

# ***Mental Health and Our Teens***

***Parent Presentation  
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# Objectives of This Training

1. Develop awareness of the prevalence of mental health disorders in adolescents.
2. Identify symptoms and warning signs of adolescent mental health challenges
3. Understand the risks associated with mental health issues in adolescence (and beyond)
4. Learn strategies for effectively addressing mental health issues in adolescents
5. Know when and where to turn for help

# Adolescents

- **Who is an “adolescent”?**
  - *Adolescence* (from Latin *adolescere*, meaning 'to grow up') is a transitional stage of ***physical and psychological development*** that generally occurs during the period ***from puberty to legal adulthood*** (age of majority).
  - This period of development corresponds roughly to the period between the ***ages of 10 and 19 years***, which is consistent with the World Health Organization's definition of adolescence.

# Mental Health

- **What is Mental Health?**

- According to [mentalhealth.gov](http://mentalhealth.gov), mental health includes our *emotional, psychological, and social well-being*.
- It affects how we *think, feel, and act*.
- It also helps determine *how we handle stress, relate to others, and make choices*.
- Mental health is important at *every stage of life*, from childhood and adolescence through adulthood.

# Mental Health (continued)

- Over the ***course of your life***, if you experience mental health problems, your ***thinking, mood, and behavior*** could be affected.
- Many factors contribute to mental health problems, including:
  - **Biological factors**, such as genes or brain chemistry
  - **Life experiences**, such as trauma or abuse
  - **Family history** of mental health problems

# MENTAL HEALTH and YOUTH

**13%**

OF CHILDREN  
ages 8-15 experience a  
mental health  
condition

**50%**

OF CHILDREN  
ages 8-15 experiencing a  
mental health condition  
don't receive treatment

**13-20%**

OF CHILDREN  
living in the U.S.



(1 out of 5 children)  
experience a mental  
health condition in  
a given year

**17%**

OF HIGH SCHOOL  
STUDENTS  
seriously consider  
suicide

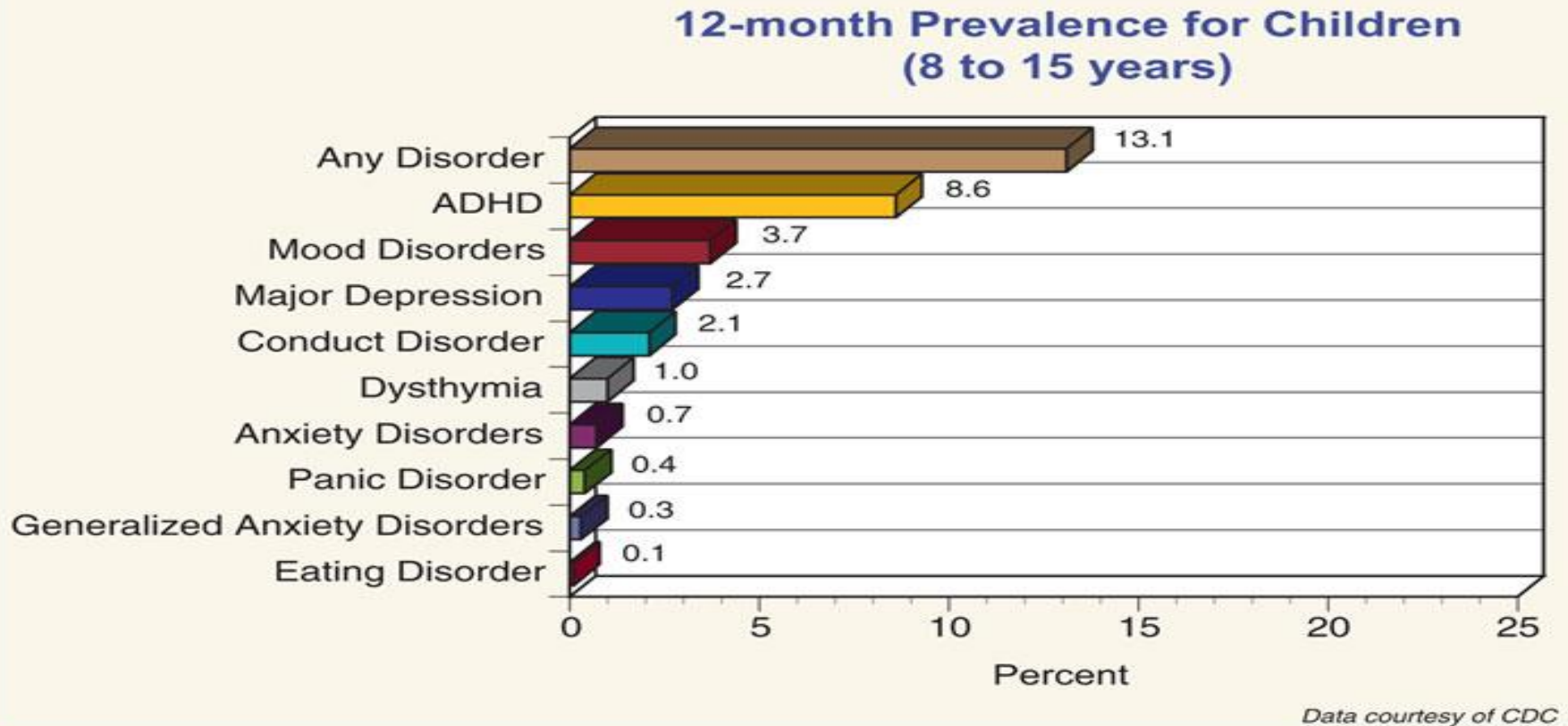
**1/2**

OF ALL LIFETIME CASES  
of mental illness begin  
by age

**14**

Despite effective treatments there are long delays—sometimes decades—between onset of symptoms and treatment

# What are the common mental health disorders in children ?



**\*\* NOTE:** Adolescents often have symptoms of more than one disorder. For example, > 25% of children with ADHD also have an anxiety disorder, and 25% meet the criteria for a mood disorder.

# What causes mental health problems in children and adolescents?

- The cause of mental disorders in children and adolescents is not known, but research suggests that a combination of factors, *including heredity, biology, psychological trauma, and environmental stress* might be involved
- Some mental disorders might *be triggered by trauma*, such as severe emotional, physical, or sexual **abuse**, an important early **loss**, such as the loss of a parent.
- Stressful or traumatic events can trigger a disorder in a person with a vulnerability to a mental disorder



# Why focus on youth mental health?

- Mental health problems are **common** and often develop **during adolescence**
- The **sooner** an individual gets help, the more likely they are to have a **positive outcome**
- **Youth** and young adults experience mental health problems **differently than adults**
- Youth may not be well informed
- **Stigma**: misunderstanding and discrimination are often associated with mental health problems

# Why focus on youth mental health?

- Children with mental health disorders are at ***high risk*** if interventions are not implemented
- More than 77,000 children receive ***suspensions or expulsions*** for more than 10 cumulative days in a year—including children with autism, anxiety and learning disorders

# Why focus on youth mental health?

- Mental health is tied to ***higher dropout rates***.
  - The dropout rate for all students is 7%; for students with emotional disturbance, the dropout rate climbs to **38.7%**.
- Dropping out of school leads to higher risk of ***incarceration***
- **70.4%** of youth involved in the juvenile justice system meet criteria for a psychiatric diagnosis, and **68%** of state prison inmates have not completed high school

# Discussion

- **Do you think you would know if your child (or grandchild or niece or nephew or student) had a mental illness?**
- **Could you spot an adolescent at risk?**

# *Julia's Story...*

# A Parent's Message...

- <https://www.cbsnews.com/video/parents-blindsided-by-daughters-suicide-hope-her-story-helps-others/>



# What is a mental disorder?

- A **mental disorder** or **mental illness** is a diagnosable illness that
- **Affects how a person is:**
  - Thinking, Feeling, and Behaving (*& their Body*)
- **Disrupts the person's ability to**
  - Work or attend school
  - Carry out daily activities
  - Engage in satisfying relationships

# What's “normal”?:

## 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



# What's “normal”?:

## Typical Adolescent Development

- **Emotional Changes**
  - Can be quick to change
  - Feel more intensely
  - Can lead to risk taking and impulsive behavior
- **Social Changes**
  - Try out different levels of social and cultural identity
  - Become more attuned to peer pressure
  - Learn to manage relationships, including romantic relationships
  - Notice sexual identity

# Resiliency

- 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

# How do I know what's normal and what may be a sign of a mental health problem?

- Examine the impact of change.... Is the youth struggling...
  - In school
  - In social settings
  - In daily activities
- Symptoms of a mental illness can often appear similar to normal development during adolescence

# “Normal” Stages vs. Warning Signs

*Examine the severity of change*

Normal Adolescence	Potential Warning Sign
Withdrawing from family to spend more time with friends	Withdrawing from friends, family and social activity
Wanting more privacy	Becoming secretive; need for privacy seems to be hiding something
Moving from childhood likes to teen pursuits	Losing interest in favorite activities and not replacing with other pursuits

# What am I looking for?

## Signs & Symptoms

- ***Signs*** are what we see.
- ***Symptoms*** are what a person experiences.
- We usually categorize signs and symptoms as thoughts, feelings, behaviors & the body.

# Signs & Symptoms of concern:

## Physical

- **Cardiovascular:** pounding heart, chest pain, rapid heartbeat, blushing
- **Respiratory:** fast breathing, shortness of breath
- **Neurological:** dizziness, headache, sweating, tingling, numbness
- **Gastrointestinal:** choking, dry mouth, stomach pains, nausea, vomiting, diarrhea
- **Musculoskeletal:** muscle aches and pains, restlessness, tremors and shaking, inability to relax

# Signs & Symptoms of concern:

## Physical (continued)

- **Hormonal:** irregular menstrual cycle, loss of sexual desire
- **Changes in normal patterns:** overeating or not eating at all, weight gain or loss, sleeping much more or much less, feeling fatigued

# Signs & Symptoms of concern:

## Emotional

- Sadness
- Anxiety; unrealistic or excessive worry
- Guilt
- Irritability or anger
- Mood swings
- Lack of emotion or emotional response
- Unusual perceptions or reactions
- Helplessness or hopelessness
- Oversensitivity to comments/criticism
- Low self-esteem
- Lack of inhibition



# Signs & Symptoms of concern:

## Thoughts

- Frequent self-criticism or self-blame
- Pessimism
- Difficulty concentrating or remembering
- Indecisiveness or confusion
- Rigid thinking
- Racing thoughts
- Tendency to believe others see one in a negative light
- Altered sense of self
- Delusions or hallucinations
- Odd ideas; lack of insight
- Suspiciousness
- Thoughts of death and suicide

# Signs & Symptoms of concern: Behaviors

- Crying spells
- Aggression towards others
- Withdrawal from others
- Neglect of responsibilities
- Loss of interest in personal appearance
- Loss of motivation
- Slow movement
- Use of drugs and alcohol
- Changes in energy level
- Obsessive or compulsive behavior
- Avoidance or phobic behavior
- Showing distress
- Talking rapidly

# 5 warning signs of common mental health disorders in childhood/adolescence

## 1. Long-lasting mood swings

A change in mood that lasts for two weeks can be a strong indicator of a serious mental disorder in children. These mood swings usually range from being hyperactive to being melancholy within a short time span with no substantial reason

## 2. Excessive fears or worries

When these normal aged-based fears become so excessive that they interfere with a child's daily functions

## 3. Extreme behavioral changes

Displays defiance for the sake of defiance. Drastic changes in behavior or personality, as well as dangerous or out-of-control behavior. Fighting frequently, using weapons, expressing a desire to badly hurt others

# Warning signs (continued)

## 4. Physical changes, such as weight gain or loss

An estimated 80 percent of people with serious mental illnesses are overweight or obese, reports the [National Institutes of Health](#) (NIH). A sudden change in physical appearance that does not follow from puberty may be a strong indicator that the child is suffering from a disorder. Similarly, weight loss brought on by lack of appetite may be an early sign of depression

## 5. Lack of concentration

Look for signs of trouble focusing or sitting still, both of which might lead to poor performance in school. The inability to concentrate on a simple task can be a symptom of ADHD or depression. Trouble concentrating in a child with a disorder often manifests in their academic and social life

# DISCUSSION

***What has worked for you to help  
an adolescent/child who is  
(or you suspect is)  
depressed or anxious?***

# How do I start the conversation?

- Ask how the adolescent is feeling
- Note what you've seen (be specific about the verbal or non verbal behavior)
- Express genuine concern (not criticism or judgment)
- Don't focus initially on changing the person's behavior, perspective or symptom
- Use "I" statements that are not accusatory

# First Step: Talking about “It”

- Acknowledge that it is okay to be sad or worried (or whatever troubling emotion you think the adolescent may be feeling)
- Create an open communication between you and your child about what s/he is feeling and encourage him/her to express this to you in a safe place
- The goal is NOT to eliminate your child’s anxiety or depression, but to help him/her learn to cope with it
  - Do: encourage him/her to learn coping skills to utilize in order to function as best s/he can
  - Do NOT: Try to remove all stressors that trigger their anxiety

# Tips for helping to reduce anxiety +/-or depression in the home

- Have realistic expectations of your children
- Let them learn to do things on their own, even if they don't succeed the first time
- Help your child to understand and express feelings in a healthy way
- Stay calm when your child begins to experience anxiety/depression
- Recognize and praise small accomplishments and efforts
- Plan for transitions
- Be open to talking with your children about these feelings – create a safe place
- Model self-care
- Focus on the positives



# Things to note...

- Relaxing activities are very important where your child can play, paint, do yoga, or just be a kid with no expectations
- Sleep routine and diet can significantly impact anxiety in youth
- If your child has difficulty talking about what's making him/her worry, give him/her the option to draw or write about it
- Help them go from "What if" to "What is"
- Teach them to challenge their negative thoughts

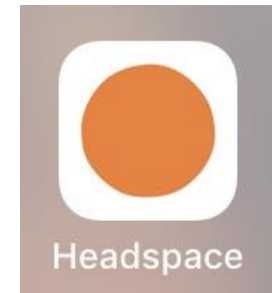
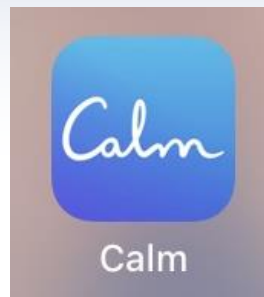
# COPING STRATEGIES

- Deep breathing/belly breathing
- Transitional object (stuffed animal, worry stone, squishy stress ball)
- Positive self-talk statements
- Calming visualizations
- Worry jar/worry journal
- Progressive muscle relaxation
- Talking to the feelings (anxiety/depression)
- Physical activity/distraction

# “FEEL”

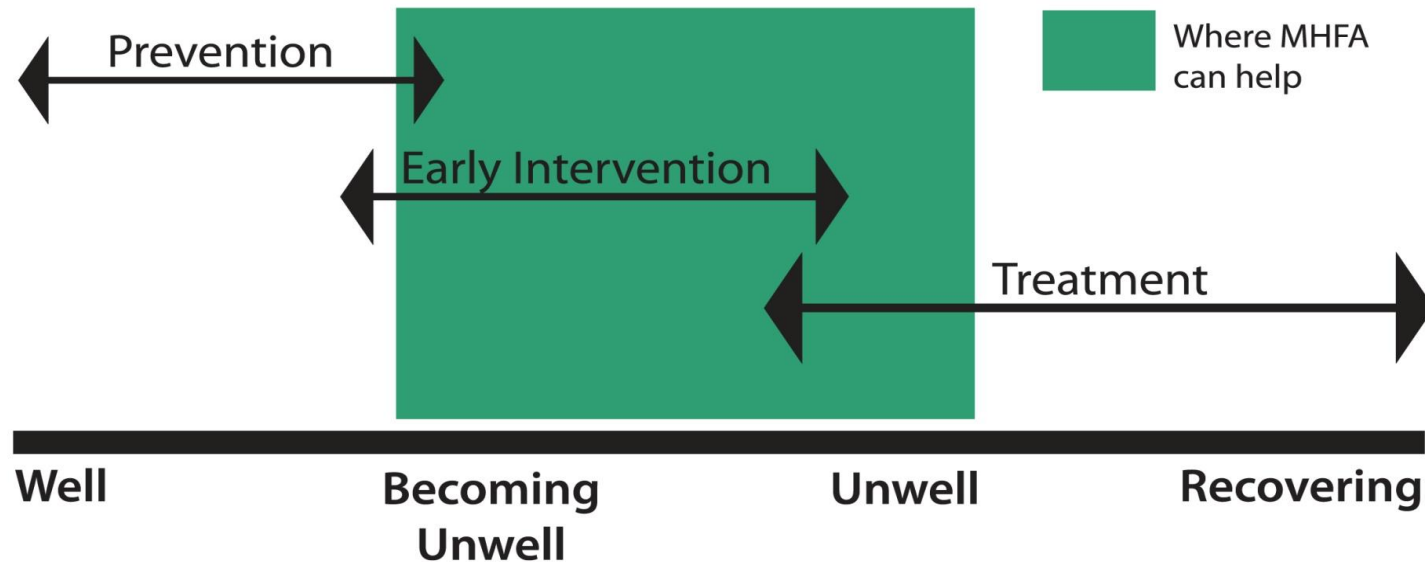
- **FREEZE** – pause and do some deep breathing with your child
- **EMPATHIZE** – your child wants to hear that you understand and anxiety/depression can feel extremely scary and overwhelming for a child
- **EVALUTE** – once your child has been able to calm down, it is important to identify what may have triggered the anxiety and/or depression and how s/he was able to calm down
- **LET GO** – let go of your guilt! You are doing an amazing job and giving your child the tools to manage their anxiety

# Apps that are helpful for children



# When should you seek help?

## Spectrum of Mental Health Interventions



Spectrum of mental health interventions from wellness to mental disorders and through to recovery, showing the contribution of MHFA

***\*MHFA = Mental Health First Aid U.S.A.***

# What types of crises could occur when someone is experiencing a mental health problem?

**Youth may be at risk for a variety of crisis situations:**

- Suicide or suicidal thoughts
- Non-suicidal self-injury (cutting, burning)
- Medical emergencies
- Extreme distress
- Aggression

# How common is suicidal thinking and behavior amongst youth?

- About **38,000 people die** by suicide annually in the U.S.
- Currently, suicide is the **3<sup>rd</sup> leading cause** of death for young people ages **10 to 24**.
- Every year about **12,000 children 5-14** are admitted to psychiatric hospitals for suicidal behavior.

# How common is suicidal thinking and behavior amongst youth?

- More young people ***survive*** suicide attempts than actually die from suicide.
- Each year, approximately **149,000 youth, 10 through 24**, receive medical care for **self-inflicted injuries** at emergency departments across the U.S.
- **For every three students** who make a suicide attempt, **one** receives medical attention, and the other two get up and go to school the next day  
....imagine that!



# Why are youth a high risk group for suicide and other mental health crises?

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

# Non-Suicidal Self-Injury

## Reasons for Self-Injury

- To escape unbearable anguish
- To change the behavior of others
- To escape a situation
- To show desperation to others
- To “get back at” other people
- To gain relief from tension
- To seek help

# How do I help a person who self-injures?

- Recognize that self-injury is usually a symptom of serious psychological distress
- Avoid any negative reactions to the self-injury
- Discuss the situation calmly
- Focus on ways to stop the distress

## Do NOT

- Focus on stopping self-injury
- Trivialize the feelings or situations that have led to self-injury
- Punish the person
- Threaten to withdraw love/care

# Who do I call?

- ***In a LIFE THREATENING EMERGENCY....call 911!***
- For NON-life threatening situations, Contact ***PerformCare***
- For parents, guardians, youth, and providers  
**24 hours a day, seven days a week**  
**1-877-652-7624**

[http://performcarenj.org/video/CSOC2018\\_1080p.mp4](http://performcarenj.org/video/CSOC2018_1080p.mp4)

# When to call PerformCare....and what happens next?

- **For a youth who is experiencing a non-life threatening behavioral or emotional CRISIS:**
  - Parents/Guardian calls PerformCare to request Children's Mobile Response and Stabilization System at 1-877-652-7625
  - Visit within 24 hours
- **For a youth who is NOT in immediate crisis, but is displaying signs and symptoms of a mental health problem, or has just has asked for help/to talk to someone:**
  - Call PerformCare for a referral to an in-home Needs Assessment or to a local community mental health center
  - Visit usually in 72 hours to 1 week



# Children's Mobile Response

- If your child is experiencing a non-life threatening emotional or behavioral health crisis, PerformCare will link you to ***Children's Mobile Response and Stabilization System***.
- This service provides:
  - In community response **within 1 hour**
    - As arranged with parent...can be “delayed” up to 24 hours by parent request
  - **Free of charge** services to families
  - Crisis intervention
  - Stabilization through linkage to and monitoring of services. Services may be *in-home* if indicated.
  - Aftercare planning and linkage

# Children's Mobile Response & Crisis Stabilization System

24-Hour/7 Days a Week Crisis Intervention and Stabilization for Children and Community

Children's Mobile responds to the needs of children and families in crisis in Bergen County. It strives to maintain children in safe and stable living arrangements by providing interventions designed to stabilize and improve relationships within the family while also addressing areas of stress.

**Program Goals:** Maintain children in safe and stable living arrangements in the community, thereby reducing the need for out-of-home placement or psychiatric hospitalization.

## The Specialized Services of the Program Include...

- Response to site of crisis within 1 hour
- Crisis de-escalation and safety assessment
- Treatment planning
- Provision and management of stabilization services for 8 weeks
- Discharge planning, including referral for ongoing services in the community as needed

**To make a referral or for help, call 877-652-7624**

## OUR PHILOSOPHY

**Coping skills and strengths developed in childhood carry into adult life, helping individuals reach their full potential.**

**With this in mind, we strive to deliver programming and resources that assist individuals in navigating our complicated world.**

*Healthy mind*

# Calling for other professional help

- Up to 90% of individuals with mental disorders are treatable with a variety of therapies and supports
- *Evidence-based practices* are interventions for which there is consistent scientific evidence showing that they improve individual outcomes



# Calling for other professional help

## Types of professionals

- Doctors (pediatricians/primary care physicians)
- Nurse practitioners
- Psychiatrists and other mental health professionals
- Drug and alcohol specialists
- School counselors
- Nutrition experts
- Certified peer specialists

# Calling for other professional help

Types of professional help:

- “Talk” therapy
- Brief intervention or therapy
- Problem-solving skills training
- Family or group therapy
- Parent Management training
- Withdrawal management
- Dietary management
- Academic and social counseling
- Medication

# Calling for other professional help: Community Mental Health Center

- Your local mental health centers offer a variety of services, including
  - individual, family and group counseling for a variety of issues
  - parenting training/support
  - Psychiatry/medication monitoring.
- When you call, generally be prepared to provide information
  - Such as, what are your concerns for your child, your contact information, your child's insurance, the insured's info, and also your availability to schedule appointments.
  - It helps to bring records regarding school, past mental health and/or medical treatment, custody to the first appointment (not mandatory).

**CarePlus Admissions 201.986.5000**



# Psychiatric Screening Services

## Somerset County

- Bridgeway Rehabilitation Inc.
- 282 East Main St. Somerville, NJ 08876
- Phone: (908) 536-4100

## Morris County

- Prime Healthcare Services – St. Clare's LLC
- 25 Pocono Road Denville, NJ 07834
- (973) 625-6160

# Morris County: Counseling Services

- [Saint Clare's Behavioral Health Center](#)  
1-(888) 626-2111
- [Cornerstone Family Programs](#) (formerly  
Family Service of Morris County)  
1-(800) 984-1414
- [Newbridge Services, Inc.](#)  
1-(973) 316-9333
- [Atlantic Behavioral Health](#)  
1-(888) 247-1400

# Mental Health Association of Morris County

- **Mental Health Association of Morris County**

100 Route 46 East, Building C

Mountain Lakes, NJ 07046

**1-(973) 334-3496**

<http://mhamorris.org/>

- **Programs:**

- Information and referral, family support/ self-help/ advocacy, community education, consumer support/ self-help/ empowerment, integrated case management, homeless outreach, social support, companionship.



# Important Phone Numbers

- Psychiatric Emergency Screening Program: **201-262-HELP**
- PerformCare/Children's Mobile: **1-877-652-7624**
- CarePlus Admissions: **201-986-5000**
- American Foundation for Suicide Prevention: [www.afsp.org](http://www.afsp.org)
- National Suicide Prevention Lifeline: **1-800-273-TALK**;  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- The Trevor Project: **1-866-488-7386**; [www.thetrevorproject.org](http://www.thetrevorproject.org)
- 2<sup>nd</sup> Floor Helpline of NJ: **1-888-222-2228**; <http://2ndfloor.org>
- NJ Hopeline: **1-855-654-6735**; <http://njhopeline.com>
- Mental Health First Aid U.S.A.: [www.nationalcouncil.org](http://www.nationalcouncil.org)

# Helpful links!

## National Mental Health Association

- <http://www.nmha.org>

## Anxiety Disorders Association of America

- [www.adaa.org](http://www.adaa.org)

## Anxiety BC – resources for children and parents

- <https://www.anxietybc.com/resources/video/children>

## Child Mind – helpful tips for what to do and not do when children are anxious

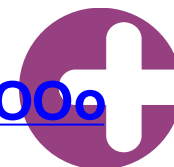
- <https://childmind.org/article/what-to-do-and-not-do-when-children-are-anxious/>

## Guided breathing meditation for youth

- <https://www.youtube.com/watch?v=CvF9AEe-ozc>

## Deep breathing exercise for youth

- <https://www.youtube.com/watch?v=Uxbdx-SeOOo>



**CarePlus**  
NEW JERSEY

*Healthy minds, healthy bodies.™*



# More Resources/Links

- <https://www.cdc.gov/violenceprevention/acestudy/about.html>
- <https://www.webmd.com/depression/guide/teen-depression#1>
- <https://my.clevelandclinic.org/health/diseases/6248-anxiety-disorders-in-children--adolescents>
- <https://www.mentalhealth.gov/talk/educators>
- <https://schoolleadersnow.weareteachers.com/student-mental-health/>
- <https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Ending-the-Silence>
- [https://www.researchgate.net/profile/Keith\\_Herman2/publication/232530831\\_Supporting\\_Children%27s\\_Mental\\_Health\\_in\\_Schools\\_Teacher\\_Perceptions\\_of\\_Needs\\_Roles\\_and\\_Barriers/links/5453e7da0cf26d5090a5537c.pdf](https://www.researchgate.net/profile/Keith_Herman2/publication/232530831_Supporting_Children%27s_Mental_Health_in_Schools_Teacher_Perceptions_of_Needs_Roles_and_Barriers/links/5453e7da0cf26d5090a5537c.pdf)
- [https://www.ilispa.org/assets/docs/ResourceLibrary/Katharine%20Schmidt\\_De-escalation%20Techniques%20to%20Use%20With%20Students1.pdf](https://www.ilispa.org/assets/docs/ResourceLibrary/Katharine%20Schmidt_De-escalation%20Techniques%20to%20Use%20With%20Students1.pdf)

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- Shufelt, J. & Coccozza, J. (2006). [Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence survey. Prepared by: National Center for Mental Health and Juvenile Justice.](#)
- <https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/middle2.html>

# Questions/Comments/Contact Info



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