Iowa Federation of Families
for
Children's Mental Health

Children's Mental Health News
September 13, 2007

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.

Iowa Federation of Families for Children's Mental Health
What does this organization do?

We are a family run, family driven, family advocacy organization that assists "Families across the state of Iowa through support, training, mentoring, information dissemination, etc. and then in turn these families assist other families who have children and adolescents with mental, emotional, social and behavioral disorders."

For resources go to:
- www.iffcmh.org
- www.ffcmh.org
- www.systemsofcare.samhsa.gov
- **http://www.wrightslaw.com**
- **www.reedmartin.com**

A PROBLEM IS A BACKWARDS OPPORTUNITY

Recognizing the Symptoms of Mental Health:

It's easy for parents to recognize when a child has a high fever. A child's mental health problem may be more difficult to identify. Mental health problems in children and youth can't always be seen. But the symptoms can be recognized.

Pay attention if a child or adolescent you know is troubled by feeling:

- really sad and hopeless, and the feelings don't go away
- very angry most of the time
- anxious or worried a lot more often than most other young people
- constantly concerned about physical problems or appearance
- frightened that his or her mind is controlled or out of control

Experiences big changes, for example:

- • does much worse in school
- • loses interest in things usually enjoyed
- • has unexplained changes in eating or sleeping habits
- • feels life is too hard, or talks about suicide
- • hears voices that cannot be explained

Is limited by:

- • poor concentration; can't make decisions
- • inability to sit still or focus attention
- • worry about being harmed, or about doing something "bad"
- • the need to wash or clean things, or perform certain routines dozens of times each day
- • thoughts that race too fast to follow

Behaves in ways that cause problems, such as:

- • using drugs or alcohol
- • eating large amounts of food and then forcing vomiting to avoid weight gain
- • often hurts people; destroys property; or breaks the law
- • does things that can be life-threatening

If your child has experienced any of the above warning signs, and especially if the symptoms are severe, talk to your doctor, school counselor or other mental health professional who is trained to assess whether or not your child has a mental health problem.

What does Family, School, Community and Provider Partnership look like?

Collecting the Voices

of Families

Iowa Federation of Families for Children's Mental Health ~ is working to collect and share stories to build a stronger family and youth voice in Iowa . We are interested in stories about families' experiences in systems to improve systems for families and youth and to demonstrate successes in Iowa.
If you have a family story to share, please contact Lori @ 319-462-2187 or email it to Lori@iffcmh.org**. We will review your story and contact you if we have questions and would like to share your story. Please include your first and last name, phone number and best time to reach you.**

Respite: What is it?

One in five families is affected by mental illness. Individuals with these "invisible disabilities" often do not receive effective help from traditional service systems. Families experience isolation, stigma, and chronic stress. Some families have given up their parental rights so that their children can receive the proper care from social programs.

re·spite Function: *noun*
1. *an interval of rest or relief*

Iowa Respite and Crisis Care Coalition:

Everyone needs a break from time to time to rejuvenate, reduce stress and provide a loving environment for their families. The Iowa Respite and Crisis Care Coalition is a 501(c)3 non-profit that helps families get that break. Whether you are caring for a loved one with special needs and would like rest or if you are currently in a crisis and need time away from your children, we can help!

Contact IRCC at:

Doug Cunningham, Executive Director
Local (515)-309-0858 Toll Free (877)-255-3140 e-mail: ed@irccc.com
Terry L. Nuckolls, Office Manager
Local 515-309-0858 Toll Free 877-255-3140 Fax: 515-309-0860 e-mail: om@irccc.com

Website: http://www.irccc.com/index.cfm

Youth Suicides Increased As Antidepressant Use Fell

Study: Warnings Coincided With Rise
By Shankar Vedantam
Washington Post Staff Writer
Thursday, September 6, 2007;

Warnings from federal regulators four years ago that antidepressants were increasing the risk of suicidal behavior among young people led to a precipitous drop in the use of the drugs. Now a new study has found that the drop coincides with an unprecedented increase in the number of suicides among children.

From 2003 to 2004, the suicide rate among Americans younger than 19 rose 14 percent, the most dramatic one-year change since the government started collecting suicide statistics in 1979, the study found. The rise followed a sharp decrease in the prescribing of antidepressants such as Prozac, Zoloft and Paxil after parents and physicians were confronted by a barrage of warnings from the Food and Drug Administration and international agencies.

The data suggest that for every 20 percent decline in antidepressant use among patients of all ages in the United States, an additional 3,040 suicides per year would occur, said Robert Gibbons, a professor of biostatistics and psychiatry at the University of Illinois at Chicago, who did the study. About 32,000 Americans commit suicide each year.

Thomas Insel, director of the National Institute of Mental Health, said, "We may have inadvertently created a problem by putting a 'black box' warning on medications that were useful." He added, "If the drugs were doing more harm than good, then the reduction in prescription rates should mean the risk of suicide should go way down, and it hasn't gone down at all -- it has gone up."

The new finding, published in the September issue of the American Journal of Psychiatry, is the latest development in a controversy marked by complex science and passionate advocates. In 2003 and 2004, the FDA issued a series of warnings that clinical trials had detected an increase in suicidal thinking among children and adolescents taking a class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs), compared with children and adolescents given sugar pills. In late 2004, the agency called for a "black box" warning on the drugs to call attention to the potential risk, and expanded it last December to include young adults.

The warnings led to a broad decline in SSRI prescriptions for all patients younger than 60, Gibbons said. Prescription rates continued to rise among those older than 60, and this was the only group in which suicides dropped between 2003 and 2004, his study found.
The study included the Netherlands, which had a 22 percent decrease in antidepressant use among children between 2003 and 2005. The suicide rate among youngsters there increased by 49 percent in that period.

The trend lines do not prove that suicides rose because of the drop in prescriptions, but Gibbons, Insel and other experts said the international evidence leaves few other plausible explanations. Previous studies have shown that U.S. suicide rates are lower in counties where antidepressant use is higher, and a recent study of 200,000 depressed veterans found that those taking an antidepressant had one-third the risk of suicide of those who were not.

David Healy, a British psychiatrist who has been critical of the drugs, disagrees. He said that the increase in suicides was more likely caused by the growing use of antipsychotic drugs among children rather than a decline in antidepressant use. "I would be absolutely certain that the increase is not because kids are not being treated," he said. "They may not be getting SSRIs, but they are getting psychotropics."

The new study was largely funded by the federal government. Pfizer, which makes Zoloft, provided some money for data collection, Gibbons said, but was not involved in the study and did not review the results before they were published.

The FDA required the warnings on the drugs' labels to prompt doctors to closely monitor patients they put on antidepressants, because of some evidence that the risk of suicide is highest shortly after treatment begins. Gibbons said that the decision was misguided and that the situation called for better education of physicians, not warnings.

Thomas Laughren, director of the agency's division of psychiatry products, said, "FDA is obviously concerned about possible negative impacts of labeling changes but also feels a strong obligation to alert prescribers and patients to possible risks associated with the use of antidepressants." He added, "We will continue to monitor antidepressant use and suicide rates, and will take appropriate regulatory actions as new data become available."

**NIMH's Insel said it is possible that antidepressants are lowering the risk of suicide overall, even as they increase the risk among a subset of patients. New research to be published soon examines genetic factors that may put some patients at particular risk, he added.
If regulators base their decisions on risks alone, he said, "you focus on that very tiny number of kids who may be at greater risk when they are treated and you ignore the very large benefit that might accrue to the other 99.9 percent."**

Insel acknowledged that it may be a while before physicians have tests that can reliably predict which patients are likely to become suicidal as a result of the drugs. In the interim, he said, "if I had a child with depression, I would go after the best treatment but also provide the closest monitoring."

Kids Count

A great resource for families and professionals is the annual publication titled “Kids Count,” from the Annie E. Casey Foundation (July 30, 2007). In addition, a resource guide will soon be released that will accompany the “Kids Count” publication.

“Kids Count” is a research report published every year to provide up-to-date information about children and youth in America with serious mental health conditions and other special needs. According to the press release, “This annual publication by the Annie E. Casey Foundation contains data and information …on demographics (such as race/ethnicity and population), education (such as percentage of youth who are high school dropouts), income and poverty (percentage of children in poverty, percentage of households that are unemployed), and health (such as infant mortality rate, percentage immunized).”

One of the special features of “Kids Count” is its online database, which allows Networks and others to “generate custom graphs, maps, ranked lists, and state-by-state profiles; or, download the entire data set as delimited text files. The pull-down menus…also allow you to

read the book online or view the book in PDF format." This can be a valuable resource for Networks that want to create documents that provide detailed information about their states, compare topics across multiple states, demonstrate rankings, and develop graphs.

The Resource Guide that is soon to be released will present a description of ways to get more information about the promising programs referenced in "Kids Count." To access the publication and get information about the upcoming resource guide, see the URL below:

http://www.kidscount.org/sld/databook.jsp

Issue Alert

The U.S. Department of Education is failing to protect children of color with disabilities from racially disparate discipline. When the IDEA was reauthorized in 2004 Congress added a requirement that states and districts collect, analyze and report data regarding racial disparities in disciplinary treatment.

This misguided federal action, freezing the remedy, undermines the will of Congress and the public at large. Instead of ensuring that states are intervening in districts where these racial disparities are deemed significant, the federal government has recommended inaction to every state. Specifically, the U.S. Department of Education's Office for Special Education Programs (OSEP) has rescinded guidance on the subject and issued a statement recommending that every state stops what they are doing or risk violating the U.S. Constitution.

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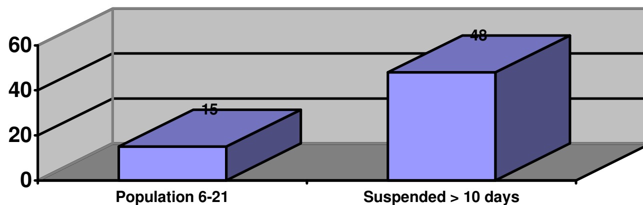
Action is needed now to thwart OSEP's erosion of the IDEA's protections against racial disparities in discipline. Our research, in collaboration with leading scholars, documented national patterns of large disparities in discipline, suggesting unequal treatment, particularly for Black males, that fully justify the congressional mandate.[i] These patterns persist, unabated. Specifically, in 2005, Blacks comprised approximately 15% of the school aged population ages 6 through 21,[ii] but 32,315 Black students with disabilities, nearly half (48%) of the 67,966 reported suspensions, were suspended long-term (more than 10 days).[iii] These racial disparities in discipline among students with disabilities suggests a larger failure to provide a free and appropriate public education, a failure that concerns all students with disabilities, but has a disproportionate impact on children of color. If OSEP's latest recommendations are followed, the analysis of racial disparities in discipline will be dropped from IDEA compliance monitoring.

National Percentages of Blacks With Disabilities Disciplined for Over 10 Days Compared with Their Total Resident Population (2004-2005)

Black Disproportionality In Suspensions Among Students With Disabilities



Source of data analyzed: www.ideadata.org. The analysis and graph were created by Daniel Losen of The Civil Rights Project of UCLA (formerly located at Harvard University).
The data suggest that FAPE is denied to large numbers of children of color. Ideally, special education law ensures legal protection against being excluded from school, as it requires a host of behavioral supports and services and procedural protections. OSEP has not successfully ensured that even the basic fundamental IDEA requirements such as due process protections, manifestation determinations, behavioral improvement plans, or continued education are afforded to minority youth with disabilities who are suspended or expelled for more than ten days.[iv]

The data suggest that all students with disabilities are not treated equally. For example:

- ***Black students with disabilities, are more than three times as likely to be suspended (short-term) from school as White students with disabilities,***
- ***and 2.6 times as likely to be suspended for more than ten days.[v] [vi]***

The reauthorized IDEA now requires states to collect and report disaggregated race and ethnicity data on students who were suspended "out of school" for one day or more, [vii]but this information is not readily available.[viii]

Other research suggests that being suspended from school increases the risk of dropping out as well as future incarceration. One study shows that being suspended once increases the risk of dropping out by a factor of three and it is well established that dropping out dramatically increases the risk for involvement in the juvenile justice system. The data also show that both students with disabilities and minority youth are found in disproportionate numbers in the juvenile justice.

Congress intentionally sought to improve the quality of special education services that disparately disciplined minority students received. Part of the Congressional plan was to require states and districts to examine the disparate impact of the disciplinary practices, and explore whether minority students with disabilities who had been excluded from school were afforded the proper procedural protections and an adequate education. Most important, where the disparities are found to be significant districts must reserve 15% of their IDEA (Part B) funding to help prevent significant racial disproportionality in the discipline of students with disabilities.

The corrosive administrative actions reflect an official "signing statement" from the President attached to the IDEA in 2004. This Presidential signing statement makes explicit reference to these provisions (implicating over 40 pages of dense legislative text) and uses similarly vague language to suggest possible Constitutional conflicts. Like the statement issued in the 2007 IDEA letters to the states, the 2004 signing statement for the public at large provides no further details or legal analysis. In stead, the 2004 signing statement

suggests lurking legal issues might be implicated by all those provisions of the IDEA that the President characterizes as "taking account of race, culture, gender, age, region, socioeconomics, ideology, secularity, and partisan politics."[ix] OSEP's use of similarly veiled references may reflect a larger strategic effort by this Administration to institute its own brand of "colorblindness" into all federal programs.

The details of OSEP's guidance and response to states raises urgent issues:
More than a year after reauthorization, OSEP introduced an indicator "(4B)" as part of their "focused monitoring" guidance, a package of detailed instructions to ensure that the racial differences in discipline were examined in search of inappropriate root causes. Yet when they introduced the indicator, the federal government repeatedly delayed compliance, providing a blanket extension until 2008 before states were required to report progress with districts on this measure. Now the Department of Education has gone beyond delay and removed this indicator until further notice. The following vague explanation was attached in an appendage to a letter the Office for Special Education Programs (OSEP) of the DOED sent to each state in June 2007.
OSEP's Message: "Based upon our preliminary review of all State submissions for Indicator 4B, it appears that the instructions for this indicator were not sufficiently clear and, as a result, confusion remains regarding the establishment of measurements and targets that are race-based and for which there is no finding that the significant discrepancy is based on inappropriate policies, procedures, or practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. As a result, use of these targets could raise Constitutional concerns. Therefore, OSEP has decided not to review this year's submissions for Indicator 4B for purposes of approval and will revise instructions for this indicator to clarify how this indicator will be used in the future. Based upon this, OSEP did not consider the submissions for Indicator 4B in making determinations under section 616(d). It is also important that States immediately cease using Indicator 4B measurements and targets, unless they are based on a finding of inappropriate policies, procedures, or practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards."

OSEP put a hold on examining non-racial disparities in discipline, too. Following closely on the removal of indicator 4b, OSEP also withdrew the requirements under 4a, that each state look at the district discipline data and report how the disciplinary rates of students with disabilities compared to those of their non-disabled peers. In place of indicator 4's requirements the document says "reserved." The latest draft guidance issued by OSEP would quietly eliminate this review of discipline from the indicators for the focused monitoring review. (see link to draft guidance).

Three Recommended Actions: The solution is straightforward; each state should follow the law's requirement and define "significant racial disproportionality" in school discipline. Next each state should tell each district that meets the definitions that it must reserve 15% of their Part B funds for preventative interventions called "early intervening services." Finally, each state should monitor the practices of every district for possible inappropriate practices, policies or procedures.

1. Prepare for Congressional IDEA Oversight Hearings: Senator Kennedy is planning to hold oversight hearings this Fall covering several issues. Although no date is set, it will be important for civil rights and disability advocates to alert others when hearings are scheduled and attend, if possible.

2: Respond to the draft guidance with the rescinded discipline review by September 17th. Embedded in the large set of documents you will find on the federal register are draft revisions to OSEP's guidance. Advocates should argue that the removal of indicators 4a and 4b are unjust and unfair and that because high percentages of students with disabilities, disproportionately students of color wind up in correctional facilities, that this area demands much greater efforts from OSEP in terms of monitoring and enforcement of IDEA, not the elimination of the relevant indicators from focused monitoring.

The Federal Register announcement can be found at:

http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/pdf/E7-13813.pdf

However, you will need to go to the edics website to download the documents that you will be responding to. That website is http://edicsweb.ed.gov and select "browse pending collections" and then click on link number 3406. Comments are due by September 17th (60 day comment period).

3. Pass this urgent message on to other stakeholders, including members of the civil rights and disability advocacy community.

If you have further questions or would like assistance with your letter please contact Daniel J. Losen
Senior Education Law and Policy Associate
The Civil Rights Project at UCLA
harvardlosen@gmail.com
617-285-4745

Family & Medical Leave Act Protections

by Loring Spolter, Esq.

The Family and Medical Leave Act (FMLA) provides important job protections for parents who take time off from work because of children with serious health concerns.

- **Who is protected?**
- **Leave - for how long?**
- **What is short term leave?**

In Family and Medical Leave Act (FMLA): Protections for Parents, attorney Loring Spolter describes qualifying conditions, leave, protections, advanced notice, wages and benefits, awards and damages under FMLA.

Mr. Spolter, employment law attorney, created an Family Medical Leave Act Checklist to help you minimize difficulties and preserve legal rights when seeking FMLA leave.

Depression and Bipolar Wellness Guides

For children and teens with depression or bipolar disorder and their parents

Help us spread the word! Download the flyer about the guide (122k PDF).

These guides are designed to help you:

Help your child get well faster and stay well
Know what helps your teen and what doesn't
Avoid hospitalizations and suicidal behavior
Helps you communicate better with your child
Understand how to respond to adverse reactions from the Food and Drug Administration's Black Box warning on antidepressants or mood stabilizing medications

There is one guide for teens with depression or bipolar disorder and one for parents of teens and children with these conditions. They help you and your child monitor your child's treatment with daily and weekly tools. They are for families with children who are already diagnosed with depression or bipolar disorder and are in treatment (in talk therapy and/or taking medication).

We tested these guides with parents and teens across the country. Based on the feedback, we created a revised guide that includes bipolar disorder.
Get the PDF file of the guides.

***Coming Soon:* Get the printed Guides from Amazon. Currently, please contact us directly to order the guides at 781-890-0220 or info@familyaware.org.**

From Parents:
"Gave me the RIGHT words to use with my daughter. Also explained technical terms in simple, plain, layman's terms." - *M.D., Oklahoma*

"The guides helped me to feel less alone in dealing with my son's depression, affirmed what I was doing, and helped me discuss it with family members. I am now starting a support group as a result of this experience to reach out to other parents." - *N.L., Maine*

From Teens:
"When I was really depressed, I used the Guide to talk to my psychiatrist and to explain how my symptoms were getting worse. Together, we realized that I needed to be hospitalized." - *A.H., Texas*

"Helped me to remember what went on. Stuff came out that I never told my therapist before." - *R.S., Massachusetts*

"Before I was always answering, "I don't know" or "maybe"...now I can better describe what I am feeling and thinking and know my parents will understand. We talked almost daily about how I was feeling, doing...Felt less weird or angry about having this illness" - *M.L., Maine*

For many parents who are raising children and youth with mental, emotional and behavioral disorders it is very hard to find resources, training, services or someone to talk to that understands what they are going through. For over 10 years Iowa Federation of Families for Children's Mental Health has provided families and providers that service. Please use the below form to send in your donation.

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.