Mental Health Guide

Est. 1867

Anderson County Schools

Every Student, Every Day

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Disclaimer:

This document is intended to provide general educational information concerning mental health and health care resources. This information is not an attempt to practice medicine or to provide specific medical advice and should not be used to make a diagnosis or to replace or overrule a qualified health care provider's judgment. The reader is advised to exercise judgment when making decisions and to consult with a qualified health care professional with respect to individual situations and for answers to personal questions.

Introduction

The Classroom Guide for Mental Health is a publication of the Anderson County Schools AWARE Office designed to inform Anderson County Schools educators about mental health disorders. The Classroom Guide includes brief descriptions of mental health disorders, how these disorders may impact a student in the classroom or other school areas, and suggested classroom strategies educators can employ to create better learning environments for students with mental health disorders.

The impact of mental health disorders within our school-aged population in the United States continues to grow at an alarming rate. Consider these national statistics about youth mental health and what they mean for the student population served in Anderson County Schools:

- 1 in 5 youth ages 13-18 live with a mental health condition.
- 50% of all chronic mental health illness begins by age 14, and 75% by the age of 24. There are often long gaps between the first appearance of symptoms in a young person and when the person gets help.
- In the typical Tennessee classroom, 5 students have a mental health need, 1 student has suffered serious abuse of some type, and 10 students live in poverty.
- Suicide is the 3rd leading cause of death for youth ages 10-14, and the 2nd leading cause for death among those ages 15-24.
- Over 90% of children and youth who die by suicide have a mental health condition.

Anderson County's youth population needs our help. The truth is, there are often effective treatments for those with mental health conditions. Anderson County Schools and our community partners working on mental health issues, have many resources available to support our students and their families when they need help.

This publication is not designed to push educators into the position of diagnosing mental health conditions in our student population across Anderson County. We have school counselors, contracted partner Cherokee Health Systems, and other medical professionals in the area who can make the appropriate diagnosis of student health issues. However, educators in Anderson County Schools do have an important role in the early detection of behaviors that could be evidence of a mental health condition. The early intervention allows school counselors and other professionals to work with teachers, students, and family members to provide a learning environment where the child can be successful.

Adverse Childhood Experiences (ACEs)

The impact of Adverse Childhood Experiences (ACEs) on students in your classroom can influence behavior in ways that look like a mental health disorder in the short term. Though ACEs are not listed within the disorders described in this Classroom Mental Health Guide, they do often lead to the development of anxiety, PTSD, or other disorders depending on the traumatic event the student experiences. The number of repeated exposures to Adverse Childhood Experiences can also be a factor for these students.

What are Adverse Childhood Experiences? They are stressful or traumatic events that could include:

- Physical, emotional, or sexual abuse
- Physical or emotional neglect
- Violence within the household
- Substance misuse within the household
- Household mental illness
- Parental separation or divorce
- Incarcerated family member
- Poverty
- Death of a loved one
- Witnessing an act of violence in public

ACEs are complex issues that can be in the lives of any of our students. As a result, it is more important than ever for educators to build relationships with students and monitor the behavior of students we know are going through difficult times. The Anderson County School System has a support system in place to help students and their families when ACEs are present. The sooner we can intervene, the better chance we have of limiting the long-term negative impact of the Adverse Childhood Experience.

How ACEs can affect learning:

- Can undermine the ability to form relationships, regulate emotions, and impair cognitive functions.

Adverse Childhood Experiences (ACEs)

- May interfere with processing verbal/nonverbal information
- May inhibit the ability to organize material sequentially
- Students can have difficulty with classroom transitions
- Students can have difficulty with attentiveness and engaging in the curriculum

How might a student behave that is impacted by ACEs?

- Aggression and defiance
- Withdrawal and avoidance
- Non-age-appropriate behavior
- Anxiety or worry
- Changes in academic performance or attendance
- Overly protective of personal space or belongings

Classroom Strategies for students dealing with ACEs…

- Build relationships with students in order to better understand difficult issues in their lives.
- Have empathy for the student and the situation.
- Work closely with School Counselors and Student Support Specialists to communicate behaviors that are out of the norm for the student. These resources are trained to support students and families and may have knowledge of special circumstances that will be of value as you seek to work most effectively with the student.
- Pay close attention to the behavior of the student and look for similar behaviors within this publication. Each of the mental health disorders within this guide includes classroom strategies that could be employed to help meet the need of students.
- Communicate with family members about the circumstances behind the Adverse Childhood Experience to gain information about changes in their home life, behavior at home, coping skills used, etc. This will allow you to better understand the situation and offer stability for the child.

Adverse Childhood Experiences (ACEs)

- Don't forget other siblings within your school or feeder schools. Communication between staff members can be key to serving children when circumstances are fluid that are impacting them.

Instead of asking what is wrong with students, we should instead start with asking what has happened to them. ACE's are real and have an impact on brain development. When dealing with ACE's, the brains of children go into survival mode that imposes a flight or fright response from the child. In either response, the child's behavior will be outside of the norm for a child their age and can be significantly different than what they previously exhibited in your classroom.

Remember that responses to ACE's by students are related to traumatic experiences, not necessarily to events that happen in your classroom. These traumatic experiences might be chronic in nature due to family situations, while others can be eliminated or reduced with the passage of time. In both cases, it is critical that educators work together to better understand the situation impacting the child.

A Reminder from the Special Education Department:

Students with disabilities receive services based off Individualized Education Plans developed by the school system designed to meet each student's academic, social, emotional, and behavioral needs. If you have concerns about a student with a disability in any of these areas listed, please contact the student's case manager and discuss concerns and the possibility of setting up an IEP meeting

Anxiety, Obsessive Compulsive Disorder & Post Traumatic Stress Disorder

What are anxiety, OCD, and PTSD?

Individuals with anxiety are characterized by ongoing symptoms of anxiety that occur in multiple situations and that have worry as a permanent feature. The anxiety is present most of the time and worry is generalized to multiple issues such as general anxiety, phobias, separation anxiety, panic disorder, and social anxiety.

An individual with Obsessive Compulsive Disorder (OCD) is disabled by obsessions and/or compulsions. Obsessions are persistent thoughts, images, or impulses that are recurrent and intrusive/cause stress and anxiety. The obsessions are unpleasant and the individual tries to extinguish or at least suppress them. Compulsions are either actions or mental activities that are repetitive and the individual with OCD feels compelled to perform them.

Post-Traumatic Stress Disorder stems from experiencing a traumatic event and can occur at any time during someone's life. For people under the age of 6, in order to be diagnosed with PTSD, there must have been exposure to accidental or threatened death, serious injury, or sexual violence.

What would I see or look for in my classroom from a student with anxiety, OCD, or PTSD?

Anxiety:

May appear restless	Irritability
Easily fatigued	May appear tense and nervous
Sleep difficulties	Unable to relax
Muscle tensions	Asks many questions
Concentration problems	Biting nails, cracking knuckles

Anxiety, Obsessive Compulsive Disorder & Post Traumatic Stress Disorder

OCD: Compulsion to touch a light switch when entering classroom

Fear of contamination, may avoid shaking hands

Washes hands so frequently that dermatitis develops

Repetitive picking at skin or compulsive hair pulling

Intense need for orderliness

PTSD: May experience severe anxiety around people who resemble the person who abused them

Response to a traumatic events can affect a student at school

Student may appear overly quiet or withdrawn

Younger children may repeat themes of their trauma in their play activities, drawings, or conversations

What strategies could I use with students dealing with anxiety, OCD, or PTSD in my classroom?

- Ensure consistency in classroom activities
- Relationships with older cross-grade level mentors to alleviate anxiety when transitioning schools
- Provide a person the student trusts that they can touch base with daily
- Ensure availability of school counselors and psychologists
- Allow students to avoid highly fear-producing situations
- Be sensitive to abuse presentation topics

What strategies could I use with students dealing with anxiety, OCD, or PTSD in my classroom?

- Create or utilize social skill groups
- Talk to the student about what interventions they find helpful
- Incorporate exercise into the school day
- Teach the child relaxation techniques they can do at school
- Break assignments down into smaller segments
- Allow a few minutes at the beginning of the school day for the child to transition into the school day.

Attention Deficit/Hyperactivity Disorder

What is attention deficit/hyperactivity disorder?

This disorder includes students who are inattentive or hyperactive-impulsive. Three-fourths of children/adolescents respond to intensive behavioral intervention without the use of medications. Treatment can include behavioral and focused cognitive-behavioral interventions, medication management, and psychotherapy.

What would I see or look for in my class for a student displaying this disorder?

Symptoms for Inattentive ADHD:

- Poor attention to details
- Difficulty sustaining attention
- Not listening when spoken to
- Fails to finish tasks
- Disorganized
- Avoiding work requiring mental effort
- Tendency to lose things
- Significant distractibility
- Forgetfulness

Symptoms for Hyperactive-Impulsive ADHD:

- Frequent fidgeting
- Difficulty remaining seated
- Difficulty playing quietly
- Running/climbing excessively
- Blurting out answers
- Difficulty waiting one's turn
- Interrupting and intruding on others' activities

What strategies could I use with students dealing with ADHD in my classroom?

Elementary Students

- Decrease total workload
- Give smaller quotas of work at a time with frequent breaks
- Seat a child with ADHD close to the teaching area allowing more supervision
- Give frequent physical exercise breaks
- Have student practice on computer – use learning software to rehearse skills

Teen Students

- Use a daily or weekly school behavior care
- Tape record important lectures for teens to listen to later when studying
- Schedule more difficult classes in morning hours
- Alternate required with elective classes
- Permit music during homework

Both Children and Teens

- Ask the student to repeat instructions
- Provide information in small chunks that allow the student to follow each step
- Clarify the expectation for classroom behavior
- Clearly draw attention to instructions that are given
- Adjust to the student's learning style
- Provide assistance with peer interaction
- Encourage small group interactions to develop increased areas of competency
- Encourage the student to develop interventions
- Reward a student's efforts
- Before an activity, clarify expectations

Autism

What is Autism?

Autism is a complex neurobiological disorder that typically lasts throughout a person's lifetime. It is part of a group of pervasive developmental disorders known as Autism Spectrum Disorders (ASD) that significantly affects how a person perceives the world, interacts with others, and communicates. As its name implies, ASD is a spectrum disorder that affects individuals differently and with varying degrees of severity.

What would I see or look for in my class for a student displaying autism?

- Insistence on sameness; resists changes in routine
- Difficulty in expressing needs; uses gestures/pointing instead of words
- Severe language deficits
- Repeats words or phrases in place of normal, responsive language
- Laughing, crying, or showing distress for reasons not apparent to others
- Prefers to be alone
- Tantrums
- Difficulty mixing with other children
- May not want cuddling
- Little or no eye contact
- Unresponsive to normal teaching methods
- Sustained odd play
- Spins objects or self
- Inappropriate attachment to objects
- No real fear of dangers
- Apparent oversensitivity or under-sensitivity to pain
- Noticeable physical over-activity or under-activity
- Not responsive to verbal cues; acts as if deaf although hearing tests are in normal range
- Uneven gross/fine motor skills; may not kick a ball but can stack blocks

What strategies could I use with students dealing with autism in my classroom?

Each individual with autism is unique and may demonstrate markedly different behaviors and skills. Therefore, classroom management and intervention for students should be individually determined through the proper diagnosis and the development of the Individualized Education Plan (IEP) that addresses that individual student's needs.

10 Ways to Support Students with Autism

- Use visuals
- Structure the day
- Tell a social story
- Go beyond the teacher "look"
- Keep it simple
- Integrate sensory activities while being mindful of sensory sensitivities
- Take a break
- Consider the parents as the experts on their child
- Create a culture of understanding
- Treat them as a child first and meet the child where he/she is

Eating Disorders

Eating disorders are a group of related conditions that involve extreme food and weight issues. However, each eating disorder has its own unique symptoms and separate it from the others. Eating disorders arise from a variety of physical, emotional, and social issues, all of which must be addresses for effective prevention and treatment.

Anorexia Nervosa – A person with Anorexia Nervosa denies themselves food to the point of self-starvation. Weight loss is an obsession, and this person may also practice binge eating, purging behaviors, or exercise to the point of exhaustion.

Bulimia Nervosa – Someone living with Bulimia Nervosa will feel out of control when binging on large amounts of food in short periods of time. They will then desperately attempt to rid themselves of extra calories using forced vomiting, abusing laxatives, or excessive exercise.

Binge Eating Disorder – A person with Binge Eating Disorder loses control over their eating and eats a very large amount of food in a short amount of time, possibly even when they aren't hungry. This causes embarrassment, disgust, depression, and guilt about the behavior, but the person does not attempt to purge the food from their system.

Mood Disorders

What are mood disorders?

A mood disorder is an illness of the brain that includes depression, bipolar disorder, and disruptive mood dysregulation disorder. A mood disorder can trap a student in a mood for weeks or months, or can be the reason that a student changes quickly from one feeling to another without any reason. Students suffering with this may act in ways they know are wrong, or ways that hurt themselves or someone else.

What would I see or look for in my class for a student displaying a mood disorder?

Depression

Feel sad or cry a lot

Not enjoying anything – even things that used to be fun

Feel angry

Think or talk about wanting to be dead

Hear voices telling them to do

Get upset easily

Not be able to sleep or sleep too much

Not want to eat or be hungry all the time

Have a hard time paying attention

Feel lonely or feel that no one cares about them

Bipolar Mood Disorder

Have moods that change between excited or angry to sad or irritable

Not able to sit still

Talk faster or louder than everyone else

Do dangerous things

See people who are not really there

Have too many thoughts or thoughts come too quickly

Feel happy or mad about things that don't usually elicit that emotion

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Disruptive Mood Dysregulation Disorder

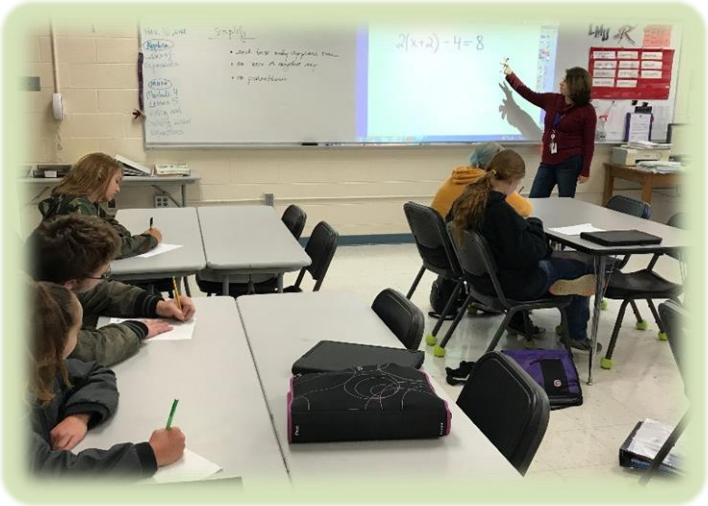
Exhibit chronic irritability

Have severe temper outbursts that are out of proportion to the situation

Have a low tolerance of frustration

What strategies could I use with students dealing with mood disorders in my classroom?

- Educate yourself about mood disorders
- Reduce stressors for the student considering sensory overload, boredom, homework, competition, and social skills
- Identify a person and place at school where the student can go if symptoms become overwhelming
- Use a low voice and calm demeanor in communicating
- Be flexible with assignments, homework, and testing techniques
- Don't allow teasing, taunting, or name-calling
- Promote a respectful, compassionate culture in your classroom
- Maintain a routine
- Get to know the student's class schedule and show flexibility within their academic challenges



Oppositional Defiant Disorder and Conduct Disorder

What are oppositional defiant disorder and conduct disorder?

Individuals with oppositional defiant disorder (ODD) have a pattern of angry or irritable mood, arguing or defiance over a period of at least six months for this to be diagnosed by a doctor.

A conduct disorder is a persistent/repeating pattern of behavior that is outside the bounds of norms or the basic rights of others. Behaviors are generally seen as aggressive destruction of property, lying, theft and other serious violations of rules. There is often a dual diagnosis with ADHD, anxiety and/or depression.

What would I see or look for in my class for a student displaying oppositional defiant disorder or conduct disorder?

Aggression – bullying, starting fights, cruelty

Show signs of anxiety to animals

Inability to pay attention

Antisocial behavior – being mean, unkind, saying hurtful things with no regrets

Sadness

Destruction of property

Impulsivity

Serious violation of school or family rules

Irritability

Arguing often

Frustration

Temper tantrums

Difficulty in concentrating

Deliberately annoying others

Failure to think before speaking

Being unwilling to compromise

Lack of self confidence

Self-harm

Negative feelings

Difficulty making/maintaining friendships

Feeling annoyed most of the time

What strategies could I use with students dealing with oppositional defiant disorder or conduct disorder in my classroom?

- Remain calm
- Pick the behaviors you can ignore
- Let the student know about expectations
- Be consistent and clear about consequences
- Follow through with consequences
- Praise the student when they respond appropriately
- Build a relationship with the student
- Avoid sarcasm or comments that could be misunderstood
- Keep your voice at a steady level
- Avoid power struggles
- Listen
- Try to speak privately to the student and be positive, but honest, about any problem
- Give choices when decisions are made
- Learn to structure your choices in a positive way
- Give the student some responsibility
- Plan a calming down period if you notice frustration building
- Speak with parents about what works at home and incorporate those same strategies

Psychotic Disorder

What is psychotic disorder?

Psychosis is a term that describes the state of mind in which an individual's thoughts and emotions are not in touch with reality. Symptoms include hallucinations and delusions. Hallucinations are generally visual or auditory and are related to underlying medical or neurological problems, or the effects of drugs. The individuals actually think they are experiencing the situation/hallucination.

Delusions are beliefs that are firmly held despite rational evidence to the contrary. Individuals who suffer from delusions cannot be talked out of their beliefs with rational explanations. Delusions of paranoia are fixed beliefs that one is being followed, monitored or plotted against. Grandiose delusions are thoughts that possess special powers or god-like qualities. Other delusions are beliefs that one's mind is being read, thoughts are being controlled or that one's body has been altered. Schizophrenia is a disorder in which psychotic disorders are present with the onset from the late teens to early 20's. Though rare in childhood, if it does appear, it tends to have a more severe course. Prior to onset, individuals tend to have disabilities in social, motor, or language functions, and are at a higher risk for a learning disability or conduct disorder.

First Episode Psychosis (FEP) is a special category referring to the first time someone experiences psychosis symptoms or a psychotic episode. Given that the peak onset period for psychotic disorders is between 15 and 25 years of age, FEP often happens when young people are still enrolled in school. FEP can create a downward trajectory for the person experiencing it, resulting in reduced academic achievement, school dropout, and other school disruptions. The condition also can be frightening and isolating for young people as they withdraw from others or have trouble communicating how they feel. These feelings can lead to clashes with classmates and authority figures. Students dealing with FEP may not believe they are experiencing mental illness, which may lead to them refusing treatment.

What would I see or look for in my class for a student displaying a psychotic disorder?

Delusions/hallucinations	Problems with self-care/hygiene
Disorganized speech	Problems with interpersonal relationships
Grossly disorganized behavior	Problems with school or work
Lack of emotions	Difficulty carrying out routine activities
Lack of motivation	Social withdrawal
Listening to a voice other than yours	Talk to themselves
Talk about delusions/paranoia	Describe their fears

What strategies could I use with students dealing with psychotic disorders in my classroom?

- Limit stressful situations for the student within the classroom, in hallways, or other areas of the school campus
- Modify assignments for the student
- Reduce the student's work load
- Provide clear instructions and expectations
- Assist the student with organizational difficulties
- Provide a staff member for daily check-in
- Monitor the student's behavior for suicidal ideation or depression

Substance Use Disorders

What is substance use disorder?

This disorder occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. A diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

The most popular substances with teenagers are alcohol and marijuana. However, with growing usage of non-prescription drugs by teens, here are additional categories of drugs within substance use disorder:

Alcohol	Opioids
Cannabis (Marijuana)	Sedatives, Hypnotics, Anxiolytics
Hallucinogens	Stimulants
Inhalants	Tobacco

What would I see or look for in my class for a student displaying this disorder?

Alcohol	*Marijuana*
Aggressive	Low motivation
Slurred speech	Impaired coordination or judgment
Withdrawal	Major change in appetite
Brief Hallucinations	Dry mouth
Tremors	Red eyes
Nausea/Vomiting	Anger/aggression
Mood Swings	Headache/fever/chills

Hallucinogens	*Inhalants*
Anxiety	Belligerence
Depression	Blurred/double vision
Paranoia	Euphoria
Delusions	Slurred speech
Rapid heartbeat	Lethargy
Dilated pupils	Coma
Hallucinations/illusions	Depressed reflexes
Opioids	*Stimulants*
Poor judgment	Changes in social ability
Apathy	Anxiety
Constricted pupils	Dilated pupils
Drowsiness	Fatigue
Slurred speech	Nausea
Sweating	Chest pain
Synesthesia (Sensory mix up like hearing colors.)	Increased appetite

What classroom strategies could I use to support this student?

- Teach emotional awareness, communication skills, self-control, plus social and problem-solving skills
- Teach students how to resist negative peer influences
- Provide positive, non-drug experiences with others in school and community
- Involve families

*Build communication skills, assertiveness, self-efficacy, and drug resistance skills

SOURCES

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