

Welcome to

Youth in Crisis and How to Help
(Grades K-6)

*Raising Awareness for Students, Parents and
Educators*



Today's Presenters

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EveryMind.
Your mental wellness.
Our mission.

Objectives

LEARN data and statistics related to youth mental health

DESCRIBE the warning signs and risk factors for suicide

LEARN how to support a youth who is struggling with a mental health challenge or is suicidal

IDENTIFY where to find resources and support for yourself and children



**EveryMind strengthens
communities and empowers
individuals to reach optimal
mental wellness**

<https://youtu.be/cvXsGSN3H1o>

EveryMind



60+ years serving Montgomery County



Largest provider of school-based mental health services in Montgomery County



Programs and services for the **entire lifespan** – from young children to older adults



Community education on mental health and wellness topics including Mental Health First Aid



Expanding our reach across the National Capital Region

Preface

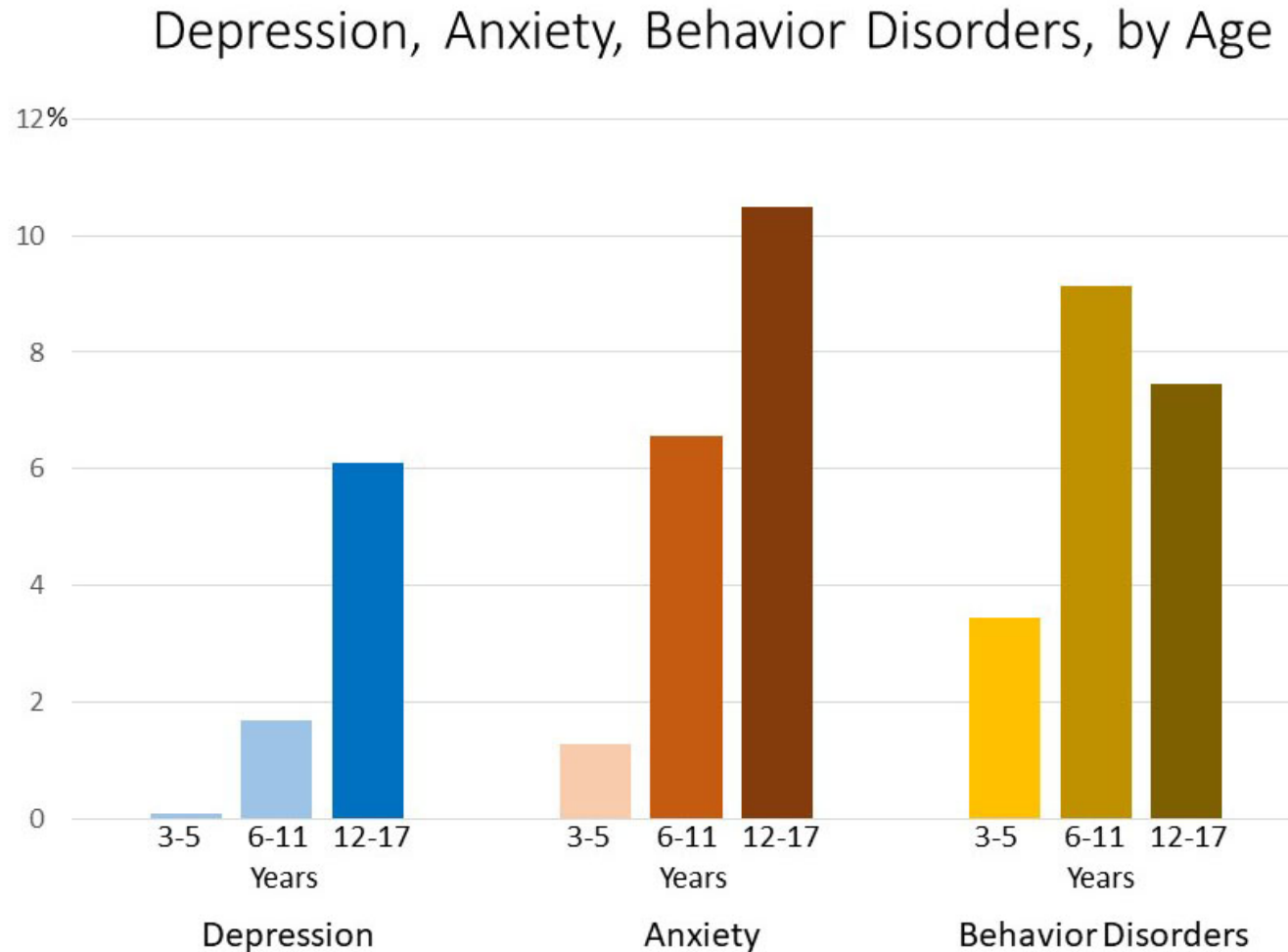
- The content in this presentation can be intense and triggering
- Please be mindful of your own activation levels and proceed accordingly
- If you feel you must take a break, please do



Learn data and statistics about youth mental health

Objective 1

Mental Health issues by age pre- COVID



When Do Mental Health Conditions Typically Start?

- Mental, behavioral, and developmental disorders begin in early childhood
 - 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.⁵
- Rates of mental disorders change with age
 - Diagnoses of depression and anxiety are more common with increased age.³
 - Behavior problems are more common among children aged 6–11 years than children younger or older.³

Suicide Among Our Youth

- The number of youth (ages 5–17 years) admitted to hospitals for thoughts of suicide or self-harm more than doubled over the period 2008–2015 (American Association of Pediatrics (AAP)).
- Since 1999, data show that a child under 13 years dies by suicide every **five days**. Starting in 2013, the rate increased to one death every **3.4 days** (CDC).
- Suicide rate for teenage girls hit a 40 year high in 2015 (CDC).
- 29% of youth disclosed their intent to another person (Sheftall et al., 2016).
- Among suicide deaths in children **14 and under** (Sheftall et al., 2016):
 - Most were male (76%);
 - Most died at home;
 - 80% used hanging as their method;
 - ADHD and other disruptive disorders were most common diagnoses (not mood disorders)

Kids in crisis

- The number of children and teens in the United States who visited emergency rooms for suicidal thoughts and suicide attempts ***doubled*** between 2007 and 2015
- The average age of a child at the time of evaluation was **13**, and 43% of the visits were in children between 5 and 11.
- From 2010- 2018 there was a **141%** increase in poisoning suicide attempts in girls 10-15 years old₁



Elementary (age 5-11) suicide

Young children can die by suicide

- Most died at home in their bedroom
- 80% died by hanging or suffocation (followed by firearm)
- 75% were male
- 1/3 had a diagnosis (most common was ADHD)
- 30% victims of trauma

Elementary suicide continued

- Bullying alone was not a factor
- 80% had made previous suicidal statements but only 11% on day of death
- Day of many had been disciplined due to issues at school or problems with parent
 - Common discipline – being sent to room and having electronics taken away



Brain break



Describe the warning signs and risk factors for suicide

Objective 2

Youth Specific Risk Factors

Brains are not fully formed until mid 20s

Young Brain Functions Differently!

- Impulsivity
- Lack of awareness of risk involved
- Lack of awareness of time
- Use of alcohol or other drugs
- Influence of peer groups



Warning Signs



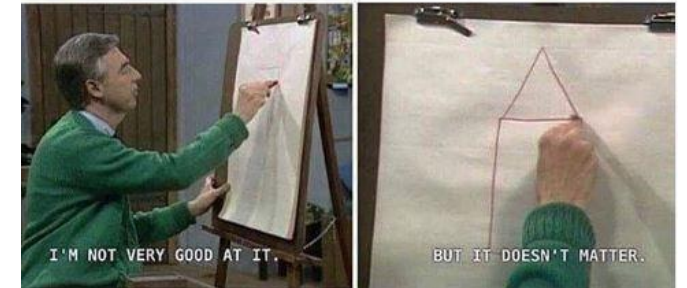
Also

- Talking about feeling trapped or in unbearable pain.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

Things you may hear that could indicate a youth is in crisis

- “I can’t do this anymore”
- “I give up.”
- “What is the point?”
- “I can’t eat/sleep/deal with my family because of this.”
- “I would rather kill myself than have to deal with all of this.”
- “My family would be better off without me.”
- “I want to kill myself”

"how's life going"



Physical Warning Signs of a Possible Pending Mental Health Crisis

- Changes in weight or appetite
 - Severe gain or loss
- Changes in sleep behavior
 - Hyper-insomnia or insomnia
- Changes in appearance
- Fatigue or loss of energy
- Excessive crying or crying easily
- Ongoing severe headaches or muscle aches
- Non-suicidal self-injury



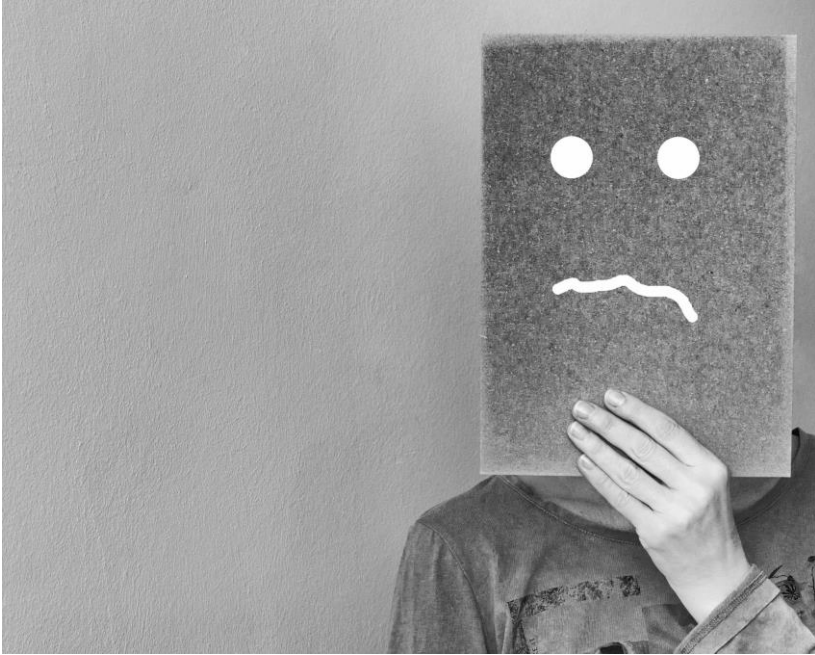
Behavioral Warning Signs of a Possible Pending Mental Health Crisis

- Suddenly making a will/settling affairs/saying goodbye
- Giving away prized possessions
- Running away
- Statements of intent or a plan.
 - A statement of intent is a clear expression of suicidal thoughts
 - Having a plan is a thought-out plan of how they would end their life
- Non-suicidal self-injury (cutting, wall punching, etc...)
 - May be a coping skill to reduce feeling intensity or to stop selves from dying by suicide
- Prior suicide attempt
- Actively seeking lethal means – asking where to buy a gun, seeking pills

Mental and Emotional Warning Signs of a Possible Pending Mental Health Crisis

- Feelings of sadness
- Inability to concentrate
- Difficulty making decisions
- Loss of interest in:
 - Activities
 - Friends
- Withdrawal and/or isolation
- Thoughts of suicide or death
- Changes in behavior and/or personality
- Feelings of:
 - Guilt
 - Hopelessness
 - Worthlessness
 - Helplessness
- Decrease in work efficiency
- Engaging in self-destructive or risk-taking behaviors
- Sudden peace of mind

The Suicidal State of Mind – What's Going On?



- Intense emotional pain.
- A belief that one cannot tolerate or endure emotional pain.
- A feeling of being isolated, that no one understands or cares very much.
- Perceived burden on others.
- A feeling that there is no way to escape the emotional pain except by dying.

Brain break!



Learn how to support a youth who is experiencing a mental health challenge or who is suicidal

Objective 3

Before you talk to a youth in crisis you need to listen



“Real empathy is sometimes not insisting that it will be okay, but acknowledging that it is not.” – Sheryl Sandberg

Listening can be hard

- Adolescent brains work differently than adults
- May not fully understand or relate to the issue
- The urge to cheer them up

Most important tips:

- Be patient
- Acknowledge their pain
- Acknowledge that it is a tough situation



How to Help- What NOT to do

- Don't act shocked or panicked
- Don't avoid the discussion
- Don't taunt or dare them
- Don't argue or dismiss their concerns
- Don't be sworn to secrecy
- Don't make empty promises
- Don't offer false hope or a way to fix their problems
- Don't leave the person alone

How to Help

- Know the warning signs
- Take any warning signs seriously
- Be a good listener – let them voice their feelings
- Be non-judgmental
- Offer hope that alternatives are available
- Take action
- Ask directly if the person is suicidal

Do they have a plan?

- “**when** are you going to do it?”
- “**where** are you going to do it?”
- “**how** are you going to do it?”

What to say and not say

Do say

- “I am here to listen” (then don’t talk)
- “What have you tried already?”
- Reflect how bad they feel
- “What do you need from me?”
- “How can we work together to help you be safe.”
- “Do you want me to stay nearby or do you want alone time”
- “Is there anything I can do that won’t make things feel worse?”

- “You have every right to be upset”
- “That stinks”
- “This is really tough but you are too”

Don’t say:

- “I understand”
- “When I was your age....”
- “It’s no big deal.”

Resiliency – The Good News!

- Most youth pass through adolescence with relatively little difficulty despite all of these challenges.
- When difficulties are encountered, youth tend to be quite resilient:
 - Thrive
 - Mature
 - Increase their competence



Factors that increase resiliency

- Coping Skills
 - Model using them for your kids
 - Teach them to use them: breathing, meditation, coloring, etc...
- Help Them Develop Relationship Skills
 - Model good listening
 - Teach them to use “I” statements
- Good Problem Solving Behavior
 - Model it for your kids
 - Talk about failure as a learning experience
 - Discuss problems together and break them down into manageable parts

Suggestions for Coping with Stress

Encourage your students (and yourselves!) to:

- Take one thing at a time
- Be realistic
- Don't try to be superman/superwoman
- Use visualization, meditation and exercise
- Engage in hobbies
- Adopt healthy habits – sleep, diet, exercise
- Share/Vent to others in your support network
- Be flexible
- Don't be overly critical of yourself

Protective Factors

- Healthy practices – diet, exercise, self-care
- High self-esteem
- Good problem solving skills.
- Feeling of control in their own life
- Spirituality
- Avoiding alcohol, tobacco and other drugs
- Consistent home/family routine
- Parental/familial support
- Having a good social support system
- Economic security
- Availability of constructive recreation
- Community bonding
- Feeling close to **at least one** adult

Identify where to find resources and support for yourself and children

Objective 4

Montgomery County Hotline: 301-738-2255

Montgomery County Crisis Center: 240-777-4000

National Suicide Prevention Lifeline: 1-800-273-8255

Lifeline Crisis Chat: suicidepreventionlifeline.org

Text: 301.738.2255* *limited hours*

VIRGINIA

Mental Health America of Virginia (non-crisis phone line):

Monday - Friday 9 AM - 9 PM; Saturday and Sunday 5 PM - 9 PM

1-866-400-6428

NAMI Virginia HelpLine

Non-crisis phone line; Information and resources

1-888-486-8264 or by email info@namivirginia.org

DC

Access HelpLine

24/7

1-888-793-4357

NAMI DC HelpLine

Monday - Friday (10 AM - 8 PM) and holiday (11 AM - 6 PM)

202-546-0646

Children and Adolescent Mobile Psychiatric Service (ChAMPS)

24/7 help in case of mental health crisis

For children and adolescents (6-21 years), call 202-481-1440.

DBH Community Response Team (CRT)

24/7 help in case of mental health crisis

For adults, call 202-673-6495

Hotline Services – We are here to listen

- Accredited by the American Association of Suicidology and International Council for Helplines
- Local center for the National Suicide Prevention Lifeline
- Free and confidential
- 24/7 phones: 301-738-2255, 1-800-273-TALK
- Text: 8am- midnight 7 days 301-738-2255
- Chat: 8am-midnight 7 days: [Every-mind.org/chat](https://www.every-mind.org/chat)
- *Funded by Montgomery County, state of Maryland, and individual donors*



BTheOne.org

1. Ask
2. Keep Them Safe
3. Be There
4. Help Them Connect
5. Follow Up



btheone_org



@BTheOne_Org



- Suicide and Addiction Prevention
- Information about how to help a loved one or yourself
- Links to other helpful websites for addiction and suicide prevention
- Website was designed by an 18-year-old MCPS graduate

EveryMind.
Your mental wellness.
Our mission.

**For more information on specific mental health conditions,
EveryMind offers additional workshops on topics such as:**

Depression

Anxiety

Suicide prevention and intervention

Self-harm

Self-care

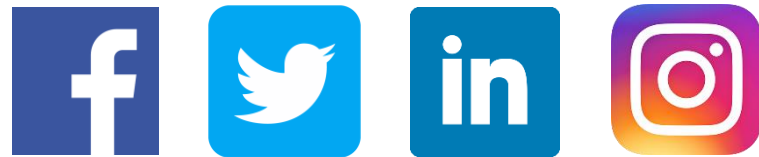
Coping/Resiliency

Youth Mental Health First Aid

**Please visit our website for more information and to schedule a
presentation – www.every-mind.org**



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Evaluation

4 Steps to Reading QR Codes



Open your device's camera app.



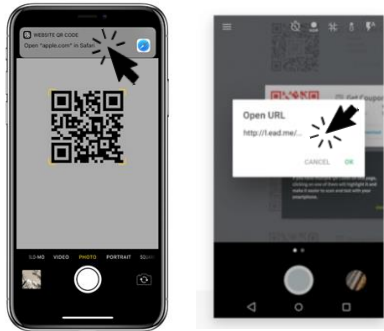
Hold up the camera so that the QR code steadily appears in the viewfinder.
(Do not take a picture!)



Wait 2-3 seconds for the on-screen notification that will pop up when your device automatically recognizes the QR code.



Tap the notification and you will be taken to the destination of the QR code.



We **VALUE**
your
feedback!



<https://www.surveymonkey.com/r/QMJMKJN>