MENTAL HEALTH TOOL KIT

FOR PARENTS OF HIGH SCHOOL STUDENTS

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What is Mental Health?

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.[1]

As adults, we should never assume that a child has mastered a difficult situation just because they have been through it before.

When a traumatic life event occurs, including a personal struggle with a mental health condition, physical and psychological distress can disrupt a child's overall well-being and ability to make healthy decisions. At these points, our young people's mental wellness is at risk.

Adolescence can be a risky period for mental health problems because teenagers are going through many changes and challenges in a short period of time.[2]

1. Centers for Disease Control and Prevention. (2021). About mental health.https://www.cdc.gov/mentalhealth/learn/index.htm
2. World Health Organization. (September 2020). Adolescent and mental health. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

WHAT IS POSITIVE PSYCHOLOGY?[1]

Positive Psychology is a scientific approach to studying human thoughts, feelings, and behavior, with a focus on strengths instead of weaknesses

Proactive solutions and strategies to develop strengths, capacity and virtues such as focusing on:

1. Positive experiences: happiness, joy, inspiration, and love
2. Positive states and traits: gratitude, resilience, and compassion
3. Positive institutions: applying positive principles within entire organizations and institutions

WHAT IS WELLNESS?[2]

Wellness is an active process through which people become aware of, and make choices toward, a more consistent existence

- Values self-care, personal growth, and impairment prevention
- Meaningful effects on one's capacity for empathy, greater trust in self, and increased ability to handle negative emotions
- Include dimensions of physical, mental, emotional, spiritual, social, and environmental

Activities to practice wellness at home:

- Mindfulness
- Yoga
- Gratitude journaling
- Conscious relaxation techniques

1. Ackerman, C.E. (2020). What is Positive Psychology & Why is It Important? Positive Psychology
2. Mumbauer-Pisano, J. and Kim, N. (2021). Promoting Wellness in Counselors-in-Training: Impact of a Wellness Experiential Group. Counselor Education and Supervision, 60: 224-234. https://doi-org.libproxy.chapman.edu/10.1002/ceas.12213

STATISTICS

Approximately 10-20% of children and adolescents are affected by mental health problems.[3]
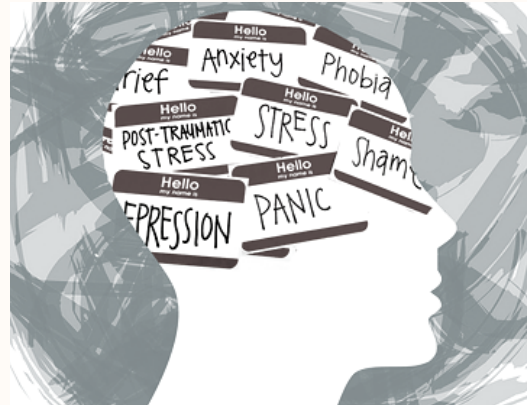
Suicide is the second leading cause of death in people ages 10–19. 1 in 7 youths has seriously considered suicide and 1 in 13 youths attempt suicide each year.[2]

Children/adolescents with mental health problems...

- Have poorer physical health, social relationships, and psychological well-being.[1]

- Have a lower academic achievement and increased rates of drug usage, self harm, and suicide.

- Have significant negative impact to their daily functioning.[1]

What helps?

- Early intervention (See next slide).[3]
- When adolescents received mental health care, they were 60% more likely to also get substance abuse treatment (if needed).[1]

1.Alegría, M., Green, J. G., McLaughlin, K. A., & Loder, S. (2015). Disparities in child and
adolescent mental health and mental health services in the US. New York, NY: William T. Grant Foundation.
2. Centers for Disease Control and Prevention. (2021, May 12). Mental health. Centers for Disease Control and Prevention. Retrieved October 5, 2021, from https://www.cdc.gov/healthyyouth/mental-health/index.htm.
3. Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., ... & Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. The Lancet, 378(9801), 1515-1525.
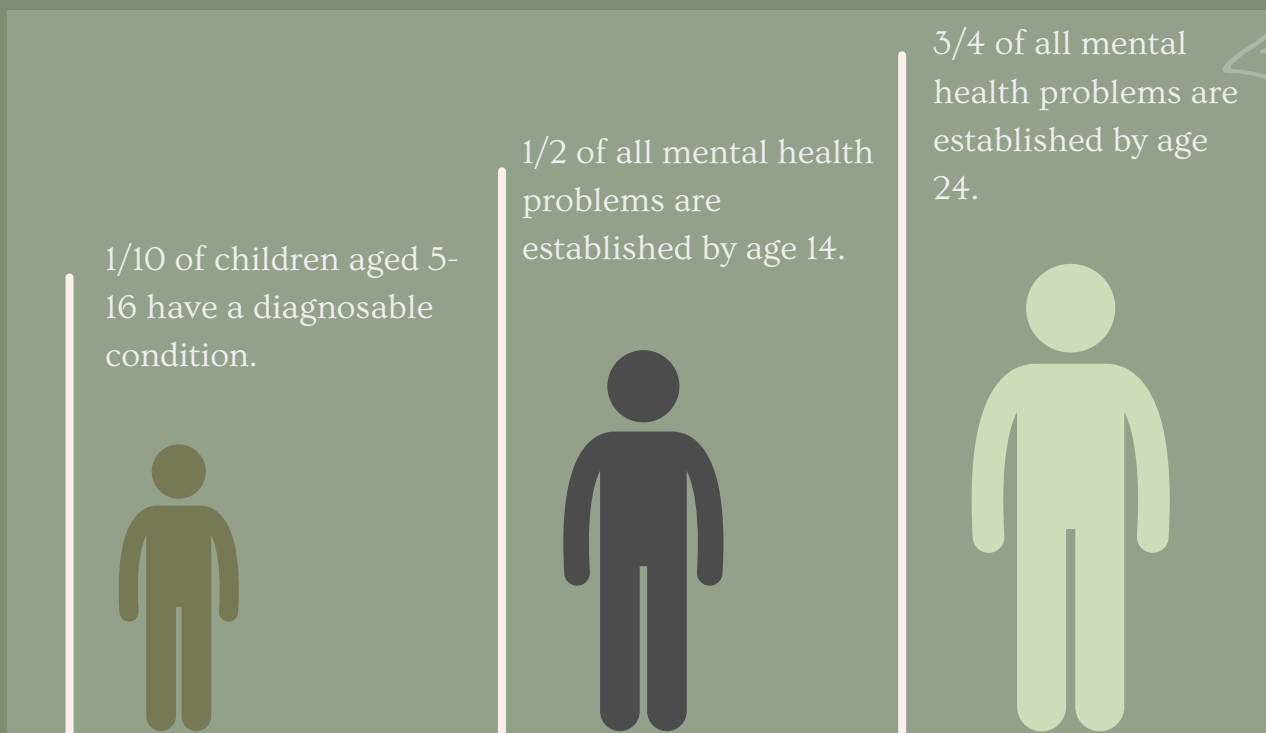
WHY IS IT IMPORTANT
TO ADDRESS MENTAL HEALTH EARLY?

WHAT IS EARLY INTERVENTION?

Early intervention refers to recognizing the warning signs of a mental health or substance use challenge and acting before it gets worse.[3]

Children and young people
Mental health problems often develop early.

1/10 of children aged 5-16 have a diagnosable condition.

1/2 of all mental health problems are established by age 14.

3/4 of all mental health problems are established by age 24.

1. 5 long-term benefits of early mental health intervention. Social Work Degree Guide. (n.d.). Retrieved October 26, 2021, from https://www.socialworkdegreeguide.com/lists/5-long-term-benefits-of-early-mental-health-intervention/.
2. Triggle, N. (2018, July 9). Mental health: Children failed at Vulnerable Point. BBC News. Retrieved October 26, 2021, from https://www.bbc.com/news/health-44718406.
3. National Institute on Drug Abuse (NIDA). (2018). Common Comorbidities with Substance Use Disorders.

Mental Health Conditions Emerge Early...

What is Early Intervention?

When you realize the signs and symptoms of a mental health challenge early, it may be easier to get appropriate help from a counselor or medical professional before it becomes worse. Studies have shown that proper care and treatment make complete recovery from a mental health or substance use challenge attainable.[1]

Studies indicate that....

- Mental health disorders can contribute to substance abuse disorders
- Substance abuse disorders can contribute to mental health disorders
- Therefore, the best way to prevent each one is to prevent BOTH!
- Early Intervention results in:
  - Less Intense Treatment
  - Fewer Logistical Consequences
  - Fewer and Less Severe Continuing Symptoms
  - Longer and Fuller Recovery
  - Increased Self Esteem and Motivation

1. The importance of early intervention for people facing mental health challenges. Mental Health First Aid. (2021, June 21). Retrieved October 26, 2021, from https://www.mentalhealthfirstaid.org/2021/06/the-importance-of-early-intervention-for-people-facing-mental-health-challenges/.

RED FLAGS

As parents, be sure to pay attention to common red flags (warning signs) in teenagers.[1]

- Have lost interest in things that they used to enjoy
- Have low energy
- Low self-esteem
- Excessive isolation
- Abandonment of friends and friend group
- Unexpected and dramatic decline in academic performance
- Sleep too much or too little
- Engage in self-harm behaviors (such as cutting or burning their skin)
- Smoke, drink alcohol, or use drugs
- Engage in risky or destructive behavior alone or with friends
- Have thoughts of suicide

If your loved one exhibits a combination of red flags help them seek professional help.

ACH Service offers free 24/7 online & phone counseling for families & youth. Call: 817-335-4673

1. Child and Adolescent Mental Health. National Institute of Mental Health. (2009, May). Retrieved October 18, 2021, from https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health

RISK FACTORS

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.[1]

RISK FACTORS

- A family history of mental illness
- Neighborhood (community violence, urban setting)
- Living in Poverty
- Parent-child conflict
- Insecure attachment
- Single-parent families
- Sexual minority students
- History of Trauma

The more risk factors, the higher the likelihood of negative outcomes.

PROTECTIVE FACTORS

- Friend and peer support
- Family provides structure, limits, rules, monitoring, and predictability
- Presence of mentors and support for development of skills and interests
- Physical and psychological safety
- Personal resources (Self-efficacy, optimism)
- Teacher connectedness

If you or someone you know needs immediate help, call 911 or the National Suicide Prevention LifeLine at 1-800-273-TALK (8255).

1. Risk and Protective Factors for Youth. Youth.Gov. (2021. Retrieved October 20, 202, from https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth

COMMON DIAGNOSES

If your loved one exhibits any of these symptoms, then seek professional help.
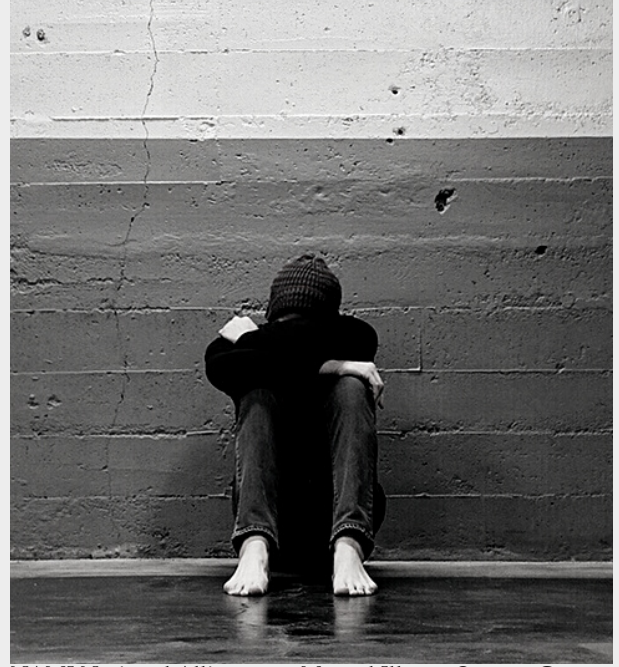
NAMI:National Alliance on Mental Illness Orange County
Call: (714) 544-8488

1 ANXIETY DISORDERS [1]

There are different types of anxiety disorders such as:

- Generalized Anxiety Disorder
- Specific Phobias
- Social Anxiety Disorder
- Panic Disorder, and more.

Symptoms include:

- Fear or anxiety around social situations
- Fear or anxiety is out of proportion; excessive anxiety and worry; etc.

2 DEPRESSION [2]

Depression can Include:

- Major Depressive Disorder
- Persistent Depressive Disorder
- Seasonal Affective Disorder
- Premenstrual Dysphoric Disorder, and more.

Symptoms include:

- Brief or extended bouts of depression
- Prominent or persistent disturbance in mood, lowered level of interest or pleasure, and more.

3 LEARNING DISABILITIES [3]

There are many different kinds of learning disabilities and those include dyslexia, dysgraphia, and dyscalculia. The previous learning disabilities involve issues with reading, math, and writing. If your child has issues with any of these subjects, consider speaking with their school counselor or reaching out to their teacher.

Note: Many of these diagnoses can co-occur with others.

1. Holder, S. M., Rogers, K., Peterson, E., Ochonma, C. (2017). Mental Health Visits: Examining Socio-demographic and Diagnosis Trends in the Emergency Department by the Pediatric Population. Child Psychiatry Human Development. 48: 993-1000.
2. Centers for Disease Control and Prevention. (2021, May 12). Mental health. Centers for Disease Control and Prevention. Retrieved October 5, 2021, from https://www.cdc.gov/healthyyouth/mental-health/index.htm.
3. Shelton, A.J., Owens, E.W (2021) Mental Health Services In the United States Public High Schools. *Journal of School Health.* 91(1).

CONCERNS ABOUT COMMON DIAGNOSES

01 HEALTH RISK BEHAVIORS [1]

- Health Risk Behaviors related to suicide include bullying/cyberbullying, depression, self-injurious behavior, and use of ATOD: alcohol, tobacco, and other drugs.
- Some of these behaviors may make the symptoms of common diagnoses more severe.

02 ACCESSIBILITY TO RESOURCES [2]

- Youth typically do not receive the help they need, exasperating mental health conditions.
- Roughly 1 in 5 youth have a diagnosable mental health condition that can cause lifetime impairment, yet 50-80% of youth with mental health conditions do not receive treatment for these diagnoses.

03 COVID-19 EFFECTS ON MENTAL HEALTH [3]

- The effects of COVID-19 on symptoms of mental health conditions are negatively impacting adolescents.
- Isolation and lack of social contact may have made the symptoms of the common diagnoses worse.
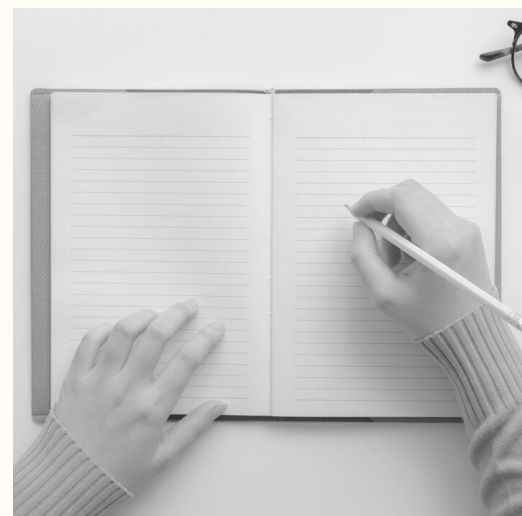
1. Li, Y., Shi, J., (2018). Bullying and Suicide in high school students: Findings from the 2015 California youth risk behavior survey. Journal of Human Behavior in the Social Environment, 28(6), 695-706.
2. Stempel, H., Cox-Martin, M., O'Leary, S., Stein, R., Allison, M. (2019). Students Seeking Mental Health Services at School-Based Health Centers: Characteristics and Utilization Patterns. Journal of School Health. 89(10):839-844.
3. Thakur, A., (2020). Mental Health in High School Students at the Time of COVID-19: A Student's Perspective. *Journal of the American Academy of Child and Adolescent Psychiatry. 59(12):*1309-1310.

Cultural Diversity Factors and Implications

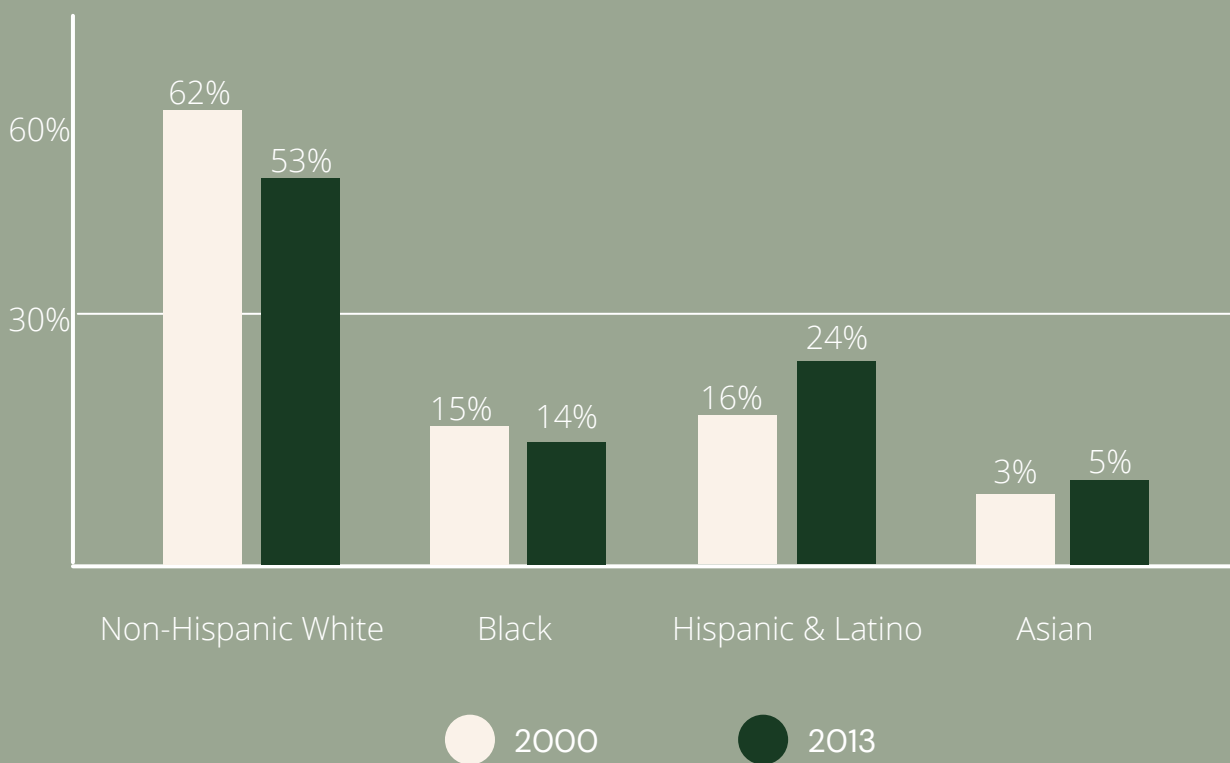## Why is it important to be culturally completent when providing mental health support?

Rise of Culturally Diverse Students

The racial and ethnic population of the United States has changed dramatically between 2000-2013.[1]

School Support

Most students/families of color are supported by school professionals whose racial, ethic, and cultural backgrounds differ from their own.[2]

Percentage distribution of student populations in the United States in 2000 and 2013, by race and ethnic identity

Race/Ethnic Identity	2000	2013
Non-Hispanic White	62%	53%
Black	15%	14%
Hispanic & Latino	16%	24%
Asian	3%	5%

● 2000   ● 2013

1. National Center for Education Statistics (2013). Schools and Staffing Survey (SASS); Public school teacher data file, 1987–88 through 2011–12. Retrieved from https://nces.ed.gov/programs/digest/d13/tables/dt13_209.10.asp
2. National Center for Education Statistics (2014). Number and percentage distribution of principals in public and private elementary and secondary schools, by selected characteristics: selected years, 1993–94 through 2011–12. Retrieved from https://nces.ed.gov/programs/digest/d14/tables/dt14_212.08.asp

Cultural Diversity Factors and Implications

School-based behavioral and mental health outcomes for culturally and linguistically diverse (CLD) students:

1 Culturally and linguistically diverse (CLD) students fall behind their white counterparts in educational and social outcomes.[1]

2 CLD youth endure higher rates of trauma than native-born counterparts, reporting higher levels of depression, anxiety, and post-traumatic stress disorder.[2]

3 CLD youth experience more negative school experiences: segregation, disproportionality, devaluation of primary languages.[3]

4 CLD youth experience higher rates of discrimination and bullying.[4]

5 CLD students are less likely to utilize supportive services than their white counterparts.[1]

1. Jeynes, W. H. (2015). A meta-analysis on the factors that best reduce the achievement gap. Education and Urban Society, 47(5), 523–554 https://doi.org/10.1177/0013124514529155.

2. Perreira, K. M., & Ornelas, I. (2013). Painful Passages: Traumatic Experiences and Post-Traumatic Stress among U.S. Immigrant Latino Adolescents and their Primary Caregivers. International Migration Review, 47(4), 976–1005. https://doi.org/10.1111/imre.12050

3. Gándara, P., Rumberger, R., Maxwell-Jolly, J., & Callahan, R. (2003). English learners in California schools: Unequal resources, Unequal outcomes. Education Policy Analysis Archives, 11, 36. doi:10.14507/epaa.v11n36.2003

4. Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. The American psychologist, 62(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271

Cultural Diversity Factors and Implications

Implications for Parents

CULTURAL COMPETENCE[1]

Parents must have "an awareness of one's own cultural identity and views about difference, and the ability to build on the varying cultural and community norms of students."

R: Recognize your own biases.
A: Admit/acknowledge that there are differences in the treatment of students based on appearance.
C: Commit to being a part of the change that is needed in seeing that students are treated fairly.
E: Educate yourself and others on cultural differences.

ECOLOGICAL PERSPECTIVES

Parents must understand that culture influences how students learn, interact with others, ask for assistance, and view mental health & wellness:

- Mental health stigma varies between cultures.
- Present mental health care in culturally sensitive ways.

1. Farmer, G. (2021, April 19). How Schools and Teachers Can Get Better at Cultural Competence. Education Next. https://www.educationnext.org/how-schools-teachers-can-get-better-cultural-competence/

How Do Schools Play a Role?[1]

Why Mental Health Services In Schools?

- Schools can provide services to hard-to-reach populations (e.g, students in rural communities, or racial and ethnic minority children).

- Many educators believe that student mental health is very important to acknowledge and address.

- A lot of youth seek mental health services initially in schools. Along with that, school staff is in the optimal position to notice early signs and symptoms of mental health concerns.

- A supportive school environment can positively impact mental health.

- School staff plays an important role in creating this positive school climate.

- Approximately 1 in 5 adolescents in the U.S. experience mental illness at least once in their lifetime. Despite this, many children's mental health needs go unmet.

- Students spend most of their time in school. Therefore, school is the optimal place to provide initial mental health services.

1. Moon, J., Willford, A., Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. Children & Youth Services Review. (73):384-391. https://doi.org/10.1016/j.childyouth.2017.01.006.
2. Dimitropoulos, G., Cullen, E., Cullen, O., Pawluk, C., McLuckie, A., Patten, S., Bulloch, A., Willcox, G., Arnold, P. D., (2021). "Teachers Often See the Red Flags First": Perceptions of School Staff Regarding Their Roles in Supporting Students with Mental Health Concerns. *School Mental Health. https://doi.org/10.1007/s12310-021-09475-1.*

The School Team

Teachers [1]

Teachers can foster the academic, behavioral, and social/ emotional development of "the whole child." They also discover problems at an early stage, due to their day-to-day contact with students.

Nurses [2]

School nurses can help with screening at-risk behaviors, they also communicate & collaborate with outside health providers, and monitor and administer medications.

School Psychologists [5]

School psychologists have the potential to be change agents when they act as universal screening consultants devoting their resources and knowledge to prevention, intervention, and the promotion of complete mental health.

Counselors [4]

School counselors can implement comprehensive, data-driven school counseling programs that promote & enhance student success.

Administrators [3]

School principals can promote self-acceptance schoolwide & institute procedures that promote mental health.

Social Workers [6]

Social Workers can support the mental health & wellness of students, families, and school communities.

1. Ekornes, S. (2015). Teacher perspectives on their role and the challenges of inter-professional collaboration in mental health promotion. School Mental Health, 7(3), 193-211.
2. BOHNENKAMP, J. H., STEPHAN, S. H., & BOBO, N. SUPPORTING STUDENT MENTAL HEALTH: THE ROLE OF THE SCHOOL NURSE IN COORDINATED SCHOOL MENTAL HEALTH CARE.
3. National Association of Secondary School Principals. (2017) Retrieved https://www.nassp.org/publication/principal-leadership/volume-18-2017-2018/principal-leadership-november-2017/mental-health-issues-strategies-for-principals/
4. Collins, T. P. (2014). Addressing Mental Health Needs in Our Schools: Supporting the Role of School Counselors. *Professional Counselor*, 4(5), 413-416.
5. Dowdy, E., Furlong, M., Raines, T. C., Bovery, B., Kauffman, B., Kamphaus, R. W., ... & Murdock, J. (2015). Enhancing school-based mental health services with a preventive and promotive approach to universal screening for complete mental health. Journal of Educational and Psychological Consultation, 25(2-3), 178-197.
6. Taylor, K. (2020). Fostering the whole child: A guide to school-based mental health professionals. California Association of School Social Workers, California Association of School Counselors, California Association of School Psychologists.

MULTI-TIERED APPROACH

How are students supported within the schools?

Tier 01 PRIMARY PREVENTION: CLASSROOM & SCHOOL-WIDE SYSTEM FOR ALL STUDENTS

- School-wide screeners
- School-wide SEL curriculum
- Trauma-informed practices (ACES)
- Suicide prevention
- Fostering relationships with caregivers, staff, community agencies → stigma reduction

Tier 02 SECONDARY PREVENTION: SPECIALIZED GROUP SYSTEMS FOR STUDENTS WITH AT-RISK BEHAVIOR

- Short-term, solution-focused group counseling
- Check-in/ Check-out
- College essay-writing supports
- College and career fairs
- Summer work

Tier 3

Tier 2

Tier 1
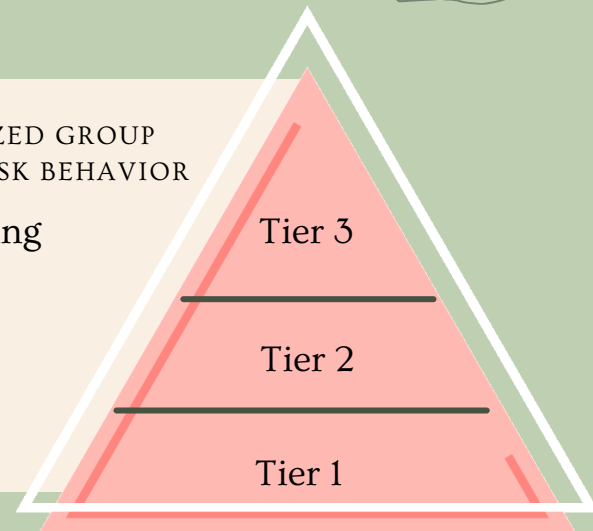
Tier 03 TERTIARY PREVENTION: SPECIALIZED INDIVIDUALIZED SYSTEMS FOR STUDENTS WITH HIGH-RISK BEHAVIOR

- Intensive, short-term, solution-focused individual counseling
- Referrals
- Transition plans
- One-on-one postsecondary supports
- Postsecondary reengagement

1. Emily Goodman-Scott, Jennifer Betters-Bubon, Peg Donohue. (2019). The School Counselor's Guide to Multi-Tiered Systems of Support. https://doi.org/10.4324/9781315144467
2. Goodman-Scott, E., Butters-Bubon, J., Olsen, J., & Donohue, P. (2020). *Making MTSS Work*. American School Counselor Association.

Steps in Addressing School-wide Mental Health

Here are some ways we can promote school-wide mental health awareness for all students:[1]

- Educate staff, parents, and students on symptoms of and help for mental health problems
- Promote social and emotional competency
- Build resilience
- Help ensure a positive, safe school environment
- Teach and reinforce positive behaviors and decision-making
- Encourage helping others
- Encourage good physical health
- Help ensure access to school-based mental health supports

SCHOOL POLICY [2]

- Plans for turning around, transforming, and continuously improving schools are primarily shaped by improving instruction and managing resources.
- School policies must address psychosocial and mental and physical health concerns to enable effective school performance and student well being.
- Schools must provide good access to students (and their families) who require mental health services.

Below are some important policies that aim to protect the physical and mental well-being of students:

- Anti-Bullying Policy
- Anti-Harassment and Discrimination Policy
- Disability Accommodations Policy

51%

Reduction in risks associated with depression after school-wide implementation of comprehensive mental health systems.[3]

1. Talk About Mental Health. For Educators | MentalHealth.gov. (n.d.). Retrieved October 26, 2021, from https://www.mentalhealth.gov/talk/educators.
2. Adelman, H.S., Taylor, L. (2012). Mental Health in Schools: Moving in New Directions. *Contemporary School Psychology* 16, 9–18 https://doi.org/10.1007/BF03340972
3. McCance-Katz, E. (2019, July 1). Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools. samhsa,gov. Retrieved October 25, 2021, from https://store.samhsa.gov/sites/default/files/d7/priv/pep19-school-guide.pdf.

Progress Monitoring

Progress monitoring provides a common framework for tracking and communicating across parents, educators, and service providers involved in a student's life. [3]

- Individual treatment plans, such as IEP or 504 plans can be used to monitor progress of goals.[1]
- Data from surveys, rating scales, questionnaires, etc. can be utilized in progress monitoring.[2]
- Teacher anecdotal reports and observations may also be used to monitor progress.[1]

- Data can be obtained from different points to determine trends over time.[1]
- Information obtained can be utilized to monitor progress towards goals and evaluate the effectiveness of interventions.[1]

1. Dowdy, E., Ritchey, K., & Kamphaus, R. W. (2010). School-based screening: A population-based approach to inform and monitor children's mental health needs. *School Mental Health*, 2(4), 166-176.
2. Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. School Psychology Quarterly, 26(1), 1.
3. Overington, L., & Ionita, G. (2012). Progress monitoring measures: A brief guide. Canadian Psychology/Psychologie canadienne, 53(2), 82.

Legal & Ethical Issues

School staff must follow these guidelines when working with your child.[2]

Responsibility to Students[1]

- A.1.a. Have a primary obligation to the students, who are to be treated with dignity and respect as unique individuals.
- A.1.b. Aim to provide counseling to students in a brief context and support students and families/guardians in obtaining outside services if the student needs long-term clinical counseling.
- A.1. d. Acknowledge the vital role of parents/guardians and families.

Confidentiality[1]

- A.2.d Explain the limits of confidentiality in developmentally appropriate terms through multiple methods such as student handbooks, school counselor department websites, school counseling brochures, classroom lessons and/or verbal notification to individual students.
- A.2.e Keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student.
- A.2.f Recognize their primary ethical obligation for confidentiality is to the students but balance that obligation with an understanding of parents'/guardians' legal and inherent rights to be the guiding voice in their children's lives...

1. ASCA Ethical Standards for School Counselors. (2016). American School Counselor Association.
2. Stone, C. (2017). School Counseling Principles. Ethics and Law. American School Counselor Association.

Legal & Ethical Issues

## Appropriate Referrals and Advocacy[1]

- A.6.b Provide a list of resources for outside agencies and resources in their community to student(s) and parents/guardians when students need or request additional support.
- School counselors provide multiple referral options or the district's vetted list and are careful not to indicate an endorsement or preference for one counselor or practice.
- School counselors encourage parents to interview outside professionals to make a personal decision regarding the best source of assistance for their student.

Serious and Foreseeable Harm to Self & Others[1]

- A.9.a Inform parents/guardians and/or appropriate authorities when a student poses a serious and foreseeable risk of harm to self or others...
- A.9.c Do not release a student who is a danger to self or others until the student has proper and necessary support. If parents will not provide proper support, the school counselor takes necessary steps to underscore to parents/guardians the necessity to seek help and at times may include a report to child protective services.

Scan to access the list of ethical standards.
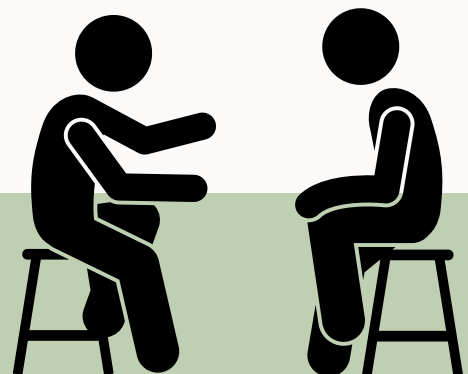
1. ASCA Ethical Standards for School Counselors. (2016). American School Counselor Association.
2. Stone, C. (2017). School Counseling Principles. Ethics and Law. American School Counselor Association.

Appendix

Checklists

Tools

FAQ

Resources

Checklists and Tools:

PEDIATRIC SYMPTOM CHECKLIST

What is it? [1]
The Pediatric Symptom Checklist (PSC-17) is a brief screener that is used to improve the recognition of mental health problems in children ages 4 to 17 years.

What is its purpose?
To alert parents and guardians of potential issues and encourage them to pursue a further evaluation by a qualified mental health professional.

Who completes the PSC?
- Biological, adoptive, or foster parent, or guardian on behalf of the child.
- Children ages 13 or older may complete the questionnaire.

What is the scoring?
- Never = 0 points
- Sometimes = 1 point
- Often = 2 points

A score of 15 or more points may indicate the need for a referral to a qualified medical or mental health professional.

PEDIATRIC SYMPTOM CHECKLIST (PSC-17)

Please mark under the heading that best describes your child:

	(0) Never	(1) Sometimes	(2) Often
1. Feels sad, unhappy	▪	▪	▪
2. Feels hopeless	▪	▪	▪
3. Is down on self	▪	▪	▪
4. Worries a lot	▪	▪	▪
5. Seems to be having less fun	▪	▪	▪
6. Fidgety, unable to sit still	▪	▪	▪
7. Daydreams too much	▪	▪	▪
8. Distracted easily	▪	▪	▪
9. Has trouble concentrating	▪	▪	▪
10. Acts as if driven by a motor	▪	▪	▪
11. Fights with other children	▪	▪	▪
12. Does not listen to rules	▪	▪	▪
13. Does not understand other people's feelings	▪	▪	▪
14. Teases others	▪	▪	▪
15. Blames others for their his/her troubles	▪	▪	▪
16. Refuses to share	▪	▪	▪
17. Takes things that do not belong to him/her	▪	▪	▪

1. Pediatric Symptom Checklist (PSC): 1988, M. Jellinek & J.M. Murphy, Massachusetts General Hospital and Bright Futures in Practice: Mental Health, 2002.

Checklists and Tools:
SMALL TALK: DISCUSSION CARDS FOR FAMILIES

What is it? [1]

With Small Talk: Discussion Cards, any game can be turned into a fun therapeutic activity for adolescents. Each Small Talk card asks a simple question about one of three topics:

- Family, Feelings, My World

How Do We Use This Activity?

Small Talk cards are designed to be used creatively. Here are just a few ideas of how to make the most of them:

- If a game has dice, draw a Small Talk card whenever you roll an even number. Earn extra points, or an extra roll, for a good answer.
- Answer a Small Talk question during pivotal points of card games. For example, when getting a pair in "Go Fish".
- Skip the games entirely! Answering questions can be a fun experience in itself.

Scan for full activity:

EXAMPLE CARDS:

| FAMILY	FEELINGS	MY WORLD
What makes someone family?	What makes you feel better when you are sad?	How does your world change during the different seasons?
How can you tell when someone in your family is sad?	When you are sad, what does your body feel like?	If a genie granted you one wish, what would you wish for?
What makes you proud of your family?	How can you tell when you are feeling anxious?	What makes you feel better when you are stressed?
How does your family show you that they care?	Share something that is worrying you right now.	What makes you feel better when you are angry?

1. Small talk: Discussion cards for kids (worksheet). Therapist Aid. (n.d.). Retrieved October 23, 2021, from https://www.therapistaid.com/therapy-worksheet/small-talk-discussion-cards/emotions/none.

Checklists and Tools:

COGNITIVE BEHAVIORAL THERAPY TRIANGLE
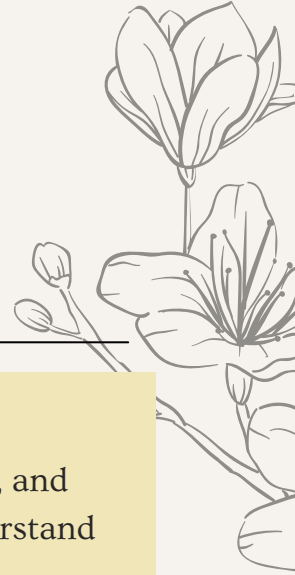
How Do I Use This? [1]

As a parent, have you ever wondered how your child's thoughts, emotions, and behaviors affect one another? With this worksheet, you can begin to understand and explain to your child.

The cognitive triangle shows how thoughts, emotions, and behaviors affect one another. This means changing your thoughts will change how you feel and behave.

Situation

Thoughts

Emotions

Behaviors
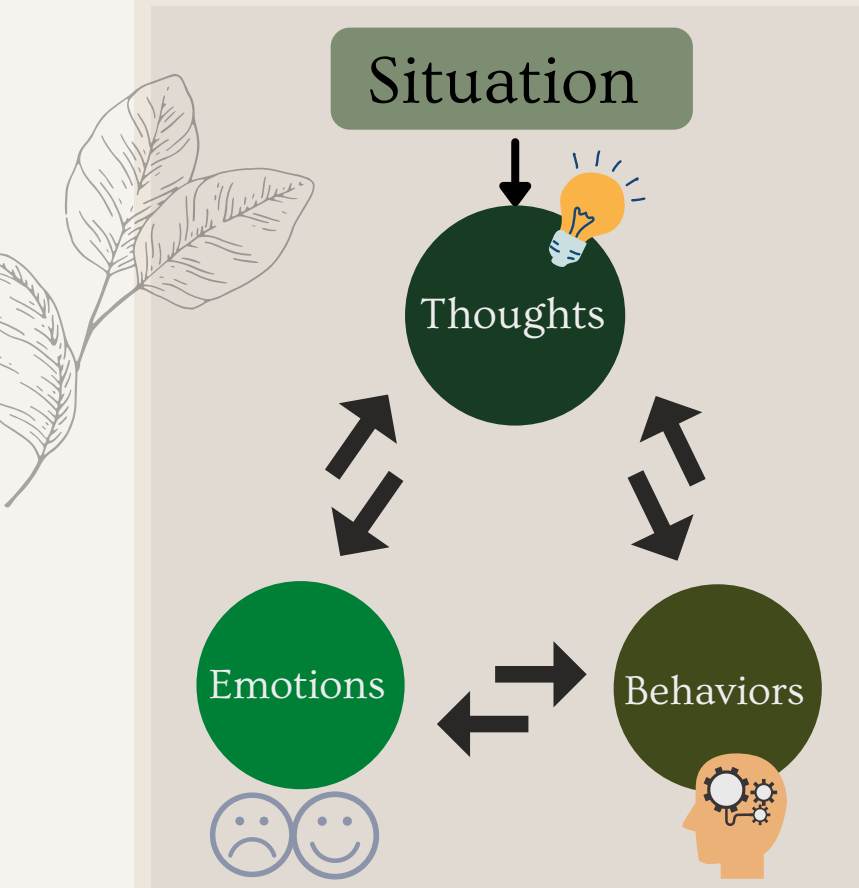
A <u>situation</u> is anything that happens in your life, which triggers the cognitive triangle.

<u>Thoughts</u> are interpretations of a situation.

<u>Emotions</u> are feelings, such as happy, sad, angry, or worried. Emotions have physical components as well as mental, such as low energy when feeling sad, or a stomachache when nervous.

<u>Behaviors</u> are responses to a situations. Behaviors include actions such as saying something or doing somtething (or, choosing not to say or do something).

One way to help your child stay on top of their thoughts is to have them write down all the negative ones that come in their day and categorize them according to the sides of the triangle. This will help them recognize thought patterns and triggers, and it will help them start to avoid these patterns.

1. The Cognitive Triangle (Worksheet). (2021). Therapist Aid. https://www.therapistaid.com/therapy-worksheet/cbt-triangle/cbt/none

COMMUNICATING WITH YOUR HEALTH CARE PROVIDER

Commonly Asked Questions[1]

Diagnosis

- What do you think my child's diagnosis is?
- What else could it be?
- What does this mean for my child's day-to-day life and for their future?
  What does my child need to do to get well?
- Where can my child get more information about their condition?

Treatment Options

- What are my child's treatment options?
- What kinds of studies have been done on these treatments?
  What are the benefits and risks of each treatment?
- How likely is each treatment to help my child?

Medication

- What does this medicine do to my child's body?
- What other medicines would be considered and why are you recommending this one?
  What kinds of studies have been done with this medication?
- How likely is this medicine to help a person, like my child?
- What are the risks and benefits of this medication?
- What are the potential side effects? Will they fade over time?
- As a parent, when can I expect to see results in my child?

Therapy

- How will this therapy help my child?
- What are the alternative therapies and why are recommending this one over the others?
- What kinds of studies have been done with this therapy?
- What are the risks and benefits of this therapy?
- How will I know if this therapy is working for my child?
- How long will my child need to continue the therapy?
- What will happen if this treatment does not work for my child?

1. Communicating With Your Health Care Provider: What Every Parent Should Ask (Worksheet). (2021). Mental Health Literacy.
   https://mentalhealthliteracy.org/product/communicating-health-care-provider-every-parent-ask/

FREQUENTLY ASKED QUESTIONS (FAQ)

Here are some answers to common concerns parents have about their child's mental health:

Why can't I know what happens in the sessions with my child?

The main reason is confidentiality. However, if there is reason to believe danger may occur, we are obligated to release that information.

What can I do if I'm concerned with my child's mental health?

Talk to your child about what's going on, and learn more about different mental health issues. You can also connect your child to a professional to discuss treatment options.

What if my child is suffering from more serious mental health issues and needs additional support beyond the school setting?
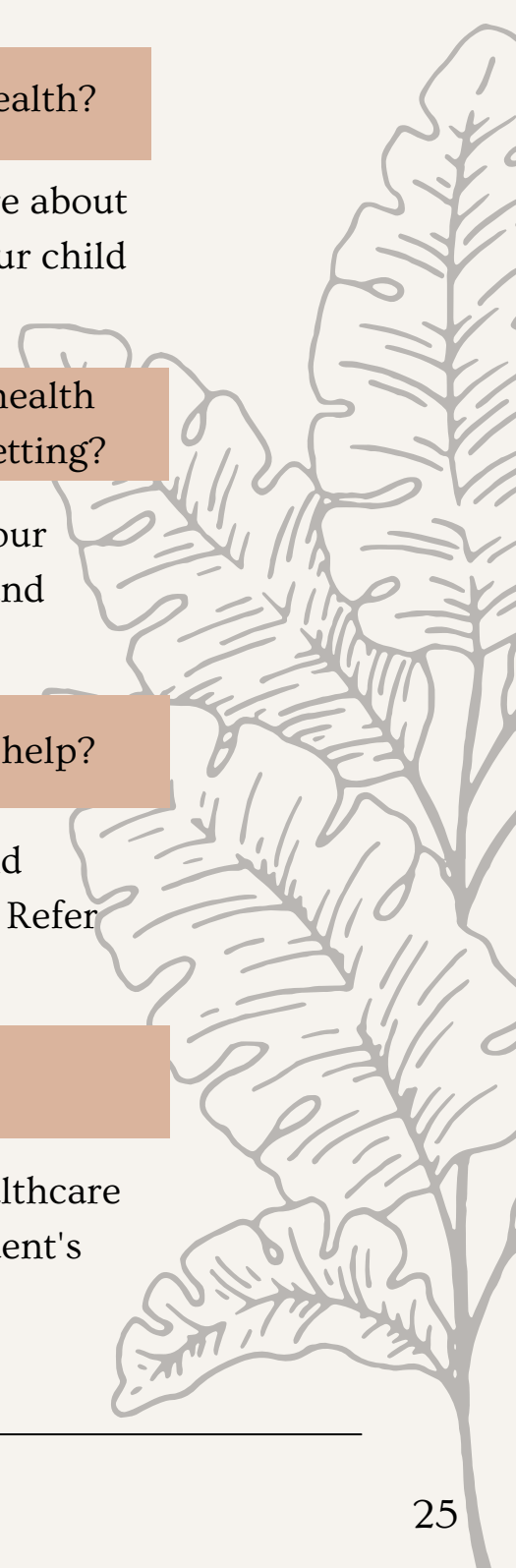
We can always refer your child to an outside agency in our local community for additional mental health support and treatment.

Who can I reach out to on campus if my child is needing help?

Any staff member on campus will receive the report and follow the school-wide protocol to provide information. Refer to page 16 for a specific list.
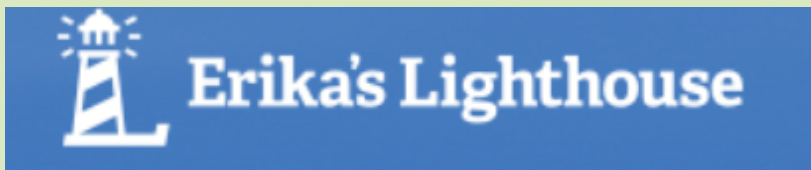
How can I support my student at home?

See pages 23-26 for talking points with your student, healthcare provider, and family. Use these tools to expand your student's mental health support network.

Resources

NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

BC Children's Hospital | Kelty Mental Health Resource Centre
Where You Are

THE TREVOR PROJECT

CHOC Children's.
Children's Hospital of Orange County

Erika's Lighthouse

DBSA

Depression and Bipolar Support Alliance

SAMHSA
Substance Abuse and Mental Health Services Administration
DEPARTMENT OF HEALTH & HUMAN SERVICES·USA

SAMHSA's National Helpline: 1-800-662-HELP (4357)

NAMI
National Alliance on Mental Illness
Orange County

NIH
National Institute of Mental Health

QR code: SAMHSA Behavioral Health Spanish-Language Resources

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