

Welcome to

Youth in Crisis and How to Help
(Grades 7-12)

*Raising Awareness for Students, Parents and
Educators*



Today's Presenters

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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

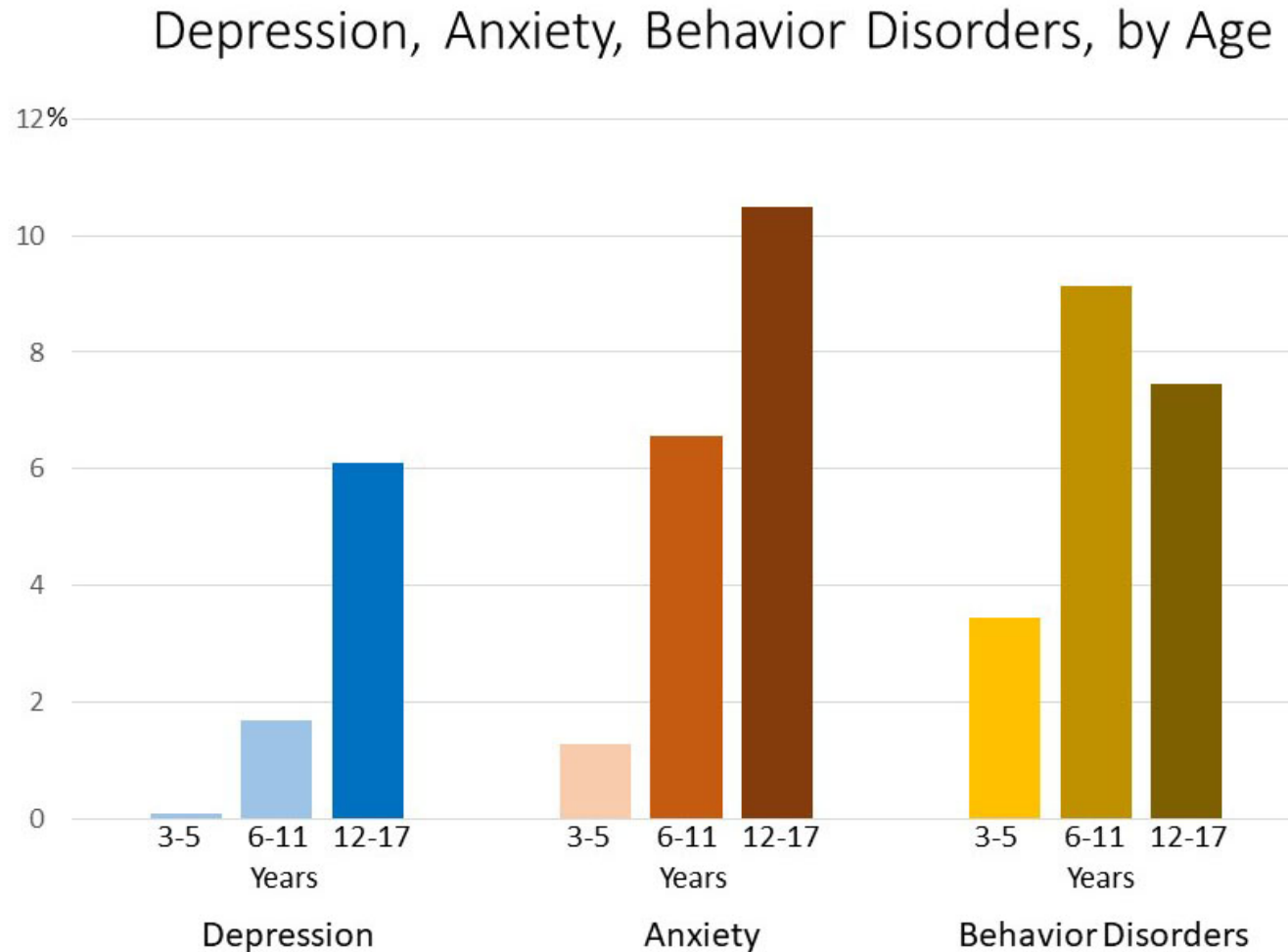
- The content in this presentation can be intense and triggering
- Please be mindful of your own activation levels and proceed accordingly
- If you feel you must take a break, please do



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

- Youth (ages 5–17 years) admitted to hospitals for thoughts of suicide or self-harm more than doubled between 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

- 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



Middle and High School Suicide

- During the pandemic ED visits for suicidality rose 3.7% for boys and 50.6% for girls
- 2019 Youth Risk Behavior survey reported 12% of Black students attempting suicide vs. 8% of white students
- At the beginning of pandemic Maryland saw a spike in Black suicide deaths



https://www.washingtonpost.com/lifestyle/wellness/teen-girls-suicide-attempts-pandemic-/2021/06/11/567a4f62-cac0-11eb-a11b-6c6191ccd599_story.html

Suicide By The Numbers - Nationally

~1.1m

Suicide attempts each year

45K

Deaths by suicide in 2016

2nd

Leading cause of death for 10-19 year old youth

30%

Increase in death by suicide in half of the U.S. states since 1999.

4.34

Rate at which girls are more likely than boys to attempt death by suicide

Brain break



Describe the warning signs and risk factors for suicide

Objective 2

Typical Adolescent Development

- **Physical Changes**
 - Changes in hormones
 - Increases in height and weight
 - Becoming more focused on physical concerns
- **Mental Changes**
 - Developing more abstract thinking skills
 - Using logic and reason more in decision making
 - Developing own beliefs
 - Beginning to question authority

Typical Adolescent Development

- **Emotional Changes**
 - Can be quick to change
 - Feel more intensely
 - Can lead to risk taking and impulsive behavior
- **Social Changes**
 - May experiment with different levels of social and cultural identity
 - Peer influence increases
 - Notice sexual identity
 - Learn to manage relationships, including romantic relationships

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



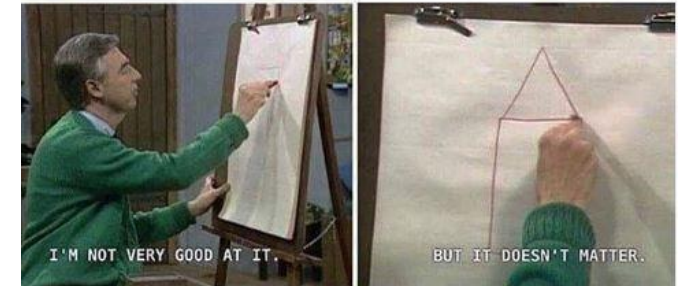
Also

- 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 do anything else – just listen



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 children/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>