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Youth & Mental Health Overview

- **A Silent Epidemic**: Public schools are serving millions of students with mental health concerns.

- **One in Five Youth** living in the U.S. shows signs or symptoms of a mental health disorder.

- **Nearly 80 percent** of children who need mental health services, are not able to get professional help.

- **Schools** are the most common settings where youth who have mental health disorders receive services.

Is open discussion of Mental Health an acceptable topic? What does our history say about Mental Health?
Data taken from SAMHSA Annual National Report (2017): Reasons for Not Receiving Mental Health Services in the Past Year among Adults Age 18 or Older (Any Mental Illness v. Serious Mental Illness)
Youth & Mental Health Overview

- The start of many mental health conditions most often occurs in adolescence.
- Approximately 70% of all mental illnesses can be diagnosed before 25 years of age.
- Upon onset, most mental illnesses are mild or moderate and respond well to proper treatments.
- Half of individuals living with mental illness experience onset by the age of 14.

Mental Health Disorders are often invisible.

Psychotic Disorders

In South Dakota:
• Individuals with schizophrenia: 7,000
• Individuals with severe bipolar disorder: 14,000

Like every state in the nation, South Dakota incarcerates more individuals with severe mental illness than it hospitalizes.

• Schizophrenia: a breakdown in the relation between thought, emotion, and behavior, leading to a withdrawal from reality and into fantasy and delusion.

• Schizoaffective disorder is characterized by persistent symptoms of psychosis resembling schizophrenia with additional periodic symptoms of mood disorders.

• Psychosis is a mental disorder in which thought and emotions are so impaired that contact is lost with external reality.

• Most common psychotic disorder is schizophrenia. This disorder generally begins in the late teens or early 20’s.

Psychotic Disorders

- Schizophrenia is rather uncommon in childhood.
- Early symptoms seen in schizophrenia, include disorganization, social withdrawal, poor hygiene. Talking to self, thought processes significantly altered, speaking incoherently.
- Younger children who are experiencing psychotic symptoms may not have the verbal skills to describe their inner experiences, but may instead manifest symptoms through inappropriate behaviors that are a significant change from their previous mental state.

- 5,000 - children assisted by South Dakota’s community-based mental health centers.
- 7,000 - children qualified for help but were not receiving services.
- 254 - rate of children in juvenile detention in South Dakota, fifth-highest in the nation.

Oppositional defiant disorder (ODD): A pattern of angry or irritable mood, argumentative or defiant behavior.

ODD Behaviors tend to begin to appear within the preschool age.

Important to recognize the underlying reasons for the behavior rather than engaging in power struggles.

Students with an ODD diagnosis may behave differently in different environments.

Medication is typically not the first treatment of choice for ODD unless behavior potentially endangers themselves or others.

Studies have shown that proactively addressing students’ mental health concerns through collaborative efforts can significantly improve behaviors and reduce the risk of violence.
**Behavior Disorders**

- **Conduct disorder:** For diagnosis, a child or adolescent would need to display a persistent and repetitive pattern of behavior that violates societal norms or the basic rights of others.

- **Symptoms include:** Limited prosocial emotions, a lack of remorse or guilt, callousness or lack of empathy, unconcern about performance at school, work, or other important activities, and having shallow deficient affect.

- **Rates of occurrence are 2x higher in males.**

- **Children with a diagnosis of Conduct Disorder** generally display behaviors in multiple settings, at home and at school. They may be aggressive, may bully and intimidate peers.

- **With effective treatment, the behavior problems will decrease or even disappear.**
  Teaching of appropriate life skills, socialization, sustaining positive interactions with others.
Anxiety Disorders

Anxiety Disorders within the pediatric population can interfere with the normal developmental process. An adolescent with severe social anxiety may not involve themselves in normal developmental activities.

Obsessive Compulsive Disorder (OCD): Subclinical obsessions or compulsions are typical for much of the population. When obsessions or compulsions reach the clinical level of a disorder, they are significantly disabling.

Symptoms may occur as early as the pre-school years. One third of those diagnosed with the disorder report that symptoms began during childhood or adolescence. OCD is hereditary.

OCD Rates of occurrence: 2x more common in boys.

In the classroom: Perfectionistic tendencies, crumpling up and throwing away an assignment sheet because of a small mistake in handwriting, difficulty with work completion, preoccupation, may have difficulty focusing on classroom materials.
Anxiety Disorders

- **Generalized Anxiety Disorder:** A psychological disorder characterized by excessive or disproportionate anxiety about several aspects of life, such as work, social relationships, or financial matters.

- **Social Anxiety Disorder:** An intense, persistent fear of being watched and judged by others.

- **Symptoms:** Stomachaches, headaches, may ask to go home or visit the nurses office to avoid the stress of the classroom. Excessive absences. Appearing to be “tightly wound” or unable to relax. Confusion, embarrassment of seeming ‘stupid’. Fears of failure, excessive worries. Catastrophizing and overgeneralization. Avoidance of situations where they may be subject to scrutiny.

- **2:1 Ratio of Females to Males.**

The number of distressed young people is on the rise. About 30% of girls and 20% of boys, totaling 6.3 million teens, have had an anxiety disorder, according to data from the National Institute of Mental Health.
Anxiety Disorders

- Anxiety in children has increased substantially since the 1950’s.

- Anxiety levels significantly increased between the years of 1952 and 1993, providing more evidence for what some authors have called “The Age of Anxiety.”

- Diagnoses of depression will continue to increase in the coming decades, as anxiety tends to predispose people to depression.

- Alcohol and drug abuse will continue to be an increasing problem too, because anxiety usually precedes the onset of substance abuse.

The findings were first published in the American Psychological Association’s (APA) Journal of Personality and Social Psychology.
• **Social Media Use and Anxiety in Youth:** Increased risk of suicide.

• **Social Media creates an atmosphere** for constant communication and comparisons, through likes and follows, teens are getting actual data on how much people like them and their appearance.

• **With little break from technology**, teens experience anxiety, poor self-esteem, insecurities, and sadness attributed, at least in part, to continuous social media use.

• **“Constantly judging my self-worth online”**

• **Associations between increased social media** use and depression, anxiety, sleep problems, eating concerns, and suicide risk.

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Between 1985 and 2016, the number of UCLA freshmen reporting feeling overwhelmed surged from 18% to 41%.

Nationally, rates of overwhelming anxiety among college students spiked from 50 percent in 2011 to 62 percent in 2016.

Anxiety Disorders

Does social media affect anxiety levels in youth?

• Seeing people posting about events to which the student hasn’t been invited.
• Feeling pressure to post positive and attractive content about themselves.
• Feeling pressure to get comments and likes on their posts.
• Someone else posting things that the student cannot change or control.
• Feeling Replaceable.
• Not up-to-date on the latest social media posts.
• Attachment to devices.
• Viewing other people’s profiles: Comparing their own life to edited versions.
• Social endorsement provided by the number of “likes” a post might get.
• In one study, nearly one-fifth of respondents said they’d delete a post if it didn’t receive enough “likes”.

Negative Effects
OF SOCIAL MEDIA

- Depression
- Anxiety
- Lower self-esteem
- Less self-control
- PTSD Trigger
- Overeating
- Fear of Missing Out (FOMO)
- Hive Mind
- In-group conformity to group thinking
One mother of a child in treatment found out her daughter had 17 Facebook accounts, which the mother shut down.

“But what good does that do? There will be an 18th.”

Educators are in a position where they can get to know students well enough to look for repeated patterns.

Post 9/11 generation: Never known of a time when terrorism and school shootings weren’t the norm.

Over Exposed: “Every fight or slight is documented online for hours or days after the incident.

Social Media “is like a hammer, you can build a house that’s never existed before or you can smash someone’s head in, it’s the same tool.”
Do Video Games Influence Mental Health in Youth?

What we do know:

- The American Psychological Association considers violent video games a risk factor for aggression.

- In 2017, the APA concluded that violent video game exposure was linked to increased aggressive behaviors, thoughts, and emotions, as well as decreased empathy.

- Research has also shown that violent video games can desensitize people to seeing aggressive behaviors and decrease prosocial behaviors such as helping another person and feeling empathy.

- “Depression, anxiety, social phobias, and lower school performance appear to act as outcomes of pathological gaming.”

- Who is being exposed? Effects on younger children? How does this affect individuals with a history of mental health concerns?
Trauma & Post-Traumatic Stress Disorder

**Trauma:** A psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror and helplessness.

**Post-traumatic Stress Disorder (PTSD):** A neuropsychiatric disorder that develops following a traumatic event and includes changes in emotional, behavioral and physiological functioning.

**PTSD** can occur in individuals who have no previous history of mental health concerns.

**Symptoms:** Intrusive memories, recurrent nightmares, dissociative reactions in which the individual feels that the events are recurring; prolonged distress.

**The Epigenetic Fingerprint:** Children of traumatized parents have long been known to be at increased risk for posttraumatic stress disorder. Children of traumatized parents may inherit traits that promote resilience as well as vulnerability.

A child’s brain is sticky. “Whatever we throw, it sticks. That’s why they can learn Spanish in six months when it takes adults years. This is also why if children are exposed to community violence, or domestic violence, it really sticks.”
Trauma & Post-Traumatic Stress Disorder

PTSD is associated with other mental health disorders including conduct disorder, major depression, and substance abuse.

Manifestations in the classroom: Students may have symptoms of severe anxiety triggered by classroom discussions that relate in any way to the traumatic event experienced.

PTSD can cause significant numbing to the environment, to the point where a student may appear overly quiet, withdrawn, or not engaged in classroom activities.

The problem is that this coping response may no longer match the environment.

An estimated 20% of children are exposed to domestic violence in the home. While such violence often takes place outside of school, its repercussions resonate in the classroom. They act out because they are completely powerless at home.

You, the professional adult in their life, are not their abuser. They are disconnected from the realities of their current sensory settings. Their bodies are overreacting to their senses. They need help feeling safe despite what their senses are telling them.
**Mood Disorders**

**Disorders of Mood**

- **Through the mid-20th century**, it was thought that children could not suffer from clinical depression.

- **Genetic studies** have indicated that depression has significant heritability.

- **Frequent co-occurrence** with substance abuse, conduct disorder, ADHD, and anxiety disorders. Depression is a major cause of suicide.

- **Female to male ratio**: 3:1

**Bipolar Mood Disorder**

Characterized by significant instability of mood. Very uncommon in children. The mean age of onset is 18 years. Mania is one part of bipolar disorder, also called manic depression. In bipolar disorder, moods change between mania and depression. Or, both can happen at the same time - mixed state.

**Disruptive Mood Dysregulation (DMDD)**

Applies to children and adolescents ages 7-18 who have chronic irritability and severe, recurrent temper outbursts that are grossly out of proportion (either in duration or intensity) to the situation.
Mood Disorders

Major Depressive Disorder

• Persistent and intense feelings of sadness for extended periods of time.

• The rate of adolescents experiencing major depression surged nearly 40 percent from 2005 to 2014, according to a study by researchers at the Johns Hopkins University School of Medicine.

In 2017, 3.1 million youth between the ages of 12 to 17 experienced a Major Depressive Episode (Source: National Institute of Mental Health).

In South Dakota, 58.9% of youth with major depression do not receive any mental health treatment.

6 out of 10 young people in South Dakota who have depression and who are most at risk of suicidal thoughts, difficulty in school, and difficulty in relationships with others do not get the treatment needed to support them.
Suicide and Self-Harming

Self-Injury: Occurs when someone intentionally and repeatedly harms herself/himself in a way that is impulsive and not intended to be lethal.

- Skin cutting (70-90%)
- Head banging or hitting (21%-44%)
- Burning (15%-35%)

- Rates are higher among adolescents, with approximately 15% of teens reporting some form of self-injury.

- At most risk are people who have experienced trauma, neglect or abuse.

- Self-harm is a symptom of emotional pain.

- A study published since the release of Netflix's series "13 Reasons Why," indicated that suicide queries increased online 19 percent. That's between 900,000 and 1,500,000 more suicide related searches in the 19 days that followed the series' release.
Suicide and Self-Harming

Researchers found 1.7m search results for #selfharmmm in 2014; by 2015 the number increased to more than 2.4 m.

This hashtag is used to represent online communities that support self-harming habits such as cutting and burning. Other hashtags used for these types of communities are #blithe, #ehtilb, #mysecretfamily, #annie, #olive, #cat, #deb, #secret society123.

“She didn’t ask why, she didn’t freak out, she just asked what she could do to help. That was the exact right thing to do.”

The best response is first to validate feelings. Don’t get angry or talk about taking away their computers. “Say, I’m sorry you’re in pain. I’m here for you.”

“I see everyone putting up posts about their family, they look so happy and everyone’s smiling, everything is so perfect and rosy. I kind of feel less than.”
Suicide and Self-Harming

• Suicide is the second leading cause of death in people 15 to 34 years of age and third leading cause of death in children aged 10 to 14.

• According to the CDC, the suicide rate among boys ages 15 to 19 has increased by nearly a third (2007 and 2015); among girls the suicide rate more than doubled.

• Rate of suicide for South Dakotans age 15-24 is the 3rd highest in the U.S.

• South Dakota suicides are highest for youth, more than double the national rate.

• Adolescents in rural areas are more likely to die by suicide than those in urban regions.

• In 2015, 25% of South Dakota high school students reported feeling sad or hopeless.

• South Dakota counties in the highest tier include Corson County which ranked 2nd highest in the United States and Todd County ranked 6th.
Suicide and Self-Harming

In South Dakota, the rate of suicide for youth is the 3rd highest in the United States.

- Rural Areas: Alaska, Wyoming, Montana, Utah
- 28 per 100,000 compared to national average of 9 per 100,000
- For all ages, South Dakota ranks 9th in the nation

American Indian youth ages 15-24 die by suicide at a rate of four times the overall rate for this age group.

- Multiple suicides within a social group or small community in a short time.
- Historical Trauma, poverty, unemployment, need for more resources and supports that strengthen communities and further the commitment to tribal customs and traditional lifestyles.

[Link to article](https://www.kdlt.com/2018/09/20/tea-woman-shares-story-of-mental-health-struggles/)
The Role of the Educator

Choose Your Words, Video’s, Stories, Talk Tools

www.bringchange2mind.org

"Not that Weird" Alone - Video
"Not that Weird" Gnawing - Video
How to Talk About Mental Health

If you don’t hear what an extrovert is saying, you’re not listening.

If you don’t hear what an introvert is saying, you didn’t ask.

“During all this time, she says, not a single principal or teacher or counselor ever asked her one simple question: "What's wrong?" If someone had asked, she says, she would have told them.”
The Role of the Educator

Teachers as first responders:

- When a student shows signs of trouble, first step is to talk with them.

- That conversation will dictate what happens next.

- Referral or consultation with specialist staff: Nurse, school counselor, social worker, school psychologist. Depending on the resources available at the school.

- Contact with parent/guardian, developing family connections.

- If the threat is imminent: contact emergency services.

- The South Dakota Department of Social Services website has contact information for child and family mental health services.

Questions to ask yourself to see if a child needs help:

- Is the student acting or behaving differently than they were before?

- Are they somehow far outside the norm of what you would expect?
The Role of the Educator

It's a compliment when a student confides in you. If a student opens up to you, it's a sign of trust, respect, admiration, and a sense of hope that you may be able to help.

- You have life experience...
- There is always something you can do.
- You know your students.
- You don't need to be the only adult in the child's life who knows something is troubling them.
- You don't have to fly solo.

I see you. I hear you. And what you say matters.

Every teacher is a teacher for wellbeing: The capacity to promote mental health is essential to every aspect of teaching and every teacher.
Questions?
Feel Free to Contact the Center for Disabilities:

Tova Eggerstedt, MS, LSC
Behavioral Specialist - Center for Disabilities
Instructor, Department of Pediatrics
1400 West 22nd St. | Sioux Falls, SD 57105
P 605.357.1430 | F 605.357.1438
Email: Tova.Eggerstedt@usd.edu

Kristine Bollig, MS
Behavioral Specialist - Center for Disabilities
Instructor, Department of Pediatrics
1400 West 22nd St. | Sioux Falls, SD 57105
P 605.357.1436 | F 605.357.1438
Email: Kristine.Bollig@usd.edu