National Children’s Mental Health Awareness Week!

(May 5 - 11, 2019)

This week is dedicated to increasing public awareness about the triumphs and challenges in children’s mental health and emphasizing the importance of family and youth involvement in the children’s mental health movement!

The National Federation invites all our chapters and statewide organizations to use the week of May 5 - 11, 2019 to promote positive mental health, well-being and social development for all children and youth. Join the National Federation in sending out the following messages:

- Mental health is essential to overall health and well being.
- Serious emotional and mental health disorders in children and youth are real and treatable.
- Children and youth with mental health challenges and their families deserve access to services and supports that are family driven, youth guided and culturally appropriate.
- Values of acceptance, dignity and social inclusion should be promoted throughout all communities for children, youth and families.
- Family and youth voice is a valued asset in determining appropriate services and interventions.
Awareness is defined as a knowledge or realization. It is the bridge from ignorance to action. The key is people who are willing to go beyond being aware to take positive action.

Why “Green”

Back in the 1800’s the color green was used to brand the insane population. It was decided to continue using the color green, but with a completely different focus. Green signifies new life, new growth, and new beginnings. Therefore, we wear the green ribbon to raise public awareness towards bettering the lives of children/youth with serious emotional disorders and to show our support of these children/youth and their families.

Display a Green Ribbon in a prominent place to show your support for Children’s Mental Health week 2019!
Awareness Week 2019

Awareness Week History/Timeline

In 1949, The National Mental Health Association declared May as Mental Health Month. Although this nationally recognized observance began as Mental Health Week, with an increase in public interest and a broadening scope of issues, it grew into a month-long awareness campaign.

1950s-60’s. Through the next 2 decades, special emphasis was placed on educating the public around mental illness and inviting them to state hospitals and other locations to learn more. In the late 1960s, this national observance was expanded to become May is Mental Health Month to bring greater awareness to the importance of mental health care.

1970s. In the 1970s observances shifted to community based events as state hospital “patients” were moved to community settings.

In 1991, a group of parents in Missouri got together and decided that one of the most important projects they could undertake was to raise awareness and reduce the stigma surrounding children’s mental health. They formed a coalition of parents, professionals and other stakeholders and created Children’s Mental Health Aware-ness Week. Over the next five years three more states, Kansas, Illinois and Ohio began their own celebration of Children’s Mental Health Week. The National Federation of Families for Children’s Mental Health later joined the coalition and promoted the mission.

In 1996, PAL launched the first Children’s Mental Health Week in Massachusetts. Its theme was “One Youth At A Time” and included posters, a tool kit, as well as public service announcements. The campaign has grown each year since then.

In 2004, the National Federation of Families for Children’s Mental Health declared the first full week of May as Children’s Mental Health Awareness Week nationally. National Federation partners and all 120 Federation chap-ters and state organizations were invited and encouraged to participate in a week long celebration of advocacy and awareness efforts.

In 2006, the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services launched an annual national initiative called “National Children’s Mental Health Awareness Day,” which occurs during Children’s Mental Health Awareness Week.

In 2007, the National Federation of Families for Children’s Mental Health launched the Annual Green Ribbon Campaign, one of the their most important awareness and education campaigns. The green ribbon is a key symbol in social marketing and awareness efforts. It is an uplifting campaign while also spreading awareness and serving to spread awareness through positive public health promotion effort and begin dialogue throughout communities nationally and internationally.

Today, the goal of this nationally recognized event is to increase public awareness and educate communities to expand the understanding of children’s mental health needs and their resulting impact on families.
Ten Tips for Organizing An Effective Awareness Campaign

1. Gather a group of great people to make up your team. Include people who have shown dedication to the issue of children’s mental health as well as people with lots of contacts and energy.

2. Schedule regular meetings and set goals early.

3. Determine what your message will be and to whom you will be sending the message; suggestion: everyone on your mailing list, local schools, county departments, community centers, hospitals, and pediatricians.

4. Brainstorm your ideas - ask the "Magic Wand Question" (What would you see happening if you had a magic wand and no obstacles?) No ideas are bad ideas.

5. Prioritize - as a group. Set goals and then discuss what steps (objectives) you need to take to accomplish those goals.

6. Become task-centered - break down the objectives and decide if an individual can manage it or if a team approach is needed. Then, assign the tasks.

7. Create a timeline and if you have e-mail abilities set up a distribution list to keep everyone updated on the progress.

8. Spread the word - send a press release or call members of the media (TV and newspaper reporters and editors).

9. Support each other by keeping in touch with participants. Encourage them to stay on target with the timeline. If someone is having trouble with a task, offer help.

10. Participate in your Children's Mental Health Week activity, and celebrate it at a follow up meeting. Discuss how things went and what to improve on next year. Do not forget to set the date for your next planning meeting to begin the process for next year. Each year it gets easier!
**CHILDREN’S MENTAL HEALTH WEEK**
**MAY 5-MAY 11, 2019**

**SUGGESTED ACTIVITIES**

**Structured Educational Activities:**
- Children's & Teens' Perspectives - discussions through drawings and stories.
- Workshops for parents, caregivers, and providers.
- Regional or local educational conferences.
- Special topic forums or roundtable discussions in the community.
- Mental Health Fairs with depression and anxiety screenings.
- Special topic high school assembly with speaker.
- Video presentations with discussion.
- School announcements by students.

**Informational Activities:**
- Green ribbon awareness - word of mouth is key!
- Childhood depression and anxiety screening held at community centers, clinics, hospitals, malls, etc.
- Information fairs.
- Seedling Project - present each Legislative representative with a packet of information on children's mental health issues and a tree seedling as a reminder that we rely on them to help our children grow up healthy.
- Organization or support program open house.
- Public Service Announcements (PSAs) or Press Release (sample attached).
- Modify the Official Proclamation to use in your community (sample attached).
- Write an Op-Ed or letter to the Editor for your local newspaper.
- Brown bag lunch series on various learning disabilities, mental health diagnoses, community services, medication education, etc.

**Artistic Expression/Recreational Activities with a Children's Mental Health Theme**
- Essay and poster contests for children & youth.
- Incorporate #Ring4Hope activities, such as poster board with bell shape laid out for children to add their hand prints in finger paints.
- Puppet shows emphasizing sensitivity to disabilities.
- Teen or group art murals.
- Family concert.
- “Express Yourself Tees” - t-shirts created by children/teens.
- Movie night… pick a movie that will bring sensitivity and understanding to a disability and follow with discussion.
- Open mike poetry session for teens and/or parents.
- Teen improvisational or theatre group show.
- Book reading contest - ask local/school library to display their collection of books on disabilities.
- “Be A Mentor Day” or “Be A Buddy Day”... encourage the internal assets of caring and helping individuals with disabilities through this activity.
Facts on Children’s Mental Health

Mental disorders affect about one in five American children, yet only about a fifth of these children actually receive the mental health services they need. Fortunately, poor outcomes for children with mental health needs can be prevented with access to appropriate services.

Prevalence and Unmet Needs

- About one in five American children has a mental disorder. About 5-9% of children ages 9 to 17 are affected by a serious emotional disturbance (SED) that causes severe functional impairment.
- Anxiety disorders, mood disorders (e.g. depression), and disruptive disorders (e.g. attention deficit and hyperactivity disorder) are the most common mental disorders among children. Of these, research indicates that anxiety disorders are the most common, affecting about 13% of children aged 9-17. More than 6% of children are estimated to have some form of mood disorder, and 4% are estimated to have a disruptive disorder.
- Despite the prevalence of mental disorders in the nation’s children, 79% of children aged 6 to 17 with mental disorders do not receive mental health care. Uninsured children have a higher rate of unmet need than children with public or private insurance.
- The nation has a long way to go in eliminating disparities in access to appropriate services. The rate of unmet needs is higher for minorities—88% of Latino children do not receive needed mental health care. And although Latino youths have the highest rate of suicide, they are also less likely than others to be identified by a primary care physician as having a mental disorder. Similarly, African American youths are more likely to be sent to the juvenile justice system for behavioral problems than placed in psychiatric care.

Consequences of Failure to Meet Needs

- Without early and effective identification and interventions, childhood disorders can persist and lead to a downward spiral of school failure, poor employment opportunities, and poverty in adulthood.
- Untreated mental illness may also increase a child’s risk of coming into contact with the juvenile justice system—66% of boys and almost 75% of girls in juvenile detention have at least one mental disorder, according to one study.
- Substance abuse is also linked to untreated mental illness—43% of children who use mental health services also have a substance abuse disorder.
- Children with mental disorders, particularly depression, are at a higher risk for suicide. An estimated 90% of children who commit suicide have a mental disorder, according to the Surgeon General.

-More-
Effective Services

- Children are best served by early intervention, which can prevent them from being placed in more costly forms of treatment later on, such as inpatient treatment or residential treatment centers.\(^{13}\)
- The “systems of care” approach is an effective way of serving children with mental health needs.\(^{14}\) To address the wide range of needs of children and families, coordinated services are provided by different child-serving systems, including education, child welfare, juvenile justice, primary health care and substance abuse. Systems of care are family-driven and tailored to meet the individual needs and build on the strengths of children and their families, providing a full complement of services, including respite care and round-the-clock crisis services. The system of care approach can reduce the need for out-of-home placements that can strain a family.
- When out-of-home treatment is necessary, therapeutic foster care, where a child is placed with specially trained foster parents, has proven effective. This method is less expensive and less restrictive than other types of out-of-home placement, and studies of children in therapeutic foster care show behavioral improvements and more successful transitions to less restrictive environments.\(^{15}\)

Barriers to Meeting Needs

- More than just a problem for the uninsured, even children covered by private or public health plans have serious coverage gaps that prevent them from obtaining needed mental health services. For instance, private health plans sets limits on mental health coverage, such as on the number of visits or types of medications that can be prescribed.\(^{16}\)
- Many states have recently made cuts in their Medicaid budgets, which may result in the loss of coverage for some children and reduce benefits for others.\(^{17}\) Medicaid is an important source of mental health care coverage, accounting for 20% coverage of all mental health care spending.\(^{18}\)
- Stigma is a major obstacle. Parents, teachers and others may fear that, once identified, a mental health diagnosis will influence the way a child is treated. Parents may also fear that they will be blamed for their child’s mental disability.\(^{19}\) As a result, families may not seek services.

Recommendations

- Systems of care and other community-based mental health care programs should be expanded to provide children and families with a broad range of effective services tailored to their individual needs.
- Because early detection and intervention is important in addressing mental health problems in children, education campaigns should focus on screening for mental disorders.
- To ensure access to appropriate mental health services, insurance companies should provide parity in coverage with medical/surgical care for mental health services.
- Mental health programs and outreach efforts should be tailored to address the needs of minority populations. Cultural competency training is needed in all mental health programs, and education and training incentives should be offered to promote ethnic and racial diversity in the mental health workforce.