According to results of a national survey by the US Centers for Disease Control and Prevention (CDC), at least 7% of US children ages 6 to 11 have been diagnosed with attention-deficit/hyperactivity disorder (ADHD). The survey also found that half of children diagnosed with ADHD are told they have a learning disability as well. This brings the total number of children diagnosed with at least one of these disorders to 2.6 million, according to the CDC.

Keeping these children focused can be challenging for teachers and parents. Children whose attention seems to wander or who never seem to be with the rest of the class might be helped by the following suggestions:

- Pause and create suspense by looking around before asking questions.
- Randomly pick reciters so the children cannot time their attention.
- Signal that someone is going to have to answer a question about what is being said.
- Use the child’s name in a question or in the material being covered.
- Ask a simple question (not even related to the topic at hand) to a child whose attention is beginning to wander.
- Develop a private running joke between you and the child that can be invoked to reinvolve you with the child.
- Stand close to an inattentive child and touch him or her on the shoulder as you are teaching.
- Walk around the classroom as the lesson is progressing and tap the place in the child’s book that is currently being read or discussed.
- Decrease the length of assignments or lessons.
- Alternate physical and mental activities.
- Increase the novelty of lessons by using videos, tapes, flash cards, or small group work or by having a child call on others.
- Incorporate the children’s interests into a lesson plan.
- Structure in some guided daydreaming time.
- Give simple, concrete instructions, once.
- Teach children self-monitoring strategies.
- Use a soft voice to give direction.
- Employ peers, older students, or volunteer parents as tutor.
The School Bully Can Take a Toll on Your Child’s Mental Health

Ask any child what a bully looks like, and he or she is likely to describe someone who is bigger and stronger. Yet, while bullies certainly are known for their ability to overpower others physically, mental bullying can be just as damaging to children.

When bullies pick on others, whether physically or mentally, many children feel the need to suffer in silence for fear that speaking up will provoke further torture. But bullying is not a problem that usually just takes care of itself. Action needs to be taken.

Parents and caregivers are sometimes reluctant to intervene in conflicts between children but they can teach children not to take part in — or become victims of — bullying. Children can be taught to assert themselves effectively. As a caring adult, you can do any of the following to help improve the situation:

**Demonstrate assertive behavior.** Teach children to ask for things directly and respond directly to each other. It is OK to say “no” to an unacceptable demand. Let children role-play with puppets or dolls.

**Teach social skills.** Suggest ways for children to compromise or to express their feelings in a positive way. Show children how to resolve problems firmly and fairly.

**Identify potential friendship problems and correct them.** Teach children how to ignore routine teasing. Not all provocative behavior must be acknowledged. Teach children the value of making new friends.

**Teach common courtesy skills.** Teach children to ask nicely and to respond appropriately to polite requests.

**Identify ways to respond to bullies.** Help children identify acts of aggression, bossiness or discrimination. Encourage children not to give up objects or territory to bullies. This discourages bullying behavior.

**Demonstrate the rewards of personal achievement.** Teach children to trust and value their own feelings. They will be more likely to resist peer pressure, respect warm and caring adults, and be successful in achieving their personal goals.

Children who are victims or witnesses to acts of bullying often suffer from serious emotional problems including depression and anxiety. The “Caring for Every Child’s Mental Health Campaign” is part of the “Comprehensive Community Mental Health Services Program for Children and Their Families” of the federal Center for Mental Health Services. Parents and caregivers who wish to learn more about mental well-being in children, can call 1-800-789-2647 (toll-free) or visit the website at www.mentalhealth.samhsa.gov/child to download a free publications catalog.

Youngest Teens Giving Birth at Lowest Levels in Almost 60 Years

The birthrate among young adolescents ages 10-14 has fallen to the lowest level since 1946, according to a report released by the Centers for Disease Control and Prevention (CDC).

“We are encouraged by our continued progress in reducing births to teens of all ages, but we’re particularly pleased to make this kind of progress in such a young and vulnerable group,” said CDC Director Dr. Julie Gerberding.

This report, “Births to 10 to 14 Year-Old Mothers, 1990-2002: Trends and Health Outcomes” is the first-ever analysis of births to this group of very young mothers. It was prepared by the CDC’s National Center for Health Statistics.

Between 1990 and 2002 almost 137,000 of these young mothers delivered a live birth. This number has declined steadily from a peak of 12,901 in 1994, to the current low of 7,315. If the 1990 rate had held through 2002, there would have been 34,336 additional births to the youngest teens. The 43% decline in the number of births occurred despite the 16% rise in the female population aged 10-14 years.
Eating Disorders Can Affect Children, Too

According to the National Association of Anorexia Nervosa and Associated Disorders (ANAD), eating disorders are widespread and can cause immeasurable suffering for victims and families. Sadly, most of those that suffer from the disease report onset of the illness by the age of 20, but others report that the disease manifested itself as early as 10 years old or younger. According to ANAD, there are several warning signs that parents and other adults can look for if they think a child may be suffering from anorexia nervosa or bulimia nervosa:

**Anorexia Nervosa**
- Deliberate self-starvation with weight loss
- Intense, persistent fear of gaining weight
- Refusal to eat, except tiny portions
- Continuous dieting
- Compulsive exercise
- Abnormal weight loss
- Sensitive to cold
- Absent or irregular menstruation
- Hair loss

**Bulimia Nervosa**
- Preoccupation with food
- Binge eating, usually in secret
- Vomiting after binging
- Abuse of laxatives, diuretics, diet pills
- Denial of hunger or drugs to induce vomiting
- Compulsive exercise
- Swollen salivary glands
- Broken blood vessels in the eyes

The physical repercussions from these diseases can be very, very serious and can include: malnutrition; intestinal ulcers; dehydration; and/or serious heart, kidney, and liver damage, as well as a variety of other problems. The psychological issues that spring from these disorders include depression, mood swings and low self-esteem. Please visit www.anad.org for more resources and help.

Learning from your Child’s Teacher

You know how your child behaves at home, but do you really know what he or she is like at school? Now is a good time to find out if your child is ready to learn while at school. A child’s mental health is an important factor in his or her ability to do well in school.

The federal Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration, is urging parents and teachers to talk about mental health. Your child’s teacher should be your ally. He or she can help you decide if your child may need help in this area. Here are a few questions that teachers and parents can discuss together:

- Does my child seem angry most of the time? Cry a lot? Overreact to things?
- Does my child destroy school property or do things that are life threatening? Harm other children on the playground? Break rules over and over again?
- Does my child appear sad or anxious much of the time? Show an unusual concern about grades or tests?
- Does my child seem obsessed about how he looks? Often complain about headaches, stomachaches, or other physical problems—especially when it’s time to take a test or participate in classroom social activities?
- Is my child unable to sit still or focus her attention? Make decisions? Respect your authority as a teacher?
- Has my child lost interest in things usually enjoyed, such as sports, music, or other school activities? Suddenly started avoiding friends?

If you and your child’s teacher answer “yes” to any of these questions, and the problem seems persistent or severe, then you need to find out if a mental health problem is contributing to this behavior. It’s not easy for parents to accept that their child may have a problem. Call the Office of School Safety and Crisis Management at 702-799-1515 for more information.
Dealing With Disaster

Involving children in play is effective in helping them work through their troubled feelings about a disaster, such as the recent tsunami or mudslides in California or tornadoes or winter storms. Play is one of the natural modes of communication; and children's play helps discharge feelings that have been bottled up. The suggestions below should be tailored to the specific type of disaster, with sensitivity given to the impact of the disaster on the child/community.

Paints, clay, dolls and water play allow children outlets for their feelings. Children's drawings will depict, on a more or less realistic level, the feared event.

Help or encourage children to develop skits and puppet shows about what happened in the disaster. Encourage them to include anything positive about the experience as well as those aspects that were frightening or disconcerting.

Do a group mural with topics such as “what happens in your neighborhood” (school or home) when a disaster occurs. This is recommended for small groups, with discussion afterward facilitated by an adult. This activity can children feel less isolated and provide the opportunity to vent their feelings.

Have the children create short stories (written or dictated to an adult, depending upon the children’s age) about their experiences in the disaster.

then talk about them in small groups on such topic as: (a) what happened when the disaster hit? (b) how did you help your family during the disaster? (c) how could you help your parents if you were in another disaster? (d) how can we be prepared for a disaster? (e) did anything good happen during the disaster? (f) what did you, or anyone you know lose during the crisis? It is important in the group discussion to end on the positive note, such as a feeling of mastery or preparedness, knowing that the community or family pulled together to deal with the crisis., as well as to provide a vehicle for expressing feelings about what took place.

Teachers can stimulate group discussion about disaster experiences by showing their own feelings, views or experiences during the crisis. It is very important to legitimize children’s feelings and to help them feel less isolated.

Have the children brainstorm on their own a classroom or family disaster plan.

Contact the Office of School Safety and Crisis Management at (702)799-7449 for information on responding to mental health crises.