dym download youth ministry

Introduction:

Every Thursday I volunteer to lead a support group/Bible study for high school kids who struggle with mental illness. I have listened and prayed as they opened up about their lives and unique struggles with depression, bipolar disorder, schizophrenia, and anxiety. Over half of them have been hospitalized for suicide attempts.

I have also prayed with the parents as they struggle to understand the children they love so deeply. I have joined them as they have visited their kids in mental hospitals. It has been a wild ride that I never thought I would be prepared for.

This resource that you're about to look at provides valuable information to parents and youth workers on how to identify the signs of mental illness in kids and how to get them the treatment they need.

It's amazing that 21% of youth (ages 13 to 18) live with mental illness severe enough to cause significant impairment in their day-to-day lives. As a youth worker, I want to reach out to those kids and help parents understand their child's unique struggle. This has been a very helpful resource for me… and I'm happy to get it into the hands of youth workers.

Blessings,
Chip Bragg
DYM Customer Service Guru
Veteran Youth Ministry Volunteer

What is Mental Health?

Mental health includes our emotional, psychological, and social well-being and 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. Many factors contribute to mental health problems, including: biological factors (such as genes or brain chemistry), life experiences (such as trauma or abuse), and family history of mental health problems.

What is Mental Illness?

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Research shows that half of all mental illnesses start by age 14 and three-quarters start by age 24. However, only 1 in 5 of these children is receiving appropriate treatment. Before young people get help an average of 6 to 8 years pass after the onset of mood disorder symptoms and 9 to 23 years for anxiety disorder symptoms.

Thirteen percent of youth aged 8 to 15 live with mental illness severe enough to cause significant impairment in their day-to-day lives. This figure jumps to 21 percent in youth ages 13 to 18. A diagnosis of a mental illness is not a life sentence. Help is available and hope is possible.

(Sources: EachMindMatters.org; MentalHealth.gov; NAMI.org; NICHEY.com)

Mental Illness Indicators

It's important to be aware of warning signs that your child may be struggling with mental health issues. Children or adolescents often cannot understand difficult situations on their own. Parents need to pay particular attention to their child experiencing the following:

- Loss of a loved one
- Divorce or separation of their parents
- Any major transition—new home, new school, etc.
- Traumatic life experiences, like living through a natural disaster
- Teasing or bullying
- Difficulties in school or with classmates

Early Warning Signs of a Mental Illness

- Feeling very sad or withdrawn for more than 2 weeks
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters; feeling helpless or hopeless
- Having unexplained aches and pains; frequent physical complaints
- Showing drastic changes in behavior, personality or sleeping habits
- Marked changes in eating habits
- Experiencing severe mood swings that cause problems in relationships
- Inability to cope with problems and daily activities
- Having strong worries or fears that get in the way of daily activities like going to school, going to sleep, or socializing
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Experiencing a sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing
- Persistent nightmares
- Marked decline in school performance; poor grades in school despite trying very hard
- Hyperactivity; fidgeting; constant movement with or without difficulty paying attention
- Extreme difficulties in concentrating that get in the way at school or at home
- Hearing voices or believing things that are not true
- Severe out-of-control, risk-taking behaviors that can cause harm to self or others
- Threatens to harm or kill oneself or making plans to do so
- Self-injury or self-destructive behavior
- Getting in many fights or wanting to hurt others
- Frequent outbursts of anger; unexplainable temper tantrums
- Persistent disobedience or aggression (longer than 6 months) and provocative opposition to authority figures

- Repeated threats to run away
- Repeatedly smoking, drinking, using drugs; or sexual acting out

(Sources: MentalHealth.gov; NAMI.org)

Mental Illness Descriptions

Anxiety Disorders

Anxiety disorders are the most common mental health issues in America. They can cause both an emotional and physical reaction. Psychological symptoms are unexplained or unreasonable feelings of fear and obsessive or negative thoughts. A large, national survey of adolescent mental health reported around eight percent of teens ages 13-18 have an anxiety disorder, with symptoms commonly emerging around age 6.

Generalized Anxiety Disorder (GAD)
People who experience this type of anxiety need approval and reassurances, may be particularly hard on themselves and become perfectionists. Some common symptoms include complaints of fatigue, tension, headaches and nausea.

Separation Anxiety Disorder
Normally, a very young child will experience a period of distress when a parent leaves, but a child with this disorder experiences extreme anxiety and cannot be distracted or engaged in activities for a significant period of time. Often they will fear something like an injury, disaster or death will happen to their loved ones while they are separated, or they worry something disastrous with happen to themselves.

Social Anxiety Disorder
Social anxiety disorder, or social phobia, produces an extreme fear of being humiliated or embarrassed in front of other people. It is much more than shyness. It can produce uncontrollable, extreme and negative reactions to social situations and can result in isolation, depression or substance abuse. They may experience extreme fear at the thought of using a public restroom, speaking in public, eating in a restaurant or dating. They feel as if everyone is watching them and have fears about doing or saying something stupid. They may see every small mistake as a major issue.

Panic Disorder
Panic disorder is characterized by “panic attacks” that cause dramatic physical symptoms like chest pain, heart palpitations, shortness of breath, dizziness or stomach distress. People will try to avoid situations if they fear a panic attack will happen and this may interfere with school, home and social relationships.

Obsessive-Compulsive Disorder (OCD)
OCD is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). Not performing “rituals” markedly increases anxiety. Some common obsessions are fear of contamination or a serious illness, fixation on lucky/unlucky numbers, fear of danger to self and others, need for symmetry or exactness, and excessive doubt. People with OCD may involve family by insisting their laundry be washed multiple times, demanding parents check their homework repeatedly, or become outraged if household items are in disarray.

Attachment Disorder

Attachment disorders are psychiatric illnesses that can develop in young children who have problems in emotional attachments to others. As early as their first birthday, a child will have problems with one or more of the following concerns:

- Severe colic and/or feeding difficulties
- Failure to gain weight
- Detached and unresponsive behavior
- Difficulty being comforted
- Preoccupied and/or defiant behavior
- Inhibition or hesitancy in social interactions
- Being too close with strangers

Types of attachment disorders include:

- *Reactive Attachment Disorder (RAD)*
  Children with RAD are less likely to interact with other people because of negative experiences with adults in their early years. They have difficulty calming down when stressed and do not look for comfort from their caregivers when they are upset. These children may seem to have little to no emotions when interacting with others.

- *Disinhibited Social Engagement Disorder (DSED)*
  Children with DSED do not appear fearful when meeting someone for the first time. They may be overly friendly, walk up to strangers to talk or even hug them. Younger children may allow strangers to pick them up, feed them, or give them toys.

(Sources: AACAP.org)

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and very high levels of activity. Any child may show inattention, distractibility, impulsivity, or hyperactivity at times, but the child with ADHD shows these symptoms and behaviors more frequently and severely than other children of the same age or developmental level. ADHD occurs in three to five percent of school age children. ADHD typically begins in childhood but can continue into adulthood.

There are three types of ADHD. Some people have only difficulty with attention and organization (Attention Deficit Disorder or ADD). Other people have only the hyperactive and impulsive symptoms (ADHD-hyperactive subtype). The third, and most commonly identified group, consists of those people who have difficulties with both.
A child with ADHD often shows some of the following:

- Trouble paying attention (In girls this is often manifested through daydreaming)
- Inattention to details and makes careless mistakes
- Easily distracted
- Loses school supplies or forgets to turn in homework
- Trouble finishing class work and homework
- Trouble listening
- Trouble following multiple commands
- Blurts out answers
- Impatience
- Fidgets or squirms
- Leaves seat and runs around or climbs excessively
- Continually “on the go”
- Talks too much and has difficulty playing quietly
- Interrupts or intrudes on others

(Sources: AACAP.org; NIMH.org)

Bipolar Disorder

Bipolar disorder is a serious medical condition that causes dramatic mood swings from overly “high” and/or irritable (mania) to sad and hopeless (depression), and then back again, often with periods of normal mood in between. These moods are called episodes and can change at different rates. Moods may drastically change multiple times a day or they may change over days or months. Severe changes in energy and behavior go along with these changes in mood. At times, someone may experience both mania and depression - which is called a mixed episode.

Often the first signs of bipolar disorder are severe moodiness, unhappiness or symptoms of depression. The first manic episode may be triggered by stress or trauma, but sometimes there is no clear reason. Although it can be diagnosed in childhood, bipolar disorder tends to emerge in adolescence. Children with bipolar disorder can have co-occurring disorders, such as attention deficit hyperactivity disorder, anxiety disorders, or other mental disorders.

Symptoms of mania include:

- Acting overly joyful or silly
- Having a short fuse or temper
- Thinking or talking a mile a minute
- Sleeping very little without feeling tired
- Talking and thinking about sex more than usual
- Engaging in risky or thrill-seeking behavior, or over-involvement in activities
- Hallucinations or delusions, which can result from severe episodes of mania

Symptoms of depression include:

- Feeling extremely sad or hopeless
- Being in an irritable mood
- No longer interested in activities that were once enjoyed
- Sleeping too much or trouble sleeping
- Changes in appetite or weight
- Little or no energy or moving slowly
- Problems concentrating
- Aches and pains for no reason.
- Recurrent thoughts or talk of death or suicide – any thoughts or talk about suicide must be taken seriously.

People often have early warning signs that show bipolar disorder may be developing.

Children may experience severe temper tantrums when told “no.” Tantrums can last for hours while the child continues to become more violent. They may also show odd displays of happy or silly moods and behaviors.

Teenagers may experience a drop in grades or suspension from school, quit a sports team or other activity, be arrested for fighting or drug use, engage in risky sexual behavior possibly resulting in pregnancy or sexually transmitted disease, or talk about death or suicide.

(Sources: NIMH.org)

Borderline Personality Disorder (BPD)

Borderline personality disorder is a serious mental illness marked by unstable moods, behaviors, and relationships. BPD usually begins during adolescence or early adulthood and some studies suggest that early symptoms of the illness may occur during childhood. Most individuals with BPD suffer from:

- Problems with regulating emotions and thoughts
- Impulsive and reckless behavior
- Unstable relationships with other people

Seemingly mundane events may trigger symptoms. For example, people with BPD may feel angry and distressed over minor separations from people to whom they feel close to —such as vacations, business trips, or sudden change of plans. To be diagnosed with BPD, a person must show an enduring pattern of behavior that includes at least five of the following symptoms:

- Extreme reactions including panic, depression, rage, or frantic actions—to abandonment, whether real or perceived
- A pattern of intense and stormy relationships with family, friends, and loved ones, often veering from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image or sense of self, which can result in sudden changes in feelings, opinions, values, or plans for the future
- Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating
- Recurring suicidal behaviors/threats
- Self-harming behavior, such as cutting
- Intense and highly changeable moods, with each episode lasting from a few hours to a few days
- Chronic feelings of emptiness and/or boredom
- Inappropriate, intense anger or problems controlling anger
- Having stress-related paranoid thoughts or severe dissociative symptoms, such as feeling cut off from oneself, observing oneself from outside the body, or losing touch with reality

People with this disorder also have high rates of co-occurring disorders, such as depression, anxiety disorders, substance abuse, eating disorders, self-harm and suicidal behaviors.

(Sources: NIMH.org)

Conduct Disorder

People with conduct disorder have great difficulty following rules and behaving in a socially acceptable way. This may include some of the following behaviors:

- Aggression to people and animals
- Destruction of property, deceitfulness, lying, or stealing
- Truancy or other serious violations of rules
- Lack of remorse for behaviors

A diagnosis of conduct disorder is likely when symptoms continue for 6 months or longer. Conduct disorder is known as a "disruptive behavior disorder" because of its impact on the child and others. Parents of children living with ADHD and conduct disorder often feel frightened and intimidated by their child’s behaviors and worry about danger or injury to other family members.

Depression

About 11 percent of adolescents have a depressive disorder by age 18 but the risk increases as a child gets older. Episodes of depression in children last 6 to 9 months on average but may last for years. Well over one-half of depressed adolescents have a recurrence within 7 years.

Children who are depressed may complain of feeling sick, refuse to go to school, cling to a parent, or worry excessively that a parent may die. Children are more likely to complain of aches and pains than to say they are depressed. When children are experiencing an episode they may struggle at school, have impaired relationships with their friends and family, internalize their feelings and have an increased risk for suicide. Teens may sulk, get into trouble at school, be negative or grouchy, become angry or aggressive, abuse drugs or alcohol, or feel misunderstood.

Multi-generational studies have revealed a link between depression that runs in families and changes in brain structure and function, which may precede the onset of depression. People at higher risk for depression include those who have ADHD, conduct, learning or anxiety disorders. Symptoms and warning signs of depression are:

- Extreme stress, trauma, or facing a significant loss
- Difficulty with relationships and poor communication
- Increased irritability, anger or hostility
- Extreme sensitivity to rejection or failure, low self-esteem and guilt
- Persistent boredom and low energy
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Frequent sadness, tearfulness, crying, or hopelessness
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences, poor performance, or poor concentration in school
- A major change in eating and/or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self-destructive behavior

(Sources: NIMH.org; NAMI.org)

Disruptive Mood Dysregulation Disorder (DMDD)

Children with disruptive mood dysregulation disorder have severe and frequent temper tantrums that interfere with their ability to function at home, in school or with their friends. When children are usually irritable or angry or when temper tantrums are frequent, intense and ongoing, it may be signs of a mood disorder such as DMDD. The symptoms of DMDD include:

- Severe temper outbursts at least three times a week
- Sad, irritable or angry mood almost every day
- Reaction is bigger than expected
- Child must be at least 6 years old
- Symptoms begin before age 10
- Symptoms are present for at least a year
- Child has trouble functioning in more than one location (home, school and/or with friends)

Some of the symptoms associated with DMDD are also present in other child psychiatric disorders, such as depression, bipolar disorder and oppositional defiant disorder. Some children with DMDD also have a second disorder, such as problems with attention or anxiety.

Dual Diagnosis: Co-occurring Brain Disorders & Substance Abuse Disorders

Many teens have symptoms of a mood disorder that may in fact have led to self-medicating with street drugs and alcohol. The psychiatric and drug counseling communities agree that both disorders must be treated at the same time. The presence of both disorders must first be established by careful assessment. This may be difficult because the symptoms of one disorder can mimic the symptoms of the other. Seek referral to a psychologist or psychiatrist.

(Sources: AACAP.org; NAMI.org)

Eating Disorders

Eating disorders are characterized by extremes in eating behavior—either too much or too little—or feelings of extreme distress or concern about body weight or shape. Eating disorders frequently occur in people with other mental illnesses, including depression, anxiety disorders and substance abuse issues.

Anorexia Nervosa
Anorexia nervosa is a serious and potentially life-threatening mental illness. Anorexia nervosa is an eating disorder defined by an inability to maintain one's body weight within 15 percent of their Ideal Body Weight (IBW). Other essential features of this disorder include an intense fear of gaining weight, a distorted image of one's body, denial of the seriousness of the illness, and—in females—amenorrhea, an absence of at least three consecutive menstrual cycles when they were otherwise expected to occur.

Bulimia Nervosa
People with bulimia nervosa are overly concerned with their body's shape and weight—they engage in detrimental behaviors in an attempt to control their body image. Bulimia nervosa is often characterized by a destructive pattern of binging (eating too much food) and inappropriate, reactionary behaviors (called purging) to control one's weight following these episodes. Purging behaviors are potentially dangerous and can consist of a wide variety of actions "to get rid of everything I ate." This can include self-induced vomiting and the abuse of laxatives, enemas or diuretics (e.g., caffeine). Other behaviors such as "fasting" or restrictive dieting following binge-eating episodes are also common, as well as excessive exercising.

Binge Eating Disorder
Individuals with binge eating disorder (BED) experience episodes of rapid food consumption: periods in which they "lose control" of the ability to stop eating. They may eat until after they are already full or at times when they were not hungry to begin with. For some people, binging can cause a sense of relief or fulfillment which fades as the episode progresses and leads to feelings of disgust, guilt, worthlessness or depression after the episode is over.

(Sources: NAMI.org)

Post-Traumatic Stress Disorder (PTSD)

Children and teens could have post-traumatic stress disorder if they have lived through an event that could have caused them or someone else to be killed or badly hurt. Such events include sexual abuse, physical abuse or other violent crimes. Disasters such as floods, school shootings, car crashes, or fires might also cause PTSD. Other events are war, a friend's suicide, or seeing violence in the area they live. Three to ten million children witness family violence each year. Around 40 percent to 60 percent of those cases involve child physical abuse.

Three factors have been shown to raise the chances that children will experience PTSD. These factors are:

- The severity of the trauma
- Parent’s reaction to the trauma
- Proximity of the child to the trauma

Research shows that sexually abused children often have problems with:

- Fear
- Worry
- Sadness
- Anger
- Feeling alone or apart from others
- Feeling like people are looking down on them
- Low self-worth
- Difficulty trusting others

Sexually abused children may express other behaviors such as aggression, out-of-place sexual behavior, self-harm, and abuse of drugs or alcohol. School-aged children might put the events of the trauma in the wrong order. They might also think there were signs that the trauma was going to happen. They may think that if they pay attention, they can avoid future traumas. They might keep repeating a part of the trauma during play. Teens are more likely than younger children or adults to show impulsive and aggressive behaviors.

(Sources: PTSD.VA.gov)

Schizophrenia

The symptoms and behavior of children and adolescents with schizophrenia may be different from that of adults with this illness. Schizophrenia is rare in children. Far more common is the emergence of schizophrenia between the mid-teens and mid-twenties. The symptoms and behaviors that can occur in children or adolescents with schizophrenia are:

- Seeing things and hearing voices which are not real (hallucinations)
- Odd and eccentric behavior and/or speech
- Unusual or bizarre thoughts and ideas
- Confusing television and dreams from reality
- Confused thinking, extreme moodiness
- Ideas that people are out to get them or talking about them (paranoia)
- Severe anxiety and fearfulness
- Difficulty relating to peers, and keeping friends; withdrawn and increased isolation
- Worsening personal grooming

The behavior of children with schizophrenia may change slowly over time. For example, children who used to enjoy relationships with others may start to become more shy or withdrawn and seem to be in their own world. Sometimes youngsters will begin talking about strange fears and ideas. They may start to say things that do not make sense. In teens, you may be unaware of many of the signs or think they're just going through a phase.

As time goes on, the early warning signs of schizophrenia may develop into symptoms becoming more severe and noticeable. Some of the most common types of symptoms people with schizophrenia experience include:

- *Hallucinations***.** Hallucinations involve the misperception of things that are not really there. Hearing sounds or voices are the most common hallucinations. The voices are often threatening or critical. Young children may believe that toys or pets are talking. Teenagers might believe that people are talking about them or calling them names. Other types of hallucinations include seeing, smelling or feeling things that are not there. Hallucinations may be associated with other medical conditions.
- *Delusions*. Delusions involve a fixed belief in something that is not true despite evidence that shows otherwise. A child might express ideas that don't make sense or have fearful beliefs. A young person may believe that strangers know what they are thinking or that the television is sending them messages. Trying to argue or convince the person that they are mistaken or wrong will often be rejected and cause conflict or avoidance.
- *Changes in behavior.* A young person may find it difficult to do everyday things like bathing, attending school or communicating. A young person may lose motivation and withdraw into themselves. Cognitive issues often appear early and will cause a

decline in school performance. This along with withdrawal and isolation are often the first indications of psychosis. **Psychosis is a serious symptom. When a person is experiencing psychosis he or she cannot tell what is real from what is not real.

(Sources: AACAP.org; NAMI.org)

Self-Injury

Self-injury is the act of deliberately hurting oneself, often to change a way of feeling. Much self-injury becomes a pattern of behaviors that are ritualistic (use the same tool, cut in the same places, etc).

Some forms of self-injury include:

- Carving
- Scratching
- Branding
- Marking
- Picking, and pulling skin and hair
- Burning/abrasions
- Cutting
- Biting
- Head banging
- Bruising
- Hitting
- Tattooing
- Excessive body piercing

People who engage in self-injury do so for many reasons. Self-injury can be a way of coping with painful feelings such as:

- Worthlessness
- Vulnerability
- Detachment
- Panic
- Anger
- Guilt
- Helplessness
- Rejection
- Self-hatred
- Confused Sexuality
- Failure
- Loneliness

Cutting releases brain chemicals called endorphins, the same chemicals referred to in the “runners high.” Some researchers think that the pain relief of the endorphins soothes some people, at least temporarily. It allows for a physical expression of overwhelming internal emotions, and for others, it serves to temporarily relieve stress and anxiety caused by these emotions. Some people don’t even feel the injury when they cut, and some use it as an attempt to bring themselves out of a numb state; the blood reminds them they are alive and human. Oftentimes, these emotions are a result of early life stressors such as domestic violence, sexual abuse, death, or divorce. It usually takes a combination of these stressors for someone to begin engaging in self-injury.

Adolescents who have difficulty talking about their feelings may show their emotional tension, physical discomfort, pain and low self-esteem with self-injurious behaviors. They may suffer from serious psychiatric problems such as depression, psychosis, PTSD, bipolar disorder and borderline personality disorder. The shame and embarrassment that go with this coping strategy often make people regret self-injury once they move on to more adaptive ways of dealing with severe stress. Teenagers may hide their scars, burns and bruises due to feeling embarrassed, rejected or criticized about their physical appearance.

Self-injury is an unhealthy coping strategy but is usually not a suicide attempt. Self-harm can leave permanent scars and other physical damage. An evaluation is needed and it is not usually advisable to tell a person to stop their coping mechanisms immediately. They must learn to develop more strategies to handle stress.
(Sources: AACAP.org; NAMI.org)

Suicide Prevention

Suicide is the third leading cause of death in youth and young adults ages 15-24. 90 percent of those who died by suicide had an underlying mental illness. Each year in the United States, approximately 2 million adolescents attempt suicide, and almost 700,000 receive medical attention for their attempt. In this age group, suicide accounted for 14.4 percent of all deaths in 2009.

Important risk factors for suicide and suicidal behavior include:

- Exposure to the suicide or suicidal behavior of a significant person
- History of physical or sexual abuse or family violence
- Parent living with mental illness or impaired parent-child relationships
- Life stressors, especially interpersonal losses and legal or disciplinary problems
- Lack of involvement in work and/or school (drifting)
- Same-sex attraction (only been shown for suicidal behavior, not suicide)
- Depression and other mental disorders; hopelessness
- Impulsive and/or aggressive tendencies
- Substance-abuse disorder (often in combination with other mental disorders)
- Incarceration
- Easy access to lethal methods (Nearly 60 percent of all deaths by suicide are by guns)
- Prior suicide attempt

Common suicide warning signs:

- Talking about hopelessness, worthlessness, being a burden to others, feeling trapped, having no reason to live, or being in unbearable pain
- Having no motivation or losing interest in activities once enjoyed
- Sudden change in personality or behaviors; withdrawing or feeling isolated
- Change in eating and sleeping habits
- Unusual neglect of personal appearance
- Persistent boredom or difficulty concentrating
- Decline in the quality of schoolwork
- Not tolerating praise or rewards
- Displaying extreme mood swings.
- Acting anxious or agitated
- Frequent complaints of physical symptoms (stomachaches, headaches or fatigue)
- Giving away possessions
- Behaving recklessly
- Increasing the use of alcohol or drugs
- Talking about death, not being here tomorrow, wanting to die or killing oneself
- Showing rage or talking about seeking revenge
- Violent actions, rebellious behavior, or running away
- Looking for ways to kill oneself such as searching online or buying a gun

Talking with youth about suicide:

Studies show that people do not start thinking about suicide just because someone asks them about it. If you suspect a friend or loved one is suicidal, tell them that you are worried and want to help them. Don't be afraid to use the word "suicide," ask whether they are considering it, and ask if they have a specific plan in mind. Having a plan may indicate that they are farther along and need help right away. Sometimes people who are thinking about suicide won't tell you so because they don't want you to stop them. Your direct, non-judgmental questions can encourage them to share their thoughts and feelings.

Having the conversation:

1. *Preparation steps before you talk:*
   - Identify your resources
   - Remember to say "suicide"
   - Choose an appropriate time to talk with them

2. *Talking points:*
   - "You can come to me and talk about suicide."
   - "Do you know anyone who has talked about suicide?"
   - "Do you know anyone who has attempted suicide?"
   - "Have you ever thought of attempting suicide?"
   - "What can I do to help? We are in this together!"

3. *How to respond to a cry for help:*
   - Breathe
   - Be genuine, caring, and show respect; have a caring conversation
   - Don't lie or make promises you can't keep
   - Tell them:
     - "I am glad you talked to me."
     - "I do care. Tell me what's happening in your life."
     - "How can I help? Let's find someone who can help you get through this."

If you do find that someone is contemplating suicide, it is essential to help them find immediate professional care. Don't make the common misjudgment that those contemplating suicide are unwilling to seek help. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, though, no matter how overpowering, does not last forever.

If they tell you they **are** going to commit suicide, you must act immediately. Don't leave the person alone, and don't try to argue. Instead, ask questions like, "Have you thought about how you'd do it?" "Do you have the means?" and "Have you decided when you'll do it?" If the person has a defined plan, the means are easily available, the method is a lethal one, and the time is set, the risk of suicide is obviously severe. In such an instance, you must take the individual to the nearest psychiatric facility or hospital

emergency room. If you are together on the phone, you may even need to call 911 or the police. Remember, under such circumstances no actions on your part should be considered too extreme—you are trying to save a life.

An overwhelming majority of young people who hear a suicide threat from a friend or loved one don't report the threat to an adult. All threats should be taken seriously. Make sure teens know they are not betraying someone's trust by trying to keep them alive.

Don't automatically assume that someone who was considering suicide and is now in treatment or tells you that they are feeling better is, in fact, doing better. Some who commit suicide actually do so just as they seem to be improving. While it's not good to monitor every action of someone who is recovering from suicidal thoughts, it is important to make certain that the lines of communication between you and the individual remain open.

(Sources: AACAP.org; AFSP.org; NAMI.org; NIMH.org; YellowRibbon.org)

Frequently Asked Questions

How do I have a conversation with my child about mental health?

Try leading with these questions. Make sure you actively listen to your child's response:

- Can you tell me more about what is happening in your life (school, friends, home)?
- How are you feeling?
- Have you had feelings like this in the past?
- Sometimes you need to talk to an adult about your feelings. I'm here to listen. How can I help you feel loved?
- Do you feel like you want to talk to someone else about what's going on?
- I'm worried about your safety. Can you tell me if you have thoughts about harming yourself or others?

When explaining to a child about how a mental illness affects a person, it may be helpful to make a comparison to a physical illness. For example, many people get sick with a cold or the flu, but only a few get really sick with something serious like pneumonia. People who have a cold are usually able to do their normal activities. However, if they get pneumonia, they will have to take medicine and may have to go to the hospital. Similarly, feelings of sadness, anxiety, worry, irritability, or sleep problems are common for most people. However, when these feelings get very intense, last for a long period of time and begin to interfere with school, work, and relationships, it may be a sign of a mental illness that requires treatment.

- Communicate in a straightforward manner
- Speak at a level that is appropriate to a child or adolescent's age and development level (preschool children need fewer details than teenagers)
- Discuss the topic when your child feels safe and comfortable
- Watch for reactions during the discussion and slow down or back up if your child becomes confused or looks upset

Age Specific Tips:

Preschool Age Children
Young children need less information and fewer details because of their more limited ability to understand. Preschool children focus primarily on things they can see. For example, they may have questions about a person who has an unusual physical appearance, or is behaving strangely. They would also be very aware of people who are crying and obviously sad, or upset and angry.

School Age Children
Older children may want more specifics. They may ask more questions, especially about friends or family with emotional or behavioral problems. Their concerns and questions are usually very straightforward. "Why is that person crying? Why does

Daddy drink and get so mad? Why is that person talking to herself?" They may worry about their safety or the safety of their family and friends. It is important to answer their questions directly and honestly and to reassure them about their concerns and feelings.

Teenagers
Teenagers are generally capable of handling much more information and asking more specific and difficult questions. Teenagers often talk more openly with their friends and peers than with their parents. As a result, some teens may have already had misinformation about mental illnesses. Teenagers respond more positively to an open dialogue which includes give and take. They are not as open or responsive when a conversation feels one-sided or like a lecture.

I am concerned about my child's mental health. What should I do?

If you are concerned about your child's mental health, it is important to get appropriate care:

- Talk to your child's doctor, school nurse, or another health care provider and seek further information about the behaviors or symptoms that worry you
- Ask your child's primary care physician if your child needs further evaluation by a specialist with experience in adolescent mental health
- Ask if your child's specialist is experienced in treating the problems you are observing
- It is helpful to seek a second opinion when treating mental health isssues
- Talk to your medical provider about any medication and treatment plans
- If you are experiencing a mental health diagnosis it is important to seek treatment and support for yourself. The way you care for your mental health will impact your child.
- If you are struggling in your marriage, separated, thinking about divorce, or in the process of divorce it is important to seek marital support as soon as possible.

Ten big questions for parents:

1. Have there been any changes in your family or child's living situation?
2. How is your child doing at home?
3. How is your child doing in school?
4. How does your child relate with other children?
5. Is your child taking medication(s) as prescribed?
6. Is the medication helping your child? Are there any problems or side-effects from the medication(s)?
7. Does your child have any new medical or health problems?
8. Is your child taking any new medication(s) from other doctors?
9. Has your child been seeing their therapist regularly?
10. Is therapy helping your child?

I think my child needs help but where do I find help for my child?

If you are worried about your child's emotions or behavior you can start by talking to friends, family members, your church, your child's school counselor, or your child's pediatrician or family physician about your concerns. Parents should try to find a mental health professional who has advanced training and experience with the evaluation and treatment of children, adolescents and families. Parents should always ask about the professional's training and experience. However, it is also very important to find a comfortable match between your child, your family, and the mental health professional.

Sources of information include:

- Employee assistance program through your employer
- Local medical society, local psychiatric society
- Local mental health association
- County mental health department
- Local hospitals or medical centers with psychiatric services
- Department of psychiatry in nearby medical school
- National advocacy organizations (National Alliance for the Mentally Ill, Federation of Families for Children's Mental Health, National Mental Health Association)
- National professional organizations (American Academy of Child and Adolescent Psychiatry, American Psychiatric Association)

Psychiatrist
A psychiatrist is a physician whose education includes a medical degree (M.D. or D.O.) and at least four additional years of study and training. Psychiatrists are licensed by the states as physicians. Psychiatrists who pass the national examination administered by the American Board of Psychiatry and Neurology become board certified in psychiatry. Psychiatrists provide medical/psychiatric evaluation and treatment for emotional and behavioral problems and psychiatric disorders. They can prescribe and monitor medications.

Child and Adolescent Psychiatrist
A child and adolescent psychiatrist is a licensed physician (M.D. or D.O.) who is a fully trained psychiatrist and has two additional years of advanced training beyond general psychiatry with children, adolescents and families. Child and adolescent psychiatric training requires 4 years of medical school, at least 3 years of approved residency training in medicine, neurology, and general psychiatry with adults, and 2 years of additional specialized training in psychiatric work with children, adolescents, and their families in an accredited residency in child and adolescent psychiatry.

A child and adolescent psychiatrist specializes in the diagnosis and the treatment of disorders of thinking, feeling and/or behavior affecting children, adolescents, and their families. They will evaluate, diagnosis, and then design a treatment plan which considers all components and discuss these recommendations. In addition, the child psychiatrist is prepared and expected to act as an advocate for the best interests of children and adolescents. Child and adolescent psychiatrists perform consultations in a variety of settings (schools, juvenile courts, and social agencies).

Psychologist
Some psychologists possess a master's degree (M.S.) in psychology while others have a doctoral degree (Ph.D., Psy.D, or Ed.D) in clinical, educational, counseling, developmental or research psychology. Psychologists are licensed by most states. Psychologists can also provide psychological evaluation and treatment for emotional and behavioral problems and disorders. Psychologists can also provide psychological testing and assessments.

Social Worker
Some social workers have a bachelor's degree (B.A., B.S.W., or B.S.), however most social workers have earned a master's degree (M.S. or M.S.W.). In most states social workers can take an examination to be licensed as clinical social workers. Social workers provide different forms of psychotherapy.

Psychotherapy for Children and Adolescents
Psychotherapy refers to a variety of techniques and methods used to help children and adolescents who are experiencing difficulties with their emotions or behavior. Although there are different types of psychotherapy, each relies on communications as the basic tool for bringing about change in a person's feelings and behaviors. Psychotherapy may involve an individual child, a group of children, a family, or multiple families. Playing, drawing, building, pretending and talking are important ways for children and adolescents to share feelings and resolve problems. Psychotherapy is often used in combination with other treatments (medication, behavior management, or work with the school). Psychotherapy helps children and adolescents receive emotional support, resolve conflict with people, understand feelings and problems and try out new solutions to old problems. Parents can ask the following questions about psychotherapy:

- Why is psychotherapy being recommended?
- What results can I expect?
- How long will my child be involved in therapy?
- How frequently will the doctor see my child?
- Will the doctor be meeting with just my child or with the entire family?
- How much do psychotherapy sessions cost?
- How will we (the parents) be informed about our child's progress and how can we help?
- How soon can we expect to see some changes?

How do I get an accurate diagnosis for my child?

Several factors contribute to getting an accurate diagnosis for your child:

- Symptoms may change and develop over time, including extreme behaviors and dramatic changes in behavior and emotions.
- Children and adolescents undergo rapid developmental changes in their brains and bodies as they get older and symptoms can be difficult to understand in the context of these changes.
- Children may be unable to effectively describe their feelings or thoughts, making it hard to understand what is really going on with them.
- It is often difficult to access a qualified mental health professional to do a comprehensive evaluation because of the shortage of children's mental health providers. Some health care providers are reluctant to recognize mental illnesses in children and adolescents.

Ten steps that families can take to help their mental health services provider make an accurate diagnosis:

1. *Record Keeping:*
   Organize and keep accurate records related to your child's emotional, behavioral, social and developmental history. The records should include observations of the child at home, in school and in the community. They should be shared with the child's treating provider to help in making a diagnosis. The following can be helpful to record:

   - Primary symptoms, behaviors, and emotions of concern
   - A list of the child's strengths
   - A developmental history of when the child first talked, walked, and developed social skills
   - A complete family history of mental illness and substance use disorders (many mental illnesses run in families)
   - Challenges the child is facing in school, in social skill development, with developmental milestones, with behaviors and with emotions
   - The times of day or year when the child is most challenged
   - Interventions and supports that have been used to help the child and their effectiveness including therapy, medication, residential or community services and hospitalization
   - Settings that are most difficult for the child (school, home, social situations)
   - Any major changes or stresses in the child's life (divorce, death of a love one, etc)
   - Factors that may act as triggers or worsen the child's behaviors or emotions
   - Significant mood instability or disruptive sleep patterns

2. *Comprehensive Physical Examination*
   To make an accurate diagnosis, it is important to start the process with the child's

primary care physician. A comprehensive physical examination should be done to rule out other physical conditions that may be causing a child's symptoms.

3. *Co-occurring Conditions*
   Your child should be evaluated for co-occurring conditions that may cause behavioral problems or poor school performance like learning disabilities, sensory integration problems, and other physical or mental disorders. If you suspect that a co-occurring condition is affecting your child's ability to learn, ask the school to perform a psycho-educational evaluation.

4. *Specialists in Children's Mental Health*
   After other physical conditions and learning disabilities are evaluated, it is time to meet with a qualified mental health provider. Your child's primary care physician may be able to refer you to a mental health professional.

5. *The Diagnostic and Evaluation Process*
   A medical diagnostic tool (a blood test, MRI scan or x-ray) that will diagnose mental illnesses has not yet been developed. Your child's diagnosis should be made based on professional observation and evaluation, information provided by your family and other experts, and the criteria found in the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). This evaluation should include a comprehensive look at all aspects of your child's life: church, school, family, friends and other activities. The provider evaluating your child is likely to ask you to fill out a checklist that provides a detailed profile of your child and the challenges your child is facing.

6. *Adjustments in the Diagnosis*
   It may take several visits with a mental health professional before a diagnosis is made. The diagnosis may also change as new symptoms emerge or existing symptoms change. A diagnosis must be confirmed over time and thus an ongoing two-way communication between the treatment provider and the family is necessary to track and monitor the child's condition and progress. Sometimes a second opinion is helpful.

7. *Effective Interventions and Outcomes*
   If a diagnosis continues to change or cannot be reached right away, it is still important to focus on effective interventions to address the child's symptoms. The goal should be to achieve the outcomes that are most important to the child and family.

8. *Working with the School*
   Consider meeting with your child's teacher or other school officials to discuss appropriate accommodations and support for your child. Families can work with schools and treatment providers to identify effective interventions that promote positive behaviors, academic achievement and prevent challenging behaviors in school.

9. *Service and Support Options*
   Ask your child's treating provider to recommend effective psychosocial interventions, skills training, support groups and other options that can help your child cope with symptoms and develop the skills necessary to ultimately lead a full and productive life.

10. *The Importance of Families*
    It may be helpful to talk with other families who have children living with mental illness. For some children having a diagnosis is scary and they may be resistant to accept it. Others are relieved to know what is happening to them is caused by an illness, they are not alone and there are treatment options that can help them. It is important to find ways to use the strengths and interests of your child to help him or her cope with difficult symptoms.

How do I advocate for my child?

Get a comprehensive evaluation
Child psychiatric disorders are complex and at times confusing. A full assessment often involves several visits. Effective treatment depends on a careful and accurate diagnosis.

Insist on the best
Talk to physicians, therapists, guidance counselors and other parents. Find out who in your community has the most experience and expertise in evaluating and treating your child's particular condition. Check the clinician's credentials carefully. Are they appropriately licensed or certified in your state? If he or she is a physician, are they "Board Certified"? Push schools, insurance companies and state agencies to provide the most appropriate and best possible services, not merely services that are deemed sufficient or adequate.

Ask lots of questions about any diagnosis or proposed treatment
Encourage your child to ask any questions he or she may have, as well. Remember that no one has all the answers, and that there are few simple solutions for complex child psychiatric disorders. In addition, all treatments have both risks and benefits. Make sure you and your child understand the full range of treatment options available so you can make a truly informed decision.

Insist on care that is "family centered" and builds on your child's strengths
Ask about specific goals and objectives. How will you know if treatment is helping? If your child's problems persist or worsen, what options and alternatives are available?

Ask about comprehensive "wrap around" or individualized services, geared specifically to the needs of your child and family
Are such services available in your state or community? If not, why not?

Be prepared
One of the most important things you can do to help your child is to keep all information, including past consultation and treatment reports, in an organized place. Insist on receiving your own copies of all evaluations. Records can easily be misplaced, delayed or even destroyed. Maintaining your own file with all relevant information can help avoid unnecessary duplication of previous treatment efforts.

Feel free to seek a second opinion
Any responsible mental health professional will be glad to help with referrals or by sharing information. If you have questions about your child's diagnosis or the proposed course of treatment arrange an independent consultation with another clinician.

Help your child learn about their condition
Use books, pamphlets and the Internet. Make sure the information is age appropriate. Answer questions with honest, accurate and consistent information, but don't overload children with more detail than they want or need.

Know the details of your insurance policy, and learn about the laws governing insurance in your state
For example, in some states, insurance companies must provide access to a specialist, such as a child and adolescent psychiatrist, within a certain distance from your home. If no such specialist is available as part of the company's "network," you may be able to receive treatment from a provider of your choice, with the insurance company responsible for full payment.

Work with the schools
Insist on access to appropriate mental health consultation services. You can also suggest in-service training programs to enhance awareness about child psychiatric disorders. Request copies of your child's educational records, including the results of any formal testing or other evaluations. Ask to be included in any and all school meetings held to discuss your child.

Learn about the reimbursement and funding systems in your state
The more you know, the better you can advocate on behalf of your child. How does Medicaid work? Which services are covered and which are excluded? Is there a Medicaid "waiver program" which allows increased flexibility based on the specific needs of children and families? Is your child eligible? If not, why not? What other sources of funding are potentially available?

If necessary, use a lawyer
Learn about the local legal resources. Find out which lawyers in your community are familiar with educational and mental health issues. Talk to your local Protection and Advocacy agency or American Civil Liberties Union for suggestions. Call the State Bar Association. Talk to other parents who are lawyers or who have used lawyers. Consider

a legal consultation to make sure you are pursuing all appropriate avenues and options regarding services for your child.

(Sources: AACAP.org; MentalHealth.gov; NAMI.org)

Additional Resources

Phone Numbers:

- 2-1-1
  Provides free and confidential information and referral for mental health services, help with food, housing, employment, counseling and more.

- National Suicide Prevention Lifeline Phone Number (1-800-273-8255)

Websites:

- American Academy of Child & Adolescent Psychiatry (AACAP) www.aacap.org

- Child and Adolescent Psychiatrist Finder: www.aacap.org/AACAP/Member_Services/Find_A_Physician.aspx

- Each Mind Matters: California's mental health movement: www.eachmindmatters.org

- Finding Balance: A Christian resource for eating and body image issues: www.findingbalance.com

- MentalHealth.gov

- National Alliance on Mental Illness (NAMI): www.nami.org; www.namioc.org

- National Institution of Mental Health (NIMH): www.nimh.nih.gov

- National Library of Medicine from the National Institutes of Health: www.nlm.nih.gov/medlineplus/mentalhealth.html

- Suicide Prevention Interactive Website: www.suicideispreventable.org

- Walk In Our Shoes: Mental health information and interactive website for youth: www.walkinourshoes.org

Mental Health Insurance Information:

- Medical contracts with Beacon Health and Beacon Health can be contacted directly. Beacon Health provides Mental Health screenings.

- Every health insurance plan is required by law to have certain essential health benefits and mental health is one of the components. To see your plan's coverage contact member services (the number should be on your insurance card).

FEELING WORD LIST

HAPPY, cheerful, delighted, elated, encouraged, glad, gratified, joyful, lighthearted, overjoyed, pleased, relieved, satisfied, thrilled, secure, optimistic

LOVING, affectionate, cozy, passionate, romantic, sexy, warm, tender, responsive, thankful, appreciative, refreshed, pleased, comforted, reassured

HIGH ENERGY, energetic, enthusiastic, excited, playful, rejuvenated, talkative, pumped, motivated, driven, determined, obsessed, jittery

AMAZED, stunned, surprised, shocked, jolted, enlightened

ANXIOUS, afraid, uneasy, nauseated, nervous, restless, preoccupied, worried, scared, tense, fearful, terrified, insecure, indecisive, hyper-vigilant, cautious

CONFIDENT, positive, secure, self- assured, assertive

PEACEFUL, relieved, at ease, calm, comforted, cool, relaxed, composed, protected

OVERWHELMED, apprehensive, boxed in, burdened, confused, distressed, guarded, hard-pressed, paralyzed, panicky, tense, weighted down, edgy

TRAUMATIZED, shocked, disturbed, injured, damaged, unloved, unlovable, hated
ANGRY, annoyed, controlled, manipulated, furious, grouchy, grumpy, irritated, provoked, frustrated, hateful, cold, icy, bitter cynical

LOW ENERGY, beaten down, exhausted, tired, weak, listless, depressed, detached, withdrawn, indifferent, apathetic, lazy, bored

ALONE, avoidant, lonely, abandoned, isolated, cut off, detached, disconnected, unwanted

SAD, unhappy, crushed, dejected, depressed, desperate, hopeless, grieved, heavy, weepy

BETRAYED, deceived, fooled, duped, tricked, misled, skeptical

CONFUSED, baffled, perplexed, mystified, bewildered, misunderstood, disoriented

ASHAMED, guilty, mortified, humiliated, embarrassed, exposed, stupid

DISAPPOINTED, let down, disheartened, disillusioned, distrustful

INVISIBLE, forgotten, overlooked, unimportant, invisible, disregarded, lost

DESPISED, ridiculed, dumb, belittled, mocked, scorned, shamed, hated, detested
(Source: HowWeLove.com)

Feelings Chart For Kids

	Happy	***Sad***	***Mad***	***Scared***	***Curious***	**Tired**	**Ener-getic**	**Notes:** Write about some good and bad things that happened in your day.
Wake Up								
Morning								
Mid Morning								
Noon								
After Noon								
Early Evening								
Evening								
Night								
Bed Time								

Day of the Week_____ Date:

put an X in the box that best describes how you feel write now.
(you can also use numbers to tell how strongly you feel)
To be filled out with your parents and teachers over the day.

Monitoring Your Progress

Below are some ideas for making the most of your visit to see your GP or Psychiatrist and ways that you can monitor your own progress

The Daily Mood Chart

1. Use the daily chart, to give a global assessment of your mood on a day-to-day basis (Rate from 1 to 10, where 1 is the worst and 10 is the best)

2. This is best done at the same time each day. You can plot both a morning and evening mood level, if there is significant variation during the day.

3. Also record sleep, activities, significant events (both positive and negative).

4. You can also use this to monitor alcohol, other substances (either chart or mark amount in numbers), pain levels, episodes of anxiety and new activities started.

5. You should also enter any changes in medication (prescribed or otherwise).

Keep a journal

1. This can be for your own thoughts or as a logbook of things you wish to remember.

2. You can write for about 10 minutes a day, whatever comes into your head. You can write about what you are going through, what you need to plan or do, anything that is meaningful to you.

Review treatment and lifestyle goals on a regular basis

This can be done in your journal or using the Goal Setting sheet.

Keep a list of questions you have

1. It can be hard to recall questions when you're there in the consultation, so keep a list of your questions and take it with you. It is often useful to take someone else with you, especially if you are very worried or are having trouble concentrating or with your memory.

2. If you have other information (books, papers, internet searches), it is useful to take this to show what information you have been reading.

Keep a list of all medications you are taking

1. It is important to record past medications (what you have taken? when? for how long? good and bad effects, why stopped?)

2. Take the list of the medications with you when you see your GP.

DAILY MOOD CHART

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
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6																															
5																															
4																															
3																															
2																															
Worst 1																															
Hours of sleep																															
Comments on medication, activities, etc Other:																															

Daily mood scale

Comments section: You can also rate pain, anxiety, current or new behaviours or anything else which is relevant to you.