

Information about:

Anxiety Disorders in Children

Revised 2020



**Vermont
Family
Network**

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Introduction

According to The Child Mind Institute, “Children with anxiety disorders are overwhelmed by feelings of intense fear or worry that they are out of proportion to the situation or thing that triggers them. These emotional fears can be focused on separating from parents, physical illness, performing poorly, or embarrassing themselves. Or they can be attached to specific things, like dogs or insects or bridges.”

We hope that this will give you a greater understanding of anxiety disorders and the ways that parents and professionals can support children at home, in school, and in the community. We have selected information from various sources and provided internet links when possible.

The information we have presented was used by permission from various sources. We have provided links for you to find more, in-depth information at their sites.

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Anxiety Disorders in Children and Adolescents

What Are Anxiety Disorders?

According to The National Alliance on Mental Illness (NAMI)*, “Anxiety disorders are the most common mental health concern in the United States. Over 40 million adults in the U.S. (19.1%) have an anxiety disorder. Meanwhile, approximately 7% of children aged 3-17 experience issues with anxiety each year. Most people develop symptoms before age 21....

“Unfortunately, these disorders are often difficult to recognize, and many who suffer from them are either too ashamed to seek help or they fail to realize that these disorders can be treated effectively.”

At the NAMI site you’ll find descriptions of common anxiety disorders. For example:

- **Generalized Anxiety Disorder (GAD):** GAD produces chronic, exaggerated worrying about everyday life. This worrying can consume hours each day, making it hard to concentrate or finish daily tasks....
- **Social Anxiety Disorder:** More than shyness, this disorder causes intense fear about social interaction, often driven by irrational worries about humiliation (e.g. saying something stupid or not knowing what to say).... Panic attacks are a common reaction to anticipated or forced social interaction.
- **Panic Disorder:** This disorder is characterized by panic attacks and sudden feelings of terror sometimes striking repeatedly and without warning. Often mistaken for a heart attack, a panic attack causes powerful physical symptoms including chest pain, heart palpitations, dizziness, shortness of breath and stomach upset....
- **Phobias:** ... [F]or someone with a phobia, certain places, events or objects create powerful reactions of strong, irrational fear. Most people with specific phobias have several things that can trigger those reactions; to avoid panic, they will work hard to avoid their triggers....

Other anxiety disorders include:

- Agoraphobia
- Selective mutism
- Separation anxiety disorder
- Substance/medication-induced anxiety disorder, involving intoxication or withdrawal or medication treatment

Causes: Scientists believe that many factors combine to cause anxiety disorders:

- **Genetics.** Studies support the evidence that anxiety disorders “run in families,” as some families have a higher-than-average amount of anxiety disorders among relatives.
- **Environment.** A stressful or traumatic event such as abuse, death of a loved one, violence or prolonged illness is often linked to the development of an anxiety disorder.

*National Alliance on Mental Illness (NAMI). (n.d.). Retrieved from <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Anxiety-Disorders>

Anxiety Disorders in Children and Adolescents (continued)

Diagnosis

Physical symptoms of an anxiety disorder can be easily confused with other medical conditions, like heart disease or hyperthyroidism. Therefore, a doctor will likely perform an evaluation involving a physical examination, an interview and lab tests. After ruling out an underlying physical illness, a doctor may refer a person to a mental health professional for evaluation.

Using the Diagnostic and Statistical Manual of Mental Disorders (DSM) a mental health professional is able to identify the specific type of anxiety disorder causing symptoms as well as any other possible disorders that may be involved. Tackling all disorders through comprehensive treatment is the best recovery strategy.

Treatment

Different anxiety disorders have their own distinct sets of symptoms. This means that each type of anxiety disorder also has its own treatment plan. But there are common types of treatment that are used.

- [Psychotherapy](#), including cognitive behavioral therapy
- [Medications](#), including antianxiety medications and antidepressants
- [Complementary health approaches](#), including stress and relaxation techniques

Other recognized anxiety disorders include: agoraphobia, acute stress disorder, anxiety disorder due to medical conditions (such as thyroid abnormalities), and substance-induced anxiety disorder (such as from too much caffeine).

Additional Treatments and Guidance

The following links to the Child Mind Institute site have more information you might find valuable.

Guide to Behavioral Treatments

If your child has an emotional or behavioral problem, you might be told that behavioral therapy would be a good treatment for [them]. This guide offers an overview of behavioral treatments, how they work and how they can help.

<https://childmind.org/guide/guide-to-behavioral-treatments/>

When childhood anxiety goes undetected and the consequences

<https://childmind.org/article/detecting-childhood-anxiety/>

Social Anxiety

<https://childmind.org/article/what-is-social-anxiety/>

Parents' Guide to Getting Good Care:

When a child is struggling, or [their] behavior worries you, it can be hard to know whether you need to reach out to a professional. And if you do seek help, what kind of professional, and what kind of treatment, are right for your child? In this guide we take you through the steps to finding the best professional (or team) for your child, and the most appropriate treatment for the disorder or disability. Along the way, we offer things to look for and questions to ask to ensure that you're getting quality care your child deserves.

<https://childmind.org/guide/guide-to-behavioral-treatments/>

The Anxious Child

What to Do (and Not Do) When Children Are Anxious

When children are chronically anxious, even the most well-meaning parents can fall into a negative cycle and, not wanting a child to suffer, actually exacerbate the youngster's anxiety. It happens when parents, anticipating a child's fears, try to protect [them] from [their fears]. Here are pointers for helping children escape the cycle of anxiety.

<https://childmind.org/article/what-to-do-and-not-do-when-children-are-anxious/>

According to The American Academy of Child and Adolescent Psychiatry*, all children experience anxiety.

Anxiety in children is expected and normal at specific times in development. For example, from approximately age 8 months through the preschool years, healthy youngsters may show intense distress (anxiety) at times of separation from their parents or other persons with whom they are close. Young children may have short-lived fears, (such as fear of the dark, storms, animals, or strangers). Anxious children are often overly tense or uptight. Some may seek a lot of reassurance, and their worries may interfere with activities. Parents should not discount a child's fears. Because anxious children may also be quiet, compliant and eager to please, their difficulties may be missed. Parents should be alert to the signs of severe anxiety so they can intervene early to prevent complications. There are different types of anxiety in children.

Symptoms of separation anxiety include:

- constant thoughts and intense fears about the safety of parents and caretakers
- refusing to go to school
- frequent stomachaches and other physical complaints
- extreme worries about sleeping away from home
- being overly clingy
- panic or tantrums at times of separation from parents
- trouble sleeping or nightmares

Symptoms of phobia include:

- extreme fear about a specific thing or situation (ex. dogs, insects, or needles)
- the fears cause significant distress and interfere with usual activities

Symptoms of social anxiety include:

- fears of meeting or talking to people
- avoidance of social situations
- few friends outside the family

Other symptoms of anxious children include:

- many worries about things before they happen
- constant worries or concerns about family, school, friends, or activities
- repetitive, unwanted thoughts (obsessions) or actions (compulsions)
- fears of embarrassment or making mistakes
- low self-esteem and lack of self-confidence

*The American Academy of Child and Adolescent Psychiatry. (November 2017). Facts for Families: The Anxious Child (No. 47). Retrieved from https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Anxious-Child-047.aspx

Anxiety Quick Fact Sheet for School Personnel & Parents/Guardians

This fact sheet is from a study by Howard Center in Burlington, and is intended to enhance understanding about mental health issues that may be encountered by children and adolescents. This fact sheet is not exhaustive and should never be used to formulate or rule out a diagnosis. Mental health diagnosis should be made only by a trained mental health professional after a thorough evaluation.

Developmental Variations		
<p><u>Early Childhood</u> <u>(3-6 years old)</u></p> <p>Anxiety disorders may be more difficult to detect at this age due to appropriate developmental variations. For instance, it is developmentally appropriate for children of this age to show distress when separating from parents and to have high levels of fear over things like imaginary creatures, animals, or the dark. Detection is also more difficult in this age group because of children's lack of ability to verbally express feelings.</p>	<p><u>Middle Childhood</u> <u>(7-12 years old)</u></p> <p>There has been a sharp increase in the diagnosis of Anxiety Disorders in children of this age group over the past decade. At this developmental stage, children are often able to begin expressing their anxieties, but may not be able to recognize their irrational nature. Children this age may begin to attempt to hide their anxiety, resulting in what often looks like oppositional behavior. Schools may also see an increase in somatic complaints and a decrease in school performance for children in this age group.</p>	<p><u>Adolescence</u> <u>(13-18 years old)</u></p> <p>Adolescents who struggle with anxiety often begin to recognize the irrational nature of their anxieties, but still cannot control them. Anxiety related symptoms more common to adolescence than other age groups include substance abuse, truancy, and increased risk taking behaviors or acting out. In adolescence, attempts to avoid or mask feelings of anxiety may take on an increasingly oppositional appearance.</p>

Children Who Won't Go To School (Separation Anxiety)

The American Academy of Child and Adolescent Psychiatry* says that “severe anxiety problems in children can be treated.”

- Not wanting to go to school may occur at anytime, but is most common in children 5-7 and 11-14, times when children are dealing with the new challenges of elementary and middle school. These children may suffer from a paralyzing fear of leaving the safety of their parents and home. The child's panic and refusal to go to school is very difficult for parents to cope with, but these fears and behavior can be treated successfully, with professional help.
- Refusal to go to school often begins following a period at home in which the child has become closer to the parent, such as a summer vacation, a holiday break, or a brief illness. It also may follow a stressful occurrence, such as the death of a pet or relative, a change in schools, or a move to a new neighborhood....

Children with an unreasonable fear of school may:

- feel unsafe staying in a room by themselves
- display clinging behavior
- display excessive worry and fear about parents or about harm to themselves
- shadow the mother or father around the house
- have difficulty going to sleep
- have nightmares
- have exaggerated, unrealistic fears of animals, monster, burglars
- fear being alone in the dark, or
- have severe tantrums when forced to go to school

Such symptoms and behaviors are common among children with separation anxiety disorder. The potential long-term effects (anxiety and panic disorder as an adult) are serious for a child who has persistent separation anxiety and does not receive professional assistance. The child may also develop serious educational or social problems if their fears and anxiety keep them away from school and friends for an extended period of time.

When fears persist the parents and child should consult with a qualified mental health professional, who will work with them to develop a plan to immediately return the child to school and other activities. Refusal to go to school in the older child or adolescent is generally a more serious illness, and often requires more intensive treatment.

The American Academy of Child and Adolescent Psychiatry (October 2013) “Children Who Won't Go to School” (No. 7). Retrieved from [https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-Who-Won't-Go-To-School-\(Separation-Anxiety\)-007.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-Who-Won't-Go-To-School-(Separation-Anxiety)-007.aspx)

Children Who Won't Go To School (Separation Anxiety) – Continued

The following links offer additional information.

- **School Refusal**

When Kids Refuse to Go to School-How to recognize what's called 'school refusal' and how to get kids back in class.

<https://childmind.org/article/when-kids-refuse-to-go-to-school/>

- **Back to School Anxiety**

How to help kids manage worries and have a successful start to the school year

<https://childmind.org/article/back-school-anxiety/>

- **Teachers Guide to Anxiety in the Classroom**

Sometimes anxiety is easy to identify – when a child is too nervous to read aloud or make a presentation in class. Other times anxiety in the classroom can look like something else entirely – an upset stomach, disruptive or angry classroom behavior, ADHD or even a learning disorder. In this guide we outline the types of anxiety that are common in children, and the symptoms of anxiety you might see in your classroom.

<https://childmind.org/guide/a-teachers-guide-to-anxiety-in-the-classroom/>

Managing Anxiety With Siblings

The Children's and Adult Center for OCD and Anxiety* also covers this topic.

By no fault of [their] own, a child's anxiety reverberates throughout the family system. From the emotional burden of deflecting the stress to the practical limitations of being unable to get a good night's sleep, go on a vacation, or on family outings or get to school on time, siblings of an anxious child have to absorb some of the fallout.

Parents can be caught in the middle. On the one hand, they fully understand and can identify with the siblings' complaints – "It's not fair"; "Why can't we go to the mall?"; "Just because she's going to freak out?" or "You spend all of your time with him at night, just because he's scared; what about me? On the other hand, parents are distressed when a sibling utters harsh words-"I hate him, he's a weirdo, he's just trying to get away with things." A parent's task is two-fold, first, to set safety limits-no name calling, no teasing, etc., and second, to make sure that the sibling is validated for these feelings of frustration. Parents can validate the feelings without condoning the inappropriate expression of those feelings. It is important to correct the sibling's perception that a child is somehow enjoying or benefiting from anxiety, and replace this perception with a more accurate understanding of the no-fault nature of anxiety. Explaining that when it comes to siblings, fair doesn't mean equal, and planning special time for siblings either with you or with available friends or relatives will help prevent the spread of feeling trapped by anxiety.

*The Children's and Adult Center for OCD and Anxiety. (n.d.). "Managing Anxiety with Siblings"
Retrieved from <http://www.worrywisekids.org/node/37>

Panic Disorder in Children and Adolescents

Panic disorder is a common and treatable disorder, but can be difficult to diagnose, says The American Academy of Child and Adolescent Psychiatry*.

This can lead to many visits to physicians and multiple medical tests which are expensive and potentially painful. When properly evaluated and diagnosed, panic disorder usually responds well to treatment. Children and adolescents with symptoms of panic attacks should first be evaluated by their family physician or pediatrician. If no other physical illness or condition is found as a cause for the symptoms, a comprehensive evaluation by a child and adolescent psychiatrist should be obtained.

Symptoms of a panic attack include:

- Intense fearfulness (a sense that something terrible is happening)
- Racing or pounding heartbeat
- Dizziness or lightheadedness
- Shortness of breath or a feeling of being smothered
- Trembling or shaking
- Sense of unreality
- Fear of dying, losing control, or losing your mind

... Early treatment can prevent the complications of panic disorder such as agoraphobia, depression and substance abuse.

For more information about panic disorder, visit the National Institute of Mental Health's website at www.nimh.nih.gov or call 1-866-615-6484.

*The American Academy of Child and Adolescent Psychiatry (July 2013). Facts for Families: Panic Disorder in Children and Adolescents (No. 50). Retrieved from https://www.aacap.org/App_Themes/AACAP/docs/facts_for_families/50_panic_disorder_in_children_and_adolescents.pdf

Parenting Tips for Anxious Kids*

Expectations of your child

It is important that you have the same expectations of your anxious child that you would of another child (to go to birthday parties, make decisions, talk to adults). However, understand that the pace will need to be slower and there is a process involved in meeting this end goal.

Build your child's personal strength

It's important to praise your child for facing challenges, trying something new or brave behavior.

Letting your child learn to do things on [their] own

While tempting, it is best not to take over or do it for your child. While this might help your child feel better right now, the message your child is getting is that you don't believe your child can do it.

Helping your child handle [their] own feelings

It is okay to let your child experience some anxiety. Your child needs to know that anxiety is not dangerous but something your child can cope with.

Passing on your fears

Try to keep your fears to yourself and as best you can present a positive or at least neutral description of a situation.

Working together as parents

It is important to work with your spouse to have an agreed upon way of handling your child's anxiety that you both feel comfortable with.

Consequences

Don't confuse anxiety with other types of inappropriate behavior. It is very important to set both expectations and have limits and consequences for inappropriate behavior. Parents who have reasonable expectations of their children and clear and consistent limits and consequences for behavior along with love and acceptance have the most competent, self confident and happy children.

*The Children's And Adult Center for OCD and Anxiety. (n.d.). "Parenting Tips for Anxious Kids"
Retrieved from <http://www.worrywisekids.org/node/36>

Getting Linked

Statewide: Dial 2-1-1 for a statewide health and human services information and referral program for person-to-person assistance to find anxiety resources in your community.

Chittenden County: Partners for Access is a free single point of contact resource for families seeking outpatient mental health services for children and parents in Chittenden County. A Community Access Specialist (CAS) is available to link families seeking therapy to available providers in Chittenden County that fit with the families' desired criteria. When an available match cannot be immediately found, the CAS will stay connected to follow-up about provider availability and other needed referrals. The Community Access Specialist can be reached by email PartnersForAccess@howardcenter.org or by phone 802-488-7474.

Vermont Support Services

[Clara Martin Center](#) Crisis Line: 1-800-639-6360

[Counseling Service of Addison County](#) Crisis Line: 1-800-388-7641

[Howard Center](#) Crisis Line: 1-802-488-7777 (First Call for Chittenden County)

[Healthcare and Rehabilitation Services](#) Crisis Line: 1-800-622-4235

[Lamoille County Mental Health](#) Crisis Line: 1-802-888-8888 (weekends and after 4:30pm weekdays) 1-802-888-5026 (Monday through Friday 8am to 4:30pm)

[Northwestern Counseling and Support Services](#) Crisis Line: 1-802-524-6554

[Northeast Kingdom Human Services](#) Crisis Line: (Derby) 1-802-334-6744 (St. Johnsbury) 1-802-748-3181

[Rutland Mental Health Services](#) Crisis Line: 1-802-775-1000

United Counseling Service Crisis Line: (Manchester) 1-802-362-3950 (Bennington) 1-802-442-5491

[Washington County Mental Health](#) Crisis Line: 1-802-229-0591

Crisis Hotlines

National Suicide Prevention: 1-800-273-TALK Crisis Text Line Text: TALK to 741741

Anxiety Resources

Center for Mental Health in Schools
<http://smhp.psych.ucla.edu>

School Psychiatry Program
Massachusetts General Hospital
<https://www.massgeneral.org/psychiatry/>

Child Mind Institute
<https://childmind.org>
<https://childmind.org/topics/disorders/anxiety-disorders/>
<https://childmind.org/topics/concerns/anxiety/>

Vermont Center for Children, Youth and Families
University of Vermont Medical Center
<http://www.med.uvm.edu/vccyf/home>

American Academy of Child/Adolescent Psychiatry
<https://www.aacap.org>

Anxiety Disorders Association of America
<https://www.aacap.org>

Vermont Family Network
<https://www.vermontfamilynetwork.org>

Vermont Federation of Families for Children's Mental Health
<https://www.vffcmh.org>

National Alliance on Mental Illness
<https://www.nami.org/Home>

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....

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?
- 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.

*Fassler, D. (2003). Advocating for Your Child: 25 Tips for Parents. Retrieved from http://spacecoast.nami.org/child/Advocating_for_Your_Child.pdf

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

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?

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 affect 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!

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

Dr. Fassler recommends the following organizations as 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.
800 Maine Ave. SW, Suite 900,
Washington, DC 20024
202-559-3900
<https://www.psychiatry.org/>

National Federation of Families for Children's Mental Health
15800 Crabbs Branch Way, Suite 300
Rockville, MD 20855
240-403-1901
www.ffcmh.org

National Alliance on Mental Illness (NAMI)
4301 Wilson Blvd., Suite 200
Arlington, VA 22203
703-524-7600
www.nami.org

National Disability Rights Network (NDRN)
820 First St. NE, Suite 740
Washington, DC 20002
202-408-9514
<https://www.ndrn.org/>

National Mental Health America
500 Montgomery St., Suite 820
Alexandria, VA 22314
P: 800-969-6642; F: 703-684-5968
<https://www.mhanational.org/>

The Children's Defense Fund
840 First St. NE, Suite 300
Washington, DC 20002
202-628-8787
<https://www.childrensdefense.org/>

Bazon Center for Mental Health Law
1090 Vermont Ave. NW, Suite 220
Washington, DC 20005
202-467-5730
<http://www.bazon.org/>

The Balanced Mind Foundation
566 W. Lake St., Suite 430
Chicago, IL 60661
800-826-3632
<https://rarediseases.org/organizations/the-balanced-mind-foundation/>

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
4221 Forbes Blvd, Suite 270
Lanham, MD 20706
P: 301-306-7070; F: 301-306-7090
<https://chadd.org/>

Juvenile Bipolar Research Foundation
277 Martine Ave., Suite 226
White Plains, NY 10601
914-468-1297
<https://www.jbrf.org/>

Depression and Bipolar Support Alliance (DBSA)
55 E Jackson Blvd., Suite 490
Chicago, IL 60604
P: 800-826-3632; F: 312-642-7243
<https://www.dbsalliance.org/>

Dr. Fassler is a Board Certified Child and Adolescent Psychiatrist practicing in Burlington, Vermont. He is a Clinical Professor of Psychiatry at the Larner College of Medicine at the University of Vermont. Dr. Fassler is also a member of the Consumer Issues Committee of the American Academy of Child and Adolescent Psychiatry (www.aacap.org).