

Thriving Together:

Tips from the Max Gray Fellows to Help Kids and Families Cope with Mood Disorders

Overcoming Stigma

Mental health stigma refers to the inaccurate stereotypes that people hold about what it means to have a psychiatric disorder. Kids with mood disorders might face stigma, but it's important to remember that disorders like depression, anxiety, and ADHD are on a spectrum with "normal" or typical behavior. Everyone gets depressed or anxious occasionally, and many people have problems with inattention or concentration under stress. Remind your child that diagnosis is just a matter of how much these symptoms interfere with day-to-day functioning, and that we all struggle sometimes.

Supporting Neurodiversity

Children who have ADHD, autism spectrum disorder, and other conditions have brains that are wired differently than brains of "neurotypical" kids. But neurodiverse kids don't need pity; they need others to understand their strengths and limitations. Neurodiverse kids might struggle to adapt to public schools, and it's equally true that public schools are not always able to meet the needs of neurodiverse kids. Remind your child what makes them special and help establish reasonable expectations at home and in school.

Using Person-Centered Language

A person is much more than their diagnosis. That's why it's important to center the individual when we talk about mental health. Avoid phrases like "he's a bipolar" and instead say "he has bipolar disorder." Rather than saying a person "is thinking about committing suicide," say, "This person has thoughts of hurting themselves or ending their life." Consider it like this: we do not say a person "committed cancer" or had "unsuccessful cancer."

Helping Kids Open Up

Kids are often carrying strong negative emotions that may show up in their behavior as withdrawal from family and friends, self-isolation, or deterioration in school performance. But, as many parents know, it's not always easy to get kids to talk about what's bothering them. If your child won't talk, try:

- **Encouraging and modeling open and honest dialogue.** Parents can demonstrate this by talking about their own reactions to distressing events, such as war, school shootings, or climate change.
- **Finding the right moment and situation to have important conversations.** Sometimes it's best to have a parent-to-parent discussion before having a one-on-one talk with the child.
- **Employing active listening.** Demonstrate you're listening by keeping eye contact, reflecting back or paraphrasing what your child said, and asking clarifying questions (e.g., "Do you feel that way right now?").
- **Validating before suggesting.** Show that you understand your child's point of view. For example, "I understand that you felt like I was shouting at you, and that it felt awful. I experienced it differently, but I realize that's how it felt to you."
- **Normalizing their responses.** Kids and teens need to feel like their responses are natural or normal. Show empathy and tell them, "I might have cried in that position, too," or "If someone said that to me, I'd be really angry as well." Then help them identify what they need to do to move forward. Be patient and encourage them to face challenges directly.

Solving Problems Together

If you can get your kid talking, you may be able to help them steer through a distressing situation, such as issues with a peer or a romantic partner, school performance, or family conflicts. Some tips on problem solving:

- Work with your child to define the problem from a two-sided point of view (e.g., “I’m angry with my sister because she comes into my room and invades my space, and then she feels like I don’t like her.”)
- Help them generate several solutions and evaluate the pros and cons of each.
- Coach them to zero in on one solution or a set of solutions that work for everyone.
- Check in later to see if the situation has improved.

Talking with Kids and Teens about Medication

Your child or teen should understand the purposes of their medications, what side effects may occur, and that they have input into what medications they take. Encourage teens and older kids to discuss their medicine with their psychiatrist, including any health concerns or other feelings they may have about it. Personal agency will help ensure that the teen sticks with their medication regimen.

Coping with Suicidal Thoughts or Self-Harm

Self-harm is one way the mind deals with intensely negative emotions. When experiencing strong emotions, your child may be in a heightened state of arousal and look to self-harm as a way of decreasing this intense emotional experience.

Help them delay the impulse to self-harm by using distraction and relaxation (e.g., listening to music, deep breathing) to decrease their motivation to self-harm. Remind them of available resources, including those listed below:

- Suicide and Crisis Lifeline: **988**
- The Trevor Project Lifeline (for LGBTQ+ youth): **1-866-488-7386**
- The California Youth Crisis Line (for youth ages 12 to 24): **1-800-843-5200**
- National Runaway Safeline: **1-800-RUNAWAY** (or 1-800-786-2929)
- Love is Respect (for dating violence): **1-800-331-9474**

Once your child is calm, you should encourage them to talk about what was so upsetting and why the thought of suicide occurred to them. It’s important to be present and supportive, not harsh or angry. Check in with their therapist and psychiatrist when your child is going through one of these cycles. When appropriate, encourage your child to do some problem-solving about the events that upset them. Perhaps they need to stay away from social media or rehearse what they might say to a friend who hurt their feelings.

Understanding Cultural Differences

Culture, encompassing aspects such as race, ethnicity, and gender, can have a profound impact on who you are and how you perceive your place in the world. Helping your child have a strong understanding of and pride in their family's cultural identity builds resilience and mental health.

Culture also affects how we parent. It shapes our expectations and how we reward, discipline, criticize, and more. Discuss with your child differences they might see between your family and what their friends may experience. For example, their friends' parents may consistently praise them verbally (e.g., "You are so kind for helping me cook dinner") but you may feel that certain behaviors of the child should be expected without verbal praise. In cases like this, explain your beliefs and how they are influenced by your family's culture so that your child has a richer understanding of their cultural identity and your unique parent/child relationship.

When it comes to mental health care, your cultural background may indicate that psychotherapy or medications are not first-line treatment options. Talk to your child and their treatment team if you think there are different perspectives about the need for treatment. Various cultural factors can affect your access to mental health care, beliefs about what are and are not psychiatric problems, and how these problems should be addressed. For example, a child who feels badly about themselves because of their performance in math may be seen in one culture as having poor self-esteem that requires therapy; in another culture, this may be seen simply as a need to study more. Make sure those supporting your child's mental health are aware of your cultural norms and keep an open line of communication when questions arise.

For more information or to get help for your child, please reach out to CHAMP:

Appointment line: 310-825-2836

Website: semel.ucla.edu/champ

If you have any questions, please send them to:

Daisy Lintilhac at dlintilhac@mednet.ucla.edu

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