
Recognizing Mental Health and Substance Abuse Issues in Children and Adolescents of School Age

By

Neil Fullan MD
Sean Fullan MD

Prepared by the staff of

Anima Family Counseling

Green Bay, Wisconsin

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Introduction.

There has been increasing awareness over the past years manner by the government, the school system, and, most importantly, by parents of the need to identify and treat mental illness in children in a timely manner. We hope to facilitate this process with the information contained in this paper which was developed for teachers but which may have some utility for the general public, especially parents. It is broken down into three sections: Observations, History, and Face to Face Interactions.

OBSERVATIONS:

The first indicator that a child may be experiencing difficulties with a mental health or substance abuse issue is a change in behavior. You may notice that the child showing changes in his or her usual type of social functioning, mood, daily activities, or thinking. You may see some of the following changes.

1. **Social Skills:** The child/adolescent may be less interactive with other children or adults, or less able to accurately read social cues e.g. they misinterpret other people's' actions or facial expressions as angry or critical when they aren't. A child may behave in a way you would expect from a younger child. They may try to distance themselves from friends or family by spending more time by themselves or in their room. Children with autistic spectrum disorders may act as though they are unaware other people are there, or react in an unexpected way those around them They may overreact to attempts by friends or family to involve them in social activities or inquiries as to whether they are "OK". You may see them change friends, especially friends that you have concerns about or whom they do not wish you meet. You may also notice that they are having more problems with authority figures including parents and teachers. There may be involvement with the justice system.
2. **Mood:** Children and adolescents who are in the early stages of a mood disorder often show increased irritability. They may also demonstrate more worry or sadness. PMS issues aside, you may notice that there is mood cycling occurring where a child very up for a period of time and then down. This can range from hours to weeks, but the pattern repeats itself at a given interval. Children who have increased fear or worry often

experience concentration problems which can affect school work. Children who are abusing drugs can show more mood swings on weekends or after they have been with certain friends. One must be careful here because there are medical conditions which can result in mood changes as well such as thyroid disease or tumors. There can also be significant behavioral problems when a child is exposed to toxic substances such as lead or mercury.

3. Daily Activities: Mental health issues/substance abuse can cause changes in daily routines especially in sleeping and eating. There can be a tendency for children to be up later and later at night and harder and harder to get up in the morning. They can have more problems with being late for school or not getting there at all. There can be more problems with appropriate behavior on the bus or during unstructured times. You may see significant changes in activity levels such as jitteriness or lethargy. You may see less willingness to help out around the house or an increase in quarreling with brothers and sisters. You may start to see more problems with personal hygiene and personal appearance. You should be aware that some children harm themselves by cutting, scratching, or burning themselves, many times they choose areas to do this which are not readily apparent to others. They may become more secretive or adamant about nobody being in their room or overhearing cell calls.

4. Thinking: Children who are experiencing problems with knowing what is real or unreal can become suspicious or paranoid about other people. This can be particularly true of teachers, because they can see attempts by teachers to correct academic errors as criticism of a personal nature. They sometimes feel that there are messages directed specifically at them in media programming or that certain randomly occurring events such as weather have specific predictions for them. Children who are anxious or who have self-esteem issues can interpret remarks by others that might be thought of as kidding around by others. as critical and hurtful. Concentration can be affected by many things, but attention disorder and anxiety are very high on the list.

HISTORY:

History should be gathered from the child, their family, their friends, and their teachers if possible. I would also include their doctor and counselors. Some areas you would wish to explore would include the following.

1. **Personal History:** Does the child see themselves as having any particular problems? Are there safety issues internally (thoughts of harming self or others) or from the child's environment? Have there been any new stressors at home or school? Has the child been neglected or abused, and do they have to care for other children? How is the child doing with caretakers and at school? Are there active medical or mental health/substance abuse problems for any family members or for the child themselves? Does the child have developmental delays? Does the child have friends and if so are they a positive influence on the child? If the child is an adolescent, are they working (how many hours)? Are they sexually active and if so are they being counseled about this? Have they had problems with the law?
2. **Family History:** You should acquaint yourself with the types of stressors that the family is dealing with e.g. poverty, past abuse of family members or incarceration of a family member. It is important to find out that actually cares for the children in the household and if there adults at home when the children are there. It is also important to know if there are family members who have mental health or substance abuse issues. You should learn if this is an adopted child and if so, is medical and mental health information available about the biological parents. If this child is from divorced parents, it is good to know who has primary placement and what the visitation schedule is like. It is probably more important to learn how the estranged parents communicate with each other ie is there animosity between them, and if the child caught in the middle. Has the child been abused or neglected? Often times the family doctor or the family's pastor can be of great help in identifying areas of need for the family and providing support.

The Interview:

The interview should take place in a comfortable quiet place. If the child is being interviewed is of elementary school age, it usually helpful to have the parents present for most of the interview.

1. Often times it is good to start with some casual inquiries as to what the child likes to do for fun or what the family has been doing. Then you can work your way around to inquiring what the problems are; it is not unusual for the child to feel there are no problems. You can use parents to help focus the child on the issues, but it is important to explain to the child that this history is not criticism. During the initial stages of the interview, you can determine that the child knows who they are, where they are, and the date.
2. You can check the child's general knowledge by asking about such things as who is the president and doing a few age-appropriate math problems and check memory by asking them about some recent activities in which they have participated. It is good to ask if they have been seeing or hearing anything that other people have not seen or heard. You can check abstract reasoning by asking about feelings or proverbs such as "what does it mean to say people who live in glass houses shouldn't throw stone.." It is important to note any problems with judgment, speech, or activity level, as well as thoughts of self harm or thoughts of harming others or animals.
3. It is good to be aware of the types of feelings that the child elicits in you. Does the child make you feel like they are vulnerable or anxious? Do you feel like you can relate and understand their situation? Does the child's behavior frighten you or make you feel as though you want to distance yourself from them. You can also learn a great deal by playing a game with a child e.g. does they have to win, can they relax and enjoy the game or do they have difficulty following the play. It is good to see how a child's mood changes during a game e.g. do they become angry or disheartened if they are not winning or do they seemed pleased by the interaction between you and them.

Formulation: Once you have gathered as much of the above-mentioned information as you can, you can decide whether there are red flags in critical areas, and if so to encourage the child and family to seek further help. Even if you are on the fence, it never hurts to have a child and his or her family seen by a professional. There are three basic resources for this: the school, private practitioners, and community mental health.

1. The school usually has school psychologists, social workers, and counselors that are available to evaluate children, and there are usually also teachers with special training available as well to help identify and get help for special needs children and families. Many schools also offer special programming for these children or can provide people and/or materials which can help. There are even schools that are specifically dedicated to special needs children such as Syble Hopp school in DePere, Wisconsin which is a truly remarkable resource with an even more remarkable staff. School faculty members are often aware of community resources that children can be referred to get specialized help such as those described in the next two paragraphs.
2. Private psychiatrists, psychologists, and licensed professional counselors are available in most communities. Most families have had contact with these types of professionals as have most primary care providers, and this is a common method of deciding "who to call." Professional associations and clinics/hospitals may also be helpful in identifying mental health resources. Many communities are fortunate enough to have University based clinics for mental health and substance abuse, as well as free standing mental health clinics and hospitals. HMOs, PPOs and insurance companies are often affiliated with mental health providers, and provide discounts to patients using mental health services affiliated with them. They also do credentialing to assure professional competence of their providers.
3. Counties normally provide mental health resources including crisis care, psychiatric care, and counseling for mental health and substance abuse evaluation and treatment. There is often a 24 hour crisis number that can be called and if a child is in imminent danger of harming themselves or others police should always be considered. Many people mistakenly think they can transport a severely disturbed child or adolescent to an ER by themselves without problems and have learned the hard way that this can be dangerous. Community mental health organizations, sometimes in connection with social services have many types of services available

to them. These can include social workers to assist with financial assistance, housing, and transportation, and many programs for specialized needs such cultural diversity, age diversity, and linguistic diversity. In the best of communities, they work directly with the school system to provide joint programming for special needs students and families. County mental health services often have a representative who works with the justice system to assist students who are involved with both organizations. School social workers and the internet can provide much information about programs and providers in all systems.

This paper is intentionally not protected by copyright, but it has, despite its brevity, a dedication which the reader is encouraged to reflect upon for a moment: in memory of PFC Tom Drazer who was killed in action in Viet Nam and for all the men, women, and children who lost their lives or their minds there.