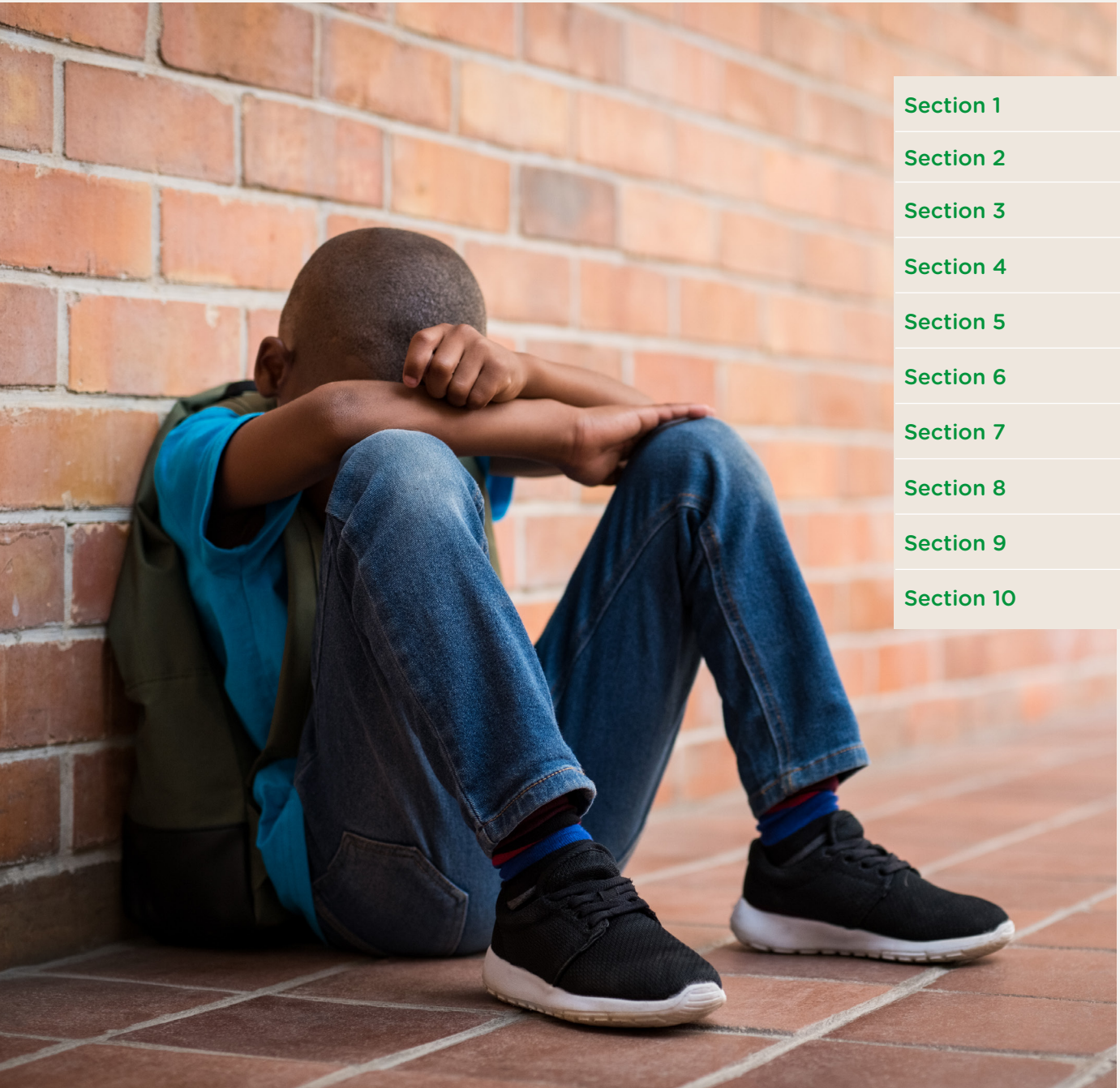
Chapter 7: Behavioral and Mental Health in Schools



Section 1:
Promoting Youths' Mental Health

Adapted with permission from Mental Health America. (Source: mentalhealthamerica.net/conditions/childrens-mental-health)

Youth's Mental Health Matters

Just as you can help prevent a youth from catching a cold or breaking a bone, you can help prevent a youth from having mental health challenges. We know what it takes to keep a youth physically healthy—nutritious food, exercise, immunizations—but the basics for good mental health aren't always as clear. The first "basic" is to know that a youth's mental health matters. We need to treat a youth's mental health just like we do their physical health, by giving it thought and attention and, when needed, professional help.

Consequences of Mental Illness May Be Prevented

Although there can be a genetic or biological component to mental illness, and many youth live in unsafe environments that put them "at risk" of developing mental health problems, the consequences of mental illness may often be prevented through early intervention. At the very least, it is possible to delay mental illness and/or lessen symptoms. The best way to promote a youth's mental health is to build up their strengths, help to protect them from risks and give them tools to succeed in life.

Mental Health Promotion

Promoting a youth's mental health means helping them feel secure and relate well with others, as well as fostering their growth at home and at school. We do this by helping to build a youth's confidence and competence, which is the foundation of strong self-esteem. This can be achieved by providing a youth with a safe and secure home; warmth and love; respect; caring and trusting relationships with family, friends and adults in the community; opportunities to talk about their experiences and feelings; time to play, learn and succeed; encouragement and praise; and consistent and fair expectations with clear consequences for misbehavior.

Know the Facts About Youth Mental Health

- 1 in 5 youth in the U.S. from birth to age 17 has a mental, behavioral or developmental disorder. (Source: CDC)
- Suicide is the second leading cause of death in youth ages 10 to 14 and the third leading cause of death in teens and young adults ages 15 to 21. (Source: CDC)
- 50 percent of all lifetime cases of mental illness begin by age 14. (Source: National Alliance on Mental Illness)
- There is an 8- to 10-year lag between the onset of mental illness symptoms and intervention. (Source: National Alliance on Mental Illness)

Know the Signs

If there is concern that a youth may be experiencing a mental health problem, it is important for adults to seek help from a doctor or mental health professional. Just like with physical illness, treating mental health problems early may help to prevent a more serious illness from developing in the future.

Consider consulting a professional if a youth you know:

- Feels very sad, hopeless or irritable.
- Feels overly anxious or worried.
- Is scared and fearful; has frequent nightmares.
- Is excessively angry.
- Uses alcohol or drugs.
- Avoids people; wants to be alone all of the time.
- Hears voices or sees things that are not there.
- Cannot concentrate, sit still or focus attention.
- Needs to wash, clean things or perform certain rituals many times a day.
- Talks about suicide or death.
- Hurts other people or animals, or damages property.
- Has major changes in eating or sleeping habits.
- Loses interest in friends or things they usually enjoyed.
- Falls behind in school or earns lower grades.

What Parents/Guardians Can Do

- Care for your child's mental health just as you do for their physical health.
- Pay attention to warning signs for anxiety, depression and suicide. If you are concerned there might be a problem, seek professional help.
- Let your child know that everyone experiences feelings of pain, fear, sadness, worry and anger, and that these emotions are a normal part of life. Encourage them to talk about their concerns and to express their emotions.
- Be a role model. Talk about your own feelings, apologize, do not express anger with violence and use active problem-solving skills.
- Encourage your child's talents and skills while also accepting their limitations. Celebrate your child's accomplishments.
- Give your child opportunities to learn and grow, including being involved in their school and community and with other caring adults and friends.
- Think of discipline as a form of teaching, rather than as physical punishment. Set clear expectations and be consistent and fair with consequences for misbehavior. Make sure to encourage positive behavior.

What Teachers Can Do

- Think about mental health as an important component of a youth being "ready to learn." If a youth is experiencing mental health problems, they will likely have trouble focusing at school.
- Normalize conversations about feelings. Feelings are not good or bad … they just are. Teach students skills to express, manage and cope with their feelings in healthy ways.
- Know the warning signs of mental illness, take note of these in your students and seek consultation from a school mental health professional when you have concerns. Psychological and/or educational testing may be necessary.
- Use the mental health professional(s) at your school as resources for preventive interventions with students including social skills training, education for teachers and students on mental health, crisis counseling for teachers and students following a traumatic event, and classroom management skills training for teachers.
- Allow your students to discuss troubling events at school or in the community; encourage students to verbally describe their emotions.
- Sign up for a resilience training from Children's Healthcare of Atlanta Strong4Life.

Learn About Specific Behavioral Health Conditions and Youth

- **ADHD:** Attentional problems
- **Autism:** Developmental delay
- **Bipolar Disorder:** Depression and high energy
- **Conduct Disorder:** Behavioral problems
- **Depression:** Sadness
- **Grief:** Coping with loss
- **Suicide:** Thoughts of death/dying/not wanting to live
- **Substance Use:** Drinking and using drugs

Help Is Available

Mental health disorders in youth are treatable. Early identification, diagnosis and treatment help youth reach their full potential and improve the family dynamic. Youths' mental health matters! To learn more, talk to a doctor or mental health professional, or visit one of the websites in the resources section.

Resources

- **Mental Health America:** mentalhealthamerica.net, 800-969-6MHA
- **American Academy of Child and Adolescent Psychiatry**: aacap.org
- **American Psychiatric Association:** psychiatry.org
- **American Psychological Association:** apa.org

- **Mental Health Treatment Among Children Aged 5–17 Years:** United States, 2019 from the CDC: cdc.gov/nchs/products/databriefs/db381.htm
- **Center for Parent Information and Resources:** parentcenterhub.org
- **National Federation of Families:** ffcmh.org
- **Kids Mental Health Information Portal:** kidsmentalhealth.org
- **National Alliance on Mental Health:** nami.org, 800-950-NAMI
- **National Alliance on Mental Health Georgia:** namiga.org, 770-234-0855
- **Georgia Collaborative Administrative Services Organization:** georgiacollaborative.com
- **CA Crisis and Access Line:** mygcal.com, 800-715-4225 or 988
- **Crisis Text Line (reach a trained counselor by text):** 741741

Section 2:
Role of the School Nurse

While the school nurse is not expected to be an expert in mental health, the reality is that they are often one of the few professionals seeing youth who are high risk. The school nurse may be responsible for administering the youth's psychiatric medication and can often be the first healthcare professional to see the symptoms linked with disorders like anxiety, depression, anorexia and substance abuse.

Making sure school nurses have the proper information related to pediatric mental illness will help move youth in the schools toward getting the treatment they need. Having an awareness of mental illness and the symptoms also helps to decrease the stigma attached to mental illness. The reality is that mental illness exists in the pediatric population, but research supports that early detection and treatment is of great importance in the possibility of health restoration.

For a school nurse, the reality of the workload includes covering the entire student population, plus daily medical and medication needs. Managing mental health needs is an important additional responsibility. Keeping the following in mind will help you prioritize your role in mental health as a school nurse:

- Understand the basics of mental health in all children and teens.
- Identify mental health risk factors.
- Decrease stigma.
- Refer for treatment.
- Collaborate with the school counselor/school social worker.

Talk of suicide should be taken seriously. Intervention should be quickly taken. For a comprehensive suicide prevention toolkit for high schools, visit store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669?WT.ac=AD20120820HP_4669.

On July 1, 2015, House Bill 198, the Jason Flatt Act, went into effect in Georgia. This relates to student mental health in elementary and secondary education and requires annual suicide prevention education training for certificated school system personnel.

Resources

- The Jason Foundation (provides information about youth suicide and free educational material for teachers/youth workers): jasonfoundation.com/get-involved/educator-youth-worker-coach
- Mental Health in Schools: New Roles for School Nurses from the Center for Mental Health in Schools at UCLA: smhp.psych.ucla.edu/pdfdocs/nurses/unit1.pdf
- National Strategy for Suicide Prevention 2012: Goals and Objectives for Action: store.samhsa.gov/product/National-Strategy-for-Suicide-Prevention-2012-Goals-and-Objectives-for-Action/PEP12-NSSPGOALS
- The School Nurse's Role in Behavioral/Mental Health of Students from NASN: nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-behavioral-health

Section 3:
Mood Disorders

A mood disorder is a disorder that affects a person's emotional state. The most common mood disorders that affect youth are bipolar disorder and major depression. According to statistics from the National Institute of Mental Health (NIMH) (Source: nimh.nih.gov/health/statistics/any-mood-disorder), mood disorders in adolescents affect more girls than boys.

Adapted from Mental Health America.

Bipolar Disorder

Many youth and especially adolescents experience mood swings as a normal part of growing up, but when these feelings persist and begin to interfere with a youth's ability to function in daily life, bipolar disorder could be the cause. Bipolar disorder, also known as manic depression, is a type of mood disorder marked by extreme changes in mood, energy levels and behavior.

Symptoms can begin in early childhood but more typically emerge in adolescence or adulthood. Until recently, young people were rarely diagnosed with this disorder. Yet up to one-third of the 3.4 million children and adolescents with depression in the United States may actually be experiencing the early onset of bipolar disorder, according to the American Academy of Child and Adolescent Psychiatry. Doctors now recognize and treat the disorder in both children and adolescents, but it is still an under-recognized illness.

Youth with bipolar disorder usually alternate rapidly between extremely high moods (mania) and low moods (depression). These rapid mood shifts can produce irritability with periods of wellness between episodes, or the young person may feel both extremes at the same time. Parents/guardians who have students with the disorder often describe them as unpredictable, alternating between aggressive or silly and withdrawn. Youth with bipolar disorder are at a greater risk for anxiety disorders, ADHD and substance abuse. These "co-occurring" disorders complicate diagnosis of bipolar disorder and contribute to the lack of recognition of the illness in youth.

(*Source: Papolos, Demitri F., M.D., "Childhood-onset Bipolar Disorder: Under-diagnosed, Under-treated and Under Discussion," NARSAD Research Newsletter, 12(4) Winter 2000/2001: 11-13. Published by the National Alliance for Research on Schizophrenia and Depression, bbrfoundation.org.*)

Signs and Symptoms of Bipolar Disorder

Bipolar disorder begins with either manic or depressive symptoms. The lists below provide possible signs and symptoms. Not all youth with bipolar disorder have all symptoms. Like youth with depression, youth with bipolar disorder are likely to have a family history of the illness. If a youth you know is struggling with any combination of these symptoms for more than two weeks, talk with a doctor or mental health professional.

Manic Symptoms

- Severe changes in mood—from unusually happy or silly to irritable, angry or aggressive
- Unrealistic highs in self-esteem; may feel indestructible or believe they can fly
- Great increase in energy level; sleeps little without being tired
- Excessive involvement in multiple projects and activities; may move from one thing to the next and become easily distracted
- Increase in talking; talks too much, too fast, changes topics too quickly and cannot be interrupted; may be accompanied by racing thoughts or feeling pressure to keep talking
- Risk-taking behavior such as abusing drugs and alcohol, attempting daredevil stunts, or being sexually active or having unprotected sex

Depressive Symptoms

- Frequent sadness or crying
- Withdrawal from friends and activities
- Decreased energy level, lack of enthusiasm or motivation
- Feelings of worthlessness or excessive guilt
- Extreme sensitivity to rejection or failure
- Major changes in habits such as oversleeping or overeating
- Frequent physical complaints such as headaches and stomachaches
- Recurring thoughts of death, suicide or self-destructive behavior

Many teens with bipolar disorder abuse alcohol and drugs as a way to feel better and escape. Any child or adolescent who abuses substances should be evaluated for a mental health disorder. If an addiction develops, it is essential to treat both the mental health disorder and the substance abuse problem at the same time.

What Parents/Guardians Can Do

Bipolar disorder is treatable. Early identification, diagnosis and treatment will help youth reach their full potential. Youth who exhibit signs of bipolar disorder should be evaluated by a mental health professional who specializes in treating youth. The evaluation may include consultation with a child psychiatrist, psychological testing and medical tests to rule out an underlying physical condition that might explain the youth's symptoms. A comprehensive treatment plan should include psychotherapy and, in most cases, medication. This plan should be developed with the family, and, whenever possible, the youth.

Bipolar Disorder Resources

- The Balanced Mind Foundation: thebalancedmind.org
- Bipolar disorder information and support from Mental Health America: https://screening.mhanational.org/bipolar/
- Bipolar disorder information from NIMH: nimh.nih.gov/health/topics/bipolar-disorder/index.shtml
- Depression and Bipolar Support Alliance: ndmda.org

Depression

Adapted from NIMH. (*Source:* nimh.nih.gov/health/statistics/major-depression.shtml)

In 2020, an estimated 2.9 million adolescents ages 12 to 17 in the United States had at least one major depressive episode with severe impairment in the past year. This number represented 12 percent of the U.S. population ages 12 to 17.

Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a youth who shows changes in behavior is just going through a temporary "phase" or is suffering from depression.

Depression and Youth: In the Past

- People believed that youth could not get depression. Teens with depression were often dismissed as being moody or difficult.
- It was not known that having depression could increase a person's risk for heart disease, diabetes and other diseases.
- Today's most commonly used type of antidepressant medications did not exist. Selective serotonin reuptake inhibitors (SSRIs) resulted from the work of the late Nobel Laureate and NIH researcher Julius Axelrod, who defined the action of brain chemicals (neurotransmitters) in mood disorders.

Depression and Youth: Today

- We now know that youth who have depression may show signs that are slightly different from the typical adult symptoms of depression. Youth who are depressed may complain of feeling sick, refuse to go to school, cling to parent(s)/guardian(s) or worry excessively that parent(s)/guardian(s) may die. Older youth and teens may sulk, get into trouble at school, be negative or grouchy, or feel misunderstood.
- Findings from NIMH-funded, large-scale effectiveness trials are helping doctors and their patients make better individual treatment decisions. For example, the Treatment for Adolescents with Depression Study (TADS) found that combination treatment of medication and psychotherapy works best for most teens with depression (nimh.nih.gov/funding/clinical-research/practical/tads/index.shtml).
- The Treatment of SSRI-Resistant Depression in Adolescents (TORDIA) study found that teens who did not respond to a first antidepressant medication are more likely to get better if they switch to a treatment that includes both medication and psychotherapy (nimh.nih.gov/funding/clinical-research/practical/tordia).
- The Treatment of Adolescent Suicide Attempters (TASA) study found that a new treatment approach that includes medication plus a specialized psychotherapy designed specifically to reduce suicidal thinking and behavior may decrease suicide attempts in severely depressed teens (Journal of the American Academy of Child & Adolescent Psychiatry, 2009-10-01, Volume 48, Issue 10, Pages 987-996).

- Depressed teens with coexisting disorders, such as substance abuse problems, are less likely to respond to treatment for depression. Studies focusing on conditions that frequently co-occur and how they affect one another may lead to more targeted screening tools and interventions.
- With medication, psychotherapy or combined treatment, most youth with depression can be effectively treated. Youth are more likely to respond to treatment if they receive it early in the course of their illness.
- Although antidepressants are generally safe, the FDA has placed a "black box" warning label—the most serious type of warning—on all antidepressant medications. The warning says there is an increased risk of suicidal thinking or attempts in youth taking antidepressants. Youth and young adults should be closely monitored, especially during initial weeks of treatment.
- Studies focusing on depression in teens and youth are pinpointing factors that appear to influence risk, treatment response and recovery. Given the chronic nature of depression, effective intervention early in life may help reduce future burden and disability.
- Multigenerational studies have revealed a link between family history of depression and changes in brain structure and function, some of which may precede the onset of depression. This research is helping to identify biomarkers and other early indicators that may lead to better treatment or prevention.
- Advanced brain imaging techniques are helping scientists identify specific brain circuits that are involved in depression and yielding new ways to study the effectiveness of treatments.

Depression and Youth: In the Future

- Years of research are now showing promise for the first new generation of antidepressant medications in two decades, with a goal of relieving depression in hours, rather than weeks. Such a potential breakthrough could reduce the rate of suicide, which is consistently one of the leading causes of death for young people. In 2015, the CDC listed suicide as the second leading cause of death for youth ages 15 to 19 and the third leading cause of death for youth ages 10 to 14.
- Research on novel treatment delivery approaches, such as telemedicine (providing services over satellite, internet, phone or other remote connections) and collaborative or team-based care in medical care settings will improve the quality of mental healthcare for youth.
- Sophisticated gene studies have suggested common roots between depression and possibly other mental disorders.
- In addition to identifying how and where in the brain illnesses start before symptoms develop, these findings have also encouraged a new way of thinking about and categorizing mental illnesses. In this light, NIMH has embarked on a long-term project called the Research Domain Criteria project, which is aimed at ultimately improving the treatment and prevention of depression by studying the classification of mental illnesses, based on genetics and neuroscience, in addition to clinical observation (nimh.nih.gov/research-priorities/rdoc/index.shtml).

Signs and Symptoms of Depression

Know the warning signs for depression. Note the duration, frequency and severity of troubling behavior. The following symptoms often persist more days than not for at least two weeks (Source: NIMH):

- Persistent sad, anxious or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness or helplessness
- Irritability, restlessness
- Loss of interest in previously pleasurable activities or hobbies, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early-morning wakefulness or excessive sleeping
- Overeating or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps or digestive problems that do not ease even with treatment

What Parents/Guardians and Other Caregivers Can Do

- Get accurate information from healthcare providers, libraries, hotlines, the internet and other sources.
- Take the youth to see a mental health professional or doctor for evaluation and diagnosis if they are exhibiting several of the warning signs noted above. The evaluation may include psychological testing, laboratory tests and consultation with other specialists.
- Ask questions about treatments and services. A comprehensive treatment plan may include psychotherapy, ongoing evaluation and, in some cases, medication. Optimally, the treatment plan is developed with the family and, whenever possible, the youth.
- Talk to other families in your community or find a family network organization.

Signs and Symptoms of Early Childhood Depression (Ages 0 to 5)

Although rare and the studies are limited, clinical depression can begin as early as preschool. The depressed preschooler may:

- Appear less joyful
- Have feelings of guilt
- Have difficulty enjoying activities and play
- Have a decrease in activity level
- Have difficulty with sleep
- Have problems with appetite
- Have feelings of sadness or irritability
- Have anger outbursts or acting out behaviors

Treatment of Preschool Depression

Different types of therapy can be helpful, such as cognitive behavioral therapy (CBT), parent-child interactive therapy and play therapy.

Depression Resources

- Depression information from Mental Health America: mhanational.org/conditions/depression
- Depression information from NIMH: nimh.nih.gov/health/topics/depression/index.shtml
- Depression and Bipolar Support Alliance: dbsalliance.org

Section 4:
Anxiety Disorders

Adapted with permission from Mental Health America

An anxiety disorder is a mental health problem that can affect people of all ages, including youth. In fact, anxiety disorders are the most common type of mental health disorder in youth. According to NIMH, anxiety disorders affect girls more than boys (nimh.nih.gov/health/statistics/prevalence/any-anxiety-disorder-among-children.shtml).

All youth experience some anxiety; this is normal and expected. For example, when left alone at preschool for the first time, many youth will show distress; or a young child within their own room may develop a fear of the dark. Such anxiety becomes a problem when it interrupts a youth's normal activities, like attending school and making friends or sleeping. Persistent and intense anxiety that disrupts daily routine is a mental health problem that requires help.

Anxiety Disorders Most Common to Youth

Generalized Anxiety Disorder

Youth with generalized anxiety disorder (GAD) have recurring fears and worries that they find difficult to control. They worry about almost everything—school, sports, being on time, even natural disasters. They may be restless, irritable, tense or easily tired, and they may have trouble concentrating or sleeping. Youth with GAD are usually eager to please others and may be "perfectionists," dissatisfied with their own less-than-perfect performance.

Separation Anxiety Disorder

Students with separation anxiety disorder have intense anxiety about being away from home or their parent(s)/guardian(s) that affects their ability to function socially and in school. These youth have a great need to stay at home or be close to their parent(s)/guardian(s). Youth with this disorder may worry excessively about their parent(s)/guardian(s) when they are apart from them. When they are together, the youth may cling to their parent(s)/guardian(s), refuse to go to school or be afraid to sleep alone. Repeated nightmares about separation and physical symptoms such as stomachaches and headaches are also common in youth with separation anxiety disorder.

Social Phobia

Social phobia usually emerges in the mid-teens and typically does not affect young children. Young people with this disorder have a constant fear of social or performance situations, such as speaking in class or eating in public. This fear is often accompanied by physical symptoms such as sweating, blushing, heart palpitations, shortness of breath or muscle tenseness. Young people with this disorder typically respond to these feelings by avoiding the feared situation. For example, they may stay home from school or avoid parties. Young people with social phobia are often overly sensitive to criticism, have trouble being assertive and suffer from low self-esteem. Social phobia can be limited to specific situations, so the adolescent may fear dating and recreational events but be confident in academic and work situations.

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) typically begins in early childhood or adolescence. Youth with OCD have frequent and uncontrollable thoughts (called "obsessions") and may perform routines or rituals (called "compulsions") in an attempt to eliminate the thoughts. Those with the disorder often repeat behaviors to avoid some imagined consequence. For example, a compulsion common to people with OCD is excessive handwashing due to a fear of germs. Other common compulsions include counting, repeating words silently and rechecking completed tasks. In the case of OCD, these obsessions and compulsions take up so much time that they interfere with daily living and cause a young person a great deal of anxiety. People with OCD realize their thoughts are irrational but are unable to stop the thoughts or behaviors.

Post-Traumatic Stress Disorder

Youth who experience a physical or emotional trauma such as witnessing a shooting or disaster, surviving physical or sexual abuse, or being in a car accident may develop post-traumatic stress disorder (PTSD). Youth are more easily traumatized than adults. An event that may not be traumatic to an adult—such as a bumpy plane ride—might be traumatic to a youth. A youth may "re-experience" the trauma through nightmares, constant thoughts about what happened or reenacting the event while playing. A youth with PTSD will experience symptoms of general anxiety, including irritability or trouble sleeping and eating. Youth may exhibit other symptoms such as being easily startled.

What Parents/Guardians and Other Caregivers Can Do

By identifying, diagnosing and treating anxiety disorders early, parents/guardians and other caregivers can help youth reach their full potential. Anxiety disorders are treatable. Effective treatment for anxiety disorders may include some form of psychotherapy, behavioral therapy or medications. Youth who exhibit persistent symptoms of an anxiety disorder should be referred to and evaluated by a mental health professional who specializes in treating children and adolescents. The diagnostic evaluation may include psychological testing and consultation with other specialists. A comprehensive treatment plan should be developed with the family, and, whenever possible, the youth should be involved in making treatment decisions.

Early Childhood Anxiety

It is common for youth to experience anxiety. However, when the youth's worries and/or fear seem to be getting in the way of their functioning, then they could be suffering from anxiety disorder.

Common Symptoms of Anxiety

- Worrying more days than not (for at least six months)
- Trouble controlling the worry
- Feeling restless, keyed up or on edge
- Irritability
- Muscle tension
- Problems falling and/or staying asleep
- Fears of specific objects (e.g., shots, dogs), performance or social situations
- Frequently upset when away from their parent(s)/guardian(s) and/or worried that something bad will happen to them
- Frequent complaints of physical symptoms (e.g., headaches, stomachaches)
- Refusing to go to school

Implications for Untreated Anxiety

- Problems with school and friends
- School refusal
- Family problems
- The anxiety worsens and/or frequently returns

Common Dilemmas for Those Caring for a Youth Experiencing an Anxiety Disorder

- The youth's anxiety takes up a lot of time of those caring for them.
- Those caring for the youth can get "drawn in" to the anxiety, such as giving excessive reassurance.
- Those caring for the youth may succumb to "giving in."
- Those caring for the youth may be unsure whether the behavior is "attention-seeking" or not.
- Family may get concerned about what to tell the school, friends and others.

Common Misconceptions Around Anxiety Disorders

- The youth should be protected from being anxious.
- The youth's anxiety should be kept a secret.
- We should not acknowledge the fear.
- The youth's anxiety and fear is misunderstood for being defiant.

How Those Caring for the Youth Can Help

- Acknowledge and accept the anxiety as legitimate.
- Provide confidence in the youth's ability to cope (and expect them to work on coping with their anxiety gradually).
- Acknowledge all the ways in which those caring for the youth are accommodating the anxiety.
- Collaborate among others who are caring for the youth.

Treatment for Anxiety Disorders

- **Cognitive Behavioral Therapy (CBT):** CBT can help the youth work on skills to cope with the anxiety and fears they have been avoiding.
- **Medication:** Antidepressants are not approved until the age of 6 in youth. In certain severe cases, antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) are used to treat anxiety in youth before the age of 6 and are most helpful when combined with cognitive behavioral therapy.
- **Parent, youth and family interventions:** In therapy, the parent(s)/guardian(s) are taught by the therapists on interventions and skills to use with their youth to address their fears and anxieties.

Anxiety Disorder Resources

- Anxiety and Depression Association of America: adaa.org
- "Stress Can Really Get on Your Nerves" by Trevor Romain: amazon.com/Stress-Really-Nerves-Laugh-Learn%C2%AE/dp/1631982451
- International OCD Foundation: ocfoundation.org

Section 5:
Self-Harm and Suicide

Self-Harm

In the United States, youth have the highest burden of nonfatal self-inflicted injury (i.e., deliberate physical harm against oneself, inclusive of suicidal and nonsuicidal intent) requiring medical attention. One study found that emergency department (ED) visits for these injuries during the 1993 to 2008 period varied by age group, ranging from 1.1 to 9.6 per 1,000 ED visits, with adolescents ages 15 to 19 years exhibiting the highest rates (jamanetwork.com/journals/jama/article-abstract/2664031).

Symptoms of Self-Injury

- Scars
- Fresh cuts, scratches, bruises or other wounds
- Excessive rubbing of an area to create a burn
- Keeping sharp objects on hand
- Wearing long sleeves or long pants, even in hot weather
- Difficulties in interpersonal relationships
- Persistent questions about personal identity, such as "Who am I?" and "What am I doing here?"
- Behavioral and emotional instability, impulsivity and unpredictability
- Statements of helplessness, hopelessness or worthlessness

Suicide

National Institute of Mental Health Definitions of Common Terms

- Suicide is defined as death caused by self-directed injurious behavior with intent to die because of the behavior.
- A suicide attempt is a nonfatal, self-directed, potentially injurious behavior with intent to die because of the behavior. A suicide attempt might not result in injury.
- Suicidal ideation refers to thinking about, considering or planning suicide.

Risk Factors of Suicide

- Previous suicide attempt
- Close family member who has died by suicide
- Past psychiatric hospitalization
- Recent losses
- Social isolation and/or hopelessness
- Co-occurring mental and alcohol or substance abuse disorders
- Impulsive and/or aggressive tendencies
- Exposure to violence in the home or social environment
- Handguns in the home, especially if loaded
- Parental psychopathology
- Chronic physical illness

Suicide is a complex human behavior, with no single determining cause. The following groups have demonstrated a higher risk for suicide or suicide attempts than the general population:

- American Indians and Alaska Natives
- People bereaved by suicide
- People in justice and child welfare settings
- People who intentionally hurt themselves
- People who have previously attempted suicide
- People with medical conditions
- People with mental/substance use disorders
- People who are LGBT

References

archive.cdc.gov/#/details?url=https://www.cdc.gov/vitalsigns/suicide/index.html

Suicidal Ideation and Behaviors Among High School Students—Youth Risk Behavior Survey, United States, 2019 (cdc.gov)

Suicide Resources

- American Academy of Child and Adolescent Psychiatry: aacap.org
- American Association of Suicidology: suicidology.org
- National Suicide Prevention Lifeline: 988lifeline.org, 988
- The Jason Foundation: jasonfoundation.com
- Self-Abuse Finally Ends (S.A.F.E.) Alternatives: selfinjury.com, 800-DONT CUT (800-366-8288)
- Self-injury information from Mental Health America: mentalhealthamerica.net/go/information/get-info/self-injury
- The Jed Foundation: jedfoundation.org
- Young People and Suicide: Safeguarding Your Students Against Suicide from Mental Health America: mentalhealthamerica.net/young-people-and-suicide-safeguarding-your-students-against-suicide
- Crisis Text Line (reach a trained counselor by text): 741741
- Suicide in Children and Teens from the American Academy of Child & Adolescent Psychiatry: aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx

Section 6:
Substance Use Disorders

Every year, the Monitoring the Future (MTF) survey measures drug, alcohol and tobacco use and related attitudes among eighth, 10th and 12th graders. The following are facts and statistics about youth substance use from the 2017 MTF report.

- Illicit drug use among teens was increasing as of 2011 but has remained steady or decreased somewhat in more recent years.
- Substances at historic low levels of use include alcohol and cigarettes, heroin, prescription opioids, MDMA (Ecstasy or Molly), methamphetamine, amphetamines and sedatives.
- Other illicit drugs showed declines in use, such as synthetic marijuana, hallucinogens other than LSD, and over-the-counter cough and cold medications.
- Five-year trends, however, did reveal an increase in LSD use among high school seniors, although use still remains lower compared to its peak in 1996.
- Despite the continued rise in opioid and overdose deaths and high levels of opioid misuse among adults, lifetime, past-year and past-month misuse of prescription opioids (narcotics other than heroin) dropped significantly over the last five years in 12th graders.

Alcohol use among teens has dropped to historically low levels, as has binge drinking.

Tobacco

- Use of traditional cigarettes has continued to decline to the lowest levels in the survey's history.
- Use of other tobacco products including hookah and smokeless tobacco declined among high school seniors.

Prescription Drug Abuse

Adapted from the Smart Moves, Smart Choices – Get Smart, Take Action, Teen Prescription Drug Abuse Awareness School Tool Kit from August 2011.

Teen prescription drug abuse is a serious and growing problem in the United States.

- One in four teens has taken a prescription drug that was not prescribed for them by a doctor for the purpose of getting high or for any other reason. *(Source: The Partnership at DrugFree.org and MetLife Foundation. 2010 Partnership Attitude Tracking Study Key Findings, 2011:2.)*
- Every day, 2,500 young people use a prescription pain reliever for a nonmedical use for the first time. *(Source: U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Office of Applied Studies. A Day in the Life of American Adolescents: Substance Use Facts. The OAS 2007: Report, 2007:2.)*
- Prescription medications are the drug of choice for 12- and 13-year-olds. *(Source: U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Office of Applied Studies. Results from the 2009 National Survey on Drug Use and Health: Volume I. National Findings: 18.)*

Where Teens Get Prescription Medications

Most teens say they get their hands on prescription drugs from the homes of friends and relatives. In fact, access to medications can be as easy as opening a medicine cabinet, drawer or kitchen cupboard in a teen's own home or a relative's house.

However, research shows that teens who learn a lot about the risks of drugs from their parent(s)/guardian(s) are up to 50 percent less likely to use drugs. *(Source: The Partnership at DrugFree.org and MetLife Foundation. 2008 Parents Attitude Tracking Study (PATS), 2009:11.)*

Educators Can Make a Difference

Because students attend school every day, teachers, principals and school nurses may be able to notice changes or problems in teens even before parent(s)/guardian(s) do. Educators are in a perfect position to educate students about the dangers of prescription drug abuse and address any problem situations that they notice.

Be Aware of Changes in Students

Look for the signs and symptoms of prescription drug abuse in your students, including physical, behavioral and academic changes.

Implement Awareness Programs

Let students know that the school takes prescription drug abuse seriously and implement awareness programs aimed at students, teachers and parents/guardians. Help students understand the risks and consequences of prescription drug abuse by holding school assemblies and implementing lesson plans.

Involve Parents/Guardians

Educate parents/guardians about teen prescription drug abuse and encourage them to:

- Safeguard teens by restricting access to prescription medications in the home. Take all prescription medications out of accessible areas and put them in a safe, locked location.
- Stress that prescription medications should never be shared.
- Inform grandparents, other relatives and neighbors about this issue and encourage them to lock up all medications in their homes.
- Begin a dialogue with teens about prescription drug abuse and encourage open, honest and nonjudgmental communication.
- Properly dispose of all unused or expired prescription medications.
- Learn to recognize the signs of abuse.
- Be good role models.

Additional resources from this material can be viewed at smartmovessmartchoices.org.

Substance Abuse Resources

- **DrugFacts:** High School and Youth Trends from the National Institute on Drug Abuse: drugabuse.gov/publications/drugfacts/high-school-youth-trends
- **Preventing Drug Abuse Among Children and Adolescents from the National Institute on Drug Abuse:** samhsa.gov/resource/ebp/preventing-drug-use-among-children-adolescents-research-based-guide-parents-educators
- **Preventing Drug Abuse:** The Best Strategy: drugabuse.gov/publications/science-addiction/preventing-drug-abuse-best-strategy
- Substance Abuse and Mental Health Services Administration's National Helpline (provides 24/7, 365 treatment referral and information in English and Spanish for individuals and family members facing mental illness and/or substance use disorders): 800-662-HELP (4357)

Section 7: Attention Deficit Hyperactivity Disorder

Adapted from NIMH. (Source: https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd)

Attention deficit hyperactivity disorder (ADHD) is one of the most common childhood disorders and can continue through adolescence and adulthood. Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior and hyperactivity (overactivity).

ADHD Subtypes

Predominantly Hyperactive-Impulsive

- Most symptoms (six or more) are in the hyperactivity-impulsivity categories.
- Fewer than six symptoms of inattention are present, although inattention may still be present to some degree.

Predominantly Inattentive

- The majority of symptoms (six or more) are in the inattention category and fewer than six symptoms of hyperactivity-impulsivity are present, although hyperactivity-impulsivity may still be present to some degree.
- Youth with this subtype are less likely to act out or have difficulties getting along with other youth. They may sit quietly, but they are not paying attention to what they are doing. Therefore, the youth may be overlooked, and parents/guardians and teachers may not notice that they have ADHD.

Combined Hyperactive-Impulsive and Inattentive

- Six or more symptoms of inattention and six or more symptoms of hyperactivity-impulsivity are present.
- Most youth have the combined type of ADHD.

Treatments can relieve many of the disorder's symptoms, but there is no cure. With treatment, most people with ADHD can be successful in school and lead productive lives. Researchers are developing more effective treatments and interventions, and using new tools, such as brain imaging, to better understand ADHD and to find more effective ways to treat and prevent it.

Symptoms of ADHD in Youth

Inattention, hyperactivity and impulsivity are the key behaviors of ADHD. It is normal for all youth to be inattentive, hyperactive or impulsive sometimes, but for youth with ADHD, these behaviors are more severe and occur more often. To be diagnosed with the disorder, a youth must have symptoms for six or more months and to a degree that is greater than other youth of the same age.

Youth who have symptoms of inattention may:

- Be easily distracted, miss details, forget things and frequently switch from one activity to another.
- Have difficulty focusing on one thing.
- Become bored with a task after only a few minutes unless they are doing something enjoyable.
- Have difficulty focusing attention on organizing and completing a task or learning something new.
- Have trouble completing or turning in homework assignments, often losing things (e.g., pencils, toys, assignments) needed to complete tasks or activities.
- Not seem to listen when spoken to.
- Daydream, become easily confused and move slowly.
- Have difficulty processing information as quickly and accurately as others.
- Struggle to follow instructions.

Youth who have symptoms of hyperactivity may:

- Fidget and squirm in their seats.
- Talk nonstop.
- Dash around, touching or playing with anything and everything in sight.
- Have trouble sitting still during dinner, school and story time.
- Be constantly in motion.
- Have difficulty doing quiet tasks or activities.

Youth who have symptoms of impulsivity may:

- Be very impatient.
- Blurt out inappropriate comments, show their emotions without restraint, and act without regard for consequences.
- Have difficulty waiting for things they want or waiting their turns in games.
- Often interrupt conversations or others' activities.

ADHD Can Be Mistaken for Other Problems

Parents/guardians, caregivers and teachers can miss the fact that students with symptoms of inattention have the disorder because they are often quiet and less likely to act out. They may sit quietly, seeming to work, but they often are not paying attention to what they are doing. They may get along well with other youth, compared with those with the other subtypes who tend to have social problems. But youth with the inattentive kind of ADHD are not the only ones whose disorders can be missed. For example, adults may think that youth with the hyperactive and impulsive subtypes just have emotional or disciplinary problems.

Causes

Scientists are not sure what causes ADHD, although many studies suggest that genes play a large role. Like many other illnesses, ADHD probably results from a combination of factors. In addition to genetics, researchers are looking at possible environmental factors and are studying how brain injuries, nutrition and the social environment might contribute to ADHD.

Genes

Inherited from our parents, genes are the "blueprints" for who we are. Results from several international studies of twins show that ADHD often runs in families. Researchers are looking at several genes that may make people more likely to develop the disorder. Knowing the genes involved may one day help researchers prevent the disorder before symptoms develop. Learning about specific genes could also lead to better treatments.

Youth with ADHD who carry a particular version of a certain gene have thinner brain tissue in the areas of the brain associated with attention. This NIMH research showed that the difference was not permanent, however, and as youth with this gene grew up, the brain developed to a normal level of thickness. Their ADHD symptoms also improved.

Environmental Factors

Studies suggest a potential link between cigarette smoking and alcohol use during pregnancy and ADHD in youth. In addition, preschoolers who are exposed to high levels of lead, which can sometimes be found in plumbing fixtures or paint in old buildings, may have a higher risk of developing ADHD.

Brain Injuries

Youth who have suffered a brain injury may show some behaviors similar to those of ADHD. However, only a small percentage of youth with ADHD have suffered a traumatic brain injury.

Sugar

The idea that refined sugar causes ADHD or makes symptoms worse is popular, but more research discounts this theory than supports it. In one study, researchers gave youth foods containing either sugar or a sugar substitute every other day. The youth who received sugar showed no different behavior or learning capabilities than those who received the sugar substitute. Another study in which youth were given higher than average amounts of sugar or sugar substitutes showed similar results.

In one more study, youth who were considered sugar-sensitive by their mothers were given the sugar substitute aspartame, also known as NutraSweet. Although all the youth got aspartame, half their mothers were told their youth were given sugar, and the other half were told their youth were given aspartame. The mothers who thought their children had gotten sugar rated them as more hyperactive than the other children and were more critical of their behavior, compared to mothers who thought their children received aspartame.

Food Additives

Recent British research indicates a possible link between consumption of certain food additives, like artificial colors or preservatives, and an increase

in activity. Research is underway to confirm the findings and to learn more about how food additives may affect hyperactivity.

Diagnosing ADHD

Youth mature at different rates and have different personalities, temperaments and energy levels. Most youth get distracted, act impulsively and struggle to concentrate at one time or another. Sometimes, these normal factors may be mistaken for ADHD. ADHD symptoms usually appear early in life, often between the ages of 3 and 6, and because symptoms vary from person to person, the disorder can be hard to diagnose. The parent(s)/guardian(s) may first notice that their child loses interest in things sooner than other youth, or seems constantly "out of control." Often, teachers notice the symptoms first, when a youth has trouble following rules, or frequently "spaces out" in the classroom or on the playground.

No single test can diagnose a youth as having ADHD. Instead, a licensed health professional needs to gather information about the youth and their behavior and environment. A family may want to talk first with the youth's pediatrician. Some pediatricians can assess the youth themselves, but many will refer the family to a mental health specialist with experience in childhood mental disorders, such as ADHD. The pediatrician or mental health specialist will first try to rule out other possibilities for the symptoms. For example, certain situations, events or health conditions may cause temporary behaviors in a youth that seem like ADHD.

The referring pediatrician and specialist will determine if a youth:

- Is experiencing undetected seizures that could be associated with other medical conditions.
- Has a middle ear infection that is causing hearing problems.
- Has any undetected hearing or vision problems.
- Has any medical problems that affect thinking and behavior.
- Has any learning disabilities.
- Has anxiety or depression, or other psychiatric problems that might cause ADHD-like symptoms.
- Has been affected by a significant and sudden change, such as the death of a family member, a divorce or a parent/guardian's job loss.

A specialist will also check school and medical records for clues, to see if the youth's home or school settings appear unusually stressful or disrupted, as well as gather information from the student's parent(s)/guardian(s), caregivers and teachers. Coaches, babysitters and other adults who know the youth well also may be consulted.

The specialist also will ask:

- Are the behaviors excessive and long-term, and do they affect all aspects of the youth's life?
- Do they happen more often in this youth compared with the youth's peers?
- Are the behaviors a continuous problem or a response to a temporary situation?
- Do the behaviors occur in several settings or only in one place, such as the playground, classroom or home?

The specialist pays close attention to the youth's behavior during different situations. Some situations are highly structured, but some have less structure. Others would require the youth to keep paying attention. Most youth with ADHD are better able to control their behaviors in situations where they are getting individual attention and when they are free to focus on enjoyable activities. These types of situations are less important in the assessment. A youth also may be evaluated to see how they act in social situations, and may be given tests of intellectual ability and academic achievement to see if they have a learning disability.

Finally, if after gathering all this information the youth meets the criteria for ADHD, they will be diagnosed with the disorder.

Treating ADHD

Currently available treatments focus on reducing the symptoms of ADHD and improving functioning. Treatments include medication, various types of psychotherapy, education or training, or a combination of these treatments.

Medications

The most common type of medication used for treating ADHD is called a "stimulant." Although it may seem unusual to treat ADHD with a medication considered a stimulant, it actually has a calming effect on youth with ADHD. Many types of stimulant medications are available. A few other ADHD medications are nonstimulants and work differently than stimulants. For many youth, ADHD medications reduce hyperactivity and impulsivity and improve their ability to focus, work and learn. Medication also may improve physical coordination.

However, a one-size-fits-all approach does not apply for all youth with ADHD. What works for one youth might not work for another. One youth might have side effects with a certain medication, while another youth may not. Sometimes several different medications or dosages must be tried before finding one that works for a particular youth. Any students taking medications must be monitored closely and carefully by parents/guardians, caregivers and doctors.

Stimulant medications come in different forms, such as a pill, capsule, liquid or skin patch. Some medications also come in short-acting, long-acting or extended release varieties. In each of these varieties, the active ingredient is the same, but it is released differently in the body. Long-acting or extended release forms often allow a youth to take the medication just once a day before school, so they don't have to make a daily trip to the school nurse for another dose. The parent(s)/guardian(s) and doctors should decide together which medication is best for the student and whether the student needs medication only for school hours or for evenings and weekends, too.

A list of medications and the approved age for use follows. ADHD can be diagnosed and medications prescribed by doctors (usually psychiatrists) and in some states also by clinical psychologists, psychiatric nurse practitioners and advanced psychiatric nurse specialists. Check with your state's licensing agency for specifics.

Look for the signs and symptoms of prescription drug abuse in your students, including physical, behavioral and academic changes.

*Not all ADHD medications are approved for use in adults.

Note: "Extended release" means the medication is released gradually so that a controlled amount enters the body over a period of time. "Long acting" means the medication stays in the body for a long time.

Trade Name	Generic Name	Approved Age
Adderall	amphetamine	3 and older
Adderall XR	amphetamine (extended release)	6 and older
Concerta	methylphenidate (long acting)	6 and older
Daytrana	methylphenidate patch	6 and older
Desoxyn	methamphetamine hydrochloride	6 and older
Dexedrine	dextroamphetamine	3 and older
Dextrostat	dextroamphetamine	3 and older
Focalin	dexmethylphenidate	6 and older
Focalin XR	dexmethylphenidate (extended release)	6 and older
Intuniv	guanfacine	6 and older
Kapvay	clonidine	6 and older
Metadate ER	methylphenidate (extended release)	6 and older
Metadate CD	methylphenidate (extended release)	6 and older
Methylin	methylphenidate (oral solution and chewable tablets)	6 and older
Ritalin	methylphenidate	6 and older
Ritalin SR	methylphenidate (extended release)	6 and older
Ritalin LA	methylphenidate (long acting)	6 and older
Strattera	atomoxetine	6 and older
Vyvanse	lisdexamfetamine dimesylate	6 and older

Side Effects of Stimulant Medications

The most commonly reported side effects are decreased appetite, sleep problems, anxiety and irritability. Some youth also report mild stomachaches or headaches. Most side effects are minor and disappear over time or if the dosage level is lowered.

- **Decreased appetite:** Be sure the youth eats healthy meals. If this side effect does not go away, suggest that the parent(s)/guardian(s) talk to their child's doctor. Also, talk to the doctor if there are concerns about their youth's growth or weight gain while they are taking this medication.
- **Sleep problems:** If a youth cannot fall asleep, the doctor may prescribe a lower dose of the medication or a shorter-acting form. The doctor might also suggest giving the medication earlier in the day, or stopping the afternoon or evening dose. Adding a prescription for a low dose of an antidepressant or a blood pressure medication called clonidine sometimes helps with sleep problems. A consistent sleep routine that includes relaxing elements like warm milk, soft music or quiet activities in dim light may also help.
- **Less common side effects:** A few youth develop sudden, repetitive movements or sounds called tics. These tics may or may not be noticeable. Changing the medication dosage may make tics go away. Some youth also may have a personality change, such as appearing "flat" or without emotion. The youth's doctor should be contacted if you see any of these side effects.

Are Stimulant Medications Safe?

Under medical supervision, stimulant medications are considered safe. Stimulants do not make youth with ADHD feel high, although some youth report feeling slightly different or "funny." While some parents/guardians worry that stimulant medications may lead to substance abuse or dependence, there is little evidence of this.

FDA Warning on Possible Rare Side Effects

In 2007, the FDA required that all makers of ADHD medications develop patient medication guides that contain information about the risks associated with the medications. The guides must alert patients that the medications may lead to possible cardiovascular (heart and blood) or psychiatric problems. The agency undertook this precaution when a review of data found that ADHD patients with existing heart conditions had a slightly higher risk of strokes, heart attacks and/or sudden death when taking the medications.

The review also found a slight increased risk, about 1 in 1,000, for medication-related psychiatric problems, such as hearing voices, having hallucinations, becoming suspicious for no reason or becoming manic (an overly high mood), even in patients without a history of psychiatric problems. The FDA recommends that any treatment plan for ADHD incorporate an initial health history, including family history, and examination for existing cardiovascular and psychiatric problems.

One ADHD medication, the nonstimulant atomoxetine (Strattera), carries another warning. Studies show that youth who take atomoxetine are more likely to have suicidal thoughts than youth with ADHD who do not take it. If a youth is taking atomoxetine, watch their behavior carefully. A youth may develop serious symptoms suddenly, so it is important to pay attention to the youth's behavior every day. Ask the parent(s)/guardian(s), caregivers and other people who spend a lot of time with the student to tell you if they notice changes in the youth's behavior. Call a doctor right away if the youth shows any unusual behavior. While taking atomoxetine, youth should see a doctor often, especially at the beginning of treatment, and be sure that the youth keeps all appointments with their doctor.

Do Medications Cure ADHD?

Current medications do not cure ADHD. Rather, they control the symptoms for as long as they are taken. Medications can help a youth pay attention and complete schoolwork. It is not clear, however, whether medications can help youth learn or improve their academic skills. Adding behavioral therapy, counseling and practical support can help youth with ADHD and their families to better cope with everyday problems. Research funded by NIMH has shown that medication works best when treatment is regularly monitored by the prescribing doctor and the dose is adjusted based on the youth's needs.

Psychotherapy

Different types of psychotherapy are used for ADHD. Behavioral therapy aims to help a student change their behavior. It might involve practical assistance, such as help organizing tasks or completing schoolwork, or working through emotionally difficult events. Behavioral therapy also teaches a student how to monitor their own behavior. Learning to give oneself praise or rewards for acting in a desired way, such as controlling anger or thinking before acting, is another goal of behavioral therapy. The parent(s)/guardian(s) and teachers can also give positive or negative feedback for certain behaviors. In addition, clear rules, chore lists and other structured routines can help a student control their behavior.

Therapists may teach students social skills, such as how to wait their turn, share toys, ask for help or respond to teasing. Learning to read facial expressions and the tone of voice in others and how to respond appropriately can also be part of social skills training.

How Parents/Guardians Can Help

Students with ADHD need guidance and understanding from their parent(s)/guardian(s) and teachers to reach their full potential and to succeed in school. Before a youth is diagnosed, frustration, blame and anger may have built up within a family. The parent(s)/guardian(s) and the student may need special help to overcome bad feelings. Mental health professionals can educate parent(s)/guardian(s) about ADHD and how it affects a family. They also will help the student and their parent(s)/guardian(s) develop new skills, attitudes and ways of relating to each other.

Parenting skills training helps parents/guardians learn how to use a system of rewards and consequences to change a youth's behavior. They are taught to give immediate and positive feedback for behaviors they want to encourage, and to ignore or redirect behaviors they want to discourage. In some cases, the use of "timeouts" may be used when the youth's behavior gets out of control. In a timeout, the youth is removed from the upsetting situation and sits alone for a short time to calm down.

The parent(s)/guardian(s) are also encouraged to share a pleasant or relaxing activity with their child, to notice and point out what the youth does well, and to praise the youth's strengths and abilities. They may also learn to structure situations in more positive ways. For example, they may restrict the number of playmates to one or two, so that their youth does not become overstimulated. Or, if the youth has trouble completing tasks, parent(s)/guardian(s) can help their child divide large tasks into smaller, more manageable steps. Also, parent(s)/guardian(s) may benefit from learning stress-management techniques to increase their own ability to deal with frustration, so that they can respond calmly to their child's behavior.

Sometimes, the whole family may need therapy. Therapists can help family members find better ways to handle disruptive behaviors and to encourage behavior changes. Finally, support groups help parents/guardians and families connect with others who have similar problems and concerns. Groups often meet regularly to share frustrations and successes, to exchange information about recommended specialists and strategies, and to talk with experts.

Tips for Parents/Guardians to Help Kids and Teens Stay Organized and Follow Directions

- **Schedule:** Keep the same routine every day, from wake-up time to bedtime. Include time for homework, outdoor play and indoor activities. Keep the schedule on the refrigerator or on a bulletin board in the kitchen. Write changes on the schedule as far in advance as possible.
- **Organize everyday items:** Have a place for everything, and keep everything in its place. This includes clothing, backpacks and toys.
- **Use homework and notebook organizers:** Use organizers for school material and supplies. Stress to your youth the importance of writing down assignments and bringing home the necessary books.
- **Be clear and consistent:** Youth with ADHD need consistent rules they can understand and follow.
- **Give praise or rewards when rules are followed:** Youth with ADHD often receive and expect criticism. Look for good behavior, and praise it.

Conditions That Can Coexist With ADHD

Some youth with ADHD also have other illnesses or conditions. For example, they may have one or more of the following:

- **A learning disability:** A youth in preschool with a learning disability may have difficulty understanding certain sounds or words or have problems expressing themselves in words. A school-aged youth may struggle with reading, spelling, writing and math.
- **Oppositional defiant disorder:** Youth with this condition, in which a youth is overly stubborn or rebellious, often argue with adults and refuse to obey rules.
- **Conduct disorder:** This condition includes behaviors in which the youth may lie, steal, fight or bully others. They may destroy property, break into homes or carry or use weapons. These youth are also at a higher risk of using illegal substances. Youth with conduct disorder are at risk of getting into trouble at school or with the police.
- **Anxiety and depression:** Treating ADHD may help to decrease anxiety or some forms of depression.
- **Bipolar disorder:** Some youth with ADHD may also have this condition in which extreme mood swings go from mania (an extremely high elevated mood) to depression in short periods of time.
- **Tourette syndrome:** Very few youth have this brain disorder, but among those who do, many also have ADHD. Some people with Tourette syndrome have nervous tics and repetitive mannerisms, such as eye blinks, facial twitches or grimacing. Others clear their throats, snort or sniff frequently or bark out words inappropriately. These behaviors can be controlled with medication.

ADHD also may coexist with a sleep disorder, bed-wetting, substance abuse, or other disorders or illnesses.

ADHD Resources

- Youth and Adults with Attention-Deficit/Hyperactivity Disorder: chadd.org
- National Center for Learning Disabilities: NCLD.org
- All Kinds of Minds: allkindsofminds.org
- Learning Disabilities from Great Schools: greatschools.org/special-education.topic?content=1541
- Impact Parents: impactparents.com
- Understood for Learning and Attention Issues: understood.org

Books

- *All Dogs have ADHD* by Kathy Hoopmann
- *101 ADHD-ADD Tips* by Brenda Murphy
- *ADHD and Teens* by Colleen Alexander-Roberts
- *Driven to Distraction: Recognizing & Coping with ADD from Childhood to Adulthood* by Edward Hallowell

Section 8:
Eating Disorders

According to NIMH, lifetime prevalence of eating disorders in adolescents ages 13 to 18 is 2.7 percent, affecting more girls than boys. However, it is important to note that eating disorders do exist in boys and are often missed because they present differently. For example, they may occur when boys appear to be eating healthy and working out in an effort to fit in for sports. For additional information about the prevalence of eating disorders among children, visit nimh.nih.gov/health/statistics/eating-disorders.

Adapted from Mental Health America.

People with eating disorders experience serious disturbances in their eating patterns, such as a severe and unhealthy reduction in their food intake or overeating, as well as extreme concern about body shape or weight. Eating disorders usually develop during adolescence or early adulthood. (Source: nationaleatingdisorders.org/what-are-eating-disorders/) Eating disorders are not due to weak willpower or bad behavior; rather, they are real, treatable illnesses. The two main types of eating disorders are anorexia nervosa and bulimia nervosa.

Anorexia Nervosa

Extreme weight loss and believing that one is fat despite excessive thinness are key features of anorexia.

The following behaviors are signs that a person may have anorexia:

- Skips meals, takes tiny portions, will not eat in front of others or eats in ritualistic ways
- Always has an excuse not to eat
- Will only eat a few "safe," low-calorie, low-fat foods
- Loses hair, looks pale or malnourished, and wears baggy clothes to hide thinness
- Grows more body hair called "lanugo"; this is the body's attempt to insulate the skin because of low body fat
- Loses weight, yet fears obesity and complains of being fat despite excessive thinness
- Detests all or specific parts of the body, insists they cannot feel good about self unless thin
- Exercises excessively and compulsively
- Holds to rigid, perfectionist standards for self and others
- Withdraws into self and feelings, becoming socially isolated
- Has trouble talking about feelings, especially anger

Bulimia Nervosa

People who have bulimia regularly binge-eat and then attempt to prevent gaining weight from their binge through purging (e.g., vomiting, abusing laxatives, exercising excessively).

The following are signs that a person may have bulimia:

- Binges, usually in secret, and empties cupboards and refrigerator
- Buys "binge food" (usually junk food or food high in calories, carbohydrates and sugar)
- Leaves clues that suggest discovery is desired (e.g., empty food packages, foul-smelling bathrooms, running water to cover sounds of vomiting, use of breath fresheners, poorly hidden containers of vomit)
- Uses laxatives, diet pills, water pills or "natural" products to promote weight loss
- Abuses alcohol or street drugs to deaden appetite or escape emotional pain
- Displays a lack of impulse control that can lead to rash and regrettable decisions about sex, money, commitments, careers, etc.

Causes of Eating Disorders

As with most mental illnesses, eating disorders are not caused by just one factor but by a combination of sociocultural, psychological and biological factors.

Sociocultural and Psychological Factors

- Low self-esteem
- Pressures to be thin (i.e., pressure to lose weight from family and friends)
- Cultural norms of attractiveness as promoted by social media and popular culture
- Use of food as way of coping with negative emotions
- Rigid, "black-or-white" thinking (e.g., "being fat is bad" and "being thin is good")
- Overcontrolling parent(s)/guardian(s) who do not allow expression of emotion
- History of sexual abuse

Biological Factors

- Genetic predisposition to eating disorders, depression and anxiety
- Certain personality styles (e.g., obsessive-compulsive personality type)
- Deficiency or excess of certain brain chemicals, or neurotransmitters, especially serotonin

Other Mental Illnesses That Commonly "Co-Occur" With Eating Disorders

Mental illnesses, such as depression, anxiety and alcohol/drug addiction, are sometimes found in people with eating disorders. Some of these disorders may influence the development of an eating disorder, and some are consequences of it. Many times, eating and co-occurring disorders reinforce each other, creating a vicious cycle.

Long-Term Effects of Eating Disorders

Left untreated, eating disorders may lead to malnutrition; muscle atrophy; dry skin, hair and nails; dental problems; insomnia or chronic fatigue; ulcers; low blood pressure; diabetes; anemia; kidney, liver and pancreas failure; osteoporosis and arthritis; infertility; seizures; heart attack; and death.

- The most common causes of death are complications of the disorders, including suicide.
- The mortality rate among people with anorexia is 12 times higher than the death rate among females ages 15 to 24 from all other causes.

Treatments for Eating Disorders

Eating disorders are treatable. The sooner they are diagnosed and treated, the better the outcomes are likely to be. Eating disorders require a comprehensive, long-term treatment plan that usually involves individual or family therapy and may include medication and immediate hospitalization. Unfortunately, many people with eating disorders will not admit they are ill and refuse treatment. Support from family and friends is vital to successful treatment and recovery.

(*Source: 2016 American Academy of Pediatrics message regarding Preventing Obesity and Eating Disorders in Adolescents,* pediatrics.aappublications.org/content/138/3/e20161649)

- Discourage dieting and encourage healthy eating and physical activity behaviors.
- Promote positive body image. Do not encourage body dissatisfaction.
- Encourage more frequent family meals.
- Encourage families not to talk about weight. Encourage talk about healthy eating and being active to stay healthy.
- Inquire about a history of mistreatment or bullying in overweight and obese teens. Address this issue if present.
- Carefully monitor weight loss in an adolescent who needs to lose weight. Ensure the youth does not develop the medical complications of starvation.

Eating Disorders Resources

- Anorexia Nervosa and Related Eating Disorders, Inc.: anred.com
- Eating Disorder Information and Referral Center: EDreferral.com
- Eating disorders information from Mental Health America: mentalhealthamerica.net/conditions/eating-disorders
- National Association of Anorexia Nervosa and Associated Disorders: anad.org
- National Eating Disorders Association: nationaleatingdisorders.org

Section 9: Bullying

Adapted from stopbullying.gov.

Definition

Bullying is unwanted, aggressive behavior among school-aged youth that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both youth who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

An Imbalance of Power

Youth who bully use their power, such as physical strength, access to embarrassing information or popularity, to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.

Repetition

Bullying behaviors happen more than once or have the potential to happen more than once. Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose.

Types of Bullying

Verbal Bullying

Saying or writing mean things and includes:

- Teasing
- Name-calling
- Inappropriate sexual comments
- Taunting
- Threatening to cause harm

Social Bullying

Sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes:

- Leaving someone out on purpose
- Telling other youth not to be friends with someone
- Spreading rumors about someone
- Embarrassing someone in public

Physical Bullying

Involves hurting a person's body or possessions. Physical bullying includes:

- Hitting/kicking/pinching
- Spitting
- Tripping/pushing
- Taking or breaking someone's things
- Making mean or rude hand gestures

Where and When Bullying Happens

Bullying can occur during or after school hours. While most reported bullying happens in the school building, a significant percentage also happens in places like on the playground or the bus. It can also happen traveling to or from school, in the youth's neighborhood or online.

Cyberbullying

Cyberbullying is bullying that takes place using electronic technology. Electronic technology includes devices and equipment such as cell phones, computers and tablets, as well as communication tools including social media sites, text messages, chat and websites. Examples of cyberbullying include mean text messages or emails, rumors sent by email or posted on social networking sites, and embarrassing pictures, videos, websites or fake profiles.

Why Cyberbullying Is Different

Youth who are being cyberbullied are often bullied in person as well. Additionally, youth who are cyberbullied have a harder time getting away from the behavior.

- Cyberbullying can happen 24 hours a day, 7 days a week, and reach a youth even when they are alone. It can happen any time of the day or night.
- Cyberbullying messages and images can be posted anonymously and distributed quickly to a very wide audience. It can be difficult and sometimes impossible to trace the source.
- Deleting inappropriate or harassing messages, texts and pictures is extremely difficult after they have been posted or sent.

Effects of Cyberbullying

Cell phones and computers themselves are not to blame for cyberbullying. Social media sites can be used for positive activities, like connecting youth with friends and family, helping students with school, and for entertainment. But these tools can also be used to hurt other people. Whether done in person or through technology, the effects of bullying are similar.

Youth who are cyberbullied are more likely to:

- Use alcohol and drugs
- Skip school
- Experience in-person bullying
- Be unwilling to attend school
- Receive poor grades
- Have lower self-esteem
- Have more health problems

Frequency of Cyberbullying

The 2014 Indicators of School Crime and Safety from the National Center for Education Statistics and Bureau of Justice Statistics indicates that 7 percent of students in grades 6 to 12 experienced cyberbullying. The 2013 Youth Risk Behavior Surveillance Survey found that 14.8 percent of high school students (grades 9 to 12) were electronically bullied in the past year. Research on cyberbullying is growing. However, because youth's technology use changes rapidly, it is difficult to design surveys that accurately capture trends.

Risk Factors for Bullying

No single factor puts a youth at risk of being bullied or bullying others. Bullying can happen anywhere—cities, suburbs or rural towns. Depending on the environment, some groups, such as lesbian, gay, bisexual or transgender (LGBT) youth, youth with disabilities, and socially isolated youth—may be at an increased risk of being bullied.

Youth at Risk of Being Bullied

Generally, youth who are bullied have one or more of the following risk factors:

- Are perceived as different from their peers, such as being overweight or underweight, wearing glasses or different clothing, being new to a school, or being unable to afford what youth consider "cool."
- Are perceived as weak or unable to defend themselves.
- Are depressed and anxious, or have low self-esteem.
- Are less popular than others and have few friends.
- Do not get along well with others, seen as annoying or provoking, or antagonize others for attention.

However, even if a youth has these risk factors, it does not mean that they will be bullied.

Weight-Based Bullying

Research has shown that youth with obesity are more likely to be bullied compared to youth without obesity, regardless of sex, race, social skills, academic performance or socioeconomic status. Youth who have obesity are not only more likely to be bullied, but they may also perpetuate bullying

against other youth. Weight-based bullying may continue even after overweight youth have experienced weight loss.

When assessing or addressing bullying in schools, it is important not to exclude anyone as a victim or perpetrator. Evidence shows that weight-based bullying can affect youth of different body shapes and sizes and can come from multiple sources including:

- Cyberbullying
- Peers, friends and family members
- Adults in authoritative positions

Even well-intentioned adults may unintentionally criticize or tease youth about their weight in ways that are emotionally damaging.

Weight-based bullying negatively affects the health and well-being of students. As a school nurse, you can have a substantial role in addressing it and preventing student-targets from suffering alone, in silence. Refer to anti-bullying strategies discussed later in this section. In addition to interacting with at-risk youth and promoting coping strategies, it is important that the school nurse interact with parents/guardians in order to:

- Equip them with the tools necessary to help improve the health of their youth and entire family.
- Educate them about weight-based bullying and provide appropriate strategies to help reduce the youth's distress due to bullying.

Youth More Likely to Bully Others

There are two types of youth who are more likely to bully others:

- Some are well-connected to their peers, have social power, are overly concerned about their popularity, and like to dominate or be in charge of others.
- Others are more isolated from their peers and may be depressed or anxious, have low self-esteem, be less involved in school, be easily pressured by peers, or not identify with the emotions or feelings of others.

Youth who have these factors are also more likely to bully others:

- Are aggressive or easily frustrated.
- Have less parental involvement or have issues at home.
- Think badly of others.
- Have difficulty following rules.
- View violence in a positive way.
- Have friends who bully others.

Remember, those who bully others do not need to be stronger or bigger than those they bully. The power imbalance can come from a number of sources—popularity, strength, cognitive ability—and youth who bully may have more than one of these characteristics.

Signs a Youth Is Being Bullied

There are many warning signs that may indicate that someone is affected by bullying—either being bullied or bullying others. Recognizing the warning signs is an important first step in taking action against bullying. Not all youth who are bullied or are bullying others ask for help. It is important to talk with youth who show signs of being bullied or bullying others. These warning signs can also point to other issues or problems, such as depression or substance abuse. Talking to the youth can help identify the root of the problem.

Look for changes in the youth. However, be aware that not all youth who are bullied exhibit warning signs. Some signs that may point to a bullying problem are:

- Unexplainable injuries
- Lost or destroyed clothing, books, electronics or jewelry
- Frequent headaches or stomachaches, feeling sick or faking illness
- Changes in eating habits (suddenly skipping meals or binge eating, or coming home from school hungry because they did not eat lunch)
- Difficulty sleeping or frequent nightmares
- Declining grades, loss of interest in schoolwork or not wanting to go to school

- Sudden loss of friends or avoidance of social situations
- Feelings of helplessness or decreased self-esteem
- Self-destructive behaviors, such as running away from home, harming themselves or talking about suicide

If you know someone in serious distress or danger, do not ignore the problem. Get help right away.

Signs a Youth Is Bullying Others

Youth may be bullying others if they:

- Get into physical or verbal fights
- Have friends who bully others
- Are increasingly aggressive
- Get sent to the principal's office or to detention frequently
- Have unexplained extra money or new belongings
- Blame others for their problems
- Do not accept responsibility for their actions
- Are competitive and worry about their reputation or popularity

Why Kids and Teens Do Not Ask for Help

Youth do not tell adults for many reasons:

- Bullying can make a youth feel helpless. Youth may want to handle it on their own to feel in control again. They may fear being seen as weak or a tattletale.
- Youth may fear backlash from the youth who bullied them.
- Bullying can be a humiliating experience. Youth may not want adults to know what is being said about them, whether true or false. They may also fear that adults will judge them or punish them for being weak.
- Youth who are bullied may already feel socially isolated. They may feel like no one cares or could understand.
- Youth may fear being rejected by their peers. Friends can help protect youth from bullying, and youth can fear losing this support.

Effects of Bullying

Bullying can affect everyone—those who are bullied, those who bully and those who witness bullying. Bullying is linked to many negative outcomes, including impacts on mental health, substance use and suicide. It is important to talk to youth to determine whether bullying or something else is a concern.

Effects of Bullying on Youth Who Are Bullied

Youth who are bullied can experience negative physical, school and mental health issues. Youth who are bullied are more likely to experience:

- Depression and anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood.
- Health complaints.
- Decreased academic achievement—GPA and standardized test scores—and school participation. They are more likely to miss, skip or drop out of school.

Effects of Bullying on Youth Who Bully Others

Youth who bully others can also engage in violent and other risky behaviors into adulthood. Youth who bully are more likely to:

- Abuse alcohol and other drugs in adolescence and as adults.
- Get into fights, vandalize property and drop out of school.
- Engage in early sexual activity.
- Have criminal convictions and traffic citations as adults.
- Be abusive toward their romantic partners, spouses or youth as adults.

Effects of Bullying on Bystanders

Youth who witness bullying are more likely to:

- Have increased use of tobacco, alcohol or other drugs.
- Have increased mental health problems, including depression and anxiety.
- Miss or skip school.

Bullying and Suicide

Media reports often link bullying with suicide. However, most youth who are bullied do not have thoughts of suicide or engage in suicidal behaviors. Although youth who are bullied are at risk of suicide, bullying alone is not the cause. Many issues contribute to suicide risk, including depression, problems at home and trauma history. Additionally, specific groups have an increased risk of suicide, including American Indian and Alaskan Native; Asian American; and lesbian, gay, bisexual and transgender (LGBT) youth. This risk can be increased further when these youth are not supported by their parent(s)/guardian(s), caregivers, peers and schools. Bullying can make an unsupportive situation worse.

How to Talk About Bullying

Parents/guardians, caregivers, school staff and other caring adults have a role to play in preventing bullying. They can:

- Keep the lines of communication open.
- Encourage youth to do what they love. Special activities, interests and hobbies can boost confidence, help youth make friends and protect them from bullying behavior.
- Model how to treat others with kindness and respect.

Help Youth Understand Bullying

Talk about what bullying is and how to stand up to it safely. Tell youth that bullying is unacceptable. Make sure youth know how to get help. Youth who know what bullying is can better identify it. They can talk about bullying if it happens to them or others. Youth need to know ways to safely stand up to bullying and how to get help.

- Encourage youth to speak to a trusted adult if they are bullied or see others being bullied. The adult can give comfort, support and advice, even if they cannot solve the problem directly. Encourage the youth to report bullying if it happens.
- Talk about how to stand up to youth who bully. Give tips, like using humor and saying "stop" directly and confidently. Talk about what to do if those actions do not work, like walking away.
- Talk about strategies for staying safe, such as staying near adults or groups of other youth.
- Urge them to help youth who are bullied by showing kindness or getting help.
- Watch these short webisodes and discuss them with youth: stopbullying.gov/kids/webisodes/index.html

Keep the Lines of Communication Open

Research tells us that youth really do look to parents/guardians for advice and help on tough decisions. Check in with youth often. Listen to them. Know their friends, ask about school and understand their concerns. Sometimes spending 15 minutes a day talking can reassure youth that they can talk to their parents/guardians if they have a problem. Start conversations about daily life and feelings with questions like these:

- What was one good thing that happened today? Any bad things?
- What is lunchtime like at your school? Whom do you sit with? What do you talk about?
- What is it like to ride the school bus?
- What are you good at? What do you like best about yourself?

Talking about bullying directly is an important step in understanding how the issue might be affecting youth. There are no right or wrong answers to these questions, but it is important to encourage youth to answer them honestly. Assure youth that they are not alone in addressing any problems that arise.

Start conversations about bullying with questions like these:

- What does bullying mean to you?
- Describe what youth who bully are like. Why do you think people bully?

- Who are the adults you trust most when it comes to things like bullying?
- Have you ever felt scared to go to school because you were afraid of bullying?
- What ways have you tried to change it?
- What do you think parents/guardians can do to help stop bullying?
- Have you or your friends left other youth out on purpose?
- Do you think that was bullying? Why or why not?
- What do you usually do when you see bullying going on?
- Do you ever see youth at your school being bullied by other youth? How does it make you feel?
- Have you ever tried to help someone who is being bullied? What happened? What would you do if it happens again?

There are simple ways that parents/guardians can keep up to date with youth's lives:

- Read class newsletters and school flyers. Talk about them at home.
- Check the school website.
- Go to school events.
- Greet the bus driver.
- Meet teachers and counselors at "back-to-school" night or reach out by email.
- Share phone numbers with other youth's parent(s)/guardian(s).
- Remind and educate teachers and school staff that they also have a role to play.

Encourage Youth to Do What They Love

Help youth take part in activities, interests and hobbies they like. Youth can volunteer, play sports, sing in a chorus, or join a youth group or school club. These activities give youth a chance to have fun and meet others with the same interests. They can build confidence and friendships that help protect youth from bullying.

Model How to Treat Others With Kindness and Respect

Youth learn from adults' actions. By treating others with kindness and respect, adults show the youth in their lives that there is no place for bullying. Even if it seems like they are not paying attention, youth are watching how adults manage stress and conflict, as well as how they treat their friends, colleagues and families.

Prevention at School

Bullying can threaten students' physical and emotional safety at school and can negatively impact their ability to learn. The best way to address bullying is to stop it before it starts. There are a number of things school staff can do to make schools safer and prevent bullying.

Getting Started

Assess school prevention and intervention efforts around student behavior, including substance use and violence. You may be able to build upon them or integrate bullying prevention strategies. Many programs help address the same protective and risk factors that bullying programs do.

Assess Bullying in Your School

Conduct assessments in your school to determine how often bullying occurs, where it happens, how students and adults intervene, and whether your prevention efforts are working.

Engage Parents/Guardians and Youth

It is important for everyone in the community to work together to send a unified message against bullying. Launch an awareness campaign to make the objectives known to the school, parents/guardians and community members. Establish a school safety committee or task force to plan, implement and evaluate your school's bullying prevention program.

Create Policies and Rules

Create a mission statement, code of conduct, schoolwide rules and a bullying reporting system. These establish a climate in which bullying is not acceptable. Disseminate and communicate widely.

Build a Safe Environment

Establish a school culture of acceptance, tolerance and respect. Use staff meetings, assemblies, class and parent meetings, newsletters to families, the school website and the student handbook to establish a positive climate at school. Reinforce positive social interactions and inclusiveness.

Educate Students and School Staff

Build bullying prevention material into the curriculum and school activities. Train teachers and staff on the school's rules and policies. Give them the skills to intervene consistently and appropriately.

References

- Lumeng J.C., et al., "Weight status as a predictor of being bullied in third through sixth grades." Pediatrics, 125 (2010): e1301-1307, doi: 10.1542/peds.2009-0774.
- Jansen P.W., et al., "Teacher and peer reports of overweight and bullying among young primary school children." Pediatrics, 134 (2014): 473-480, doi: 10.1542/peds.2013-3274.
- Puhl R.M., Peterson J.L., and Luedicke J. "Weight-based victimization: Bullying experienced of weight loss treatment-seeking youth." Pediatrics, 131 (2013): e-1-9, doi: 10.1542/peds.2012-1106.

Anti-Bullying Programs

- Committee for Children: cfchildren.org
- Stand4Change Against Bullying: stand4change.org
- Stop Bullying: stopbullying.gov
- The Bully Project: thebullyproject.com

Bullying Resources

- Bulletins for Teens: Bullying and Harassment from the National Center for Victims of Crime: victimsofcrime.org/bulletins-for-teens-bullying-and-harassment/
- Bullying and Anti-Bullying Legislation from the National School Safety and Security Services: schoolsecurity.org/trends/bullying-and-anti-bullying-legislation
- "Combating fear and restoring safety in schools" from the Office of Juvenile Justice and Delinquency Prevention: ncjrs.gov/pdffiles/167888.pdf
- McGruff the Crime Dog: mcgruff.org
- The Safe Schools Coalition: safeschoolscoalition.org/
- Policy for Prohibiting Bullying, Cyberbullying, Harassment and Intimidation from Georgia Department of Education: gadoe.org/wholechild/Documents/GaDOE%20Bullying%20Policy_May%202015.pdf

Section 10: General Behavioral Health Resources

- American Academy of Child and Adolescent Psychiatry: aacap.org
- American Psychiatric Association: psychiatry.org
- American Psychological Association: apa.org
- School Mental Health Project from the Center for Mental Health in Schools: smhp.psych.ucla.edu
- Child and Family Web Guide: ase.tufts.edu/cfw/
- Children's Mental Health Matters!: childrensmentalhealthmatters.org
- Federation of Families for Children's Mental Health: ffcmh.org
- National Alliance on Mental Illness: nami.org
- National Association of School Psychologists: nasponline.org
- NIMH: nimh.nih.gov/index.shtml
- National Mental Health Association: nmha.org
- National Mental Health Consumer Self-Help Clearinghouse: mhselfhelp.org
- Screening for Mental Health, Inc.: mentalhealthscreening.org
- Substance Abuse and Mental Health Services Administration National Mental Health Information Center: mentalhealth.org