



CRISIS SUPPORT SERVICES
of Alameda County

Adolescent Mental Health Wellness Information for Parents and Caregivers





Workshop Goals

Learn to recognize warning signs of a mental health disorder and suicidal behavior

Learn how to talk to your child about mental health and suicide

Learn about safety planning and treatment options



Crisis Support Services of Alameda County

Suicide
Prevention
& Crisis
Intervention

24-Hour Crisis Line

1-800-309-2131

National SP Lifeline Network

1-800-273- 8255 (TALK)

TextLine (4pm – 11pm Daily)

Text keyword SAFE to 20121

Goal of Adolescent Development

**Teen years can be a turbulent time.
No longer children but not yet adults.**

- Brain continues to develop until age 26
- Teens begin to look at their future and explore possibilities
- Career choices begin to develop
- Beginning romantic relationships take place
- Peer relationships begin to outweigh family relationships
- They are figuring out who they are and who they will become

An inability to figure these things out can leave a child confused
and directionless

How Trauma Affects Development

Many issues can affect a young persons development. When these issues are not properly addressed they can disrupt development.

- Trauma – sexual, emotional, physical abuse, domestic violence, drug and alcohol abuse, dating violence, rape, family problems, homelessness etc.
- ACE Study – determined that childhood traumas powerfully influence who children become as adults
- Four or more ACE can lead to physical and mental health problems throughout the lifetime

Adolescent Mental Health 101



Statistics on Youth Mental Health

74 million people under 18 years old live in the U.S.

16.5% will have a mental health disorder in a given year

That is 12 million young people

Mental health disorders start early



(Mental Health America (2017) Infographic Back to School: Youth Mental Health 101.
www.mentalhealthamerica.net)

Mental Health Disorders

Median age of onset for:

Anxiety 6 years old

ADHD Behaviors Disorders 11

Mood Disorder (Depression, Bi-Polar Disorder) 13

Onset of all lifetime mental health disorders:

50% by age 14

75% by age 24

Mental Health “Red Flags” Parents Should Be Alert For

- **Excessive sleeping, beyond usual teenage fatigue**
- **Loss of self-esteem**
- **Abandonment or loss of interest in favorite pastimes**
- **Unexpected and dramatic decline in academic performance**
- **Weight loss and loss of appetite or weight gain**
- **Personality shifts and changes, such as aggressiveness
excess anger that are sharply out of**
- **Talking about death or wanting to die**

(American Academy of Pediatrics (2017) Mental health and teens: Watch for danger signs.
www.healthychildren.org)

Depression Warning Signs

- Changes in sleep
- Weeping or excessive moodiness
- Eating habits that result in noticeable weight loss or gain
- Expression of hopelessness or worthlessness
- Paranoia and excessive secrecy
- Self-Injury
- Excessive isolation
- Abandonment of friends or social groups
- Drop in grades
- Talking of death or wanting to die

(American Academy of Pediatrics (2017) Mental health and teens: Watch for danger signs. www.healthychildren.org

Anxiety Disorder Warning Signs

- Inability to set aside a worry
- Stress that is out of proportion to the impact of the event
- Restlessness
- Fatigue
- Difficulty concentrating
- Irritability that is out of the ordinary
- Muscle tension
- Sleep problems

(American Academy of Pediatrics (2017) Mental health and teens: Watch for danger signs. www.healthychildren.org

Substance Abuse

- Mental health issues can lead a adolescent to experiment with alcohol and drugs
- Alcohol and drug use is a way to self medicate symptoms of a mental health disorder

Common physical and behavioral warning signs:

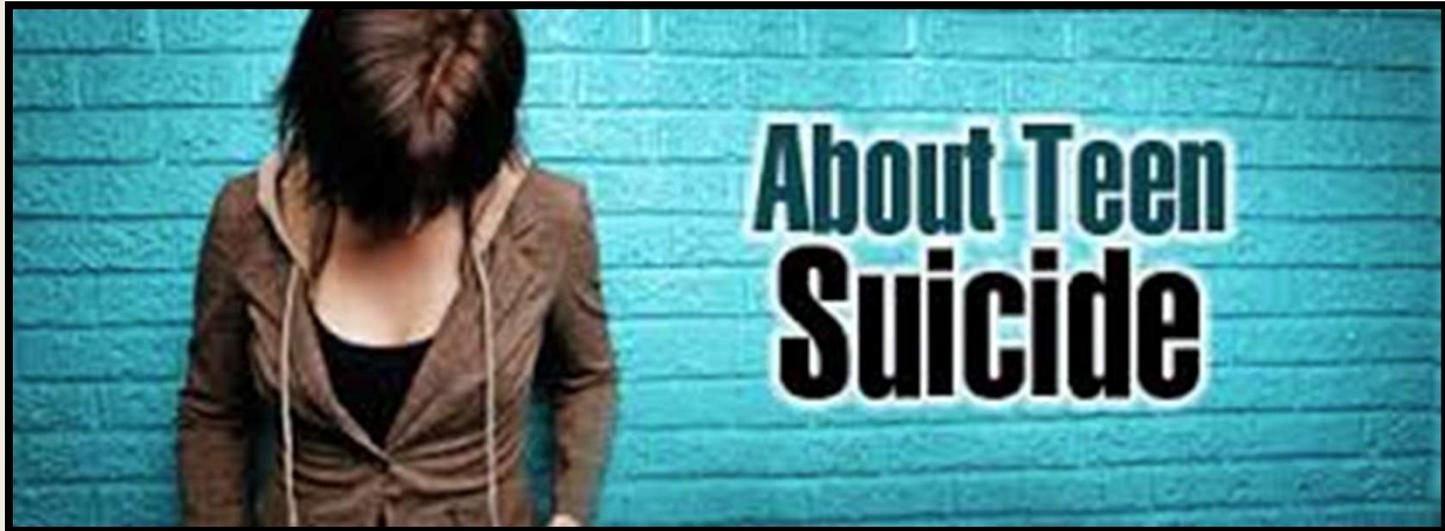
- Drug and alcohol paraphernalia or evidence
- Hangovers
- Slurred speech
- Red eyes

(American Academy of Pediatrics (2017) Mental health and teens: Watch for danger signs.
www.healthychildren.org)

Mental Health Disorders are **TREATABLE**

In studies of children and teens with depression and anxiety, rates of improvement were highest when Cognitive Behavioral Therapy and medication were used together.





2014 Youth Suicide Statistics

**In 2014
5,079 youth
died by
suicide**

**2nd leading
cause of
death for
15-24 year-
olds**

**33% of
youth
suicides
identify as
LGBTQ**

**Firearms
accounted
for 50% of
suicides**

(American Association of Suicidology, 2016)

***What makes us
uncomfortable
talking or asking about
suicide ?***

Risk & Protective Factors For Suicide

Risk Factors

- Mental health issues (depressions, anxiety, bipolar etc)
- Substance abuse
- Non-Suicidal Self-Injury
- Previous suicide attempt
- Low self esteem
- Firearms in the household
- Exposure of friends/family members suicide

Protective Factors

- Family and school connectedness
- Safe schools
- Reduced access to firearms
- Academic achievement
- Self-esteem

Youth Suicide Warning Signs

The presence of more than one of the following warning signs may increase a youths risk for engaging in suicidal behaviors in the near future.

Youth Suicide Warning Signs

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above

- **Specifically this includes significant:**

Withdrawal from or changing in social connections/situations

Changes in sleep (increased or decreased)

Anger or hostility that seems out of character or out of context

Recent increased agitation or irritability

(www.youthsuicidewarningsigns.org)

**Asking about
suicide**

**Determining level
of suicide risk**

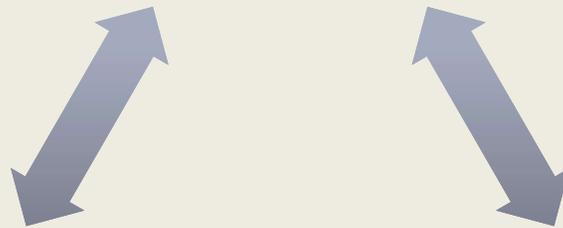
Next Steps

**Survivors of
Suicide Loss**

Safety Planning

Before You Ask About Suicide

BREATH



STAY CALM



LISTEN

How to talk about suicide...

Ask **DIRECTLY** and **OPENLY** about suicide

Samples of what you might say

“Are you having thoughts about killing Yourself?”

“Have you thought about suicide?”

“Do you feel so bad that you want to take your life?”

“Sometimes when someone goes through a difficult time they may think about ending their life. Are you having those thoughts?”



How to Respond

- Express your concern about what you are observing in your child's behavior
- Listen attentively and non-judgmentally
- Reflect on what your child shares and let him/her know they have been heard
- Tell him/her they are not alone. Let him/her know you love them
- Let your child know there are treatments available that can help. Reassure your child that you will help them find appropriate treatment.

(www.youthsuicidewarningsigns.org)

Additional information to ask about...

- Have they thought about how they would take their life?
- Have they made arrangements to obtain the means to take their life (collected medication, gun, etc.)?
- When are they planning to enact the plan?
- Have they rehearsed their suicide?

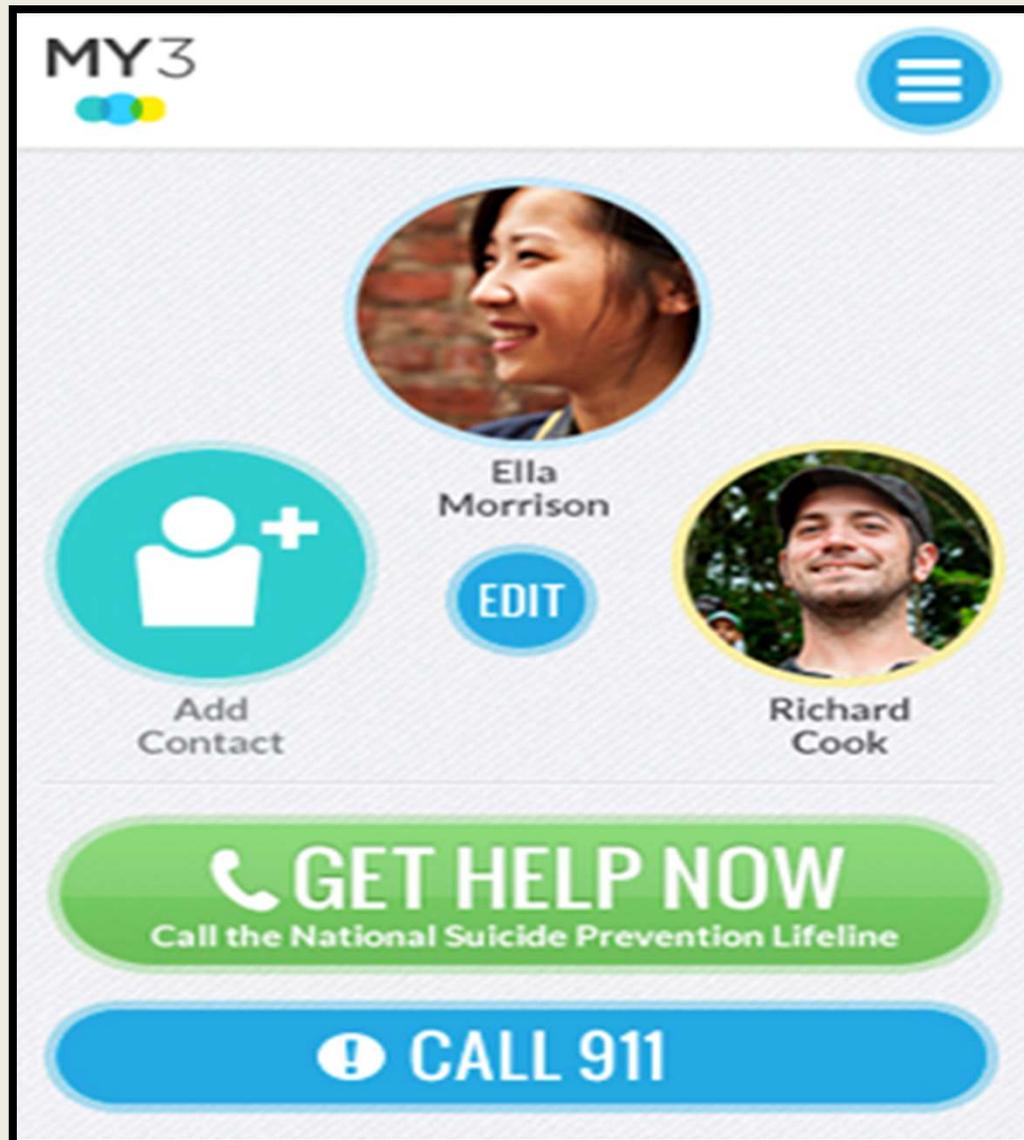
Safety Planning

A prioritized written list of coping strategies and resources for use during a suicidal crisis

Uses a brief, easy-to-read format in the youths own words. Helps provide a sense of control.

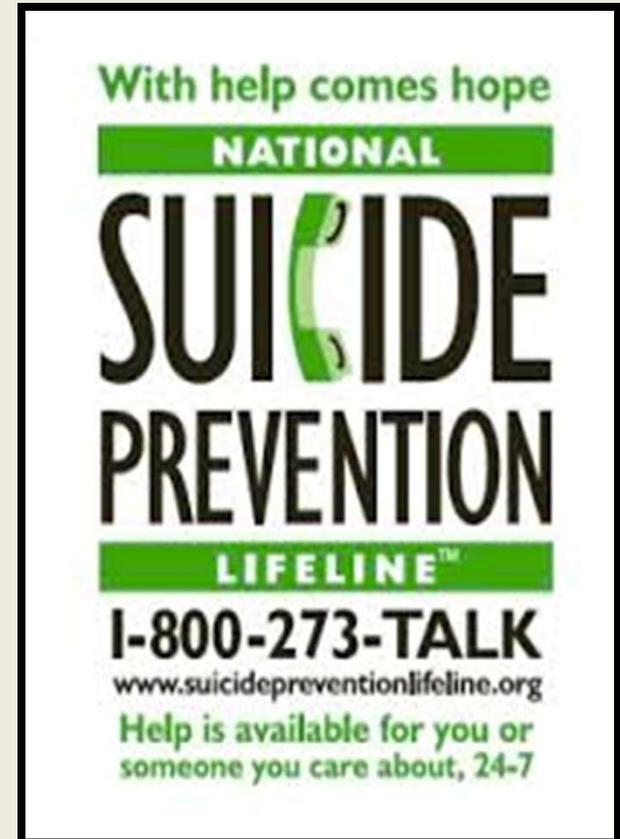
It can serve to motivate people to engage in treatment and staying safe.

MY 3 Suicide Safety Planning App



Taking Steps for Safety

- Remove access to lethal means
- Keep open lines of communication
- Help your child develop coping skills
- Introduce child to Crisis Line/Text Line
- Have the child download MY3 App



Best Practice Treatment for Suicidal Behaviors

Cognitive
Behavioral Therapy
(CBT)

Dialectical
Behavioral Therapy
(DBT)

Managing Suicide
Risk: A
Collaborative
Approach

Problems Solving
Therapy



Conclusion



The most important question to a potentially suicidal person is:

“Where do you hurt?” and “How can I help?”

Edwin S. Shneidman



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