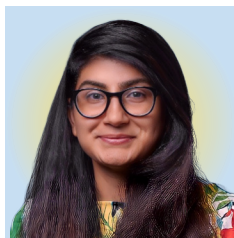


MAX GRAY FUND FOR
TREATMENT OF
MOOD DISORDERS

THRIVING TOGETHER



Insights from the
Max Gray Fellows
for coping with mood disorders

AT SCHOOL

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 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. If they are experiencing stigma in other settings, such as being bullied in school, be prepared to discuss the matter with teachers or other parents.

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 public schools cannot always meet the needs of neurodiverse kids. Remind your child what makes them special and help establish reasonable expectations at home and in school. Work with the school to arrange individualized educational plans.

AT HOME

Using person-centered language

It's important to center the individual when we talk about mental health. Instead of saying, "He's a bipolar," 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." We do not say a person "committed cancer" or had "unsuccessful cancer."

Helping kids open up

Kids often carry strong emotions that may show up in their behavior as withdrawal from family and friends, self-isolation or deterioration in school performance. But 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 talk about their own reactions to distressing events, such as war, school shootings or political events.
- **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. When your child gives you a spontaneous opening (e.g., "My teacher asked me if I had ADHD") be sure to engage.
- **Employing active listening by keeping eye contact:** Reflect back or paraphrase what your child said, and ask clarifying questions (e.g., "Do you feel that way right now?").
- **Validate their feelings before explaining yours or making suggestions:** 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."
- **Normalize 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.

Making positive requests for change

Often, kids will do something we find aversive as parents. It's important to give the child a chance to change that behavior before criticizing it. For example, if they are speaking to you in an angry tone say, "I'd appreciate your using a more respectful tone when asking me for things."

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 for problem solving:

- Work with your child to define the problem from a two-sided point of view.
- 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 could work for everyone.
- Check in later to see if things have improved.

Give plenty of positive feedback

Kids thrive on hearing positive things from their parents, even if they say they don't care. Make sure to praise your child or teen at least once a day. Be specific and tell them why what they did was important to you, e.g., "I really appreciated your emptying the dishwasher — it was a big relief that I didn't have to do that when I got home." Avoid adding in a "tail" at the end that compares their current behavior to how they used to act, which may make them defensive.

IN THE NEWS

Be aware of AI therapy

Many kids use Chat GPT or other artificial intelligence (AI) platforms to get "therapy." They may be having lengthy sessions of exchanges with the program. This is not always bad, but there is no evidence that these programs are sufficient for mental health care. Also, we can't be sure whether what they're hearing is healthy. It's a good idea to ask your child if they use AI and what they use it for. When relevant, explain the risks of talking to a computer about personal problems instead of a human being. If you believe your child is using AI to get therapy, be ready to offer them another alternative, preferably with a licensed provider.

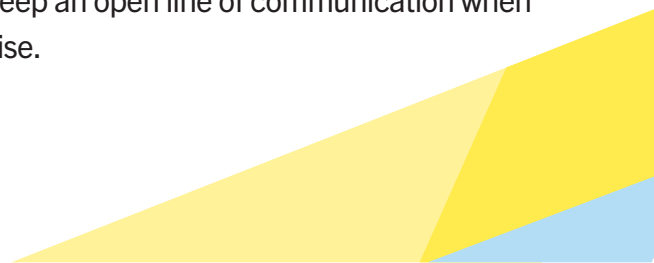
Fears about deportation

Many teens and younger children are seeing frightening things on TV or at school about deportation, and some may feel they or their friends are at risk. If your child or teen raises this concern, or you have reason to believe they're worried about it, try:

- **Asking "What have you heard?":** Provide a reality check if they are describing things that haven't happened.
- **Validating their feelings:** You can calmly say, "I understand why you're worried; many people are."
- **Offering encouraging words:** Phrases such as "You are safe; we are all in this together," and "We'll be here for you no matter what," may help your child feel more secure.
- **Making sure that family routines stay consistent:** Continue with weekend visits to relatives' houses, sports, regular appointments and other normal activities.

Understanding cultural differences

Culture not only affects our relationship with mental health but also how we parent; it shapes our expectations and the ways in which we reward, discipline, criticize and more. For example, your child's friends' parents may consistently praise their kids verbally, but you may feel that certain behaviors of the child should be expected without it. 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. For example, "My parents rarely acknowledged things I did well — they just expected it. I'm now realizing how important it is for parents to recognize good things that kids do, as well as things that don't go so well. Do you ever feel that I don't praise you enough?" 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 GREATER SUPPORT

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 medicines with their psychiatrist, including any health concerns or other feelings they may have about taking them. Emphasizing personal agency helps teens stick with their medication regimen. Sometimes they are right that their medications need adjusting.

Coping with suicidal thoughts or self-harm

Self-harm is one way the mind deals with severely negative emotions. When these emotions arise, 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, meditation) to decrease their motivation to self-harm. Remind them of available resources, including:

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 or self-harm 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, have your child do some problem-solving about the events that upset them.

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

Appointment line: 310-825-2836
semel.ucla.edu/champ

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