

Raising Awareness of Mental Health Needs in our Schools

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Intro to NAMI



- Founding Chapter of the National Alliance of Mental Illness
- Founded in 1977 by Harriet Shetler, Bev Young and Nancy Abraham in Madison, WI. Harriet, Bev, and Nancy were all mothers of sons who were experiencing schizophrenia. Together, they wanted to make a change and created a group for others sharing similar experiences. It was originally called “AMI”, which means friend in French.
- NAMI is a non profit organization that provides **education, support, and advocacy** for individuals and their loved ones impacted by mental illness

Data and Stats on Mental Illness

- Young adults aged 18-25 years have the highest prevalence of mental illness (25.8%)
- 16.5% of U.S. youth aged 6-17 experienced a mental health disorder in 2016 (7.7 million people)
- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year
- 50% of all lifetime mental illness begins by age 14
- 50.6% of U.S. youth aged 6-17 with a mental health disorder received treatment in 2016
- High school students with significant symptoms of depression are more than twice as likely to drop out compared to their peers
- 31% of high school students report feeling sad almost everyday for two or more weeks

Fundamentals of Mental Illness

- **Mental illness...**
 - Is a health condition that affects a person's thinking, feeling, and behavior
 - May affect someone's ability to relate to others and function each day
 - Affects everyone differently, even people with the same diagnosis
 - Can be influenced by genetic and/or environmental factors
 - Is common and treatable

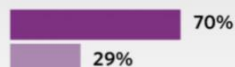
- **Diagnosis:** *The Diagnostic and Statistical Manual of Mental Disorders (DSM)*
 - Handbook used by healthcare professionals to diagnose mental disorders
 - Contains descriptions, symptoms, and other criteria for diagnosis

Mental Health Issues in High School

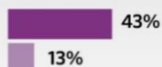
- Pressures teens face:
 - 61% academic
 - 29% appearance
 - 28% social status
 - 21% involvement
- Social media and mental health:

Percent of social media users who say they:

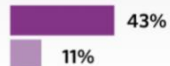
Sometimes feel left out or excluded when using social media



Have deleted social media posts because they got too few "likes"



Feel bad about themselves if no one comments on or likes their posts



Have ever been cyberbullied



■ LOW SOCIAL-EMOTIONAL WELL-BEING
■ HIGH SOCIAL-EMOTIONAL WELL-BEING

Social media and anxiety in adolescents

- A study of more than 450 youth aged 11-17 found:
 - Ninety-seven percent of participants indicated that they used social media.
 - Thirty-five percent of participants were classed as poor sleepers.
 - Forty-seven percent of participants were classed as anxious.
 - Higher emotional investment in social media was strongly correlated with higher levels of anxiety.⁴⁵

- In addition, **1 in 6 youth** will experience a mental health condition this year:
 - Anxiety Disorders
 - Mood Disorders (Depression, Bipolar Disorder)
 - Obsessive-Compulsive and Related Disorders
 - Eating Disorders
 - PTSD
 - Neurodevelopmental Disorders (ADHD) & ASD
- For more information on specific diagnoses go to:
<https://www.nami.org/Learn-More/Mental-Health-Conditions>

Anxiety Disorders

Did you know 1 in 3 of all adolescents ages 13-18 will experience an anxiety disorder?

General Symptoms

- **Emotional**
 - Feelings of apprehension or dread
 - Feeling tense or jumpy
 - Restlessness or irritability
- **Physical**
 - Racing heart and shortness of breath
 - Sweating, tremors and twitches
 - Headache, fatigue and insomnia
 - Upset stomach
- The prevalence of any anxiety disorder among adolescents is **higher for females** (38.0%) than for males (26.1%).

Types of Anxiety Disorders

- **Generalized Anxiety Disorder (GAD)**
 - Chronic, exaggerated worrying about everyday life
 - Consumes hours each day
- **Social Anxiety**
 - NOT shyness
 - Intense fear about social interaction, often driven by irrational worries about humiliation (e.g., not knowing what to say)
 - Panic attacks = common reaction to anticipated/forced interaction

***Anxiety is the most common mental health disorder in adolescents**



“you can’t mess up on
this test, you need to
do it perfectly”

Depressive Disorders

- **Major Depressive Disorder:** A common and serious illness that negatively affects how an individual feels, resulting in a persistent feeling of sadness.
- **Persistent Depressive Disorder (Dysthymia):** A depressed mood that lasts for at least two years. A person with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder.

Did you know that as many as 80% of teens suffering from depression can be successfully treated if they seek help from a doctor or therapist?

Symptoms of Major Depressive Disorder & Dysthymia:

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite or weight
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
- Feeling worthless or guilty
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide

Bipolar Disorder

Bipolar Disorder: A brain and behavior disorder characterized by severe shifts in a person's mood and energy, making it difficult for the person to function. Bipolar disorder causes repeated mood swings that can cause the person to feel very high (mania) or low (depressive).

- **Type I:** A person has experienced one or more episodes of mania
- **Type II:** A person has experienced depressive episodes shifting back and forth with hypomanic episodes, but never a “full” manic episode

Mania Symptoms:

- Increased energy
- Poor concentration
- Abuse of drugs
- Racing thoughts and fast talking
- Extreme irritability
- Heightened sense of importance

Depressive Symptoms:

- Decreased energy and fatigue
- Loss of interest or pleasure in activities
- Difficulty concentrating, remembering or making decisions
- Thoughts of death or suicide
- Sad, anxious or empty-feeling mood

Obsessive-Compulsive and Related Disorders

Obsessive-Compulsive Disorder (OCD):

characterized by obsessions & compulsions

- **Obsessions:** intrusive, irrational thoughts or impulses that occur repeatedly; *aware thoughts are irrational
 - Contamination (germs; bodily fluids)
 - Losing control (fear of acting on an impulse to harm others; fear of blurting out insults)
 - Perfectionism (concern about evenness or exactness; fear of losing important information when throwing something out)
- **Compulsions:** repetitive acts that temporarily relieve stress brought on by an obsession
 - Washing & cleaning (excessively/in a certain way)
 - Checking (that nothing terrible happened; that you didn't make a mistake)
 - Repeating (doing a task 3 times because 3 is a "good" or "right" number)
 - Mental compulsions (mental review of events to prevent harm)
- **Body Dysmorphic Disorder:** characterized by an obsession with physical appearance, often for many hours a day
 - *NOT vanity - perceived flaws cause significant distress and inhibit ability to function
- **Excoriation:** compulsive urge to scratch or pick at the skin
- **Trichotillomania:** compulsive urge to pull out (and sometimes) eat one's own hair

Eating Disorders

DID YOU KNOW? Every 62 minutes at least one person dies as a direct result from an ED. ED's have the highest mortality rate of any mental illness.

- **Anorexia Nervosa:** denying self food to point of starvation while obsessing about weight
 - *Emotional symptoms:* irritability, social withdrawal, lack of mood or emotion, fear of eating in public & obsessions with food and exercise
 - *Physical symptoms:* irregularities/loss of menstruation, constipation & abdominal pain, irregular heart rhythms, low blood pressure, dehydration, insomnia
- **Bulimia Nervosa:** eating very large amounts of food in a short period then ridding oneself of the food through vomiting, laxatives, or excessive exercise
 - *Emotional symptoms:* low self-esteem, feelings of being out of control, shame/guilt
 - *Physical symptoms:* damage to digestive tract & teeth, acid reflux, cardiac arrhythmias, heart failure
- **Binge-Eating Disorder:** eating very large amounts of food in a short period without purging
 - *Emotional symptoms:* feeling out-of-control, depressed, disgusted, ashamed, guilty
 - *Physical symptoms:* dry skin, brittle hair, acne, gastrointestinal problems, high blood pressure, low energy

Which do you think is most common in the US?

Post Traumatic Stress Disorder (PTSD)

PTSD: A mental health condition triggered by traumatic event - experienced or witnessed

- **Symptoms** - may start within one month or not appear for years
 - **Intrusive memories**
 - Recurrent, unwanted distressing memories of traumatic event
 - Nightmares
 - Severe emotional distress or physical reactions to reminders of traumatic event
 - **Avoidance**
 - Avoiding thinking/talking about event
 - Avoiding places, activities or people that remind you of event
 - **Negative changes in thinking and mood**
 - Negative thoughts about self, others, or the world
 - Memory problems
 - Lack of interest in activities once enjoyed
 - **Changes in physical and emotional reactions**
 - Being easily startled or frightened
 - Always being on guard for danger
 - Irritability, angry outbursts
 - Overwhelming guilt or shame

Neurodevelopmental Disorders

- **Neurodevelopmental Disorders:**

Associated primarily with the functioning of the neurological system and brain and have an early onset, typically during the developmental stage. This includes:

- Autism
- Dyslexia
- Hearing/Vision Loss

- Can cause difficulties with language and speech, motor skills, behavior, memory, and learning.

- Symptoms and behaviors of children with neurodevelopmental disorders often change as they get older.

- **Attention-Deficit/Hyperactivity Disorder (ADHD):**

characterized by inattention, hyperactivity and impulsivity

- Inattention:
 - Easily distracted
 - Bored quickly
 - Trouble completing assignments
 - Not paying attention when spoken to
 - Daydreaming
 - Difficulty processing information quickly
 - Struggling to follow directions
- Hyperactivity:
 - Fidgeting, trouble sitting still
 - Non-stop talking
 - Touching/playing with everything
- Impulsivity:
 - Impatience
 - Acting without regard to consequences
 - Difficulty waiting, taking turns
 - Interrupting others

General Warning Signs of Mental Illness

- Changes in mood (ex. feelings of sadness, withdrawal, or mood swings)
- Intense emotions (ex. overwhelming fear, extreme anxiety, angry outbursts)
- Changes in behavior due to changes in emotion (ex. sleeping an excessive amount, skipping social gatherings, not enjoying things you used to enjoy)
- Increase in risk-taking behavior (ex. reckless driving or excessive use of drugs/alcohol)
- Difficulty concentrating, decreased performance in school
- Unexplained weight loss or changes in appetite
- Self-injury (ex: cutting or burning)
- Self neglect (ex: not eating, not performing normal hygiene routines, not being physically active)
- Suicidal thoughts, plans, or attempts

Warning Signs of Suicide

Warning Signs

- Talking about...
 - Having no reason to live
 - Not being here tomorrow
 - Being a burden to others
- Feeling hopeless
- Increased alcohol and drug use
- Aggressive behavior
- Withdrawal from friends and family
- Dramatic mood swings
- Impulsive or reckless behavior

Suicidal Behavior

- Collecting and saving pills or buying a weapon
- Giving away possessions
- Tying up loose ends (ex: organizing personal paper, paying debts)
- Saying goodbye to friends and family

***If you or a loved one start taking any of these steps, seek immediate help or call 911**

A close-up photograph of green grass with a soft, blurred background. The grass blades are sharp in the foreground, while the background is out of focus, showing more greenery and a hint of a yellow object. The text is overlaid on the left side of the image.

And she helped me find
a counselor at school, and
I found a bunch of other people
with other resources.

Prevention of Suicide

**Did you know that suicide
is the 10th leading
cause of death?**

- Do not overlook any behavior changes. Suicide does not discriminate. At-risk individuals for suicide can be of any gender, any age, and any ethnicity.
- Identify and support at risk individuals.
- Be attentive and **ask friends if they are okay** when you begin to notice changes in their behavior
- Asking an at-risk person if they have a plan and removing any available lethal items can help **keep them safe**
- **Be there.** Listen and learn about what the individual is thinking and feeling. (research shows that acknowledging and talking about their feelings can decrease suicidal thoughts).
- **Help them connect** with a trusted individual. Save the National Suicide Prevention Lifelines number in their phone as well as local crisis hotlines.
- **Stay connected.** Following up and staying in touch after a crisis can make a huge difference. Show them that you still care and are there to support them. (Studies show that the number of suicide deaths goes down when someone follows up with the person after a crisis).

Barriers to Care

- Stigma
- Navigating the mental health system
- Insurance
- Transportation
- Housing/food insecurities
- Location (rural vs. urban)

What other barriers to care exist in your community?

Support for Yourself or Someone You Care About

Therapy

- Person-Centered Clients lead discussions and discover solutions through their own self discovery
 - **Cognitive Behavioral (CBT)**
 - Focuses on problem solving and changing clients responses to difficult situations
 - **Acceptance and Commitment** - Therapist guides client to accept their issue and make necessary behavior changes
 - **Dialectical Behavioral (DBT)**
 - Clients learn therapeutic skills to manage emotion
 - **Art Therapy**
 - Uses creative techniques to help decode hidden emotion.
 - ... and more!

Healthy Coping Skills/Tips

- Self-care: eat well, drink water, get enough sleep, get active
- Journal
- Write down positive affirmations
- Meditate
- Draw/paint
- Listen to music
- Spend time with family/friends
- Learn a new skill
- Breath
- Put cold water or ice on your face
- **Medication**

Community Care Resources

Dane County 24 Hour Crisis Line:

(608) 280-2600

Briarpatch Youth Services:

Street Outreach - Program for youth living on streets and engaging in destructive behavior.

Teens Like Us - Support and education program for LGBTQ+ individuals.

Family Service Madison:

Steps to Success Program - Comprehensive mental health services to teenagers.

Boys and Girls Club of Dane County:

AVID/TOPS School Program - College preparation and academic assistance.

University of Wisconsin Hospital and Clinic:

Adolescent Alcohol/Drug Assessment Intervention Program - Drug and alcohol addiction assistance.

Commonwealth Youth Program:

Youth Business Mentoring Program - Provides job opportunities for youth to develop and apply employment and financial skills that will help them now and in the future.