Emotional and Mental Health Challenges for Students in Transition

2015 Capacity Building Institute                      April 22, 2015

Today’s Presenters:

David J. Berman, MA is an accomplished non-profit professional with an extensive background in philanthropy and leadership. David possesses Bachelor’s degrees in both Psychology and Biology, and a Master’s Degree in Public Administration from the University of Maryland. He has worked with numerous types of organizations within the non-profit sector, including healthcare, primary and higher education, environmental, social services, and the arts. Currently, he is the Director of the Depression and Bipolar Support Alliance of Indiana, and the Director of Development for Mental Health America of Indiana. He is also the owner and principal consultant for Fund Development Solutions, Inc, a comprehensive fundraising consulting firm. David is a past board member of the Dayspring Center, and served on the Community Advisory Council for the Riverview Hospital Foundation. He currently sits on the Division of Mental Health and Addiction’s Indiana Consumer Council and Recovery Support Group, and the Indiana State Suicide Prevention Council.
Today’s Presenters:

**Kristian Griffin** has worked consistently in the field of clinical psychology since 1994, when her career began at Wishard Hospital’s in-patient units. Kris possesses a Bachelor’s Degree in Psychology from the Purdue School of Science. She has worked with both adult and adolescent psychiatric patients in acute, in-patient settings, and served as supervisor at a substance-abuse clinic in Indianapolis for seven years. Kris has been with MHAI since 2005, and serves as the statewide Mental Health and Addictions Ombudsman. The Mental Health Ombudsman is a statewide network of mental health professionals mandated by the Indiana General Assembly to advocate for the rights of persons with mental illness, chemical addictions, and their families.

Today’s Presenters:

**Madeline Zielinski** joined Mental Health America of Indiana last November as the State Coordinator for Youth MOVE Indiana, a youth-led advocacy group. She currently serves on the State Suicide Prevention Council and is certified in Applied Suicide Intervention Skills Training (ASIST). Previous to taking over Youth MOVE Indiana, Madeline was an intern at Young Actors Theatre and served on the Indiana Youth Group Youth Advisory Council. Madeline graduated from Franklin Central High School on the south side of Indianapolis and attended Ivy Tech Community college to study Psychology.
About MHAI

Mental Health America of Indiana works for the mental health of all citizens and for victory over mental illness through public education, advocacy, and public health reform.

We have a number of subsidiaries through which we are able to reach across the state to provide services and programs to people with mental illness and addiction, and provide support to their families. A state chapter of Mental Health America, there are 40 local affiliates across Indiana with membership of more than 20,000 people from all walks of life, the most of any in the U.S.

Our Subsidiaries

Community Connections: A direct service subsidiary of MHAI, Community Connections connects individuals to their communities by linking them to vocational and habilitation services. Using a strengths based approach, staff work with individuals to determine personal preferences, interests and abilities in order to find meaningful community experience as well as placement into employment.

Depression and Bipolar Support Alliance of Indiana: DBSAI works to educate patients, families, professionals and the public concerning the nature of depressive and manic-depressive illness as a medical disease; to foster self-help for patients and families; to eliminate discrimination and stigma; to improve access to care; and to advocate for research toward the elimination of these illnesses.
**EmberWood:** EmberWood Center promotes growth, respect and integrity through community-based services to address the cycle of addiction with individuals and families.

**Indiana Association Substance Abuse Providers:** Indiana ASAP promotes the mutual interest of substance abuse prevention and treatment programs in the state of Indiana and strives to find a mechanism for the expression of common concerns to public policy makers and payers of substance abuse and addictions.

**ICAADA:** Indiana Counselor’s Association on Alcohol and Drug Abuse provides licensing and credentialing services for substance abuse counselors.

**IAIC:** The Indiana Addictions Issues Coalition is a broad-based, diverse, organization that advocates on behalf of people with addictive disorders. Its mission is to promote recovery through advocacy, public education, and service.

**Indiana Association for Infant and Toddler Mental Health:** IAITMH works to advance the conditions which provide an early start toward optimal mental health. They work with children from birth to age 3 to experience, regulate, and express emotions, form closure and secure interpersonal relationships, and explore the environment and learn.

**ICRUD:** The Indiana Coalition to Reduce Underage Drinking works to reduce youth access to alcohol through policy change.
Indiana Center for Families and Children: ICFC provides assessment and therapeutic services for children, adolescents, and families. Their therapists are specially trained to assist with situations of abuse, trauma, special needs, and life challenges.

Indiana Mental Health and Aging Coalition: IMHAC works to enhance the mental health of older adults in Indiana through public education, training, and advocacy by improving access to mental health services, reducing the stigma of mental health and aging, increasing the quality of programs and services, and providing a forum of cooperation and collaboration for the aging and mental health networks.

Youth MOVE Indiana: youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare.

Depression

Depression affects 1 in 8 teens

2 of 3 depressed teens are girls

Can occur from chemical imbalance, or brought on by a traumatic event, hormonal changes, altered health habits, stress substance abuse
Types of Teen Depression

**Major Depression**
Can be severe but with a short duration

**Dysthymia**
Lasts much longer with less severe feelings. Many affected are never diagnosed

**Adjustment disorder**
Relates to life changes

Family and contextual risk factors influence the occurrence:

- Parental depression
- Family stressors such as moving, job loss, homelessness and poverty
- Persistent marital or post divorce conflict
- Persistent parent – child conflict or distrust
- Significant childhood difference (handicap, illness, learning disability)
- Domestic violence
- Other forms of child abuse
Symptoms of Depression in Children and Adolescents

- Poor concentration
- Irritability
- Experience of boredom
- Quitting or decreased involvement in activities or relationships
- Poor school performance
- Social isolation
- Family conflict

- Appetite and sleep changes
- Appetite disorders – substance abuse, eating disorder, cutting among adolescents
- Hopelessness
- Anxiety
- Lack of energy
- Anger
- Sadness
- Physical pain
- Apathy
- Guilt
- Low self-esteem
- Acute and chronic suicidal ideation
- Suicide attempt
Depression often co-occurs with:

- Substance Abuse in Adolescents
- Anxiety and Post Traumatic Stress Disorder
- Unresolved grief
- ADHD
- School failure/learning disability
- Conduct problems

Severity is indicated by...

- Presence of suicidality
- Child’s ability to respond to warmth of interviewer
- Child’s ability to identify strengths and enjoyable experiences
- The interviewer’s experience of hopelessness and helplessness
Best Approaches for Support

- Identify suicidality and develop a plan to limit suicidal behavior
- Build connections and competence
- Identify problems caused by depression and develop methods of separating depression from the person
- Encourage academic success and pro social behaviors and peer relationships

Bipolar Disorder

Alternating periods of depression and mania
2 of 3 depressed teens are girls

- Extreme changes in mood, thought, energy, and behavior

10% of depressed children and adolescents will progress to develop Bipolar Disorder

Often these teens have strong family history of Bipolar Disorder
Symptoms of Mania

- Grandiosity, expansive mood
- Pressured/rapid speech or flight of ideas
- Decreased need for sleep
- Engaging in potentially dangerous, risky behaviors, sexual promiscuity, excessive spending, engaging in dubious or risky projects (Impulsivity)
- Enhanced sense of well-being/perceived productivity
- May include irritability, law breaking, substance abuse, teen pregnancy/paternity and aggressiveness

Younger children are more likely to have rapid (hourly to daily) changes in mood. Older adolescents more likely to have classical (adult) mania

Impulsivity, consequences of risky behavior, intoxication, incarceration and isolation are precursors of suicidal behavior in bipolar youth
Best Approaches for Support

- Promoting family involvement and stability is essential
- Suicide prevention plan
- Building self – awareness, self assessment and self management are important
- Encourage academic success and pro social behaviors and peer relationships

In some instances Bipolar Disorder may co occur with ADHD

- Best to treat BPD first

In some instances what looks like ADHD evolves into BPD
Not every child or adolescent who has emotional and behavioral dysregulation has Bipolar Disorder

There are children who present significant problems especially with affect regulation difficulties, impulse control problems, aggressiveness and poor response to frustration

- Promote satisfying activities and relationships
- Chart episodes of aggressiveness
- Observe and alter provocation patterns
- Teach self-soothing and tolerance for frustration
- Build social support

Attention Deficit Hyperactivity Disorder (ADHD)

- Characteristics are hyperactivity, inattention, impulsivity
- Neurodevelopmental disorder caused by problems in the growth or development of the brain, which can be influenced by environmental and social factors
- More common in boys; they may fiddle aimlessly/constantly. Girls tend to daydream
- Although they have difficulty attending, it doesn’t mean they want to, they simply cannot control their impulses
- As professionals, it is important to focus on the child’s strengths, as focusing on the problem can harm their self-esteem
- Address these issues with the family. Learning disabilities are more common in children who suffer from ADHD
- They need routine/structure, therapy, and sometimes prescription medications
Childhood Anxiety Disorders

- Generalized Anxiety Disorder (GAD)
  - Excessive, unrealistic, persistent worry about a variety of things, including how to get through the day
  - No apparent reason for the concern, or anticipation of disaster
  - Although they realize the anxiety is too intense, they feel powerless to stop it
  - Treatment may include relaxation techniques such as yoga and meditation, therapy, medications prescribed by a credible doctor

- Obsessive Compulsive Disorder (OCD)
  - Characterized by unwanted, obtrusive thoughts/obsessions
  - Child feels compelled to perform rituals/compulsions to alleviate anxiety
  - Most are diagnosed around the age of 10 - boys are diagnosed before puberty, and girls through adolescence
  - Again, the child realizes the ritual is irrational, which increases frustration, and adds to low self esteem
  - Treatment may include therapy and possible medications
- **Panic Disorder**

  - Diagnosed if a child suffers at least two unexpected panic or anxiety attacks which onset suddenly for no apparent reason, followed by at least a month of worry of having another. The child may fear another attack (going crazy, losing control, or even dying)

- **Post Traumatic Stress Disorder (PTSD)**

  - Most at risk are children who directly witnessed a traumatic event, such as injury or death of a loved one; exposure to actual or threatened death, serious injury, sexual violation, physical and/or emotional abuse

  - Characterized by flashbacks, nightmares, emotional numbness, difficulty sleeping and concentrating. The child may feel jumpy, easily irritated, aggressive or self-destructive

  - Other anxiety disorders, depression, and/or substance abuse (self-medicating) often co-occur with these illnesses, and should be treated separately
- **Physical Symptoms**
  - Headaches
  - Stomach problems
  - Sleep problems
  - Weight loss or gain
  - Lack of energy

- **Behavioral Symptoms**
  - Increased drinking or smoking
  - Procrastination
  - Feeling overly critical
  - Avoiding other people

- **Emotional Symptoms**
  - Anxiety
  - Frequent crying
  - Irritability
  - Loneliness
  - Depression

- **Cognitive Symptoms**
  - Inability to concentrate
  - Forgetfulness
  - Loss of humor/fun
  - Inability to make decisions

---

- **Helping a Child Through Trauma**

  - Identify trauma triggers
  - Be emotionally available
  - Respond, don’t react
  - Don’t take behavior personally
  - Listen
  - Help child learn to relax
  - Be consistent and predictable
  - Be patient
  - Allow some control and choice-making
  - Encourage self esteem
Cognitive Behavioral Therapy

- Cognitive behavioral therapy is a common type of mental health counseling (psychotherapy). With cognitive behavioral therapy, you work with a mental health counselor (psychotherapist or therapist) in a structured way. Cognitive behavioral therapy helps you become aware of inaccurate or negative thinking, so you can view challenging situations more clearly and respond to them in a more effective way.

- Cognitive behavioral therapy can be a very helpful tool in treating mental disorders or illnesses, such as anxiety or depression. But not everyone who benefits from cognitive behavioral therapy has a mental health condition. It can be an effective tool to help anyone learn how to better manage stressful life situations.

One of the benefits is that the patient is actively involved in his or her own recovery and has a sense of control. The child learns to understand and change thinking and behavior patterns. Improvement often occurs within 12-16 weeks. The fact that the patient is involved can boost self-esteem, and help give them a sense of control.
Suicide

Definition of Terms

**Suicide**: the act or an instance of taking one's own life voluntarily and intentionally

**Suicide attempt**: A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury

**Suicide ideation**: Thinking about, considering or planning for suicide

**Suicide Survivor**: Someone who has lost family, a loved one, or colleague to suicide

- Why did this happen?
- Shock, anger, shame, guilt, despair, pain, hopelessness, rejection, confusion, regret, self-blame
- Survivors often face stigma, isolation, higher suicide risk

**Suicide Attempt Survivor**: Someone who has survived a suicide attempt

- Single most predictive factor for a suicide death is a previous suicide attempt
Statistics of Suicide in Teens

- Second leading cause of death
- 4600 lives/day
- 13 every day
- 16% of 9th-12th graders reported seriously considering suicide
- 13% reported making a plan
- 8% reported making an attempt

The stigma of suicide and myths surrounding it prevent many from taking action
Myths About Suicide

- Suicidal people hide their thoughts, we can’t see it until it’s too late
- Only professionals can prevent suicide
- Talking about it might give someone the idea
- Suicide is inevitable – there is nothing we can do to stop it

“No one is ever really powerless”

YOU CAN HELP
Showing that you CARE and offering HELP builds HOPE and can prevent suicide

How is suicide prevented?

- What to LOOK for
- What to SAY
- What to DO
Be Aware of Risk Factors

- Family
- Personal/Individual
- Life Events
- School/Community

Be Aware of Protective Factors

- Positive mental attitude
- Positive self-esteem
- Cultural and religious beliefs
- Coping abilities
- Hopes/plans for the future
- Physical wellness
- Sense of responsibilities
- Supportive environment
- Connection to community
- Ongoing support during crisis
- Extracurricular activities

Preventing Suicide

**Look for Invitations**
Invitations are signs of distress that invite help
Actions

- Giving away belongings
- Isolation
- Loss of interest
- Substance abuse
- Reckless behavior
- Self mutilation

Words

- "My problems will be over soon"
- "No one can help me now"
- "I can’t take it anymore"
- "I am a burden to everyone"
- "I just can’t do anything right"
Physical

Loss of interest in appearance
Disturbed sleep/insomnia
Change/loss of appetite
Physical discomfort

Feelings

- Desperate
- Angry
- Guilty
- Worthless
- Sad
- Hopeless
- Helpless
- Lonely
How to Start the Conversation

- I’ve been concerned about you lately”
- “You just said ____, tell me more about that”
- “It sounds like you’re going through a lot right now”
- “I wanted to check in with you because you have seemed _____”

Talking through emotions can help you understand your own feelings
Let them know they have been heard

“You feel you just can’t live with this pain”

“You feel that you are a burden”

“It feels like there is no hope and the situation will never get better”
How to Ask About Suicide

Find an appropriate setting
Should have privacy
Should feel comfortable talking freely

Name warning signs you’ve seen, ask directly

“Sometimes when people are going through....they might consider suicide...is that something you’ve thought about?”

“You said you are feeling... Have you been thinking about suicide?”
How NOT To Ask

“How NOT To Ask

“Don’t tell me you’re thinking about killing yourself”

“You’re not thinking about committing suicide, are you?”

“Are you thinking about hurting yourself?”

How NOT To Ask

Don’t imply that their thoughts are silly or unimportant

Don’t make promises, including that you will keep it a secret

Don’t try to convince them that things are not all that bad

Don’t act alone, get others involved

Don’t attempt to argue the person out of it
If Someone You Know is Considering Suicide

Listen to their story

Let them know you care about them and want to help them

Listen for potential support systems

Don’t leave the person alone

Don’t be the only person who knows they are suicidal

Resources

- www.mhai.net
- www.iccmhc.org
- www.dbsalliance.org
- www.suicidepreventionlifeline.org
- Crisis Text Line – Text CSIS to 839863
- www.crisischat.org