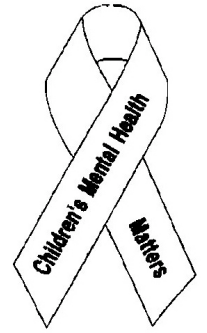




*This Children's Mental Health Tool Kit is sponsored by  
Federation of Families of South Carolina*



## **CHILDREN'S MENTAL HEALTH WEEK MAY 2<sup>ND</sup> - 8<sup>TH</sup>, 2010**

**Join us this year  
and wear a green ribbon!**

Wear a green ribbon during these observances.  
It brings awareness to the needs of children with  
emotional, behavioral, and social disabilities and  
their families across South Carolina.

### ***Why Green?***

**To Combat Stigma!** In the 1800s the color green was used  
to brand people who were labeled "insane." The children's  
mental health community decided to continue using the color  
green, but with a completely different focus. **Green  
signifies new life, new growth, and new beginnings.**

Therefore, we wear green ribbons to raise public awareness,  
better the lives of children with serious emotional disorders  
and show our support of these children and their families.

Contact: The Federation of Families of South Carolina for help. 866-779-0402  
in Columbia call 803-772-5210 website: [www.fedfamsc.org](http://www.fedfamsc.org) or Email-[info@fedfamsc.org](mailto:info@fedfamsc.org)

**CHILDREN'S MENTAL HEALTH WEEK**  
**MAY 2-8, 2010**

**CHILDREN'S MENTAL HEALTH FACTS**

**Did you know?**

---It has been estimated that almost 21 percent of U.S. children ages 9 to 17 have a diagnosable mental health or addictive disorder associated with at least minimum impairment.

--- Despite the prevalence of mental health disorders in the nation's children, 79% of children aged 6 to 17 with mental health disorders do not receive mental health care. Uninsured children have a higher rate of unmet need than children with public or private insurance.

---Suicide is the third leading cause of death of youth aged 15 to 24 in the Nation.

--- Anxiety disorders are the most common mental disorders among children.

---With early detection and appropriate treatment, chances are excellent that most children with mental health needs can recover and lead healthy lives.

---The treatment success rate for children's mental health disorders is 80%. Children are best served by early intervention, which can prevent them from being placed in more costly forms of treatment later on.

---74% of students who drop out of school and who are categorized as seriously emotionally disturbed are arrested within five years of dropping out.

---Untreated mental illness may also increase a child's risk of coming into contact with the juvenile justice system—66% of boys and almost 75% of girls in juvenile detention have at least one mental health disorder, according to one study.

*Sources: Bazelon Center for Mental Health Law, National Institute of Mental Health and the Substance Abuse and Mental Health Services Administration.*

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**CHILDREN'S MENTAL HEALTH WEEK**  
**MAY 2-8, 2010**

**SEEKING HELP**

**When to Seek Help**

Parents and family members are usually the first to notice if a child has problems with emotions or behavior. Your observations, along with those of teachers and other caregivers, may lead you to seek help for your child. If you suspect a problem or have questions, consult your pediatrician or contact a mental health professional.

**The following signs may indicate the need for professional assistance or evaluation**

- decline in school performance
- poor grades despite strong efforts
- regular worry or anxiety
- repeated refusal to go to school or take part in normal children's activities
- rapidly changing mood swings
- sleeping too much or too little
- feelings of worthlessness
- recurring thoughts of suicide or death
- persistent nightmares
- persistent disobedience or aggression
- frequent temper tantrums
- depression, sadness or irritability
- hyperactivity or fidgeting

**Fear & Anxiety**

It's okay for children to feel afraid sometimes. Everyone is afraid of something at some point in their life. Fear and anxiety grow out of experiences that we do not understand. If your children have fears that will not go away and affect his or her behavior, the first step is to find out what is frightening them. Be loving, patient and reassuring, not critical. Remember the fear may be very real to the child.

**Signs of Fear**

- Nervous mannerisms, shyness, withdrawal and aggressive behavior may be signs of childhood fears.
- A change in normal eating and sleeping patterns may also signal an unhealthy fear. Children who "play sick" or feel anxious regularly may have some problems that need attention.
- Fear of school can occur following a stressful event such as moving to a new neighborhood, changing schools, or after a bad incident at school.
- Children may not want to go to school after a period of being at home because of an illness.

**Where to Seek Help**

**Information and referrals regarding the types of services that are available for children may be obtained from:**

- Federation of Families of South Carolina: (866) 779-0402 or [www.fedfamsc.org](http://www.fedfamsc.org)
- Your local County Mental Health Center
- Child's pediatrician or school counselor

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## CHILDREN'S MENTAL HEALTH WEEK MAY 2-8, 2010

### ANTI-STIGMA: DO YOU KNOW THE FACTS?

Stigma is not just the use of the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a child living with mental health needs. Stigma is a barrier and discourages families from getting the help they need due to the fear of being discriminated against.

#### Do you know that Stigma:

- Results in inadequate insurance coverage for mental health services?
- Results in fear, mistrust, and violence against families and children living with mental health needs?
- Results in families and friends turning their backs on people with mental health needs?
- Keeps people from getting needed mental health services and that people would rather tell employers they have committed a petty crime and were in jail, than admit to being in a psychiatric hospital?

#### Anti-Stigma Dos & Don'ts:

##### Dos:

- **Do use** respectful language that puts the child first, such as:
  - Child with emotional, behavioral, or social needs
  - Child who has schizophrenia
  - Child with special mental health needs
  - Child who has bipolar disorder
- **Do emphasize** abilities and strengths, not limitations.
- **Do tell** someone if they express a stigmatizing attitude. **Education and awareness are the most important actions toward eliminating stigma!**

##### Don'ts:

- **Don't portray** successful children with disabilities as super human.
- **Don't use** generic labels such as retarded, or the mentally ill.
- **Don't use** terms like crazy, lunatic, manic-depressive, slow functioning, or normal.

#### IMPORTANT TO REMEMBER:

- Every child's mental health is important. Many children have mental health problems
- These problems are real, painful, and can be severe
- Mental health problems can be recognized and successfully treated
- By working together, caring families and communities can help

*Information on this sheet adopted from a publication  
of National Mental Health Services Knowledge Exchange Network [www.mentalhealth.org](http://www.mentalhealth.org)*

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CHILDREN'S MENTAL HEALTH WEEK  
MAY 2-8, 2010

TEN TIPS FOR ORGANIZING  
AN EFFECTIVE AWARENESS CAMPAIGN

1. **Gather** a group of great people to make up your team. Include people who have shown dedication to the issue of children's mental health as well as people with lots of contacts and energy.
2. **Schedule** regular meetings and set goals early.
3. **Determine** what your message will be and to whom you will be sending the message; suggestion: everyone on your mailing list, local schools, county departments, community centers, hospitals, and pediatricians.
4. **Brainstorm** your ideas - ask the "Magic Wand Question" (What would you see happening if you had a magic wand and no obstacles?) No ideas are bad ideas.
5. **Prioritize** - as a group. Set goals and then discuss what steps (objectives) you need to take to accomplish those goals.
6. **Become task-centered** - break down the objectives and decide if an individual can manage it or if a team approach is needed. Then assign the tasks.
7. **Create a timeline** and if you have e-mail abilities set up a distribution list to keep everyone updated on the progress.
8. **Spread the word** - send a press release or call members of the media (TV and newspaper reporters and editors).
9. **Support** each other by keeping in touch with participants. Encourage them to stay on target with the timeline. If someone is having trouble with a task offer help.
10. **Participate in your Children's Mental Health Week activity**, and celebrate it at a follow up meeting. Discuss how things went, what to improve on next year. Do not forget to set the date for your next planning meeting to begin the process for next year. Each year it gets easier!

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# CHILDREN'S MENTAL HEALTH WEEK

## MAY 2-8, 2010

### SUGGESTED ACTIVITIES

#### Structured Educational Activities:

- Children's & Teens' Perspectives - discussions through drawings and stories.
- Workshops for parents, caregivers, and providers.
- Regional or local educational conferences.
- Special topic forums or roundtable discussions in the community.
- Mental Health Fairs with depression and anxiety screenings.
- Special topic high school assembly with speaker.
- Video presentations with discussion.
- School announcements by students.

#### Informational Activities:

- Green ribbon awareness-word of mouth is key!
- Childhood depression and anxiety screening held at community centers, clinics, hospitals, malls, etc.
- Information fairs.
- Seedling Project - present each Legislative representative with a packet of information on children's mental health issues and a tree seedling as a reminder that we rely on them to help our children grow up healthy.
- Organization or support program open house.
- Public Service Announcements (PSAs) or Press Release (sample attached).
- Modify the Official Proclamation to use in your community (sample attached).
- Write an Oped or letter to the Editor for you local newspaper.
- Brown bag lunch series on various learning disabilities, mental health diagnoses, community services, medication education, etc.

#### Artistic Expression/Recreational Activities with a Children's Mental Health Theme

- Essay and poster contests for children & youth.
- Puppet shows emphasizing sensitivity to disabilities.
- Teen or group art murals.
- Family concert.
- "Express Yourself Tees"- t-shirts created by children/teens.
- Movie night... pick a movie that will bring sensitivity and understanding to a disability and follow with discussion.
- Open mike poetry session for teens and/or parents.
- Teen improvisational or theatre group show.
- Book reading contest - ask local/school library to display their collection of books on disabilities.
- "Be A Mentor Day" or "Be A Buddy Day"... encourage the internal assets of *caring* and *helping* individuals with disabilities through this activity.

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**CHILDREN'S MENTAL HEALTH WEEK**  
**MAY 2-8, 2010**

*Template for Official Proclamation for  
Children's Mental Health Week  
(please modify for use in your own local community)*

**(Official's Name)'s 2010  
Proclamation for Children's Mental Health Week**

**Whereas**, the citizens of The Palmetto State value their health and that of their families and fellow South Carolinans; therefore, they are proud to support observances such as Children's Mental Health Week; and

**Whereas**, almost 21 percent of children and adolescents aged 9-17 in the United States have a mental health disorder; nearly 11 percent suffer from a major mental illness that results in significantly impaired behavior at home, at school and among peers; 5 percent have extreme functional impairment with their illness; and

**Whereas**, it is important that children and adolescents, along with their families and communities, learn about the warning signs of mental health disorders and where to obtain necessary assistance and treatment; and

**Whereas**, obtaining a full and accurate diagnosis of a child requires gathering information from diverse sources, including the family, school and others involved with that child; and

**Whereas**, early diagnosis and appropriate treatment of mental health disorders among children and adolescents provide them better opportunities to lead full and productive lives; and

**Whereas**, the participation of family members in the assessment and treatment of children and adolescents is integral to positive clinical outcomes; and

**Whereas**, Children's Mental Health Week was developed by families of youth with emotional, behavioral and social challenges to focus on the needs of their children and families; and

**Whereas**, in celebrating this week, it is fitting to increase public awareness among all South Carolinians of this important issue and diminish stigma.

**Now, Therefore**, I, Mark Sanford, Governor of the State of South Carolina, do hereby proclaim **May 2-8, 2010** as

**CHILDREN'S MENTAL HEALTH WEEK**  
in *(Your County/Municipality)*

**Given** under my hand and the Privy Seal of the  
*(Your County/Municipality)* this  
\_\_\_\_\_ in the year two thousand six

**CHILDREN'S MENTAL HEALTH WEEK**  
**MAY 2-8, 2010**

**IMPORTANT RESOURCE LINKS**

**Federation of Families of South Carolina** is a non-profit, family-run organization that strives to establish a unified voice for children and youth with emotional, behavioral, and social challenges. Our mission is to ensure that every family has access to needed information, support, and services.

For Information & Referral call Federation of Families of South Carolina toll-free at (866) 779-0402 or visit [www.fedfamsc.org](http://www.fedfamsc.org) for important links and resources.

**A Family Guide To Keeping Youth Mentally Healthy & Drug Free**—a public education Web site developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to communicate to parents and other caring adults about how they can help promote their child's mental health and reduce his or her risk for becoming involved with alcohol, tobacco, and illegal drugs. <http://www.family.samhsa.gov>.

**Online Depression Screening Website:** The mission of this website is to educate people about clinical depression, offer a confidential way for people to get screened for symptoms of the illness, and guide people toward appropriate professional help if necessary. It is also a great site for those concerned over anonymity of themselves or their child. [www.depression-screening.org](http://www.depression-screening.org).

**Contact:** The Federation of Families of South Carolina for help. 866-779-0402 in Columbia call 803-772-5210 website: [www.fedfamsc.org](http://www.fedfamsc.org) or Email-[info@fedfamsc.org](mailto:info@fedfamsc.org)

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***On Your Organizations Letterhead  
Sample Press/Media Release***

FOR IMMEDIATE RELEASE:

***Insert Date***

CONTACT:

Diane Revels Flashnick  
***(866)779-0402***

Families and Local Organization to Recognize National Children's Mental Health  
Awareness Day and Children's Mental Health Week May 2<sup>nd</sup> - 8th, 2010  
***(Green Ribbon Week.)***

***South Carolina***— Federation of Families of South Carolina, a non-profit, family-run organization that strives to establish a unified voice for children and youth with emotional, behavioral, and social challenges, is pleased to announce Children's Mental Health Week, which mental health organizations statewide will celebrated May 2<sup>nd</sup> -8th, this year and National Children's Mental Health Awareness Day May 6, 2010.

***insert information about an event—if you will be holding one—here.***

The goal of this event is to elevate awareness of children's mental health issues with the hope of encouraging early diagnosis and treatment. Another goal is to eliminate the stigma associated with children's mental health. Stigma is a barrier and discourages families from getting the help they need due to the fear of being discriminated against or judged.

***“Many parents feel blamed and shamed for their child's disability when it is related to mental health.”  
said Diane Revels Flashnick, executive director of Federation of Families of South Carolina.***

Anxiety disorders, mood disorders (e.g. depression or bipolar), and disruptive disorders (e.g. attention deficit and hyperactivity disorder) are the most common mental disorders among children. According to the United States Substance Abuse and Mental Health Services Administration, it has been estimated that nearly 21% of U.S. children between the ages of 9 and 17 have a diagnosable mental or addictive disorder that is associated with impairment in their lives. However, an alarming 79% of children ages 6 to 17 with mental health disorders do not receive necessary mental health care, though the treatment success rate is near 80%. Early detection and treatment has been shown to effectively prevent some of the tragic consequences of untreated mental health challenges; such as dropping out of school, juvenile detention, self-harm, substance abuse and even suicide.

***Suggested:*** All organizations and families involved are encouraged to wear a green ribbon to signify support and bring awareness. The green ribbon was chosen by the mental health community to signify new life, new growth, and new beginnings. In the 1800's, the color green was used to label people as “insane”; now we are striving to overcome this negative stigma and focus on support, families, and overall mental health.

More information on our organization or children's mental health: [www.fedfamsc.org](http://www.fedfamsc.org) or toll-free at (866) 779-0402.

***This Children's Mental Health Tool Kit is sponsored by  
Federation of Families of South Carolina***



## Suggested Titles for Children's Mental Health Issues

### \*ADD/ADHD

Galvin, Matthew – Otto Learns About His Medicine (Magination Press, '95)

Gehret, Jeanne – Eagle Eyes (Verbal Images Press, '95)

Moss, Deborah – Shelley, the Hyperactive Turtle (Woodbine House, '06)

Roberts, B. A. – That's What Kids Are For: Phoebe Flower's Adventures  
(Advantage Books, '98)

### \*Adoption

Kasza, Keiko – A Mother for Choco (Putnam, '96)

Keller, Molly – Horace (Greenwillow, '91)

Shemin, Craig – Families are Forever (As Simple As That, '03)

### \*Anger

Bang, Molly – When Sophie Gets Angry... Really, Really Angry  
(Blue Sky Press, Scholastic, '99)

Hebert, Bryna – Anger Mountain (Trafford Publishing, '05)

### \*Anxiety – Divorce

Abercrombie, Barbara – Charlie Anderson (Aladdin, '95)

Hoffman, Mary – Boundless Grace (Dial, '95)

Lansky, Vicki – It's Not Your Fault, Koko Bear (Book Peddlers, '97)

### \*Anxiety – New Environments

Henkes, Kevin – Wemberly Worried (Greenwillow, '00)

### \*Anxiety – Separation

Honeycutt, Natalie – Whistle Home (Grolier, '93)

### \*Bi-Polar

Anglada, Tracy – Brandon and the Bipolar Bear (Trafford Publishing, '04)

Lewandowski, Lisa – Darcy Daisy and the Firefly Festival (First Page Publications, '05)

**\*Bullying**

Bottner, Barbara – Bootsie Barker Bites (Putnam, '92)

Dewey, Ariana – Last Laugh (Dial, '06)

Henkes, Kevin – Chrysanthemum (Harper, '96)

Meddaugh, Susan – Martha Walks the Dog (Houghton Mifflin, '98)

Nickle, John – Ant Bully (Scholastic Press, '99)

**\*Death**

Carlstrom, Nancy – Blow me a Kiss, Miss Lilly (Harper & Row, '90)

Viorst, Judith – Tenth Good Thing About Barney (Atheneum, '81)

**\*Isolation**

Ada, Alma Flor – The Malachite Palace (Atheneum, '98)

Jeffers, Oliver – Lost and Found (Harper Collins, '06)

Norac, Carl – Tell me a Story Mummy (MacMillan, '07)

Yashima, Taro – Crow Boy (Viking, '55)

**\*Obsessive Compulsive**

Hix, Kim-No One is Perfect and You are a Great Kid, (Book Surge, 2007)

Moritz, E. Katia – Blink, Blink, Clop, Clop: Why Do We Do Things We Can Not Stop?  
(Childsworld/Childsplay, '01)

**\*Trauma**

Holmes, Margaret – A Terrible Thing Happened (Magination Press, '00)



# Children's Mental Health Week

## May 2-8, 2010

### Schools and Families United for the Mental Health and Well-Being of Children



The mission of public schools is to educate all students. Mental health is essential to learning and to the social and emotional development of children. (President Bush's New Freedom Commission on Mental Health Report, 2003)  
The critical role of schools in the mental health and well-being of children has been recognized at the highest levels of government:

*What we need is a network that looks out for children if children are recognized as having mental health problems ...*

**Schools**, churches, scouting can all play a role in ensuring that children get the help that they need.

David Satcher, M.D., Former U.S. Surgeon General, ACMHA Conference 2007

**Schools** are where children spend most of each day ... **Schools** are in a key position to identify mental health problems early and to provide a link to appropriate services.

President Bush's New Freedom Commission Report on Mental Health, 2003

Schools are in a key position to identify mental health concerns early and to openly communicate those concerns to families. Strong mental health programs and open communication with families promise to reduce the pain and isolation all too often experienced by youth with undiagnosed and untreated mental and emotional disorders.

Research shows that we do a poor job of identifying children and adolescents with mental health treatment needs. Here are the facts:

1. 10% of children and adolescents in the United States suffer from serious emotional and mental disorders that cause significant functional impairment in their day-to-day lives at home, in school and with peers (Mental Health: A Report of the Surgeon General, 1999).
2. In any given year, only 20% of children and adolescents with mental disorders are identified and receive mental health services (Mental Health: A Report of the Surgeon General, 1999).
3. Treatment of many serious emotional and mental disorders is effective. Psychotherapy, behavioral interventions, medication, and other interventions have been demonstrated to be effective for many childhood disorders. (Mental Health: A Report of the Surgeon General, 1999).
4. Untreated, these disorders can have devastating consequences, including the loss of critical developmental years, extremely poor academic performance, increased school drop-out and failure, involvement with law enforcement and the justice system, and the ultimate failure – suicide.

Nothing should infringe upon one of the basic tenets in education – the vital need for open communication between parents and schools about the health and well-being of children.

Bills that prohibit school personnel from openly discussing mental health related concerns with families perpetuate stigma by singling out and targeting mental illnesses in children. Surely, legislation would not be proposed that would prohibit schools from openly talking with families about issues related to other health conditions, like asthma or severe allergies.

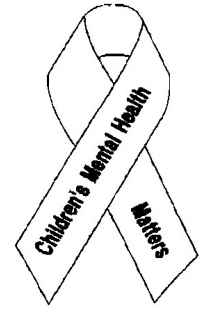
As national organizations that work everyday with families impacted by mental disorders, we stand with national leaders calling for schools to play a more significant role in helping students with mental health treatment needs. Too many of these students in our nation are falling through the cracks, all too often with tragic results.

For more information about children's mental health and Children's Mental Health Week go to [www.fedfamsc.org](http://www.fedfamsc.org) and [www.childrensmentalhealthawarenessweek.org](http://www.childrensmentalhealthawarenessweek.org)



## Children's Mental Health Week, May 2-8, 2010

### Improving the Mental Health & Well-being of America's Children



#### The Facts

Serious emotional and mental disorders in children are real. Empirical research in neuroscience and the behavioral sciences is advancing our understanding of the etiology of these disorders. (Mental Health: A Report of the Surgeon General, 1999).

1. 10% of children and adolescents in the United States suffer from serious emotional and mental disorders that cause significant functional impairment in their day-to-day lives at home, in school and with peers (Mental Health: A Report of the Surgeon General, 1999).
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3. Treatment of many serious emotional and mental disorders is effective. Psychotherapy, behavioral interventions, psychopharmacology and other interventions have been demonstrated to be effective for many childhood disorders. (Mental Health: A Report of the Surgeon General, 1999).
4. Untreated, these disorders can lead to devastating consequences for children. Unidentified and untreated mental disorders can mean the loss of critical developmental years and can lead to youth suicide, school failure and involvement with the juvenile justice and criminal justice systems. Approximately 50% of students with a mental disorder age 14 and older drop out of high school -- the highest dropout rate of any disability group (U.S. Department of Education, 2001). Suicide remains a serious public health concern and is the third leading cause of death in youth aged 10 to 24. More youth and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined (National Strategy for Suicide Prevention, 2001). Research shows that 90% of people who die by suicide suffer from a diagnosable and treatable mental illness at the time of their death (Mental Health: A report of the Surgeon General, 1999). 70% of youth involved in state and local juvenile justice systems throughout the country suffer from mental disorders, with at least 20% experiencing symptoms so severe that their ability to function is significantly impaired (Blueprint for Change, National Center for Mental Health and Juvenile Justice, 2006).

#### The Value of Early Identification and Intervention

1. Mental health is central to the health and well-being of children. Those living with emotional and mental disorders must be identified early and linked with effective services and supports to avoid losing critical developmental years that will simply never be recaptured.
2. Parents play a crucial role in the identification and treatment of childhood emotional and mental disorders. They must drive decisions related to the identification and treatment of mental disorders to help achieve the best outcomes for their children.

3. Schools are in a key position to identify mental health concerns early and to openly communicate concerns with parents. Schools that have an early identification process in place and open communication with families can help to reduce the pain and suffering all too often experienced by youth with undiagnosed and untreated mental and emotional disorders.

4. Treatment decisions must always be made by the parents of the child, in close consultation with a treating physician, and not with any pressure from the school system. Federal law prohibits schools from requiring a child to be placed on medication as a condition for attending school. It simply should never happen in any school in America.

For more information about children's mental health and Children's Mental Health Week go to [www.fedfamsc.org](http://www.fedfamsc.org) and [www.childrensmentalhealthawarenessweek.org](http://www.childrensmentalhealthawarenessweek.org)