Welcome to today’s Infopeople Webinar!

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I can’t snap my fingers and just “be okay”.

TEEN MENTAL ILLNESS 101

Cheryl Eskin, MFT and Michelle Carlson, MPH
“Unfortunately we live in a world where when you break your arm, everyone runs over to sign your cast. But if you tell people you're depressed, everyone runs the other way. That's the stigma. We are so so so accepting of any body part breaking down, other than our brains.”

Kevin Breel: Confessions of a Depressed Comic at TEDxKids@Ambleside
**Impact**

- **50%**
  - 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹

- **10 yrs**
  - The average delay between onset of symptoms and intervention is 8-10 years.¹

- **50%**
  - Approximately 50% of students age 14 and older with a mental illness drop out of high school.¹

- **70%**
  - 70% of youth in state and local juvenile justice systems have a mental illness.¹

¹ TEEN LINE 2016
Without Intervention (and Professional Help when appropriate), Teens May Turn to….

- Self-injury
- Truancy
- Alcohol or other substances
- Extreme rebelliousness
- Risk taking behaviors
- Promiscuity
- Suicide
Adult Vs. Teen Brain

- Most of the activity in the adult brain is in the frontal lobe
  - Thinking, reasoning, planning

- Most of the activity in the teen brain is focused in the center
  - Pleasure reward center
“Normal” teen behavior

- Moodiness
- Less affection and attention with parents
- Increased desire for autonomy
- Self-involved
- Testing limits
- Exploring identity
- Experimentation with drugs/alcohol/sexual behavior
- Peer conflicts
“Red flags” or “cries for help”

- Suicidal/homicidal ideation
- Self-injury
- Frequent angry outbursts and excessive aggression
- Change in behavior/attitude/appearance/school performance
- Lots of somatic complaints
- Hopeless, worthless comments
Everyone feels sad, lonely or depressed at times. But when these feelings last for a long time and become overwhelming, it may be time to seek medical help.

- Loss of interest in hobbies and activities
- Difficulty remembering, concentrating or making decisions
- Loss of appetite or over-eating
- Feeling worthless, guilty or helpless
- Feeling irritable or having a short temper
- Feeling fatigued
- Continuous sad, anxious, or negative thoughts
- Thoughts of suicide, or suicide attempts
- Feeling hopeless or pessimistic

Sources: webmd.com | helpguide.org | mayoclinic.com

TEEN LINE 2016
A lot of people think depression is just feeling sad all the time and dressing in black, and for some it may be. But for me, depression is feeling nothing. It's crying at 3 am for no reason... It's losing any interest you once had for something. I'm not sad all the time. I just feel nothing and sometimes I think that's worse.

15 year old girl
Helpless
Hopeless
No way out
Pain
Alone
Tunnel vision
Suicide Warning Signs

- Feeling worthless
- Feeling trapped
- Hopelessness or no hope for the future
- Social isolation or feeling alone
- Alcohol and drug misuse
- Giving things away
- Feeling like you don’t belong
- Engaging in “risky” behaviors
- A history of suicidal behavior
- Dramatic changes in mood and behavior
- Frequently talking about death
- Aggressiveness and irritability
- Possessing lethal means
- Feeling like a burden to others
Anxiety disorders are the most common psychiatric disorder in the US, with 19 million affected adults.

**What are Anxiety Disorders?**

Individuals with an anxiety disorder can experience psychological or physical symptoms, or both.

**Psychological Symptoms**
- Stressed out
- Burned out
- Scared
- Worried
- Frightened
- Panicky
- Irritable

**Physical Symptoms**
- Shaky
- Disturbed sleep
- Palpitations
- Headaches
- Chest tightness
- Stomach “twisted up in knots”
Types of Anxiety Disorders

6 Main Types of Anxiety Disorders

- **Generalized Anxiety Disorder**: Long-lasting anxiety not specific to a situation or object.
- **Panic Disorder**: Quick hit of terror often followed by trembling and difficulty breathing.
- **Obsessive Compulsive Disorder**: Repetitious obsessions and compulsions.
- **Social Anxiety Disorder**: Intense fear in and of social interactions managed with avoidance.
- **Specific Phobias**: Fear of a specific situation or object.
- **Post-Traumatic Stress Disorder**: Anxiety from a traumatic experience.

TEEN LINE 2016
**MANIA**

Inflated self-esteem or grandiosity

Unusual talkativeness

Racing thoughts

Distractibility

Agitation

Unrestrained buying sprees, sexual indiscretions or foolish business investments

Unusual behavior with high potential for painful consequences

**Fact**

25% of those diagnosed with bipolar disorder commit suicide

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**DEPRESSION**

Depressed mood most of the day, nearly every day, such as feeling sad, empty, hopeless or tearful

Can appear as irritability

Markedly reduced interest or feeling no pleasure

Feeling worthless

Decreased ability to concentrate, or indecisiveness

Significant weight loss when not dieting, weight gain, or decrease or increase in appetite

Recurrent thoughts of death or suicide, or suicide planning or attempt

Either insomnia or sleeping excessively

Fatigue
CHARACTERISTICS
OF THE 3 MOST
COMMON FORMS OF
EATING DISORDERS

BULIMIA NERVOSA:
- Fear of gaining weight
- Obsessive desire to lose weight
- Recurrent episodes of binge-eating, followed by behaviours to prevent weight gain like purging or excessive exercise

ANOREXIA NERVOSA:
- Distorted body image
- Obsession with excessive food restriction as a sign of control and mastery over oneself
- Intense fear of gaining weight
- Extreme weight loss

BINGE EATING DISORDER:
- Compulsive and recurrent episodes of eating unusually large amounts of food in specific periods of time
- No behaviour to prevent weight gain like purging or excessive exercise
- Often associated with obesity
50 Percent of Teenage Girls Think They're FAT
What is self-injury?

- Teens self-injure as a way to COPE with intense emotional pain, anger or frustration.
- Teens who self-injure are often NOT suicidal
- Intense SHAME exists around self-injurious behaviors.
WHAT IS SCHIZOPHRENIA

Schizophrenia is a serious chronic psychiatric illness. There is no single symptom that defines schizophrenia. Usually patients have “positive symptoms” including:

☑ Delusions
Fixed false beliefs not amenable to reasoning and not culturally explained.

☑ Hallucinations
Perceptual disturbances like hearing voices, feeling the presence of others, etc.

☑ Disorganized speech
Incoherence, difficulty organizing thoughts, etc.

☑ Disorganized behavior or “negative symptoms”
Aversion, apathy, amotivation, etc.

There is marked impairment in:

☑ Self-care
☑ Work

☑ Interpersonal relationships as a consequence of the illness.
<table>
<thead>
<tr>
<th>Common Teen Reactions and Replies</th>
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</thead>
<tbody>
<tr>
<td>“I can handle this by myself”</td>
</tr>
<tr>
<td>“I’m not crazy”</td>
</tr>
<tr>
<td>“I feel fine,” “nothing’s wrong”</td>
</tr>
<tr>
<td>“I don’t want to talk about this”</td>
</tr>
</tbody>
</table>
I am the same person I was before you found out I have a mental disorder.
How Can You Help a Struggling Teen?

- **Know the signs!**
- Don’t be afraid to use words like depression or suicide.
- Take words like “crazy” and “mental” out of our vocabulary
- Be a listening ear and/or role model
- Correct misperceptions
- Educate yourself and others around you!
- Listen
- Empathy

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What if you think they may be suicidal?

Ask Directly!

Are you thinking of killing yourself?

NOT

“Are you thinking of hurting yourself? (too vague) or “You’re not thinking of killing yourself, are you?” (sounds judgmental)
What if they say YES?

ASSESS!!!

- Do you have a plan?
  - Is it a realistic plan?
- Do you have a specific time frame?
- Have you attempted before?
- If they answer YES to these questions, call 911 or the PET team.
- If they answer NO to these questions, this still needs to be taken seriously, and professional help should be obtained ASAP.
Types of Help Available

- Cognitive Behavioral Therapy
- Behavioral Therapy
- Medication
- Hospitalization
- Wilderness Programs or Intensive Inpatient Therapy
- 12 step meetings
- Apps/hotlines
How Do We Advocate for Teens Suffering from Mental Illness

- Educate ourselves and others
- Dispel myths and assumptions
- Provide resources and support
- Encourage mental health conversations
- Support organizations like NAMI that advocate for decreasing stigma
<table>
<thead>
<tr>
<th>Preferred language:</th>
<th>Instead of:</th>
</tr>
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<tbody>
<tr>
<td>She is a person who receives help/treatment for mental health or substance use</td>
<td>She is a patient</td>
</tr>
<tr>
<td>problem or a psychiatric disability</td>
<td></td>
</tr>
<tr>
<td>He is a person with a disability</td>
<td>He is disabled/handicapped</td>
</tr>
<tr>
<td>She is a child without disabilities</td>
<td>She is normal</td>
</tr>
<tr>
<td>He has a diagnosis of bipolar disorder</td>
<td>He is (a) bipolar</td>
</tr>
<tr>
<td>He is living with bipolar disorder</td>
<td></td>
</tr>
<tr>
<td>She has a mental health problem or challenge</td>
<td>She is mentally ill/emotionally disturbed/psycho/insane/lunatic</td>
</tr>
<tr>
<td>She is a person with lived experience of a mental health condition</td>
<td></td>
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<tr>
<td>He has a brain injury</td>
<td>He is brain damaged</td>
</tr>
<tr>
<td>He experiences symptoms of psychosis/He hears voices</td>
<td>He is psychotic</td>
</tr>
<tr>
<td>She has an intellectual disability</td>
<td>She is mentally retarded</td>
</tr>
<tr>
<td>He has autism</td>
<td>He is autistic</td>
</tr>
<tr>
<td>Is receiving mental health services</td>
<td>Mental health patient/case</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>Unsuccessful suicide</td>
</tr>
<tr>
<td>Died by suicide</td>
<td>Committed suicide</td>
</tr>
<tr>
<td>A student receiving special education services</td>
<td>Special education student</td>
</tr>
<tr>
<td>Person with substance use disorder</td>
<td></td>
</tr>
<tr>
<td>Person experiencing alcohol/drug problem</td>
<td>Addict, abuser, junkie</td>
</tr>
<tr>
<td>Experiencing, or being treated for, or has a diagnosis of, or a history of,</td>
<td>Suffering with, or a victim of, a mental illness</td>
</tr>
<tr>
<td>mental illness</td>
<td></td>
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</tbody>
</table>

Source: American Psychiatric Association
https://www.youtube.com/watch?v=1Evwgu369Jw
BRENE BROWN EMPATHY
TEEN LINE 2016
Sometimes we need someone to simply be there. Not to fix anything, or to do anything in particular, but just to let us feel that we are cared for and supported.

- Unknown

fb/david avocado wolfe
Resources

Suicide Prevention Lifeline
1-800-273-8255 24/7
SuicidePreventionLifeline.org

LGBTQ
1-866-488-7386 24/7
TheTrevorProject.org

Teenline
310-855-4673 or
Text “TEEN” to 839863
TeenlineOnline.org

Know the Signs
SuicidelsPreventable.org

Know the Signs
Find the Words
Reach Out

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Follow-Up Questions?

Michelle Carlson, Teen Line
Executive Director at 310-423-1084 or michelle@teenlineonline.org

Cheryl Eskin, Teen Line
Program Director, at 310-423-1604 or cheryl@teenlineonline.org

THANK YOU FOR YOUR TIME!

TEEN LINE 2016