



Mental Health Advocacy Action Plan

Advocates should be alert to mental health issues among CASA youth. The children we represent have experienced abuse, neglect, loss, and tremendous upheaval. We should be watchful for symptoms of Post-Traumatic Stress Disorder (PTSD) and other trauma-related issues.

In addition to the impact of trauma, mental health challenges and disorders often develop during adolescence (e.g. depression, anxiety, eating disorders, and substance abuse). One-half of all chronic mental illness begins by the age of 14; three-quarters by age 24. In a given year approximately 20% of youth ages 13 to 18 experience mental disorders. Some of these challenges are mild and may only last for a short period; others may last a lifetime.

If you believe your CASA child is experiencing symptoms of mental illness you can support and assist them in getting the help they need. The following topics can help you navigate mental health issues on your case:

1. **Understanding Mental Health Assessments** (and the behaviors which warrant assessment) – pages 2 to 3
2. **Understanding who does what** - Caseworker? Caregiver? Advocate? Pages 4 to 5
3. **Interacting with a child's therapist** as an advocate – pages 6 to 7
4. **Learning about a child's medications** – pages 8 to 9
5. **Identifying Mental Health Resources** – pages 10 to 16
 - a. Trauma & Resilience: online links to resources for understanding & advocacy (pages 10 to 11)
 - b. Youth Mental Health First Aid training (page 12)
 - c. Lake County Health Department mental health resources (pages 13 to 14)
 - d. PTSD overview (from Libby Buchanan, CASA training speaker) – pages 15 to 16



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Mental Health Assessment

A recommendation for mental health assessment by a professional may be warranted if you learn about or observe mental health red flags with the child(ren) on your case (see below). Advocates never diagnose, but instead provide specific findings over time which would support such a recommendation.

What is Mental Health Assessment?

Mental Health Assessment is a process, not just a series of tests. Important parts of this process include:

- The reasons why assessment is recommended
- The particular instruments (tests) used
- The professional(s) who conducts and evaluates the tests
- The timing of the assessment in the context of the child's life
- The information from caregivers familiar with the child(ren)s behaviors & needs
- The intended uses for the assessment

Assessment by a therapist would be the initial step for any therapeutic mental health recommendations for a child. Only children who are verbal and able to engage with the therapist (typically age 3+) would qualify for mental health assessments and therapy.

Note that a mental health assessment is *different* from a psychological assessment. A psychological assessment is a very expensive, detailed, multi-faceted process and would only be implemented after other efforts have been unable to produce results over time. Moving forward with a psychological assessment is considered a very big step and sends a message that the child has significant, intractable problems.



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Mental Health “Red Flags”

Advocates must provide findings which support a recommendation for assessment. Potential issues which could warrant an assessment include:

1. **Dysfunctional and negative behaviors** (e.g. tantrums, a demanding personality, crying and whining, delinquency, defiance of rules and limits) which are excessive or outside the norm for that age.
2. **Sleeping and eating problems** such as night terrors, excessive crying, bulimia, anorexia nervosa, over- and under-eating, sleep problems, fatigue
3. **Toilet training problems** including any manifestations of encopresis (soiling), enuresis (bed wetting), or excessive fear of going into the bathroom
4. **Behavioral issues** such as poor self-control, lack of motivation, irresponsibility, lying, stealing, dependence/independence conflict, setting fires, “mean” behavior toward animals and others, self-inflicted injuries, sexuality issues.
5. **Family problems** such as
 - sibling conflict
 - dysfunctional communication
 - attachment and separation problems
 - aggressiveness and abuse
 - change prompted by divorce, custody issues, separation, adoption, termination of parental rights, moving, visitation issues, grieving & death issues
 - poor relationships, conflict, family arguing
6. **Medical considerations** such as psychophysiological reactions to stress, adjustment to illness of the child or family member, terminal illness of the child or family member, physical or sexual abuse, neglect, drug and alcohol abuse by child or other family member
7. **Psychiatric manifestations** including personality disorder, cyclothymic mood disturbance (alternate periods of elation and depression), disassociation and psychic numbing (emotional shutting down and flat affect), excessive fears, harming others, and psychotic behavior such as hallucinations and thought disorder



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Who Does What?

Caseworkers

At the start of every case, the caseworker will conduct an **Integrated Assessment (IA)** of the family. The caseworker will investigate and record the family's history and family relationships, child & family strengths, support systems, and service needs. They additionally collect information about the functioning of the children who are entering foster care.

The IA is the first point at which mental health questions could surface, and the caseworker may immediately recommend assessment.

It is the CW's responsibility to facilitate the paperwork and the process for referring the child for any recommended services. Many private CW agencies offer their own internal therapeutic services, which would be the first route for treatment.

Caregivers

The caregiver is under the supervision of the agency and is responsible for communicating with the CW about the child, as well as reporting any issues or concerns to the agency for further assessment. The caregiver assumes the parental role for any child(ren) in their home, with the supervision and support of the agency. This includes ensuring the child(ren)'s participation in therapy, if necessary. The advocate role is one of support and helpful follow-up.

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Who Does What? (continued)

Advocates

As advocates work on their case, they compile findings about the children and their situation, remaining alert for potential mental health symptoms. Findings can come from direct observation, from the caregiver, the school, medical professionals, or others who interact with the child(ren). An advocate's first-person observation is the most effective and relevant input.

Advocates should discuss any mental health observations/concerns with the caregiver and encourage the caregiver to communicate them to the caseworker. Advocates may also communicate concerns directly with the caseworker *if needed* (e.g. if caregiver is overwhelmed, not following up, withholding information).

If it seems that mental health *resources* might be needed on your case, ***discuss the options with your Advocate Manager prior to discussing them with caregivers or CW.*** This will ensure you are proceeding appropriately. Mental health issues require the utmost care and missteps can cause real harm.

Advocates include their observations in their CASA court reports. It may take a few court reports, over time, to acquire enough findings to support a recommendation for mental health assessment. Advocate findings may also help to support the *continuation* of therapy after it has started, by identifying the benefits of therapy.



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Interacting with a Child's Therapist as an Advocate

There are important issues to consider before you contact your child's therapist. Most of the therapists we deal with have experience working with CASAs and will be very cooperative. On some occasions, however, agencies and therapists may express concern for the confidentiality of their client's communications.

As a general rule, therapists are governed by the Illinois Mental Health Confidentiality Act, which bars them from disclosing confidential communications of their clients or even the fact that someone is a client. The therapist's privilege extends to their notes and records as well. There is a provision in the Mental Health Confidentiality Act that permits disclosure of confidential matters in juvenile court cases involving abuse, neglect and dependency. Our court appointment order gives CASA access to information from therapists as well. Nevertheless, in an area as sensitive as a child's ongoing therapy, it is critical that CASAs respect the confidentiality of this relationship as much as possible.

When the law protects communications with a privilege, it is an acknowledgement that the treatment needs a zone of privacy to be effective. As CASAs, our goal is to help our children achieve a safe, permanent, and healthy home, so we have a duty to ensure that our work as CASAs does not undermine the healing process.

Accordingly, as a rule, CASAs should not inquire into the substance of communications children have with their therapists. Similarly, CASAs should not request to see a therapist's notes or other documentation of what occurs during therapy sessions. There will be occasions when a therapist will disclose confidential communications to a CASA if disclosure is in the best interest of the child. The therapist should be the one to make that determination.

If there is an occasion when you feel such disclosure to you as the child's CASA is in the child's best interest, please ***consult with your manager before you contact the therapist.***

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Questions for Therapists

Below are some questions which may be helpful with therapists. ***Again, advocates do not inquire about what the child said or did in therapy:***

- Has the child regularly attended therapy? If so, who are the providers?
- If the child missed therapy, was the therapist given a reason why?
- Is the frequency of therapy adequate for effective treatment? If not, what would they recommend?
- Has progress been observed from therapy? Barriers to progress?
- What assessment was conducted prior to therapy? What were the recommendations which came out of that assessment? Is the therapy being provided consistent with the recommendations?
- Are further assessments or evaluations needed?
- Does the child have a diagnosis?
- What are the therapy treatment goals and do they address the issues that brought the child into foster care (we regularly see cases where sexually abused children are not receiving therapy that specifically addresses their sexual victimization).
- Is the child taking medication (see pages 7-8)? Is medication recommended?
- Are there circumstances which interfere with the child's ability to participate in therapy?
- Does the therapist have any concerns about parent visits? The child's placement?
- Does the therapist have any concerns about the permanency goal (e.g. return home, guardianship, termination of parental rights, independence)?
- Are there any other concerns that should be brought to the court's attention?



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Medications

Medications can help address mental health issues among youth in care, but they can also further impair, derail, and sabotage them.

- Without a clear understanding of the mental health issues involved, misdiagnoses can be made and incorrect medications prescribed.
- If no reliable caregiver can describe the child's struggles, information can be biased and incomplete.
- If emotional trauma underlies the presenting symptoms and is not addressed, medications can have no effect or aggravate the problems.
- If medications are prescribed but without other therapies or without adequate supervision, healing and stabilization will not occur.
- If caregivers are not adequately trained and educated in caring for a child with significant emotional and psychological needs, medications can often be delivered to manage the child's behaviors rather than truly treat their illness.

How can you become informed about your CASA child's medications?

- It can be difficult to obtain information about medications from prescribing psychiatrist and child therapists, given confidentiality concerns. Most information we get about child medications or health will come from DCFS or the caregiver.
- Probably the best, most consistent venue for information and discussion would be at your CASA child's **Administrative Case Reviews (ACRs)**, which occur twice/year.
- If your CASA child is placed in a group home, their Case Manager can also be a good source.
- **Speak with your Advocate Manager to assess your best approach if there are concerns about medications.**

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Medication Questions

Below are questions which may be useful in sorting through this complex topic:

- What is the goal for this medication and any related treatment/intervention (e.g. therapy)? What is the desired effect? For existing prescriptions: how long has the child been taking them?
- What are the potential adverse reactions to this medication? Side effects?
- What is the dosage and frequency for delivering this medication?
- Will this child be able to comply with the prescribed medication?
- Does the child agree with taking this medication?
- When should there be follow-up to this medication and/or related treatment? What should that follow-up be?



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Trauma & Resilience: Online Links to Resources for Understanding & Advocacy

We know that our CASA kids have experienced (and may still be experiencing) significant trauma and upheaval in their lives. Left unaddressed, this will have a lifelong, negative impact on their development, coping skills, ability to learn, social interaction, and quality of life.

In order to help, we need proven (yet uncomplicated) information and approaches to trauma, developing brains, child interaction, and development. Fortunately, an accessible and high-quality resource exists at the website of the Center for the Developing Child at Harvard:

<https://developingchild.harvard.edu/>

The following topics – and more - are covered (via videos, documents, articles) at the links provided below:

Toxic Stress/Trauma – impact on developing brains

<https://developingchild.harvard.edu/resourcetag/toxic-stress/>

Resilience – and how to build it

<https://developingchild.harvard.edu/resourcetag/resilience/>

Early Childhood Mental Health

<https://developingchild.harvard.edu/resourcetag/mental-health/>

Brain Architecture – Experience & Interaction Shape Brain Circuitry

<https://developingchild.harvard.edu/resourcetag/brain-architecture/>

Building Core Capabilities for Life – Using Science to Coach Caregivers

<https://developingchild.harvard.edu/innovation-application/innovation-in-action/find/>

<https://developingchild.harvard.edu/resourcetag/adult-capabilities/>

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Trauma & Resilience: Online Links to Resources for Understanding & Advocacy (continued)

Another excellent online resource is the National Child Traumatic Network (NCTN) at:
<https://www.nctsn.org>

Trauma Types <https://www.nctsn.org/what-is-child-trauma/trauma-types> – Includes information about Effects, Interventions, Screening & Assessment, and Resources on the following:

- Medical
- Domestic Violence
- Early Childhood Trauma (ages 0 to 6)
- Traumatic Grief

Trauma Treatments <https://www.nctsn.org/treatments-and-practices/trauma-treatments> – Explanations about common treatments or interventions which advocates may encounter on their cases, including:

- Cognitive Behavioral Therapy <https://www.nctsn.org/interventions/alternatives-families-cognitive-behavioral-therapy>
- Attachment therapy <https://www.nctsn.org/treatments-and-practices/trauma-treatments/interventions?search=attachment&modality=All>
- Trauma therapy <https://www.nctsn.org/treatments-and-practices/trauma-treatments/interventions?search=trauma&modality=All>

Becoming more informed about childhood trauma, its impact, and the treatments used to address it will help you to better understand your CASA children and prepare you to advocate for them more effectively.



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The Youth Mental Health First Aid Action Plan

<https://www.mentalhealthfirstaid.org/take-a-course/course-types/youth/>

Just as CPR helps in assisting an individual having a heart attack, Mental Health First Aid helps in assisting a youth aged 12 – 18 who is experiencing a mental health or substance use-related crisis.

The Mental Health First Aid program provides an action plan with an acronym– **ALGEE**:

- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

These are not necessarily the order of steps to be followed. They are ordered here purely to aid in remembering them.

If mental health concerns arise on your case, talk to your manager. Advocate Managers have access to a reference book: [Mental Health First Aid for Adults Assisting Young People](#) This book outlines definitions, resources, and strategies for addressing such concerns.

If your case involves mental health issues, you are also strongly encouraged to participate in *Youth Mental Health First Aid* training. This training is regularly offered by the Lake County Health Department and is occasionally offered at the CASA office. The training provides practical, proven approaches to understanding and responding to mental health issues among youth.

Source: Youth Mental Health First Aid training manual, 2016 Ch 1.3



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211 Lake County Hotline - Available 24 hours/day, 365 days/year via phone & text

Lake County offers a free and confidential helpline to connect individuals and families with health and human services in Lake County. 211 connects residents to various resources from shelter & housing, food programs, health care, mental health, addiction support and more – to improve and save lives.

Mental Health Resources at the Lake County Health Department

www.health.lakecountyiil.gov The **Patient Access Center** @ 847-377-8800 is the general contact #, to discuss the child's situation and to determine which LCHD resource is needed.

If your CASA child appears to suffer from mental health issues, start a conversation with the caregiver, then have the caregiver talk to the CW... **It is the CW's responsibility to facilitate the paperwork and the process for referring the child for any recommended services.**

If it seems that LCHD therapeutic resources might be a good resource on your case, speak with your Advocate Manager about the LCHD options prior to discussing them with caregivers or CW, to ensure you are acting appropriately. Many private CW agencies offer their own internal therapeutic services, which would likely be the first route for treatment. While LCHD resources are for children placed in Lake County, it is sometimes possible to obtain access for children placed in surrounding counties.

Transportation is available to partial hospitalization programs at Streamwood and Alexian Brothers Behavioral Health Hospitals. Transportation to other locations is a Medicaid resource that can be accessed by calling the 800# on the back of the Medicaid card, with 24 – 48 hours notice. There are reportedly long waits for rides and it can be a significant hassle to use, but is free and could be useful in the right situation.

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Mental Health Resources at the Lake County Health Department (continued)

Child and Adolescent Behavioral Health Services (CABS) **847-377-8950**

<http://www.lakecountyiil.gov/698/Child-Adolescent-Behavioral-Health-CABS>

1. Screening Assessment and Support Services (“SASS”) 800-345-9049

On-site evaluations of qualified children in crisis who are referred via the Illinois 800# CARES line (above). **Crisis assessments are available 24 hours per day 365 days per year** and help should arrive within 90 minutes. If there is a mental health diagnosis, they help arrange outpatient treatment, inpatient psychiatric hospitalization (if needed), and follow-up treatment.

2. Intensive Placement Stabilization

Services for youth in care of DCFS who are at risk of losing their current placements, or who have just transitioned between placements. The goal: to help stabilize the child in the least restrictive setting and help prevent multiple moves.

3. Outpatient and Psychiatric services for youth ages 3 – 20 years old

Outpatient services such as individual, family, and group therapy, trauma treatment, and case management. There is typically a waiting list of about 3 months for counseling services. **Psychiatric services** provide evaluations and medication monitoring. There is typically about a 2 month wait for new clients to see a psychiatrist.

Crisis Care Program (CCP) 847-377-8088

Counselors available 24/7 by phone or in person (3002 Grand Ave. Waukegan) for any resident experiencing a mental health crisis. Offers a Respite Crisis Stabilization Unit, where individuals can stay for about one week to resolve their mental health crisis.



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Post-Traumatic Stress Disorder (PTSD)

From training presentation by Libby Buchanan <http://libbybuchanan.com/>

Post-Traumatic Stress – A condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock. An anxiety disorder that may develop after exposure to a terrifying event or ordeal in which severe physical harm occurred or was threatened

Responses to PTSD: FIGHT, FLIGHT, FREEZE

Difficult Emotions: How *they* might feel

Angry	Pessimistic
Irritable	Reactionary
Depressed	Presumptive
Apathetic	Entitled
Mistrustful	

Ambiguous Emotions: How *you* might feel

Unwelcomed
Frustrated
Unappreciated

Remember -

Symptoms are on a continuum – the experience is different for everyone

Kids versus Adults – children do not have the life experience to put their trials into perspective, which makes the experience much harder and overwhelming for them.

PTSD can be mistaken for ADHD – PTSD is treated with therapy, ADHD with medication

A Child's Defenses:

Secret Keeping = Empowerment

Hoarding = Control

Stealing = Control Over Others

Anger or Wall Building = Personal Safety

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PTSD (continued)

Common PTSD Symptoms:

Back to the wall	Repetitive play
Startle reflex	Poor time horizons
Flashbacks	Hyper-vigilance
Night Terrors	Dissociation
Sleep disturbances	Paranoia
Self-injury	

Triggers: what can set them off:

New places	Chaos
Crowds	Being Constrained

Calming the Storm - Dialing Down the Reaction:

Orderliness	Soft colors
Soft music	Voice tone/volume
Calm, clean environment	