First look: Inside the new UF President’s House

In Fashion: The eyes have it

Turning 25: Five gems from The Harn

FORGING OUR FUTURE IN EDUCATION

Three leaders look at the road ahead: paved with technology, fueled by humanity
This time of year, as the lazy days of summer give way to the excitement of a new school year, families may focus on school clothes, school supplies, teachers and friends. For some, however, this excitement can give way to issues: anxiety, depression, bullying or learning difficulties. Most parents won’t hesitate to consult their pediatricians with physical health concerns, but may be reluctant when deciding to consult with mental health experts.

Mariam Rahmani, M.D., a UF Health child and adolescent psychiatrist, says there is a stigma when it comes to mental health issues. But, parents should think of their children’s mental health just like they think of their physical well-being. “If your child fell off the monkey bars and broke her arm, you would take her to the doctor immediately,” says Dr. Rahmani. “The same should hold true for a child who is overly anxious, self-destructive or harmful to others. Our team is free of judgement, and we’re trained to safely, confidentially and effectively help children and their families.”

WHEN TO SEE A PROFESSIONAL
Often, parents have been thinking about consulting a mental health professional for months by the time they bring their child to see Dr. Rahmani. She says sometimes irritability, ignoring directions and arguing might be typical of a normal pre-teen or teenager. “But, if parents notice more drastic changes like failing grades, disturbed sleeping patterns or big changes in social life, these could be signs of depression or some other serious mental health issue,” Dr. Rahmani says.

COMMON DISORDERS AMONG CHILDREN AND ADOLESCENTS
Although anyone can suffer from depression, certain risk factors do increase the likelihood of developing the disorder, including heredity, parent-child discord,
substance abuse, or a history of neglect or trauma. More females suffer from depression than males, and Dr. Rahmani says depression commonly surfaces in the teenage years.

Similarly, anxiety disorders are also more common in females. Dr. Rahmani often sees a spike in separation anxiety disorder around this time of year. Though separation anxiety is normal until six years old or so, it can appear in older children as well. “If children suffer from major anxiety about going to school, they begin imagining all sorts of terrible things happening,” Dr. Rahmani says. “Children might worry about their parents getting into a car accident after dropping them off at school. Sometimes the anxiety can cause children to develop real physical symptoms, including stomach aches and headaches. Unfortunately, well-meaning parents may reinforce this anxiety by picking them up from school, beginning a pattern of avoidance and, ultimately, making the anxiety worse.”

Another common condition that becomes more evident when the school year starts is attention-deficit hyperactivity disorder, or ADHD, which is more common in males. “Parents may not notice the symptoms of ADHD at home, because the demands for children to sit in one place and focus for longer periods of time are not the same in school as they are out of school,” Dr. Rahmani says. “But when we gather information from the parents, from the child and from the school, and we find that symptoms are interfering with the child’s learning, or affecting learning of other children in the classroom, then we can make a proper diagnosis and determine the most effective treatments.”

Self-medicating and self-injury can also take parents by surprise. Perhaps a child abuses alcohol or scratches or cuts herself. Dr. Rahmani cautions that when parents discover this, they may think it’s an isolated incident. But what if this is actually the tenth time? “If you find out even once,” she says, “bring the child in for an evaluation. Yes, it might be just experimentation, but it also might be a symptom of something more serious.”

POSITIVE OUTCOMES

When someone comes for his or her first appointment at UF Health Child Psychiatry – Springhill Health Center, a physician will conduct a thorough evaluation. Then, he or she will work with the treatment team, which includes psychiatrists, advanced nurse practitioners, psychologists and therapists to determine the best treatment plan. That may include a variety of services, including parent education and support, medication management, diagnostic clarification, school advocacy and psycho-educational testing.

Some parents may fear that psychiatrists will turn to medication too quickly. Dr. Rahmani says that she and her colleagues look at the severity of the child’s condition and try to take the most conservative approach. “Unless there is a clear danger or severe dysfunction in the child’s life, I will most likely recommend a course of therapy before prescribing medication. If the child is not better after therapy, then we will re-evaluate.”

The clinical team at UF Health Psychiatry offers one-on-one and family therapy, cognitive behavioral therapy, social skills therapy, habit reversal therapy, exposure/response therapy, parent/child interaction therapy and expert psychopharmacological treatment.

EXPERTISE IN OUR BACK YARD

“At UF Health Psychiatry, we have the luxury of collaborating with large teams of physicians across the system and with researchers making incredible discoveries every day,” Dr. Rahmani says. “We have very specialized physicians, trained in areas like adolescent addiction, gender identity issues and eating disorders, who can dive deep into the specific treatment for any child. We don’t want parents to feel alone. They can feel confident knowing we are here to help them.”

Dr. Rahmani says she finds child psychiatry to be very rewarding. “Children are still growing and developing. If I can treat their condition early, I can see results very quickly,” Dr. Rahmani says. “Their successful outcomes are, literally, life changing.”