

# Mental Health

Last Reviewed July 2004

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## DEFINITION

Schools play an important role in fostering an environment conducive to wellness and they rank as an important protective factor in reducing the risk behaviors of students. As schools play a role in helping students stay healthy, school personnel may be instrumental in early identification and intervention of students with health problems.

With a myriad of mental health conditions that affect school-aged students, below are brief descriptions of only several of the more common conditions. More detailed information can be sought from resources on the World Wide Web and the DSM Code Book. The following descriptions are taken from the resource list identified after each section.

## PERVASIVE DEVELOPMENTAL DISORDERS

**Autistic Disorder:** Autism is characterized by abnormal social relationships, language impairment, and may affect cognitive performance. It is usually manifest during the first 3 years of life. Symptoms of this neurological disorder include difficulty in developing attachments to caregivers, impaired thinking, isolation and impaired social skills, repetitive and unimaginative play, and fixation on single item. They may be insensitive to physical stimuli. It is more common in boys than girls and has an apparent genetic component. About 60% of children diagnosed with Autism also have a co-occurring developmental disorder or mental retardation.

**Asperger's Disorder:** As part of the Autism spectrum, Aspergers is on the higher end of the cognitive scale of this disorder. It is characterized by social interaction impairment and repetitive patterns of behavior. Individuals with Aspergers have difficulty in reading non-verbal cues of others and understanding non-literal statements. There are generally no major delays in language or cognitive development. It is more common in boys than girls.

Resources: <http://card-sf.fmhi.usf.edu/cardpubs/factsheet/Engsheets/EngFactsheets5.pdf>

Autism Society of America <http://www.autism-society.org/site/PageServer>

Center for the Study of Autism: <http://www.autism.org/contents.html>

National Institute of Mental Health <http://card-usf.fmhi.usf.edu/cardpubs/factsheet/Engsheets/EngFactsheets5.pdf>

National Alliance for the Mentally Ill:  
[http://www.nami.org/Content/ContentGroups/Helpline1/Asperger\\_Syndrome.htm](http://www.nami.org/Content/ContentGroups/Helpline1/Asperger_Syndrome.htm)

## **ATTENTION-DEFICIT AND DISRUPTIVE BEHAVIOR**

**Attention-deficit/hyperactivity disorder:** Attention-deficit/hyperactivity disorder (ADD/ ADHD) is an illness characterized by inattention and impulsivity with or without hyperactivity. The most commonly diagnosed behavior disorder in young persons, ADHD affects an estimated three percent to five percent of school-age children. Boys are affected 2 – 3 times more than girls.

Although ADHD is usually diagnosed in childhood, it is not a disorder limited to children. ADHD often persists into adolescence and adulthood and is frequently not diagnosed until later years. ADHD often occurs with other disorders such as Oppositional Defiant Disorder, Conduct Disorder and Depression. (Source: National Alliance for the Mentally Ill Web site)

For more information see:

National Alliance for the Mentally Ill (NAMI)

[http://www.nami.org/Template.cfm?Section=By\\_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=9554](http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=9554)

Children and Adults with AD/HD <http://www.chadd.org/>

ADD/ADHD [http://www.ldonline.org/ld\\_indepth/add\\_adhd/add-adhd.html](http://www.ldonline.org/ld_indepth/add_adhd/add-adhd.html)

**Oppositional Defiant Disorder:** ODD is diagnosed by persistent behaviors lasting more than 6 months, of disobedient, negative and hostile behavior, defiance, fighting, and vindictive behavior, usually toward authority figures. The behavior, however, does not intrude into the rights of others, but does affect the child's ability to function optimally in school.

**Conduct Disorder:** Conduct Disorder is a recurrent or persistent pattern of behavior that includes aggression toward people and animals, destruction of property, deceitfulness or theft and serious violations of rules. Characteristics include insensitivity to the feelings of others, lack of remorse and misreading the actions of others to be threatening. Suicide

ideation is common. Onset is usually in late childhood or early adolescents and is seen more in boys than girls.

Resources: American Academy of Child and Adolescent Psychiatry

<http://www.aacap.org/publications/factsfam/conduct.htm>

[http://www.aacap.org/cs/root/facts\\_for\\_families/](http://www.aacap.org/cs/root/facts_for_families/)

## **MOOD DISORDERS**

**Bipolar Disorder:** Bipolar disorder, or manic depression, is a serious brain disorder that causes extreme shifts in mood, energy, and functioning. Occasionally, Bipolar disorder begins in children but more typically begins in adolescence or early adulthood and continues throughout life. It can be familial (a strong genetic predisposition that tends to run in families) and affects genders equally. Bipolar disorder is characterized by episodes of mania (extreme highs) and symptoms of depression that can last from days to months. It generally requires lifelong treatment, and recovery between episodes is often poor. (Source: NAMI and NMHA Web sites)

For more information see:

National Alliance for the Mentally Ill (NAMI)

[http://www.nami.org/Template.cfm?Section=By\\_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=10442](http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=10442)

National Mental Health Association:

[http://www.nmha.org/children/children\\_mh\\_matters/mood\\_disorders.cfm](http://www.nmha.org/children/children_mh_matters/mood_disorders.cfm)

National Institute of Mental Health [www.nimh.nih.gov/publicat/bipolarmenu.cfm](http://www.nimh.nih.gov/publicat/bipolarmenu.cfm)

<http://www.nimh.nih.gov/health/publications/topics/index-bipolar-disorder-publication-all.shtml>

Papolos, MD Demitri & Papolos Janice, “The Bipolar Child: the Definitive and Reassuring Guide to Childhood’s Most Misunderstood Disorder”.

**Depression in Children and Adolescents:** Depression is a disorder characterized by persistent symptoms of depression that lasts for at least 2 weeks and may last months or even years. It can occur at any age. Depression affects about one in every 33 children and one in 8 adolescents according to the Federal Center for Mental Health Services. Symptoms of depression include depressed mood, lack of interest or pleasure in activities, eating disturbance, sleeping disturbance, fatigue or loss of energy, feelings of worthlessness or guilt, difficulty concentrating and recurrent thoughts of death or suicide.

The process that leads to or sustains depression is not well understood. Environmental factors have about as much influence as genetic factors on depression. Adverse life

stresses particularly interpersonal "loss" events increase the risk for a depression. Children who experience abuse, neglect, or other trauma or who have a chronic illness are at high risk for depression. Depression can lead to academic underachievement, social isolation, and create difficult relationships with family and friends. Depression in children increases the risk of suicide. (Source NAMI and NMHA Web sites)

For more information see:

National Alliance for the Mentally Ill (NAMI) <http://www.namiwc.org/links.htm>

National Institute of Health (NIH)

<http://www.nimh.nih.gov/topic/Depression/mentalhealthan>

**National Mental Health Association (NMHA) -**

[http://www.nmha.org/children/children\\_mh\\_matters/depression.cfm](http://www.nmha.org/children/children_mh_matters/depression.cfm)

## **EATING DISORDERS**

**Anorexia Nervosa:** “Anorexia nervosa is a serious, often chronic, and life-threatening eating disorder defined by a refusal to maintain minimal body weight within 15 percent of an individual's normal weight. Other essential features of this disorder include an intense fear of gaining weight, a distorted body image, and amenorrhea (absence of at least three consecutive menstrual cycles when they are otherwise expected to occur). In addition to the classic pattern of restrictive eating, some people will also engage in recurrent binge eating and purging episodes. Starvation, weight loss, and related medical complications are quite serious and can result in death. People with anorexia nervosa ignore hunger and thus control their desire to eat. This desire is frequently sublimated through cooking for others or hiding food that they will not eat in their personal space. Obsessive exercise may accompany the starving behavior and cause others to assume the person must be healthy.” (Source: NAMI Web site)

**Bulimia Nervosa:** “Bulimia nervosa is a serious eating disorder marked by a destructive pattern of binge-eating and recurrent inappropriate behavior to control one's weight. Binge eating is defined as the consumption of excessively large amounts of food within a short period of time. The food is often sweet, high in calories, and has a texture that makes it easy to eat fast. "Inappropriate compensatory behavior" to control one's weight may include purging behaviors (such as self-induced vomiting, abuse of laxatives, diuretics, or enemas) or non-purging behaviors (such as fasting or excessive exercise). For those who binge eat sometimes any amount of food, even a salad or half an apple, is perceived as a binge and is vomited.

People with bulimia nervosa often feel a lack of control during their eating binges. Their food is usually eaten secretly and gobbled down rapidly with little chewing. A binge is usually ended by abdominal discomfort. When the binge is over, the person with bulimia feels guilty and purges to rid his or her body of the excess calories. To be diagnosed with bulimia, a person must have had, on average, a minimum of two binge-eating episodes a

week for at least three months. The first problem with any eating disorder is constant concern with food and weight to the exclusion of almost all other personal concerns.” (Source: NAMI Web site)

For more information see:

National Alliance for the Mentally Ill (NAMI)

[http://www.nami.org/Template.cfm?Section=By\\_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7638](http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7638)

[http://www.nami.org/Template.cfm?Section=By\\_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7948](http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7948)

National Institute of Health (NIH)

<http://www.nimh.nih.gov/publicat/eatingdisordersmenu.cfm>

Eating Disorders – <http://wwwcenterforeatingdisorders.org/?page+5>

## **ANXIETY DISORDERS**

### **Obsessive-compulsive disorder:**

Obsessive-compulsive disorder manifests itself in intense, recurrent, obsessive thoughts and/or repetitive behaviors that the individual feels they cannot control. Repetitive behaviors such as hand washing, counting, checking, or cleaning are often performed with the hope of easing tension and anxiety and performed to prevent often imagined disaster associated with obsessive thoughts.. The disorder often begins during childhood or adolescents. Boys and girls are equally affected. (Source: NIMH Web site)

For more information see:

National Alliance for the Mentally Ill (NAMI)

[http://www.nami.org/Template.cfm?Section=By\\_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7415](http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7415)

National Institute of Mental Health (NIMH) <http://www.nimh.nih.gov/health/index/shtml>

**Panic Disorder:** Panic disorder is characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms of fear that may include chest pain, heart palpitations, shortness of breath, dizziness, or abdominal distress that the person feels they are not able to control. This is often in response to ordinary, non-threatening situations. (Source: NMHA and NAMI Web site)

For more information see:

National Alliance for the Mentally Ill (NAMI)

[http://www.nami.org/Template.cfm?Section=By\\_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7639](http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7639)

SAMHSA <http://www.mentalhealth.samhsa.gov/cmhs/managinganxiety/>

National Institute of Health (NIH) <http://www.nimh.nih.gov/anxiety/anxietymenu.cfm>

<http://www.nimh.nih.gov/anxiety/panicmenu.cfm>

National Mental Health Association - <http://www.nmha.org/infoctr/factsheets/32.cfm>

**Post-Traumatic Stress Disorder:** Posttraumatic stress disorder (PTSD) can occur after someone experiences a traumatic event that caused intense fear, helplessness, or horror. PTSD can result from personally experienced traumas (e.g., rape, war, natural disasters, abuse, serious accidents, and captivity) or from the witnessing or learning of a violent or tragic event.

While it is common to experience a brief state of anxiety or depression after such occurrences, people with PTSD continually re-experience the traumatic event; avoid individuals, thoughts, or situations associated with the event; and have symptoms of excessive emotions. People with PTSD have symptoms for a month or longer and cannot function as well as they did before the traumatic event. PTSD symptoms usually appear within three months of the traumatic experience; however, sometimes symptoms do not occur for months or even years later. (Source: NAMI Web site)

For more information see:

National Association of Mental Illness (NAMI)

[http://www.nami.org/Template.cfm?Section=By\\_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=10095](http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=10095)

National Institute of Health (NIH) <http://www.nimh.nih.gov/anxiety/ptsdmenu.cfm>

## **SCHIZOPHRENIA AND OTHER PSYCHOTIC DISEASE**

**Schizophrenia:** Schizophrenia interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others. The hallmark symptom of schizophrenia is psychosis, a lack of contact with reality that is defined by the presence of delusions and hallucinations. The first signs of schizophrenia typically emerge in the teenage years or twenties. It is an uncommon psychiatric illness in children and is hard to recognize in its early phases. The appearance of schizophrenic symptoms before age 12 is rare. The behavior of children and teens with schizophrenia may differ from that of adults. Most schizophrenic children show delays in language and other functions long before their psychotic symptoms (hallucinations, delusions, and disordered thinking) appear, usually at age seven or later. In the first years of life, about 30% of these children have transient symptoms of pervasive developmental disorder, such as rocking, posturing, and arm flapping. Mounting evidence indicates that schizophrenia has neuro-developmental roots. Most people with schizophrenia suffer chronically or episodically throughout their lives, and are often stigmatized by lack of public understanding about the disease.

Early warning signs that might be present in teens for psychosis include: social withdrawal; a drop in functioning; uncharacteristic or peculiar behavior; difficult concentrating; heightened sensitivity to sights, sounds, smells or touch; lack of motivation or energy; sleep and appetite changes; suspiciousness of others; unusual or exaggerated beliefs.

(Source: NAMI and NMHA Web sites)

For more information see:

National Alliance for the Mentally Ill <http://www.nim.nih.gov/pubs/factsheets.shtml>

National Institute of Health <http://www.nimh.nih.gov/publicat/schizmenu.cfm>

National Mental Health Association <http://www.nmha.org/infoctr/factsheets/77.cfm>

## **PERSONALITY DISORDER**

**Borderline Personality Disorder:** Borderline Personality Disorder (BPD) is characterized by impulsivity and instability in mood, self-image, and personal relationships. It is fairly common and is diagnosed more often in females than males. There is a high rate of self-injury without suicide intent, as well as a significant rate of suicide attempts and completed suicide in severe cases (Source: NAMI and NIH Web site)

For more information see:

National Alliance for the Mentally Ill (NAMI)

[http://www.nami.org/Template.cfm?Section=By\\_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7671](http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7671)

National Institute of Health (NIH)

<http://www.health.nih.gov//topic/AttentionDeficitHyperactivityDisorder/MentalHealthandBehavior>

## **SUICIDAL BEHAVIOR**

**Suicide in Youth:** Suicide is the result of many complex factors. Younger adolescent suicide victims have lower rates of psychopathology than do adults (Gould et al., 2003). Studies show that suicide attempts among young people may be based on long standing problems triggered by a specific event and impulsive actions. Suicidal adolescents may view a temporary situation as a permanent condition. Feelings of anger and resentment combined with exaggerated guilt can lead to impulsive, self-destructive acts.

It is important to note that while the majority of suicide victims have a history of psychiatric disorders, especially mood disorders, very few adolescents with psychiatric disorders will go on to complete suicide. (Source: NAMI and NMHA Web sites) (See Borderline Personality Disorder and Depression above.)

For more information see:

Maine Bureau of Health <http://www.maine.gov/dhs/bohdcfh/inj/suicide.html>

National Alliance for the Mentally Ill  
[http://www.nami.org/Template.cfm?Section=By\\_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=3&ContentID=10244](http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=3&ContentID=10244)

National Institute of Health <http://www.nih.gov/topic/suicide/MentalHealthandBehavior>

National Mental Health Association - <http://www.nmha.org/infoctr/factsheets/81.cfm>

### **Self-Injurious Behavior “Cutting” –**

Self-injurious behavior has many causes. SIB is often a symptom of Borderline Personality Disorder, although it is not exclusive to this diagnosis. It is believed that “cutting” behavior may be a reaction to overwhelming feelings of emotion, anger, rejection, loss or abandonment. It can also be an expression of anger toward self. It may be a response to stress or trauma and provides a sense of control for the student. It is often a plea for help but is often not related to suicidal behavior. The student may have a history of abuse/violence. The onset is around 10 – 16 years of age. Professional help should be encouraged.

For more information see:

American Academy of Child and Adolescent Psychiatry – Self Injurious Behavior -  
[http://www.aacap.org/cd/root/facts\\_for\\_families/selfinjury\\_in\\_adolescents](http://www.aacap.org/cd/root/facts_for_families/selfinjury_in_adolescents)

Performance Resource Center -  
[http://www.prponline.net/School/SAJ/Articles/understanding\\_self\\_injurious\\_behavior.htm](http://www.prponline.net/School/SAJ/Articles/understanding_self_injurious_behavior.htm)

Symptoms

[http://www.aacap.org/cs/resources\\_for\\_families/glossary\\_of\\_symptoms\\_and\\_mental\\_illness](http://www.aacap.org/cs/resources_for_families/glossary_of_symptoms_and_mental_illness)

The Cool Nurse - <http://www.coolnurse.com/self-injury.htm>

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## **ROLE OF THE SCHOOL/SCHOOL NURSE**

The school nurse plays an intricate role with students who have a mental health disorder. School nurses are often the focal point for students in coordinating school plans with parents, medical and mental health personnel, and school staff. The school nurse collaborates with the School Counselor when addressing issues of mental health. The role of the school nurse includes:

- Participating on the Crisis Intervention Team to work toward prevention and intervention for students with mental health disorders/problems.
- Providing assessment, referral and follow-up.
- Establishing a school plan including accessing professional help for students exhibiting symptoms of mental health problems or suicide.
- Communicating with health and mental health providers, parents and students regarding the school plan of care for the student.
- Participating on the transition team for reentry into school. Contact with the mental health facility staff should be made before the student returns to school.
- As appropriate, establishing an IHP for students in collaboration with parents, teachers, health providers, student and others as appropriate.
- As appropriate, establish a 504 plan or participate in the IEP for the student.
- Administering medication as prescribed.
- Offering teachers and other school staff, as appropriate, education regarding the mental health condition, behaviors to anticipate, appropriate responses and when to contact the school nurse or school counselor.
- Working with the Bureau of Health, Suicide Prevention Program to develop school preparedness to address students with suicidal ideation.
- Working to assure that school is a safe place for all. This can include anti-bullying programs, civil rights teams, and welcoming programs for new students, student peer programs, etc. An open welcoming school nurse office can encourage students with problems to seek assistance.
- Being aware of and a resource for students experiencing loss and grief and provide services as appropriate.

#### **Other Resources:**

American Academy of Child and Adolescent Psychiatry

<http://www.aacap.org/about/glossary/>

NAMI Maine - <http://me.nami.org//mst.template.cfm?micro.CED+186>

Maine Department of Behavioral and Developmental Services.

[http://www.state.me.us/bds/children/Child\\_index.htm](http://www.state.me.us/bds/children/Child_index.htm)

SAMSA Mental Health Information Center <http://www.mentalhealth.org/>

Texas School Health Manual, Mental Health section

<http://www.dshs.state.tx.us/schoolhealth/chap6.pdf>

Kids Health - [www.kidshealth.org](http://www.kidshealth.org)

Children's Hospital Boston – <http://www.youngmenshealthsite.org>

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