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Mental Health and TeamMates

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MENTAL HEALTH AND TEAMMATES

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Abstract

Mental health is an aspect so essential throughout the human experience, yet an aspect overlooked by many. Specifically, mental health in youth is an area hardly touched by different initiatives, programs, and organizations that are put in place in order to bring assistance and guidance to youth. This is despite overwhelming statistics regarding youth and mental health. After analyzing the TeamMates Mentoring Program and finding inadequate measures in place regarding mental health, different initiatives were created in order to increase the program's use of advocacy, awareness, and actions regarding mental health in youth.

Key Words: Psychology, mental health, youth mental health, TeamMates, youth

Mental Health and TeamMates

Mental health is a topic very much focused on in many different regards throughout the world. No matter what the viewpoint is, there is no question that mental illness is prevalent; this is known to be true for any age. Specifically, it was found that 1 in every 4-5 children aged 0-11 experience some form of mental disorder in a given year (youth.gov). Not only that, but 10% of children find themselves impaired in their daily lives (school, home, community) due to mental health problems (The Meadows Mental Health Policy Institute).

It was also found that 50% of mental illnesses begin before age 14. Some of the most common mental health disorders that plague youth are: anxiety disorders, ADHD, Autism Spectrum Disorder, depression, and mood disorders (Mayo Clinic Staff). With the added impairment of a mental health issue, children are very privy to other kinds of issues. In fact, 67%-70% of the youth in the juvenile justice system have some kind of mental health disorder, and of these youth, 27% have illnesses that are so debilitating and severe that the ability to function is significantly diminished (The Meadows Mental Health Policy Institute).

Another tricky aspect of mental disorders for youth, is that the symptoms and signs do not always look the same for children as they do for adults. Commonly cited symptoms are: mood changes, intense feelings, behavior changes, difficulty concentrating, and more (Mayo Clinic Staff). Alone, any one of these symptoms can seem like something completely different, or it may seem like a typical child's behavior. A person might not even begin to consider mental health issues because the symptoms of these different issues are not always the same as they are for adults.

With the prevalence of mental health issues in youth, it would be logical to conclude that, as a program dedicated to youth, TeamMates would have some kind of mental health initiatives

in place. After going through the different measures in place to both inform the TeamMates mentors of mental health, as well as to try and improve the mental health of TeamMates mentees identified with mental health issues, it was found that those initiatives were lacking, if not nonexistent.

The aforementioned statistics of mental health, plus more research, led to different options on how to ratify the issue of a lack of initiatives. The first option was including much more information regarding mental health in the initial training. When mentors first join, they must complete a training session where different topics, aspects of the program, and much more are focused on. However, it was pointed out that one of the only aspects of mental health in the training program dealt with suicide. While this topic is important itself, it is not representative of mental health as a whole. Along those lines, it was also proposed that the program offer voluntary mental health workshops for mentors, as some might need more information or assistance with this topic.

Another proposed idea for the program was to require meetings with the school counselors, as well as the specified TeamMates coordinators, to assure that mentees are being assessed and that they are receiving the right kind of help if need be. This will also serve to improve relationships between mentors and mentees, plus the relationships they form with the counselors and coordinators. Often times, the program coordinator for the school is also a counselor, so these meetings would be extremely efficient. It is very important to build a stable support system for mentees, but in order to do so, mentors should also have a support system. Requiring meetings makes sure that there is time set aside for mental health, but the aspect of improving relationships brings about many more benefits.

The last option that came about from the research was surveys about mental health. If both mentors and mentees take surveys, the possibility for identifying a possible mental disorder in a mentee increases, plus the program can get more information regarding how any mental health initiatives in place are working or not working.

Once the research and solutions were solidified, the information was put into a presentation and shown to the appropriate staff members with the TeamMates Mentoring Program. The meeting reiterated the importance of mental health in youth, and it also allowed for the different solutions to be discussed and hypothetically fit into the program. It was discovered that though there are available resources online through the program's website, any other means of mental health information was hardly available directly from the program. The program also noted that the training session should be reformed in the way of information on mental health.

As for required meetings, the program will be working on improving the connections and relationships between the important players in the TeamMates' dynamic. The surveys on the other hand will require more research and more involvement with other members of the TeamMates staff.

As a result, the research on mental health in youth proved enough to catch the attention of the TeamMates Mentoring Program in regard to reformation of the program and its mental health advocacy and awareness. While the program is making incredible strides day by day, it can only get better, and with the addition of more mental health initiatives, the TeamMates Mentoring Program will continue to improve.

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COMMON DIAGNOSIS

Common Mental Health Diagnosis in Children and Youth

ADHD, Attention Deficit Hyperactivity Disorder

ADHD is one of the most common brain disorders in children and can continue into adulthood. When children and youth suffer from ADHD they have problems paying attention, staying focused on certain tasks and they may struggle with controlling their energy level and behavior. Some children with ADHD are also hyperactive and may have trouble being patient and sitting still.

Additional symptoms or behaviors may include being easily distracted, problems with organization, failure to complete household tasks or turn in school work; trouble listening; making careless mistakes, forgetting things often, get easily bored and frustrated and talking a lot and interrupting.

For these problems to be diagnosed as ADHD, they must be out of the normal range for a person's age and development. For example it is typical for children to be hyperactive or over-stimulated or fidgety sometimes but with kids with ADHD these behaviors are more severe and happen all of the time.

For more information about ADHD visit:

C.H.A.D.D. Children and Adults with Attention-Deficit/Hyperactivity Disorder
at: www.chadd.org

Anxiety Disorders

Anxiety disorders is a term for a variety of mental health problems that may cause children to be fearful, distressed, excessively worried and uneasy. All kids experience some level of anxiety while growing up and fears such as fear of the dark, monsters, or speaking in front of their classmates can be typical as long as they are not long-lasting, extreme or cause your child to feel very upset or have trouble functioning on a regular basis.

Children and youth with anxiety disorders may also feel irritable, restless, nervous and may even suffer from panic attacks where they may experience shortness of breath, a rapid heart rate, and sweaty hands. Physical complaints are also often common in anxiety disorders and your child may complain of headaches, stomach pain, or other physical issues. Children with anxiety disorders often feel helpless or powerless and sometimes have overwhelming concerns that everything is going wrong and that everyday things will turn out badly. They may have trouble sleeping and may try to avoid going to school wither because they are worried something bad will happen there or that something bad may happen to family members in their absence. There are several specific types of anxiety disorders, including:

Generalized Anxiety Disorder: Children with General Anxiety Disorder may worry a lot about everyday things such as family issues, how well they will do on tasks or activities, grades, friendships and they may have trouble controlling their anxiety. Children with Generalized Anxiety Disorder often want everything to be perfect and are very critical of themselves and their performance. They will seek constant approval or reassurance from others.

They may also isolate themselves form others, have frequent absences from school, and refuse to join in group learning or social activities. They can become be easily frustrated and often have a fear of new activities so they have difficulty joining in or getting started. Their constant preoccupation with 'worries' may make paying attention difficult and fear of being wrong, embarrassed, or having to interact may make lead them to isolate themselves, avoid activities and sometimes even school.

Obsessive Compulsive Disorder (OCD) is an anxiety disorder in which children have unwanted and repeated thoughts, feelings, ideas, sensations (often called obsessions) that make them feel like they have to perform little rituals (compulsions) in order to control their thoughts and feelings. Rituals might include checking and rechecking their book bag or door clock, counting and re-counting or re-arranging objects or repeating the same phrase.

Children with OCD may touch the same thing over and over, check and re-check things constantly or have the same thought over and over. When this happens they may not feel in control of their actions. Sometimes compulsive activities may become so time consuming that child has little time to concentrate on other things, they may avoid friends, family or school fearing that others will recognize their odd behaviors or try to stop them. Children with OCD may also be obsessed with perfection, have problems with concentration and even feel anxious or depressed, They may also have difficulty communicating their needs and letting people know what is going on and how they feel.

Panic Disorder: Panic disorder may be diagnosed if your child experiences at least two unexpected panic or anxiety attacks followed by at least one month of concern that they may have another one. Panic attacks are events that come on very suddenly and for no apparent reason.

Phobic Disorders: Can be diagnosed when a child has an unrealistic and overwhelming fear of a specific object or situation.

Specific Phobias: A specific phobia is an intense, irrational fear of a specific object, such as a dog, or a situation, such as flying or being picked for a team. Common childhood phobias include animals, storms, medical procedures, heights, water, blood, and the dark.

Children will usually try to avoid situations or things that they fear; when they cannot they will feel overwhelming anxious and as a result may develop headaches or stomachaches, cry, be very clingy and may even throw a tantrum. Children usually cannot even recognize that their fear is irrational.

Posttraumatic Stress Disorder (PTSD): is the development of symptoms that occur following a traumatic or terrifying event or experience. Children with posttraumatic stress disorder, or PTSD have intense fear and anxiety, after experiencing or witnessing the traumatic or life-threatening event and may feel fearful and anxious as well as 'emotionally numb', and irritable. They may often try to avoid places, people, or activities that remind them and lead them of the event

Other symptoms or behaviors may include flashbacks or emotional stress from reminders of the event, difficulty concentrating, being easily startled or hyper-vigilant (on-guard all the time), having frequent nightmares and even the denial of the event itself or the inability to remember it. Children may also seem start to act less mature, and may become whiny and clingy. Symptoms may come and go for no reason and moods change drastically and without warning, which may make it difficult, to know how to help.

It is important to remember that not every child who hears about or experiences a traumatic event will develop PTSD. It is typical for children and youth to be sad and or nervous after traumatic events, but most children will recover from these feelings in a short time. Children most at risk for developing symptoms of PTSD are those who directly witnessed a traumatic event, or who suffered directly as a result of it for example lose a family member during a fire or tornado, children and youth with existing mental health problems and kids who do not have a strong support network or people to help and comfort them. Violence at home also increases a child's risk of developing PTSD after a traumatic event.

Separation Anxiety Disorder

When a child suffers from separation anxiety they experience excessive anxiety when they are away from home or their parents. They may also have extreme homesickness and refuse to go to school, camp and sleepovers and may demand that someone stay with them at night. Children with separation anxiety commonly worry about bad things happening to their parents or caregivers while they are away.

It is important to remember many are toddlers it is typical for them to be anxious when their parent leaves. And it is often common for them to cry when they are left with a babysitter or at day care but they usually settle down and feel better shortly after they get involved in an activity.

Social Anxiety Disorder: Social anxiety disorder, or social phobia, occurs when children and youth have an intense, overwhelming fear of social and performance situations and activities such as being called on in class or starting a conversation. If left untreated, social anxiety disorder can make it very difficult for your child to make friends, be involved in social activities and be successful in school.

Children and youth with social phobia may be afraid to do common things in front of others and have an overwhelmingly strong fear of being judged or getting embarrassed. This fear can be so strong that it gets in the way of doing everyday things like going to school or playing a game with friends.

Selective Mutism: that it interferes with interacting with others and making friends may suffer from selective mutism. These same children can be very talkative and display normal behaviors in places where they feel comfortable. Children suffering from selective mutism may also stand motionless and expressionless, turn their heads, chew or twirl hair, avoid eye contact, or withdraw into a corner to avoid talking.

For more information about anxiety disorders visit:

Anxiety & Depression Association of America, ADAA at: www.adaa.org

Bi-polar Disorder:

Bipolar disorder, also known as manic-depressive illness, is a serious brain disorder that causes unusual shifts in mood, energy, and activity. Young people with bi-polar disorder experience mood swings that can be extreme and may suffer from periods of extreme lows, or depression, and extreme highs also called mania, when the young person may feel very happy and be more active and talkative than usual. Young people

experiencing mania may require little sleep, talk non-stop and show unusually impaired judgment.

A young person with bi-polar disorder may also experience irritability, racing thoughts, explosive rages, delusions, hallucinations; escalated risk taking, inappropriate sexual behavior, daredevil or dangerous behavior; grandiose beliefs; and be defiant or suspicious. Children and youth do not experience all of these symptoms and most kids have periods where their symptoms are worse than others. Sometimes bi-polar disorder can be especially severe and some young people with bipolar disorder try to hurt themselves or attempt suicide. In school, students with bi-polar disorder may need extra supports as fluctuating mood and energy levels may make it difficult to learn and interact with others.

Even though bi-polar disorder is a serious brain disorder, children and youth can manage their symptoms and be successful in their home, school and community with the appropriate treatment and supports.

For more information about bi-polar disorder in children and youth visit:

The Balanced Mind Network at www.thebalancedmind.org

BP Children www.bpchildren.org

Conduct Disorder

Conduct Disorder Is one of the disruptive behavior disorders. Young people with conduct disorder may bully or threaten others, lie, steal, fight, destruct property, and have low self esteem masked by bravado, and show little empathy or remorse for others.

Young people with conduct disorder seem to like to engage in power struggles; often react badly to demands from those in authority and may challenge household or classroom rules, refuse to do tasks or assignments and argue with others. These behaviors can significantly impair academic success and social functioning at school, in the home and community.

Depression

Children and youth with depression experience unusually long lasting sad moods and may lose interest and enjoyment in activities that they used to enjoy. Children with depression may feel hopeless, worthless, tired, and may have difficulty concentrating

and making decisions. They may isolate themselves from others and be reluctant to engage in activities; have difficulty concentrating, completing tasks or schoolwork; and be exceptionally quiet and disengaged.

Signs and symptoms of depression in children may also include irritability or anger, increased sensitivity, changes in sleep or appetite and even outbursts or crying. They may also complain of physical ailments such as stomachaches and headaches. Physical complaints (such as stomachaches, headaches) that don't respond to Children and youth that suffer from depression may even have thoughts of death or suicide.

It is important to remember that even though depression is a very serious illness, it is also a treatable one!

For more information about depression in children and youth visit:

The Balanced Mind Network at www.thebalancedmind.org

Oppositional Defiant Disorder ODD

ODD is also considered a disruptive behavior disorder and young people with ODD may experience sudden unprovoked anger, feel resentful or angry for seemingly no reason. They may also blame others for their behavior, argue with adults, deliberately annoy and bother others, and display defiance or refuse to comply with requests. Constant arguing and challenging of household or classroom may isolate them from their peers or siblings and make it difficult to learn or develop positive relationships.

Eating Disorders

Eating Disorders are illnesses that result in serious disruption to a child or young person's diet where they might eat extremely small or large amounts of food.

Young people with eating disorders are often very demanding of themselves and suffer from low self esteem, depressed mood swings, all or nothing thinking, fatigue, impaired concentration and irritability, among other symptoms. There are several specific types of eating disorders including:

Anorexia Nervosa: Anorexia nervosa is an eating disorder that causes children and youth to obsess about their weight and the food they eat. Young people with anorexia will try to maintain a weight that is way below normal for their age and height by starving themselves and/or exercising excessively. Anorexia nervosa can have devastating and long-lasting effects on the body. Although it may seem like it, anorexia isn't always

about weight or even food. Focusing on body image and food intake are often done to exercise control over one's life or to cope with emotional problems. Young people with anorexia nervosa often believe that their self worth is based on how thin they are and get really frustrated with themselves when they cannot get as thin as they would like.

Anorexia nervosa can be difficult to overcome and very scary for a parent but with the right treatment and supports young people can recover and reverse some of anorexia's serious complications.

Bulimia Nervosa: or bulimia is a serious, potentially life-threatening eating disorder. Youth with bulimia may secretly binge or eat large amounts of food and then 'purge' by throwing up or exercising excessively try to get rid of the extra calories. Bulimia can be categorized in two ways:

Eating Disorder NOS (not otherwise specified): when a child is struggling with eating disorder thoughts, feelings or behaviors, but does not have all the symptoms of anorexia or bulimia, that person may be diagnosed with eating disorder not otherwise specified (EDNOS) and may include

Psychosis

Psychosis is a serious brain illness. If your child is experiencing psychosis they may have a loss of contact with reality and may have difficulty distinguishing what is real and what is not. They may also suffer from delusions, or false beliefs about what is taking place around them or who they are, or hallucinations, which is seeing or hearing things that aren't there. Psychosis can occur with a variety of mental health disorders including bi-polar disorder or schizophrenia and when a young person is intoxicated with a drug

Schizophrenia

Schizophrenia is a serious psychiatric illness that causes strange thinking and feelings, and unusual behavior and mannerisms. Symptoms that children and youth with Schizophrenia may experience include: extreme moodiness, odd and eccentric behavior and speech, seeing and hearing things that do not exist, and severe levels of anxiety. Children with Schizophrenia might also be inappropriately demanding, dishonest, manipulative or bossy; have poor relationships, very little impulse control, and may often be superficially charming and engaging or be very fearful, confused or suspicious thinking that everyone is out to get them.

Although schizophrenia is a very serious mental illness treatment is available!

Substance Abuse

A young person is considered to suffer from a substance abuse disorder when they repeatedly use a substance that causes them to have difficulty fulfilling daily responsibilities at home or school, or puts themselves into dangerous situations that cause ongoing legal, social and interpersonal problems. Some young people use substances to self-medicate for existing untreated mental health disorders.

Tourettes Syndrome

Tourettes Syndrome is a neurological condition that causes children and teens and to make sounds and movements they can't control and don't want to make. These sounds and movements are called tics. Some common motor tics in children and youth include eye blinking, shoulder shrugging, head bobbing or jerking and neck stretching or they may be movements that look like hopping, twirling or jumping. Some common vocal tics include throat clearing, sniffing, shouting and grunting. In a small number of cases the words that are barked or grunted out are inappropriate and may include swear words.

Reactive Attachment Disorder

Reactive attachment disorder is a rare but serious condition in which an infant or young child doesn't establish healthy attachments with parents or caregivers. Children with Reactive Attachment Disorder may be destructive to themselves or others, lack guilt or remorse, refuse to take responsibility for actions, blame others, and have extreme defiance and control issues. They often lack of cause and effect thinking, and may steal, make false accusations, be inappropriately demanding or clingy, have poor relationships, little impulse control, and may be dishonest, manipulative or bossy. They may also often be superficially charming and engaging.

With treatment, children with reactive attachment disorder may develop more stable and healthy relationships with caregivers and others.

Mental illness in children: Know the signs

Children can develop the same mental health conditions as adults, but their symptoms may be different. Know what to watch for and how you can help.

By Mayo Clinic Staff

Mental illness in children can be hard for parents to identify. As a result, many children who could benefit from treatment don't get the help they need. Understand the warning signs of mental illness in children and how you can help your child cope.

Why is it hard for parents to identify mental illness in children?

It's typically up to the adults in a child's life to identify whether the child has a mental health concern. Unfortunately, many adults don't know the signs and symptoms of mental illness in children.

Even if you know the red flags, it can be difficult to distinguish signs of a problem from normal childhood behavior. You might reason that every child displays some of these signs at some point. And children often lack the vocabulary or developmental ability to explain their concerns.

Concerns about the stigma associated with mental illness, the use of certain medications, and the cost or logistical challenges of treatment might also prevent parents from seeking care for a child who has a suspected mental illness.

What mental health conditions affect children?

Children can develop all of the same mental health conditions as adults, but sometimes express them differently. For example, depressed children will often show more irritability than depressed adults, who more typically show sadness.

Children can experience a range of mental health conditions, including:

- **Anxiety disorders.** Children who have anxiety disorders — such as obsessive compulsive disorder, post-traumatic stress disorder, social phobia and generalized anxiety disorder — experience anxiety as a persistent problem that interferes with their daily activities.

Some worry is a normal part of every child's experience, often changing from one developmental stage to the next. However, when worry or stress make it hard for a child to function normally, an anxiety disorder should be considered.

- **Attention-deficit/hyperactivity disorder (ADHD).** This condition typically includes symptoms in three categories: difficulty paying attention, hyperactivity and impulsive behavior. Some children with ADHD have symptoms in all of these categories, while others may have symptoms in only one.

- **Autism spectrum disorder (ASD).** Autism spectrum disorder is a serious developmental disorder that appears in early childhood — usually before age 3. Though symptoms and severity vary, ASD always affects a child's ability to communicate and interact with others.
- **Eating disorders.** Eating disorders — such as anorexia nervosa, bulimia nervosa and binge-eating disorder — are serious, even life-threatening, conditions. Children can become so preoccupied with food and weight that they focus on little else.
- **Mood disorders.** Mood disorders — such as depression and bipolar disorder — can cause a child to feel persistent feelings of sadness or extreme mood swings much more severe than the normal mood swings common in many people.
- **Schizophrenia.** This chronic mental illness causes a child to lose touch with reality (psychosis). Schizophrenia most often appears in the late teens through the 20s.

What are the warning signs of mental illness in children?

Warning signs that your child might have a mental health condition include:

- **Mood changes.** Look for feelings of sadness or withdrawal that last at least two weeks or severe mood swings that cause problems in relationships at home or school.
- **Intense feelings.** Be aware of feelings of overwhelming fear for no reason — sometimes with a racing heart or fast breathing — or worries or fears intense enough to interfere with daily activities.
- **Behavior changes.** These includes drastic changes in behavior or personality, as well as dangerous or out-of-control behavior. Fighting frequently, using weapons and expressing a desire to badly hurt others also are warning signs.
- **Difficulty concentrating.** Look for signs of trouble focusing or sitting still, both of which might lead to poor performance in school.
- **Unexplained weight loss.** A sudden loss of appetite, frequent vomiting or use of laxatives might indicate an eating disorder.
- **Physical symptoms.** Compared with adults, children with a mental health condition may develop headaches and stomachaches rather than sadness or anxiety.
- **Physical harm.** Sometimes a mental health condition leads to self-injury, also called self-harm. This is the act of deliberately harming your own body, such as cutting or burning yourself. Children with a mental health condition also may develop suicidal thoughts or actually attempt suicide.
- **Substance abuse.** Some kids use drugs or alcohol to try to cope with their feelings.

Mental Health and TeamMates

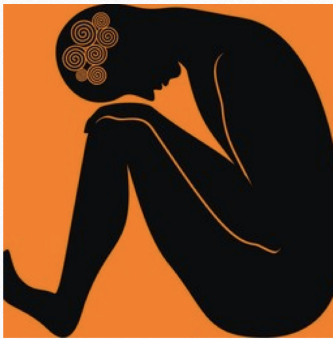
What Can Be Done?

1. Hold informational and educational classes for mentors that include in depth information on childhood mental health issues, including signs and symptoms, and steps that can be taken. Information like this will not only better prepare mentors for guiding and helping their mentee, but can also lead to better relationships.
2. Require mentors to meet with facilitator and/or school counselor to discuss each child and their behaviors/thoughts in order to assure no mental illness is going undetected. This way a mentor can bring up any possible “red flags” and can get additional information/support to help the child. Not only that, but having more than one person aware of a child’s possible mental illness better the chances that the illness can be identified and properly addressed.
3. Have mentees fill out surveys asking about mental illnesses at the beginning of the school year that is available to the facilitator and/or school counselor. This will help potentially identify a child’s psychological ailments and those involved with the child can take the necessary steps to help the child. This helps TeamMates assure they are doing everything they can for these children.
4. For those identified with a possible mental disorder, have the mentor fill out a survey about the child mid-way through the year in order to become aware of any changes that should be addressed and to better help everyone involved with the child.
5. At the end of the year, have each mentee fill out the same survey to track any progress if a mental illness was diagnosed, and so every student is accounted for, given many things can happen during the schoolyear that can lead to changes in mental health.

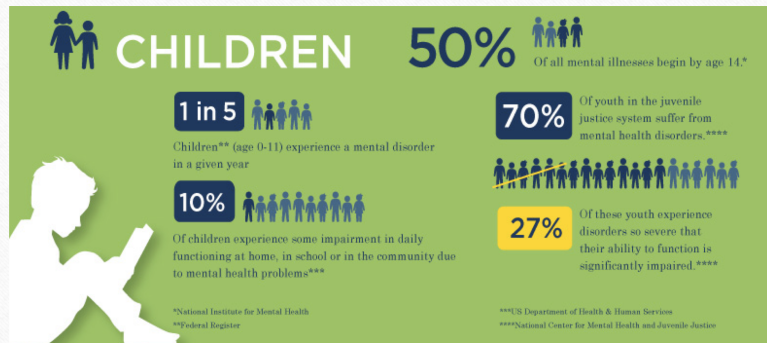
Mental Health and TeamMates

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Why Is Mental Health Important?



Is Mental Illness in Children Frequent?



Meadows Mental Health Policy Institute

Children and Mental Health

- Anxiety Disorders – 8%
- ADHD – 11%
- Autism Spectrum Disorder - 1 in 68
- Depression – 2-8%
- Mood Disorders – 11%

Mayo Clinic, NAMI, CDC

Children and Mental Health

- Mood Changes
- Intense Feelings
- Behavior Changes
- Difficulty Concentrating
- Unexplained Weight Loss
- Physical Symptoms
- Physical Harm
- Substance Abuse

Mayo Clinic

What Can TeamMates Do?

- Informational Sessions and Classes for Mentors
- Required Meetings with Counselors
- Surveys



Thank You!

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