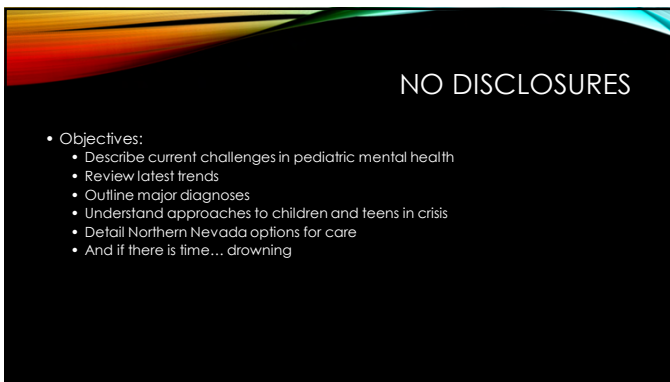
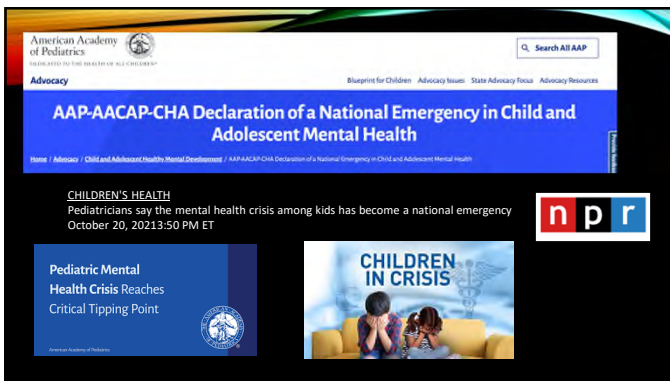


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BIPOLAR DISORDER

- Also or previously known as manic depressive disorder
- Not really two poles
- Extreme swings in mood
- Rapid cycling, with many mood changes in short intervals in children
- Oppositional and defiant behavior
- Anger and aggressive behavior

8

TREATMENT

Mood Stabilizers

- Lithium carbonate: Cibalith-S, Eskalith, Lithane, Lithobid
- Tegretol (carbamazepine)
- Depakote (divalproex)
- Lamictal (lamotrigine)
- Other anticonvulsants on an off-label basis (not FDA approved for children but are nonetheless prescribed for them):

Risperdal (risperidone), Zyprexa (olanzapine), Seroquel (quetiapine), Abilify (aripiprazole), and Geodon (ziprasidone)]

- New generation antipsychotics: Abilify (aripiprazole) and Zyprexa (olanzapine)

Possible Side Effects of These Medications:

- Excessive sweating
- Fatigue
- Nausea
- Headache
- Liver problems (e.g., inflammation or elevated liver functioning)
- Death caused by overdose

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SCHIZOPRHENIA

- Psychosis begins in late teens or adulthood
- Hallucinations
- Delusions
- Violent behavior
- Flat affect
- Disorganized speech and behavior

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TREATMENT

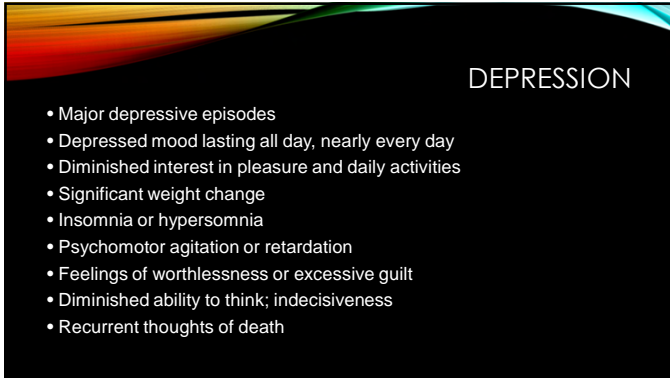
- Conventional antipsychotics
- Thorazine (chlorpromazine)
- Haldol (haloperidol)
- Sereniti (mesoridazine)
- New generation antipsychotics
- Geodin (ziprasidone)
- Abilify (aripiprazole)
- Atypical antipsychotics
- Risperidone (risperdal), no sedation or muscular side effects
- Seroquel (quetiapine), sedation, least likely to produce muscular side effects
- Zyprexa (olanzapine), weight gain
- Clozapine (clozapine), most effective, most side effects

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SIDE EFFECTS

- Weight gain
- Tremor
- Flattened emotion
- Muscle spasm
- Fatigue
- Rigidity
- Restlessness
- Tardive dyskinesia

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DEPRESSION

- Major depressive episodes
- Depressed mood lasting all day, nearly every day
- Diminished interest in pleasure and daily activities
- Significant weight change
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Feelings of worthlessness or excessive guilt
- Diminished ability to think; indecisiveness
- Recurrent thoughts of death

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TREATMENT

- Selective serotonin reuptake inhibitors (SSRIs): Prozac (fluoxetine); Paxil (paroxetine); Luvox (fluvoxamine); Zoloft (sertraline), Celexa (citalopram), Lexapro (escitalopram oxalate)
- Tricyclic antidepressants: Tofranil (imipramine); Anafranil (clomipramine)
- Monamine oxidase inhibitors (MAOIs): Anipryl (selegiline)
- Heterocyclic antidepressants: Serzone (nefazodone); Wellbutrin (bupropion HCL)
- New generation antidepressants: Remeron (mirtazapine); Cymbalta (duloxetine hydrochloride)
- Miscellaneous: Effexor (venlafaxine)

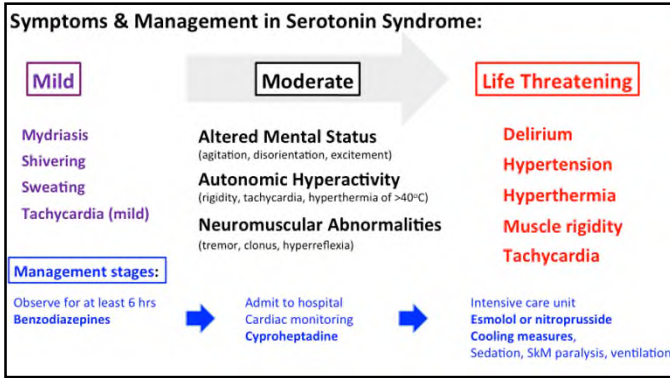
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SIDE EFFECTS

- Serotonin Syndrome - effect of SSRIs:
 - Hypertensive state
 - Euphoria
 - Drowsiness
 - Sustained rapid eye movement

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SYNDROME	CAUSE	ONSET	SYMPTOMS	TREATMENT
Serotonin Syndrome	Serotonergic agonists: • Antidepressants (e.g. SSRIs) • Analgesics • Amphetamine-like drugs • Migraine Meds (Table 1)	<24 hrs	• Altered Mental Status • Muscle Rigidity • Hyperreflexia	• Benzodiazepines • Cyproheptadine • Paralysis • Ventilation
Neuroleptic Malignant Syndrome	Dopaminergic agonists: • Antipsychotics • Parkinson's Meds • Metoclopramide	days-weeks	• Neuromuscular hypoactivity • Bradyreflexia • "Lead-pipe" rigidity (global)	• Bromocriptine • Dantrolene • Amantadine
Malignant Hyperthermia	• Succinylcholine &/or • Halogenated General Anesthetics	<24 hrs	• Elevated pCO2 • Flushing • Hyperthermia • Rigidity • Hyporeflexia	• Dantrolene • Cooling • Oxygen
Antimuscarinic Toxicity	Antimuscarinics: • Atropine-like drugs • Antihistamines • Parkinson's Meds • numerous others	<24 hrs	• Agitated delirium • Normal muscle tone • Normal reflexes • Hot & Dry skin • Urinary retention • Reduced Bowel Sounds	• Stabilization • Physostigmine

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NOT JUST SSRIS

Amphetamines	Analgesics	Antidepressants	Antiemetics	Antimigraine	Miscellaneous
Dextroamphetamine	Cyclobenzaprine	MAO inhibitors	Metoclopramide	Carbamazepine	Buspirone
Methamphetamine	Fentanyl	SSRIs	Ondansetron	Ergot alkaloids	Cocaine
	Meperidine	SNRIs		Triptans	Dextromethorphan
	Tramadol	Trazodone			Levodopa
		St John's wort			Linezolid
		TCA's			Lithium
					MDMA (Ecstasy)

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AUTISM SPECTRUM DISORDER



- Occurs across all races and ethnicities
- Boys are 4X more likely to be identified than girls
- More than 1/3 have an intellectual disability
- Problems with social communication
- Difficulty making eye contact and relating
- Repetitive behaviors
- Gets upset with minor changes
- Sensory sensitivities

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TREATMENT

- Therapy
- Therapy
- Therapy
- ABA
- CBT

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HANDLING AN EMERGENCY

Scene Size-Up

- Ensure personal safety.
- Perform initial assessment.
- Suspect life-threatening emergencies.
- Assess and manage ABCs.
- Assess posturing, hand gestures, and signs of aggression.
- Observe the patient's awareness, orientation, cognitive abilities, and affect.
- Consider the patient's and family's emotional state.
- Control the scene.

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- Identify yourself.
- Obtain the patient's history; listen to the child and family members.
- Act assured and comfortable; maintain eye contact.
- Do not threaten; remain calm and speak slowly.
- Do not fear silence.
- Avoid separating young children from their parents.
- Encourage children to help with their own care.
- Prevent children from seeing violence or medical procedures that will increase their distress.

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- Keep a safe and proper distance; limit physical touch.
- Avoid judgmental statements.
- Respond honestly; keep explanations brief and simple.
- Reassure children by carrying out all interventions gently.
- Do not discourage children from crying or showing emotion.
- Do not leave children alone; allow them to keep a favorite toy or blanket.
- Dim the lights; remove nonfamily members.
- Introduce the person who will assume care of the children if you need to be separated from them.

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SUICIDAL PATIENT

- Ensure scene safety.
- Provide a supportive and calm environment.
- Treat any existing medical conditions.
- Do not allow the suicidal patient to be alone.
- Do not confront or argue with the patient.
- Provide realistic reassurance.
- Respond to the patient simply and directly.
- Transport the patient to an appropriate receiving facility.

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ADVOCACY AND ACTION
ADDRESSING MENTAL HEALTH AROUND THE COUNTRY
 From providing mental health days to increasing resources, cities and states are taking action in schools.

- ILLINOIS** Under a new law, public school students in the state will be allowed to take 5 mental health days per school year, starting in 2022. In March 2021, Chicago Public Schools announced a \$24 million plan to invest in mental health and trauma support programs for students and staff.
- MASSACHUSETTS** The state is aiming to pass legislation called the Thrives Act to establish an advisory council that will help implement behavioral health promotion, prevention, and intervention services in school districts.
- MARYLAND** A new public-private partnership, Project Bounce Back, will direct \$25 million from the CARES Act to bring additional counselors and psychologists into schools and expand Boys & Girls Clubs to every Maryland county.
- NEVADA** The state passed a law allowing public school students to take 3 mental health days per school year.
- FLORIDA** Miami-Dade County Public Schools provided staff with social-emotional learning and mental health awareness training and hired 45 new mental health coordinators.
- VIRGINIA** Alexandria City Public Schools is redirecting funds from school police to mental health and mentorship programs.
- GEORGIA** Atlanta Public Schools plans to screen more than 30,000 pre-K to 12th grade students on their social-emotional behavior and has trained staff in trauma-informed practices.

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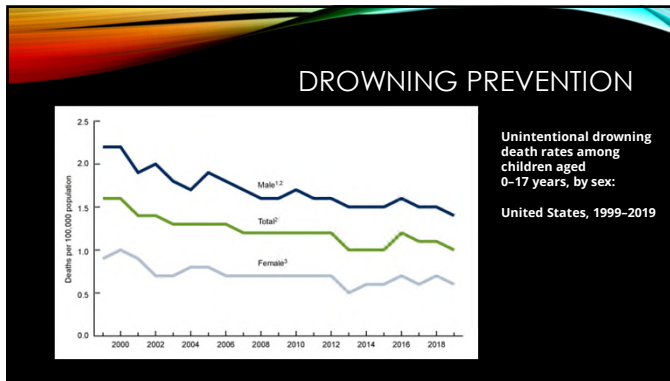
NORTHERN NEVADA FACILITIES

- Renown Children's ED
- Reno Behavioral Health
- Willow Springs
- Quest – new pediatric center
- PHPs
- IOPs
- True North
- Human Behavioral Institute

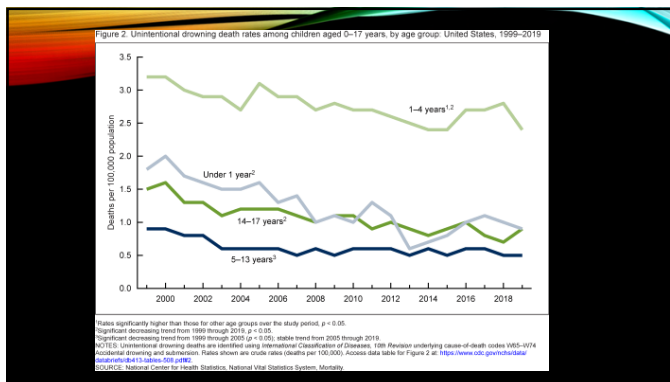
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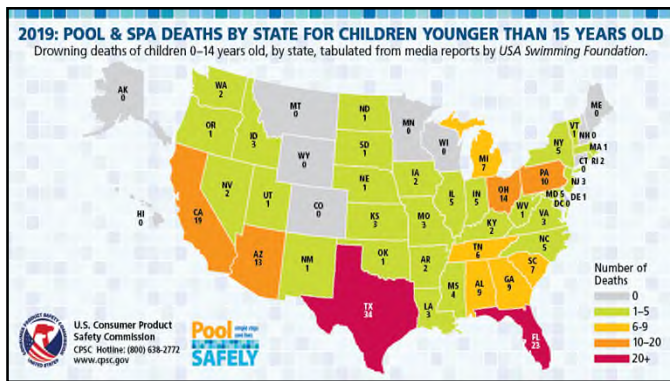
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--All children should wear PFDs on watercraft
--Small children and non-swimmers should also wear PFDs at the water's edge
-- Parents need to model behavior
-- Know depth and location of any underwater hazards
-- No alcohol or drug use with water activities
-- An adult should be within arm's reach providing touch supervision for infants and toddlers
--Never left with an older child for supervision

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