

If you are worried about your child's emotions or behavior, you can start by talking to friends, family members, your spiritual counselor, your child's school counselor, or your child's pediatrician/family physician about your concerns. The primary sources of information about options for helping your child are listed below. Contact information for local resources is listed by county on the back of this sheet.

## Seeking help

Your child's **pediatrician** can talk with you about your concerns, and can make referrals for treatment.

Your **insurance company** can provide you with a list of the mental health professionals within your healthcare network.

**School Psychologists**, trained in both psychology and education, can help children and youth academically, socially, behaviorally, and emotionally. They may be part of an IEP team and perform academic and psychological evaluations.

**Core Service Agencies (CSAs)** or **Local Behavioral Health Authorities (LBHAs)** are local agencies responsible for planning, managing and monitoring a specific region's public mental health services in Maryland. Many CSAs/LBHAs have specialists that coordinate services for children and adolescents that do not have health insurance.

**Family or System Navigators** provide one- to-one support to families. Each county in Maryland has Navigators that can help families access resources within Maryland's mental health system, understand their child's mental health concerns, find the right type of help, and provide support through the whole process. Family Navigators are parents who have cared for a child with special needs and have been trained to help other families. Any parent or caregiver can call a Navigator to request assistance for their child, aged 0 - 21 years, with special needs. There is no cost for navigation services.

**County "warmlines"** are community-based service referral call-lines staffed by trained people, often 24 hours a day. These phone numbers are designed to address certain non- life threatening concerns and questions.

**Mental Health Education and Advocacy Organizations** are dedicated to assisting family members with finding help for their child.

- **Mental Health Association of Maryland.** MHAMD is a statewide education and advocacy agency. Programs and services vary by chapter. [www.mhamd.org](http://www.mhamd.org)

MHAMD offers information and resources on Health Insurance Protections, Parity Law, and the Affordable Care Act at [www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/](http://www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/)

- **Mental Health First Aid** trains parents and caregivers to recognize mental health problems, know how to access services and support youth struggling with mental health issues. [www.mhfamaryland.org](http://www.mhfamaryland.org)
- **Maryland Coalition of Families.** MCF has Family Navigators and offers advocacy training and support for families. [www.mdcoalition.org](http://www.mdcoalition.org)
- **National Alliance on Mental Illness.** (NAMI) Maryland is dedicated to education, support and advocacy of persons with mental illnesses, their families and the wider community. [www.namimd.org](http://www.namimd.org)

It is important to remember that many children and families benefit from other services and supports in places other than traditional providers. Often, these services are provided along with other forms of services. It is well researched that many children benefit from after-school activities, athletics and community and faith-based organizations.





## Tips for Discussing Your Child's Mental Health with Your Primary Care Provider

**Treat mental health like physical health.  
Recognize we need to talk about it.**

Misinformation and stigma surround mental health because we do not understand it as well as physical health. If your child has a high fever for a few days, you probably make the call to your primary care provider for a sick visit without a second thought.

But what if you notice ongoing changes in your child's emotional well-being or behaviors? The first step is to recognize that your child is struggling and know you can turn to your primary care provider for support, just as you would with physical health.

**Understand how important mental health is to your child's well-being.**

Mental health, also known as emotional or behavioral health, is a vital part of your child's medical health and development. It affects how individuals think, feel, and act. All children and teens have periods of anger, frustration, and sadness. However, for some kids, these feelings can reach a tipping point and interfere with everyday life.

**It may be time to seek help from your primary care provider when:**

► **Your child has:**

- New difficulties at home, in school, socially, or within the family.
- Noticeable changes in appetite, sleep, mood, or behavior.
- Increased feelings of sadness, anger, stress and worry, low-self-esteem and grief.
- A hard time in situations that used to be okay.
- A need for more support, including avoiding activities, having frequent tantrums, stomachaches or headaches with no known medical cause, unable to sit still, using drugs or alcohol, or spending more time alone.

► **Your ability to parent has become very challenging and you don't know what to do.**

► **You hear from others, such as teachers, coaches, or family members, that they are concerned about changes they are seeing in your child.**

**If your child's behavior is unsafe, or they talk about wanting to hurt themselves or others, seek help immediately.**



## Tips for Discussing Your Child's Mental Health with Your Primary Care Provider

### 1 Step 1: Make the call

Call primary care provider's office to schedule an appointment. Make it a priority.

- Explain that you would like an appointment to discuss concerns about your child's mental health.
- Ask the primary care provider's office who should come to the appointment. More than one parent/caregiver if there is more than one in the home? Should you bring the child to the appointment? Can it be conducted via telehealth?

### 2 Step 2: Prepare for the appointment

Identify any new or concerning behaviors in your child. Write down your observations in real time and keep in mind:

- Any clear changes from prior behavior. What is different now? When did you first notice it?
- How often the behavior occurs and how intense it is (a little frustrating or highly disruptive?)
- Whether the behavior or emotion happens at a certain time of day or during a specific event.
- Any important life changes or events that may be affecting your child.

### 3 Step 3: Bring what you need

- Notes that you have about your concerns.
- Information or other family history that may be helpful (history of mental health, developmental concerns, relevant medical records, or learning differences).
- Any documents you may have that have noted concerns from others (notes from teachers, coaches, or others).

### 4 Step 4: Start the conversation

- Let your primary care provider know you are there because you are concerned about your child.
- If this conversation is difficult for you, let your primary care provider know this.
- Explain your observations and worries about your child.
- Be as honest and complete in your descriptions as you can be.
- Share any notes or other materials you have brought to the appointment.
- Remember you are there because you care about your child and are committed to doing everything you can.

### 5 Step 5: Be aware of what might happen during this appointment

- Your primary care provider may have you complete a questionnaire about your child.
- Some primary care offices now have mental health providers on staff, but if your primary care provider suggests your child see a more specialized provider, ask for a referral.
- Specialists may include psychiatrists or psychiatric nurses, social workers, licensed professional counselors, psychotherapists, or neuropsychologists.
- Ask about ways to manage your child's mental health concerns and what interventions are available.
- Ask how and when you should follow up with your primary care provider.

### 6 Step 6: Trust your gut!

- If you think there is a problem, explain why and be persistent in seeking care.
- You can always seek out a second provider for an additional perspective.
- You know your child better than anyone else. Trust your instincts.
- Having another family member or close friend come with you to an appointment can be helpful reassuring and provide another person's perspective.

### If You Need Immediate Help, You are Not Alone.

If you, your child, or someone you know is in immediate distress or is thinking about hurting themselves, the following confidential hotlines are available 24/7 in English and Spanish:

#### 988 Suicide and Crisis Lifeline

- ▶ Dial 988
- ▶ Chat with the Lifeline Chat

#### Trevor Lifeline for the LGBTQ community

- ▶ Call 1-866-488-7386
- ▶ Text START to 678678

### Additional Resources:

- ▶ American Academy of Child and Adolescent Psychiatry
- ▶ Children's Mental Health Matters Campaign
- ▶ American Academy of Pediatrics
- ▶ National Institute of Mental Health Tips
- ▶ National Institute of Mental Health Kids



Learning doesn't begin when children start school, it begins at birth. By the time children turn three, they have already begun to lay the foundation for the skills and abilities that will help them succeed in school. Problem solving, toleration frustration, language, negotiating with peers, understanding routines, and self-control are all skills that are developed early in life. The pace of brain development in this stage of life far exceeds growth in subsequent life stages. Research tells us that early experiences can, and often do, impact brain development.

Supporting a child's social and emotional development is a critical component of school-readiness. Parents and caregivers can help children to identify and express emotions, foster secure relationships, encourage exploration, and provide a secure base for the child.

### Behaviors that warrant concern

#### Infants and Toddlers (birth to age 3)

- Chronic feeding or sleeping difficulties
- Inconsolable "fussiness" or irritability
- Incessant crying with little ability to be consoled
- Extreme upset when left with another adult
- Inability to adapt to new situations
- Easily startled or alarmed by routine events
- Inability to establish relationships with other children or adults
- Excessive hitting, biting and pushing of other children or very withdrawn behavior

#### Preschoolers (ages 3 to 5)

- Engages in compulsive activities (e.g., head banging)
- Throws wild, despairing tantrums
- Withdrawn; shows little interest in social interaction
- Displays repeated aggressive or impulsive behavior
- Difficulty playing with others
- Little or no communication; lack of language
- Loss of earlier developmental

### Childhood traumas

#### What is Traumatic Stress?

Research has shown that exposure to traumatic events early in life can have many negative effects throughout childhood and adolescence, and into adulthood. Children who suffer from child traumatic stress are those who have

been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the traumatic events have ended.

#### What Is Resilience?

Resilience is the ability to adapt well over time to life-changing situations and stressful conditions. While many things contribute to resilience, studies show that caring and supportive relationships can help enhance resilience. Factors associated with resilience include, but are not limited to:

- The ability to make and implement realistic plans;
- A positive and confident outlook; and
- The ability to communicate and solve problems.

#### Factors that contribute to childhood trauma

- Caregiver's competencies
- Neglect
- Witnessing domestic violence
- Witnessing community violence
- Emotional, physical, or sexual abuse
- Loss of caregiver

#### Symptoms of Traumatic Stress

- Re-experiencing the event, reenacting
- Avoidance and general numbing of responsiveness
- Increased arousal
- Witnessing community violence
- Emotional, physical, or sexual abuse
- Loss of caregiver

## What does it look like?

- Changes in play
- New fears
- Separation Anxiety
- Sleep disturbances
- Physical complaints
- Distress at reminders
- Withdrawal, sadness, or depression
- Easily startled
- Difficulties with attention, concentration, and memory
- Acting out, irritability, aggression

## Suggested Activities to Promote Social Emotional Development

- Read books and help your child identify emotions.
- Allow your child to control the book and take ownership of reading activity.

- Use pictures of a range of faces (happy, scared, sad, mad, silly, tired, etc.) and have your child practice making those faces.
- Follow your child's lead in play.
- Narrate your child's actions and continuously describe your own actions and surroundings.

## Programs that Support Early Childhood Mental Health

- Home Visiting programs
- Early Head Start
- Head Start
- Judy Centers

## Resource Links

### Prevention

#### Family Tree

410-889-2300

Parenting HelpLine: 800-243-7337

<http://www.familytreemd.org/>

#### The Parents Place of Maryland

<http://www.ppmo.org>

800-394-5694 or 410-768-9100

#### B'more for Healthy Babies

<http://healthybabiesbaltimore.com/>

#### Maryland SEFEL Pyramid Model

<https://earlychildhood.marylandpublicschools.org/sefel>

#### The Center for Social and Emotional Foundations for Early Learning, Vanderbilt University

<http://csefel.vanderbilt.edu>

### Treatment

#### Early Childhood Mental Health Consultation Project

<https://earlychildhood.marylandpublicschools.org/infant-and-early-childhood-mental-health-iecmmh-consultation-project>

#### University of Maryland Taghi Modarressi Center for Infant Study

<https://www.umms.org/ummc/health-services/psychiatry/services/child-adolescent/outpatient/center-for-infant-study>

#### Johns Hopkins Children's Mental Health Center

410-955-3599

[https://www.hopkinsmedicine.org/psychiatry/specialty\\_areas/child\\_adolescent/patient\\_information/outpatient\\_broadway\\_campus/childrens\\_mental\\_health.html](https://www.hopkinsmedicine.org/psychiatry/specialty_areas/child_adolescent/patient_information/outpatient_broadway_campus/childrens_mental_health.html)

#### Catholic Charities Early Childhood Mental Health Services

410-252-4700



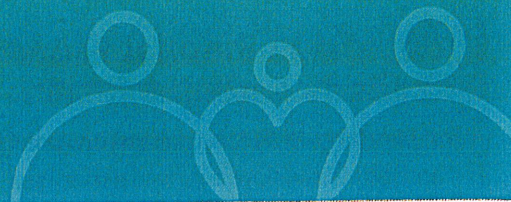
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The Children's Mental Health Matters! Campaign is a collaboration of the Mental Health Association of Maryland (MHAMD) and the Maryland Coalition of Families (MCF) with support from the Maryland Department of Health - Behavioral Health Administration. The Campaign goal, with School and Community Champions across the state, is to raise public awareness of the importance of children's mental health. For more information, please visit [www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

MHAMD | 443-901-1550 | [www.mhamd.org](http://www.mhamd.org)

MCF | 410-730-8267 | [www.mdcoalition.org](http://www.mdcoalition.org)



School is a major part of a child's life and a child with mental health needs can experience challenges that make it difficult to be successful in school. Your child's school can provide a range of services that can help your child succeed.

### School Psychologist

Most schools have a school psychologist who is trained in both psychology and education, and possesses at least a master's degree. They are licensed by the State of Maryland. School psychologists help children and youth academically, socially, behaviorally, and emotionally. They may be part of an IEP team and perform academic and psychological evaluations.

### School Mental Health Programs

Many schools have a therapist that comes to the school and meets with children to provide emotional support and address behavior issues in school. The therapist may also meet with you to discuss your child's progress and help you cope with your child's behavior(s) or moods. There can be a charge for these services or, if your child has Medicaid, you will be asked to sign a form giving the school permission to bill Medicaid for the therapy.

### Individualized Education Program (IEP)

Children with more intensive mental health needs may qualify for special education services under the federal law called Individuals with Disabilities Education Act (IDEA). IDEA requires that children with a disability receive additional services to help them in school. A child with mental health needs must show certain characteristics to qualify for special education as a child with an "emotional disability."

"(i) Emotional Disability is a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's education performance:

1. an inability to learn that cannot be explained by intellectual, sensory, or health factors

2. an inability to build or maintain satisfactory interpersonal relationships with peers or teachers  
3. inappropriate types of behavior or feelings under normal circumstances

4. a general pervasive mood of unhappiness or depression

5. a tendency to develop physical symptoms or fears associated with personal or school problems

(ii) Emotional Disability includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance."

In addition, in order to be eligible for services under IDEA, the student, by reason of their disability, must require special education and related services.

*Note that the definition of Emotional Disability is not a diagnosis or medical term, but rather a term used in the federal education law to designate eligibility for special education. Under IDEA, if a child is found eligible, the student is entitled to an Individualized Educational Program (IEP) that is designed to meet their unique needs.*

### 504 Plans

Children with mental health needs who do not qualify for special education may qualify for services under another federal law, Section 504 of the Rehabilitation Act. Section 504's definition of disability is broader than the IDEA's definition. To be protected under Section 504, a student must be determined to: Have a physical or mental impairment that substantially limits one or more major life activities; or have a record of such an impairment; or be regarded as having such an impairment.

Under a 504 Plan, the school can make special accommodations for your child such as: a quiet space if your child becomes upset at school, home instruction, or a tape recorder or keyboard for taking notes.

## Social and Emotional Foundations for Early Learning (SEFEL)

In Maryland, SEFEL is focused on promoting the social and emotional development and school readiness of young children between birth and five years of age. SEFEL's Pyramid Model, which is being integrated into early education settings throughout the state, promotes effective practices to enhance young children's social and emotional competence and to prevent challenging behaviors. Visit <https://earlychildhood.marylandpublicschools.org/sefel> for more information.

## Positive Behavioral Interventions and Supports (PBIS)

PBIS Maryland has been implemented in more than 900 schools across all 24 local school systems. The goals of PBIS are to promote a positive school climate, reduce disruptive behaviors, and create safer, more effective

schools for all students. The emphasis on PBIS is on rewarding positive behaviors rather than focusing on reactive, punitive practices.

## Taking Medication at School

Sometimes it is necessary for children to take medication during school hours. Schools have very strict regulations governing medications at school. A form completed by your child's doctor is required and can be downloaded from the Maryland State Department of Education website: <https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medicationadministrationauthorization.pdf>

All medication must be in containers labeled by the pharmacist or doctor and an adult must bring the medication to school. Non-prescription medication must be in the original container with the label intact.

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## Resource Links

### Resources on Special Education

#### Maryland State Department of Education

<http://MarylandLearningLinks.org>

<http://marylandpublicschools.org/programs/Documents/Special-Ed/FSS/BuildingIEPswithMDFamiliesMar2018.pdf>

#### Maryland SEFEL Pyramid Model

<https://earlychildhood.marylandpublicschools.org/sefel>

#### Maryland Association of Nonpublic Special Education Facilities (MANSEF)

<http://www.mansef.org>

#### Disability Rights Maryland

<https://disabilityrightsmd.org/wp-content/uploads/89563-4-DRM-SE-Handbook-english.pdf>

#### The Parents Place of Maryland

<http://www.ppmmd.org>  
800-394-5694 or 410-768-9100

### Resources on 504 Plans

#### Office of Civil Rights, Protecting Students with Disabilities

Frequently Asked Questions About Section 504 and the Education of Children with Disabilities  
<http://www2.ed.gov/about/offices/list/ocr/504faq.html>



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