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Iowa's information and referral service on disability services, assistive technology (AT), AT funding resources, and AT legal advocacy.

Disability Information & Referral
Connecting People to Programs

A PROGRAM OF THE CENTER FOR DISABILITIES AND DEVELOPMENT

Iowa COMPASS News



Iowa COMPASS is highlighting Children's Mental Health Awareness Week – May 4-10, 2008. For more resources to help get the word out about children's mental health issues visit Iowa Federation of Families for Children's Mental Health at www.iffcmh.org or call 319-462-2187. The purpose of National Children's Mental Health Awareness Week is to raise awareness of children's mental health issues and demonstrate how to promote recovery and resilience. Join us in wearing a green ribbon. It brings awareness to the needs of Iowa children with emotional, behavioral, mental, and social disabilities as well as their families.

There are many great resources regarding children's mental health. We want to highlight a few to get you started.

Iowa Federation of Families for Children's Mental Health is a statewide advocacy organization working independently and collaboratively towards a seamless system of care. Contact IFFCMH at 319-462-2187, Toll Free 888-400-6302 (Families Only) or www.iffcmh.org.

SAMHSA's (Substance Abuse and Mental Health Services Administration) National Mental Health Center has a wealth of information for families, educators, health care provider and those with mental health problems. Contact SAMHSA at 800-789-2647 or mentalhealth.samhsa.gov/child/.

The Iowa chapter of NAMI (National Alliance on Mental Illness) has a wide array of resources, information, and support. Contact NAMI Iowa at 800-417-0417 or 515-254-0417 or www.namiowa.com.

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Children's Mental Health—Myth Busters

(Continued from page 1)

Know the facts about children with mental health issues. You can visit one of the resources listed in this newsletter or give Iowa COMPASS a call for more information.

Myth: Children do not experience mental illnesses. Their actions are just products of bad parenting.

Fact: All ages are susceptible, but the young and the old are especially vulnerable. A report from the President's New Freedom Commission on Mental Health showed that in any given year 5-9 percent of children experience serious emotional disturbances. Just like adult mental illnesses, these are clinically diagnosable health conditions that are a product of the interaction of biological, psychological, social, and sometimes even genetic factors. Mental disorders fall along a continuum of severity. Mental illnesses are biologically based brain disorders.

Myth: Children misbehave or fail in school just to get attention.

Fact: Behavior problems can be symptoms of emotional, behavioral, or mental disorders, rather than merely attention-seeking devices. These children can succeed in school with appropriate understanding, attention, and mental health services.

Myth: Mental illness is the same as mental retardation.

Fact: The two are distinct disorders. A mental retardation diagnosis is characterized by limitations in intellectual functioning and difficulties with certain daily living skills. In contrast, people

with mental illnesses—health conditions that cause changes in a person's thinking, mood, and behavior—have varied intellectual functioning, just like the general population.

Myth: Therapy and self-help are wastes of time. Why bother when you can just take one of those pills you hear about on TV?

Fact: Treatment varies depending on the individual. A lot of people work with therapists, counselors, their peers, psychologists, psychiatrists, nurses, and social workers in their recovery process. They also use self-help strategies and community supports. Often these methods are combined with some of the most advanced medications available.

Myth: Once people develop mental illnesses, they will never recover.

Fact: Studies show that most people with mental illnesses get better, and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

From: allmentalhealth.samhsa.gov/myths_facts.html and www.nami.org

Your Opinion Counts

Sometimes a caller's single question leads to the need for more information and Iowa COMPASS is here to help.

Recently the mom of a child with autism called looking for the phone number of her local Area Education Agency (AEA). Further questions from the COMPASS Information Specialist identified the need for an updated evaluation. COMPASS staff provided the appropriate AEA contacts, resources for evaluation, and referrals that could help with advocating for her child within the education system.

The call ended with this comment from the parent: "You seem really knowledgeable and it's so nice to talk to somebody that has their ducks in a row. You've been great."

Your opinion DOES count! Please share any feedback you have with us through the written evaluations we send out, by phone at 800-779-2001 or via e-mail: iowa-compass@uiowa.edu.



Mental Health: Wayfinding Books in the Disability Resource Library

Clinical Depression and Bipolar Illness: Frequently Asked Questions, A Handbook for Teens (2006) by Sallie P. Mink, edited by Paramjit T. Joshi. Depression & Related Affective Disorders Association, McLean, VA.

Why depression and bipolar disorder together in one book? Because both conditions are mood disorders: depression is unipolar despair, while bipolar disorder cycles between excessive highs and the lows characteristic of true depression. Both are treatable illnesses. Educate yourself and others with this concise, well-written reference.

Helping Your Troubled Teen: Learn to Recognize, Understand, and Address the Destructive Behavior of Today's Teens (2007) by Cynthia S. Kaplan, Blaise A. Aguirre, and Michael Rater. Fair Winds Press, Beverly, MA.

A guide to help parents assess worrisome behaviors and to involve themselves in active treatment for their children who engage in substance abuse, cutting, delinquency, video/computer addictions, binge/purge eating, excessive dieting, or who suffer from clinical depression.

100 Questions & Answers about Schizophrenia: Painful Minds (2006) by Lynn E. DeLisi. Jones and Bartlett Publishers, Sudbury, MA.

A candid journey through the complexity and history of schizophrenia in layman's language. Authoritative, yet practical, *100 Questions & Answers* reveals facts about schizophrenia that will

resonate with the reader as well as surprise us, e.g. very few people with schizophrenia are under the care of clinical psychiatrists. This is a book that you will return to again and again.

If Your Adolescent has an Eating Disorder: An Essential Resource for Parents (2005) by B. Timothy Walsh and V.L. Cameron. Oxford University Press, New York, NY.

Eating disorders in a teen can sneak up on unsuspecting parents. There is a lot to understand in short order, and it is important to seek the right treatment for your child. Extreme weight loss intervention is the focus of this book. It is an honest approach to a serious problem with a wealth of resources and suggestions for day-to-day support of your teen.

Posttraumatic Stress Disorder (2006) by Adam Cash – (Wiley Concise Guides to Mental Health) – John Wiley & Sons, Inc., Hoboken, NJ.

An in-depth study of the stressors, the trauma, the assessment and the treatment of PTSD. An unusually hefty guidebook at 22 chapters, the reader is invited to parse out the book by way of a Quick Start Guide early on in the text.

The Personality Disorders Explained – 2nd ed. (2003) by David J. Robinson. Rapid Psychler Press, Port Huron, MI.

An approachable handbook with a creative presentation of facts about and treatment for: schizoid, paranoid, schizotypal, histrionic, antisocial, narcissistic, avoidant, dependent, obsessive-compulsive, and borderline personality types.

For more information, contact the DRL at 800-272-7713

Funding News

The Children's Mental Health Waiver

The CMH Waiver exists to meet the needs of children 18 and younger with serious emotional disturbance (SED). Before the waiver, any children with serious emotional disturbances had to leave their homes to seek support in a medical institution. The parents of eligible children "waive" using services in an institution and choose instead to use services and individual supports to keep their children in their own home. The child, his or her family, chosen providers, the targeted case manager, and others come together to form an interdisciplinary team (IDT), which meets to plan the interventions and supports a child and family needs to safely maintain the child's physical and mental health in her or his family's home.

The intent of the CMH Waiver is to identify services and supports that are not available through other mental health programs/services. CMH Waiver services can be utilized in con-

junction with traditional mental health services to develop a comprehensive support system for children with SED.

To enable children to remain in their own homes and communities, the CMH Waiver offers a range of services that include:

- ~Environmental Modifications, Adaptive Devices and Therapeutic Resources
- ~Family and Community Support Services
- ~In-Home Family Therapy
- ~Respite Care Services

For more information about the CHM Waiver visit www.dhs.state.ia.us/rts or call your local Department of Human Service, or contact Iowa COMPASS.



Nonprofit Organization
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Iowa City, Iowa

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We're on the web!
www.iowacompass.org

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Iowa Department of Human Services
Governor's Developmental Disabilities Council

Iowa COMPASS

800-779-2001 (toll-free)
877-686-0032 (toll-free, TTY)
319-353-8777 (local)

Behavioral Health Thermometers

Wouldn't it be great if a thermometer could tell you if a child was not feeling well emotionally?

Just as a thermometer measures a temperature, actions will tell you if a child has an emotional problem. The signs indicate when a child may be in need of professional evaluation. Warning Signs include:

- Feeling sad or withdrawn for more than 2 weeks
- Seriously trying to harm or kill him/herself or making plans
- Sudden overwhelming fear for no reason, racing heart or fast breathing
- Involved in many fights, uses a weapon, or wants to hurt others
- Severe out-of-control behavior that can be harmful
- Not eating, throwing up, or using laxatives to lose weight
- Intense worries or fears that get in the way of daily life
- Extreme difficulty in concentrating or staying still—which puts him/her in physical danger
- Repeated use of drugs or alcohol
- Severe mood swings
- Drastic changes in his/her behavior or personality

If you feel that your child may have any of these warning signs, please contact your family physician. www.iffcmh.org/cmhweek08.html