



# Tri-Valley Opportunity Council, Inc.

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To: Friends and Families of Tri-Valley Opportunity Council, Inc.  
From: Multi-County Local Advisory Council for Children's Mental Health  
Re: Mental Health Month

May is Mental Health Month and May 7 – 13, 2018 is Children's Mental Health Awareness Week.

The National Federation of Families for Children's Mental Health theme is **“Partnering for Health and Hope Following Trauma.”**

Partnering for Health and Hope Following Trauma will focus on the importance of an integrated approach to caring for the mental health needs of children, youth, and young adults who have experienced trauma, as well as their families.

We want to highlight the importance of our children with mental health needs now and in the future when dealing with trauma in our country. We need to advocate for our children to receive a holistic approach to better serve them.

Please join us as we create a national dialogue about the importance of partnering for health and hope following trauma.

Our Local Advisory Council (LAC) is a group of parents and service providers that meet quarterly in regards to supporting our children and families. We work towards decreasing the stigma of mental health and we share information with parents, schools, and other agencies. Another important aspect of our work is advocacy. Families need support, no matter how they are defined...whether it is a single parent, blended families, married parents or grandparents. Parents must adapt to the needs of their children and mental health requires strength from within.

Enclosed in this mailing is some information on mental health. Please share this mailing with whomever you feel will benefit. As the Local Advisory Council we want to reach out to as many people as possible.

If you would like more information please call 1-800-820-7263 or email Nancy at [nancy.ramon@tvoc](mailto:nancy.ramon@tvoc).

Thank you for your commitment and support to our children.

Nancy Ramon and Maureen Hams

## **RECOGNIZING MENTAL HEALTH PROBLEMS IN CHILDREN (Mental Health America)**

Children's mental health problems are real, common and treatable. Although one in five children has a diagnosable mental health problem, nearly 2/3 of them get little or no help.

Untreated mental health problems can disrupt children's functioning at home, school and in the community. Without treatment, children with mental health issues are at increased risk of school failure, contact with the criminal justice system, dependence on social services, and even suicide.

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, can help determine whether you seek help for your child.

The following signs may indicate the need for expert help:

- Decline in school performance
- Poor grades despite strong efforts
- Constant worry or anxiety
- Repeated refusal to go to school or take part in normal activities
- Hyperactivity or fidgeting
- Persistent nightmares
- Frequent disobedience or aggression
- Frequent temper tantrums
- Depression, sadness or irritability

Early identification, diagnosis and treatment can help children reach their full potential. If you suspect a problem or have questions, talk with your child's pediatrician or contact a mental health professional.

An evaluation may include consultation with a child psychiatrist, psychological testing and medical tests to rule out any physical conditions that could be causing the symptoms. Children also must be carefully evaluated to distinguish possible mental health conditions from learning disabilities or developmental delays.

If your child is diagnosed with a mental health problem, a comprehensive treatment plan should include psychotherapy and, in some cases, may include medication. The plan should be developed with the family. Whenever possible, the child should be involved in treatment decisions.

## 7 MYTHS ABOUT CHILDREN'S MENTAL HEALTH (Dr. Harold Koplewicz Childmind.org)

It is easy to empathize with suffering we can see: a child who has lost her hair as a result of chemotherapy, for instance. The suffering of a child with psychiatric issues is far less obvious. Many children and teens with emotional problems keep their pain secret. Others express their feeling in risky or offensive ways. Due largely to stigma – fear, shame, and misunderstanding about psychiatric disorders – the majority never receive clinical care.

Debunking myths about child mental health is critical to getting more children the help and understanding they deserve.

**Myth 1: A child with a psychiatric disorder is damaged for life.** A psychiatric disorder is by no means an indication of a child's potential for future happiness and fulfillment. If a child's struggles are recognized and treated – the earlier the better, they have a good chance of managing or overcoming symptoms and developing into a healthy adult.

**Myth 2: Psychiatric problems result from personal weakness.** It can be difficult to separate the symptoms of a child's psychiatric disorder – impulsive behavior, aggressiveness, or extreme anxiety, for example – from a child's character. But a psychiatric disorder is an illness, just like diabetes or leukemia, and not a personality type. We can't expect children and teens to have the tools to overcome these challenges on their own, but they can recover with the help of their parents, and an effective diagnosis and treatment plan.

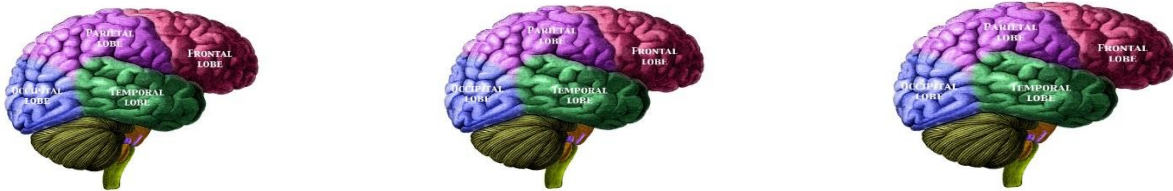
**Myth 3: Psychiatric disorders result from bad parenting.** While a child's home environment and relationships with the parents can exacerbate a psychiatric disorder, these things don't cause the disorder. Things like anxiety, depression, autism and learning disorders are thought to have biological causes. Parenting isn't to blame. But parents play a central role by providing support and care that is crucial to their child's recovery.

**Myth 4: A child can manage a psychiatric disorder through willpower.** A disorder is not mild anxiety or a dip in mood. It is a severe distress and dysfunction that can affect all areas of a child's life. Kids don't have the skills and life experience to manage conditions as overwhelming as depression, anxiety, or ADHD. They can benefit profoundly from the right treatment plan, which usually includes a type of behavioral therapy, and have their health and happiness restored.

**Myth 5: Therapy for kids is a waste of time.** Treatment for childhood psychiatric disorders isn't old-fashioned talk therapy. Today's best evidence-based treatment programs for children and teens use cognitive-behavioral therapy, which focuses on changing the thoughts, feelings, and behaviors that are causing them serious problems. And research has shown that there's a window of opportunity – the first few years during which symptoms appear – when treatment interventions are most successful.

**Myth 6: Children are overmedicated.** Since so many public voices (many without first-hand or clinical experience) have questioned the use of medications in the treatment of childhood psychiatric disorders, many people believe that psychiatrists prescribe medication to every child they see. The truth, however, is that good psychiatrist's use enormous care when deciding whether and how to start a child on a treatment plan that includes medication – usually along with behavioral therapy. We never doubt whether a child with diabetes or a seizure disorder should get medication; we should take psychiatric illness just as seriously.

**Myth 7: Children grow out of mental health problems.** Children are less likely to “grow out” of psychiatric disorders than they are to “grow into” more debilitating conditions. Most mental health problems left untreated in childhood become more difficult to treat in adulthood. Since we know that most psychiatric disorders emerge before a child's 14<sup>th</sup> birthday, we should have huge incentive to screen young people for emotional and behavioral problems. We can then coordinate interventions while a child's brain is most responsive to change and treatment is more likely to be successful.



## THE TEEN BRAIN: 6 THINGS TO KNOW

(National Institute of Mental Health)

**DID YOU KNOW THAT BIG AND IMPORTANT CHANGES ARE HAPPENING TO THE BRAIN DURING ADOLESCENCE? HERE ARE 6 THINGS TO KNOW ABOUT THE TEEN BRAIN:**

1. **Your brain does not keep getting bigger as you get older.** For girls, the brain reaches its largest physical size around 11 years old and for boys, the brain reaches its largest size around age 14. Of course, this difference in age does not mean either boys or girls are smarter than one another!
2. **But that doesn't mean your brain is done maturing.** For both boys and girls, although your brain may be as large as it will ever be, your brain doesn't finish developing and maturing until your mid to late 20s. The front part of the brain is one of the last brain regions to mature. It is the area responsible for planning, prioritizing and controlling impulses.

3. **The teen brain is ready to learn and adapt.** In a digital world that is constantly changing, the adolescent brain is well prepared to adapt to new technology and is shaped in return by experience.
4. **Many mental disorders appear during adolescence.** All the big changes the brain is experiencing may explain why adolescence is the time when many mental disorders such as schizophrenia, anxiety, depression, bipolar disorder, and eating disorders – emerge.
5. **The teen brain is resilient.** Although adolescence is a vulnerable time for the brain and for teenagers in general, most teens go on to become healthy adults. Some changes in the brain during this important phase of development actually may help protect against long-term mental disorders.
6. **Teens need more sleep than children and adults.** Although it may seem like teens are lazy, science shows that melatonin levels (or the “sleep hormone” levels) in the blood naturally rise later at night and fall later in the morning than in most children and adults. This may explain why many teens stay up late and struggle with getting up in the morning. Teens should get about 9-10 hours of sleep a night, but most teens don’t get enough sleep. A lack of sleep makes paying attentions hard, increases impulsivity and may also increase irritability and depression.

## STARTING THE CONVERSATION – COLLEGE AND YOUR MENTAL HEALTH (NAMI)

College life is full of opportunities for personal growth, greater independence and exploration of new social and academic experiences. It is a time of significant transition, which can be both positive and challenging. Did you know that one in five students experience a mental health condition while in college?

Conversations allow you to plan for the unexpected. Talking about mental health is important even if you don’t experience a mental health condition because a friend may need help. Students often prefer to confide in a friend before confiding in anyone else – or you may notice that a peer is struggling and you may be able to assist. By learning more, you’ll be better equipped to know what to do if someone you know is in distress.

### Stressors that may affect mental health:

- Relationship breakups
- Academic pressures
- Poor grades
- Financial stress

- Social status pressures
- Feeling alone or homesick
- Feeling marginalized, misunderstood or like you don't fit in
- Concern or worry about your family members at home
- Loss of day-to-day family or community support
- Drug and alcohol use
- Inadequate sleep
- Feeling overwhelmed
- Grief
- Gender and sexuality questioning
- Friendship challenges
- Sport team losses
- Unmet expectations

#### Managing stress:

- Create to-do lists and tackle items one by one
- Exercise
- Get enough sleep
- Explore time-management strategies
- Ask friends how they manage stress
- Listen to relaxing music
- Set aside time for self-care
- Practice mindful meditation or prayer
- Eat healthy food
- Avoid alcohol, drugs, smoking and caffeine
- Seek support from family, friends or peers
- Talk with your resident advisory, a trusted adult or the campus counseling or guidance center

Experiencing emotional distress or developing a mental health condition while in college can be lonely and frightening, but it doesn't have to be. Feelings of anxiety, depression and mental health conditions are common, and recovery is possible. Building connections to others and having a strong network of support can help – and so can talking. The more you talk about mental health, the easier taking care of your health and well-being will be.