Classroom teachers, guidance counselors, school psychologists, and school administrators are quite familiar with students who have trouble paying attention, learning, staying organized, and managing behavior. These children may have signs of Attention-Deficit/Hyperactivity Disorder (ADHD), a neurobiological condition that can be successfully managed and treated. Now, educators, parents, and health care professionals can work together to provide help for these children so they won’t miss important learning opportunities in school!

Our knowledge of ADHD has grown tremendously in the past decade. The ADHD Handbook for Schools contains chapters to help readers fully understand ADHD, assessment procedures, strategies critical for improving student learning and behavior, and new advances in medical and non-medical treatments. This is the kind of practical information educators need.

- Learn about the school’s vital role in helping students with ADHD
- Understand how symptoms of ADHD can affect students in elementary and secondary school
- Discover Internet-based tools to help students with ADHD (www.myadhd.com)
- Find out about twenty critical factors to consider when teaching students with ADHD
- Become familiar with different ADHD medications and how they work
- Teach students to use strategies to improve attention, learning, studying, and social behavior
- Understand how schools can serve children with ADHD under Federal laws

"This book is a tremendous resource for teachers, providing essential tools and knowledge. It should be part of every educator’s personal library for daily reference.”

Vera Joffe, Ph.D., author of Um Dia na Vida de Um Adulto com TDAH (A Day in the Life of an Adult with ADHD)

"The ADHD Handbook for Schools is THE one-stop-shop for everything you ever wanted to know about the student with ADHD. Everything you need is at your fingertips. A complete, comprehensive resource for teachers, parents and anyone else who supports children with ADHD. I will be recommending this book to parents, teachers and colleagues.”

Terry Maglen, MSW, ACSW, author of Survival Tips for Women with AD/HD and director of www.addconsults.com and www.myADDstore.com

About the Author

Harvey C. Parker, Ph.D. is a clinical psychologist, noted author, and consultant to educational agencies and schools. As co-founder and former Executive Director of CHADD, Children and Adults with Attention-Deficit/Hyperactivity Disorder, Dr. Parker has been highly involved in advocacy for better understanding and treatment for children, adolescents, and adults with ADHD. He has authored numerous articles and publications on this topic. He is the author or co-author of a number of publications on the topic including: The ADHD Workbook for Parents; Study Strategies Made Easy, Study Strategies for Early School Success, and The Problem Solver Guide for Students with ADHD.
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Chapter 1
Introduction:
Children’s Mental Health Services and the School’s Vital Role

The Centers for Disease Control and Prevention published a report in June 2005 detailing the results of a national survey on the prevalence of emotional and behavioral difficulties in children in the United States. The findings indicated that a growing number of children suffer from difficulties with emotions, concentration, behavior, and getting along with others. Up to one in ten children suffer from a serious emotional disturbance. Shockingly, seventy percent of children with a diagnosable disorder do not receive mental health services.

In the National Action Agenda for Children’s Mental Health, former United States Surgeon General, Dr. David Satcher, warned that the suffering experienced by children and adolescents with mental health needs and their families has created a health crisis in the United States. Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met. Dr. Satcher called for action, noting that it is time that we, as a nation, took seriously the task of preventing mental health problems and treating mental illnesses in youth.

The need for such action is particularly great for children in minorities for they are less likely to have access to mental health services, and the care they do receive is often of lesser quality. The poor also often do not have access to mental health services. Impoverished children are affected by mental health disorders at a significantly higher rate and at a much more intense level than children in affluent populations. This is often due to their living situation and their inability to access affordable services.

To improve services for children with mental health problems and their families, Dr. Satcher stated that we need to take three steps:
1. improve early recognition and appropriate identification of mental disorders in children within all systems serving children;
2. improve access to services by removing barriers faced by families with mental health needs, with a specific aim to reduce disparities in access to care; and
3. close the gap between research and practice, ensuring evidence-based treatments for children.
How are Children’s Mental Health Services Accessed?

The George Washington University’s Center for Health and Health Care in Schools discussed the current challenges and future directions in providing mental health services to children in the United States. Sarah Olbrich emphasized the important role played by schools. Olbrich noted that mental health services are provided in the United States in four ways:

1. through specialty mental health practitioners such as psychologists, psychiatric nurses, psychiatrists, and psychiatric social workers;
2. through general medical/primary care practitioners such as family physicians, nurse practitioners, internists, and pediatricians;
3. through human services such as social welfare, criminal justice, educational, religious, and charitable services; and
4. through voluntary support networks such as self-help groups and organizations.

Many children in need of care are not receiving it. Barriers to access of available services include lack of health insurance, an overloaded mental health system, misdiagnosis, and parent’s concern about stigma and their own mental health issues.

The majority of federal money for children’s mental health is spent on services for youth with serious mental health disorders, the group that represents the smallest proportion of children receiving mental health services. The result of this funding focus is that children may only have access to a provider for services after they have entered systems such as special education or the juvenile justice system. Only three percent of funding went to early identification and intervention efforts.

The School’s Vital Role

The National Association of School Psychologists cautions that failure to address children’s mental health needs is linked to poor academic performance, behavior problems, school violence, dropping out, substance abuse, special education referral, suicide, and criminal activity.

Schools play a vital role in protecting the mental health of children. Along with parents, schools teach children positive behavior, social competence, and emotional well-being in addition to academics. Teachers can build a child’s self-confidence. They can create a sense of belonging and connectedness for the child. They can encourage children to explore their talents and abilities leading to a sense of accomplishment and pride.

Schools can play a vital role in providing access to services that would otherwise be denied to many children. Of the fifteen million children and adolescents who receive mental health services annually, nine percent receive care from the health care sector, mainly from specialty mental health specialists, and seventeen percent receive care from the human services sector, mostly in the school system.

School psychologists, school counselors, school social workers, and school nurses provide mental health services to children in schools and help parents, teachers, and other school staff address the mental health needs of students.

According to Olbrich, for many children in the United States, schools function as the most frequent provider of mental health services. Such services in schools may include evaluation, individual and group counseling, crisis intervention, and referral. These services are provided in many different ways. Some schools have stand-alone services. Others hold programs throughout the community for specific mental health issues. Some schools have school-based health centers.
Besides creating a supportive environment that fosters mentally healthy traits, schools implement programs targeted at specific issues or skills for development (e.g., bullying prevention, conflict resolution, social skills training, parent training, substance abuse prevention). Schools also provide interventions for individual students with mental health needs through counseling, classroom accommodations, and special education services.

School psychologists provide consultation services with teachers and families. They do assessments that can lead to diagnosis and eligibility for special education and related services under the Individuals with Disabilities in Education Act (IDEA).

Schools also contract with organizations and agencies within the community to provide mental health services. Such community-based programs may be able to provide a more comprehensive range of services than a school psychologist or counselor could.

Schools have been criticized, however, because often children with mental health needs are not identified early, services are often delayed, and children with emotional disturbance are often excluded from programs. Dr. Steven Forness has pointed out that children with mental health needs are usually identified by the schools only after their emotional or behavioral problems cannot be managed by their regular classroom teacher. Dr. Forness believes that schools could be doing a better job of identifying children, and at identifying them sooner. It can often take five, six, seven or more years before a child with signs of emotional disturbance or learning and behavior disorders receives services in school. Forness recommended that:

- school professionals, especially classroom teachers, be better trained to recognize early symptoms of emotional and behavioral disorders;
- school definitions of mental health disorders (emotional disturbance, in particular) should be modified as they are too restrictive; and
- there should be more proactive programs in school to identify mental health disorders in children.

Mental health concerns can develop as early as infancy and, like other aspects of child development, they must be addressed. The earlier we do so the better.

**Common Mental Health Conditions**

According to the Center for Mental Health Services, the most common mental health disorder in children are anxiety, conduct, depression, learning, attention, eating, and substance abuse. Approximate rates of occurrence are listed in the following table.

<table>
<thead>
<tr>
<th>Disorder</th>
<th># of children affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>8 to 10 out of 100</td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>7 out of 100</td>
</tr>
<tr>
<td>Depression</td>
<td>6 out of 100</td>
</tr>
<tr>
<td>Learning</td>
<td>5 out of 100</td>
</tr>
<tr>
<td>Attention</td>
<td>5 out of 100</td>
</tr>
<tr>
<td>Eating</td>
<td>1 out of 150</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Not known</td>
</tr>
</tbody>
</table>

Anxiety disorders include phobias, panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, and generalized anxiety disorder. Anxious children have difficulty learning. Worry and stress affect concentration, planning, and the ability to handle test taking, meeting deadlines, and socialization.

Children and adolescents with conduct disorders have difficulty controlling behavior. They act impulsively in defiant and destructive ways. Youngsters with conduct disorder often commit serious offenses as they become adolescents. Such offenses may include lying, theft, aggression, truancy, fire-setting, and vandalism.

Depression can occur at any age and children who are depressed often feel sad and worthless. They lose their motivation to achieve in school
and may avoid play activities. Their self-esteem suffers and they lose confidence in their ability to succeed. Appetite and sleep can be affected and other physical complaints are more frequent in depressed children.

Learning disorders make it difficult for children to perform academically. Learning disorders can show up as problems with oral and written language, reading, understanding mathematical facts and concepts, coordination, attention, or self-control.

Attention disorders make it difficult for children to focus and many children with attention disorders also have problems with hyperactivity and impulsivity. They often have significant problems remaining still, taking turns, keeping organized, and completing assignments and tasks.

Eating disorders can affect a child or adolescent’s body-image and create an intense fear of gaining weight. Eating disorders can be life threatening. Children and adolescents with anorexia nervosa may not be able to maintain a healthy body weight. Those with bulimia nervosa feel compelled to binge and then rid their bodies of food by vomiting, abusing laxatives, taking enemas, or over exercising. Eating disorders affect many more girls than boys.

Bipolar disorder can be extremely debilitating for children and adolescents and their families. Bipolar disorder causes exaggerated mood swings that range from excitement or mania to depression. Affected children or adolescents may talk excessively, need very little sleep, and often act in grandiose ways without exercising sufficient judgement over their behavior. Irritability accompanied by extreme temper outbursts and periods of low mood are common signs of bipolar disorder in children.

Autism is less common than the other mental disorders listed and occurs in about ten to twelve of every one thousand children. These children have problems interacting and communicating with others. Autism has an early onset, appearing before age three. It causes children to act inappropriately, often repeating behaviors for long periods. Some will bang their head, rock, or spin objects. Symptoms of autism range from mild to severe. Those in the severe range may lack language and will show a very limited awareness of others.

Schizophrenia affects about five of every one thousand children. Young people with schizophrenia have periods where they may hallucinate, withdraw from others, and lose contact with reality. Their thinking becomes inappropriate and they suffer from a thought disorder that can include delusional ideas.

Substance use is very prevalent among adolescents and may involve cigarettes, alcohol, marijuana, cocaine, hallucinogens, stimulants, and inhalants. Tobacco and alcohol are the most frequently abused drugs in the United States. Fifty percent of all deaths from age fifteen to twenty-four involve alcohol or drugs. Warning signs of substance abuse in adolescents include a decline in school performance, new friends, delinquent behavior, and a worsening of family relationships.

These common mental health disorders and other, less common ones, will be more fully discussed in chapter fifteen. Strategies schools and teachers can use to help students with these disorders will also be provided.

Purpose of this Book

This brief introduction regarding the children’s mental health crisis in the United States and barriers to access for mental health services helps us realize the diversity and complexity of the mental health needs faced by children. Professionals across many disciplines and parents must work hard to address these challenges. Primary care physicians, mental health specialists, social agencies, and schools are at the forefront of delivering mental health services.

The primary purpose of this book is to promote awareness and understanding of Attention-
Deficit/Hyperactivity Disorder (ADHD), one of the most common of the mental health disorders listed earlier. ADHD affects a great many children in the United States and, in fact, it has been shown to have similar rates of prevalence in all countries throughout the world where it has been studied.

In September 2005, the Centers for Disease Control and Prevention released the results of a national survey that documents that 4.4 million, or 7.8 percent, of four to seventeen year old children have a parent-reported history of ADHD diagnosis and 2.5 million of that number (56.3%) were taking medication for it at the time of the survey. The findings also showed that some racial and ethnic groups and the uninsured with a history of AD/HD diagnosis were less likely than others to be currently taking medication for it. In addition, there were significant variations from one state to another in terms of rate of diagnosis and treatment. This variation in rates of reported diagnosis and treatment underscores the need to educate professionals in the health care community about ADHD. Everyone, regardless of location, ethnicity, or race should have access to medical professionals who understand the disorder and respond to it using evidence-based treatment.

The CDC report added that ADHD poses substantial costs both to families and society. The disorder has been associated with strained familial and peer relationships, suboptimal educational achievement, and increased risk for unintentional injuries. Health-care costs associated with ADHD are conservatively estimated at $3.3 billion annually.

Medical and mental health professionals have diagnosed and treated children with ADHD for more than fifty years. Educators became more aware of the disorder in the past two decades and schools have programs and services for children with ADHD. Such programs and services will help identify children at risk for ADHD and improve outcomes for those diagnosed.

Our knowledge of this condition is expanding rapidly. ADHD has always been one of the most well-studied psychiatric disorders of childhood and adolescence and there have been many books written on the subject. Only a few, however, are devoted specifically to the problems that children with ADHD face in school and the services and programs that schools may implement to help them.

The remainder of this book focuses on the characteristics of ADHD, ways to identify and assess children with ADHD, treatments for ADHD, and strategies that school personnel can use to improve the learning and performance of children with ADHD.

Summary

Access to appropriate mental health services in the United States is limited for many children, especially those who are poor and in minorities. Most mental health services are provided through primary care physicians, mental health specialists, social service agencies, and support and advocacy groups. Schools play a vital role in identifying children in need of mental health services and in providing access to such services.

Unfortunately, the demand for assessment and treatment is great and children at risk for mental health disorders are often not identified early. Disorders such as anxiety, conduct problems, depression, learning difficulties, attention disorders, and substance abuse are fairly common.

The primary purpose of this book is to inform educators about ADHD, a condition that affects nearly eight percent of children. Educators can play a vital role in improving outcomes for students affected by ADHD. Future chapters discuss characteristics, causes, and treatments for children affected by ADHD and provides practical strategies for educators to implement in schools.