



National Alliance on Mental Illness

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**Missoula**

# **A NAMI GUIDE: CHILDREN'S MENTAL HEALTH**



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## A NAMI GUIDE: CHILDREN'S MENTAL HEALTH

Mental health conditions are very common. Research shows that [1 in 6](#) youth/adolescents will experience a mental health condition at any given time. Additionally, [50%](#) of all lifetime mental health conditions begin before the age of 14 and 75% start before the age of 24. However, identifying warning signs or symptoms and seeking treatment early can make a difference in reducing the impact of a mental health condition.

To be able to provide the best possible care for your children's mental health, it is helpful to be aware of what to look for, when to worry and how to respond. Children go through developmental phases that include changes in emotions, thoughts and behavior. Most of the time, these are typical periods in development, such as the "terrible twos" when children usually have trouble separating and experience "melt-downs," which is a stark contrast to one year olds who are not as troubled by exploring their world.

When teenagers give you the cold shoulder, shut down or "snap" at you, they may be trying, as teens should, to become their own individuals. During this time, they're developing their personal identities and breaking away from the family. Again, this is typical behavior. But when this type of situation persists or begins causing difficulty in their daily life, it may be a symptom of a mental health condition. This is the time to intervene.

A [2021 poll](#) conducted by Ipsos on behalf of NAMI finds that an overwhelming number of parents support mental health education in schools and "mental health days" for their children.



## **I: What to look for, when to act**

While each mental health condition is unique, they all impact emotions, thoughts and behavior. Here are some things to consider in deciding to intervene.

### **Disruptions in daily interactions and relationships**

Everyone experiences a “bad day” from time to time, but when your child seems to be having difficulty with routine daily tasks, it’s important to take notice. This can look like difficulty participating in regular social activities (with family, friends, adults), academics or play/activities.

It can also look like a personality change. For example, if your child is typically socially interactive, but begins to withdraw and has no interest in others, this could be an indicator of an underlying mental health issue. If you notice these type changes lasting more than just a few weeks, it may be time to seek professional help.

### **Excessive anxiety**

Anxiety is a typical reaction to situations that we perceive as potentially dangerous or where performance has a possible negative effect (like failing a test or losing a game). But when the amount of anxiety or stress is out of proportion to the reality of the risk, you should pay attention to these reactions. It’s time to consider intervening if your child:

- Worries about almost everything to the point of withdrawal or has difficulty functioning
- Is fearful of certain places (such as school) or going to new places
- Experiences sudden bursts of intense fear, impending doom or physical symptoms, such as rapid heart rate, hyperventilation, dizziness or nausea
- Believes they must repeat certain thoughts (obsessions) or behaviors (compulsions) to prevent something bad from happening

### **Depression**

We can all feel “down” at some point, especially when setbacks happen. But if your child has ongoing difficulties with any of the following symptoms, it is time to act:

- Disturbances in mood (usually irritability in children, compared to deep sadness in adults)
- Impaired sleep (typically too much sleep, but some may have trouble falling or staying asleep)
- Decreased energy
- Decreased self-esteem
- Difficulty concentrating
- Change in appetite (typically excessive appetite or, more rarely, reduced appetite)

- Seems agitated or conversely, “slowed down”
- Expresses thoughts of hurting themselves, especially thoughts of [suicide](#)

### **Substance use**

Be on the lookout for changes in behavior that may be due to using [substances](#), including alcohol, marijuana products, psychedelic drugs, prescription medications and others. Substance use may also extend to misuse of over-the-counter drugs or medications prescribed to other people (typically friends or family).

If your child is using substances, you may observe a decline in school or sports performance, decreased engagement with family or friends, sleep problems and sluggish or agitated behavior. Treatment for substance use can be very helpful.

### **Changes in school performance**

Some children have challenges with standard academic work. However, if your child typically performs well and begins having difficulties, there may be an underlying mental health condition to blame. If academic challenges persist, it may be helpful to get consult with a clinician.

### **Acute or prolonged stress**

A child witnessing violence or experiencing abuse/neglect at home will most likely experience acute or prolonged stress. Post-traumatic stress disorder (PTSD) can be the result of these trauma experiences and may include symptoms like:

- Disturbances in memory issues, such as flashbacks
- Recurrent thoughts of the trauma
- Emotional numbing, such as avoiding social and emotional contact with others
- The emergence of a hyper-state of arousal, like they might panic at any time

It is important for anyone experiencing trauma to be able to process, or work through, those experiences. Meeting with a professional can be helpful.

### **Difficulties adjusting**

Just like the rest of us, children react to challenging situations. Those reactions can include increased anxiety, depression or a mixture of emotional reactions. Common situations that contribute to adjustment difficulties include grief and loss (such as death of a loved one), changes in a parent’s employment, military deployment of a parent, domestic violence, bullying or harassment. If your child seems to be struggling after experiencing a certain event or situation, it can be helpful to talk with a professional about what you are observing.

## **What to do**

It can be extremely difficult when your child experiences mental health symptoms, but there is hope. Below are some actions you can take to help your child.

### **Have frequent conversations about mental health**

Even if your child isn't experiencing any difficulties, it's always helpful to engage in frequent emotional "check ins" starting early in life. If your child sees this as a routine part of family life, they will likely feel more comfortable coming to you when they experience challenges. Additionally, if you notice something seems off with your child and ask them about it, they may be more receptive to sharing with you.

### **Listen to them and validate their experiences**

While you may not understand what is upsetting your child, creating a safe space (a place where your child can share openly without fear of retaliation) at home can suggest that you are eager to hear about their life in a supportive, non-judgmental way. This paves the way for your child to see you as an ally, not as a judge.

### **Get feedback from others**

While your observations and perceptions may be accurate, consider talking with siblings, other family members, teachers, coaches, clergy — or anyone in your community who knows your child — to see if they have noticed changes in behavior. Hearing others' perspectives may help to determine how severe the problem is and to decide what the next steps should be.

### **Get a professional opinion**

If you are concerned, there is no harm in talking to your pediatrician or other health care professional about whether they think your child could benefit from seeing a mental health professional. They can also be helpful in providing resources or referrals in your community.



## II: Finding mental health care for your child

Finding mental health services for your child can often seem like an immense challenge. Beyond the obstacles of stigma and shame, there are multiple barriers to obtaining help, including locating an available specialist who is licensed and trained amid a national shortage, navigating the complexities of the mental health system — public and private — engaging the school system for support and finding the right match for your child.

However, overcoming these challenges is possible with the right resources, support and determination.

### Finding a mental health care professional

Here are a few tips on how to help your child get the care they need.

- **Talk to your pediatrician.** Many pediatric practices have behavioral practitioners that work within their group or have clinicians they typically refer to. It is typically easier to get an appointment with a mental health specialist if another health care professional refers you, such as your pediatrician.
- **Call local behavioral health hospitals or community mental health centers** in your area to see if they have any openings and get on their waiting lists if they have them.
- **See if your child can meet with the school counselor or school nurse.** Federal and state law requires public schools to provide mental health care if a mental health problem interferes with their academic or social life.
- **Talk to a friend or relative with similar experience.** Sometimes, if a friend or family member has their child under professional care, they might have suggestions about how to get an appointment in the clinic they use.
- **If your child is experiencing an acute situation and you are concerned about their safety or the safety of others, go to your local emergency room.** There, you will get an immediate medical evaluation and suggestions for options to access mental health treatment. Many places will make referrals for you. In some situations, the recommendation may be made for a hospitalization. This might be inpatient or acute [residential care](#) setting, frequently followed by a day program, arranged by the hospital or through an outpatient referral made by the hospital. Behavioral health hospital units or residential treatment programs are required to provide referrals for continued care upon discharge.

### Navigating the mental health system

In the absence of a national health care system, the mental health system is incredibly complex and confusing, even for doctors. It looks different in each state and often in communities within the same state. It's important not to get discouraged — here are some tips to help you get started.



## **Know your insurance coverage**

Health insurance can be complicated, and insurance policies vary, even those within the same company. Coverage of mental health services is typically different from coverage of other medical care. Call your insurer and ask what your policy covers (including outpatient, inpatient, partial or day programs) and ask what the copayments and/or deductibles are. Ask if your policy is an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization) and request a list of providers who take your insurance.

One advantage of a PPO is that if your policy does not work with a provider you want (out of network), you could be eligible for partial reimbursement for paying out of pocket. Ask how much the insurance company would pay for a provider's services — “the allowable fee.”

Be sure to see what the provider charges and compare that with the insurance rate. The reimbursement is usually a percentage of their allowable fee, not the provider's fee. So, 70% reimbursement may be far less than you think, depending on what the provider charges. Sadly, many providers do not take insurance, but you should be able to get some reimbursement if you have a PPO.

## **Call hospital clinics**

If you have a Medicaid or an Affordable Care Act plan, you may not be able to see a clinician in private practice depending on your plan, and, unfortunately, it can be more challenging to get reimbursement from these plans. In this case, call hospital clinics or large group practices, as they frequently take all types of insurance.

## **Try walk-in clinics**

Additionally, some hospitals have psychiatric walk-in clinics for urgent care, and this avoids the hassle of emergency rooms. However, you should choose this option *only* if you are confident that the situation is not an emergency but serious enough that your child is [showing symptoms of a mental health condition](#).

## **Obtaining accommodations in public school**

Federal legislation mandates that public schools provide evaluation for children who have difficulties that interfere with their ability to learn. These difficulties include things like vision, hearing and also emotional or behavioral problems that interfere with academic or social functioning. Every parent or guardian has the right to request a complete evaluation of their child. This may include a clinical evaluation (in school or as an outpatient elsewhere) and psychological testing (in school or outside school). Once approved by the school, they are obligated to pay for the evaluation.

After you obtain the evaluation, you and your child will attend a team meeting, including teachers and usually the school psychologist. You can also bring in your own

psychiatrist or psychologist if you like (or even a letter stating their concerns and treatment plans). In that meeting, you discuss challenges and develop an [Individual Educational Plans](#) (IEPs) to help your child. If it's determined that your child isn't eligible for an IEP, then another option is working with the school to develop a plan for less intensive services through a [Section 504 Plans](#). 504 Plans do not require that a child have a disability.

## **Finding the right therapist for your child**

You may not find a lot of options for therapists for your child. Yet, like all relationships, you need to be sure that your child and therapist “click,” that their relationship is trustworthy and that you also are confident with the match. How well they fit may have little to do with credentials. Sometimes, the most famous therapist in your community, who attended the best training programs, isn't right for *your* child.

There are two primary factors you should pay attention to:

1. The relationship the clinician has with your child
2. Whether the clinician has the right skills to provide the best care for your child

Most behavioral treatments take time, so don't worry if progress is not immediate. The therapist may not be a poor match; rather, the work may take more time. Be sure to ask your clinician for the diagnosis and the treatment plan, including the types of treatment being provided, and keep asking any questions you have until you fully understand what types of interventions your child's clinician is providing.

## **Get a second opinion**

If things don't appear to be going well with the diagnosis and treatment plan, you might want to ask your child's clinician for a consultation with another provider. This can ensure there is agreement on what the core problems are and that the best [evidence-based treatment](#) is in place. Every good clinician should welcome a fresh set of eyes on the situation.

## **Getting mental health support and accommodations in school**

As a parent or caregiver, it can be frustrating to watch your child struggle at school with behavioral, emotional, learning or attention issues and not know how to help them. Often, when children are grappling with emotional and behavioral challenges, these difficulties interfere with their school performance and functioning. As a result, they may need help — not just with their academics, but also to address their emotional needs.

Ensuring that your child is supported in school is critical to their future success. The consequences of poor academic performance and dropping out can have a far-reaching impact on a child's life.



Obtaining support for your child in school can be challenging, as school systems are frequently difficult to navigate. It's important to remember that you are the expert on your child and in the best position to advocate for what they need. By leveraging information that only a parent or caregiver would know, you can offer insights regarding your child's needs, strengths, interests and other qualities which will be useful in supporting and facilitating the accommodations that they need.

### **Speak with the teacher**

It's always a good first step to begin by speaking with your child's teacher(s). They can share observations and provide their observations of your child's performance, strengths and areas posing a challenge. They can also share their thoughts about what may be interfering with your child's performance and make suggestions to improve it. However, it is not a teacher's expertise or responsibility to offer a suggestion of a diagnosis of what is causing difficulties for your child.

### **Know your child's rights**

Quality [education](#) is a fundamental human right, protected under the law. Knowing your rights will empower you to advocate effectively and insist on accountability from the school. [Section 504](#) and the Individual with Disabilities Education Act ([IDEA](#)) are both federal regulations put in place to protect the rights of children with disabilities, including those with mental health concerns, guaranteeing that all children have a free and appropriate public education (FAPE).

There are two levels of accommodation plans in most schools: [Individual Educational Plans](#) (IEPs) that are the most intensive and comprehensive or [Section 504 Plans](#) that are less intensive. An IEP may include time outside class in a "Resource Room," psychological counseling, extra time for tests and more. The 504s generally keep the child in the classroom, but they have many accommodations you and the team agree upon.

### **Request an evaluation**

This is a formal process where you can request services under IDEA if you feel your child's mental health issues are interfering with their ability to learn.

The request must be provided to the school in writing, and you will need to keep copies of all correspondence for your records. The request could be as simple as a single sentence that says, "I am requesting an evaluation for my child," or you can be more detailed regarding your specific concerns in the request.

A core evaluation lays the foundation for creating accommodations. A comprehensive evaluation will provide insight and give you a better understanding of what will be necessary to provide optimal support, allowing your child to meet their social, emotional and academic goals.

The school typically arranges the evaluation, at their expense, and can be provided by a school psychologist or through an outside professional. This evaluation process is necessary even if your child has already received a medical diagnosis from a psychiatrist, pediatrician or a neurologist. This is a separate evaluation.

### **Take an active role in meetings**

Following the evaluation, you and your child (if appropriate) will [meet with the IEP Team](#) on Special Education. Others on the team — typically teachers, the school psychologist (who will review the testing if performed outside of the school), school nurse, those who performed any components of the evaluation and anyone you wish to contribute, such as your child’s psychiatrist or psychologist — are encouraged to participate. You have the right to invite anyone that you choose to attend these meetings with you, including members of your child’s treatment team. You can also present any supporting collateral information, such as letters from your child’s providers.

During this meeting, you will discuss the evaluation and go over the recommendations for accommodations, modifications and other related services to create a plan to support your child. You and your child are a critical part of the IEP and must approve of the school’s recommendations. You have the right to appeal any decisions that you don’t agree with, or if you feel your child is not receiving the services that they need.

### **Maintain consistent communication**

Request that teachers report any time the interventions in place appear to be ineffective so that you can work with them to update the plan accordingly. Regular and frequent communication will be integral to the success of the plan.

To advocate for your child the best you can, you will need to build a positive and collaborative relationship with school staff. Keep the lines of communication open and the conversations positive.

### **Seek help through an advocate**

The process of obtaining IEPs and 504s can be difficult. [Advocates](#) can help you understand the services available and make sure that the school is meeting your child’s needs. Reach out to your [local NAMI](#) for help finding advocates in your community. If this is not enough, the next step is obtaining an educational attorney who can argue on your behalf to demand that your child receive the services they need.



### **III: What to do if your child is in crisis**

Recognizing that your child is experiencing a mental health crisis can be difficult. You may not be sure what constitutes a crisis situation versus a “bad day” or “phase.” You may feel scared — perhaps you feel unsure of how to protect your child. Combine this with navigating a complicated school and health care system and a lack of resources for people struggling with a mental health crisis, and it’s easy to feel discouraged.

Remember to trust your instincts. You are the expert on your child. Even in this complicated situation, the certainties are that you love them the most, you know them the best and you will do whatever is necessary to keep your child safe.

#### **What is a crisis?**

A mental health crisis is when your child is at risk of harming themselves or others, or if their emotions and behavior seem extreme and out of control.

Warning signs of mental health crisis may include:

- Expressing [suicidal thoughts](#), either through explicit statements such as “I want to die” or more vague statements such as “I don’t want to be here anymore”
- Making threats to harm others or themselves
- Engaging in self-injurious behavior, such as cutting or burning
- Expressing severe agitation and aggression, including physical aggression, destruction of property, hostility, etc.
- Experiencing hallucinations or delusions
- Isolating themselves from friends and family

#### **How to take action**

Once you suspect that your child is in crisis, you will have some decisions to make. How you proceed depends on whether they are in immediate danger and the resources available in your community.

#### **Immediate danger**

If you feel that your child’s life or someone else’s life is in danger, this is an emergency — you must take immediate action to keep everyone safe. Call 911 (or a local [crisis line](#)) or go to your nearest emergency room. Under no circumstances should you leave them alone.

#### **Tips for calling 911**

- Let 911 operators know that your child is experiencing a mental health crisis. Many communities have responders trained to support youth experiencing a mental health crisis, so it’s important that they have this information.
- Specifically ask if there is a children’s crisis team. These specialists are trained to intervene in these situations.
- Provide as much detail as possible about the situation.

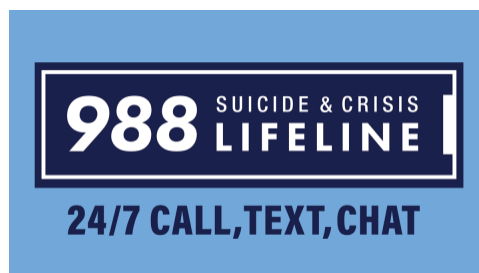
## No immediate danger

If you are confident that your child is not at immediate risk, and that you can manage the situation, consider the following steps. Keep in mind that even if it's not a physical "emergency," it is still an urgent situation that should be addressed as quickly as possible.

- Create a safe space for them to talk about their feelings and actively listen. It's ok to ask questions, but most importantly, reassure them that you are here to support and help them.
- If your child is already receiving mental health treatment, get in touch with their psychiatrist or therapist. They can provide guidance on what to do next, incorporating their knowledge of your child and the current situation.
- If your child is not currently receiving treatment, they will need a mental health assessment. [Connecting with mental health services](#) for children can be a challenge, but primary care physicians are often able to provide screenings and referrals.
- Connect with a hotline or text line that provides crisis intervention services and resources, such as [Crisis Text Line](#) or the [National Suicide Prevention Lifeline](#).
- Proactively create a [crisis plan](#) to determine your plan of action if your child's mental health ever escalates to an emergency. Part of creating that [crisis plan](#) is determining how to keep other children in your household safe during this type of emergency.

## Resources

- [National Suicide Prevention Lifeline](#)  
*The National Suicide Prevention Lifeline (the Lifeline) at 988 has crisis workers to support you and are available 24/7.*
- [Crisis Text Line](#)  
*You can text with a crisis counselor who is available to provide support 24/7*
- SAMHSA treatment helpline 800-662-HELP (24/7)
- [SAMHSA online treatment locator](#)
- NAMI [Navigating a Mental Health Crisis Guide](#)  
*This guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis, available resources and so much more.*



#### **IV: How to talk to your child about their mental health**

Talking with your child about emotional topics, such as their mental health, can feel uncomfortable. This can be due to the stigma involved, lack of information or even fears of possible blame.

It may seem much easier to talk about other medical problems, such as food allergies, asthma or diabetes. There is typically more information available about those conditions, they are easy to diagnosis with medical tests and people seldom think they are anyone's fault.

Too frequently, people blame mental health challenges on the person experiencing them by saying they aren't trying hard enough, or they are doing something wrong. In result, we can feel like it's our "fault," or even our child's "fault," when they are facing mental health challenges.

However, openly talking to your children is a great way to help decrease this stigma. It can be tough to know how to start the conversation — let's consider some helpful ways to talk with your children about their mental health.

#### **“Meet Little Monster” coloring & activity book**



To help foster dialogue between children and the safe adults in their lives, as well as provide children a tool for helping express and explore their feelings in a fun, creative and empowering way, NAMI offers “Meet Little Monster,” a mental health coloring and activity book, available for download at no-cost.

Created by NAMI Washington, “Meet Little Monster” was developed in response to both the COVID-19 pandemic, when children were suddenly cut off from their friends, teachers, coaches, club leaders and school counselors, and the Black Lives Matter protests for racial justice after the murder of George Floyd. The book also includes a list of mental health resources.

## **Make an analogy to a medical problem**

Children often hear about their medical problems. They understand that if they have asthma, their lungs and airways tighten up in response to dust, pets, cold or exercise. They know that the wheezing makes them uncomfortable, so they need to take medications for relief and avoid situations that may trigger an attack.

Similarly, you can let your child know that mental health concerns, like anxiety, depression, ADHD and OCD, among others, are also physical conditions that start with their brain. The brain controls feelings, thoughts and behavior — like the “central headquarters” of the body. Sometimes, the brain gets “knocked off balance,” but, like other medical problems, they can learn to manage this with treatment, which can include medications and behavioral support (stress reduction, relaxation, psychotherapies, etc.).

## **Give them concrete explanations**

Children can understand mental health issues better if they have a concrete explanation. Here is an example of how you could explain panic attacks:

“If you walked across the street and a car was about to hit you, you would jump out of the way, feel scared, have a racing heart, feel dizzy or hyperventilate (breathe too fast). All of this is a normal fight-or-flight response to a real threat of danger. A panic attack can include all the same physical and emotional reactions, except there is no car about to hit you. And while this might seem scary, there are ways to deal with it.

Many times, panic attacks happen in ‘normal’ situations, such as going to school, riding in a car, going up in elevators, and in other settings that are not actually dangerous. If you had panic disorder, you would most likely associate those places with panic. In other words, your brain would react as if something bad is going to happen, maybe even just from thinking about those situations.”

## **Listen to them and validate their experiences**

Because there is often stigma attached to mental health conditions, children can feel ashamed to talk about their worries, obsessions, compulsions, impulsivity and other behavioral problems. Talk with them about what they are experiencing. Listen with curiosity and empathize with them.

It may be helpful to tell your child about other people who experience similar problems. If you or someone else your child trusts have mental health conditions, explain that the same way you would tell them about diabetes. These things can run in families, and they are not the only people who feel this way. If you or a family member can have a conversation with your child about their own mental health and how they manage it, it can be very reassuring.



## **Be sure they know this is not their fault**

Many children with mental health conditions can feel that their condition is their fault or that it is an unchangeable feature of their personality or their identity. Stigma and misinformation often reinforce these feelings. You can help them see that mental health conditions are common and that it is not a sign that something is wrong with them as a person. Emphasize their strengths so they don't see their mental health condition as the most important part of who they are.

## **Have frequent conversations**

Many mental health conditions are considered intermittent — the symptoms can come and go throughout life and may fluctuate in severity depending on age, level of stress or any number of factors. It helps to have conversations about emotions, thoughts and behaviors that are a part of your child's condition from the time it begins.

As they grow up, become more mature and are better able to understand themselves and their condition, your child will see you as a trusted resource they can consult if they have a relapse or experience new symptoms. Although it may not always be easy, maintaining an open and understanding relationship can be critical. Touching base with your child about their experiences is the best way to identify any new or developing issues and ensure they have the right treatment and support.

## **Encourage and answer questions**

Children will have all sorts of questions about their symptoms and treatment, so being open and giving them information about the ways therapy and/or medications can help will be reassuring. If you do not have all the best information, plan to meet with your child and their mental health clinician together to discuss the problem and their questions. If your child asks a question you don't know the answer to, it's ok to say you don't know and then work together to find an answer.

## **Include the family**

Ideally, a mental health condition should not be a secret. Your child may feel more secure if their siblings/ grandparents/others in the family know about it, can talk with them about it and accept it — just as they would accept any other medical problem, like diabetes. This kind of transparency is incredibly helpful to prevent feelings of shame or isolation.

## **Discuss self-care and prevention**

Mental health conditions are a complex interaction between biology, psychology and environmental factors. Teaching your child to practice self-care, including maintaining a healthy diet, exercising regularly, meditating and getting sufficient sleep, are instrumental in preventing relapses and diminishing symptoms.

## Don't be afraid to ask about suicide

In recent years, [rates](#) of death by suicide and suicidal thinking have increased in young people. Many parents and caregivers are wary of asking a child if they have suicidal thoughts, intentions or plans. They may be afraid that starting the conversation may cause suicidal behavior, but this connection has proven to be *false*. Asking about suicide may be a relief for people of all ages. If your child has a mental health condition, it's important to check-in with them about [suicidal thoughts](#).

Talking with your child about their mental health condition is not easy. However, you are more than capable of opening a dialogue.



## **V: Residential treatment**

Sometimes children who are experiencing severe symptoms with their mental health condition may need a higher level of care than outpatient programs can provide. They may require services that require observation and structured activities around the clock, which they are unable to receive living at home. Residential treatment facilities are one way to meet these needs.

Usually, children requiring this level of care have repeatedly demonstrated behaviors that have been difficult to manage and proven unsafe to themselves or others. In a residential treatment facility, they can receive intense comprehensive treatment and the necessary structure and supervision to keep them safe.

Residential facilities provide security and restricted access to ensure the safety of the child, staff and visitors. Children can remain in these programs for several months, with the ultimate goal of returning home and reuniting with their families.

Most programs have:

- Structured treatment plans and schedules that promote and reinforce healthy behavior
- Individual and group therapies
- Family involvement, including family therapy, which can increase the chances of a successful return to the home environment
- An academic component where children attend school either within the facility or nearby

Knowing the signs that it may be time to consider residential treatment for your child can give you more confidence and reassurance when making such a difficult decision. As the expert on your child, it's important to trust your instincts.

Let's explore some of the signs that it may be time to consider whether your child will benefit from a residential placement, how to evaluate different placement options and some of the relevant barriers and factors that may affect your decision.

### **Making the decision**

Residential treatment may be an appropriate treatment decision for many reasons, including assessment to clarify a diagnosis, crisis intervention, intensive treatment for psychiatric symptoms, or substance use.

When making such a complex decision, you want to feel confident that you have explored all other options — due to the intense nature of the program and the associated costs, residential treatment is often described as a “last resort.” It may be helpful to reframe this decision as one that offers the best option possible to provide necessary social, emotional and academic support when all other options have proven to be insufficient.

## Indicators that residential treatment may be appropriate for your child

- They pose a danger to themselves or others due to:
  - Self-harm or self-destructive behaviors
  - Violent or aggressive behaviors
  - Suicidal thoughts and behaviors
- They show signs of substance use problems
- They struggle with eating disorders
- They often run away
- They are having problems at school that have not improved with other interventions (refusal to attend, academic decline, conflict with peers and disciplinary actions)
- They exhibit behavior changes that are causing them difficulty, and these changes haven't responded to traditional treatment
- They experience severe mood changes that are causing them difficulty, and these changes haven't responded to traditional treatment

When you reach the point of considering residential treatment for your child, it can feel quite defeating. You have likely gone through many different types of treatment and various levels of care to support your child, while living in a state of enormous stress and disruption at home and school.

Many parents also experience stigma and struggle with the potential of facing judgment and criticism of themselves and their child if they send them to a residential program. All of these issues can make an already tough decision that much harder. However, it's important to keep in mind that your child's needs motivate your choices to keep them safe while providing them with the necessary tools and strategies to manage their illness.

## Evaluating a program

Given the many different types of programs that exist, selecting the right program can be an overwhelming process. Choosing the program best suited to meet the needs of your child is important, so try to gather as much information as possible to help you make an informed decision.

Here are some suggestions to help determine what the right program may be to best fit your child's needs.

1. **Seek consultation** with your child's mental health providers for recommendations and input.
2. **Do your research.** Ensure that the facilities are licensed by the state and in good standing — that there are no sanctions with any licensing entities in your state. Also ask about accreditation from national organizations such as Commission on Accreditation of Rehabilitation Facilities (CARF) or Joint Commission on Accreditation of Health care Organizations (JCAHO).

You also want to know about the details of the program: what modalities of therapies they use, that they use proven treatments and that the practitioners have experience treating children with similar diagnoses. Also, it's important to know how the program manages problem behavior, how they incorporate the family into the treatment and how you will be updated on treatment and progress. Ask about a typical daily schedule and about the educational curriculum offered.

1. **Go see the program.** Schedule a tour, visit the campus, talk to the director and other members of the staff. Get a feel for the place — and remember, trust your gut. Inquire about the staff-to-child ratio, their philosophy and their approach to supporting the children through this transition. Avoid programs that withhold family contact and engagement in the treatment.
2. **Speak with families** who have had children treated at the facility. In addition to visiting the facility and talking to staff, testimonials and feedback from parents can be invaluable. You can contact families online through the various support groups or ask the program for contact information of former families.

### **Accessing and paying for a program**

Residential programs can be expensive, and frequently are not covered by private insurance or Medicaid. Keep in mind that insurance companies that do cover costs of residential treatment, will only do so if the placement is deemed medically necessary. Another possible option is through the school district (and their special education programs as part of the IEP process), which can fund placement if they determine that your child's needs cannot be adequately met at regular school facilities.

Seeking and securing residential placement for your child can be quite a logistical ordeal, and you may need to seek the support of an attorney or advocate to help you navigate the process successfully. You will likely experience a range of very intense feelings throughout this process and, as always, you are better able to support and care for your child when you have the space to process and [manage your own emotions](#). Find your [local NAMI](#) for support and resources.

While the decision to place a child in a residential facility is an intense and emotional one, this type of program may provide the much-needed, and often long-awaited, treatment and support that your child needs to flourish.

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*All information in this booklet is taken, as of December 2022, from [www.nami.org](http://www.nami.org). It should not be relied upon as legal, professional, or clinical advice. If you have questions about any of the material, please contact your local NAMI affiliate:*

NAMI Missoula / [namimissoula@gmail.com](mailto:namimissoula@gmail.com) / 1-406-880-1013



## APPENDIX 1: WHAT SCHOOLS CAN DO

### Get Help Early

Early identification and treatment of symptoms is crucial to any health condition, and mental health is no different. Early signs of a mental health condition can present at any age, but research reinforces the importance of access to timely and evidence-based care that can help a person get and stay well. NAMI believes that public policies and practices should promote greater awareness and early identification of mental health conditions. **It is especially critical that states step up to meet the growing need for youth mental health treatment amid a well-documented youth mental health and suicide crisis. Identifying and providing early supports for young people experiencing mental health conditions will ensure that they can lead healthy and fulfilling lives. In addition to early intervention and suicide prevention strategies, mental health education and support in school is crucial to ensuring that young people get help early. School mental health programs can raise awareness and destigmatize mental health conditions, provide pathways for students seeking help and assist school officials in identifying students who are struggling and connecting them to mental health care.**

Early diagnosis and treatment of people experiencing mental health conditions can greatly reduce the escalation of symptoms and the risk of a person experiencing crisis. On average, it takes approximately 11 years to receive mental health treatment after symptoms first occur. That delay is harmful and unsustainable — like any health condition, early intervention is key to preventing symptoms from becoming worse and helping a young person stay engaged socially and in school, work or other activities. While 75% of all mental health conditions develop by age 24, early intervention is critical at any age, regardless of when symptoms first arise. The years of the pandemic, however, exacerbated mental health struggles across the country, particularly for children and adolescents. In 2021, the U.S. Surgeon General issued a rare advisory, focused on the nation's youth mental health crisis. In early 2021, emergency department visits in the U.S. for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same time period in early 2019. Nearly one in five young people reported that the pandemic had a negative impact on their mental health. With the increase in youth experiencing symptoms of mental health conditions, providing avenues to intervene early has taken on more urgency. States



must also recognize that certain factors are associated with higher risk of suicide, and policy efforts can be made to protect individuals at risk. Although having a mental health condition is a risk factor for suicide, anyone experiencing hopelessness or despair due to a variety of stressors can be at-risk for suicide.



### **What does early intervention look like?**

Early intervention generally refers to recognizing the signs and symptoms of common mental health challenges and intervening before someone's condition worsens. Early intervention policies occur at the individual, community and systems levels. Strategies include:

- Developing and coordinating comprehensive mental health care services available to youth
- Enhancing mental health screening opportunities
- Increasing the number of educational programs, advertising materials and trainings on mental health conditions and suicide prevention
- Expanding access to mental health services and supports for children and young adults.

### **Mental Health Screenings**

Mental health screenings help with the early detection and intervention of a mental health condition. The primary strategy to increase mental health screenings in legislation during 2020 and 2021 was requiring insurance coverage of exams such as depression screenings of adolescents or requiring Adverse Childhood Experience (ACEs) screenings for children. Another strategy has been to engage providers to proactively offer screenings, including both prenatal and postpartum depression screenings. Relatedly, several states took efforts to implement mental health screenings in school settings.

### **Access to Child and Adolescent Mental Health Treatment**

When children and adolescents need mental health intervention and treatment, they and their families often face significant barriers in accessing those resources. Policymakers have worked to alleviate some of the most common barriers that children, youth and families face, including costs, bureaucracy, lack of information about mental

health care and gaps in services. This has been addressed by providing free therapy sessions to expand access, by giving adolescents the ability to initiate a mental health evaluation without parental consent, and by making information about children's mental health services readily available in key settings, such as emergency rooms.

## **Suicide Prevention**

States have explored several legislative strategies to help reduce the risk of suicide, particularly focused on raising awareness of existing resources and providing additional support to vulnerable populations. Strategies include sharing information on suicide crisis resources in highly visible public areas, such as highways. States have also acted to provide support when individuals are or may be at an elevated risk for suicide, such as if they recently purchased a firearm, have made a recent suicide attempt, or are part of a demographic known to be at elevated risk for suicide, like emergency first responders.

## **School Mental Health**

With the growing mental health crisis for youth, schools provide an avenue to reach children where they are. School-aged children generally spend over one-third of their waking hours in school settings, and schools and teachers can serve as trusted resources for mental health information. Schools provide a safe and appropriate setting to receive mental health education, and they can help normalize and raise awareness of mental health conditions. Moreover, adolescents are increasingly expecting schools to fill this need. A national poll conducted by NAMI of U.S. adolescents aged 12-17 found that seven in 10 teenagers believe schools should offer mental health education, and 68% of adolescents say schools should communicate treatment options that may be available.

The COVID-19 pandemic has negatively contributed to student mental health concerns. Students reported that their mental health had been worsening even before the pandemic. In 2019, 36.7% of high school students reported experiencing persistent feelings of sadness and hopelessness, a 40% increase from 2009. In 2021, 44% of high school students reported feeling persistently sad or hopeless.

While schools are an important resource to improve awareness of mental health conditions and resources, as well as connect children to care, schools can also be a source of stress for children and adolescents. Policies that recognize and adapt to these stressors can serve to improve youth mental health.

## **What does school mental health look like?**

- Including mental health education in school curricula
- Providing information about mental health resources to students Implementing policies for training of school personnel, recognizing mental health as reason for an excused absence and other strategies to improve student mental health
- Providing mental health services and screenings in school settings or a direct connection to care in the community

- Directing state agencies to coordinate the response to the youth mental health crisis

### **Student Identification Card Requirements**

Suicide is the 2nd leading cause of death for youth aged 10-14 and the 3rd leading cause among those aged 15-24. Many states have taken action to provide youth with mental health and suicide prevention resources. A common trend seen across many states was legislation requiring the National Suicide Prevention Lifeline number (now known as the 988 Suicide & Crisis Lifeline as of July 2022) and other suicide prevention resources to be printed on student identification cards. This was mostly directed at middle school, high school, and higher education institutions, where students are more likely to receive a student identification card.

### **Mental Health Education and Social Emotional Learning in Schools**

To raise awareness of the importance of mental health, promote healthy coping mechanisms and encourage help-seeking behaviors, states have passed legislation adding instruction on mental health to their standard health education curricula. Some states worked to create or strengthen their schools' social emotional learning (SEL) programs. SEL is distinctly different from mental health education, but both efforts complement one another to support students' well-being.

### **Social Emotional Learning**

Across the U.S., state legislatures and school districts are increasingly looking to new strategies to help students of all ages overcome many of the effects of the pandemic and increase students' success both at school and in their everyday life. Adolescence is a time for young people to have a healthy start, yet the number of adolescents reporting poor mental health is increasing. Building relationships can help youth build important connections that help their mental health and growth into healthy adulthood.

One strategy is Social Emotional Learning. Social Emotional Learning, or SEL, is defined by the Centers for Disease Control and Prevention (CDC) as "developing the skills to recognize and manage emotions, learning to set and achieve a positive goal, learning to appreciate the perspectives of others, establishing and maintaining positive relationships and making responsible decisions." In short, SEL is the essential knowledge, skills, attitudes and mindsets that individuals need to thrive.

In practice, SEL often consists of dedicated classroom time with regular reinforcement of these lessons throughout the day. It may also include activities like daily greetings, journaling about feelings, positive affirmations, daily reflection, SMART goals, mindfulness, and check-ins. For older students, SEL may also include activities like goal setting, mentoring, creating a classroom charter or using a mood meter. Estimates suggest that schools and school systems spend about \$640 million on SEL-related initiatives each year.

However, SEL can take place in a variety of settings beyond schools, including in the home or at after-school programs, and SEL programs are helpful for people across all stages of life. Importantly, there is no one-size-fits-all-approach to SEL; school districts can tailor programs based on community needs and challenges.

While SEL is not mental health education, such programs help promote mental wellness. About 1 in 6 school-aged youth (aged 6-17) experience a mental health condition each year. These youth, or even their peers without mental health conditions, may have other difficulties in their ability to try new things, make new friends or take on new responsibilities and routines. These challenges may cause them to withdraw or act out, hampering their ability to participate in and benefit from their classroom experiences and affecting their mental health. Poor mental health in youth may increase the risk of drug use, experiencing violence, and higher-risk sexual behaviors. Because many habits and traits are established in early years, it is critical to help youth develop strong mental wellness.

While SEL programs have grown in popularity, they also face challenges. For example, SEL programs teach important skills, yet they cannot address the social forces that negatively impact the health and wellness of students. They are also not mental health treatment — for which the demand is high in schools everywhere. Others have misconstrued SEL with political ideologies, although people are often more supportive once SEL programs are more fully explained beyond the name. NAMI believes that all people with mental health conditions deserve access to supports that promote wellness. Since children spend much of their productive time in educational settings, schools offer a unique opportunity for strengthening mental wellness for students and their families.

### **School Personnel Training on Mental Health**

Teachers and other school staff are with students for much of their awake hours. They are often a trusted adult resource for students, and if given the proper training, they can also be pivotal in helping with early detection of mental health conditions. A common theme seen across state legislation during 2020 and 2021 is to implement more mental health and suicide prevention training for school staff.

Beyond trainings for staff, it's important for school districts to examine their existing policies to ensure they promote a safe and healthy environment for students to thrive. For example, some states have amended their school absence policies to explicitly include mental/behavioral health reasons as a valid excuse for absence from school, a strategy NAMI supports. These updated policies recognize that mental health symptoms and treatment are an acceptable reason for absence from school and encourage students to take care of themselves and treat their mental health the same as their physical health. States have also worked to eliminate or reduce the use of isolation and restraints in schools. Restraints refer to restricting someone's ability to move their torso, arms or head freely by using physical maneuvers, mechanical restraints or other equipment. Seclusion or isolation is confinement in an area without the ability to leave. NAMI supports the elimination of restraints and seclusion in schools, as these practices have

no mental health benefit and often cause harm and trauma to the students and school staff involved.

### **Mental Health Screenings & Services in Schools**

There is a growing need for programs and services that promote positive mental health and provide early intervention and treatment among children and youth, and schools can provide an important setting to offer these services. A successful tool used to identify and support the mental health needs of students is mental health screenings, which some states have encouraged in school settings through legislation. In an effort to increase students' access to mental health care, some states have sought to implement national standards for ratios of school mental health professionals to students, which include a recommended ratio of at least one counselor per 250 students and at least one school psychologist per every 500 students. Other states have sought to increase students' access to mental health care by creating processes for identifying students in need, easing Medicaid billing for services provided in schools and offering more interventions through a Multi-Tiered System of Support framework or school-based mental health consultation program.





## **APPENDIX 2: YOUTH RESOURCES IN MISSOULA**

If you are concerned that your child may have a serious emotional disturbance, a good place to start is with the professionals at your child's school. In addition to well-trained teachers, the Missoula County Public School (MCPS) system provides school counselors, psychologists, social workers, and nurses to answer your questions and respond to your concerns.

Other community resources include:

**A.W.A.R.E.** 406-543-2202

**Cedar Creek Integrated Health** 406-203-9948

**Child & Family Mental Health** 406-532-9770 (Western Montana Mental Health)

**Child Development Center** 406-549-6413

**Children's Mental Health Bureau** 406-329-1330

**Dan Fox Family Care Program** 406-543-7792

**Families First** 406-721-7690

**Family Promise** 406-207-8228

**Healthy Missoula Youth Coalition** (Missoula County: Leah Fitch-Brody)

**Missoula Youth Crisis Diversion Project** 406-327-3046 (Providence Center)

**Partnership for Children** 406-543-5531

**Youth Dynamics** 406-728-2662

**Youth Homes** 406-721-2704

**NAMI offers an online course ("NAMI Basics OnDemand")** for parents and other caregivers of children and adolescents living with mental illness. The program helps the caregivers recognize mental illness as a continuing traumatic event for the child and the family, provides them with tools to help ameliorate the day-to-day objective burdens of care and management and helps them gain confidence and stamina in their roles as caregivers and advocates for their children. Find out more at this link:

[NAMI Basics | NAMI: National Alliance on Mental Illness](#)