



# **Military** Parents' Guide to Children's Mental Health







Introduction.....	3
Common stressors and reactions that military children experience .....	4
A stress response or mental illness: What is the difference? .....	6
Responding to stressors: A strength-based approach to building resiliency ..	8
How do you know there is a problem?.....	10
The signs of substance abuse .....	14
Your child is showing signs of a more enduring problem: Now what? .....	15
What happens when a child is not getting help? .....	16
Getting help: Where should you start? .....	18
Finding the right help for your child .....	22
What about your family's spiritual needs? .....	23
Getting support besides treatment .....	24
How do you afford mental health treatment? .....	24
How about school? Can they help? .....	27
Establishing boundaries and staying connected to your child.....	30
Taking care of yourself and your relationship.....	31
Overview chart .....	34
My plan .....	35

This handbook was created  
thanks to the support of USAA



**We thank the following contributors:**

- The members of the Military Parents Advisory Team
- Vanessa Jacoby, PhD and Venee M. Hummel, LMSW, both members of the STRONG STAR Multidisciplinary Research Consortium
- Rachel Bell, MA, writer and military spouse
- Clarity Child Guidance Center's Clinical Team

**If you've taken the time and trouble to find this handbook,** then you're probably searching for answers. You may know a military family with a child or a teenager who could use some help. It might be your family, and you're not sure where to turn.

**Military families are special.** You face and surmount challenges that most other families can't imagine. Your family dynamics change with regular deployments, permanent changes of station (PCS), redeployments, and constant transition. Dealing with loss, and the prospect of loss, is a reality that comes at a very young age.

These unique stressors can take a toll on even the most resilient children. You may have noticed more problems with behavior at home or at school. Your child may have become withdrawn, anxious, or disruptive. Maybe a more serious crisis has happened, and he or she needs help. Sometimes, these difficulties are a natural part of military family life. It could also be that they're symptoms of a mental health problem. Don't let that prospect scare you.

**Mental health and wellness is integral to being human. A mental illness is a condition that disrupts a person's thinking, feeling, mood, and ability to relate to others.**

You may find that facing a problem like this is daunting. You probably have questions like: **Am I over-reacting? Is this just a phase? If I seek help, am I making things worse? How will this affect the rest of my family? Or, my child's future? What about my military career?**

We've been in your shoes, and we understand your challenges. That's why we wrote this handbook.

**First, understand that you are not alone.** Mental health problems affect one in five civilian children and teenagers. That number goes up with the increased anxiety, depression, anger, and frustration that come with the territory for military children and teenagers.

**Next, realize that a mental health problem is a real condition,** and it doesn't go away by itself. It needs immediate attention just as you would get for a broken bone. This is not the time for good intentions and higher expectations. We also know that a child or teenager's mental health problem won't simply go away with time. Children and teens who experience an illness and are not getting the help they need are at risk of resorting to destructive behavior to cope. These behaviors may also affect other family members.

**Don't be afraid to face the situation.** Just like any other medical condition, a mental health problem can be assessed, diagnosed, and successfully treated. Even if you're a military family, there are confidential, effective steps you can take to get help. Roughly 70 to 90 percent of individuals treated for a mental illness see reduced symptoms and improved quality of life. The key is addressing the problem early, which leads to a better chance of success.

**Now, take the next step.** How do you know whether to wait or when to act? Where do you begin? As parents, we've walked this path before, and wrote this handbook as a practical guide to help military families get children mental health care. Our goal is to help other parents discern whether their child needs professional help or not. We can help you understand how to research and find help, how to get other kinds of support, and what special considerations you may have as a military family.

**Hannah Kohlman,**  
*Editor, One in Five Minds*

# Common stressors and reactions that military children experience

Children in military families experience unique stressors due to their parents' service. The most obvious stressors are extended and frequent separations due to deployments, temporary duty assignments and training (TDY), and a childhood filled with numerous moves from one duty station to the next during permanent changes of station (PCS) within the country or worldwide (CONUS or OCONUS).

These common experiences can also be the foundation to more complex stressors, such as continual academic struggles with changing school systems, social isolation, a parent or loved one being injured while deployed, developing Posttraumatic Stress Disorder (PTSD), or being killed in action. Something that might not get as much attention is the change that happens to family dynamics when a parent who has been away from the household returns. While the active-duty parent has been away, the family has settled into new routines and roles. Reintroduction can be a bumpy ride for everybody.

Time and time again, military children demonstrate that they are strong, flexible, and adaptable. However, it is also very normal for children to feel stressed in times of transition and uncertainty. Here are some common challenging reactions to stress:

## Infants and babies:

- Increased crying or fussiness
- Having trouble sleeping, including falling asleep alone, difficulty going to sleep, and waking more during the night
- Increased clinginess
- Changes in appetite, including a decrease in appetite or decreased interest in food

## Toddlers and young preschoolers:

- An increase in big feelings such as anger or frustration that may increase the number of temper tantrums
- Constant and repeated questions about where their Mommy/Daddy is or why they are in a different home
- Not wanting Daddy to read a bedtime story or give the bath because "that's Mommy's job"
- Increased separation anxiety
- Regressing in sleep habits, eating habits, or toileting

## Older preschoolers:

- Similar as above, however with more skill in verbalizing their reactions, thoughts, and feelings
- Regressing in ability to express oneself with words, and instead having more meltdowns and tantrums
- Changes in classroom behavior at preschool, and difficulty at drop-off and pick-up time
- Decreased interest in school when having to go to a new school after moving

## School-aged children:

- Consistent fear for deployed parent and many questions
- Decline in academic achievement or interest at school
- Increased anxiety
- Decreased social connections
- Lack of interest in favorite activities

## Adolescents:

- Decline in school performance
- Family tension and isolation
- Increased anger, sadness, and/or worry
- Behavior problems at school and at home
- Increase in risk-taking behaviors



Children at all ages and stages experience natural emotional reactions to big changes in their lives. Feeling sad when moving, worried when a parent deploys, and angry when their responsibilities increase are all normal and natural. They do not necessarily mean that a child is having difficulty adjusting to stress and change. Helping children to identify and express these feelings can help them process their feelings in ways that are more productive than temper tantrums, poor classroom behavior, and isolation from family and/or friends.

If your child does exhibit some combination of these common stress reactions, then it is not an automatic cause for panic. In most cases, as the stress decreases and transition becomes the new normal, and as kids become more equipped to manage their stress, the negative reactions will also decrease. Also, children take many cues from their parents, and children tend to do better when their caregivers are doing well. This does not mean that parents should fake it and pretend that everything is OK, because children are incredibly skilled at picking up on this. Instead, work on taking care of yourself and help model positive coping skills to your children so that you both navigate these military stressors together.

When big feelings, major behavior changes, and poor academic achievement continue to be challenges, do not hesitate to utilize resources provided on and off the installation. Sometimes these challenges do not just go away, so taking care of your child's mental health is just as important as their physical health.





## A stress response or mental illness: What is the difference?

When we hear the words “mental illness,” a number of ideas may come to mind, and many of them are distressing or negative. It helps to have a better understanding of what we’re talking about.

First, it is important to understand what mental health or mental wellness means. The American Psychiatric Association explains that, “mental health is the foundation for thinking, communication, learning, resilience, and self-esteem. Mental health is also key to relationships, personal and emotional well-being, and contributing to community or society.” Those of us who are “mentally healthy” are able to function well at home, school, or work, and in our relationships with others.

The American Psychiatric Association describes mental illness as, “health conditions involving significant changes in thinking, emotion and/or behavior and cause distress and/or problems functioning in social, work, or family activities.” For all of us, our capacity to think, communicate, learn, and cope, fluctuates. We can have good days and bad days. But, for many people, including many children experiencing mental illness, every day is a tough day.

### Stress vs. mental illness:

Mental illness is different from going through a stressful time. In fact, having a stress response to a stressor is normal and healthy. A “stressor” is any event or situation in our environment that involves big changes in our routine, daily life, or typical behavior patterns.

Most people think of negative events when they think of stress, but positive events can also cause stress. For example, think about how stressful it was to bring a new baby into your home. Because military families experience lots of change and transition through frequent moves and

separations, experiencing stress is not uncommon for family members, including little ones.

Our “stress response” is our body’s way of working through and preparing us to tackle a new and challenging situation. When our children are stressed, they may feel anxious, irritable, or sad, and have trouble concentrating in school, have more frequent tantrums, or have trouble sleeping. In most cases, helping our children cope with a stressor reduces the negative responses to stress.

If your child is experiencing a stressor, then you can think of it as an opportunity to help your child learn, grow, and develop confidence as they discover how to overcome challenges. However, there are some stressors (e.g., being bullied at school) that should be removed from the environment rather than simply learning to cope.

### Understanding mental illness

It is easy to confuse mental illness with the external manifestations of the illness. As parents, we may think the child is bad, has a poor personality, or isn’t smart. We also tend to feel guilty, and may believe we caused the child to behave a certain way. In reality, very smart people can experience serious mental illness. Children raised in optimal conditions can experience mental illness. Mental illness is not laziness, bad behavior, hormones, attention seeking, or other drama. Just like a physical illness such as diabetes, mental illness must be taken seriously and treated just as any other illness.





Mental illness is complex. There are three main factors involved in mental illness. Sometimes one factor is prevalent, but most often all three are present to some degree:

### **1. Genetic**

Scientists' progress in mapping the human genome has helped to identify some genetic causes of mental illness. In 2011, a consortium of research organizations identified five genetic markers associated with mental illness. For example, a child born from two parents with bipolar disorder has a 65 percent chance of developing bipolar disorder.

### **2. Biological**

In a 2012 article on the American Psychological Association's website, Eric Kandel, M.D., a Nobel Prize laureate and Columbia University professor states, "All mental processes are brain processes, and therefore all disorders of mental functioning are biological diseases." To function normally, the brain produces chemical substances that impact the way we think, feel, and act. When these chemicals are unbalanced, we have changes in our thinking, mood, and behavior.

### **3. Environmental**

In the same article, Richard McNally, Ph.D., a clinical psychologist at Harvard University, states, "Certain disorders such as schizophrenia, bipolar disorder, and autism fit the biological model in a very clear-cut sense." He continues, acknowledging, "Yet for other conditions, such as depression or anxiety, the biological foundation is more nebulous. Often mental illnesses are likely to have multiple causes, including genetic, biological, and environmental factors." Environmental factors can include trauma, lifestyle, exposure to harmful substances, and intense stress. A reduction in exposure or a change in a child's environment can make a significant difference.

Mental illness comes in all shapes and sizes. They can vary in severity, and they are not always severe and chronic. Some mental illnesses, such as bipolar disorder or

schizophrenia, are highly biologically driven and chronic in nature, but symptoms can be effectively managed with ongoing medication and therapy. Other mental health disorders, such as anxiety disorders, depression, Posttraumatic Stress Disorder (PTSD), and oppositional defiant disorder (which are more prevalent among children) are not necessarily lifelong.

Once effectively treated, the underlying illness may no longer exist (although some may be genetically vulnerable to developing the disorder again). Other common childhood disorders, such as attention deficit hyperactivity disorder (ADHD), are chronic, but can become less severe for some children as they age, especially with proper treatment and appropriate modifications in the child's environment. Overall, mental illness is very treatable. Controlled studies show rates of recovery range from 70 to 86 percent for children with conditions like ADHD, anxiety, or depression who are treated with a combination of medication and therapy.

## **The relationship between stress and mental illness**

Although having a stress response is different from having a mental illness, prolonged and chronic negative stressors or traumatic stressors (e.g., abuse or neglect, a big accident or house fire, the unexpected death or severe injury of a parent) can evolve into a mental health disorder, such as Posttraumatic Stress Disorder (PTSD), depression, or an anxiety disorder. Military children can sometimes be more likely to experience these kinds of problems, given the unique nature of military family life.

Additionally, if a child has an underlying mental health disorder, it will be more difficult for that child to effectively cope with stressors. Therefore, if your child is experiencing chronic prolonged symptoms of stress (more than a month or so) or has experienced a trauma, it is important to seek help from a mental health professional to prevent the development of a mental health disorder or lessen the effects of the stressor. For military families, you may want to try to get ahead of a potential problem, if you know a stressor like a move or deployment is coming up.

## When to get more help

Depending on the type of stressor, the age and development of your child, your family's mental health, and the amount of support your family has, your child may need extra support. For example, if a child has an underlying mental health disorder, it may be more difficult for them to cope and adjust to stress. While all children are unique, most children will adapt to a change or transition within a month or so.

That doesn't mean your child will never feel sad, angry, or scared. However, their distress should reduce in frequency, duration (how long the distress lasts), and its intensity, and your child should be able to function in school and at home. If you find that doing the above things isn't working and your child is continuing to struggle after a month or so, then it's time to seek help from a mental health professional. (See pages 18 and 24)

## Responding to stressors: A strength-based approach to building resiliency

If you are noticing your child has the kinds of stress reactions described on page 4, then see the list below for things that you can do as parent to help in a strengths-based way. "Strengths-based" means that you can use your child's biggest strengths to support them through challenges.

### Check in with yourself.

It may seem odd that in a list for how to help your child, the first item is about *you*. However, this step is essential for you to provide the best support for your children and family. Think of it like this: If you've ever traveled by airplane, you've heard the flight attendants tell you, "In the event of an emergency, secure your own oxygen mask first before assisting others." Why? Because if you don't have oxygen yourself, you can't possibly help others. The same is true here. Military-related stressors already affect your entire family. When your child is struggling with other challenges on top of that, you'll all experience even more stress. So, check in with yourself and be sure to engage in regular self-care. (See page 31)

If you notice that you are struggling to function at home or work, or if you are having trouble understanding your own emotions or reactions, it is important to seek help for yourself. Not doing so could lead to further distress for your children. Research on the effects of parents' deployments on military children shows that a non-deployed parent's mental health functioning predicts children's depression and acting-out behaviors<sup>1</sup>.

### Try to look through your child's eyes.

Because stress can create such a range of reactions for children, connecting their behaviors to what is truly bothering them can sometimes be difficult. This is especially true for our littlest ones who don't yet have language to express how they feel. It can sometimes be hard not to personalize these behaviors and become very angry ourselves. Also, sometimes our own past difficult experiences in childhood can cloud our vision for what is happening with our own child in the present moment. Therefore, if your child is showing some of the difficulties mentioned above, take time to think about what your child is trying to communicate. For example, a drastic increase in tantrums may mean, "I miss my mom/dad and I'm angry that I don't get to see them every day." New fears or worries about "little" things may mean, "I feel scared about what this new change means for me."





### **Validate your child's experience.**

Having and expressing natural emotions (e.g., situational sadness, anger, and anxiety) is a *normal and healthy* response to a stressful life event. As parents, we should communicate to our children that it is okay to feel these emotions. You don't have to be an expert on what to say. Just let your child know that you hear them, that it's okay to have these feelings, and that they are strong and brave for sharing them with you.

### **Help your child identify and appropriately express their emotions.**

Children learn to understand and express their emotions through their parents. If your children are very young (six years old or younger), they are still learning to identify how they feel. You can help them to understand how they feel and why by reflecting, "I see you're (angry/sad/scared). It's okay to feel that way. I would feel that way too if I couldn't see my mom/dad every day." Next, help your child to express the emotion *appropriately* by giving them space to talk about how they are feeling. For younger children, or children who are less verbal, they may choose to express it through play, such as acting out their experience with toys or dolls. Children may also choose to express how they feel through drawing or coloring. Older children may choose to write a letter, poem, or music. It is important not to pressure your child to tell you something in particular, but to create a safe space in which you know they can share how they feel with you. You may say something like, "Sometimes talking, drawing, or writing about how we feel can help. I'm here if you want to do that together."

### **Encourage coping skills.**

Even though it's important to understand and feel our emotions, it's helpful to have tools to feel better, too. Coping skills are especially important to help your child avoid acting inappropriately (e.g., aggression) or when a lack of coping skills is interfering with their life (e.g., getting homework done, going to school). Brainstorm with your child things that they can do to feel better when they become too upset. The best coping skills are usually simple, something your child enjoys and knows how to do, and can be done in a range of situations. It can include counting to 10, deep breathing, listening to music, drawing, reading, imagining your favorite place, etc. You could even create a [coping skills box together](https://copingskillsforkids.com/blog/2016/6/6/how-to-make-a-coping-skills-toolbox-for-your-child) (<https://copingskillsforkids.com/blog/2016/6/6/how-to-make-a-coping-skills-toolbox-for-your-child>).

### **Seek support in your child's community.**

The more supportive, empathetic adults there are in your child's life, the better. If your child is going through a stressful experience, then inform your child's teachers, trusted family or family friends, pastors, daycare workers, etc. It is important to tell the community of adults in your child's life what is happening so they can be as supportive as possible.

<sup>1</sup> Lester, P., Peterson, K., Reeves, J., Knauss, L., Glover, D., Mogil, C.,... Beardslee, W. (2010). The long war and parental combat deployment: Effects on military children and at-home spouses. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(4), 310-320. DOI: <http://dx.doi.org/10.1016/j.jaac.2010.01.003>

## How do you know there is a problem?

Many of us will experience mental concerns on occasion. Those mental concerns become mental illness when the symptoms are pervasive and affect your ability to navigate life in your usual way.

The signs and symptoms of a mental illness vary depending upon the specific disorder, the individual experiencing it, and the circumstances in which they live, work, and play. However, there are symptoms and behaviors that can indicate that there may be something deeper. It is especially important to recognize signs and symptoms in children, so they can get the treatment they need as early as possible.

### **Some signs and symptoms that could indicate a mental illness include any/or a combination of:**

- Persistent feelings of sadness
- Confused thinking or reduced ability to concentrate
- Excessive fears or worries, or extreme feelings of guilt
- Extreme mood changes of highs and lows
- Withdrawal from friends and activities
- Significant tiredness, low energy or problems sleeping
- Detachment from reality (delusions), paranoia or hallucinations
- Inability to cope with daily problems or stress
- Trouble understanding and relating to situations and to people
- Alcohol or drug abuse
- Major changes in eating habits
- Excessive anger, hostility or violence
- Suicidal thinking

Other signs can include increased irrational or dangerous behavior, seeing or hearing things that aren't real, paranoia, unexplained fear, self-harm (cutting, scratching, etc.), increased defiance or disrespect, changes in appearance and interests, lying and/or manipulating behavior, or problems with hygiene and self-care.

A mental illness also can involve physical systems such as headaches, stomach pain, etc. If a child is experiencing any of these symptoms – or a combination of them – and they are pervasive, then you should schedule an appointment with a physician or mental health care provider. (See page 18)

When you see some of the signs above, it is also possible that your child is experiencing an adverse reaction to a potential stressor, and not necessarily a more serious mental illness. In any case, it's okay to seek help and support. In the military, stressors apply to the whole family. If parents are also experiencing symptoms like anxiety, depression, or mood problems, then it's harder to effectively respond to the increased needs of a distressed child. A counselor or therapist can help support both you and your child through this time.





# Is this ADHD or a common reaction to loss or trauma?

Your child's teacher has been sending home notes and calling with the same update recently: She won't sit still during class, he is easily distracted during individual work time, her grades are slipping, or he does not listen when being corrected on behavior. The school may be starting to present the possibility that your child has Attention-Deficit/Hyperactivity Disorder (ADHD) and is suggesting further evaluation with possible indication for medication intervention. While this common neurobiological disorder may be the culprit, if your child has recently experienced a major loss, these could be normal grief symptoms. Often, loss is thought of as death, but for military families, deployments, permanent changes of station (PCS), or a parent returning physically and/or mentally injured from combat can all be considered losses as well. Children who are wrestling with big feelings of sadness, anger, and worry are often using much of their attention and energy on their emotions, and therefore may have less resources available for attention in the classroom.

Be sure your child's school is informed about the major family changes that may be causing the changes in classroom behaviors and performance. Advocate on behalf of your child for some reasonable accommodations during this transition time, and seek out common supports for children experiencing loss and transition that can help them process their feelings. At home, you will want to support your child with consistent routines, rituals, and schedules to help your child feel more secure and grounded.

It is important not to label children too quickly with ADHD just because their behaviors and symptoms seem to match what many recognize as hallmark struggles with attention and hyperactivity. However, if the symptoms persist after adequate and appropriate time and resources have been provided to help your child during a time of loss and transition, then an evaluation for ADHD may be warranted and helpful. (See page 18)

*\*Note:* This overlap in similar symptoms is also true for children who have experienced a trauma. The trauma should be addressed first before moving forward with consideration of an ADHD diagnosis.



# You're **not** alone

Society doesn't always portray mental illness in an empathetic way. As a result, parents who see unusual or concerning behavior in their child may not want to believe their child has a mental illness. They try to rationalize the behaviors as part of being a teenager or as a phase. But that is not always the case.

**One in five civilian children will experience mental illness before the age of 18.** That number may be as high as 30 percent for military-connected children. The data is shocking and saddening, and it seems to indicate that incidences of mental illness among children are on the rise.

Between 1992 and 2001, emergency room encounters for suicide attempts and self-injuries increased by 47 percent for all ages in the United States<sup>1</sup>. In the past 10 years, children's hospitals admissions for suicidal thoughts or actions have doubled<sup>2</sup>. Suicide is the second-leading cause of death of adolescents ages 15–24.

Children who are connected to a parent or sibling in the military are also at risk. Between 2003 and 2008, inpatient hospitalization days for military-connected children rose 50 percent, and appointments for psychological health problems rose by more than 85 percent per capita during that period. A 2013 community survey of 14,299 middle and high school students in California showed that military children were more likely to experience depressive symptoms and suicidal ideation than those without a military connection. Deployment, in particular, had a noticeable impact.

So, what are we to conclude as parents? There are probably multiple answers to why the number of kids affected with mental illness is growing. What is clear? Many are experiencing mental illness. If that's what your child is experiencing, you're not alone. What is equally as clear is that ignoring the signs and symptoms can have very serious consequences.

<sup>1</sup> Source: Larkin GL, Smith RP, Beautrais AL. Trends in U.S. emergency room visits for suicide attempts, 1992-2001

<sup>2</sup> "Trends in Suicidality and Serious Self-Harm for Children 5-17 Years at 32 U.S. Children's Hospitals, 2008-2015," Plemmons, Gregory et al, Pediatric Academic Societies [https://registration.pas-meeting.org/2017/reports/rptPAS17\\_abstract.asp?abstract\\_final\\_id=2766.5](https://registration.pas-meeting.org/2017/reports/rptPAS17_abstract.asp?abstract_final_id=2766.5)







# The signs of substance abuse

If your child were struggling with addiction, then you would want to get them immediate help. But would you know if your child was struggling? Could you recognize the signs? Below are three major types of changes that could indicate that your child may be using or abusing drugs or alcohol.

## Behavior changes

- Skipping class, declining grades, getting in trouble at school
- Missing money or valuables from the home, missing prescription drugs
- Clashes with family values and beliefs
- Preoccupation with alcohol and drug-related lifestyle in music, clothing, and posters
- Demanding more privacy, locking doors, and avoiding eye contact
- Sudden change in relationships, friends, favorite hangouts, and hobbies
- Using incense, perfume, or air freshener frequently (to hide the smell of smoke or drugs)
- Using eye drops to mask bloodshot eyes and dilated pupils

## Mood changes

Some teenagers who abuse drugs may become more irrational or dramatic in their actions. You may notice your child becoming more irritable, verbally abusive, or even violent with you or other children in the household. Additionally, your child may begin to threaten to drop out of school, run away from home, or destroy property. Depression, mood instability, and apathy are also warning signs of potential drug abuse and shouldn't be taken lightly. Other mood changes to be aware of include:

- Unexplained, confusing change in personality and/or attitude
- Sudden mood changes, irritability, angry outbursts, or laughing at nothing

- Periods of unusual hyperactivity or agitation
- Lack of motivation and/or an inability to focus
- Appears fearful, withdrawn, anxious, or paranoid, with no apparent reason

## Physical changes

Drug use takes a physical toll on the body, and its visible signs are plentiful and varied. Some physical changes that could indicate drug or alcohol use or abuse include:

- Bloodshot eyes
- Widely dilated pupils
- Sudden weight loss (or weight gain)
- Poor hygiene
- Frequent nosebleeds
- Shakes or tremors
- Red, flushed cheeks
- Bruises or other unexplained injuries
- Drowsiness or fatigue
- Changes in appetite or sleep patterns
- Unusual smells on breath, body, or clothing
- Incoherent or slurred speech

These warning signs do not always indicate drug use. However, if you see any of these warning signs in your child, then don't sweep it under the rug and hope it goes away. The best thing you can do for your child is to seek help from a trained professional. You can start by taking your child to a family physician to screen for signs of drug use and other related health conditions. You can also contact an addiction specialist directly. The [American Society of Addiction Medicine](https://www.asam.org/asam-home-page) (<https://www.asam.org/asam-home-page>) has a Find a Physician feature on its home page, and you can cross-reference Tricare to see if they're available in your network. You and the physician can decide if your child should be referred to treatment.

## Mental illness and substance abuse

There is a strong link between mental illness and substance abuse. People with mental illness resort to substances as “self-medication” because they provide relief and escape. These individuals also are at high risk to develop substance addiction, because they feel more reward from abusing substances than people without a mental illness. Substances impair judgment which may already be impaired in people with mental illness. Use of alcohol and drugs can exacerbate mental illness symptoms. Some drugs also increase moods of depression and others increase irritability, aggression, paranoia, or anxiety – which can bring on mental illness episodes.



## Your child is showing signs of a more enduring problem: Now what?

Once you've determined that your child is showing signs consistent with mental illness, it's time for what's next. Military families have a slightly different set of things to consider and systems to navigate. We can't dictate the best way forward for your family and your particular circumstances. However, we can make it easier to determine what some options are, and better understand what lies in the landscape ahead.

First, realize that mental illness unfortunately still comes with some stigmas attached. With more information people may understand that mental illness is a treatable physical condition that deserves attention. But, the reality is that not everybody understands it, and people often fear what they don't understand.

Before you set out to get help, you might be afraid. That's completely normal. You may feel like your child or your family could become marginalized. Maybe people will look at you a little differently. Maybe you're worried that your child's mental illness will reflect poorly on you and your family.

Please know this: Having a child with a mental illness does not make you a failure. On the contrary, you're advocating for your child and will work to get your child the help they need. You're not ignoring a problem. You're ready to face it head-on and get through it together as the strong military family you are.

So, forget what other people might think. Let them whisper or wonder, but you'll probably be surprised to see that most of them won't. In fact, chances are, they or somebody else they know are working with the same problems, too. Be candid. Be unflappable. Be well informed. And, most importantly, be there for your child.



## Do you take action at all?

As you consider what comes next, you might think you can always choose to do nothing. You might hope your child grows out of it, or gets over it. While that seems like a tempting choice, it's probably not the best option for your child or your family. As we've discussed earlier, mental illness doesn't go away with time. Indeed, it can often get worse.

For military families, whether or not to take action about your child's mental illness has a new dimension, because it might affect the service member's career prospects. You may be limited to serving at certain installations that have the right resources you'll need for your child's continued care. Some military families worry about how that might lead to limited opportunities to advance.

The military has an Exceptional Family Member Program (EFMP), which requires that families with special needs enroll in the system. That sounds daunting, and it may be tempting to try to stay under the radar. But, it's designed to ensure that your child has access to help along the way. Be sure to talk about your options with your health care provider.

## Military family resources

The military medical system can also be tricky to navigate even under the best circumstances. You're not always able to see the same provider even when you go to the same military treatment facility. Providers might also deploy or be assigned a TDY and become unavailable, which is another factor to consider.

While challenges like these are certainly frustrating, it's important to remember that the military has widespread resources available to help. Don't be afraid to ask all kinds of questions. Find out what kinds of counselors, groups, therapists, and medical doctors can come together to treat your child's mental illness. Military systems aren't

always designed for maximum continuity. So, you have to act as that steady influence and advocate for your child. Check with the military's Morale, Welfare, and Recreation programs and Military OneSource ([www.militaryonesource.mil](http://www.militaryonesource.mil)) for other resources, as well. Whether you elect to seek care inside or outside of the military medical system, you still are entitled to confidentiality.

## What happens when a child is not getting help?

On average, there is an eight- to 10-year delay between the time a young person first experiences the symptoms of his or her illness and the beginning of treatment<sup>3</sup>. Unfortunately, the lack of treatment can have dramatic consequences and sometimes increase the severity of the illness.

Once chronic illness has developed, the severe mental disorders associated with poor self-care can lead to worse health outcomes and higher mortality rates. There is an average 10- to 25-year life expectancy reduction for individuals experiencing severe mental disorders.

Socio-economic factors exacerbate the situation. Many children experiencing mental illness are at a higher risk for experiencing poverty, unemployment, stigma, and isolation.

Another consequence of untreated mental illness is the estrangement that results between parents and their adult children. Conversely, when parents face the reality of the illness, look for solutions, and take action to get the right treatment and support, they may find it is hard work, but it often results in closer relationships later on.

Finally, a child with untreated mental illness will become an adult with mental illness. It will be much more difficult for parents to get help for their adult child who isn't receiving treatment. That's one more reason to take mental health conditions seriously and get help early.

<sup>3</sup> Delay and failure in treatment seeking after first onset of mental disorders in the World Health Organization's World Mental Health Survey Initiative World Psychiatry. 2007 Oct; 6(3): 177-185.

# Deciding **what to do**

Taking the first step to seek help for your child is not always easy. Mom and Dad may process this in a different way and may differ about the path to take. The following exercise helps you clarify whether or not you should seek help. The suggested answers are provided only as examples.

	PROS	CONS
<i>What are the consequences to my child of getting help?</i>	Understanding self/health	Miss school
<i>What are the consequences to our family of getting help?</i>	Peace and health	Schedule/career
<i>What will be my child's reaction to and feelings about getting help?</i>	Feel attended to	Defensive
<i>What will be our family reaction and feelings about getting help for my child?</i>	Relief	Fear of unknown



## Getting help: Where should you start?

If you have reviewed the list of warning signs on page 10, and they seem to confirm that your child may be experiencing mental health problems, then what's the next step? Where can you go to check if they are OK and get help if you need it?

First, if your child is in imminent danger of hurting themselves or others, then take your child to the closest emergency room or call a local psychiatric hospital. Any local psychiatric hospital that takes children will generally offer around-the-clock assessments at its admissions department. A clinician will evaluate the safety of the child, get to know the child and the family, and decide if the child needs to be kept at the hospital for their safety.

In general, what are the options to get help for your child? A pediatrician may help guide you for the next step of treatment. A school counselor may have insight about options available at school or nearby. But don't stop there. It might seem repetitive, but don't assume that the provider you're working with understands your child's history. Keep track of your records and be sure to keep asking questions if you don't feel like you're getting solid answers.

Active-duty parents may be directed to services on their base as available. Not all installations provide the same types of pediatric care. Parents may also have the option to choose services that Tricare Insurance can cover for providers who practice off-post. Veterans Services usually offer adult and family counseling, and can help parents find children's therapy and medical treatment in the community at the parents' request.

Treatment generally requires more than one component, including psychotherapy (also referred to as therapy) and sometimes medication. The child's personal involvement and family or friend support are also critical.

Here are the various levels of mental health care that are available to you. We start with the least-critical and least-urgent level of care. Outpatient therapy means occasional appointments like an appointment with a doctor focusing on physical health. Other levels of care are considered hospitalization programs.

### Outpatient therapy

Psychologists, licensed therapists, or licensed social workers provide outpatient psychotherapy. These professionals can help in different ways: Understand the signs and the seriousness of the child's problem, identify the possible cause or the important questions to explore further, propose a treatment approach, and conduct the treatment. These individuals are not able to prescribe medications. However, if medication is needed, they work in tandem with a psychiatrist who is specially trained in prescribing medication.

When considering a therapist, the most important factor is your and your child's ability to build a rapport of confidence and trust with the professional you have. You may ask them about how they assess the child, their treatment approach, and how they measure progress.

Understand there are different levels of training among professionals. For instance, a psychologist is someone who earned a master's degree (M.S.) or a doctorate in psychology. Those with a doctoral degree (Ph.D., Psy.D., or Ed.D.) in clinical, educational, counseling, developmental psychology, or research received more extensive supervised training. Social workers also may provide psychotherapy, and they have a bachelor's degree (B.A., B.S.W., or B.S.) or a master's degree (M.S. or M.S.W.).



## Outpatient psychiatry

The counselor may determine that something more serious is going on, such as a mood or thought disorder. She would then refer the child to an outpatient psychiatrist, which is a doctor who can assess the child further and decide if it is necessary to prescribe medications to help the child function. Depending on your insurance plan, you can call a psychiatrist directly or have a pediatrician refer you.

Medication treatment should always be accompanied with therapy so the child can build resiliency and learn to cope with the symptoms and environment on their own.

A psychiatrist is a physician, a medical doctor, whose education includes a medical degree (M.D. or D.O.) and at least four additional years of study and training. Psychiatrists are licensed by the state. Their role is to provide medical/psychiatric evaluation and treatment for emotional and behavioral problems and psychiatric disorders. As physicians, psychiatrists can prescribe and monitor medications.

The monitoring part is essential: Taking medications should always be supervised by a medical professional who is responsible to make sure the child is safe. It is also likely that the type and strength of medication will be adjusted over time to fit the child's unique profile and needs. Do not be discouraged if medications are not a perfect fit in the first round. Because of the short supply of psychiatrists, getting this support will require efforts of research and persistence on your part.

## Intensive outpatient treatment

Intensive outpatient treatment allows patients to continue their daily lives while receiving group and individual services of 10–12 hours a week. It is a good option for youth who are not at risk of harm, but who need more support than only one or two therapy sessions a week can offer.







### Day treatment

If counseling or psychiatric intervention can't provide the help needed, then a viable option could be a hospital-based program, also called partial hospitalization program or day treatment. This is designed for the child who is in between levels of care; needing more intensive therapy than an outpatient counselor can provide, but not a risk of harm to self or others. Day treatment often involves individual, family, and group therapy, typically over two to four weeks or more depending on the situation. The child attends the program during the day, and goes home with the parents each night, just like a school day. Some programs offer school or tutoring.

### Inpatient/acute care

Inpatient hospital care is also called acute care, and is required when a child is at risk of harm to self or others. The goal of the treatment is to bring the child back to an appropriate level of safety and self-control. The treatment is typically a three-to seven-day stay, depending on the individual diagnosis and the progress of the child. Acute care treatment involves immediate evaluation, 24-hour nursing and physician attention, medication if needed and

daily monitoring of medication, and a plan for future treatment. Depending on the hospital, the treatment may also include individual, group, and family counseling. Some programs offer school or tutoring.

Family visits are encouraged. The child does have a busy program of counseling, education, and activities, so family cannot stay an extended length of time.

The goal of acute inpatient treatment is the reduction of the acute symptoms, also called stabilization. Your child will not leave the acute hospital cured from their illness. Diagnosis and medicine adjustments take time, and may not be finalized in the acute setting.

### Longer-term inpatient therapy

When a child or adolescent between the ages of six to 17 years of age has trouble functioning well outside of a structured and monitored environment, then inpatient treatment or a residential treatment center (RTC) may be the answer. Such treatment can involve 24-hour care, a full schedule of individual and/or family or group therapies, and therapeutic activities in a secure, hospital-based setting.



## What about medication?

### When is medication necessary?

At some level, mental illness is a chemical imbalance in the brain, and the right medicine will help bring balance. It is especially critical when the child can't get to the point of participating in therapy until medication at least partially resolves the chemical imbalance. Medication can be used to help the child respond to treatment. The child's psychiatrist closely monitors the child's response to make sure that the child is benefiting from the medicine.

### Will my child experience side effects?

Like any medication, psychiatric medications can have side effects. They could vary for each child. Do not hesitate to discuss the possible side effects with the doctor and make sure to monitor them and report them to the doctor. The dosage or formulation can be adjusted to ensure the child can function normally with minimal side effects.

### Can my child stop and start anytime?

Some medications take time to build up, and shouldn't be abruptly stopped. Children will sometimes attempt to stop taking them. It is important that they understand the chemical and physical reasons for the medications, and that they shouldn't stop taking them as soon as they feel better. In reality, the reason they feel better is because of the medication. Taking medication as directed is important to fully benefit from the medication.







## Finding the right help for your child

Don't be discouraged if the initial contacts with professionals are inconclusive. It is not always easy to see and understand the reality of a child's mental illness, and sometimes providers are cautious about putting a label on behavior until they understand the full scope of what's going on.

Be aware of the difficulty of diagnosing children and teens due to other changes in their bodies, such as hormones and puberty, and in their environment, like peer pressure and school. A diagnosis may change over time, and is a tool to help define a treatment approach.

It is also critical for you to share as much as you can with the professionals. They need your input to understand what your child and your family are experiencing. Keep records or a journal of what you see so that you can share it with them, especially since you may not always get to see the same provider.

If you are not satisfied with the answers you receive from the professionals, then do not stop seeking the right fit

for you and your family. You are the one who knows the most about your child, and you are responsible for driving that process.

When seeking a therapist, it is okay to have a first appointment to evaluate if you are comfortable and can trust the person. Research shows that the quality of the patient-therapist relationship is one of the most important predictor of success of the treatment. If you feel judged or misunderstood, you may need to look for another provider. Once you have found a good support, it is important to keep up with the therapy as much as possible.

If and when your family must move away, or your provider needs to change, discuss it in advance with your therapist and see if he/she can help, whether by continuing services with long-distance communications systems or recommending a local therapist.

Seek help from peers. Other parents have walked that path and know about resources and options in your area. Seek a group that can give you support, encouragement, and hope.

## What about your family's spiritual needs?

Many people think that when it comes to mental illness, they should set aside their spiritual background. That's not the case. Of course, it is important to distinguish mental health and spiritual health: A pastor cannot prescribe a treatment for bipolar disorder, and a psychiatrist cannot provide spiritual direction. At the same time, many consider their faith and religion central to their day-to-day life. If their child had cancer, they would seek support and comfort in their spiritual faith and community. It is no different when dealing with a serious mental illness. The question is how. Here are a few simple do's and don'ts:

### DO

- Look for providers who display the professional expertise you need regardless of their faith background. Then, ask if they are open to your faith practices so they may encourage your practices and support your profession of faith.
- Use your faith practices (like prayer and meditation, worship, sacramental life, etc.) to build resiliency and hope.
- Find support or spiritual direction from clergy familiar with mental illness.
- Find support from faith-based groups, when available.

### DON'T

- Think that your child's mental illness is simply caused by a lack of faith, sinful behavior, spiritual bondage, or demonic possession.
- Think that their mental illness is caused by their faith. Studies show that spiritual activities are conducive to better mental health and faster recovery.
- Limit your search for mental health providers to only those who share your spiritual faith and beliefs. It will be more difficult to find help, and is not a guaranty of quality.
- Assume that someone who shares your faith is a qualified mental health provider. Check credentials and talk to your child's pediatrician or your family doctor if you're unsure.
- Assume everyone in your faith community will understand what you're going through. (See our handbook called *How Can I Help?* (<https://www.1in5minds.org/learn/handbooks/how-can-i-help-family-and-friends>). It may also be your experience that helps others to see the reality of mental illness and how to provide care for families and their children.

Not all religious groups or leaders are formally trained to understand mental illness, just like not all mental health professionals have a good understanding of religious faith. But increasingly, both worlds are learning from other and collaborating, so there is hope.

## Getting support besides treatment

One of the most difficult parts of dealing with a child who experiences mental illness is the way other adults, sometimes friends and family, may judge or misunderstand you. It's not their fault, but usually their lack of understanding comes from a lack of education and stigma. That's why it is important to seek out existing groups of parents who are walking the same road or are even further down the path. They have similar experiences, motivations, and interests. Usually, they have done research about some of the situations that you're wondering about, and maybe found some of the services you need. Being part of a team makes it easier to find solutions. Most of all, they are usually the most effective emotional support. A group also can be a safe place to share and express deep feelings.

So where can you go to find such groups? Start with classes that deal with parent and children challenges. A number of organizations offer military personnel and veterans such classes. Outside the military, you can also find help from an organization that help civilians. Most of these groups and classes are aware of the importance of confidentiality and make it a rule. Check with the organization and the group leader if you are concerned.

A detailed list of support groups and classes, as well as their offerings and contact information, is [available online](http://www.1in5minds.org/events/event-details/classes-and-support-groups) ([www.1in5minds.org/events/event-details/classes-and-support-groups](http://www.1in5minds.org/events/event-details/classes-and-support-groups)).

### Getting support from loved ones

Family and friends may not always be equipped to support you. Sometimes they judge, they give misplaced advice, or they don't relate to your struggles. One in Five Minds designed an entire handbook about this topic so that these relatives can be more informed. You can [find it here](https://www.1in5minds.org/learn/handbooks/how-can-i-help-family-and-friends) (<https://www.1in5minds.org/learn/handbooks/how-can-i-help-family-and-friends>).

### Finding peers who can understand

Look for peer support groups in your area. The National Alliance for Mental Illness (NAMI) offers classes such as NAMI Basics that help parents understand their child's illness and navigate the system of care, as well as support groups for parents. Check out their [website](http://www.nami.org) ([www.nami.org](http://www.nami.org)) to find out what is available in your area. (See page 26 for more options)

## How do you afford mental health treatment?

Navigating the sometimes-complicated pathways to get to the right care your child needs can be frustrating. Once you find the care your child needs, the inevitable next question is about affordability. How does a military family afford the care their child needs?

The place to start is TRICARE, the health insurance plan for active duty military members, their families, and retirees. Your children and spouse are beneficiaries if they are enrolled in Defense Enrollment Eligibility Reporting System (DEERS). However, a veteran who has separated from the military without retiring would not have TRICARE, and must seek coverage for their family outside that system. If you are on active duty, then you can't use another main insurance provider besides TRICARE, but your family can.



For a complete list of covered services, visit <https://tricare.mil/CoveredServices/Mental/Treatments>.

When you enroll in DEERS, make sure to choose a program that gives you the maximum benefit considering your families' needs. TRICARE offers different programs. Consider questions such as continuity of care, flexibility and choice and wait time when selecting one of them.

If you are facing a situation with complex medical, behavioral, or chemical dependency needs, TRICARE offers case management and specialty care services. For more information about this program, please call the ICT toll-free number at **1-800-881-9227**.

However, there can be limitations to what services your child can receive. Make sure the provider (doctor, licensed therapist, or hospital) is on the list of approved providers. For example, therapy for learning disorders or inpatient services that could have been performed on an outpatient basis may not be covered. The determination of whether an inpatient stay is required or whether your child should receive day treatment or outpatient care can be a subject of disagreement. Make sure you are filling your prescriptions at a pharmacy approved by your insurance.

The first step is to understand the benefits and levels of care available. Then, you need to be ready to advocate for your child by providing the treating medical provider ample documentation about the symptoms and signs that you observe and cause you concern. The hospital or outpatient provider will initiate a request for coverage from your insurance company as appropriate, and get it approved. If you are not satisfied with the provider's recommendation, then don't hesitate to ask for a second opinion from a different provider. You are the one who knows the most about your child, and this process of advocacy is very important.

If you face a road block, then talking to a ranking officer about your situation may be helpful. Remember, the insurance company is at the service of the military staff. Together, they are responsible for providing services that keep you and your loved ones safe and healthy.

Finally, if you can afford it and your child has high needs, consider a supplemental insurance from a provider such as the Military Officers Association of America (<https://www.moainsurance.com/personal-insurance/mediplus-tricare-supplement>), or the Military Benefits Association (<https://www.militarybenefit.org/insurance-plans/tricare-supplement>). If you are insured with TRICARE read this: (<https://tricare.mil/Plans/OHI/SupplInsurance>).



Here is a list of some of the questions you should ask TRICARE or other insurance providers if you have a different insurance:

- Is the provider you want taking insurance, and does your plan cover the provider?
- Are the “in-network” providers on your insurance list taking new patients?
- Are there limits of services that your insurance imposes (number of sessions; number of inpatient, residential, or partial days)?
- What does your insurance plan consider medically necessary and, if you need pre-approval for coverage, what are those guidelines?
- What is your share of costs based on deductible and the type of service provided?

For families who have neither TRICARE nor private insurance, accessing affordable mental health care for children typically requires government-funded subsidies to help defray out-of-pocket costs. Programs such as Medicaid and the “[Youth Empowerment Services \(YES\)](https://www.dshs.texas.gov/mhsa/yes/)” Waiver (<https://www.dshs.texas.gov/mhsa/yes/>) can cover a large portion of the costs of mental health treatment, which is a significant benefit to families.

Unfortunately, fewer care providers are accepting patients with Medicaid as the fee reimbursement for the provider is often much lower than that of private insurance. This can make finding a provider for your child difficult, or it can take longer to get an appointment.

### **A list of affordable care options**

There are affordable mental health care resources outside the traditional framework. Depending upon your family’s circumstances, these may be practical options:

#### **1. Military OneSource**

Serving service members, their families, survivors, and the entire military community, [Military OneSource](http://www.militaryonesource.mil/web/mos) (<http://www.militaryonesource.mil/web/mos>) has resources to support relocation and transition, special needs, health and wellness coaching, confidential non-medical counseling, and more.

#### **2. Mental Health America:**

An advocacy organization with over 300 affiliates in 41 states, Mental Health America works with people to connect them with affordable mental-health services in their communities. Click on “[local MHAs](http://www.mentalhealthamerica.net/)” on their homepage (<http://www.mentalhealthamerica.net/>) to find services in your area.

#### **3. Community health centers:**

Community health centers: In addition to primary-care services offered in thousands of locations across the country, community health centers are increasingly offering mental health services. Fees are charged on a sliding scale based on income. [Find a center in your area](http://findahealthcenter.hrsa.gov/) here (<http://findahealthcenter.hrsa.gov/>).

#### **4. Community mental health centers:**

These centers serve Medicaid and other low-income patients. State income limits vary. Click on “[find a provider](http://www.thenationalcouncil.org/)” (<http://www.thenationalcouncil.org/>) and call to determine whether you qualify.

#### **5. Employee assistance programs:**

Employee assistance programs (EAP): Many employers offer a limited number of counseling sessions and referrals to mental health professionals through an EAP service. For some people, this may be all they need.

## 6. Churches, synagogues, and other places of worship

Although they are not licensed therapists, clergy members are trained in counseling, and their services are generally free.

## 7. Group therapy:

Many therapists offer group sessions, which can be a less expensive alternative to traditional one-on-one counseling.

## 8. Other options:

Online cognitive behavioral therapy (CBT) services may cost less and may help for some conditions such as anxiety and depression.

## Finding partners in advocacy

Navigating medical insurance can be time-consuming and frustrating. But remember, while you are always the best advocate for your family, support is available, and you are not alone. Enlist your local chapter of NAMI (<https://www.nami.org/About-NAMI/Our-Structure>) or the National Federation of Families for Children's Mental Health (FFCMH) (<http://www.ffcmh.org/our-affiliates>), both of which can provide support, guidance, and encouragement.

## How about school? Can they help?

"Kids spend six hours a day in school, and mental health is essential to learning. So schools that are very data-driven understand that in order for some kids to succeed, their mental health needs must be met," writes Darcy Gruttadaro, director of advocacy at the National Alliance on Mental Illness. That's why a school is a potential partner for a parent who faces these challenges. The school can help detect the issue and be part of the solution. Here's how you can go about soliciting help.

If you have a child experiencing mental health problems, don't keep it a secret from the teacher or the counselor. You want to share that information so they can better understand your and your child's needs for support. Follow these steps to get your school into your circle of care:

1. Request a meeting with both your child's teachers and the school counselor to discuss what your child is experiencing, request their support, and explore what day-to-day assistance could be. In middle or high school, engage the teacher the student has the best relationship with and that teacher can coordinate with the other teachers, along with the counselor. Often, students have a close relationship with a coach, band director or someone not a classroom teacher.
2. Communicate with the teacher and school counselor regularly to monitor your child's progress and performance in school, and to request an additional support or referrals to outside resources, if needed.
3. If you do not feel as though your child is getting the support he needs from his teacher and counselor, consider requesting another meeting, this time to include someone from the school's administrative team such as a vice principal or principal.





In general, these types of requests are met with compassion and a sincere desire to help. However, some parents of children experiencing mental illness express frustration with trying to work with a school.

Fundamentally, school staff has a heart for children and want to provide support and resources whenever possible. The best way to get support for your child is to ask and ask often, if necessary. **Remember, as a parent or caregiver, you are the greatest advocate for your child's well-being.**

### Special education curricula and programs

It may be difficult to accept that your child should be moved to special education classes, but those services can open doors to additional support. There are myriad programs within school systems through which children experiencing mental illness can receive support. Generally that support is provided through special education programs and academic accommodations. The Association for Children's Mental Health outlines examples of common accommodations from which students experiencing mental illness may benefit:

- A child with hyperactivity may benefit from working some activity into their daily classroom routine.
- A child with oppositional defiant disorder might benefit from their teachers being trained to interact with them in a certain way.
- A young person who struggles with disorganization might be helped by being taught planning skills.
- Children who may become aggressive, and those who get overly anxious, may benefit from exploring what things lead up to those feelings, how to recognize when it is happening, and how to prevent the problem from escalating.

In addition, adjustments to the homework load or extra time to finish tests or tasks can be beneficial.

For high school students, alternative schools may be an option, as they might offer longer or shorter classes, more flexibility, and additional time for tests.

While schools in your state are likely required to offer special education services to children as a part of their general programs, accessing those services may be a precise and somewhat complicated process. Navigate Life Texas, a resource for children with special education needs and their families, explains: "The federal Individuals with Disabilities Education Act (IDEA) requires an Individualized Education Plan (IEP) any time a student is identified as having a disability and needs special education services. This is partially based on your child's special education evaluation."

A diagnosed mental illness is considered a disability. Parents need to help demonstrate the ways in which a mental illness is affecting the child's learning as part of accessing special education programs. If it is determined that the illness is impacting the child's performance at school, then the school must actively participate in creating an environment that helps the child overcome their hurdles.

The process begins with a parent, guardian, or school personnel requesting a full and individual evaluation of the student's needs. The next steps proceed through eight more steps Texas Project FIRST, an initiative of the Texas Education Agency, describes to provide accurate information to parents. Key points in the process include parental consent, an evaluation, IEP planning, and determining ongoing evaluative measures. The [Texas Project FIRST website \(www.texasprojectfirst.org\)](http://www.texasprojectfirst.org) contains a wealth of information parents and caregivers will find valuable throughout the process.

All along, we encourage you to communicate openly and cooperatively with your child's teacher and school administrators. The more information you provide about what you see at home and how it may harm your child's education, the better.

## Helping the school to help you

While services and support are available, the road to getting this support can be difficult. Schools have limited resources and prioritize based on the most critical needs. They have procedures that make access time-consuming and complex. For these reasons, you may need to work with experts who can accompany you to obtain the needed help, especially if you tried on your own and didn't get the results you hoped for.

As a military family, your Exceptional Family Member Program – Family Support (EFMP-FS) and the Military Child Education Program – School Liaison (MCE-SLO) are very valuable resources. If you're active duty, then the program says you are required to connect with their offices at the closest installation. The EFMP-FS office provides on-and off-base information and referral, parent training, support groups, relocation assistance, financial management, and school information. They will be able to offer additional community resources to help engage and navigate the systems in your area.

The MCE-SLO specializes in serving military families with K-12 school-age children, and can provide information about the local school systems and community. The MCE-SLO will support parents and school districts with the Interstate Compact for the Education of Military Students interpretation, information on schools and boundaries and home school and deployment support. They can also help facilitate school and community outreach partnerships. These military dependent education professionals serve as a link between military families and all surrounding school districts, ensuring maximum education opportunities for academic success.

You can also search your area for organizations that offer parent education classes on how to best advocate for your child, such as the National Alliance for Mental Illness ([www.NAMI.org](http://www.NAMI.org)) or the National Federation of Families for Children's Mental Health (<http://www.ffcmh.org/>). Some local organizations can provide support with IEP meetings, which in Texas also are called Admission, Review, and Dismissal (ARD) meetings.

A child experiencing a mental illness has the same right to public educational opportunities as other children.

## Some physical health factors of behavioral and emotional problems

A child may exhibit signs of mental health problems because of an undiagnosed physical impairment. It is very important to work with a primary care physician or a specialist to identify and treat such dysfunctions. For example, unidentified dyslexia, hearing impairment, or learning disabilities can lead to a lot of frustration for the child who is under pressure to perform in school, and it can lead to serious behavioral or emotional problems. Imagine the anxiety, anger, and depression you would experience if you were asked and pressured every day to perform as a nurse or an accountant if you had very low vision and no glasses to help.

Sensory deficits also are increasingly common among children. The most acute symptoms are seen in children with autism spectrum disorder. For example, a child who can't sit still at the kitchen table and always rolls around on the floor when watching TV, may indicate that they are a sensation seeker. In other words, the child's brain under-processes some senses (touch in particular). This deficit is often mistaken for attention deficit hyperactivity disorder (ADHD).

Some kids have elevated responses to their senses: they don't like to be touched, the label on their T-shirts irritates them, or they hear sounds much louder than normal. Imagine your frustration if your physical senses were experiencing two to 10 times more than what they are now. Because of these differences, these children tend to be more isolated, anxious, and irritable. They don't have the tools to communicate what they experience, which is normal to them. Physical and or sensory-integrated therapy can make a huge difference for their physical health and resolve their behavioral problems.



## Establishing boundaries and staying connected to your child

Parents of young adults often see a shift when the child who was previously compliant becomes rebellious and refuses to listen to parental or doctors' guidance. On the contrary, they stop doing what can help them get better and do what makes them worse. In the case of a child with mental illness, it is usually very different from the normal distancing a teenager and his parents experience as part of the growing up process.

### Here is how a parent described it:



*The most difficult times were when we saw our son pulling away from us. He reached a point where for all practical purposes, we had no influence or affect on him. Our efforts to encourage and guide him were ineffective. We could not help him to get the help he needed. Our discipline also became ineffective. We saw him abandoning everything from family, to friends, as well as dropping out of high school. He lost his motivation, but he also lost his desire to connect with people who loved him and wanted to help him.*



Our first reaction as parent is to beg, threaten, or punish. We try to reason, put the child in front of the reality of their diagnosis, and tell them about the dangers of their illness. They don't seem to care.

In this situation, parents feel very frustrated, helpless, and even sometimes hopeless. The reality is that it's not about them, nor is it about their child. Because of the illness, the child is not processing reality in conventional ways. The forces that drive their actions are stronger than our parental influence. It is time to change strategy.

This behavior is especially difficult, because it contrasts so much with the way a military parent is trained. Mental illness forces the parent to rethink their approach to the child's problems with discipline. Efforts to understand and validate the child's feeling are critical. While you may keep boundaries and expectations, you also want to seek to understand why the child is failing to meet your expectations. It will take patience and dialog. But keeping the communication channel and a level of trust is critical.

Another factor is the pressure you may experience from your professional life. What will military colleagues think? How will this child's behavior reflect on me and my own character and leadership? These are valid concerns, and it is important to become aware of these thoughts. That's not abnormal or wrong. However, that's an area where you must keep a boundary between work and family. What would you do if your child had a physical impairment or injury? Challenge them to do their best, but don't expect them to do everything like everybody else can.

If your child is sick, then you must find accommodations that will make your family function, and it will likely be different from other families. It can be a complex journey. If you are finding yourself stuck, if you and your spouse argue all the time about it, or conflicts with the child are very frequent and violent, then seek family counseling.

A great help for parents can be found in the book called *I Am Not Sick I Don't Need Help: How to Help Someone with Mental Illness Accept Treatment* (Vida Press, 2010) by internationally renowned clinical psychologist Dr. Xavier Amador. His book describes how he learned to become a partner to his brother who suffered from schizophrenia. He eventually developed an entire process that all parents and health care providers can use to stay connected and help young adults become the owners of their recovery process. We highly recommend this book to anyone who experiences such challenges.

At the same time, it is critical for the parent to find the environment factors that increase the child's distress and take necessary precautions to keep them safe. It could mean removing violent movies and games, restricting certain books such as tragic teen dramas, implementing regular bed times and exercise, and adjusting diets. Parents have to be aware of and restrict dangerous behaviors like alcohol, drugs, sex, parties, certain peers, online activity, etc. For young people who are suicidal, even more precautions need to be taken to keep the child safe.

## Taking care of yourself and your relationship

Military couples face unique challenges. Deployments and trainings can mean that couples miss out on time together, may struggle with communication while separated, and are often bouncing between working to reintegrate and preparing for another departure. Frequent Permanent Changes of Station (PCS) with little choice of where and how long you will stay can also cause strain on relationships, especially if one spouse must make big sacrifices in their career to accommodate. To add to that, if finances are a concern for the family, those career sacrifices can be even more stressful. If children are struggling with stress related to transitions or with a mental health disorder, it often adds more strain to the couple relationship. Finally, each partner's mental health can play an important role in the health of the relationship.

### Nurturing your relationship in the face of challenges

Even with these challenges, there are important things that you can do to foster and maintain a strong bond with your spouse or partner. Here is a list of strategies to use when working on your relationship.

- **Establish your couples' values:** What do you think it means to be a good husband, wife, or partner? How would your partner answer that question? Take time as a couple to discuss what your expectations are of yourselves and each other and develop a shared set of partner/marriage values. Think of this as the roadmap to your relationship. When life gets bumpy with stressful military transitions, difficulties with children, or prolonged separations, it can be easy to lose track of what is most important for your relationship. With this "roadmap," you can always get back on track by focusing on what you both agree is important. Here is a [worksheet](https://pasadenamarriagecounseling.com/wp-content/uploads/2016/02/Marital-Values-Worksheet.pdf)<sup>1</sup> (<https://pasadenamarriagecounseling.com/wp-content/uploads/2016/02/Marital-Values-Worksheet.pdf>) you can use with your spouse to establish a shared set of values.
- **Self-care: Do it and encourage each other to do it.** Taking care of yourself is like putting fuel in your gas-tank. If you are always "running on empty," then you're likely to feel irritable, have less self-control, and have more intense reactions to stress. This can lead to unnecessary conflict with your partner, and make it harder to connect with and understand each other. Taking care of yourself means not just physically (e.g., eating healthy foods, exercising, getting enough sleep), but also emotionally and spiritually. It means taking the time to do things that bring you joy, things that allow you to relax, things that help you process your emotions, feel connected with a community, feel closer to God or nature, and things that give you a chance to feel accomplished. Know that what you need most during one time period may be different from what you need at a different time. Some aspects of self-care can be done together as a couple. Others may be things that you do as individuals. For relationship health, it is not only important to engage in self-care, but also to communicate with each other about what you need most, and to encourage your partner to take care of themselves as well.

<sup>1</sup> 1. Rupp, R. Marital values worksheet. Retrieved from: [www.pasadenamarriagecounseling.com](http://www.pasadenamarriagecounseling.com)





- **Invest in communication.** Effectively sharing your needs, experiences, and emotions with your partner (and really listening when your partner shares) is difficult for many couples. Considering the unique challenges of military family life, maintaining a strong sense of connection takes a lot of hard work. Yet if you don't understand each other, it is impossible to maintain a healthy relationship. That is why it is important to invest time and energy (and sometimes money) in your communication.

- Investing *time* means that you choose a time each day to sit down together to talk, just the two of you, distraction-free. Make sure each partner has time to speak and has time to really listen. It's easy for families to get busy and put this on the backburner, so schedule a regular time each day and make it a priority.

- Investing *energy* means choosing to talk about important things, rather than avoiding them. It means choosing to share difficult emotions and experiences, in addition to a simple relay of objective information, even if it is uncomfortable. Important things to share might include: the highs and lows of your day, what you love and appreciate most about your partner, why something that your partner said hurt you, your future goals and dreams, your worries or concerns, and what you need both for your own self-care and what you need from your partner. Investing energy also means working hard to really listen and compromise so that everyone's

needs are met. It might also mean working together to be creative about maintaining connection and communication when you are separated. If schedules don't match up during deployments and trainings, it may mean committing to multiple shorter conversations, or sending frequent pictures, texts, or videos throughout your day. It may also mean taking the time to send special items or letters through the mail.

- Finally, investing *money* could mean spending money on dates, or paying for babysitters so you can have some one-on-one time outside of your home. It could also mean going to couple's therapy if using these strategies doesn't seem to be working.

Overall, the more you put into open and attuned communication with each other, the more you will get out of it.

- **Play together.** Being in a lasting relationship takes hard work, but it is equally important to make time to have fun and enjoy each other. Military couples tend to have less time to focus on having fun together when they can so often be physically separated. This means it is extra important to make this time when possible. This could include date nights out, scheduling time to have lunch together at your favorite spot, playing games or being active together, relaxing with your favorite TV series to watch together, and being physically intimate. This is still possible while you're separated, but it will take some creativity. The goal is to have fun, laugh, and enjoy each other's company.

## When to seek more help

Even with these strategies to nurture your relationship, sometimes things get in the way. For example, if one partner is struggling with a mental health disorder, it can make all of these techniques more challenging. One common mental health challenge for military service members is Posttraumatic Stress Disorder (PTSD), which often negatively impacts a couple's relationship. Because one of the symptoms of PTSD is feeling distant from others, many service members with PTSD find that they struggle to engage in open, healthy communication. Another symptom, avoidance of trauma reminders, can cause service members with PTSD to stay away from crowds and public places. This can lead to the couple or family missing out on fun or important activities together, which can lead to conflict. If you and your spouse are facing these challenges, or if you are continuing to struggle to maintain a healthy relationship in the midst of other challenges, such as a child with mental or physical illness, it is important to seek help through couple's therapy. There is even a specific evidence-based couples' therapy (<https://pro.psychcentral.com/cbct-couples-therapy-for-ptsd/>) designed for when one member of the couple has PTSD. Remember, the more you invest together in a healthy relationship, the more you and your children will benefit.

## In closing

It is likely that you find this information a bit overwhelming, and that's normal. There is a lot to know and to learn when it comes to mental health and military families. Take your time, circle or highlight what matters to you the most right now, and make one or two resolutions. Taking care of a child with mental illness can be a long road. It also can be very enriching, as the relationships you will build can be deep and lifelong. You also may find that it helps you eliminate or disregard superfluous information and come closer to what is important in your life. Most of all, don't be discouraged; stay hopeful. There is help. There are good treatment options and many people committed to making a difference for military children and their parents.





# Overview chart

## Your child is showing signs of mental illness/substance abuse

Start with a list: Make notes of what you observe (what, when, how often, when it started), collect information from other adults involved with the child, talk to the child about what he experiences, what makes him behave a certain way. Is the child suicidal, or at risk of harm to self or others?

1. If so, call 911, an emergency room or a local psychiatric hospital immediately. If your child is hospitalized, work with your case manager to get a treatment plan and initial appointments in the community.
2. If not, talk to your pediatrician. Does he have a list of recommended providers?

Look for a mental health provider on your insurance plan and in your area. For [resources in Bexar County](https://1in5minds.org/find-help/bexar-county-resources/military-resources) go to <https://1in5minds.org/find-help/bexar-county-resources/military-resources>.

Check with the offices on your base or veterans support organization to look for organizations that provide mental health services, including assessments and counseling.

Talk to a mental health provider

- Therapist
- Psychiatrist

Get their professional opinion of your concerns and perhaps a diagnostic assessment

Talk to your school about the results of your visit with the professionals and the specific symptoms that prevent your child from being as successful in school as he could be.

- Talk to a teacher
- Talk to a counselor
- Ask for accommodations, and if necessary ask for an Individual Education Plan (IEP)

Don't avoid medications: they can be life saving. Ask about side effects and important follow-up appointments, making sure there is doctor's supervision.

Ask for family therapy to learn how to create a family environment that will help your child do well.

Learn on your own about mental health problems, prevention, and treatment options. Your active involvement will make a big difference for your child's future. [Find here. \(https://www.1in5minds.org/\)](https://www.1in5minds.org/) a list of resources.

Don't stay isolated. It can happen to anyone, and many other families have experienced it. Talk to trusted people who can give you moral and personal support.

Connect with a peer support organization like [NAMI \(https://www.nami.org/\)](https://www.nami.org/), [National Federation of Families for Children's Mental Health \(https://www.ffcmh.org/\)](https://www.ffcmh.org/), or [other groups in this list \(http://www.mentalhealthamerica.net/find-support-groups\)](http://www.mentalhealthamerica.net/find-support-groups), so that you can learn from other parents who recovered from a similar experience.

Consider seeking counseling for yourself or for you and your partner/spouse to process the trauma and build strength and knowledge for the future.

<sup>i</sup> IOM. Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Service Members, Veterans, and Their Families. Washington, DC: The National Academies Press; 2010

<sup>ii</sup> Sasser, T. R., Kalvin, C. B., & Bierman, K. L. (2017). Developmental trajectories of clinically significant ADHD symptoms from grade 3 through 12 in a high-risk sample: Predictors and outcomes. *Journal of Abnormal Psychology*, 125(2), 207–219. DOI: 10.1037/abn0000112

# My plan

As a result of reading this handbook, here are three things that are most important for my child and my military family:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Here is the one thing my spouse/partner and I are committed to doing right now:

What: \_\_\_\_\_

Here are additional things my spouse/partner and I will work on in the near future:

What: \_\_\_\_\_

When: \_\_\_\_\_

What: \_\_\_\_\_

When: \_\_\_\_\_

What: \_\_\_\_\_

When: \_\_\_\_\_

Here are some things we can stop doing or put on hold for now so that we can take care of our child, ourselves and our relationship:

\_\_\_\_\_

Here are the most important contacts and groups to help support us:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_





[www.1in5minds.org](http://www.1in5minds.org)