Focusing on improving the mental health of children in Denton County

Vision: Because every child deserves hope, the Denton County community dedicates its unified resources to equip our children to reach their full potential mentally, physically and socially to achieve their maximum personal success.

The problem:
• In 2012, 11.1 percent or 19,370 children in Denton County received assistance for a mental illness or a behavioral, emotional or developmental problem.
• Children with mental health issues have significantly poorer health, are more likely to have problems in school and more likely to experience some form of neglect or abuse. Parents of children with mental health issues are more likely to report that access to mental health care is difficult or very difficult.
• In 2012, 7.1 percent or 12,390 Denton County children were diagnosed with a mental illness or disorder, and 40 percent of parents surveyed were either not very familiar or not familiar at all with mental health services available in their community.

Source: Community-wide Children’s Health Assessment & Planning Survey 2012

Members of the Wellness Alliance for Total Children’s Health (WATCH) chose mental health as their first priority because it coexists with many other health issues, such as bullying and obesity. Other reasons for focusing on mental health were the severity of impact on the Denton County community and the potential to gather support from individuals and organizations within the community.

WATCH strategic plan objectives
• Build community understanding of children’s mental health
• Promote excellence in children’s mental health services with a strong network of providers
• Improve access to children’s mental health services for families

Taking action:
Based on the system of care model, WATCH has chosen to develop a web site aimed at increasing awareness and improving access to mental health care services in Denton County. The guiding principles of systems of care are:
• Interagency collaboration
• Individualized, strengths-based care
• Cultural competence
• Child, youth and family involvement
• Community-based services
• Accountability

For more information, please contact Jeremiah Salmon, WATCH coordinator, at 682-885-3070 or jeremiah.salmon@cookchildrens.org.
CHILD Initiative

Overarching goal:

> Creating and supporting a ‘community of care’ in Denton County
CHILD Initiative

Goal achieved through:

A web-based, single source solution that is:

> Highly interactive
> Responsive to individual user needs
> Open and adaptive
CHILD Initiative

Who benefits | two key groups:

1. Users
   > Parents and adult caregivers
   > Educators and school staff
   > Children and young adults

2. Providers and practitioners
CHILD Initiative

Users will benefit through:

> Increased mental health awareness
> Easy access to localized and actionable information
> Shared knowledge and experiences
CHILD Initiative

Providers and practitioners will benefit through:

> More aware and informed public
> Ability to network and share resources
> Access to a robust data acquisition tool

SITE FUNCTIONALITY

MENTAL HEALTH TRENDING

RESOURCE DEPLOYMENT

THERAPEUTIC IMPACT
CHILD User Scenarios

1. Parent with at risk child

2. School nurse

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CHILD User Scenario

Parent with at risk child
Approximately 20% of adolescents have a diagnosable mental health disorder.
If left untreated, these disorders may contribute to obesity, substance abuse, poor school performance, strained family relationships, and risky sexual behavior.
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Self Harm

First and foremost, individuals who self-harm are NOT attempting to commit suicide. If you or anyone you know is thinking of committing suicide, click HERE for help.

Self-Harm (self-injury, self-mutilation, self-abuse) is the act of intentionally hurting yourself WITHOUT the desire or intent to commit suicide. Self-harm is an unhealthy way of coping with strong emotions, frustrations and tension. While an individual who engages in self-harm behaviors may describe feeling a sense of temporary calm and relief, it is typically followed by feelings of guilt and shame that perpetuate a cycle of intense emotion and physical self-harm to provide the sense of relief from those feelings.

People who engage in self-harm behaviors often feel they cannot control their strong emotions, so they attempt to turn those emotions inward on themselves and engage in self-harm behavior in order to prevent hurting others or being seen as losing control. Self-harm is often found in concert with other mental health issues, including but not limited to: depression, eating disorders, post traumatic stress disorders, alcohol and drug abuse, and dissociative disorders.

Signs and symptoms of self-harm

Self-harm signs are often difficult to notice because people who engage in them become adept at hiding them or explaining them away.

Consider:
- A preference for concealing clothing at all times, even during hot weather
- Avoiding situations where revealing clothing might be expected
- Frequent complaints of accidental injuries

Also, be aware of obvious signs such as:
- Scars from cutting or burning
- Bruises from hitting or punching
- An unusual number of sharp objects, like razor blades, that can be used for self-harm

How to get help:

Click Here for a list of local and online resources relating to self-harm topics.
Local Resources for 76209

Here is a list of mental health providers located close to your zip code. If you provide us with a little more information, we can tailor the results more closely to your specific needs.

Please select your health insurance provider
- Blue Cross Blue Shield

Has your child been seen by a school counselor?
- Yes
- No

Are you willing to participate in a survey or focus group?
- Yes
- No

☐ No thanks, just show me a general list.

Your personalized resource list:

Hokamp, Barbara, Ph.D
- Adolescent girls – pregnancy/parenting families with young children
- Play therapy

Champ, Cathy, LPC, LSOTP
- Sexual abuse victims and offenders
- Play Therapy

Boehm, Rose, MS, LPC
- Child abuse, trauma, depression, anxiety, parenting issues
- Developmental disabilities

Costa, Dianne, CFLE (bi-lingual)
- Certified mediator/family
- Life educator

Dittlof, Mark, LPC
- Sexual abuse, Child and adolescent issues
- Medicaid / Sliding Fee
  - (940) 382-5328 ext. 19

Duke, Holly, LPC, NCC
- Family counseling
  - Depression / anxiety, anger management
  - Sliding fee / Medicaid
  - (940) 352-5328 ext. 23

McGee, Kristen, LCSW
- Depression, anxiety & adjustment/Trauma, conduct problems for 17 & up
- Parent coaching, couples & family therapy
  - Sliding Fee, DISD EAP
  - (940) 367-7791

Meyering, Cindy, LMFT
- School adjustment issues, family crisis, domestic violence,
  - Substance abuse and trauma
  - Medicaid / sliding fee
  - (940) 453-4732

Terrell, Tamera, LPC-S
- Play therapy, adolescents
  - Sliding fee
  - (940) 387-3450
Personal Stories


It Gets Better
Kristin, Self Harm
I began to steal my mother’s cigarettes to burn myself with them—I’d never actually smoke them—when I was about halfway through my 7th grade year in middle school...Keep Reading

Don’t Give Up
Marcus, Depression
It started out as just feeling less motivation to get up in the morning, but a few months later—and getting out of bed was the last thing I wanted to do. School seemed unbearable...Keep Reading

Finding the light in the darkness
Kevin, Alcoholic
When I started drinking alcohol, it wasn’t for me or about me. I can only say that now, because I realize at some point that changed. Keep Reading

The diagnosis brought us peace
Rachel, ADHD
My grades have been “better than average”—I get lots of ‘B’s”—since at least third grade. My teachers and even my parents have been saying that I’m a “quiet girl”...Keep Reading
Personal Stories

It Gets Better
Kristin, Self Harm
I began to steal my mother’s cigarettes to burn myself with them—I’d never actually smoke them—when I was about halfway through my 7th grade year in middle school. That was when I first started realizing that I couldn’t look or act the way that lots of people there thought I should to meet their expectations. I was a little too heavy—no “skinny” jeans for me—and I hadn’t quite inherited either of my parents’ good looks. I was also getting bad grades because I thought too many of my class assignments were irrelevant or boring, which caused me to blow them off.

I started cutting myself on my arms and sometimes on my stomach with one of the utility knives in my Dad’s toolbox, or the scissors in the “everything” drawer in our kitchen during Spring Break after I overheard my parents telling my grandparents at a family barbecue that they didn’t know what to do with me. They couldn’t figure out why I couldn’t be more like my older brother, who is on both student council and the football team at our high school and whose biggest problem is trying to figure out which cheerleader or dance team girl to date.

Cutting and burning myself helped me focus on the immediate pain I felt, plus the bleeding and the blistering, rather than on anything else that was bothering me. It also helped me shift my concentration away from how I thought lots of people at school and in my family were trying to make me feel worthless. When my Mom finally connected the dots between some blood she found on one of my blouses and some burn marks I thought I’d covered up well with makeup, she surprised me by not freaking out. When we talked about it, I admitted I was cutting and burning myself to keep from doing even worse things.

She somehow found out how to get me to the Cook Children’s Psychology Department on Teasley in Denton, and for the first two months I wouldn’t/couldn’t talk about any of this to anyone there. They didn’t pressure me, but they didn’t give up on me either. A year after starting to finally talk to them, I can write that I still have some pretty intense issues I’m dealing with, but I don’t act on my urges to burn and cut myself any more.

To contact a licensed psychologist at Cook Children’s Psychology Department in Denton who specializes in helping young people, please call 682.885.3917. Hide >

Don’t Give Up
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It started out as just feeling less motivation to get up in the morning, but a few months later — and getting out of the bed was the last thing I wanted to do. School seemed unbearable... Keep Reading >

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CHILD User Scenario

School nurse
How to Talk with Parents Effectively

WHAT TO DO

- Take it seriously.
- Ask directly about suicidal thoughts and plan. Ex. - “You seem so upset and discouraged that I’m wondering if you’re thinking about hurting or killing yourself?”
- Be available to listen, to talk, but know your limits and refer.
- Validate the depth of feeling. DON’T minimize by saying, “Everything will be better tomorrow.”
- Call for immediate assistance if necessary.

TALK...

- Talk to the student in private when you both have the time and are not rushed or preoccupied.
- Give the student your undivided attention.
- If you initiated the contact, express your concern in behavioral, nonjudgmental terms. “I’ve noticed you’ve been absent from class lately and I’m concerned,” rather than ‘Where have you been lately? You should be more concerned about your grades.”

LISTEN...

- Let the student talk.
- Listen to thoughts and feelings in a sensitive, non-threatening and respectful way.
- Communicate understanding by reflecting or repeating back the essence of what the student has told you.
- Try to include both content and feelings. Ex. “It sounds like you’re not used to (fill in the blank) and you’re feeling overwhelmed.”
- Find out what steps have already been taken to resolve the situation, and the outcome.
- Find out who knows they’re having a hard time, to get a sense of available social support.

GIVE HOPE...

- Assure the student that things can be different.
- Help the student realize there are options.
- Suggest resources: friends, family, religious professionals and other professionals on campus.
- Express your willingness to help the student explore options and resources.

Know your limits and REFER when...

- The problem is more serious than you feel comfortable handling.
- You are extremely busy or stressed, and are unable or unwilling to handle other requests for help.
- You have helped as much as you can and further assistance is needed.
Online Resources for Self Harm

This section provides external web links and articles to assist you in learning more about self harm. PDF documents require Adobe reader. To download the latest version, click here.

External web links:

This portion of the Australian ‘Kids Helpline’ website is devoted to helping parents and adult caregivers learn more about how to support young people who either cut themselves on their arms and legs or who deliberately take too much prescription and over-the-counter medications.

http://www.mind.org.uk/help/diagnoses_and_conditions/self-harm
This portion of the British website ‘Mind: For better mental health’ will take you a link where a short list of important questions about Self-harm are posed and answered.

http://www.psychologytoday.com/basics/self-harm
This resource is operated by Psychology Today, America’s oldest comprehensive magazine devoted to helping people better understand “what makes us tick.” It explains how self-harm is a way for some people to regulate their moods, and how it is different from attempted suicide.

Additional Reading:

by Sony Khemlani-Patel, Ph.D., Merry McVey-Noble, Ph.D. And Fugen Neziroglu, Ph.D. ABPP ABPP
This book has been written to provide you with information and advice for dealing with a child who is hurting him or herself. It can help you learn why self-injury happens, how to identify it, and how to address this sensitive topic with calm and confidence.

Understanding Self-Harm
by Diane Harrison and revised by Mind (the British National Association for Mental Health)
This booklet is for anyone who self-harms, their friends and family. It should give readers a greater understanding and knowledge of the condition and of what they can do to help overcome it.

Cutting Edge
by T. Suzanne Elier
Originally published in Today’s Christian Woman magazine in 2006, this article reveals how self-harming behavior occurs across all educational, economic, racial, gender, age and spiritual belief brackets.

Slice at Life
by Jolynn Turnolo
This piece was published in Advanced Nurse Practitioner in 2005, and examines the reasons why some young people feel compelled to injure themselves repeatedly.
CHILD Initiative

Comments and Discussion:

> Today’s presentation
> Next Steps | Key Issues

PARTICIPATION
FUNDRAISING
SUSTAINABILITY