

Orientation to Child + Youth Mental Health Services

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A Guide for Teachers



The F.O.R.C.E.

Families Organized for Recognition and Care Equality
Society for Kids' Mental Health

This orientation was created for the Surrey school district. It is intended that this guide can be adapted for other communities as much of the general information is relevant to other service areas.

Contents

In the Beginning.....	4
Mental Health in the Classroom	5
When Should I Be Concerned and What Can I Do? 6	
What Should I Be Looking For? 7	
What are Common Concerns and How to Support Students 10	
Early Intervention and Prevention 10	
Anxiety Disorders 10	
Depression 14	
Attention Deficit/Hyperactivity Disorder (ADHD) 17	
Substance Abuse and Concurrent Disorders 20	
Self-Harm 22	
Bipolar Disorder 24	
Eating Disorders 26	
Psychosis 29	
 What Now? Additional Information on Mental Health Services	
Talking to Parents When You Have a Concern About a Child 32	
Making a Referral 33	
Commonly Asked Questions 36	
Where Do I Refer Them?	37
Child and Youth Mental Health (CYMH) 38	
Additional Services and Programs 39	
What Happens Once They Call CYMH?	42
Oh No! The Dreaded Wait List! 42	
What Will CYMH Do For My Student? 42	
Who are the Professionals in CYMH? 43	
Okay the Family Has Been Asked to Come in—Now What Happens? ...	44
Treatment Plan 44	
Therapy and Medications 44	
Resources.....	48
Feedback Form 57	

In the Beginning...

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Your student is struggling... Maybe they are acting out... Maybe they just aren't working to their fullest potential

Regardless, you know that this child needs additional help...

We all want the same thing...

Children sometimes need help when they can't cope....



Child and Youth Mental Health Services provides assessment, treatment and support for children struggling with a mental health problem.

In this orientation, we will introduce you to these services and hopefully help smooth the road for your student to get the help they need.

Basic Facts About Childhood Mental Health Problems

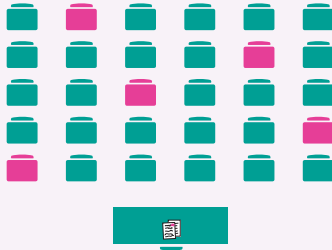


- Approximately 1 in 5 children and youth in BC have a mental health disorder, which includes anxiety and depression (Waddell & Sheppard, 2002).
- Mental health disorders can seriously impair a child's ability to be successful school and in their relationships with their peers.
- These children are not 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.

Mental Health in the Classroom

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Children and youth can experience mental health problems that range from mild to serious. The signs of child mental health conditions are often first noticed in the classroom.



In a classroom of 30 students, about 5 students will be facing a mental health challenge.

Mental disorders 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, and difficulties adapting to the structure of school.

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 the special attention that an individualized education plan (IEP) can offer. Educational programs for children with mental health challenges need



Around half of all children whose parents have concerns about their mental health have a diagnosable mental health problem. If the child's teachers have similar concerns then the chances that the child is suffering a mental illness are even greater.

Ford, Saval, Meltzer & Goodman, 2005

to include attention to developing social skills, increasing self-awareness, self-control, and self-esteem in order to master academics.

Being alert to the signs a child may be struggling with a mental disorder can greatly aid in early intervention and minimize any potential 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.

When Should I Be Concerned and What Can I Do?

Signs that a child may be struggling with mental health problems emerge during ongoing development and can be mistaken for misbehavior when:

- 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 examination. ►



When Should I Be Concerned and What Can I Do? (cont'd)

Consider three things if you are concerned that one of your students may be struggling with a mental health problem:

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

Protocol is to talk to the parent first and give the parent the information on how to refer their child to Child and Youth Mental Health (CYMH).

What Should I Be Looking For?

Some mental health problems you can see—others you cannot. If a student is withdrawn or depressed, you may not be aware of the student's distress. If a student is disruptive, even antagonistic, in class, it's more obvious. It's important, therefore, that teachers know the early warning signs.

On the following pages is a list of some of the more common signs. Keep in mind though, you need to make allowances for the normal fluctuations in mood or behaviour—all children will experience ups and downs—but will be short-lived.

Intervention is needed when the changes persist and clearly interfere with the child's development and progress in school. The goal is to intervene as early as possible, to avoid worsening of the problem and potential disruption to the child's schooling.





Signs Your Student May Be Experiencing a Mental Health Problem

Mood 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
- ☐ Has unstable moods so other children won't know what to expect from them
- ☐ Has 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 (when accompanied by mood signs)

- ☐ 'Always on the go' fidgeting, or constantly moving around
- ☐ Poor grades in school despite trying very hard or a noticeable decline in school
- ☐ 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
- ☐ Has difficulty organising tasks and activities ►



Signs Your Student May Be Experiencing a Mental Health Problem

Academic Signs (cont'd from previous page)

- ☐ 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

Communication/Social Skills Signs

(when accompanied by mood and academic 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 classmate is being bossy or too rough
- ☐ Damages toys etc. without meaning to
- ☐ Speaks without thinking
- ☐ Barges into games



What are Common Concerns and How to Support Students

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Early Intervention and Prevention

As a teacher, you have a lot of influence in this area. This section will help familiarize you with some of the various mental health challenges children can experience, and how you can best support your students in the classroom.



Anxiety Disorders

Most, if not all, children experience some episodes of fear and worry in ordinary situations. Typically these concerns are short-lived and disappear as the child matures or learns to master what was once a frightening situation. However, for some children, anxiety continues to interfere in their lives.

The FRIENDS for Life program is a school-based early intervention and prevention program, proven to be effective in reducing the risk of anxiety disorders and building resilience in children. It is available to all schools in British Columbia. For more information, email mcf.cymhfriends@gov.bc.ca.



Anxiety disorders cause children to feel excessively frightened, distressed, and uneasy during situations in which most other children would not experience these feelings. If a child is consistently worried about a situation or a future event, and feels there is no hope of dealing with it or preventing it, then high levels of anxiety may result. This

anxiety prevents them from doing their school work and from participating in school and social activities.

Anxiety becomes a problem when it makes the decisions for child, interferes with their life and/or causes distress.

Many young people with this disorder are quiet and non-disruptive 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 even more difficult to recognize that it may be the problem.

Students dealing with anxiety are often also dealing with low self-esteem and not able to work to their potential in school. They may lose friends and be left out of social activities.

Some Of The More Common Signs A Child May Be Struggling With Anxiety



- Frequent absences from school
- Decline in grades or unable to work to potential
- Excessive worrying about homework or grades
- Frequent bouts of tears
- Fear of new situations
- Refusal to join in social activities
- Being alone a lot with few friends
- Physical complaints that are not attributable to a health problem
- Easily frustrated

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 and have a driving need to avoid mistakes. 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

- ☐ Check-in with student at the beginning of the day
- ☐ Slow steps are absolutely the key to sustaining progress
- ☐ Learn what situations the student can handle and how you can respond when they are unable to cope
- ☐ Avoid 'buying into' the anxiety, but on the other hand, don't push too hard ▶



Anxiety Disorders: Suggestions for Supporting Your Student in School (cont'd)

- ☐ For school refusal, formulate a plan for when the student first arrives at school—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
- ☐ 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.

Depression

When a child has depression they may feel very sad and the feelings don't go away or may get worse. All children feel blue or sad at times, but feelings of sadness with great intensity that persist for weeks/months may be a more serious depression.

In British Columbia , approximately 3.5% (25,000) of children and youth suffer from depression at any given time.



Children with depression may have difficulty properly identifying and describing how they are feeling. Instead, they may act out and be irritable toward others.



"I don't even know why I come to school anymore—my marks are bad, I have no friends and nothing seems to go right. I just can't take it anymore."



Dealing with Depression: Antidepressant Skills for Teens is an easy-to-read self-help guide for teens. You can direct the student to seek this valuable resource through a counsellor or to download it for free at www.mcf.gov.bc.ca/mental_health/teen.htm.

Some Of The More Common Signs A Child May Be Struggling With Depression

- Prolonged sadness that persists for weeks or months
- Low energy and loss of interest in activities
- Low self-esteem
- Withdrawn
- Isolated, quiet
- Irritable
- Defiant or disruptive
- Fidgety or restless, distracting other students
- Aggression towards others
- 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 non-compliance with rules
- When asked why they aren't doing their work, says, "I don't know," "I don't care," "It's not important," or "No one cares, anyway."
- Showing up late or skipping school
- Frequent absence from school
- Drop in grades



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.
- ☐ Get direction from the counsellor or principal if the student expresses suicidal thoughts.
- ☐ 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.

Attention Deficit/Hyperactivity Disorder (ADHD)

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.

It is normal for children, at one time or another, to have trouble focusing and behaving. However, in children with ADHD, the symptoms continue instead of getting better, and they can make learning very difficult.

Symptoms can vary across different settings which makes diagnosing ADHD difficult. Some may act out, while others sit quietly (with their attention miles away). Some put too much focus on a task and have trouble shifting it to something else. Others are only mildly inattentive but overly impulsive.

It isn't that children with ADHD can't ever pay attention: When they're doing things they enjoy or hearing about topics in which they're interested, they may have no trouble focusing and staying on task. The challenge is often pulling them away to the next activity. But if the child isn't viscerally engaged by an activity, the attention of that child will quickly seek out a different activity or something else to think about.

Children with ADHD are, in general, less able to care for themselves, less able to recognize appropriate social behavior, and less able to communicate than children without ADHD of the same age.



Some Of The More Common Signs A Child May Be Struggling With ADHD

Hyperactivity

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

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 judgement

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

These symptoms can lead to other problems in school, with relationships (friends, family members), and with self-esteem.



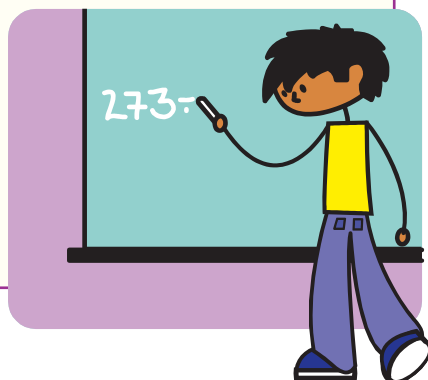
ADHD: Suggestions for Supporting Your Student in School

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 do not isolate. Without guidance, will 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.
- ☐ 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.
- ☐ 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.



Substance Abuse and Concurrent Disorders

Substance Abuse disorders refers to a regular pattern of alcohol or illegal drug misuse that results in significant problems for the young person. While many young people experiment with alcohol or illegal drugs, most do not go on to develop a serious abuse problem.

For youth who develop a substance use problem, it is common to also find a mental health problem. About 50% of people with either a mental health or substance use disorder have problems in the other domain at some point in their life.

The combination of problem substance use and a mental health concern is referred to as a concurrent disorder (formally called dual-diagnosis). Whether one problem started before the other can be difficult to determine as the two are often intertwined and related.

Signs of Possible Substance Abuse Problem



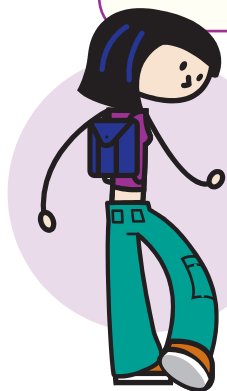
- Change in personality or baseline mood
- Drop in grades and classroom performance
- Increase in absences from school or classes
- Dropping old friends and getting “new” friends
- Loss of interest in sports or other extra-curricular activities
- Deterioration of personal grooming habits
- Forgetfulness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



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.
- ☐ Refer students to school counsellor if there is indication of alcohol/drug abuse



Examples of concurrent disorders are: an anxiety disorder and a drinking problem or depression and marijuana use.

Integrating treatment for both problems is critical to successful management and recovery.



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

Self-Harm

Self-harm refers to deliberate attempts to physically injure oneself. The self-injurer does not intend to die as a result of his/her acts. Young people engage in self-harm as a way of coping with problems and emotional distress. Although cutting is the most common type of self-harming, self-harm can include self-poisoning, burning, scalding, banging, and hair pulling.

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 they feel patronized and others do not listen



Self Harm: How Teachers Can Help

- ☐ Prevention efforts can 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 counsellor
- ☐ 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 danger of seriously harming themselves it's okay to tell someone.

Although not all students who engage in self-harm are suicidal, they are at increased risk for suicide and/or may accidentally seriously injure themselves.



Bipolar Disorder

In bipolar disorder, episodes of depression alternate with episodes of mania. The depressive episode usually comes first, with the first manic features becoming evident months or even years later. 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. These students will most likely, or should be, under the care of a doctor or mental health professional.



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



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 is 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.

Eating Disorders

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.

All of these disorders can have serious and life threatening consequences.



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 binging
- An intense preoccupation with weight and body appearance
- Engaging in compulsive or excessive exercising
- Self-induced vomiting, periods of fasting, or laxative, diet pills, or diuretic abuse
- Social withdrawal, depression, or irritability
- 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 necessary to complete assignments or homework
- Absences from school for treatment of health problems
- Lethargy, forgetfulness and poor judgement as a result of malnutrition



Eating Disorders: What Teachers Can Do

- ☐ Class discussions about positive self-image
- ☐ Avoid lessons that focus on eating and dieting as these can trigger eating disorders
- ☐ 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



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 is often needed.

Psychosis

The term psychosis refers to a condition in which there is a loss of contact with reality. With treatment and support most young people will recover from psychosis.

Psychosis results in changes in mood, thinking and abnormal ideas. The young person may have false beliefs (called delusions), or see, hear, smell or feel things that are not real. They can have confused thoughts, difficulty concentrating or remembering things. Changes in behaviour also often occur in response to dealing with the symptoms.

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.



Early Warning Signs of Psychosis

- Emotional signs such as irritability, suspiciousness or paranoia, anxiety, depression, anger
- Loss of motivation, difficulty concentrating, mood swings
- Noticeable change in activity level; school performance deteriorates
- Withdrawing into a world of their own
- 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



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 supportives
- ☐ 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; flexibility
- ☐ 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





What Now?

Additional Information on Mental Health Services



Talking to Parents When You Have a Concern About a Child

As a teacher, the amount of time you spend with children helps you to distinguish typical age appropriate behaviour from atypical behaviour that is disruptive or impairing a child's development and learning.



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. So parents may not be aware of the difficulties their child is experiencing in school.

School transitions can also be triggers:

- Grade 3 to 4 (introduction of letter grades)
- Elementary to Middle School
- Middle to High School



None of us want to hear bad news. Parents are no exception. It can be difficult for them 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 valuable to speak with your school counsellor, principal or vice principal about ways to talk with parents about these kinds of situations.

Chris is very creative and I feel she has the ability to complete the work, but she is not producing any work in class. I have tried various techniques to motivate her, but she is still having difficulty producing work I expect from her. I do not know what is interfering with her motivation and completion of her work, and am concerned that she will fall behind in school.



As a teacher, you often give parents feedback about their child’s academic progress. This same framework can be used to talk about mental health concerns you have about a child.

You could say something like this:

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. Would you mind if I speak to the school counsellor about this?

for example

”

Or you could say something like this:

I’ve noticed that Charles is experiencing a lot of frustration with his reading. He spends a lot of time trying to avoid reading, and I’m wondering if you’ve noticed this at home. Would you mind if I bring him to School Based Team? I will let you know the time and give you an opportunity to be at the meeting.

for example

”

By the 4th grade, most students who complete their homework turn it in, and they are expected to do so at this point.

Diana always finishes her homework, and usually does a good job, but she often doesn’t turn it in. What do you suppose is getting in the way of this? Can we have a plan that will help Diana turn in her homework? What works for you at home, and maybe I can try this at school?

for example

”

Making a Referral

Parents may have concerns about taking their child for a mental health assessment and for those who are reluctant, recommending them to make an appointment may not result in parents following through with the referral.

It is important to listen to any concerns a parent may have about seeking help. Many parents may not know where to turn to and should to be directed to their family doctor or mental health team.

What If Parents Do Not Appear Receptive?

At times, despite all of your sensitive feedback, parents may be unwilling or unable to accept suggestions to seek help. You may want to consider asking questions that suggest the need for a mental health assessment, without directly stating such a recommendation. The idea is to plant seeds for parents to consider assessment in the future, and may even trigger them to ask, “What can we do?”

- Have you noticed any problems with his behaviour/ attention/ emotions outside of school?
- Do you get the feeling that there might be something more to these behaviours?
- Considering how long these problems have endured, despite our efforts, what do you think it will take to help your child?
- Would you like me to find a professional who could help in helping us identify how to help your child?



When Parents Accept the Referral

Do not assume that parents' resistance and denial have disappeared simply because they took your suggestion. Families you refer for assessment may never call the number you give, and of those that do call, some of them will not follow through with the assessment. Thus, it is critical that you take the steps below:



How To Support Parents When They Accept Your Referral


- ☐ Reinforce their decision to have their child assessed.
- ☐ Offer to assist the family with contacting the professional or clinic, and offer your support to them throughout the process.
- ☐ Follow-up with the parents and ask if they contacted the referral, scheduled an assessment, etc.
- ☐ Be an active and empathetic part of the team to support the student.
- ☐ Help parents develop the expectation of improvement in their child over time, rather than quick fixes.



Used with permission. Sackett, J. (2003). A Teacher's Guide to Facilitating Mental Health Assessment for Students. Accessed on March 5, 2008. www.jasonsackettlesw.com/writing/tools_teachers.htm.

Commonly Asked Questions

Can a Child Be Seen Without a Parent's Knowledge?



BC's Infants Act says that children under 19 have the right to consent to their own health care which includes mental health. Parents are almost always informed, but ultimately a child does not need parental consent to seek and receive help if the child is mature enough to understand the risks and consequences of the treatment. The law considers them capable if they understand the need for a medical treatment, what the treatment involves, the benefits and risks of getting the treatment, and the benefits and risks of not getting the treatment. If the doctor or health care provider explains these things and decides that the child understands them, they can treat the child without permission from the parents or guardians. The child might have to sign a consent form.

Who Will Have Access to the Child's Information?

CYMH will ensure that information about the child will be kept confidential and that before any information is shared, the child/parent will be asked to sign a consent form indicating that they give permission to have information shared.

Where Do I Refer Them?

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Schools vary in their resources that meet mental health needs of students. If you have a **school counsellor**, they may be a good first resource for your student and his/her family. They likely, are familiar with assessment and treatment services that are available in your community.

Although some families will have resources through their employee assistance plans or the financial resources to pay for privately, many will likely need to be referred to a **Child and Youth Mental Health (CYMH)** office in their community. CYMH will do an initial screening (by phone) to determine whether the child's problems fit with the services they offer. If they determine that the child can be better helped through other resources, they will help the family make the necessary arrangements.

Children are usually referred by a family member, doctor, school, or possibly the courts. As teenagers, they may also refer themselves.

When you call CYMH about a child, they will likely take down the pertinent information and contact the parent to obtain more information about the child and his/her problems. It's important for this reason to let the parents know of your concerns and that you are recommending they speak to CYMH (see previous section on talking with parents).



Depending on the problem, a child could receive services from the following places:

- Family doctor or general practitioner's office
- School (if a school counsellor is on site and able to devote time)

- Community organization that provides low cost or free counselling services
- Psychiatric unit of local hospital or BC Children's Hospital
- Private practice (e.g., psychologist or psychiatrist) or
- Program for young offenders, if the child or youth is in trouble with the law.
- Child and Youth Mental Health Services

In this resource we will explain services offered by child and youth mental services through the Ministry of Children and Family Development.



For a website listing of all Child and Youth Mental Health offices in British Columbia see www.mcf.gov.bc.ca/mental_health/pdf/services.pdf

What Services Does CYMH Provide?

Generally speaking, Child and Youth Mental Health (CYMH) provides brief, short, medium, long term treatment and support to children and youth 0 to 18 years and their families who are affected by serious mental health issues. These services are offered in the community (as opposed to hospital or residential treatment facilities).

There are three kinds of service CYMH Provides:

- 1 Early intervention:** The goal is to recognize and treat signs early to prevent problems from getting worse. Early intervention involves teaching skills that will enable young people to deal effectively with challenges so as to prevent problems from becoming more severe. An example is the FRIENDS program—a school-based early

intervention and prevention program that has proven to be effective in reducing the risk of anxiety disorders and building resilience in children.

- 2 Assessment, Treatment, Case Management Services for Children and Youth:** Services include an in-depth assessment of the child's strengths and the nature of their problem. From this assessment a treatment plan is developed. Case management refers to managing situations where the nature of the problem is complex and multiple services and professionals are involved.
- 3 Crisis Response:** Provides urgent response to mental health related crises involving school age children/youth and their families. Provides short term therapy, resources, and referral coordination. Weekdays only. For example, if a youth is showing signs of possible suicide at school, the team will go to the school to help the student. To access help when a student is in crisis, contact your local child and youth mental health center and ask for their crisis response team.

Additional Services and Programs

For youth who have become involved with the law, **Youth Forensic Psychiatric Services** provides court-ordered and court-related assessment and treatment services for troubled youth.

In addition, some residential and outreach assessment and treatment options for children and youth with mental illness are available at the **Maples Adolescent Treatment Centre**. The Centre provides services for troubled youth aged 12 to 17 with significant psychiatric and behavioural difficulties. Youth are referred to the Maples by the child and youth mental health services.



Regional & Provincial Hospitals: For some children and youth with severe mental health issues, a hospital stay may be necessary. Children are admitted to the hospital through a referral from a doctor. Generally there is a wait

list and community mental health is almost always involved. The average length of stay is one to two months but this will depend on the needs of the child.



Youth Day Treatment Programs are for teens ages 13 to 18 requiring intensive psychiatric treatment and educational programming. These youth

are wrestling with mental health issues that interfere with school, family and friendships. Programs generally run for four days a week for about five hours a day. The daily schedule includes a school session, group or individual therapy and recreational activities. Referrals are made through the Child and Youth Mental Health Teams in each Ministry of Children and Family Development office.

Child Day Treatment Outreach Program (CDTOP) is an outreach program for elementary children in Surrey School District. It is a partnership with Surrey School District and Child and Youth Mental Health in Surrey. Children must have a mental health diagnosis to qualify for this service. They remain in their home school and have the services of a specialized team work with them and the school to provide support. This team includes a family therapist, mental health clinician, specialized teachers and SEAs and child and youth care workers. Referrals to the program are made through either mental health or the child's school to Student Support services.

Adult Mental Health Centres. Sometimes services need to continue into adulthood which requires transition planning to adult mental health services. These services are

similar to those provided for children and youth but are under the jurisdiction of the health authorities and the Ministry of Health. The age for transition to adult services is 19 years old but planning should commence by the youth's 17 birthday.

Gastown Vocational Services: Provides vocational/employment programs to assist youth and adults with mental health disabilities reach their volunteer, employment, and educational goals. Services include psychological assessment,

work-readiness skill training, career planning, employment counseling, supported education, and job placement. Supported education services include identifying realistic educational programs necessary for employment, and finding on-the-job training opportunities. All programs include active case management with individualized planning and support. Evening support groups are provided.



Learn more about **Gastown Vocational Services** by visiting their website at www.gvsonline.ca or calling 604-683-6047



What Happens Once a Referral has Been Made to Child and Youth Mental Services?

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Oh No! The Dreaded Wait List!

You're been told that your student could benefit from having services but there's a long wait list.

In the meantime, you can help your student by learning more about child and youth mental health. There are some very good documentaries, books, and tips sheets that have been produced over the years on children and youth with mental health issues.



Here are some websites with information on child and youth mental health:

- www.heretohelp.bc.ca
- www.mcf.gov.bc.ca/mental_health (especially the Publications and Programs & Resources sections)
- www.bckidsmentalhealth.org



So What Will CYMH Do For My Student?

The first step is to assess the child in order to better understand the nature of their problem. This assessment can include different kinds of psychological tests, interviews with the parents and child, and possibly other information—from their family doctor or paediatrician or about how your child is doing at school. Parents must give permission before any information from the school can be shared with CYMH.

The assessment will look at both the child's strengths and areas where they are having difficulty.

CYMH incorporates a care team approach. This means that there are a number of professionals who work together to develop a plan for helping the child. This also means that you, as a teacher, will also likely be an important part of this team.

Your involvement is important as it will help you to better understand the nature of the child's difficulties and how you can support the child at school.

Who are the Professionals in CYMH?

Intake Workers: These folks answer calls that come in and collect information using the Brief Child and Family Phone Interview (BCFPI)—a 30 minute telephone interview.

Psychiatrists: These are medical doctors who have specialized training in mental disorders. Psychiatrists do assessments and diagnose mental disorders as well as prescribe medications

Clinicians/Therapists: Specialized workers who provide individual or group therapy for children. They typically have a Masters Degree in Counselling or Social Work and may have additional training in certain types of therapy.

Psychologists: Professionals who do assessments and provide therapy. They hold a PhD in clinical psychology.

Case Manager: A Case Manager may be a professional who has an ongoing relationship with the family such as a mental health clinician, a probation officer, or a social worker. Psychiatrists and medical doctors are not generally considered Case Managers.

Occupational Therapists: Assists with basic life skills, community activities, job/school, taking a bus, leisure, educational, work or personal goals.



Okay the Family Has Been Asked to Come in—Now What Happens?

When a family begins services, the clinician will sit down with them and explain what will happen. At this time, they may be asked to sign a consent form in order for CYMH to talk with the child's teacher. Parents have to agree to CYMH talking with others. They can also specify what information can be shared or not shared and they can change their mind at any point.



Based on the assessment and information gathered about the child and the problems they are experiencing, the clinician will draw up a plan to help the child.

Treatment Plan

The treatment plan is a written document based on the assessment and will outline the course of action that the clinician believes will help the child. Child and Youth Mental Health Services use evidence-based treatments—ones that have been shown to work. Treatment may involve the use of medications, a combination of medication and therapy or just therapy. The child may be involved in individual or group sessions. Medication would be prescribed through the family doctor or a psychiatrist. The length of time for treatment depends on the difficulties the child is experiencing.

The treatment plan includes goals and objectives. These goals and objectives are then used to evaluate how well the child is doing and whether any modifications to the treatment plan are needed.

The following are examples of possible goals:

- Improved relationships with parents, siblings, teachers and friends
- Better schoolwork
- Improved self-esteem
- Fewer disruptive behaviors
- Full or partial attendance at school

If the child is encountering difficulties in school because of mental health problems, it is often critical to include the school as part of the treatment team. This enables the school to be part of an 'inclusive' plan that can address the various needs and domains of the child's life.

How Often Will The Child/Youth Need To Go For Therapy?

The child's therapist will recommend how often the child should come for therapy. It may be once a week or once every couple weeks, which may result in missed class time. It is important that homework and classroom work be adjusted during this time as it often creates added emotional stress for the child/youth. An email or note to the home with work missed or assignments coming up, is very helpful during these times.

How Long Will the Child Require Services?

Mental health treatment is a process. Change often takes time.

It can be difficult to predict how long is needed in order to help a young person who is facing mental health challenges. Some may require only a few visits while others may need help over a longer period of time.



Improvements can take time. When a child enters into therapy, they may be tentative about opening up and talking with the therapist. Because of this, time is spent building rapport with the child by perhaps engaging in light conversation or playing games. As the child begins to talk more and open up or the therapist pushes the conversation towards more painful topics the child may recall events and experience feelings that are not very comfortable. When this happens the child may carry these thoughts and feelings out of the session and into the classroom. However, this opening up is not necessarily bad but is a sign that these issues can now be talked about and as a result progress is being made.

A teacher may notice some signs of distress in what a student writes in their journal or in other written work or drawings that can often indicate the need to seek help for their student.



Medications

Medication is not necessarily the first line of treatment for a number of mental health problems. There are a number of “evidence-based” psychotherapies that are effective for helpful children and youth.

In some cases, though, medication may be needed to help a child to the point where they can benefit from therapy.

For example, many children with severe anxiety may not be able to benefit from therapy until their anxiety is reduced. Others will simply refuse to talk with a therapist at all. For these children, it would be reasonable to initiate treatment with a medication before a course of therapy is attempted.



Not all parents will choose medication as a treatment option. If they do choose medication, your student's parents and doctor will be working together to determine dose, proper time of dose and side affects.

Parents should initiate a discussion on the medication their child may be taking as it is helpful to teachers to know the following about medication:

- Is this medication changing the child's behaviour, and in what ways?
- How long does the medication last and are there times during the day when the medication does not seem to be working?
- Are there noticeable side affects at school, i.e. is the child drowsy in the morning from medication and if so, how can expectations be altered?
- How will the medication affect their school work?
- Is the school required to administer and document any medication?

As school personnel, if the information is not offered by parents, you may need to ask.

Resources

Community Resources

For Ages 0–18:

Child and Youth Mental Health Services

1-877 387-7027 or through Enquiry BC:

- Victoria: 250 387-6121
- Vancouver: 604 660-2421
- Elsewhere in BC:

1-800 663-7867

www.mcf.gov.bc.ca/mental_health

For a listing of offices, click on the Contacts page

BC Children's Hospital - Mental Health Programs

4480 Oak Street, Vancouver, BC V6H 3V4

(604) 875-2345 or 1-888-300-3088

www.bcchildrens.ca/Services/default.htm

For Ages 1–18 or 19 and up:

Kelty Resource Center is a provincial resource centre working to link children, youth and their families with appropriate resources in all areas of mental health and addictions. In addition, we also serve the resource needs of adults with an eating disorder.

Mental Health Building, BC Children's Hospital

Room P-302 – 4500 Oak St. Vancouver, BC V6H 3N1

Local Phone: 604-875-2084

Toll Free: 1-800-665-1822

www.bcmhas.ca/supportcentre/kelty/default.htm

Gastown Vocational Services provides vocational and career planning services, assessment, work readiness skill training programs, work experience placements, and supportive employment services to individuals with mental health disabilities

Suite #405 - 375 Water St., Vancouver, BC V6B 5C6

(604) 683-6047

www.gvsonline.ca

Important Information Lines

For Ages 0–18:

The FORCE provides information, support, education and advocacy for families of children and youth with mental health issues.

604-878-3400

bckidsmentalhealth.org



For Ages 1–18 or 19 and up:

Kid's Help Phone is Canada's only toll-free, 24-hour, bilingual and anonymous phone counselling, referral and Internet service for children and youth. Professional counsellors provide immediate, caring support to young people.

1-800-668-6868

www.kidshelpphone.ca

Representative for Children & Youth

supports children, youth and families who need help in dealing with the child welfare system, and advocates for changes to the system itself.

1-800-476-3933

www.rcybc.ca

For All Ages:

Distress Line

As of November 2008 there is a central distress line number in BC
310-6789

Crisis Intervention & Suicide Prevention Centre of BC

1-800-661-3311

www.youthinBC.com

BC Poison Control

1-800-567-8911

www.bccdc.org

BC Nurse Line

1-866-215-4700

BC Pharmacare Program

1-800-387-4977

www.healthservices.gov.bc.ca/pharme

Alcohol & Drug Information and Referral Service

provides information on and referral to a variety of resources including counselling services, detox centres, residential treatment centres and self-help groups. Certified information and referral specialists respond to enquiries on all aspects of alcohol and drug use and misuse.

1-800-663-1441

www.communityinfo.bc.ca/adirs.htm

Problem Gambling Help Line

is a province-wide information and referral service for anyone who is adversely affected by their own, or another's gambling habits. Certified information and referral specialists provide information about, and referral to a variety of community resources, including free counselling services (which are available province-wide), prevention resources, and self-help resources.

1-888-765-6111

www.communityinfo.bc.ca/probgam.htm

Victim LINK

Information Service is a province-wide telephone help line for victims of family and sexual violence, and all other crimes.

1-800-563-0808

www.communityinfo.bc.ca/victims.htm

Dietician

1-800-667-3438

Enquiry BC

(To contact your local MLA)

1-800-663-7867

www.leg.bc.ca

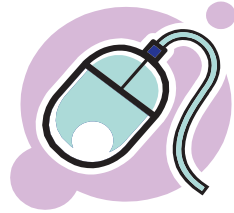
BC Review Board has ongoing jurisdiction to hold hearings to make and review dispositions (orders) where individuals charged with criminal offenses have been given verdicts of not criminally responsible on account of mental disorder or unfit to stand trial on account of mental disorder, by a court. It is the responsibility of the Review Board to protect public safety while also safeguarding the rights and freedoms of mentally disordered persons who are alleged to have committed an offence.

1-877-305-2277

www.bcrb.bc.ca

Some Helpful Websites

- www.bckidsmentalhealth.org
- www.heretohelp.bc.ca
- www.mcf.gov.bc.ca/mental_health
(especially the Publications and Programs sections)



Bipolar Disorder

- www.bipolarchild.com
- www.bpkids.org
- www.depressedteens.com

Anxiety Disorders

- www.anxietybc.com
- www.aacap.org/publications/factsfam/anxious.htm
- www.adaa.org/GettingHelp/FocusOn/Children&Adolescents.asp
- www.caringforkids.cps.ca/behaviour/fears.htm

Attention Deficit/Hyperactivity Disorder (ADHD)

- www.teachadhd.ca
- www.caddra.ca
- www.chadd.org
- www.aacap.org
- www.adhdinfo.com
- www.adhd.com.au

Eating Disorders

- www.jessieshope.org
- www.anred.com
- www.nlm.nih.gov/medlineplus/eatingdisorders.html
- www.nationaleatingdisorders.org

Depression

- www.aacap.org/publications/factsFam/depressed.htm

Suggested Reading

Children's Picture Books on Mental Health

	Title	Author
Liking Yourself	A Bad Case of Stripes	David Shannon
Identifying Feelings	How are You Feeling?	Saxton Freymann
Fear	Some Things Are Scary	Florence Heid
General Anxiety	Wemberly Worried	Kevin Henkes
	The Worrywarts	Pamela Duncan Edwards
Separation Anxiety	The Kissing Hand	Audrey Penn
	The Invisible String	Patrice Karst
Depression	The Red Tree	Shaun Tan

ADHD for Students

- **Keeping a Head in School: A student's Book about learning Abilities and Learning Disorders**
Mel Levine
- **Distant Drums, Different Drummers: A guide for young people with ADHD**
Barbara D. Ingersoll

ADHD for Teachers and Parents

- **ADHD and the Nature of Self-Control**
Russell A. Barkley

- **Attention Deficit Hyperactivity Disorder: What Every Parent Wants to Know**
D.L. Woodrich
- **Attention Deficit Disorder: Helpful Practical Information**
Elaine K. McEwan

Anxiety for Teachers and Parents

- **Seven Steps To Help Your Child Worry Less: A Family Guide**
Goldstein, S., Hagar, K., and Brooks, R. • 649.6 G6
Great background information on anxiety. Easy to read book that offers a simple cognitive-behaviour program that can be carried out at home. Useful information for teachers.
- **Helping Your Anxious Child: A Step by Step Guide for Parents**
Rapee, R., et al. • 155.232 H4
Easy to read cognitive-behaviour program to complete at home. Useful activities to complete throughout 5-Step program. Offers a section on social skills and assertiveness training.
- **Keys To Parenting Your Anxious Child**
Manassis, K. • 155.41246 M36
Good informational book for parents. Easy to read format. Gives practical advice to questions. Discusses gradual desensitization and incentive systems.
- **Freeing Your Child From Anxiety**
Chansky, T. • 618.928
Excellent background information about the many types of anxiety. Offers a cognitive behavioural component, tips and strategies for caregivers to deal with many anxiety issues such as nervous habits, sleep difficulties and school refusal.
- **Your Anxious Child: Raising a Healthy Child in a Frightening World**

Shaw, M. • 155.412 S5

Focuses on younger children. Gives specific ideas and activities. Discusses sibling rivalry, birth order, special needs children and divorce

- **Your Anxious Child:**

How Parents and Teachers Can Relieve Anxiety in Children

Dacey, J., and Fiore, L. • 155.412 D3

Cognitive based program based on the COPE acronym. Offers activities within each section.

- **The Anxiety Cure for Kids:**

A Guide for Parents

Dupont, R., et al. • 618.928 S6

Uses characters such as the Dragon (anxiety) and Wizard (child) to learn how to overcome the negative impacts of anxiety.

- **Anxiety Disorders in Children and Youth**

Issue of *Visions: BC's Mental Health and Addictions Journal*, available at www.heretohelp.bc.ca

- **Taming the Worry Dragon**

Series includes books, manuals and videotapes.

To order, call 604-875-3549

Developmental Disabilities and Mental Disorder

- **Dual Diagnosis:**

A guide for families of a child with an intellectual/developmental disability and a mental disorder

Look for the dual diagnosis guide in the Tip Sheets section, under the Education tab at bckidsmentalhealth.org

Other Programs and Resources

- Anxiety Disorders Association of America self-tests:
 - For teens experiencing anxiety problems
www.adaa.org/Public/selftest_ADA.htm
 - For parents of a child experiencing anxiety problems
www.adaa.org/Public/selftest_children.htm
- FRIENDS for Life program is a school-based early intervention and prevention program, proven to be effective in reducing the risk of anxiety disorders and building resilience in children. For more information about FRIENDS For Life in BC schools or if you are interested in hosting a training event or refresher/booster workshop in your area, please email mcf.cymhfriends@gov.bc.ca
- Centre for Addiction and Mental Health: Resources for Teachers
www.camh.net/education/Resources_teachers_schools
- BC Ministry of Education: Teaching Students with Mental Health Disorders – Resources for Teachers
www.bced.gov.bc.ca/specialed/edi/welcome.htm.



Notes

Feedback Form

Orientation to Child & Youth Mental Health Services A Guide for Teachers

1) Was there anything missing from the orientation that you would like to see included?

2) Was any of the information hard to understand or didn't make sense? If so, please indicate what information

3) Any other comments?

Thank you for taking the time to provide feedback.

Please drop off at your Child & Youth Mental Health office or mail to The FORCE Society, PO Box #91697, West Vancouver, BC, V7V 3P3

