Ending The Silence
Has a constant need to check in!

Always late!

Hostile

Getting further behind!

Acts out

Isolated by peers

Bully

Seems "shut down", "vacant"

I worry about them

Falls asleep in class

Aggressive

Homelife!

Laughs inappropriately

Self-harm

Angry!
MENTAL HEALTH affects

ATTENDANCE

Physical Health

ABILITY TO LEARN

Developmental Milestones

Relationships

PEERS, family, school, community

LONG-TERM SUCCESS
MENTAL HEALTH and YOUTH

70% OF YOUTH
In the juvenile justice system have a diagnosed mental illness

17% OF HIGH SCHOOL STUDENTS
seriously consider suicide

1 in 6 YOUTH AGED 6-17
experience a mental health disorder each year

HIGH SCHOOL STUDENTS with depression are TWICE AS LIKELY to drop out compared to their peers

50% OF CHILDREN ages 8-15 DON’T receive treatment

1/2 OF ALL LIFETIME CASES begin by age 14

Citations available at www.nami.org/MHStats
FOUR STEPS to early intervention

STEP 01: Know the warning signs
STEP 02: Reach out & respond
STEP 03: Work with families & students
STEP 04: Provide resources & support
Know the **WARNING SIGNS**

**Intensity**: how severe are the symptoms?

**Duration**: how long do they last?

**Level of distress**: how much do they impair daily functioning?
Know the **WARNING SIGNS**

- Feeling very sad or withdrawn for more than 2 weeks
- Severe out-of-control, risk-taking behaviors that cause harm to self or others
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing
- Seeing, hearing or believing things that aren’t real
- Drastic changes in mood, behavior, personality or sleeping habits
Know the **WARNING SIGNS**

- ! Extreme difficulty concentrating or staying still that puts a person in physical danger or causes school failure
- ! Intense worries or fears that get in the way of daily activities
- ! Throwing up, using laxatives or not eating to lose weight; significant weight loss or weight gain
- ! Using alcohol or drugs excessively
- ! Trying to harm oneself, attempting suicide or making plans to do so
SUICIDE and YOUTH

From 2001-2017
OVERALL SUICIDE RATE increased by 31%

2nd LEADING CAUSE OF DEATH for individuals ages 10-24

Grades 9-12 IN THE LAST 12 MONTHS

8.6% ATTEMPTED
17.7% SERIOUSLY CONSIDERED
42.8% LGB STUDENTS SERIOUSLY CONSIDERED

Source: Centers for Disease Control and Prevention
POTENTIAL Risk Factors

- Previous suicide attempts
- Traumatic life experience (physical/sexual abuse, divorce, losing a parent)
- Presence of mental health condition
- Being involved in bullying in anyway
Common Warning signs of SUICIDE

• Talking, writing or drawing about death
• Talking about having no reason to live, being a burden
• Loss of interest in the things they care about
If you believe a young person is contemplating suicide:

Don’t ignore the signs!
- Ask them the question, “Are you thinking about suicide?”
- Don’t leave them alone
- Escort them to the school mental health contact
- Share relevant information with the mental health contact
- Determine who will contact their family
REACH OUT to...

1. the school mental health contact
2. the student
3. the family

...and RESPOND
REACH OUT to the school
MENTAL HEALTH CONTACT

1. Share concerns
2. Give specific examples
3. Inform them of past discussions
4. Ask how to approach the conversation

Who do you go to in YOUR school?
REACH OUT to the STUDENT

1. Share SPECIFIC, concerning behaviors you’ve observed
2. Listen, express concern, reassure
3. Focus on being understanding, caring and nonjudgmental
4. Ask what you can do to help
• **Share** SPECIFIC, concerning behaviors you’ve observed
• **Listen**, express concern, reassure
• **Remove** feelings of blame
• **ACKNOWLEDGE** frustration and anger as normal
• **Communicate** empathy and compassion
• If the family mentions a possible mental health condition:
  – **De-stigmatize** the topic by normalizing mental health issues
  – **Emphasize** that the earlier their child gets help, the better
PARTNERING with STUDENTS

Communicate

– Make sure the student is involved, what do they want/need?
– Maintain regular communication between home and school
– Involve staff members they’re most comfortable with
– Offer flexible check in times
– Share in a note instead of talking

Educate

– Improve communication and problem-solving skills
– Reduce stigma through mental health education
– Share tips on how to get and stay organized
– Openly discuss the effects of bullying
  • Foster a culture of kindness in the classroom
Provide RESOURCES & SUPPORT
Making symptoms **BETTER**

Positive coping strategies

- Get enough sleep
- Exercise and eat healthily
- Write (journal/blog) or listen to music
- Be active: Join a club, sports, hobbies, hang out with friends

These strategies are key to improving and maintaining mental health

#OKTOTALK
FOUR STEPS to early intervention

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**STEP 02**
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**STEP 03**
Work with families & students

**STEP 04**
Provide resources & support
ALL BEHAVIOR IS COMMUNICATION.

A few minutes of listening, observing and understanding, can save hours of miscommunication, frustration and conflict.

A NEED MET is a PROBLEM SOLVED.

- LR Knost
EMPATHY is the Doorway to Understanding
THANK YOU

NAMI HelpLine 800-950-6264
24/7 Crisis Text Line: Text “NAMI” to 741741
Acknowledgements

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