INTRODUCTION

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Nine-year-old white male brought to the emergency room by mother, aunt, and female friend of the mother. Patient loudly cursing all three adults. Each adult observed making (different) threats to child. Patient reportedly on several medications. Patient reportedly "messed up" home computer. When scolded by mother, patient ran outside yelling that "ghosts were touching" him.

Thirteen-year-old black male brought to emergency room by parents for taking an overdose of Celexa. Patient was sent home from school for fighting with another student. Patient has a history of suicide attempts. Patient tested positive for benzodiazepines and cannabis. Patient has been prescribed Risperdal, but patient reports that he is grinding it up and snorting it up his nose rather than swallowing it.

Fourteen-year-old white female brought to emergency room by mother. Patient reportedly has previous diagnoses of attention deficit hyperactivity disorder and bipolar disorder. Patient not currently taking medication. Mother states that patient is "out of control" and has been trying to hurt herself. Scratch is visible on arm.

Fifteen-year-old white male brought to emergency room by guardians. Patient reportedly was "breaking up the house and threatening to hurt himself." Parents report being highly career oriented. Patient reports wanting parents more involved in his life.

Fifteen-year-old white female brought to emergency room by police. Patient had run away from home to have sex with boyfriend. Patient apprehended in bed having sex with 19-year-old boyfriend. Boyfriend was arrested. Patient has a history of running away and suicidal ideations. Patient was alert, verbal, and oriented. Patient reports being "very interested in sex" and "getting experience."

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These brief case studies may initially appear quite different, but they have similarities. First, each of these children was seen in a rural hospital emergency room. Furthermore, each child has a history of emotional and behavioral problems that could be threatening. And finally, each of these children was in school the day after their emergency room visit.

> Nine-year-old multiracial male brought to emergency room by police. Patient has diagnostic history of migraines, Tourette's syndrome, and bipolar disorder. Patient had been apprehended going door-to-door in his neighborhood with a knife, a roll of magnets, a compass, and a level. Patient reported that he was trying to find a time machine. Patient had been sent home from school for being disruptive. Patient was disoriented in emergency room. Patient attempted to bite emergency room staff. Patient placed in restraints. Blood and urine screens negative for alcohol and drugs.

> Fourteen-year-old white female brought to emergency room by law enforcement. Patient had been fighting with sister and pulled a knife. Patient was disarmed by police.

> Twelve-year-old white male brought to the emergency room by police. Patient made suicide threat because he did not want to go back to mental health after-school program (patient had been one time). Patient reports plan to kill himself with a knife. Patient reports uncontrollable anger. Patient taking Prozac and Neurontin. Family reports previous inpatient psychiatric hospitalization.

These children were also seen in a hospital emergency room, but each of these children was involuntarily committed to treatment in an inpatient psychiatric facility. They were back in school within 2 weeks.

The demands placed on school personnel have never been greater, and some indications suggest that the needs of children have never been greater. On top of addressing the educational responsibilities that compose the primary expectation placed on them, educators are likely to be the first professionals to confront mental health needs in children and respond appropriately, despite a lack of training or focus for most educators in the area of child and adolescent mental health.

The purpose of this book is to help address the void created by the lack of training in recognizing and addressing mental health problems in the classroom. It is intended for preservice and currently practicing teachers and confronts some of the most common mental health issues experienced by children. The primary goal is to provide readers with some suggestions regarding how they might be able to help students with mental health issues. In addition, case vignettes are provided to help teachers conceptualize how students with specific problems may present in class and to identify support strategies for these students. The case studies are not necessarily intended to offer advice about how problems should be addressed. Rather, they are intended (a) to demonstrate that teachers actually confront mental health problems in the classroom and are often blindsided by them and (b) to show that teachers have done the best they could do to help students in need. We hope that teachers can learn from their experiences and that this material may help them to be more proactive in their classrooms and schools, implementing strategies that serve the various needs and the best interests of all their students. To maximize its use, the book offers a number of features:

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EXPERTISE

A variety of nationally known educators and scholars have contributed their knowledge to ensure a high degree of fidelity for the information provided.

CASE VIGNETTES

As previously mentioned, case vignettes are provided to discuss clinical situations in the school setting. Readers are encouraged to consider the actions taken, the outcome observed, and brainstorm alternative strategies that they might use in a similar situation.

GLOSSARY DEFINITIONS

Key terms appear in boldface type in each chapter. These terms are defined in the Glossary at the end of the book.

THINKING AHEAD

Prereading questions are provided at the beginning of each chapter to facilitate synergy, promote the integration of previous and current learning, and stimulate thinking about readers' work, internship, practicum, or prospective field activity.

DISCUSSION QUESTIONS

Discussion questions at the end of each chapter prompt preemptive contingency planning and integrate both shared experiences and freshly assimilated information.

TEACHER FOCUS

Although many books on child and adolescent mental health have been written for mental health professionals, few have focused specifically on the needs of educators. This book fills a void by being written for teachers and by providing classroom explicit strategies to support students with a variety of mental health needs.

FOR ADDITIONAL HELP

Finally, each chapter includes Internet resources to assist with further information. While we encourage readers to access mental health professionals in the school system for support, consultation, and collaboration, we know that there will be times that they need immediate information or when they want to learn more about a particular topic. The Web sites provided—many of them award winners—were included to provide ancillary help when teachers need it.

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