MENTAL HEALTH

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THERE IS NO DOUBT THAT CAMPUSES ACROSS THE COUNTRY HAVE EXPERIENCED A SUBSTANTIAL INCREASE IN THE NUMBER OF STUDENTS WHO ACCESS COUNSELING AND PRESENT THEMSELVES WITH MENTAL HEALTH ISSUES.

STIGMA
LET'S TALK ABOUT IT.

NO ONE, REGARDLESS OF SOCIAL STATUS, ECONOMIC CONDITION, OR EDUCATIONAL LEVEL IS IMMUNE TO MENTAL ILLNESS.
Literacy Education Awareness

STAND UP TO STIGMA
Let's talk about MENTAL HEALTH

THE CONVERSATION STARTS HERE, BUT DOESN'T END HERE!

OVERVIEW OF MENTAL HEALTH
MENTAL HEALTH

GENERALLY SPEAKING, BEING IN GOOD MENTAL HEALTH MEANS STRIKING A BALANCE BETWEEN ALL ASPECTS OF LIFE, INCLUDING SOCIAL, PHYSICAL, SPIRITUAL, AND PSYCHOLOGICAL.

MENTAL ILLNESS
MENTAL DISORDERS
1. Which is the most common among young people?
2. Which one to you know the most about?
3. Which would they talk about with family, friends, or professionals?

- Disturbances of emotion, thinking, and/or behavior
- May occur once or may be problematic/severe
- Lead to functional impairment
- Often require professional help
THEY ARE NOT:

- Consequences of poor parenting or bad behavior
- Not the result of personal weakness or deficits in personality
- Not a manifestation of spiritual intent
- Caused by poverty
- Caused by nutritional factors (exceptions)

UNDERSTANDING THE BASICS

- Made up of cells, neurotransmitters, neurochemicals
- Different parts of the brain are primarily responsible for doing different things
Most things a brain does depends on many different parts of the brain working together in a NETWORK!

How would you describe mental illness or mental disorder to someone?

• A specific part of the brain isn't working well/working in the wrong way
• Neurochemical messengers don't work/communicate properly

How do we know when this is happening?
WE LOOK FOR SIGNS & SYMPTOMS!

- SIGNS: disturbed functions/things that we can see
  ex: over/under activity levels, withdrawn, weight loss/gain, etc

- SYMPTOMS: disturbed functions/things that a person directly experiences
  ex: sadness, sleep problems, headaches, etc

Both can be used to determine if the brain may not be working properly—also look at the degree of functioning/disruption that they are causing!

Mental disorders are associated with disturbances in 6 primary domains of brain function:

- THINKING
- SIGNALING
- PERCEPTION
- PHYSICAL
- EMOTION
- BEHAVIOR

DIFFERENCES BETWEEN MENTAL HEALTH PROBLEMS & MENTAL ILLNESS

- Mental Health Problems
  1. Related to a specific life event
  2. Relatively short term
  3. Within a person's control
  4. Not necessarily something that calls for outside help

- Mental Illness
  1. More serious
  2. More long-term
  3. Genetic or something "you are born with"
  4. Out of control
  5. Need professional help or treatment
WHAT CAUSES MENTAL ILLNESS?

A variety of different influences to the brain can lead to mental illness. Basically, there are TWO major causes that can be independent or can interact:

1. GENETICS
2. ENVIRONMENT

RISK FACTORS VS PROTECTIVE FACTORS

MENTAL HEALTH ILLNESSES/DISORDERS
WHAT ARE THEY?

- Characterized by severe disturbances in the capacity to distinguish between what is REAL vs what ISN'T REAL
- Exhibits major problems in thinking and behavior
- May have delusions or hallucinations—can significantly interfere with the capacity to meet the ordinary demands of life

SCHIZOPHRENIA

- Affects about 1% of the population
- Often begins in adolescence (slow/gradual)
- Most common delusion—being harmed in some way
- Thinking is disorganized in form & content
- Mildly inappropriate to very disruptive behaviors

QUESTIONS TO ASK:

- Can you tell me what's going on?
- Do you feel comfortable in school? At home?
- Are you have problems thinking?
- Are you seeing or hearing things that others may not see or hear?
Mental Disorders of Emotion & Feeling

DEPRESSION & BIPOLAR DISORDER

DEPRESSION

• 2 kinds of clinical depression
  1. Major Depressive Disorder (MDD)
     - life-long disorder
  2. Dysthymic Disorder (DD)
     - low-grade depression that last for many years
     - least common

DEPRESSIVE EPISODE

• Characterized by 3 symptoms:
  1. mood
  2. thinking
  3. body sensations
BIPOLAR DISORDER
- Characterized by CYCLES/EPISODES of depression & mania
- Mania
  - mood is elevated or irritable
  - behavioral, physical, & thinking problems
  - doesn’t reflect reality of environment
- Rapid mood changes, self-destructive behaviors, drug/alcohol patterns, & psychotic symptoms

QUESTIONS TO ASK:
- Have you lost interest/pleasure in things you normally like to do?
- Have you felt sad, low, down, or hopeless?
- Are you feeling like ending it all?

ANXIETY DISORDERS
Mental Disorder of Signaling
GENERALIZED ANXIETY DISORDER (GAD)
• Excessive anxiety and worry occurring for an extended period of time
• Begins in childhood or adolescence
• Can be broken into 4 categories:
  1. Emotions
  2. Body Responses
  3. Thoughts
  4. Behaviors

QUESTIONS TO ASK:
• Can you tell me about your worries?
• Do you think your worry too much?
• Do you sometimes feel sick with worry?
• What is something that would make you worry less?

SOCIAL PHOBIA
• Characterized by the presence of an intense fear of scrutiny by others, which may result in embarrassment or humiliation
• Tend to avoid social situations
• Tends to be confused with shyness
QUESTIONS TO ASK:

- What situations make you feel anxious, distressed, or panicky?
- In social situations, do you feel embarrassed?
- Do feelings of embarrassment, anxiety, distress or panic stop you from doing things?

PANIC DISORDER

- Characterized by recurrent, unexpected, anxiety (panic) attacks that involve a number of frightening physical reactions
  - palpitations
  - sweating
  - shaking/tremors
  - chest pain
  - nausea
  - dizzy/faint
  - shortness of breath
  - feeling of choking
  - feeling of unreality
  - losing control/crazy
  - fear of dying
  - numbness/tingling
  - chills/hot flashes
- Onset generally starts between 15-25

QUESTIONS TO ASK:

- What happens when you have a “spell” or episode?
- How many have episodes have you had within the last week?
- What do they stop you from doing?
- How do your family/friends react to one of your episodes?
**OBSESSIVE COMPULSIVE DISORDER (OCD)**

- Anxiety disorder characterized by obsessions and/or compulsions
- Obsessions: persistent, intrusive, unwanted thoughts, images, or impulses that the person recognizes as irrational, senseless, or inappropriate but unable to control
- Compulsions: repetitive behaviors that are performed to reduce anxiety associated with an obsession
- Begins in adolescence or early adulthood

**QUESTIONS TO ASK:**

- Are you having thoughts that are coming into your mind that you do not want to be there?
- Do those thoughts cause you to feel uncomfortable, anxious, or upset?
- Where are those thoughts coming from?
- How are you dealing with the thoughts?

**POST TRAUMATIC STRESS DISORDER (PTSD)**

- Develops after a trauma occurs that was either experienced or witnessed by the young person
- Recurrent, intrusive and distressing recollections of the event
- Characteristics
  1. Re-experiencing symptoms
  2. Avoidance & Numbing symptoms
  3. Hyperarousal symptoms
QUESTIONS TO ASK:

- Are you bothered by memories or thoughts of a very upsetting event that has happened to you?
- Ask about frequency, persistence of symptoms, and include clear evidence of functional impairment.

EATING DISORDERS

Mental Disorder of Physical

EATING DISORDERS

- Start in adolescence and may continue into adulthood
- Girls are more commonly affected than boys.
- 2 types of disorders:
  1. Anorexia
     - restricting subtype
     - binge-eating/purging subtype
  2. Bulimia
QUESTIONS TO ASK:

- How do you feel about yourself?
- Has anyone asked you if you were having a problem with your eating?
- Do you feel sometimes that your eating may be out of control?

ADHD, SUBSTANCE USE DISORDER, CONDUCT DISORDER
Mental Disorder of Behavior

ADHD

- Characterized by a persistent pattern of hyperactivity, impulsivity, and substantial difficulties with sustained attention
- Begins before the age of 7 and continues into adolescence and even into adulthood
- Hyperactivity & Impulsivity
SUBSTANCE USE DISORDERS

- Characterized by the use of various substances (legal/illegal) that leads to significant impairment or distress
- Often used as a coping mechanism for other mental health problems

QUESTIONS TO ASK:

- Determine what is being used & frequency.
- How does taking help or hinder you in school and/or life?

SUICIDE
SUICIDE IS FOUND IN EVERY SOCIETY, CULTURE, AND ETHNIC GROUP!

SUICIDE IS OFTEN AVOIDED AS A TOPIC OF DISCUSSION & IS ALSO A SUBJECT OF MISINFORMATION!

SUICIDE

• Is the act of ending one’s life
• It is NOT a mental disorder!
• However, mental illness is one of the most important causes of suicide.
SUICIDE

- Most people associate suicide with DEPRESSION… however in a review of completed suicides other conditions such as substance abuse disorders, anxiety, disruptive disorders/attention deficient disorders, and/or psychosis were indicated as being present.

FACTS ABOUT SUICIDE

- For people 15-34—suicide is the 2nd leading cause of death.
- More males die by suicide than females.
- Females make more suicide attempts.
- Males deaths by suicide tend to be more violent.

SUICIDAL BEHAVIOR HAS 3 COMPONENTS

- Ideation
  - ideas about death or dying; wishing they were dead or ideas about completing suicide
- Intent
  - idea of completing suicide is better formed & more consistently held than in suicidal ideation; thinking about completing suicide more, imaging what life would be like after they are gone
- Plans
  - a clear plan on how the act of suicide will occur
It is preventable. Suicide prevention is everyone’s business and anyone can help prevent the tragedy of suicide. Talking about suicide does not increase the chance of someone killing themselves. In fact, asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act. Most people who take their own lives do so when they are alone and the risk is even greater if they have consumed alcohol or drugs and/or have access to a means to harm themselves.

**THINGS TO KNOW ABOUT SUICIDE**

**WHY?**

Usually the plan to take their own life occurs in the midst of a crisis and represents a permanent solution to a temporary problem such as a stressful academic, financial or relationship situation.

**QUESTIONS TO ASK:**

- Have you been thinking about dying, harming yourself or suicide?
- Have you decided that you would be better off dead or that you should kill yourself?
- What plans have you made to kill yourself?
Regardless of the relationship, it is important that all staff take responsibility in supporting the student and making the proper referrals for assistance!

**A.L.E.R.T**

- Acknowledge
- Listen
- Engage
- Refer
- Talk

**3 FACTORS TO CONSIDER**

- 1. The **SEVERITY** of the symptoms and behaviors
- 2. The **INTENSITY** of the symptoms and behaviors
- 3. The **DURATION** of the symptoms and behaviors
WHAT DO I NEED TO DO?

- Discussion with parent/family about concerns
- Inform & Educate
- Referral to professional help

SEEKING HELP

SEEKING HELP...

- General attitudes toward seeking help:
  1. People should mainly try to deal with things themselves
  2. People should not draw attention to themselves or be "attention-seeking"
  3. "no-one can help you if you don’t want help"
WHAT DOES “SEEKING HELP” LOOK LIKE IN OUR YOUNG PEOPLE?

PROFESSIONAL HELP

SCHOOL COUNSELOR…
CONFIDENTIALITY

WHAT DO WE DO NEXT?