Information about:

Depression

Revised 2013

Vermont Family Network

Vermont Family Network
600 Blair Park Road, Ste 240
Williston, VT 05495
1-800-800-4005
www.VermontFamilyNetwork.org

Introduction

Information About Depression is part of a series of information packets developed by the Vermont Family Network (VFN). Designed to provide basic information, the packet includes fact sheets, articles, advocacy tips, and resources for families of children with special needs and for the professionals working with them.

After reading the packet, we hope that you'll have a greater understanding of depression and the ways in which parents and professionals can support children at home, in school, and in the community. We've selected information from a variety of sources, and many articles are on the Internet.

Thank you to BEST (Building Effective Strategies for Teaching), Vermont Agency of Education, for making this publication possible. Thanks also to the organizations and authors who gave us permission to use their articles and fact sheets. Use of any specific articles in this packet is meant for information purposes only and doesn't indicate any endorsement on the part of VFN of the views and opinions of the authors.

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Depression in Children and Adolescents

How common is depression in children and adolescents?

Studies have shown that on any single day (called “point prevalence” by epidemiologists) about 2 percent of school-aged children and about 8 percent of adolescents meet the criteria for major depression. Looking in the long term, the numbers are higher—for instance, one in five teens have experienced depression at some point. In primary care settings the rates of depression are higher still—as many as 28 percent for adolescents. Preschool depression has begun to attract interest in the literature but much more needs to be learned about how mood disorders may affect this age group.

Which youth get depression?

During childhood, the number of boys and girls affected are almost equal. In adolescence, twice as many girls as boys are diagnosed. Well over half of depressed adolescents have a recurrence within seven years. Several factors increase the risk of depression, including a family history of mood disorders and stressful life events.

Repeated episodes of depression can take a great toll on a young mind. It is prudent to get an evaluation followed by tailored treatment to prevent the social isolation, self-esteem consequences and safety risk of persistent depression.

Do youth with depression need treatment? Will they just "grow out of it"?

Episodes of depression in children appear to last six to nine months on average, but in some children they may last for years at a time. When children are experiencing an episode they do less well at school, have impaired relationships with their friends and family, internalize their feelings and have an increased risk for suicide. To ignore these warning signs and hope for the best while the child tries to cope is a risky decision. There are effective treatments for youth depression.

How can you tell if your child is depressed?

Signs that frequently help parents or others know that a child or teen should be evaluated for depression include:

- feeling persistently sad or blue;
- talking about suicide or being better off dead;
- becoming suddenly much more irritable;
- having a marked deterioration in school or home functioning;

Depression in Children and Adolescents (continued)

How can you tell if your child is depressed? (continued)

- reporting persistent physical complaints and/or making many visits to school nurses;
- failing to engage in previously pleasurable activities or interactions with friends; and
- abusing substances.

Because the child or teen experiencing depression may not show significant behavioral disturbance—that is, the depression may be taking an internal toll without disrupting the family—parents sometimes "hope for the best" or fail to get a child evaluated.

What are the treatments for children and adolescents with depression?

There are two main groups of treatments for children with depression with well- demonstrated evidence of efficacy:

- Psychotherapy (talk therapy)
- Pharmacotherapy (medications)

Additionally, in September 2009 a study was published by Fristad, et al. demonstrating that family psychoeducation was beneficial for children with depression ages 8–12. This is a key area for further study.

All treatment options have risks and benefits. The best strategy is to educate yourself about the choices you can make, share the decision with your child or teen and evaluate what is best for your child. Untreated depression confers a real risk of suicide, so it is important to consider that no treatment also carries risks.

Exercise and social support are also necessary elements of any good treatment plan to address youth depression. These interventions may fail to address more serious symptoms but remain important components throughout the course of treatment.

Rigorous studies have shown both talk therapy and medications to be useful. Both treatments were more effective than when a placebo alone was given in the NIMH-funded Treatment for Adolescents with Depression Study (TADS). This landmark study also demonstrated that the combination of the two interventions is likely to create even better results than either one alone.

What are the treatments for children and adolescents with depression? (continued)

There are two different kinds of psychotherapy that studies have shown to be effective for children and/or adolescents—cognitive behavioral therapy (CBT) and interpersonal therapy (IPT). CBT concentrates on changing the negative attributional bias (seeing every cup as half-empty) associated with major depression. CBT attempts to challenge the automatic negative thinking that may contribute to depression. IPT focuses on a patient's self-concept and relationships with peers and family. More unstructured therapy with a supportive person may also be helpful but is more difficult to study. Ask potential therapists about the kind of psychotherapy they practice and why they feel it might help your child.

Antidepressant therapy can be an effective treatment option for child and adolescent depression, but it also carries risks. Fluoxetine (Prozac) is the only antidepressant specifically approved by the FDA for the treatment of depression in children ages 8 and older. Doctors can prescribe other antidepressant medications "off label" (not specifically approved by the FDA for that condition). If a doctor suggests another medication it is a good idea to ask more questions. Ask why he or she is not recommending the medication approved by the FDA for this condition, and what research and experience are the basis for the recommendation. You may ask for a second opinion from another doctor if you are not sure this is the best course of action.

There are three important considerations with the use of antidepressants in children and adolescents:

1. Suicidal thoughts. In 2004, the FDA issued a strong "black box" warning about the risk of increased suicidal thoughts and actions in a small percentage of children and adolescents who take antidepressants. While none of the 2200 children and adolescents in antidepressant studies killed themselves, a review of the data determined that the rate of suicidal thoughts was about 4% for those taking the medication, double the rate expected. It is important to have regular care assessments, monitoring and follow-up, particularly in the first months of medication treatment. Please visit the FDA website for more detail.

   In addition, in 2006 the FDA expanded the warning about suicidal thoughts and antidepressants to include adults under the age of 25. All treatment options have risks and benefits. The best strategy is to educate yourself about the choices you can make, to share the decision with your child or teen and to evaluate what is best in the context of a comprehensive care plan.

Depression in Children and Adolescents (continued)

What are the treatments for children and adolescents with depression? (continued)

2. Bipolar disorder. Children and adolescents who first experience a major depressive episode may, over time, be predisposed to bipolar disorder. Reviewing any family history of bipolar disorder and being mindful of this possibility is a good idea when treating a child or adolescent experiencing a major depressive episode as antidepressants may increase the risk of mania in some youth.

3. Research on depression in children and adolescents. Research is ongoing in this important area, and more needs to be learned. Ask your caregiver about how the latest research studies have influenced the treatment plan. Look through the NIMH website for a summary of the latest research. Of future interest are NIMH-funded studies TORDIA (Treatment of SSRI-Resistant Depression in), TASA (Treatment of Adolescent Suicidal Attempters) and ASK (Antidepressant Safety in Kids).

What is the right treatment for my depressed child?

First, be sure that the caregiver has performed an in-depth assessment that looks at the whole person—the environment, school life, medical and family history and current living situation. It is important to have a real understanding of the stresses and strengths a youth brings to the equation. It is also essential to make the youth a part of the emerging plan. There is no "one size fits all" in mental health; interventions need to be tailored to the individual.

Once the diagnosis is made, ask the clinician to collaboratively develop a treatment plan with your child and family. Target symptoms that you and your child are hoping will improve (e.g. sleep problems, self-harming statements, school attendance or performance) that will help track your child's progress. Treatment needs to be specific to your child and his or her world. For example, if there is a co-occurring alcohol problem, that must also be addressed. If there is a learning disability or bullying problem at school, that needs attention. Addressing family stresses or conflict may also be part of helping the youth.

If you have concerns about your child's safety, be sure to have a plan for responding to these concerns. This should include how to access resources after hours and on weekends.

In general, the youth, family and clinician should together choose a first treatment or treatments and give that regimen an adequate trial determined in concert with the doctor (e.g., eight to 12 weeks). The treatment should be reevaluated at the end of that time if it is not working.

Depression in Children and Adolescents (continued)

How long should my child stay on treatment?

Treatment duration should be driven by the improvement and severity of the symptoms. Assuming a simple and positive treatment response, medications are typically continued at least six months after response before tapering off. Many therapists will decrease the frequency of psychotherapy sessions but continue some maintenance therapy longer than the initial eight to 12 weeks of treatment. Treatment for a first episode of depression is likely to last at least six to 12 months with either treatment but may be longer.

For recurring depression, many clinicians will recommend a person stay on medication for considerably longer periods, sometimes years, to prevent a recurrence. In that case, one key is to help the youth recognize when their symptoms are recurring or worsening so that additional supports can be activated.

The field of depression treatment for youth is continuously evolving and recent research may hold new information to better guide these decisions. The NIMH is a good source to summarize these recent findings. The American Association of Child and Adolescent Psychiatry is another good resource.

Reviewed by Ken Duckworth, M.D.

National Alliance on Mental Illness. (July 2010). Depression in Children and Adolescents Fact Sheet. Retrieved from http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=88551

Home and Family Strategies: Depression

This Quick Fact Sheet contains strategies designed to address potential symptoms of child depression and should be used in consultation and collaboration with mental health personnel or as part of a larger intervention approach. These pages contain only a portion of many possible strategies available to address symptoms of depression. Strategies should always be individualized and implemented with careful consideration of the differences of each child and the context of their individual circumstances. Additionally, this information should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

If you notice a significant change in mood in your child that lasts for more than a week, share your observations with the child's pediatrician and/or school's mental health support team.

Strategies for Depressed or Irritable Mood

- Identify one family member or friend to act as your child's check in person and as a point person for family communication
- Provide built-in opportunities for your child to talk with a supportive adult who has the time and ability to listen attentively
- Validate your child's experience and feelings ("I know that things are really hard for you right now")
- Provide your child with opportunities for "self time out" to regroup when s/he is feeling excessively sad or irritable
- Teach your children to identify their mood patterns and appropriate ways to communicate anger, frustration, sadness, etc.
- Help your child to identify automatic negative thoughts and strategies for reframing these negative thoughts; encourage positive self talk

Home and Family Strategies: Depression (continued)

Strategies for Motor Restlessness

- Integrate physical activity (i.e. walking the dog, shooting hoops) throughout the evenings and on weekends, and participate if possible; generally, provide opportunities for your child to be active within the house/yard/neighborhood

- Provide your child with outlets for physical restlessness, such as stress or yoga balls, rocking chairs, or standing while completing homework or other tasks

Strategies for Slowed Psycho-Motor Responses

- Provide your child with written copies of household chores and/or expectations

- Allow reminders and flexible deadlines for project/chore completion

- Avoid correcting your child for non-academic reasons such as messy work when s/he is completing homework

- Allow child more time to respond when asking questions or making requests

Strategies for Feelings of Worthlessness and/or Excessive Guilt

- Model that it is okay to make mistakes; point out and make light of your own mistakes

- Model how to reframe mistakes into opportunities

- Provide your child with additional, meaningful responsibilities

- Discourage children from participating in activities that result in increased negative feelings about themselves

- Demonstrate unconditional acceptance of your child (although not his or her behavior if it is inappropriate)

- Separate child from siblings or peers who are negative or who frequently point out the failings of others

Home and Family Strategies: Depression (continued)

Strategies for Changes in Appetite

- Collaborate closely with your child's pediatrician and school nurse
- Monitor child's eating, but do not become a food gatekeeper
- Allow healthy "grazing" throughout the day/evening
- Provide opportunities for physical activity throughout the week

Strategies for Fatigue or Loss of Energy

- Coordinate with your child's pediatrician, the school nurse, and your child's teachers to allow healthy grazing on foods that may increase your child's energy
- Encourage outdoor activities where children can benefit from the effects of sunlight and exercise
- Provide your child with sensory-stimulating tools such as a stress or yoga ball and encourage frequent motor breaks
- Allow your child to self-select a household chore/role of high interest (i.e. helping with errands, computer tasks, baking or cooking)
- Incorporate physical activity throughout the week (i.e. urge your child to walk, bike, or skateboard and to engage in physical activity with friends)
- Reduce household chores and/or allow more time for their completion
- Allow the child more time to respond to family conversations and activities
- Provide your child with an opportunity for a short rest or nap period if s/he is struggling to stay awake and if it does not interfere with the child's ability to sleep at night
- Identify child's interests and preferred activities and try to incorporate them into his/her daily schedule
- Ask your child's school team to consider allowing your child to demonstrate his or her learning and knowledge through alternative methods

Home and Family Strategies: Depression (continued)

Strategies for Diminished Interest in Usual Activities

- Identify the child's typical interests and/or favorite activities; integrate them into the child's home routine

- Gently encourage your child to participate in activities with friends/peers who have been a positive part of their life; do not force social interaction or participation in activities

- Encourage similar-age family members/peers to invite your child to participate in weekend and extracurricular activities

- Allow your child to attend group activities without requiring active participation

- Give your child opportunities to help their siblings and peers in areas in which they excel or to make important decisions about family or play activities

- Initiate conversations with your children upon their return home from high-interest activities/outings

Strategies for Difficulty with Concentration or Decision-Making

- Provide expectations/requests in writing when possible

- Prompt your child to use a day planner to keep track of homework; provide support at home each night to make sure the child understands assignments and has all necessary materials

- Provide your child with a self-selected homework space where s/he can feel focused and productive

- Help your child organize projects and break down projects/assignments into manageable parts

- Help child to develop short term goals, even one morning or day at a time, to help them feel that life is more manageable

- Ask your child's school team to provide preferential seating based on academic and emotional needs

Home and Family Strategies: Depression (continued)

Suicidal Ideation

There are some signs that may indicate overt suicidal crisis and should be acted upon immediately by engaging your community's mental health crisis team. Call First Call at 488-7777* or dial 9-1-1 if you notice any of these signs:

- Threats or attempts to hurt or kill oneself
- Looking for the means (e.g. gun, pills, rope) to kill oneself
- Making final arrangements such as writing a will or a farewell letter or giving away cherished belongings
- Pre-occupation with suicide or dying (often expressed through writing, art, music, online forums like Facebook) in conjunction with depression symptoms or high risk behavior
- Showing sudden improvement after a period of extreme sadness and/or withdrawal

* Chittenden County, Vermont only.

Students FIRST Project. (2011). Home and Family Strategies: Depression. HowardCenter. Retrieved from http://studentsfirstproject.org/wp-content/uploads/Home-and-Family-Depression-Strategies.pdf

School and Classroom Strategies: Depression

This Quick Fact Sheet contains strategies designed to address potential symptoms of student depression and should be used in consultation and collaboration with your school's mental health personnel or as part of a larger intervention approach. These pages contain only a portion of many possible strategies available to address symptoms of depression in the classroom. Strategies should always be individualized and implemented with careful consideration of the differences of each child and the context of their individual circumstances. Additionally, this information should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

If you notice a significant change in mood in any child that lasts for more than a week, share your observations with the child's parent and/or guardian and with your school's mental health support team.

Strategies for Depressed or Irritable Mood

- Identify one teacher or other staff member to act as the student's advocate, a check in person, and as a point person for communicating with parents
- Provide built-in opportunities for the student to talk with a supportive adult who has the time and ability to listen attentively
- Validate the student's experience and feelings ("I know that things are really hard for you right now")
- Provide the student with opportunities for "self time out" to regroup when they are feelings excessively sad or irritable
- Teach the student to identify their mood patterns and appropriate ways to communicate anger, frustration, sadness, etc.
- Help the student to identify automatic negative thoughts and strategies for reframing these negative thoughts; encourage positive self talk

School and Classroom Strategies: Depression (continued)

Strategies for Motor Restlessness

- Design daily lessons so that the student has to actively respond to an assignment (i.e. write on the board)
- Integrate physical activity (i.e. walking on the track, shooting hoops) throughout the school day, not just contingent upon achievement
- Provide the student with an in-class outlet for physical restlessness, such as a stress ball or allowing the student to stand when completing some assignments

Strategies for Slowed Psycho-Motor Responses

- Provide student with written copies of class notes and/or assignments
- Allow flexible deadlines for work completion
- Avoid lowering grades for non-academic reasons such as messy work
- Allow student more time to respond when asking questions or making requests

Strategies for Feelings of Worthlessness and/or Excessive Guilt

- Model that it is okay to make mistakes; point out and make light of your own mistakes
- Model how to reframe mistakes into opportunities
- Provide the student with additional, meaningful responsibilities
- Discourage student from participating in activities that result in increased negative feelings about themselves
- Demonstrate unconditional acceptance of the student (though not his or her behavior if it is inappropriate)
- Separate student from peers who are negative or who frequently point out the failings of others

School and Classroom Strategies: Depression (continued)

Strategies for Changes in Appetite

- Collaborate closely with the school nurse
- Monitor student's eating, but do not become a food gatekeeper
- Allow healthy "grazing" throughout the school day
- Provide opportunities for physical activity throughout the school day

Strategies for Fatigue or Loss of Energy

- Coordinate with the school nurse to allow healthy grazing on foods that may increase student energy
- Place the student in a brightly lit area in close proximity to instruction
- Provide the student with sensory-stimulating tools such as a stress ball to use throughout the day and offer frequent motor breaks
- Allow the student to self-select a classroom job/role of high interest (i.e. running errands, setting up computer)
- Incorporate physical activity throughout the day (i.e. urge the student to walk with a friend or teacher during recess or breaks, have the student deliver notes to the office)
- Provide the student with an audio or video recording and/or written notes of class lessons, assignments, or instructions
- Reduce homework or extend deadlines, as necessary and appropriate
- Allow the student more time to respond to classroom activities (both written or verbal)
- Assess the student on effort and on work completed rather than on work assigned
- Allow the student to demonstrate learning and knowledge through alternative methods

School and Classroom Strategies: Depression (continued)

Strategies for Fatigue or Loss of Energy (continued)

- Provide the student with an opportunity for a short rest or nap period if s/he is struggling to stay awake in class and if it does not interfere with the student's ability to sleep at night

- Plan testing and other "high stakes" activities for times of day when the student is most alert

- Identify student's interests and preferred activities and try to incorporate them into his/her daily schedule

Strategies for Diminished Interest in Usual Activities

- Identify the student's typical interests and/or favorite activities; integrate them into the student's school day

- Gently encourage the student to participate in activities with peers who have been a positive part of their life; do not force social interaction or participation in activities

- Encourage peers to invite the student to participate in extra-curricular activities

- Allow the student to attend group activities without requiring active participation

- Give the student opportunities to help their peers in areas in which they excel or to make important decisions about class activities

- Initiate conversations with the student when they arrive, leave, and/or take a break

Strategies for Difficulty with Concentration or Decision-Making

- Deliver assignments in writing

- Prompt the student throughout the day to use a day planner to keep track of assignments; provide support at the end of each day to make sure the student has all assignments documented and all necessary materials

- Provide the student with an extra set of books to keep at home

School and Classroom Strategies: Depression (continued)

Strategies for Difficulty with Concentration or Decision-Making (continued)

- Help student organize projects and break down assignments into manageable parts
- Help student to develop short term goals, even one period or day at a time, to help them feel that life is more manageable
- Provide preferential seating—based on student's academic and emotional needs

Suicidal Ideation

There are some signs that may indicate overt suicidal crisis and should be acted upon immediately by engaging your school's mental health crisis team and calling First Call at 488-7777* or dialing 9-1-1. These include:

- Threats or attempts to hurt or kill oneself
- Looking for the means (e.g. gun, pills, rope) to kill oneself
- Making final arrangements such as writing a will or a farewell letter or giving away cherished belongings
- Pre-occupation with suicide or dying (often expressed through writing, art, music, online chat spaces) in conjunction with depression symptoms or high risk behavior
- Showing sudden improvement after a period of extreme sadness and/or withdrawal

* Chittenden County, Vermont only.

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Advocating for Your Child: 25 Tips for Parents

By David Fassler, M.D.

According to the Surgeon General, 1 child in 5 will experience significant problems due to a psychiatric disorder. The good news is that we can help many, if not most, of these youngsters. The real tragedy is that so few, less than 1 in 3, are receiving the comprehensive treatment they really need.

Children and adolescents with emotional and behavioral problems deserve access to the best possible mental health care. Unfortunately, such services are often difficult to obtain. Parents can help by being informed, involved and persistent advocates on behalf of their children.

The following outline offers specific tips and suggestions which parents may find useful in such advocacy efforts.

Individual advocacy for your own child:

1. **Get a comprehensive evaluation.** Child psychiatric disorders are complex and confusing. A full assessment will often involve several visits. Effective treatment depends on a careful and accurate diagnosis.

2. **Insist on the best**. Talk to physicians, therapists, guidance counselors and other parents. Find out who in your community has the most experience and expertise in evaluating and treating your child's particular condition. Check the clinician's credentials carefully. Are they appropriately licensed or certified in your state? If he or she is a physician, are they "Board Certified"? Push schools, insurance companies and state agencies to provide the most appropriate and best possible services, not merely services which are deemed sufficient or adequate.

3. **Ask lots of questions about any diagnosis or proposed treatment.** Encourage your child to ask any questions he or she may have, as well. Remember that no one has all the answers, and that there are few simple solutions for complex child psychiatric disorders. In addition, all treatments have both risks and benefits. Make sure you and your child understand the full range of treatment options available so you can make a truly informed decision.

4. **Insist on care which is "family centered" and which builds on your child's strengths.** Ask about specific goals and objectives. How will you know if treatment is helping? If your child's problems persist or worsen, what options and alternatives are available?

Advocating for Your Child: 25 Tips for Parents (continued)

5. **Ask about comprehensive "wrap around" or individualized services, geared specifically to the needs of your child and family.** Are such services available in your state or community? If not, why not?

6. **Be prepared.** One of the most important things you can do to help your child is to keep all information, including past consultation and treatment reports, in an organized place. Insist on receiving your own copies of all evaluations. Records can easily be misplaced, delayed or even destroyed. Maintaining your own file with all relevant information can help avoid unnecessary duplication of previous treatment efforts.

7. **Feel free to seek a second opinion.** Any responsible mental health professional will be glad to help with referrals or by sharing information. If you have any questions at all about your child's diagnosis or the proposed course of treatment, by all means, arrange an independent consultation with another clinician.

8. **Help your child learn about their condition.** Use books, pamphlets and the Internet. Make sure the information is age-appropriate. Answer questions with honest, accurate and consistent information, but don't overload children with more detail than they need or want.

9. **Learn the details of your insurance policy, and learn about the laws governing insurance in your state.** For example, in some states, insurance companies must provide access to a specialist, such as a child and adolescent psychiatrist, within a certain distance from your home. If no such specialist is available as part of the company's "network", you may be able to receive treatment from a provider of your choice, with the insurance company responsible for full payment.

10. **Work with the schools.** Insist on access to appropriate mental health consultation services. Suggest in-service training programs to enhance awareness about child psychiatric disorders. Request copies of your child's educational records, including the results of any formal testing or other evaluations. Ask to be included in any and all school meetings held to discuss your child.

11. **Learn about the reimbursement and funding systems in your state.** The more you know, the better you can advocate on behalf of your child. How does Medicaid work? Which services are covered and which are excluded? Is there a "waiver program" which allows increased flexibility based on the specific needs of children and families? Is your child eligible? If not, why not? What other sources of funding are potentially available?

Advocating for Your Child: 25 Tips for Parents (continued)

12. **Get to know the state insurance commissioner and healthcare "ombudsperson" or consumer representative.** Ask them to attend regular meetings with parent groups. Let them know about your experiences.

13. **Use a lawyer, if necessary.** Learn about the local legal resources. Find out which lawyers in your community are familiar with educational and mental health issues. Talk to your local Protection and Advocacy agency or American Civil Liberties Union for suggestions. Call the State Bar Association. Talk to other parents who are lawyers or who have used lawyers. Consider a legal consultation to make sure you are pursuing all appropriate avenues and options regarding services for your child.

Statewide advocacy for all children, including your own:

14. **Become politically active.** Meet with state senators and representatives. Question candidates about their positions on access to necessary and appropriate mental health services for children and families. Testify at hearings on state legislation and budgets. Legislators are more likely to be influenced and persuaded by personal stories than by data, statistics or the opinions of professionals.

15. **Build coalitions and work with local advocacy and parent organizations** such as NAMI, NMHA and the Federation of Families. Develop and publicize a common "Agenda for Children's Mental Health".

16. **Teach children about advocacy.** Invite them to become involved in advocacy activities, where appropriate, but don't force them to participate.

17. **Develop a legislative strategy.** If your state does not yet have parity legislation, put this at the top of the agenda. Other "family protection" initiatives include:

    - access to an independent panel to review and potentially reverse insurance company denials
    - consumer representation on community mental health center boards
    - adequate network provisions, which mandate timely and appropriate access to specialists
    - adequate funding for school and community based mental health services.

Advocating for Your Child: 25 Tips for Parents (continued)

18. **Seek bipartisan support**. Mental illness affects families of all political persuasions. Building a broad base of support has been a key to successful legislative initiatives, both at the State and Federal levels.

19. **Fight stigma.** Develop an ongoing local education campaign that reiterates the key messages:

    - child psychiatric disorders are very real illnesses
    - they effect lots of kids and adolescents
    - fortunately, they are also quite treatable, especially if treatment begins early and is individualized to the needs of each child and family.

20. **Become involved with medical education.** Meet with local medical students and residents. Sensitize them to the issues and challenges families face when caring for a child with emotional and behavioral problems.

21. **Use the media.** Write letters to the editor and/or op-ed pieces on child mental health issues. Meet with local reporters covering health care topics. Suggest story ideas to local TV stations.

22. **Work with local professional organizations.** Psychiatrists, psychologists, social workers, psychiatric nurses, and mental health counselors are natural allies with a common advocacy agenda. Coordinate efforts on issues such as parity, funding for mental health services, managed care oversight, etc. Professional organizations may also have access to resources, including funds for lobbying and/or public education initiatives, from their national associations.

23. **Talk to other parents.** Seek out and join local parent support groups. If none exist, consider starting one. Develop an email "listserv" to facilitate communication. Circulate articles, information and suggestions about local resources.

24. **Attend regional and national conferences** of parent and advocacy organizations. Such meetings provide information, ideas, camaraderie and support. Sharing experiences with other parents is both helpful and empowering.

25. **Don't give up.** Aim for and celebrate incremental victories and accomplishments. Remember, advocacy is an ongoing process!

Advocating for Your Child: 25 Tips for Parents (continued)

There's no right or wrong way to be an advocate for your child. Advocacy efforts and initiatives should be individualized to your state, community and the particular issues, circumstances and needs within your family. Advocacy is also hard work. Even when people want to help, and are willing to listen, it takes lots of time and energy to change the system. But when it works, and it often does, the outcome is clearly worthwhile. You really can make a difference, both for your own child, and ultimately for all children who need and deserve access to appropriate and effective mental health treatment services.

Resources

The following organizations are excellent resources regarding advocacy on behalf of children's mental health:

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016
(202) 966-7300
www.aacap.org

American Psychiatric Association
Division of Public Affairs
1400 K Street, NW
Washington, DC 20005
(202) 682-6140
www.psych.org

Federation of Families for Children's Mental Health
1101 King Street, Suite 420
Alexandria, VA 22314
(703) 684-7710
www.ffcmh.org

National Alliance on Mental Illness
3803 N. Fairfax Dr. Suite 100
Arlington, VA 22203
(703) 524-7600
www.nami.org

Advocating for Your Child: 25 Tips for Parents (continued)

Resources (continued)

National Disability Rights Network (NDRN)
900 Second St. NE, Suite 211
Washington, DC 20002
(202) 408-9514
www.ndrn.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
1-800-969-6642
www.nmha.org

The Children's Defense Fund
25 E Street NW
Washington, DC 20001
(202) 628-8787
www.childrensdefense.org

Bazelon Center for Mental Health Law
1101 15th Street NW, Suite 1212
Washington, DC 20005-5002
(202) 467-5730
www.bazelon.org

The Balanced Mind Foundation
1187 Wilmette Avenue
P.M.B. #331
Wilmette, IL 60091
(847) 256-8525

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
8181 Professional Place, Suite 201,
Landover, MD 20785 CHADD
1-800-233-4050
(301) 306-7070
www.chadd.org

Juvenile Bipolar Research Foundation
49 S. Quaker Road
Pawling, NY 12564
(203) 226-2216
www.bpchildresearch.org

Advocating for Your Child: 25 Tips for Parents (continued)

Resources (continued)

Depression and Bipolar Support Alliance (DBSA)
730 N. Franklin Street, Suite 501
Chicago, IL 60610
1-800-826-3632
(312) 642-0049
www.ndmda.org

Depression and Related Affective Disorders Association (DRADA)
Meyer 3-181, 600 North Wolfe Street
Baltimore, MD 21287-7381
(410) 955-4647
www.drada.org

Dr. Fassler is a Board Certified Child and Adolescent Psychiatrist practicing in Burlington, Vermont. He is a Clinical Associate Professor in the Department of Psychiatry at the University of Vermont College of Medicine. Dr. Fassler is also a Trustee of the American Psychiatric Association (www.psych.org), a Fellow of the American Academy of Child and Adolescent Psychiatry (www.aacap.org), and a member of the Board of the Federation of Families for Children's Mental Health (www.ffcmh.org).

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