

# Iowa Federation of Families for Children's Mental Health

## Children's Mental Health News October 25, 2006

**Iowa Federation of Families for Children's Mental Health is the statewide family advocacy organization that assists families who have children and youth with mental health issues. Our mission is to ensure all these children and families receive coordinated, individualized, strength-based care and supports. We provide families across the state of Iowa with written informational materials, Information and Referral services, many different types of trainings, and legislative advocacy. Most of all, we offer families a non-judgmental support system. Families, professionals and others may access our services by calling our toll-free number (888) 400-6302, or visiting our website at [www.iffcmh.org](http://www.iffcmh.org).**

### **Fewer Youth Ages 8 to 18 Express Understanding of Mental Illness Than of Physical Illness Such as Asthma**

*Study identifies social stigma associated with depression*

**ROCHESTER, N.Y. – September 21, 2006** –Youth (ages 8 to 18) seem to have an easier time understanding a physical illness than a mental illness. About three in four (76%) youth recognize asthma as a physical illness, but only about half recognize depression and Attention Deficit Hyperactivity Disorder (ADHD) as mental illnesses (54% and 45% respectively). When asked how well they understand what it means when someone has depression, 42 percent report understanding it "not at all" or "somewhat" well. This response is the same among youth in relation to ADHD (44%), though few youth (17%) report understanding asthma "not at all" or "somewhat" well.

These are the results of a survey of 1,318 U.S. children and teenagers (ages 8 to 18) conducted online by Harris Interactive® between June 14 and 20, 2006. (Note: some of the questions were asked only among 10 to 18 year olds, as identified in the tables of this document.) Harris Interactive collaborated with the Research and Training Center on Family Support and Children's Mental Health, Portland State University, on development of the questionnaire for this study.

The greater understanding among youth of asthma could be because a majority of youth report knowing another student who has asthma (65%); but a fair amount report knowing another student with ADHD (52%) or depression (30%). Students with these conditions are seen differently by their peers and could experience very different school days.

**Youth's perceptions of mental illness**

Youth were asked questions in relation to a fictional character, Michael, with one of three conditions – depression, ADHD or asthma. Based on responses surrounding these scenarios, results show that youth expect that a child with depression or ADHD is more likely than a classmate with asthma to be socially shunned. More youth indicate that Michael with depression (38%) would be made fun of by most students when he is not around than Michael with ADHD (31%) or asthma (23%). Fewer youth say that students at their school would invite Michael with depression to parties or outings (27%) than Michael with ADHD (34%) or asthma (45%), and fewer would expect other students to sit with him to eat lunch (depression 31%, ADHD 38%, asthma 49%).

Youth feel the top three causes of Michael’s depression could be experiencing more stressful events than most children do (49%), having a brain that works differently than a normal brain (48%) and having a family member with the same condition (25%). One in ten youth say that Michael’s depression could be caused by his parents not raising him right (10%), or because Michael abuses drugs or drinks alcohol (11%).

### Stigma and treatment of mental illness

Youth indicate if they thought they had depression, they would most likely talk to a friend (57%), talk to their parents (49%) and pray (44%). Many also would try harder to think and act like normal (40%) or wait for it to go away (28%). Youth appear to have a better sense of what steps they might take if they thought they had asthma, responding that they would most likely talk to a doctor (88%), talk to their parents (86%), or take medication (69%).

Interestingly, about one in four (24%) youth reports thinking they have had depression, but only seven percent (7%) say that a doctor or psychologist has diagnosed them with depression. Fifteen percent of youth say people in their family think that if you have depression you should not tell anyone outside the family, compared to only three percent for asthma.

According to the U.S. Department of Health and Human Services, an estimated 50 million Americans experience a mental disorder in any given year and only one-fourth of them actually receive mental health and other services.

**TABLE 1**  
**DESCRIBE MICHAEL’S CONDITION**

"Michael’s condition is...."

*Summary of Yes Probably/Yes Definitely*

Base: Youth ages 8-18

	Depression (n=433)	ADHD (n=449)	Asthma (n=436)
	%	%	%
A mental illness	54	45	6
Part of the normal ups and downs of childhood	28	23	23
A physical illness	19	24	76

Note: individual questions – results will not add to 100%

**TABLE 2**  
**UNDERSTANDING OF ILLNESS**

"How well do you understand what it means when someone has...?"

Base: Youth ages 8-18

	Depression (n=433)	ADHD (n=449)	Asthma (n=436)
	%	%	%
Extremely well	19	20	31
Very well	18	17	27
Well	21	21	25
Somewhat well	32	32	13
Not at all well	10	12	4

Note: percentages may not add up exactly to 100% due to rounding

**TABLE 3**  
**FAMILIARITY WITH ILLNESS**

*Summary of Yes Responses*

Base: Youth ages 10-18

	Depression (n=348)	ADHD (n=364)	Asthma (n=364)
	%	%	%
Do you know another student at school who has...?	30	52	65
Has a doctor or psychologist ever said that someone in your family has...?	32	21	49
Has a doctor or psychologist ever said that a friend of yours has...?	19	32	40
Do you know of a famous person or character in a book, TV show or cartoon, etc. who has...?	24	15	27
Do you think you have ever had...?	24	9	21
Has a doctor or psychologist ever	7	10	16

said that you have...?			
------------------------	--	--	--

**TABLE 4**

**HOW MOST STUDENT WOULD TREAT MICHAEL**

"Please think about most of the students at your school and how they would treat Michael. Most students at your school would..."

*Summary of Yes Probably/Yes Definitely*

Base: Youth ages 8-18

	Depression (n=433)	ADHD (n=449)	Asthma (n=436)
	%	%	%
Make fun of Michael when he was not around	38	31	23
Agree to work closely with Michael on a school project	31	32	50
Sit with Michael to eat lunch at school	31	38	49
Invite Michael to a party or outing	27	34	45
Say mean things to Michael or call him names	28	23	16

**TABLE 5**

**CAUSES OF MICHAEL'S CONDITION**

"Do you think that any of these things could be part of the cause of Michael's condition?"

*Summary of Yes Probably/Yes Definitely*

Base: Youth ages 8-18

	Depression (n=433)	ADHD (n=449)	Asthma (n=436)
	%	%	%
Michael has experienced more stressful events in his life than most children/adolescents do	49	19	26
Michael's brain works differently than a normal brain does	48	66	63
Michael's parents or other members of	25	28	40

Michael's family also have the same condition (Michael inherited this condition for ages 11-18)			
It's God's will	13	24	25
Michael abuses drugs or drinks alcohol	11	2	2
Michael's parents are not raising him right	10	5	1
Michael isn't trying hard enough to get better	5	5	3

Note: multiple responses allowed

**TABLE 6**

**ACTIONS YOUTH WOULD TAKE IF THEY THOUGHT THEY HAD AN ILLNESS**

"If you thought you had..., which of the following would you do?"

*Summary of Yes Responses*

Base: Youth ages 10-18

	Depression (n=348)	ADHD (n=364)	Asthma (n=364)
	%	%	%
Talk to a friend	57	43	42
Talk to my parents	49	73	86
Pray	44	45	38
Talk to a doctor	42	65	88
Talk to a counselor or therapist	42	39	20
Try harder to think and act like normal	40	43	16
Get information from books or the Internet	39	47	48
Wait for it to go away	28	9	7
Talk to another adult	26	30	26
Change my eating, sleeping or other habits	24	16	16

Take medication	23	51	69
Do something else	10	7	5
Contact a famous person	2	5	3

Note: multiple responses allowed

**TABLE 7**  
**STIGMA ASSOCIATED WITH AN ILLNESS**

"People in my family think that...."

*Summary of Agree/Strongly Agree*

Base: Youth ages 10-18

	Depression (n=348)	ADHD (n=364)	Asthma (n=364)
	%	%	%
If you have..., you should not tell anyone outside the family	15	13	3
If a child has..., it means the parents are not good parents	9	7	3
Having... is something to be ashamed of	9	7	3

Downloadable PDF files of previous issues, and the current issue of ***Trends and Tudes***, containing this information and more (to be posted soon), can be found at [http://www.harrisinteractive.com/news/newsletters\\_k12.asp](http://www.harrisinteractive.com/news/newsletters_k12.asp).

### Methodology

This survey was designed in collaboration with the Research and Training Center on Family Support and Children's Mental Health Regional Research Institute at Portland State University and was conducted online by Harris Interactive among 1,318 children and teenagers (ages 8-18) within the United States between June 14 to 20, 2006. (Note: some of the questions were asked only to 10-18 year olds, as identified in the tables of this document.) Figures for age, sex, race/ethnicity, education, parental education, and region were weighted where necessary to bring them into line with their actual proportions in the population.

All surveys are subject to several sources of error. These include: sampling error (because only a sample of a population is interviewed); measurement error due to question wording and/or question order, deliberately or unintentionally inaccurate responses, nonresponse (including refusals), interviewer effects (when live interviewers are used) and weighting.

With one exception (sampling error) the magnitude of the errors that result cannot be estimated. There is, therefore, no way to calculate a finite "margin of error" for any survey and the use of these words should be avoided.

With pure probability samples, with 100 percent response rates, it is possible to calculate the probability that the sampling error (but not other sources of error) is not greater than some number. With a pure probability sample of 1,318 one could say with a ninety-five percent probability that the overall results have a sampling error of +/-3 percentage points. Sampling error for subsamples is higher and varies. However this does not take other sources of error into account. This online survey is not based on a probability sample and therefore no theoretical sampling error can be calculated.

***These statements conform to the principles of disclosure of the National Council on Public Polls.***

### **About the Harris Interactive Youth and Education Research Practice**

The Youth and Education Research Practice conducts research among children, teens, parents, educators, administrators and policy makers that assists in understanding the lives of children, teens and college students. The team specializes in research related to marketing geared toward the young consumer, to public policy related to youth and education, to family and parenting issues, and satisfaction studies and research that measures the standards of K-12 and higher education in districts across the nation. The practice conducts custom and syndicated studies both for non-profit and for-profit organizations.

### **About Harris Interactive**

Harris Interactive is the 12<sup>th</sup> largest and fastest-growing market research firm in the world. The company provides research-driven insights and strategic advice to help its clients make more confident decisions which lead to measurable and enduring improvements in performance. Harris Interactive is widely known for *The Harris Poll*, one of the longest running, independent opinion polls and for pioneering online market research methods. The company has built what could conceivably be the world's largest panel of survey respondents: The Harris Poll Online. Harris Interactive serves clients worldwide through its United States, Europe and Asia offices, its wholly-owned subsidiary Novatris in France and through a global network of independent market research firms. The service bureau, HISB, provides its market research industry clients with mixed-mode data collection, panel development services as well as syndicated and tracking research consultation. More information about Harris Interactive may be obtained at [www.harrisinteractive.com](http://www.harrisinteractive.com).

## **School Mental Health Project/Center for Mental Health in Schools' Fall issue of "Addressing Barriers to Learning"**

**Feature Article is "Response to Intervention". Other features include: Center News & Resources, "Teacher Support is Student Support", "Enabling School Adjustment", "Is it Possible to Fix America's Schools".**

<http://smhp.psych.ucla.edu/pdfdocs/Newsletter/fall06.pdf>

## **Renfrew Center Study Shows Nearly Half Of Eating Disorder Patients Self-Harm**

Medical News Today October 3, 2006

**While coverage of many other mental health issues has become more accepted, it seems self-harm is still considered a "taboo" topic. However, with the presence of self-harm communities on social networking websites, and the release of findings from several studies - like that published in Pediatrics which found that 17% of students at two**

Northeastern US universities engaged in self-harming behavior, and another in the UK which found that 1 in 10 teenage girls harm themselves each year - it's becoming more and more dangerous to ignore this issue.

Experts at The Renfrew Center, the country's oldest and leading authority on eating disorders, warn that self-harming is frequently accompanied by other mental health issues, like eating disorders, and should be taken seriously. A study of adolescent and adult patients at The Renfrew Center from January- August 2006, revealed that 44% of patients admitted to self-harming at some point in their lives. Of those patients, 9% admit to self-harming on a daily basis; 17% a few times a week; 30% a few times a month; and 44% a few times a year. The most common methods of self-harming identified in the study were:

- Cutting
- Scratching
- Burning
- Bruising
- Breaking Bones

Self-harm still carries a stigma mostly due to a general misunderstanding of the issue. Many people incorrectly assume that self-harm is an attempt at suicide or an attention-seeking behavior. However, like eating disorders, self-harm is a symptom of a much larger, complex issue.

"Like an eating disorder, self-harm is an unhealthy way to cope with overwhelming emotions," says Kim Johnson, PsyD, Clinical Supervisor and Therapist for The Renfrew Center of Philadelphia. "Self-harm is a red-flag warning that someone is in emotional pain that should be addressed with a mental health professional immediately."

Colleen, a 22-year-old Glen Mills, PA resident turned to self-harming at a time when she felt her world was falling apart. "The first time I cut was the day when my parents bought a new house," says Colleen. "I was so scared and I felt so unsafe. I couldn't imagine everything changing."

It can be difficult to identify someone who self-harms, as it is often done in private on a part of the body that isn't exposed. Experts at The Renfrew Center offer the following warning signs that someone may be self-harming:

- Wears long sleeves and long pants even in warm weather
- Frequent, unexplained injuries
- Avoidance of activities that exposes the body, like swimming
- Periods of isolation, especially right after moments of anger or anxiety
- Rapid and/or extreme fluctuations in mood

If you suspect a loved one may be self-harming, urge them to seek professional help immediately.

"Approach the person with an attitude of open, caring concern during a period of emotional quiescence, gently letting them know of your concern and your availability to talk with and support them," says Dr. Johnson.

The Renfrew Center, the nation's first free-standing eating disorder treatment facility, has treated over 45,000 women since opening its doors in 1985. Renfrew has residential and outpatient facilities in Philadelphia, PA and Greater Ft. Lauderdale, FL as well as outpatient sites in Ridgewood, NJ; New York City; Wilton, CT and Bryn Mawr, PA. The Renfrew Center specializes in the treatment of eating disorders, including anorexia, bulimia, binge eating disorder and related mental health issues.

To learn more about eating disorders or to find out additional information about The Renfrew Center or any of its programs, call 1-800-RENFREW or visit <http://www.renfrewcenter.com/>.

Source: Medical News Today

# **DIFFERENT MEANS DIFFERENT**

**By Dan Coulter**

**Most of us tend to judge people by how they compare to us. When we run into someone completely different, we usually try and fit him into the framework of our past experience.**

**Someone who can't do something we can do, especially after we've shown him how to do it or he's done it before, may seem slow or stubborn or just not trying hard enough.**

**But sometimes, different means different, and there's nothing in our experience that prepares us to deal with him.**

**I'm thinking primarily of kids who have Asperger Syndrome or a similar diagnosis on the autism spectrum.**

**My son has Asperger Syndrome (AS) and I've been interacting with him for 23 years now. He's accomplished a tremendous amount and I'm enormously proud of him, but sometimes his approach to things baffles me.**

**It really helps to remind myself that he sees and reacts to some things differently than almost everyone else. And that's part of the challenge. Even when I know he has AS, he's so smart and funny and insightful about so many things, it can still take me off guard when he doesn't automatically do something I assumed he would see as important.**

**At these times, recalling that he truly has a different perspective helps prevent me from kicking into "Frustration Mode." In Frustration Mode, our brains and adrenal glands insist on a quick fix. We can harden our voices and demand things of our kids that don't work and only make the situation worse.**

**The problem can be even more difficult when our kids encounter teachers or others who find our kids not just different, but new to them and extremely different.**

**I recently read something a mother had written about her teenage son finally being able to explain what had been going on with him for years. Sometimes a teacher would call on him and he'd know the answer, but be unable to voice it. At other times his mind would go blank. But this only happened intermittently.**

**Picture being seen as a bright kid who's unmotivated or stubborn or a smart aleck. Think of trying to please a teacher or parent and having him respond with disappointment or disapproval or discipline. Imagine sometimes being trapped in your own head.**

**Even if we know our kids have challenges, it's easy to forget that these challenges don't always appear consistently or in the same manner. It's also sometimes hard to remember that we may not know everything about how autism affects our kids. It's crucial to keep an open mind and keep an extra batch of patience in our back pockets. Some parents do this and seem to also have an "auxiliary patience backpack" at their disposal. I really admire these**

parents.

I'm not saying we shouldn't be firm and discipline our kids when they need it. But calm, firm discipline that gives our kids the benefit of the doubt is a much different approach than launching into Frustration Mode. If you find yourself in Frustration Mode, it's best to delay issuing any edicts until you can calm down and think things through.

And while we're working on our own skills, it's important to make sure that teachers, coaches, and anyone else who's going to have significant responsibility for our kids understand how their brains can work differently. It's also helpful to explain what is and isn't effective in dealing with an individual child.

I spoke with a mother the other day who went on a study trip with her high school-aged son, who has Asperger Syndrome. She and her son didn't disclose to the other people on the study trip, sponsored by a college, because her son is bright and could do the work, and his mother was along to smooth the social issues. This worked out fine for them. However, there was another student along on the trip who the mother quickly assessed was on the autism spectrum. The trip leaders couldn't figure out what caused the student's different behaviors and, according to the mother, didn't handle the situation well. This mother had a private talk with the leaders to make them aware of the probable reasons for the student's behaviors, but overall, it was a wrenching experience for the student.

We need to be confident that other adults know how to deal with our kids before we put our kids in their care. Volunteering to accompany your child's group during an activity or trip is often a good alternative.

For parents of newly diagnosed children, I should admit that many of us veterans have succumbed to the temptation to send our kids into a situation where we suspected we should disclose a "difference," but didn't and hoped for the best. When and how to disclose is a personal decision based on each situation, but I urge you to weigh the pros and cons carefully as you're making these decisions.

When adults and peers notice the things about our kids that we hope they won't notice, their imaginations can come up with extreme explanations that can be way off the mark. Even when you disclose, information doesn't automatically inject competence and compassion into people who are prejudiced and close-minded. But in my experience, our kids are usually treated better -- often much better -- if people know the reasons for their different behaviors.

This is about letting go of what might have been and making things as good as they can be in the real world. It's sometimes amazing how accepting and supportive people can be -- and how our kids tend to blossom, enjoy life and achieve when they're accepted for who they are.

After I'd been a father for a few years, a co-worker expecting her first child asked me about becoming a parent. I said, "It's more wonderful and terrifying than you can possibly imagine." I still think that's true. But the more you grab reality and run with it, the more you can temper the

terror. As for the wonderful parts, you find they're largely up to you, and absolutely worth the ride.

Now let's all go hug our kids.

**ABOUT THE AUTHOR -- Dan Coulter is the writer/producer of a series of videos, titled "Intricate Minds," that help students understand and accept classmates with Asperger Syndrome and Autism. You can find more articles on his website: [www.coultervideo.com](http://www.coultervideo.com).**

**Training Opportunity:**

## **Creating Community & Workplace Harmony: Delivering Culturally Competent Services**

**What will I learn?**

Seminar participants will:

- Learn to utilize diversity as a strength in service delivery
- Learn about the DANGERS of cultural/racial/ethnic ignorance and insensitivity
- Learn to be a FACILITATOR OF COOPERATION in the workplace
- Learn to be a positive team member when engaged in any task at work or in the community
- Learn how to be an empowering force in the community and at work

**How Will I Benefit?**

Seminar participants will be able to:

- Remove tense feelings from professional and social cross-cultural interactions
- Rid themselves of prejudices, insensitivities, and patterns of discrimination that have restricted interpersonal relationships
- Enhance their ability to be a positive factor in the workplace
- Be a factor in decreasing interpersonal conflict at work and in the community
- Become more reliable and productive employees in the workplace

**Who Should Attend?**

This seminar is intended for anyone who works with people, especially those who prize teamwork. Leaders and team members are both encouraged to attend.

For more information on this training go to [www.iffcmh.org](http://www.iffcmh.org) then go to calendar of events.

## **School Mental Health Project/Center for Mental Health in Schools' Fall issue of "Addressing Barriers to Learning"**

Feature Article is "Response to Intervention". Other features include: Center News & Resources, "Teacher Support is Student Support", "Enabling School Adjustment", "Is it Possible to Fix America's Schools".

<http://smhp.psych.ucla.edu/pdfdocs/Newsletter/fall06.pdf>

## **New National Research! Perceptions of Depression, ADHD, and Stigma among Youth 8-18 "Trends and Tudes"**

from the Research and Training Center on Family Support and Children's Mental Health at Portland State University

[http://www.harrisinteractive.com/news/newsletters/k12news/Hi\\_Trends&TudesNews2006\\_v5\\_iss08.pdf](http://www.harrisinteractive.com/news/newsletters/k12news/Hi_Trends&TudesNews2006_v5_iss08.pdf)

# HELP SUPPORT IOWA FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

Yes, I would like to help children and adolescents with special mental health needs and their families. Enclosed is my gift of:

\$50.00    \$75.00    \$100.00    \$200.00    \$500.00    Other \$ \_\_\_\_\_

or go to <http://www.iffcmh.org/donateform.htm>

Your Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence \_\_\_\_\_

Optional:

Parent/Family Member \_\_\_\_\_ Professional \_\_\_\_\_

Both \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Please make checks payable to:

Iowa Federation of Families for Children's Mental Health

106 South Booth

Anamosa, Iowa 52205

If you would like to dedicate this gift, please specify:

In Honor of    In Memory of

\_\_\_\_\_

\_\_\_\_ Please add my name to your mailing list to receive newsletters and training/conference information.

Thank you for your generosity.

**Your gift is tax-deductible to the full-extent of the law. Iowa Federation of Families for Children's Mental Health is a not-for-profit 501(c)3 organization.**