.

For instance, if a student becomes disruptive whenever a particular activity is scheduled, and the result of the disruption is that they don't participate in the activity, then it might be a reasonable conclusion that they are avoiding that activity. They may not be able to express the desire to avoid the activity for a number of reasons, but their behaviour has the desired effect.

In addition to noting what was happening before the behaviour problem (the antecedent), and what the result was (the consequence), it is also useful to note how frequently the problem occurs, how severe the problem is, and how long the behaviour lasts. If after gathering this information, you still don't understand how to deal with the behaviour, it may be helpful to discuss it with someone else. Depending on your school and your Board, this might be another teacher whom you trust and respect, or the school Principal, or perhaps a Behaviour consultant, Learning Resource Teacher or Special Resource Teacher.



Signs a child may be struggling with a behaviour problem

Most all children and young people misbehave at some time when they are growing up. Some children, however, have more serious behaviour problems that may require additional help. The signs to look for include:

- The child continues to behave badly for several months or longer, is repeatedly disobedient, talks back, or is physically aggressive
- The behaviour is out of the ordinary, and seriously breaks the rules accepted in their family and community
- The behaviour is much more than childish mischief, or adolescent rebelliousness.

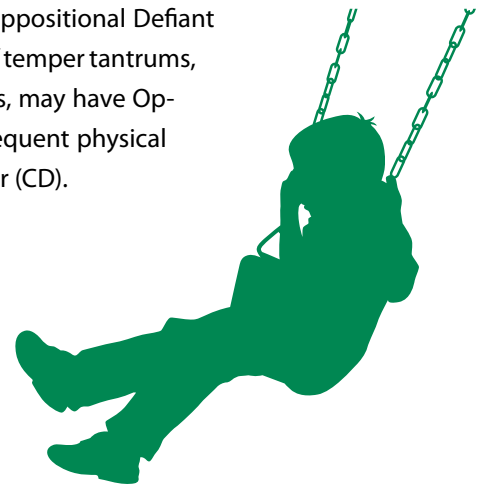
What are Behaviour Disorders?

When a behaviour problem becomes severe and chronic, it may become a behaviour disorder. This is a serious mental health problem, and that diagnosis should only be made by someone who has a good deal of experience in assessing young people. Behaviour disorders affect about 3.3% of Canadian young people (Waddell, Shepherd, 2002) so the chances that you will have at least one student with a behaviour disorder in your classroom are high.

There are two main types of disruptive behaviour disorders — Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). A child who has a lot of temper tantrums, or is disobedient or argues with adults or peers on a regular basis, may have Oppositional Defiant Disorder (ODD). More serious problems like frequent physical aggression, stealing or bullying may be a sign of Conduct Disorder (CD).

Children with Conduct Disorder often have trouble understanding how other people think. They may have trouble talking to others. They may think that other people are being mean to them or wish them harm when that isn't the case at all. Their language skills may be impaired, which means they have trouble using words and may act out instead. They may not know how to make friends with other children, and may feel sad, frustrated, and angry as a result.

Children with this condition are aggressive all the time in a way that causes problems for them and their family. They may threaten or actually harm people or animals, or they may damage or destroy property. They may steal or shoplift, or even be involved in breaking and entering. They often lie or try to 'con' other people. They frequently skip school.



Types of Behaviour Disorders

Oppositional Defiant Disorder (ODD)

Oppositional Defiant Disorder (ODD) is a type of behavior problem in which children are openly hostile, uncooperative, and irritable. They lose their tempers and are mean and spiteful towards others. They often do things to deliberately annoy other people. Most of their defiant behaviour is directed at authority figures, but they also sometimes behave the same way towards their siblings, playmates, or classmates. Their home life, school life, and peer relationships are seriously negatively affected because of the way they think and behave.

Conduct Disorder (CD)

Conduct Disorder (CD) is sometimes a later, more serious, phase of Oppositional Defiant Disorder (ODD). A child with CD is not just a child being 'bad'; CD is a serious psychiatric disorder that requires professional help.

What's normal and what's not?

It is important to understand that children can start acting out when there are other stresses in their lives. It may be that there has been a death in the family, or their parents are having arguments, or they are being bullied at school. Reassuring the child and providing extra care may help to get them through these stressful times. But if the child doesn't feel better and their behaviour doesn't improve, it is important to seek professional help, particularly if the problems last many months and are severe.

What causes behaviour problems?

Many children with Oppositional Defiant Disorder ((ODD) have other mental health problems like depression, anxiety, or Attention Deficit/Hyperactivity Disorder (AD/HD). Their difficult behaviours are often a reaction to the symptoms of these conditions.

Children with ODD are more likely than other children to have a family history of behavior problems, mood problems, or substance abuse. Sometimes if caregiving is poor, supervision is lacking, or there is family discord or exposure to violence, children will respond by developing the symptoms of ODD. Having a mother with untreated depression also makes children more likely to have ODD. Both ODD and CD are associated with harsh parenting practices.

How common are they?

Disruptive behaviour disorders appear to be more common in boys than in girls, and they are more common in urban than in rural areas. It is difficult for everyone to agree on how to measure behaviour problems, but between 5% and 15% of school-aged children have Oppositional Defiant Disorder (ODD). A little over 4% of school aged children are diagnosed with Conduct Disorder (CD).

How long do they last?

Behaviours that may signal the beginnings of ODD or CD can be identified in preschoolers. Some children with ODD may eventually mature and gain better control of their symptoms, but some do not. Some may go on to develop CD. Children and adolescents with CD whose symptoms are not treated early are more likely to fail at school and have difficulty holding a job later in life. They are also more likely to commit crimes as young people and as adults.

Educational implications

Behaviour problems can disrupt the education of both the student with a behaviour problem, and of other students in the classroom. Time spent out of the classroom because of behaviour problems may mean that a student misses instructional time.

Students who have difficulty with understanding or following the behavioural expectations in the class may also be having learning problems. Students who are struggling to understand their school work may be frustrated and irritable, and have a lower tolerance for events that other students could ignore.

Conversely, these students may find it more acceptable to 'act out' behaviourally, rather than acknowledge that they don't understand their school work. This behaviour can irritate and alienate other students in the classroom, and make them less likely to provide help and assistance with the school work.

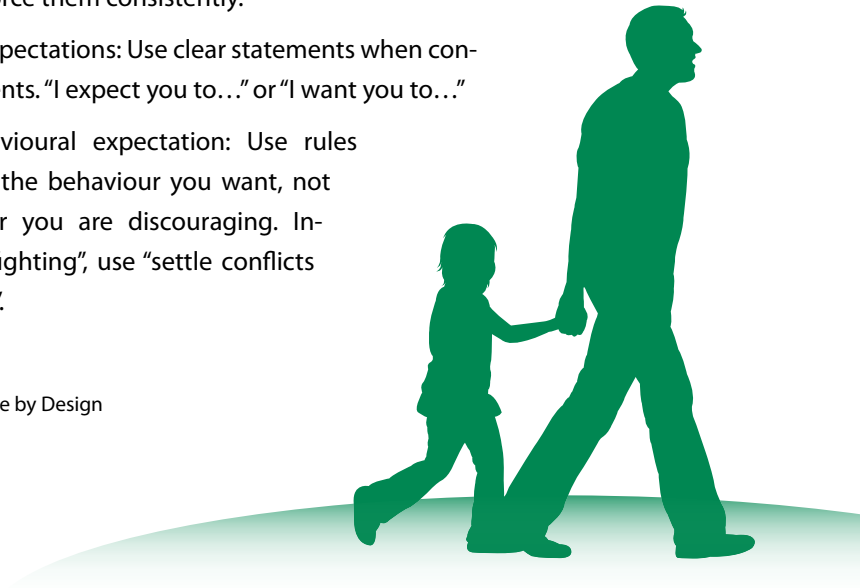




Behaviour Problems: Suggestions for supporting your student in school

- Focusing: Be sure you have everyone's attention before you start your lesson.
- Direct Instruction: Begin by telling the students exactly what will be happening.
- Monitoring: Get up and go around the classroom to ensure that everyone has started, and is on the right page.
- Modelling: Model the quiet respectful behaviour you want from your student.
- Non-verbal Cuing: Try hand gestures, facial expressions, or other signals that can let a student know their behaviour is not acceptable, without involving the entire classroom.
- Environmental Control: Think about how you can make your classroom a warm and inviting environment. Some students may need a quieter corner with fewer distractions.
- Low-Profile Intervention: Many major problems start out as minor problems that escalate. Ensure that students are not rewarded for misbehaviour by becoming the centre of attention.
- Assertive Discipline: Ensure you communicate the expectations and enforce them consistently.
- Personalize Expectations: Use clear statements when confronting students. "I expect you to..." or "I want you to..."
- Positive behavioural expectation: Use rules that describe the behaviour you want, not the behaviour you are discouraging. Instead of "no fighting", use "settle conflicts appropriately".

Adapted from Discipline by Design
www.honorlevel.com





More information

Books

The Difficult Child

Stanley Turecki, Bantam; 2nd Rev. Ed. (2000) ISBN: 0553380362

Your Defiant Child: Eight Steps to Better Behavior

Russell Barkley, Guilford Press (1998) ISBN:1572303212

Responding to Problem Behavior in Schools: The Behavior Education Program

Deanne A. Crone, The Guilford Press; (2003) ISBN-13: 978-1572309401

Functional Assessment: Strategies to Prevent and Remediate Challenging Behavior in School Settings

Lynette K. Chandler, Prentice Hall; (2009) ISBN-13: 978-0138126926

School-Based Interventions for Students with Behavior Problems

William R. Jenson Springer; (2003) ISBN-13: 978-0306481147

Websites

American Academy of Child and Adolescent Psychiatry

www.aacap.org/publications/factsfam

Canadian Paediatric Society

www.caringforkids.cps.ca/behaviour

Mood Problems

Mood problems affect a person's thoughts, how they feel about themselves and the way they think about things. The most common mood problem is depression. Even very small children can experience depression, although the way they express the feeling may not be the same as an adult.

Very young children show that they are depressed by the way they behave. They may not be able to tell people how they feel. Instead, they will say they have a stomachache, a headache, or other aches and pains.

In teenagers, a certain amount of moodiness is to be expected. Sometimes, though, teenagers can become seriously depressed.

Children and adolescents who are depressed may seem as though they are not paying attention in class, or that they are ignoring what their parents say. If combined with other behaviours, like feeling sad all the time or crying easily, this is often a symptom of depression.

Other symptoms of depression include irritability and loss of interest in activities the child used to enjoy, like sports or going out with friends. Anxiety is often present, too.

Depressed teens are at high risk for suicide. It is very important that parents, other caregivers, and teachers are aware of the symptoms of depression in children and adolescents. Depression that is not treated can also lead to long-term health problems.

How common are mood problems?

Roughly 3.5% of children and youth have an mood disorder that is serious enough to require treatment.

How long do they last?

While some mood problems may go away on their own, untreated mood problems can become a life-long struggle. There are effective treatments available for mood problems, including medication and therapies.

What causes mood problems?

Symptoms of depression in children and adolescents can be related to a number of things. It can be triggered by a sad or painful event like a death in the family. It can develop in children who observe constant fighting between their parents. It can also result from the child experiencing parental neglect or abuse. However, being prone to more serious kinds of mood problems also is passed along genetically. This likely happens because chemicals in the brain that help regulate mood are not working properly. The combination of a genetic pre-disposition and a triggering event may bring about the depression.

What's normal and what's not?

There is a difference between feeling sad and being depressed. Sadness tends to be felt over a short period of time and is related to a specific event. It has milder effects on one's day-to-day life.

Some of the more common signs a child or youth may be struggling with depression

- Prolonged sadness that persists for weeks or months.
- Low energy and loss of interest in activities.
- Low self-esteem
- Isolated, quiet
- Irritable
- Defiant or disruptive
- Fidgety or restless, distracting other students.
- Negative talk about self, the world, or the future.
- Excessive crying over relatively small things.
- Frequent complaints of aches and pains.
- Social isolation/difficulty sustaining friendships.
- Avoids interacting with other children.
- Difficulty thinking, concentrating or remembering.
- Difficulty getting things done, such as homework.
- Difficulty commencing tasks, staying on task or refusal to attempt tasks.
- Sits in the back of the classroom and does not participate.
- Refusal to do school work, and general noncompliance with rules.
- When asked why they aren't doing their work says, "I don't know", "It's not important", or "No one cares, anyway".
- Showing up late or skipping school.
- Frequent absence from school.
- Drop in grades.

Educational Implications:

Children and youth who are experiencing a mood disorder may have difficulty focusing in the classroom, and in completing assignments. They may be easily frustrated by tasks that they have previously completed without difficulty. This can affect their school performance, and lead to further difficulties with mood.

In the classroom they may appear sad or withdrawn. They may avoid other students at break, and in the playground. They may complain of feeling tired, or of not having any energy.

Students who are experiencing mood problems may also not enjoy activities that they enjoyed in the past. They say things like “What’s the use?” or “It just doesn’t matter anyway”.

While all students may express some of these thoughts, when this is a change from their usual mood, and when it lasts for several weeks, it may be time to share your observations and concerns with others.



Depression: Suggestions for supporting your student in school

- Being successful and accomplishing tasks increases self-esteem so find ways to insure the student has chances to achieve, even at his/her lower energy level and reduced ability to concentrate.
- Eliminate less important work until the student is in recovery.
- Make positive statements that reflect his/her own past successes.
- Make a special contact with the student each day. Maybe a specific greeting at the door followed by a question about something that has been of interest to the student.
- Give more time, break assignments into smaller pieces, offer extra help in setting up schedules or study habits, or pair the student with others who express an interest in helping.
- Depression impairs students’ ability to learn and concentrate. They may work more slowly than other students. Shorten assignments or allow more time for them to be completed.
- Children and adolescents who are depressed are more sensitive to criticism. Corrections should be put in the context of a lot of praise and support.
- Depressed students often feel as if they have little to contribute. It is helpful to show confidence, respect, and faith in the student’s abilities.
- Ask open-ended questions in class for which there is no clearly correct answer. These kinds of questions minimize any chances for embarrassment.
- Check your Board’s procedures for dealing with students who are expressing suicidal thoughts. Seek direction from your principal if you have questions about what to do.



More information

Websites

American Academy of Child and Adolescent Psychiatry

www.aacap.org/cs/root/facts_for_families/the_depressed_child

National Institute of Mental Health

www.nimh.nih.gov/health/topics/depression/depression-in-children-and-adolescents.shtml

Mood Disorders Canada

www.mooodisorderscanada.ca

Books

More Than Moody: Recognizing and Treating Adolescent Depression

Harold Koplewicz, G.P. Putnam's Sons (2002) ISBN-13: 978-0399529122

Lonely Sad and Angry: How to help your unhappy child

Barabara Ingersoll and Sam Goldstein, Specialty Press/A.D.D. Warehouse (2001) ISBN-13: 978-1886941458

Books for Young People

What's Your Mood: A Good day/bad day/in-between day book

Kimberly Potts, Adams Media Corporation (2004) ISBN-13: 978-1593372170

Attention Problems

Children can seem not to be paying attention when they should because they are daydreaming or are distracted by something going on in their life. They may run around simply because they have a lot of energy to burn.

Some children may not appear to have attention problems in some settings. In other settings, especially those where it is more important to pay attention, such as school, they may have difficulty.

There is a small group of children, however, who continually have difficulty paying attention and staying still. Their behavior gets them into trouble at home, at school, and in the neighborhood. It can affect their social skills and make it difficult for them to make and keep friends. As a result, they can experience sadness and feelings of rejection. Their impulsive behaviour and lack of judgment may also bring them into conflict with the law. These young people need to be seen by a health professional to find out whether or not they have Attention Deficit Hyperactivity Disorder (ADHD).

Children with ADHD are at high risk of school failure. Many also have other psychiatric conditions. They may suffer from anxiety, mood problems, oppositional defiant disorder (uncooperative and defiant behaviour) and conduct disorder (seriously aggressive behaviour that can include theft, bullying and vandalism). They also have higher rates of alcohol, nicotine, and other drug abuse in adolescence, especially if their emotional and behavioural problems are not addressed.



What's normal and what's not?

All children can get very excited at times. They may make lots of noise, and run around. Children also daydream and may ignore requests – to do their homework or make their bed, for instance. That's normal. What's not normal is regularly being unable to sit still for any length of time, running into the road without thinking, or having problems paying attention at all. These behaviours may or may not indicate ADHD, but they are a sign that the child should be seen by a health professional.

There is no test that can say with certainty that a child has a serious attention problem. A diagnosis of ADHD is usually made based on the health professional's own observations as well as reports from parents, teachers, and others who know the child.

How common is ADHD?

About 5% of school children have ADHD. More boys than girls have the condition.

How long does ADHD last?

About 80% of children with ADHD will still have symptoms when they are in high school. About half of those teens will still have symptoms as adults.



What causes AD/HD?

Studies of twins have shown that there is likely a genetic basis for ADHD. Genes that actually cause the disorder have yet to be identified, although many possibilities have been proposed. ADHD does tend to run in families: about 25% of parents whose children have AD/HD also have, or have had, AD/HD or another condition such as depression.

We know as teachers that you usually have more than one student in your class with ADHD and that can be very challenging. It is important to remember that ADHD is a mental health issue.

Signs of hyperactivity

- Not being able to sit still; fidgets.
- Talking non-stop.
- Leaving seat when sitting is expected/instructed.
- Difficulty playing quietly.



Signs of inattention

- Being easily distracted.
- Failing to pay attention to details and making careless mistakes.
- Forgetting things such as pencils, that are needed to complete a task.
- Rarely following directions completely or properly.
- Not listening to what is being said.
- Avoiding or showing strong dislike for schoolwork or homework that requires sustained mental effort.

Signs of impulsivity

- Being unable to suppress impulses such as making inappropriate comments.
- Shouting out answers before a question is finished.
- Hitting other people.
- Difficulty waiting for their turn.
- Low boiling point for frustration.
- Poor judgment

Educational Implications

Attention problems have a major impact on educational achievement. Students who have difficulty focusing their attention may not hear important instructions in the classroom, may have difficulty focusing on the task before them, and often have difficulty completing tasks.

While some students with attention problems are very intelligent, about half of students with attention problems also have a diagnosable learning problem (you can be very intelligent and having a learning problem). It is often difficult to sort out which problem causes a specific difficulty the student is experiencing, so the classroom teacher will need to focus on both the learning problem and the attention problem.

Students with attention problems do best in structured settings, with predictable routines. For suggestions on managing students with ADHD in the classroom, see Teach ADHD at www.teachadhd.ca.





ADHD: Suggestions for Supporting Your Student in School

Students with ADHD:

- Respond best to immediate rewards and consequences.
- Are visual learners
- Will do best in classroom with well-defined rules, posted schedules, reduced stimulation (away from windows, doors) but without isolating them. Without guidance, they may get lost in thoughts.
- How you can help your student succeed in the classroom.
- Find out what they love – ‘emotional side of learning.’
- Break goals down into many smaller goals.
- Record each day’s homework in a journal.
- Provide encouragement such as stars or small, frequently-changing rewards.
- Use checklists
- Provide a specific, organized ‘place’ for all activities.
- Create a self-monitoring system, like counting the number of times out of seat, in seat, etc.
- Give smaller assignments, less homework.
- Break down task or assignment into manageable parts.
- Write the assignment on rewards the board and repeat.
- Record each day’s homework in a journal or notebook for the student to take home.
- Write the assignment on the board and repeat the assignment aloud. Appealing to multiple senses works well for children with ADHD.



More information

Websites

Teach ADHD

www.teachadhd.ca

Centre for ADHD/ADD Advocacy, Canada

www.caddac.ca

Children with Attention Deficit Disorder

www.chadd.org

National Institute of Mental Health

www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml

Books

ADD/ADHD Behaviour Change Resource Kit: Ready-to-Use Strategies & Activities for Helping Children with Attention Deficit Disorder

Grad L. Flick, Jossey-Bass (2002) ISBN: 0876281447

How to Reach and Teach Children With ADD/ADHD

Sandra F. Rief, Jossey-Bass (2005) ISBN: 0787972959

Taking Charge of ADHD

Russell A. Barkley, Guilford Press (2000) ISBN:1572305606

Academic Success Strategies for Adolescents with Learning Disabilities and ADHD

Esther Minskoff & David Allsop (2003). Paul Brookes Pub. ISBN-13: 978-1557666253

Teaching Teens With ADD and ADHD: A Quick Reference Guide for Teachers and Parents

Chris Zeigler-Dendy Woodbine House (2000) ISBN-13: 978-1890627201

Books for Young People

The Survival Guide for Kids with ADD or ADHD

John F. Taylor Free Spirit Publishing (2006) ISBN-13: 978-1575421957



More information, continued

Cory Stories: A Kid's Book About Living With ADHD

Jeanne Kraus, Magination Press; (2004) ISBN-13: 978-1591471547

The "Putting on the Brakes" Activity Book for Young People With ADHD

Patricia O. Quinn, Judith M. Stern Magination Press; (1993) ISBN-13: 978-0945354574

Books for Teens

A Bird's-Eye View of Life with ADD and ADHD: Advice from Young Survivors

Chris A. Zeigler Dendy Cherish the Children (2003) ISBN-13: 978-0967991139

Does Everyone Have ADHD?: A Teen's Guide to Diagnosis And Treatment

Christine Petersen Children's Press(CT) (2007) ISBN-13: 978-0531179758



Drug and Alcohol Problems

There are many reasons why teenagers might use drugs. Some do it as a form of rebellion against authority. Others may be trying to fit in with a group of friends who use drugs. They may do it out of curiosity, because it feels good, or because it provides relief from unpleasant emotions and makes them feel better.

Teens, and even older children, may use 'legal' substances like tobacco, alcohol, glue, gasoline, diet pills, over-the-counter cold remedies, or prescription pain killers (like OxyContin®). Some may then go on to use illegal drugs like marijuana, LSD, cocaine, crack cocaine, heroin, PCP, amphetamines, methamphetamine, or Ecstasy.

Substance use becomes substance abuse when a person continues to use drugs or other substances even when it may lead to serious personal consequences. These consequences can include family problems, losing friends, getting expelled from school, losing a job, or getting into trouble with the law. Some people continue to use drugs because they want to. Others become psychologically or physically dependent on them.

Dependence (also called "addiction") is considered by some researchers to be a kind of brain disorder in which chemical changes in the brain that initially result from taking drugs, then make using drugs difficult to resist. As the dependence worsens, not using the substance can cause severe withdrawal symptoms like restlessness, inability to sleep, or nausea. People who are dependent on drugs can even feel driven to engage in criminal acts to get money for their next dose. Property crimes like break and enter, theft from family members, shoplifting, or even armed robbery is often related to drug abuse.



There have been many reports of teens being injured or dying when swimming or driving after drinking or using other drugs. Injecting drugs can lead to hepatitis (a serious liver disease), HIV-AIDS, tetanus (a potentially fatal disease that causes serious muscle spasms), or blood poisoning. Inhaled drugs like cocaine can 'burn' a hole inside the nose, or cause heart attacks or strokes.

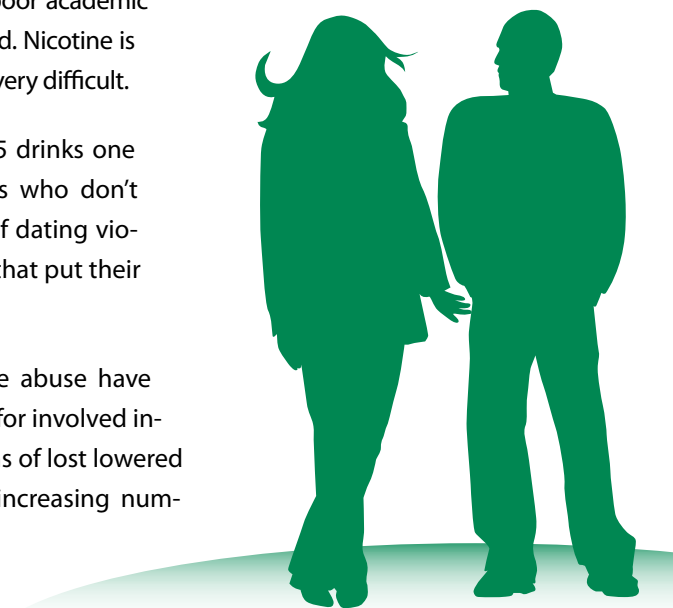
Marijuana may cause some vulnerable teenagers to become psychotic. Being psychotic means having hallucinations like hearing voices or seeing things that aren't there, having trouble thinking clearly, or having thoughts that don't make sense to other people. So, even though it may not seem as 'toxic' as other drugs, for some people marijuana can lead to serious effects that will require long-term treatment.

In the past few years, teens have begun using an extremely addictive synthetic drug called "crystal meth." Methamphetamine is a prescribed stimulant medication that is used legitimately to treat attention deficit disorder or the sleep disorder narcolepsy. Crystal meth is a type of methamphetamine that is 'cooked up' using toxic and volatile substances like paint thinner, drain cleaner, or the lithium from batteries. When smoked or inhaled, it has serious physical and mental consequences that may not get better over time. Irregular heartbeat, damage to brain blood vessels that can cause strokes, severe depression, or symptoms of Parkinson's Disease related to brain damage can occur. Withdrawal is very difficult for the addicted individual and relapse is frequent. Another distinct feature of crystal meth use is the number of children who are neglected or abused by their addicted parents. Crystal meth use is a growing problem in North America, but in comparison to other drugs, its use is still fairly rare.

However, alcohol and tobacco, both legal substances that are readily available and widely used, can cause even greater harm to physical health and social development than many illegal substances. Cigarette smoking is a major cause of death from heart disease, stroke, cancer, and lung disease in adults. The addiction to cigarettes often starts in adolescence or in some people, even in late childhood. Early, continued use is associated with depression and anxiety during adolescence and with poor academic and social-emotional outcomes in adulthood. Nicotine is a highly addictive substance and quitting is very difficult.

Teens who binge drink (have more than 5 drinks one after another) are more likely than teens who don't binge to do badly at school, be a victim of dating violence, attempt suicide, or do other things that put their health at risk, like having unprotected sex.

The outcomes that result from substance abuse have costs not only from the lost opportunities for involved individuals but to society as a whole, in terms of lost lowered productivity, increased crime rates, and increasing numbers of homeless people on our streets.



What's normal and what's not?

It's not unusual for a teenager to try alcohol, tobacco, or other drugs occasionally. However, if the drug use is chronic and causes personal or family problems, it can be a sign of something more serious, including a psychiatric disorder.

How common is substance use?

Overall, nearly 6 in 10 students in grades 7 to 12 report using alcohol in the prior year. The number of students reporting that they use alcohol changes from 23% in Grade 7 to 83% by Grade 12. Nearly half (48%) of Grade 12 students report they had 5 or more drinks on at least one occasion in the past year.

Like alcohol use, reported cannabis use in the prior year increases as students move through the grades. Only 1 in 1000 (1.1%) of Grade 7 students report using cannabis in the past year, while 45.6% of Grade 12 students report they have used cannabis in the past year.

Other substances that students reported using include opioid pain relievers (17.8%), cigarettes (11.7%) and solvents (5.3%). These numbers are from the Ontario Student Drug Use and Health Survey done in 2009. Complete results are available at: www.camh.ca/Research/osdus.html



What causes substance abuse?

Children and adolescents with disruptive behaviour disorders (attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorders, or Conduct Disorder) are most likely to use drugs or sniff gasoline or glue. Teens using substances may have other mental health problems, such as depression or anxiety disorders such as a fear of social situations. Some have post-traumatic stress disorder – a type of anxiety disorder caused by serious trauma usually related to early history or current experience of physical or sexual abuse. Substance use is also frequently seen in adolescents with bulimia (an eating disorder) or with schizophrenia, a very serious mental health disorder.

Drug use and mental health problems seem to go together, but no one knows which comes first. Some kids who are anxious or depressed use drugs to try to make themselves feel better. On the other hand, it is possible that using the drugs makes teens experience those feelings. When teens feel bad about themselves and feel they don't fit in anywhere, they may find a like-minded group of friends who use drugs. Not knowing how to resist peer pressure, or choosing not to resist it, increases the likelihood of engaging in substance abuse. Teens who had been lonely and without friends during middle childhood also seem to be more likely to abuse drugs or other substances during adolescence.

There are also environmental and social factors that increase the likelihood that a child or teen will engage in substance abuse. Some have a family history of alcoholism or drug abuse and are exposed to drinking and drugs in the home. Others come from low income/low education families, from families who are involved in domestic violence, or where there are parental mental health problems. Peer influence can be just as strong as family influences. Children and teens who befriend substance-using peers are more likely to use drugs and other substances themselves. Growing up in a poor or crime-ridden neighbourhoods also contributes to high rates of substance abuse in children and teens.



Signs of Possible Substance Abuse Problem

- Change in personality or baseline mood.
- Drop in grades and classroom performance.
- Increase in absences from school or classes.
- Dropping old friends and getting 'new' friends.
- Loss of interest in sports or other extra-curricular activities
- Deterioration of personal grooming habits.
- Forgetfulness or difficulty paying attention.
- Sudden aggressive behavior, irritability, nervousness, or giddiness.
- Increased secretiveness or heightened sensitivity to inquiry.



How long do substance use problems last?

Some older children and teens try illicit drugs only once or, at most, a few times. A smaller group may go on to become chronic users, becoming addicted to cocaine, heroin, tobacco, or alcohol, and may need long-term treatment. Substance abuse that begins in late childhood or early adolescence tends to persist and be more severe in adulthood. Tobacco use that begins in adolescence is associated with poor outcomes in adulthood, including depression, poor physical health, reduced income compared to non-smoking peers, and fewer years of education.

What treatment is effective?

First of all, prevention is the ideal way to deal with the problem of substance abuse. It is also important to know that some treatments, like group therapy with other young people who have been engaged in criminal activity, may cause more harm than good by causing more drug use or antisocial behaviour.

However, comprehensive programs have been found to work best to treat established substance abuse problems. These include all or some of the following components:

- Medications or cognitive behavioural therapy (CBT) that address underlying mental health problems have shown promise in the treatment for substance abuse.
- Family therapy should be used in addition to other treatments to reduce family conflict.
- Interventions that help increase motivation may help teens stay in recovery.
- Long-term follow up of any treatment is recommended because substance use is a chronic disorder.

Educational implications

Students who are having problems with abusing alcohol or other substances may have difficulty focusing on classroom activities, or may behave in inappropriate ways. They may also have increased absences from school, and fall behind in their school work. They may present a safety hazard in courses that involve using machinery or require good judgment.

Check your Board's procedures for dealing with students who appear to be intoxicated or under the influence of drugs. Seek direction from your principal if you have questions about what to do.



Substance abuse: What teachers can do

Teachers have a unique prevention opportunity to provide education that teaches children the necessary substance use/abuse knowledge and skills to make healthy lifestyle choices.

- Incorporate lessons about alcohol and other drugs into the curriculum.
- Talk to students about why people may use drugs and alternative things they could do.
- Examining one's own personal values and beliefs related to substance use and abuse.
- Reflect on personal or familial experiences with alcohol and other drugs.
- Be a strong role model for students by modeling positive behaviours, providing guidance and support, and helping student to make smart decisions.
- Know the general signs or symptoms indicating that a young person may have a substance use problem and/or a mental health concern.



More information

Website

The Centre for Addictions and Mental Health

The Centre for Addictions and Mental Health has many helpful resources for teachers on mental illness and substance use problems. Visit their website at www.camh.net.

Books

Preventing Addiction

John C. Fleming, CrossHouse Publishing, ISBN-13: 978-0929292458

Drinking and Drugs in My Family: A Child's Workbook About Substance Abuse in the Family

Wendy Deaton, Hunter House, ISBN-13: 978-0897931526

Parenting 911: How to Safeguard and Rescue Your 10 to 15 Year-Old from Substance Abuse, Sexual Encounters, Violence, Failure in School, Danger on the Internet, and Other Risky Situations

Charlene C. Giannetti, Broadway, ISBN-13: 978-0767903219

Adolescent Drug & Alcohol Abuse: How to Spot It, Stop It, and Get Help for Your Family

Nikki Babbit, Patient Centered Guides, ISBN-13: 978-1565927551

Drug Abuse: A Family Guide to Detection, Treatment & Education

A. James Giannini, Practice Mgt Information Corp, ISBN-13: 978-1885987112

A Teen's Guide To Living Drug Free

Bettie B. Youngs, HCI Teens, ISBN-13: 978-0757300417

Addiction: An Information Guide

Centre for Addition and Mental Health, ISBN-13 978-0-88868-483-7

Self-harm (or the official term, non-suicidal self-harm) is the deliberate attempt to harm oneself and in most cases, is done without conscious intent to commit suicide.

The most common type of non-suicidal self-harm behaviour is self-injury, which is the deliberate damaging to one's body.

Although cutting is the most common type of self-harming, self-harm can include self-poisoning, burning, scalding, and self-inflicted hitting. Young people engage in self-harm as a way of coping with problems and emotional distress.

What's normal and what's not

Very little is known about self-harm behaviour, especially in young people. Many young people who harm themselves report that it provides a way to manage intolerable feelings such as sadness, anxiety, or emotional numbness. Once the behaviour is started, the endorphins or natural pain relieving substances produced in our bodies, can provide an additional stimulus to continue the behaviour.

How common is self-harm

Self-injury behaviours start on average at age 15, and are most commonly seen in teenagers and young adults. In one study of Canadian youth aged 14-21, 17% were shown to have self-harmed, and it is twice as common in females (21%) than in males (8.7%)

Many adults worry that adolescents engage in self-injurious behaviour because of a positive social status connected with self-harm. Most young people report that they started the behaviour on their own, and had neither read about or known about self-harm behaviour before they started.

What causes self-harm problems

It is believed the people self-harm in order to cope or deal with some stress. Some of the underlying reasons given include:

- Getting relief from painful or distressing feelings.
- Dealing with feelings of numbness.
- Communicating pain or distress to others.

All of these underlying reasons are actually quite healthy; just that self-harm is an unhealthy way to achieve these goals.

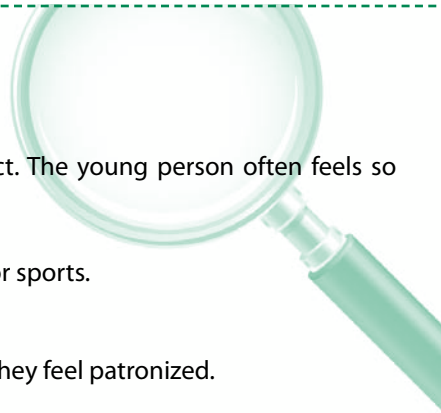
Risk factors include

- Eating disorders
- Physical, emotional or sexual trauma or abuse.
- Depression, paranoia or obsessive-compulsive disorder.
- Low self-esteem and self-worth.
- Bullying
- Feelings of shame, humiliation, and rage may set off incidences of self-harm in a young person.

Signs of Possible Self-Harm

Self-injury is often kept secret, making it difficult to detect. The young person often feels so ashamed, guilty or bad that they can't face talking about it.

- Refusing to wear short sleeves or to take off clothing for sports.
- Numerous unexplained scars, burns or cuts.
- May voice concerns that others do not listen and that they feel patronized.





Self Harm: How Teachers Can Help

- Prevention efforts include helping students to express and identify their feelings, while also developing healthy behavioral coping skills.
- Simply be available, whenever possible, to talk to a child who self-harms can make all the difference, as feelings of isolation are often part of the problem.
- Consult with your school counselor.
- Let the young person know that self-harm is common and that they are by no means alone.
- Make sure that they know who they can go to in your local area for professional help
- Encourage the young person to think about what changes they would like in their life and environment in order to stop harming themselves.
- Support the young person to understand triggers of self-harm and techniques they can use if they feel the urge to hurt themselves.
- Encourage students to let you know if someone in their group is in trouble, upset or shows signs of harming themselves. Help them to understand that if their friend is in danger of seriously harming themselves it's okay to tell someone.

Self-harm is generally an attempt at coping with a stress, and is distinct from actual attempts to end one's life.

Self-harm behaviours can continue over time if the underlying stresses are not adequately dealt with and in some cases can even progress to active thoughts of suicide. The presence of self-harm behaviours should therefore lead to a more in-depth assessment by a professional to look for thoughts of suicide.

If you have any concerns that a student may be self-harming, you should discuss those concerns with the resource staff or your principal. Professional help to deal with this problem will likely be required.

Bipolar Disorder

In bipolar disorder, episodes of depression alternate with episodes of mania. These episodes of depression and mania may last for months, or they may 'cycle' more rapidly, with moods change from high to low in weeks or days.

Many of the symptoms are similar to those seen with ADHD. Careful assessment and diagnosis is needed to ensure that the child gets the help they need.

Bipolar disorder and depression are often classed together as "mood disorders". Most young people will experience a depressed episode first, with the first manic episode appearing months or even years later. There is considerable controversy about how rapidly these moods can cycle.

What's normal, and what's not?

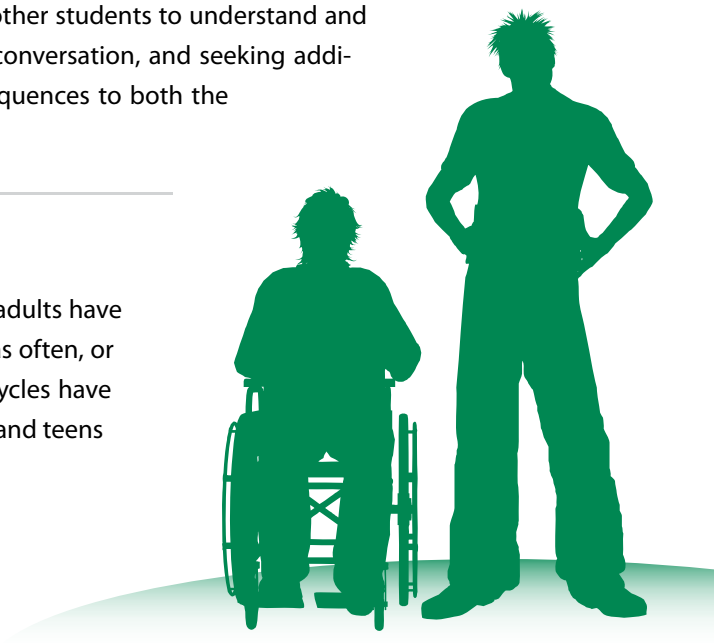
Many students will experience occasional periods of sadness and distress. Similarly, many students will feel in a very good mood for some extended periods of time. When the periods of sadness last for more than 8 weeks, then further help should be sought.

Manic periods may include some symptoms that go well beyond a 'good mood'. The student may speak rapidly, as though they can't get their thoughts out quickly enough. They may have grandiose ideas, for instance that they are about to become a movie star, or a famous musician. They may insist that they know more about a subject than an expert on the topic.

All of these behaviours can be difficult for other students to understand and manage. Setting appropriate limits to the conversation, and seeking additional help may help limit the social consequences to both the affected student and their peers.

How common is Bipolar disorder

It is estimated that between 3% and 5% of adults have bipolar disorder. Because it may not occur as often, or not be accurately diagnosed until several cycles have been seen, the rate of diagnosis in children and teens is lower.



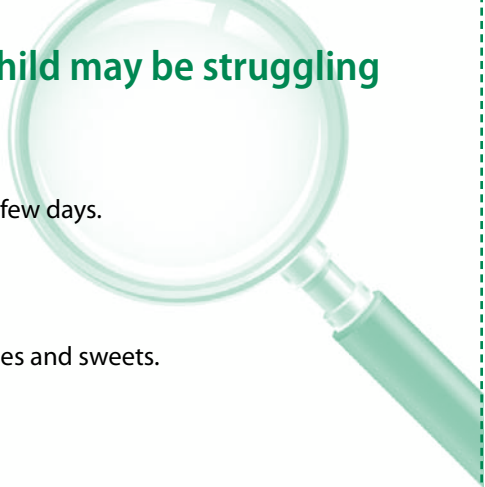
How long does bipolar disorder last?

Bipolar disorder is a major mental illness, with life-long consequences. These students with a diagnosis of bipolar disorder will most likely, or should be, under the care of a doctor or mental health professional.

What causes Bipolar disorder

Bipolar disorder is a disorder that runs in families, but has a complex pattern of inheritance. If one identical twin has a bipolar disorder, the other twin has a 43% chance of having the disorder as well. If they are fraternal twins, the chances drop to 6%. If one parent has bipolar disorder, about one quarter of their children will have a mood disorder. These mood disorders will be split about 50-50 between bipolar disorder and depression.

Some of the more common signs a child may be struggling with bipolar disorder

- 
- Rapidly changing moods lasting a few minutes to a few days.
 - Separation anxiety
 - Crying for no apparent reason.
 - Strong and frequent cravings, often for carbohydrates and sweets.
 - Hyperactivity, agitation, and distractibility
 - Depression
 - Expansive or irritable mood
 - Excessive involvement in multiple projects and activities.
 - Impaired judgment, impulsivity, racing thoughts, and pressure to keep talking.
 - Impulsive, talkative, distractible, withdrawn, unmotivated, or difficult to engage.
 - Grandiose belief in personal abilities that defy logic (ability to fly, knows more than the teacher).
 - Explosive, lengthy, and often destructive rages
 - Defiance of authority
 - 'Dare devil' behaviors

Even when moods are stable. the condition often causes cognitive deficits. including the ability to:

- Pay attention.
- Remember and recall information.
- Use problem-solving skills.
- Think critically, categorize and organize information.
- Quickly coordinate eye-hand movements.

Educational Implications

Students with bipolar disorder may fluctuate considerably in their ability to attend school, concentrate in the classroom, and complete assignments. During depressive episodes, they may appear sad or withdrawn. They may avoid other students at break, and in the playground. They may complain of feeling tired, or of not having any energy. During manic episodes, they may have a great deal of energy, have difficulty focusing on the task at hand, and make grandiose plans.

This fluctuation in mood can alienate other students and lead to interpersonal conflicts and social isolation.

If you have any concerns that a student may be suffering from a Bipolar Disorder, you should discuss those concerns with the resource staff or your principal. Professional help to deal with this problem will likely be required.





Bipolar Disorder: Suggestions for Supporting Your Student in School

- Check-in on arrival to see if the child can succeed in certain classes that day. Where possible, provide alternatives to stressful activities on difficult days.
- Schedule classes later in the day when the student may be more alert and better able to learn.
- Allow more time to complete certain types of assignments.
- Adjust the homework load to prevent the child from becoming overwhelmed.
- Adjust expectations until symptoms improve. Helping a child make more attainable goals when symptoms are more severe is important, so that the child can have the positive experience of success.
- Set up a procedure that allows the child to quickly and safely exit from an overwhelming situation.
- Ask about their medications and side effects.
- Learning and cognitive difficulties can vary in severity from day to day. Despite normal or high intelligence, many children with bipolar disorder have processing and communication deficits that hinder learning and create frustration.
- Because transitions may be particularly difficult for these children, allow extra time for moving to another activity or location. When a child with bipolar disorder refuses to follow directions or to transition to the next task, schools and families should remember that anxiety is likely the cause and is not intentional.
- Use strategies at school that are consistent with those used at home.
- Encourage the child to help develop interventions. Enlisting the child will lead to more successful strategies and will develop the child's ability to problem-solve.



More Information

National Institute of Mental Health

www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml

Eating Problems

Eating is a basic human activity that everyone must undertake for energy and nutrition. When young people, especially young women, become so concerned with what they are eating that it interferes with their schooling, their social life, and their health, then we are concerned that they may have an eating disorder. Eating disorders are a life-threatening condition that should be assessed by a experienced mental health professional.

Eating disorders centre around a preoccupation with food, weight and personal body image. They include anorexia nervosa and bulimia nervosa. Both are serious mental health disorders that can have life-threatening consequences. Understanding the 'warning signs' helps teachers to support early intervention for students at risk of having an eating disorder. Young people who have an eating disorder require medical and emotional support.

An excellent resource for teachers on eating disorders is available to read or download through the BC Ministry of Education website at www.bced.gov.bc.ca/specialed/edi/welcome.htm.

Types of Eating Disorders

Anorexia nervosa is self-starvation. Young people with this disorder intentionally deprive themselves of food, even though they may be very thin. They have an intense and overpowering fear of body fat and weight gain.

Bulimia nervosa is characterized by cycles of binge eating and purging, either by vomiting or taking laxatives or diuretics (water pills). The young person has a fear of body fat even though their size and weight may be normal.

Overexercising is exercising compulsively for long periods of time as a way to burn calories from food that has just been eaten.

Binge eating disorder means eating large amounts of food in a short period of time, usually alone. The eating is often accompanied by feeling out of control and followed by feelings of depression, guilt, or disgust.

What's normal and what's not?

Many students, especially young women, report that they are concerned about their weight, and may purge or binge eat from time to time.

How common are eating disorders?

Eating disorders are more common in females (about 90-95% of those diagnosed), but not unknown in males. About 8% of females suffer from either anorexia nervosa or bulimia nervosa, and 27% of young women ages 12-18 are reported to be engaged in severely problematic food and weight behaviour.

What causes eating disorders?

Eating disorders are likely the result of a complex interaction between psychological, biological and social factors. There is evidence that genetics contributes to the development of eating disorders. Other psychological factors such as perfectionism, poor self esteem, impulsive behaviour, anger management difficulties, and family conflicts may contribute to the development of eating disorders as well.

All of these disorders can have serious and life threatening consequences. Many young people with eating disorders don't believe there is anything wrong and therefore don't acknowledge the problem and seek the help they need. Continued support and encouragement to seek help is often needed.

Warning signs of an eating disorder

- A marked increase or decrease in weight.
- Development of extreme or unusual eating habits such as severe dieting, withdrawn or ritualized behaviour at mealtime, or secretive bingeing.
- An intense preoccupation with weight and body.
- Engaging in compulsive or excessive exercising.
- Self-induced vomiting, periods of fasting, or laxative, diet pills, or diuretic abuse.
- Low self-esteem.
- Evidence of shakiness, dizziness, or feeling faint.
- Frequent trips to the toilet to purge.
- Mood changes such as irritability, anxiety, or depression.
- Decline in concentration, memory or academic performance.
- Withdrawal from social contact, interests and hobbies.
- Difficulty completing tasks or assignments because of need for 'perfectionism'.
- Short attention span and poor concentration.
- Lack of energy and drive to complete assignments or homework.
- Absences from school for treatment of health problems.
- Lethargy, forgetfulness and poor judgment as a result of malnutrition.

Educational implications

Students with eating disorders may have difficulty concentrating, and may complain of not having any energy to participate in activities. Absences from school may result in students falling behind.



Eating disorders: What teachers can do

- Encourage class discussions about positive self-image.
- Avoid lessons that focus solely on eating and dieting as these can reinforce negative body images.
- Referral to school counsellor if you suspect a student has an eating disorder.
- Encouragement, caring, and persistence, as well as information about the dangers of eating disorders, may be needed to convince the young person to get help and stay in treatment.



More information

Canadian Paediatric Society

www.caringforkids.cps.ca/teenhealth/DietingInfo.htm

National Eating Disorders Information Centre

www.nedic.ca

National Institute of Mental Health

www.nimh.nih.gov/health/topics/eating-disorders/index.shtml

Psychosis is a serious medical condition in which a person has trouble telling the difference between what is real and what is not real. This often is represented by symptoms such as delusions and/or hallucinations. (see below) Psychosis may also present initially with more subtle changes in behavior, such that a person 'just doesn't seem to be acting like their normal self'.

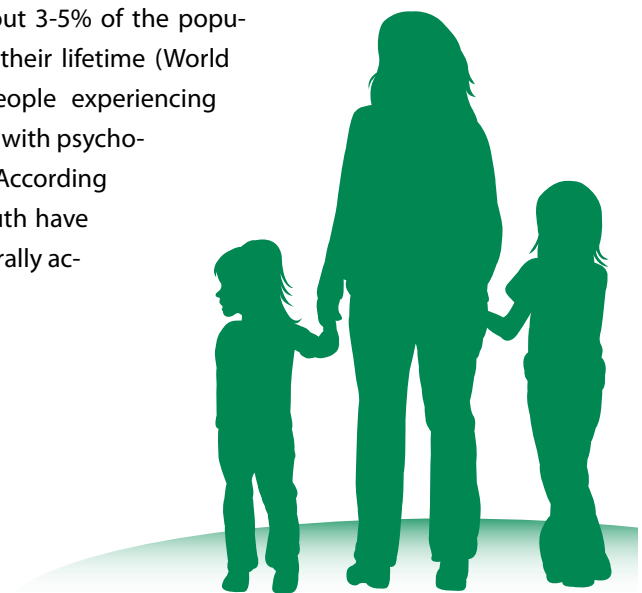
Psychotic symptoms such as hallucinations and delusions commonly occur in men in their late teens and early 20s, whereas in women, it occurs in the mid-20s to early 30s. It occurs rarely before puberty or after age 45.

First episode psychosis refers to the first time that a person outwardly shows symptoms of psychosis. These symptoms may be very distressing for both the individual and their family. Symptoms which can make a person act or behave in a bizarre or unusual manner, include:

- **Delusions:** These are fixed, false beliefs, which do not have a basis in reality. There are many types of delusions, some are quite bizzare. Paranoid delusions are one common type of delusion, where a person may become suspicious of others and worried about being harmed by others. It may include fears of being spied on or being followed.
- **Hallucinations:** These symptoms include seeing things (visual hallucinations) or hearing things (auditory hallucinations) that aren't there.

How common is psychosis?

There are many medical causes of psychosis. About 3-5% of the population will experience some form of psychosis in their lifetime (World Health Organization). A small proportion of people experiencing psychosis will go on to have longer term problems with psychosis and may acquire a diagnosis of schizophrenia. According to Health Canada, about 0.1% of children and youth have schizophrenia. In the general population, it is generally accepted that 1% has the diagnosis of schizophrenia.



How long do they last?

Without treatment, psychotic disorders can last a lifetime. Even with effective treatment, psychotic disorders can have life-long impact.

What causes psychotic disorders?

Psychotic disorders result from abnormalities in the brain, particularly at the level of the chemical messenger systems, such as dopamine and serotonin. The exact cause of psychotic disorders is not known. A family history of psychosis increase the risk of a young person experiencing a psychotic disorder.

The young person may not understand what is happening to them and symptoms can be very disturbing and distressing to them. It is easy to mistake signs of psychosis as just normal challenges that many young people go through. However, psychosis is a serious illness and early intervention is needed. With treatment and support most young people will recover from psychosis.

Early warning signs of psychosis

- Emotional signs such as irritability, suspiciousness or paranoia, anxiety, depression.
- Loss of motivation, difficulty concentrating, mood swings.
- Noticeable change in activity level; school performance deteriorates.
- Severe problems making and keeping friends.
- Vivid and bizarre thoughts and ideas.
- Perceptual changes – young person feels things around them have changed or are somehow different; their thoughts are sped up or slowed down.

Educational implications

Students who are experiencing a psychosis may have great difficulty managing classroom settings and day-to-day social interactions. They may have difficulty focusing on tasks, completing assignments, and getting along with other students. Their peers may have difficulty understanding their erratic behaviour, and as a result they may be isolated. Once the psychosis has been treated, it may be very difficult for the student to regain the friendships they once had.



Psychosis: Suggestions for supporting your student in school

- Help to create a non-stigmatizing environment by raising awareness about mental health issues and encourage other students to be supportive.
- Teach students about the brain and disorders like psychosis.
- Be alert that changes in a student may be signs of impending psychosis.
- Refer students who show early warning signs to school counsellors.
- Understand that a student dealing with psychosis may require modifications in their school program.
- Be aware that symptoms can fluctuate.
- Capitalize on a student's strengths to enhance their learning; educational testing may help to clarify these strengths.
- Break tasks down into smaller pieces, minimize distractions, have a plan to redirect the student to help him/her return to the task at hand.
- Assist the student with planning and organizational skills.
- Give short, concise directions.



More information

Canadian Mental Health Association: www.cmha.ca

Information on psychosis and early intervention psychosis treatment

Canadian Schizophrenia Association: www.schizophrenia.ca

Information on psychosis and substance abuse

Prevention and Early Intervention Program for Psychosis: www.pepp.ca

Information on early psychosis intervention programs

Talking about Mental Health Problems

Teachers are the contact point for students, for parents, and often for other professionals involved in student's lives. Communicating with parents and other professionals can be difficult and confusing. Sometimes parents don't agree with your understanding of their child's problems. Professionals may use language and terms that are unfamiliar to you as a teacher. Sometimes even students can raise questions and concerns that are difficult to deal with.

The aim of this section is to make you feel more comfortable in talking with students, their parents, and to your in-school team about mental health problems.

Your Board will have policies and procedures that outline the process for talking with parents and professionals. There are likely clear guidelines for some conversations, such as talking about suicide threats, pregnancy, or abuse. This guide is not meant to replace those guidelines, or change them. You should seek help from your principal or colleagues if you are unclear about your Board's guidelines, policies, or procedures in these areas.



Informing and Supporting Parents

The Teacher's Unique Point of View

As a teacher, the amount of time you spend with your students helps you to distinguish typical age appropriate behaviour from atypical behaviour that is disruptive or impairing a child or adolescent's development and learning. You have seen a range of behaviours that help you compare a particular student to others their age. Parents may not have regular contact with other young people, and may not see that their child's behaviour is different.

Stress resulting from academic work, peer relations, and the general structure of school can trigger behaviours and problems that may not have been noticeable prior to beginning school or at home. Parents may not be aware of the difficulties their child is experiencing in school.

If you have an opportunity to first discuss the things that the student is doing well, these positives can build trust with the parent that helps further conversations.

Talking to parents about difficulties their child is having can be a difficult and tense conversation. Many teachers report that this is one of the most stressful parts of their job. You may find that other teachers and/or your principal can help you practice these discussions.

You could say something like:

"I've noticed that Susan is having a hard time settling in class. She is easily distracted and often has difficulty focusing. I'm wondering if you've noticed this at home?"

Or you could say something like:

"Alison seems very quiet in class, and finds it difficult to answer questions when I call on her, even though she knows the answer. Have other teachers mentioned this before?"

Both of these questions ask about a specific behaviour you have noticed, with out making a judgment about what the cause of the behaviour might be. If the parent agrees that the student may show that behaviour at home or in other settings, then you have started the discussion of how you can work together to solve this problem.

If the parent says that they never see that behaviour at home or in other settings, then you can follow up with a questions like:

"I see this behaviour often in class, and it's affecting Alice's learning. Do you have any suggestions on what we can do to help Alice manage this behaviour?"

Again, you have recruited the parent as your partner in solving the problem, and avoided an argument about whether the problem exists.

It can be difficult for parents to hear that their child is struggling with a possible mental health problem. As a teacher, it can be a challenge to have to tell a parent about your observations. It is often helpful to speak with your school counselor, principal or vice principal about ways to talk with parents about these kinds of situations.

Sometimes parents know that their child has a problem, and may not reveal this to the teacher or school, for fear that it will change the way their child is treated or change the expectations for their child. Many parents report that they feel 'blamed and shamed' for having a child with a mental health problem.

School transitions can be triggers for stress

- School entry to JK or SK, with the introduction of new routines and social interaction.
- Senior Kindergarten to Grade One, when less time is spent on play.
- Starting to rotate classes and classrooms during the day (usually Grade 7 to 9).
- Elementary or Middle School to High School.



Talking with students about mental health problems

Teachers are important people in the lives of their students. They may be the best, most supportive adult that they know. This can sometimes mean that they turn to teachers when they have a personal problem for which they need help. Teachers may feel uncomfortable talking about personal problems that their students are having. There may be a reason the student has chosen to speak to you, and you can help them find someone else they can talk to.

There are certain conversations with students that must happen. If a student tells you that they are being physically, emotionally or sexually abused or they are being neglected, then you have an obligation under the law to report that conversation. Your school board should have a policy and procedure that will guide you on how to report this.

Similarly, if a student reports that they are pregnant, or that they are thinking about harming themselves or another person, your Board should have a policy and procedure that will guide you on the next steps you must take. Links to these policies and procedures can be found in Appendix 1 of this guide.

Suggestions for talking to students

- Use everyday language that students will understand
- Remind students that there is a continuum of problems. Not every problem is a disaster!
- You may want to start the conversation by letting them know there are limits to what you can keep confidential
- Privacy is important for talking about sensitive topics.
- Hallways and classrooms full of students are not good places for these conversations.
- Offices and meeting rooms are probably available in your school, and may make it easier for the student to talk, and for you to hear them.

Other conversations about personal problems and/or mental health problems may be more difficult. Each individual teacher will set their own boundaries around what they are comfortable discussing with a student, and what they are not comfortable discussing with a student.

Sometimes the issues that students raise are things that you don't know anything about, and you won't want to answer the students questions until you know more about the problem. Talking with your colleagues, a resource teacher, a public health nurse, or a school counselor may help you learn more. You may want to suggest that the student speak directly with that person, or you may want to set-up a three-way conversation.

Other times, the student may be raising issues that are ‘too close to home’ for an individual to feel they can talk about. Teachers, like all members of society, struggle from time to time with maintaining their own good mental health. Redirecting that student to another person in your school that the student agrees they are comfortable speaking with, may be the best course of action.

What about when you suspect a mental health problem, especially in older students? Again, you can say something like:

“James, I’ve noticed that you seem quieter and more withdrawn than usual. Is this only happening in this class, or are you having similar difficulties in other classes?”

Or something like:

“Alice, you’ve been blurting things out in class, and having difficulty paying attention since you came into this class last semester. Do you have this difficulty in other classes?”

Both of these statements focus on the behaviour you have noticed, and invite the student to reflect on whether they have this problem in other settings.

If the student acknowledges they are experiencing a problem, then you may want to arrange a meeting with the student, their parent, and school resources that can help them with that problem.

Sometimes a student may acknowledge they have a problem, and are already seeing a counselor or therapist about that problem. You might want to ask something like:

“Charles, what sort of things can we do in the classroom to help you manage this behaviour?”



Sharing Information

Sharing information about health problems is governed by a different set of rules than sharing information about educational matters. When a student has a mental health problem that affects their school work, then the rules around sharing information can be quite complex.

Often it is helpful to have a conversation about the limits of confidentiality, before you get into the conversation. You might want to say something like this:

“I can keep this conversation confidential, unless you share information that you are pregnant, are being abused, or are likely to harm yourself or someone else. In those cases I will have to share what you tell me to insure your safety and the safety of others.”

There are different rules about confidentiality, depending on who the young person is talking to. If a young person identifies that they have a mental health problem that they don't want their parent(s)/guardian to know about, the rules will be different depending on the professional they approach.

For instance, if they go to a hospital or family physician, and request that their problem is not shared with their parents, that request will be honored. A young person has the right to seek health services without their parents knowledge or permission at any age, if they are judged to be competent to make that decision. Most health professionals will discuss the value of including parents in solving problems, but ultimately it is the young person's decision.

If that young person turns to a CAS worker or a children's mental health agency about that same problem, then a different set of rules apply. A young person age 12 years and older may seek counseling services from a child or family agency funded under the Child and Family Services Act, without their parents knowledge or permission. This includes children's mental health centres, child welfare agencies, and family service organizations. Again, most of these agencies will discuss the value of involving parents to solve problems.

Finally, if they bring that same problem to an educator or other member of the school team, another set of rules may apply. Young persons under the age of 18 must have their parents permission to seek counseling services, psychological assessment, or communication services from a Board of Education. The exception to this is if that young person has signed a declaration that they are no longer under the control of their parent.

All of these professionals have the same duty and obligation to report concerns about abuse or potential for harm to the young person or others.

Many Boards have established protocols with community organizations that spell out the circumstances and legislation that govern information sharing. An example of one of these is included in Appendix One.

Talking in the Classroom about Mental Health Problems

Despite mental health problems affecting one in five young people, less than 15% of those young people with mental health problems ever receive any help. Many parents and young people say that stigma about mental health problems is the main reason they don't seek help.

Teachers can play an important part in reducing the stigma of mental health problems. The Mental Health Commission of Canada recognizes this, and has made anti-stigma programs aimed at children and youth one of their two priority areas. They are working with a number of groups to develop effective programs, some of which are designed to be delivered in the classroom.

Teachers can help reduce the stigma about mental health problems by discussing them in class, and helping students to find and use high-quality information about these problems. You will find a list of these resources in Section L "Provincial and National Resources".



National and Provincial Resources on mental health for young people and parents

For young people

Kids Help Line 1-800-668-6868

www.kidshelpphone.ca

On the phone, Kids Help Phone provides immediate, bilingual, professional counselling to kids 24-hours a day. We receive calls from young people between the ages of five and 20 who call from almost 3,000 Canadian communities every year.

On the web, Kids Help Phone provides counselling to young people in the “Ask a Counsellor” section. Kids can also get help through our online “Help Yourself” services: reading questions from other kids in the “Ask a Counsellor” section and benefiting from the counsellors’ responses; visiting the “Express Yourself” section; and visiting the informational topic library.

Mind Your Mind

www.mindyourmind.ca

mindyourmind.ca is an award winning site for youth by youth. This is a place where you can get info, resources and the tools to help you manage stress, crisis and mental health problems. Share what you live and what you know with your friends. That’s what we’re about.

For parents and educators

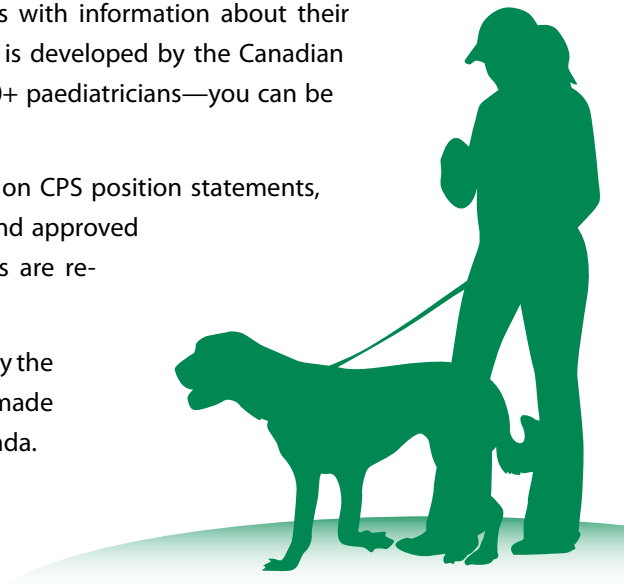
Caring for Kids

www.caringforkids.cps.ca

Caring for Kids is designed to provide parents with information about their child’s health and well-being. Because the site is developed by the Canadian Paediatric Society—the voice of Canada’s 2,000+ paediatricians—you can be sure the information is reliable.

Most documents on Caring for Kids are based on CPS position statements, which are created by our expert committees and approved by our Board of Directors. Position statements are re-viewed each year to ensure they are up-to-date.

Other documents are developed and reviewed by the CPS Public Education Subcommittee, which is made up of practicing paediatricians from across Canada.



Centre of Knowledge on Healthy Child Development

www.knowledge.offordcentre.com

The Centre of Knowledge on Healthy Child Development gives readers access to important and up-to-date information that is based on the best scientific research currently available. It's designed to sift through all the conflicting information about what promotes, and what hinders, healthy child development so better choices that will result in better outcomes for children can be made by parents and professionals.

The Centre of Knowledge on Healthy Child Development was designed by the Offord Centre for Child Studies to focus on certain disorders, behaviour problems, and life circumstances that can have a significant impact on children's health and well-being.

Children's Mental Health Ontario

www.kidsmentalhealth.ca

Children's Mental Health Ontario (CMHO) works to improve the mental health and well-being of children and youth and their families.

We represent and support the providers of child and youth mental health treatment services throughout Ontario.

Our website includes links to member organizations who provide child and youth mental health services in Ontario, as well as useful information for parents and others interested in children's mental health

eMentalHealth.ca

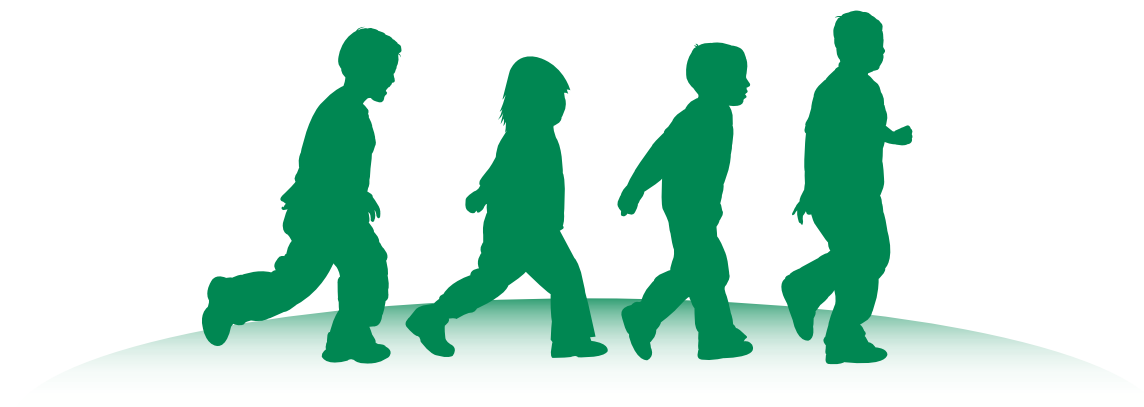
www.ementalhealth.ca

Looking for mental health help? Looking for mental health events like workshops and conferences? Looking for information about mental health topics like depression and anxiety? We'll help you find it...

eMentalHealth.ca is a non-profit initiative providing information about mental health services and resources to Canadians of all ages. We provide online anonymous, confidential information, 24 hours a day, 365 days a year.

We help families and professionals with the Where, When and What of mental health:

- Where to go for local mental health help,
- When local mental health events are happening and
- What: information about various mental health topics and conditions.



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO, along with other leaders, is working towards an integrated system that truly meets the mental health care needs of children, youth and their parents and caregivers.

The Centre:

- Facilitates and engages in partnerships, networks and collaboration.
- Funds new research and new research partnerships through a comprehensive grants and awards program.
- Provides consulting services to encourage more organizations to conduct research and to support their use of research to improve services.
- Fosters the development of the next generation of mental health professionals by targeting grants and awards to students at all levels and in relevant fields.
- Builds, synthesizes and mobilizes credible child and youth mental health evidence.
- Generates opportunities for knowledge exchange to promote evidence-informed practice and community mobilization.
- Supports the critical role of youth engagement through partnerships, project funding, youth specific grants and awards and youth representation on its advisory committees.

