

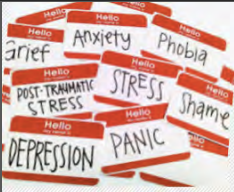


Teen Mental Illness 101



Welcome to today's Infopeople Webinar!

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I can't snap my fingers and just "be okay".

TEEN MENTAL ILLNESS 101

teen line Cheryl Eskin, MFT and Michelle Carlson, MPH
teens helping teens


Why We Are Here Today

"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 Bree: Confessions of a Depressed Comic at TEDxKids@Ambleside


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Teen Mental Illness 101

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


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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

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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

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“Normal” teen behavior

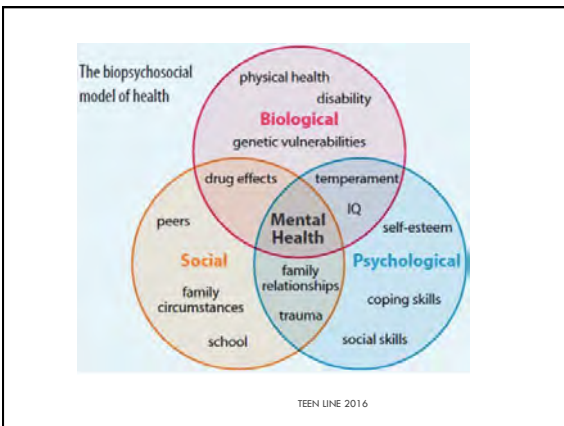
- ◆ Moodiness
- ◆ Less affection and attention with parents
- ◆ Increased desire for autonomy
- ◆ Self-involved
- ◆ Testing limits
- ◆ Exploring identity
- ◆ Experimentation with drugs/alcohol/sexual behavior
- ◆ Peer conflicts

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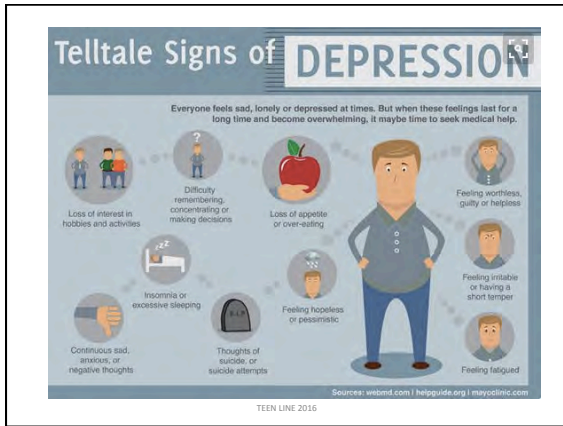
“Red flags” or “cries for help”

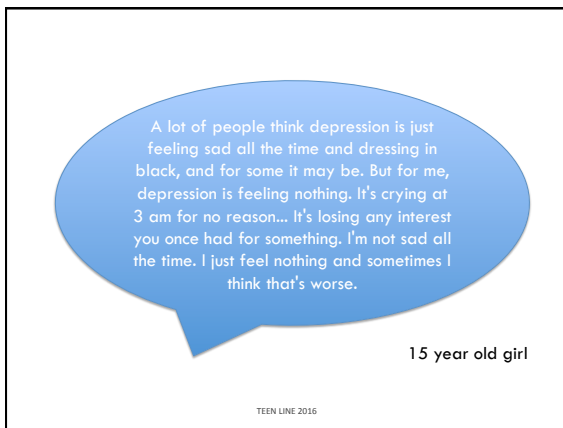
- ◆ Suicidal/homicidal ideation
- ◆ Self-injury
- ◆ Frequent angry outbursts and excessive aggression
- ◆ Change in behavior/attitude/appearance/school performance
- ◆ Lots of somatic complaints
- ◆ Hopeless, worthless comments

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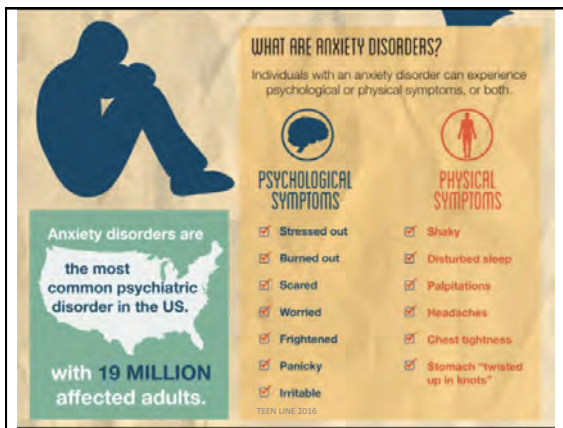


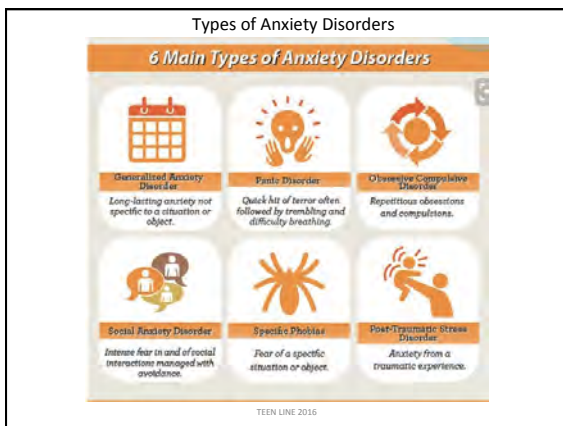




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www.topcounselingschools.org/bipolar-disorders

MANIA

- Inflated self-esteem or grandiosity
- Unusual talkativeness
- Racing thoughts
- Distractibility
- Agitation
- Unusual behavior with high potential for painful consequences
- Unrestrained buying sprees, sexual indiscretions or foolish business investments

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
- Recurrent thoughts of death or suicide, or suicide planning or attempt
- Significant weight loss when not dieting, weight gain, or decrease or increase in appetite
- Either insomnia or sleeping excessively
- Fatigue

Fact
25% of those diagnosed with bipolar disorder commit suicide

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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

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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.

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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 for hearing voices, seeing the presence of others, etc.
- ☑ **Disorganized speech**
Incoherence, circumstantial responses, etc.
- ☑ **Disorganized behavior or "negative symptoms"**
Anhedonia, apathy, avolition, etc.

There is marked impairment in:

- ☑ Self-care
- ☑ Work
- ☑ Interpersonal relationships as a consequence of the illness.

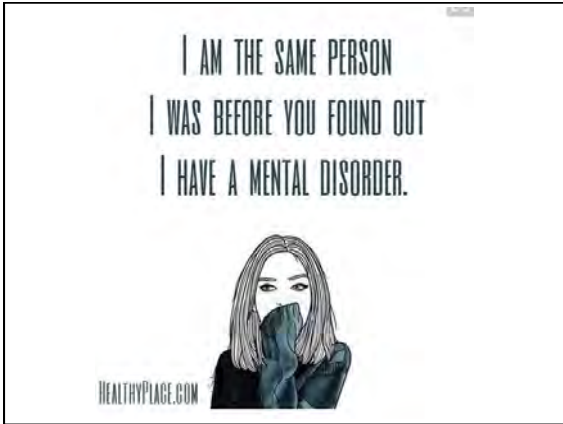
www.gmeded.com

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Common Teen Reactions and Replies	
"I can handle this by myself"	You are incredibly strong, but this seems like more than one person can handle.
"I'm not crazy"	No you're not, but you seem to be struggling right now. I want to help you feel better.
"I feel fine," "nothing's wrong"	I have noticed changes in you (give concrete examples) and I am concerned.
"I don't want to talk about this"	I understand this is uncomfortable. It must be hard to talk about. I want to make sure you're safe, and get you the help you deserve.

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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 ➡ Are you thinking of killing yourself?
Directly!

NOT
"Are you thinking of hurting yourself? (too vague) or
"You're not thinking of killing yourself, are you?" (sounds judgmental)

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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.

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Types of Help Available

- ◆ Cognitive Behavioral Therapy
- ◆ Behavioral Therapy
- ◆ Medication
- ◆ Hospitalization
- ◆ Wilderness Programs or Intensive Inpatient Therapy
- ◆ 12 step meetings
- ◆ Apps/hotlines

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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

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Preferred language:	Instead of:
She is a person who receives help/treatment for mental health or substance use problem or a psychiatric disability	She is a patient
He is a person with a disability	He is disabled/handicapped
She is a child without disabilities	She is normal
He has a diagnosis of bipolar disorder	He is (a) bipolar
He is living with bipolar disorder	
She has a mental health problem or challenge	She is mentally ill/emotionally disturbed/psychol/insane/nutcase
She is a person with lived experience of a mental health condition	
He has a brain injury	He is brain-damaged
He experiences symptoms of psychosis/He hears voices	He is psychotic
She has an intellectual disability	She is mentally retarded
He has autism	He is autistic
Is receiving mental health services	Mental health patient/case
Attempted suicide	Unsuccessful suicide
Died by suicide	Committed suicide
A student receiving special education services	Special education student
Person with substance use disorder	Addict, abuser, junkie
Person experiencing alcohol/drug problem	
Experiencing, or being treated for, or has a diagnosis of, or a history of, mental illness	Suffering with, or a victim of a mental illness

Source: American Psychiatric Association
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THE HUFFINGTON POST





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Resources	 <p>NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-8255 24/7 SuicidePreventionLifeline.org</p>	 <p>KNOW THE SIGNS Know the Signs • Find the Words • Reach Out Know the Signs SuicidelsPreventable.org</p>
	 <p>TREVOR saving young lives LGBTQ 1-866-488-7386 24/7 TheTrevorProject.org</p>	 <p>teen line teens helping teens 310-855-4673 or Text "TEEN" to 839863 TeenLineOnline.org TEEN LINE 2016</p>

<h3>Follow-Up Questions?</h3> <p>Michelle Carlson, Teen Line Executive Director at 310-423-1084 or michelle@teenlineonline.org</p> <p>Cheryl Eskin, Teen Line Program Director, at 310-423-1604 or cheryl@teenlineonline.org</p> <p>THANK YOU FOR YOUR TIME! TEEN LINE 2016</p>
