MENTAL HEALTH AWARENESS

Erica Butler, Ed.D.
Alabama State Department of Education
Prevention and Support Services
334-694-4717
2020 MENTAL HEALTH STATISTICS

- 11.9% (45,000) youth ages 12-17 suffer from at least 1 Major Depressive Episode (MDE)
- 8.1% (29,000) had 1 severe MDE
- Depression often co-occurs with substance use disorders, anxiety and disorderly behavior
- Approximately 25% of young people have experienced some type of anxiety disorder, including obsessive-compulsive disorder, social anxiety disorder or panic attacks
- 3.9% (15,000) with substance use disorders
- 25.9% (6000) with severe MDE received consistent treatment; 67.5% (26,000) didn’t receive mental health services

Limited demographic data available for pediatric / adolescent cases and from private providers

Data collected from Mental Health America
MENTAL ILLNESS vs. MENTAL DISTRESS

Mental Illness (MI) – a specific set of medically defined conditions that affect mood, thinking and behavior. Ex. - Bipolar or Schizophrenia

Mental Distress - a range of symptoms and experiences of a person’s internal life that are said to be troubling, confusing or out of the ordinary such as anxiety, confused emotions, hallucination, rage, and depression.

Ex. - Life situations such as bereavement, stress, lack of sleep, use of drugs/alcohol, assault, abuse or accident can cause mental distress.
CAUSES OF MI DURING CHILDHOOD AND ADOLESCENCE

* Drugs
* Childhood Illnesses
* Genetics
* Traumatic Head Injury
* Adverse reaction to medication
* Abuse (Mental or Physical)
* Sexual Assault
A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
HOW CAN MENTAL HEALTH CHALLENGES INTERFERE WITH THE LEARNING PROCESS FOR STUDENTS?

- Difficulty processing new information
- Unable to objectively analyze data
- Unable to concentrate
- Forgetful
WARNING SIGNS & SYMPTOMS

https://youtu.be/zt4sOjWwV3M
WHAT TO LOOK FOR?

Academic Red flags

➢ Dropping grades
➢ **Missed or incomplete assignments**
➢ Inability or unwillingness to participate in class
➢ Writing about violence, death, suicide or other disturbing subject matter
BEHAVIORAL RED FLAGS

➢ Withdrawing or isolating
➢ Pattern of unexplained tardiness / absences
➢ Behaviors that disrupt the class
➢ Avoidance of situations that might be stressful or trigger anxiety such as participating in group assignments
➢ Seeking excessive reassurance
➢ Time management problems
 PHYSICAL RED FLAGS

❖ Unexplained aches, pains, cuts, bruises, scars or burns
❖ Noticeable weight loss or gain
❖ Falling asleep in class
❖ Significant changes in appearance
❖ Signs of alcohol or drug use (breath odor, dilated pupils, etc.)
HOW DO YOUNG PEOPLE COPE WITH, MANAGE OR AVOID THEIR SYMPTOMS?

➢ Social withdrawal and isolation
➢ Substance abuse
➢ Eating disorders
➢ Self-harm – cutting or hair pulling
➢ Participating in or becoming the target of bullying
➢ Excessive or compulsive reliance on sleeping, eating or screen time (TV, gaming, social media, etc.)
HOW CAN I HELP A STUDENT IN MENTAL DISTRESS?

1. Talk to the student.

   Name the things that you have noticed
   ❖ You seem ____ (down, distant, angry, upset)
   ❖ I’m sensing that you’re feeling overwhelmed by today’s class discussion. Talk to me and we’ll figure it out together.

   Ask in a direct way
   ❖ Sometimes when people are feeling stressed like you are they have depression, anxiety and thoughts of suicide. Do you?
HOW CAN I HELP A STUDENT IN MENTAL DISTRESS?

2. **Listen and show you care**

With a calm voice say ----
- You’re dealing with a lot.
- Talk to me, I’m listening.
- Will you walk with me to the counselor’s office?
HOW CAN I HELP A STUDENT IN MENTAL DISTRESS?

3. PRACTICE YOUR CONVERSATIONAL SKILLS
➢ Communicate respect for the student.
➢ Express empathy through reflective listening – ex. “I’m sick and tired of people always telling me what to do” and your response – “You don’t like people ordering you around”
➢ Help students see the difference between where they are and where they want to be.
➢ Affirm the positive attempts the student has made so far
➢ Summarize
4. BUILD MOTIVATION

✓ Use open-ended questions – ex. “Tell me why you were late to class today?”

✓ Affirm and compliment

✓ Summarize and present feedback throughout the conversation

✓ Handle resistance – learn the signs and practice reflective listening instead of putting up resistance of your own.

✓ Reframe his/her statements into more direct ones – ex. Student says “I don’t know why I keep doing this” and your response “You are aware of the dangers and keep looking for ways to stop.”

✓ Ask permission instead of offering advice as the expert, ask if it would be okay to share some other ideas.
5. STRENGTHEN THE COMMITMENT TO CHANGE

➢ Discuss a plan – elicit suggestions from the student for the plan
➢ Communicate his/her free choice
➢ Provide information
➢ Deal with resistance without fighting it
➢ Develop a change plan worksheet
➢ Review, clarify, and identify gaps and answer questions
➢ Ask for commitment
➢ Ask how likely it is that the student will follow through with the plan
THESE COMMUNICATION TECHNIQUES TAKE TIME AND PRACTICE TO MASTER.

Your central role is to teach, not diagnose or treat mental illness.
REFERENCES

National Institute of Mental Health (NIMH)
National Alliance on Mental Illness (NAMI)
Classroom Mental Health
Federal Department of Mental Health