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LET'S TALK ABOUT MENTAL HEALTH

Ashland Parent Program
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Based on the approach developed by:
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Mentalhealthliteracy.org





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Meet Our Trainers



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PHD, LICSW



Elizabeth Schuster
MA, School Counseling

Let's take a poll!



What is Mental Health Literacy?



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Mental Health Literacy: The 4 Components

Understand how to
obtain and maintain
good mental health

Decrease stigma



Understand and identify
mental illnesses and
their treatments

Enhance help-seeking efficacy



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Who needs MHL?

EVERYONE CAN BENEFIT FROM MENTAL HEALTH LITERACY





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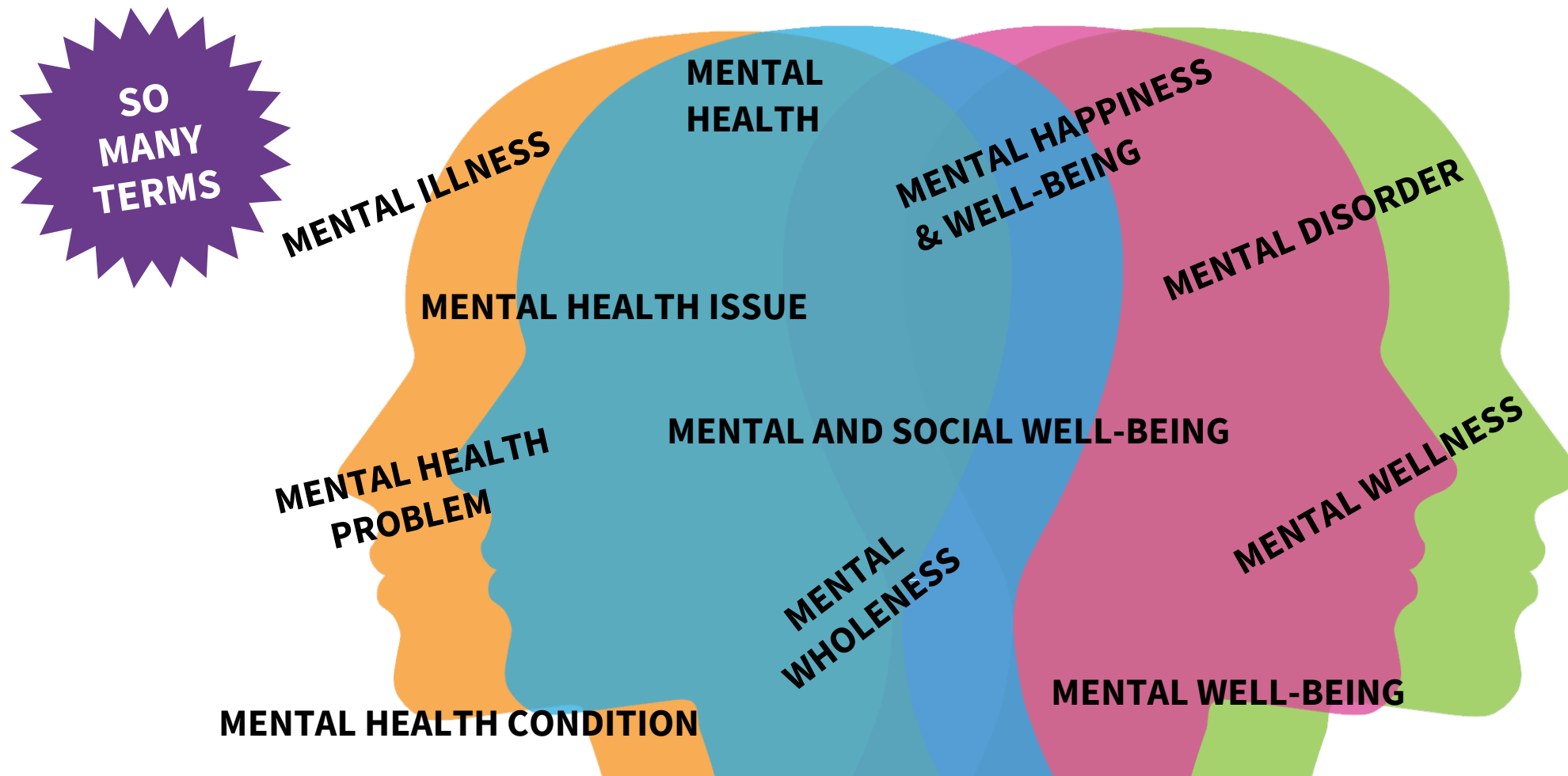
Importance of Early Diagnosis and Treatment





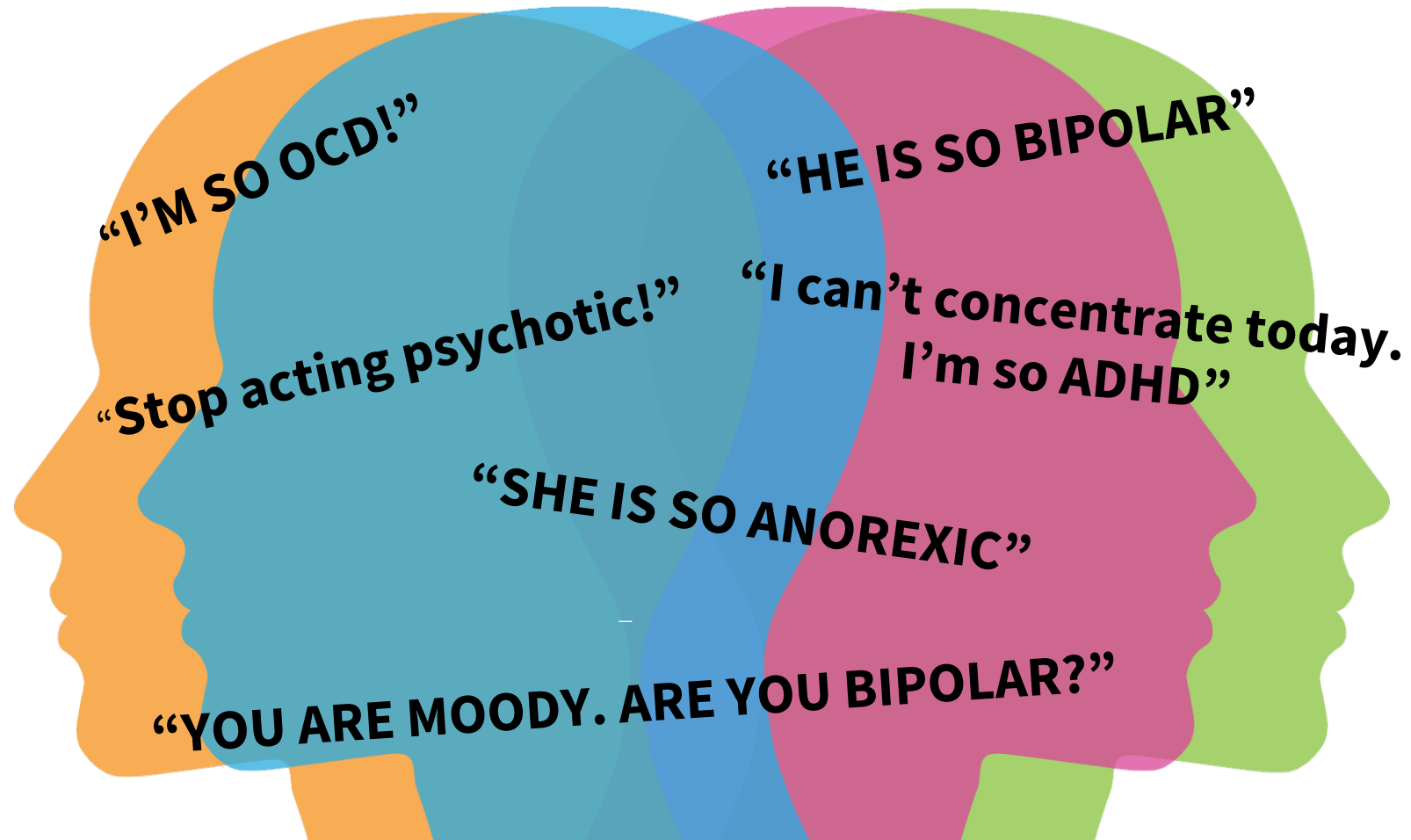
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Talking about mental health can be confusing





Not to mention...terms are misused

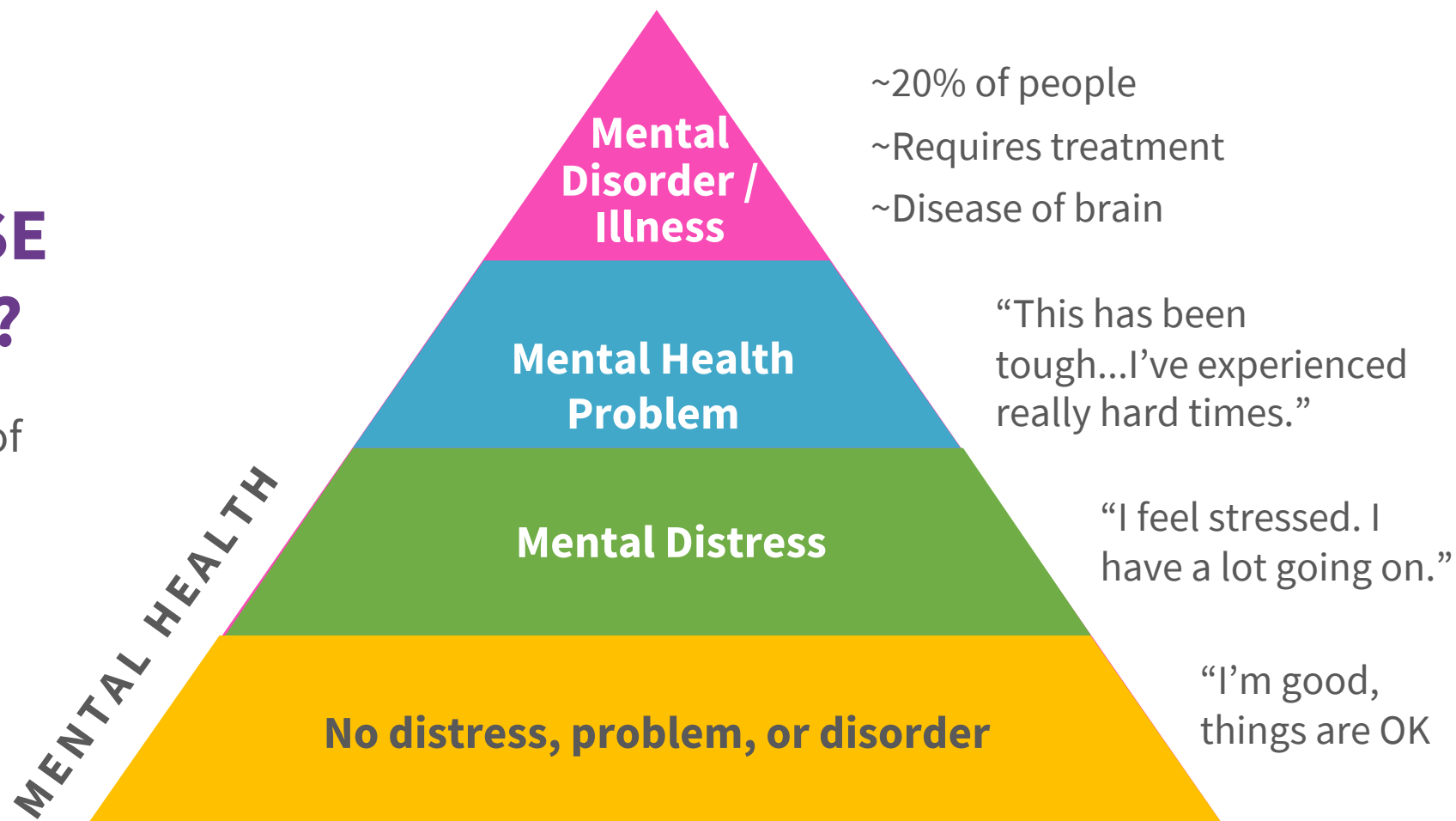




So let's get on the same page

WHAT DO THESE WORDS MEAN?

The Inter-Relationship of
Mental Health States





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The Role of Our Environment

Social and Environmental Factors Can Enhance or Challenge Mental Health

COVID-19

World of Uncertainty

*Bias &
Discrimination*

Other big stressors:
Family, Work,
Community, etc.

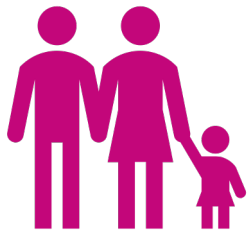
“We are all in the same storm but we are not in the same boat.” – Damian Barr



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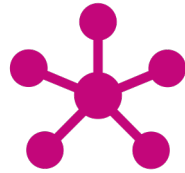
Self-Reflection

The backdrop that informs how we see
mental health & mental illness



Family

Experiences,
views, biases



Culture

Race, ethnicity, religion,
country of origin,
immigration status, other
aspects of identity



Personal experiences

With the mental health
system and with help
seeking

Questions for Reflection: How have these factors influenced how you think and talk about mental health and mental illness? How have they influenced your parenting and the ways you approach mental health topics with your children?



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Thinking more about how we (and our society) view mental illness

WRITE 2 WORDS THAT COME TO MIND WHEN I SAY:

**Person with
mental illness**



	Mental Illness – Schizophrenia	Physical Illness - Diabetes
Organ	Brain	Pancreas
Hormone imbalance	Dopamine, glutamate & serotonin	Insulin
Description – medical	Schizophrenia is characterized by delusions, hallucinations, disorganized speech and behavior, and other symptoms that cause social or occupational dysfunction.	Diabetes is having a blood glucose level of greater than or equal to 126 milligrams per deciliter (mg/dL) after an eight-hour fast
Description – friends	Crazy, weak, hearing voices, violent	Resilient, normal, can't eat sugar

STIGMA:

“A mark of disgrace or reproach associated with a particular circumstance, quality, or person.”

- Webster's Dictionary





What Stigma Does

In the context of mental health, stigma is the use of negative labels to identify a person living with mental illness

Many say that living with the stigma is worse than living with the illness itself

Stigma is about disrespect and keeps mental illness in the closet

Stigma is a barrier and discourages individuals and their families from getting the help they need

Stigma closes minds and fuels discrimination



Some myths and truths about mental illness

A low percentage of people living with mental illness will have severe and persistent symptoms and have difficulty functioning. The majority of those with mental illness will respond well to treatment and lead successful, productive and positive lives.

People with mental illness are NOT more likely to be violent than those without a mental illness. In fact people with mental illnesses are more likely to be victims, not perpetrators of violence.

With treatment, most people with mental illness will live well and stay well. Early identification, best evidence treatments, social support and education are all important factors in recovery.



Key Takeaways

75%

of lifetime cases of mental
illness begin by age **25**

20%

Percentage of population
affected by mental illness

**8-11
years**

Average delay between onset
symptoms and intervention

**Most people
experience good
outcome with
treatment**

**Early
identification
and treatment
is critical**

**Our
language
matters!**

**Reducing
stigma
matters!**

What causes mental illness?



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How can I tell if this is a mental illness?

MENTAL ILLNESS VS. MENTAL HEALTH PROBLEMS & MENTAL DISTRESS

IS THIS GETTING IN THE
WAY OF SCHOOL/WORK/
RELATIONSHIPS?

SIGNS VERSUS SYMPTOMS
OF MENTAL ILLNESS

LENGTH OF TIME

**CULTURAL
FACTORS**

**ALCOHOL
DRUG MISUSE**

**FAMILY
HISTORY**



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Let's talk about





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Stress: Not Necessarily the Enemy

Most people view the stress response as a toxic state to be minimized, but the reality is that in many ways, the brain and body's stress response can be your best ally during life's difficult moments.





Is it stress or anxiety?

STRESS

Generally is a response to an external cause/stressor.

Goes away once the situation is resolved.

Can be positive or negative stress.

Drives learning, adaptation and resilience/growth.

BOTH

BOTH STRESS & ANXIETY CAN AFFECT YOUR MIND & BODY.

Both can feel uncomfortable.

You may experience symptoms such as:

Excessive worry, uneasiness, tension, physical pain, sleep or appetite issues.

ANXIETY

**State of “hyperarousal”:
Usually involves a persistent feeling of apprehension or dread that doesn’t go away.**

Interferes with functioning.

Is constant, even if there is no immediate threat or no trigger.

Leads to withdrawal & avoidance.

Generalized Anxiety Disorder

Outcomes of Untreated Anxiety Disorders

Substance use disorders or
substance misuse

Impacts important areas of life:
School, Work, Relationship, Other

Depression

Effective Treatment of Anxiety
Disorders is a solid example of
secondary prevention





What are some of the things to look for with anxiety?



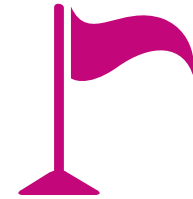
Emotional signs

Excessive worry about many things, tense, “on guard”, lack of interest in things, excessive fears



Verbal signs

Talking About: worry, feeling ashamed or humiliated, report difficulty concentrating or not being able to focus



Behavioral signs

Isolating, not wanting to go certain places or out at all, panic attacks, physical symptoms that have no other explanation, withdrawal and avoidance, restlessness/agitation, fatigue, insomnia, stomach issues, aches, substance use



What to do if you are concerned that someone you love may have an Anxiety Disorder

Help them to connect with a mental health professional for assessment and evidence-based treatment (therapy and possibly medication)

Help them “Name It To Tame It”
Identify and talk about cause(s) of their anxiety

Help them problem-solve
What can they control and how can they strategize to reduce anxiety?

Help them to challenge distorted thinking, compartmentalizing

Help them to take things one step at a time/break down the things that are causing anxiety into more manageable chunks

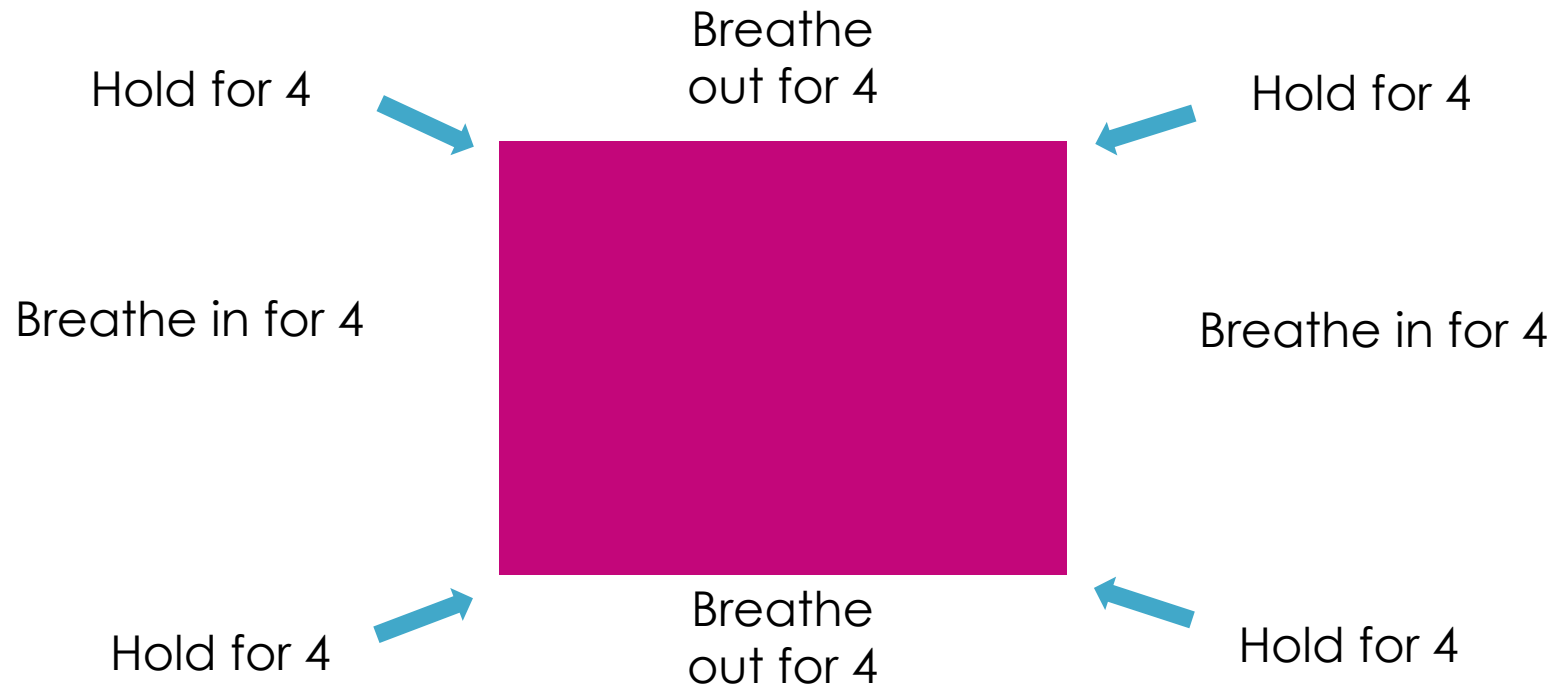
Help them to learn and practice stress/anxiety relieving techniques,
Breathing,
Mindfulness
Grounding



Box Breathing

“Box Breathing” is a widely-used technique that helps people manage stress by helping your heart rate to return to normal and allowing you to relax. It is easy to learn and can be used unobtrusively and quietly – appropriate for any situation.

Here’s how you do it: If possible, sit and close your eyes. Visualize a box with 4 equal sides.



Emotions & Moods



**What am I
feeling inside?**



Most “mood” symptoms are normal

Everyday life gives rise to numerous negative and positive emotional states.

Negative emotions such as sadness, unhappiness, frustration, disappointment, demoralization are NOT depression.

Positive emotional states such as elation, joy, and excitement are NOT mania.





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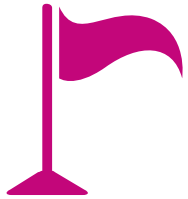


Ellie's Depression





What are some of the things to look for with depression?



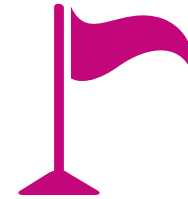
Emotional signs

Mood changes (sad/unhappy), lack of interest in things normally enjoyed, increased anxiety, irritability, hopelessness, worthlessness, increased/inappropriate guilt and shame



Verbal signs

Talking About: wanting to die (actively or passively), feeling alone, life having no purpose, feeling like a burden, feeling ashamed or humiliated, thoughts of suicide



Behavioral signs

Isolating, giving things away, reckless behaviors, increase in anger or aggression, too much or too little sleep/appetite changes, fatigue, low concentration, panic attacks, low energy, stomach aches, headaches, joint aches, substance use



What to do if you are concerned that someone you love may have Depression

Help them to connect with a mental health professional for assessment and evidence-based treatment (therapy and possibly medication)

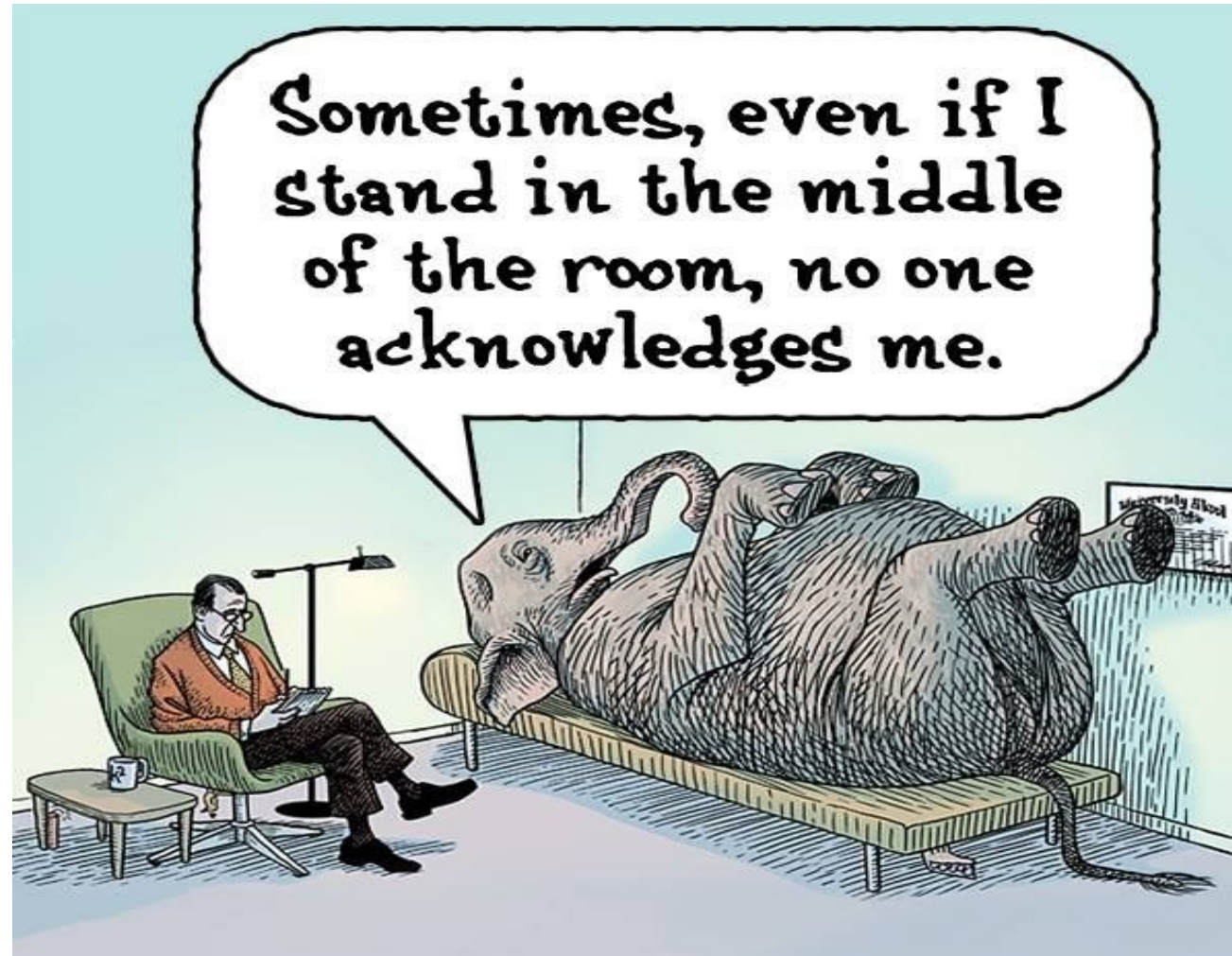
Provide reassurance: This is not their fault and they can feel better with treatment

Provide support & hope: Ask how you can support them and what you can do to help

Never agree to keep a secret if you feel their safety and well-being may be at risk - Don't wait to get professional help & support

Help them connect with other sources of support and "go to" people

Help them think about short-term, doable goals to make life more manageable





Recent trends in US suicide rate

- Provisional data indicates that there were about 46,000 deaths by suicide in the US in 2020
- Overall, suicides in the US decreased by 3% from 2019-2020 (down 2% overall for men and 8% overall for women)
- However, rates for some groups went up
 - Increase of 4% for females ages 15-24
 - Increase of 15% among young males ages 10-14
 - increase of 5% among young men adult ages 25-35
- Estimates indicate that approximately 6,600 young children/youth ages 10-20 died by suicide in 2020. Suicide is the 2nd leading cause of death in individuals ages 10 – 24 in the United States.

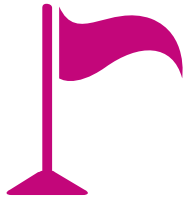
Suicide

- Suicide is multi-faceted and complex with many inter-related components (biological, psychological, interpersonal, environmental)
- There is a strong link between suicide and the presence of a mental illness (diagnosed or undiagnosed)
- We also know that suicides occur impulsively when people feel overwhelmed by life stressors and don't feel that they have the support and/or hope that they need.
- Current evidence shows that the most effective approach to suicide prevention is identification, diagnosis and effective treatment of mental illness.

LGBTQ+ youth and other marginalized groups, including those with limited access to health care and mental health resources, are at greater risk



What are some of the things to look for with suicide?



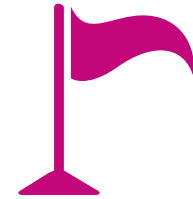
Emotional signs

Mood changes, lack of interest in things, increased anxiety, irritability, hopelessness



Verbal signs

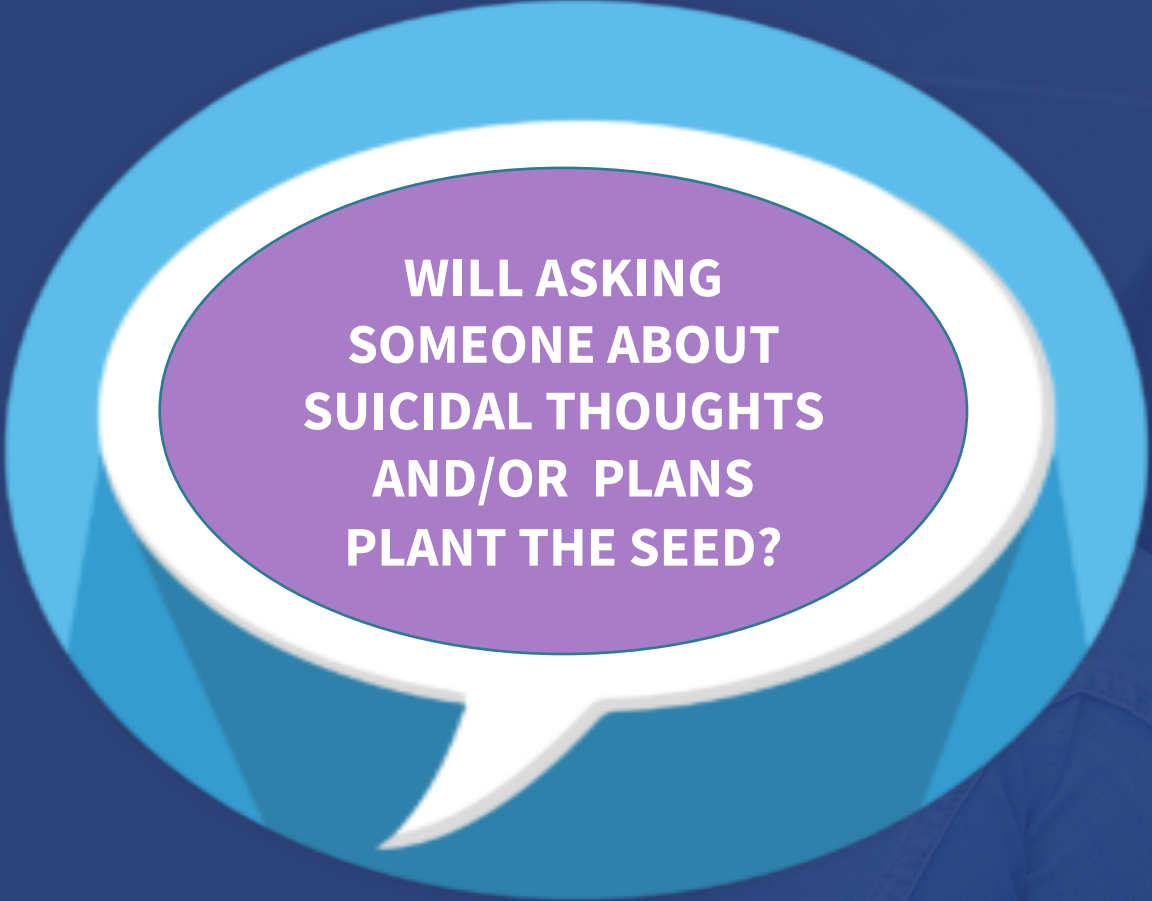
Talking About: wanting to die (actively or passively), life having no purpose, feeling like a burden, feeling ashamed or humiliated, feeling trapped



Behavioral signs

Isolating, giving things away, reckless behaviors, increase in anger or aggression, increase in substance use

Have the conversation



**WILL ASKING
SOMEONE ABOUT
SUICIDAL THOUGHTS
AND/OR PLANS
PLANT THE SEED?**

**Asking someone if they have
thoughts or plans of suicide
will NOT plant the seed...**

**In fact, it will give them the
opportunity to talk and get help!**



Persistent Self-Harm (Non-Suicidal Self-Injury/NSSI)

The deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned. Includes behaviors such as cutting, burning, and scratching skin

At this time, NSSI is not considered a mental illness/diagnosis in and of itself

Not a suicide attempt (absence of suicidal intent)

Behavior is intended to: Get relief from negative feelings

Resolve an interpersonal difficulty

Induce positive feelings/relief

Often a cry for help in a difficult time

Behavior that can occur by itself or in the context of a mental illness

May require complex treatment strategies (depending on what the diagnosis or root cause is)

Often secretively “shared” in sub-groups

“Contagion” - vulnerable youth can be influenced to try this maladaptive coping technique by others



What can parents do when their child is self-harming?

Open up the conversation and talk about what you notice. Don't ignore what you see.

Express concern even if your comments are dismissed.

Help them name what they may be feeling, but if they can't, explain that it is sometimes hard to know.

Use a calm and concerned approach that is reassuring and supportive. Listen without judgment, anger or defensiveness.

Explain that usually with self-injury there is another need that the person is trying to meet.

Get help from the school, doctor and/or a therapist, collaboratively.



**Self care is just
as important as
taking care of
others**

**What are some of the
strategies you use to cope
with stress?**



Essential mental health promotion strategies



Sufficient sleep, good nutrition,
hydration & exercise



Prioritize your own self care:
Make time for things you enjoy



Manage substance use



Help others, practice gratitude
and volunteer as time permits



Supportive & trusting
relationships



Strategies when the going gets tough

Managing the tough days/times

**NOTICE
WHAT IS
GOING WELL**

**PLAN WHAT
YOU CAN**

**ENCOURAGE
HEALTHY FUN
& LAUGHTER**

**STAY CONNECTED
& PRESENT**

**EXERCISE
EMPATHY FOR
YOURSELF AND
OTHERS**

**ASK FOR HELP
WHEN NEEDED**

**CONTROL THE
CONTROLLABLES
AND LET GO OF WHAT
WE CAN'T CONTROL**

**ACCEPT
IMPERFECTION**



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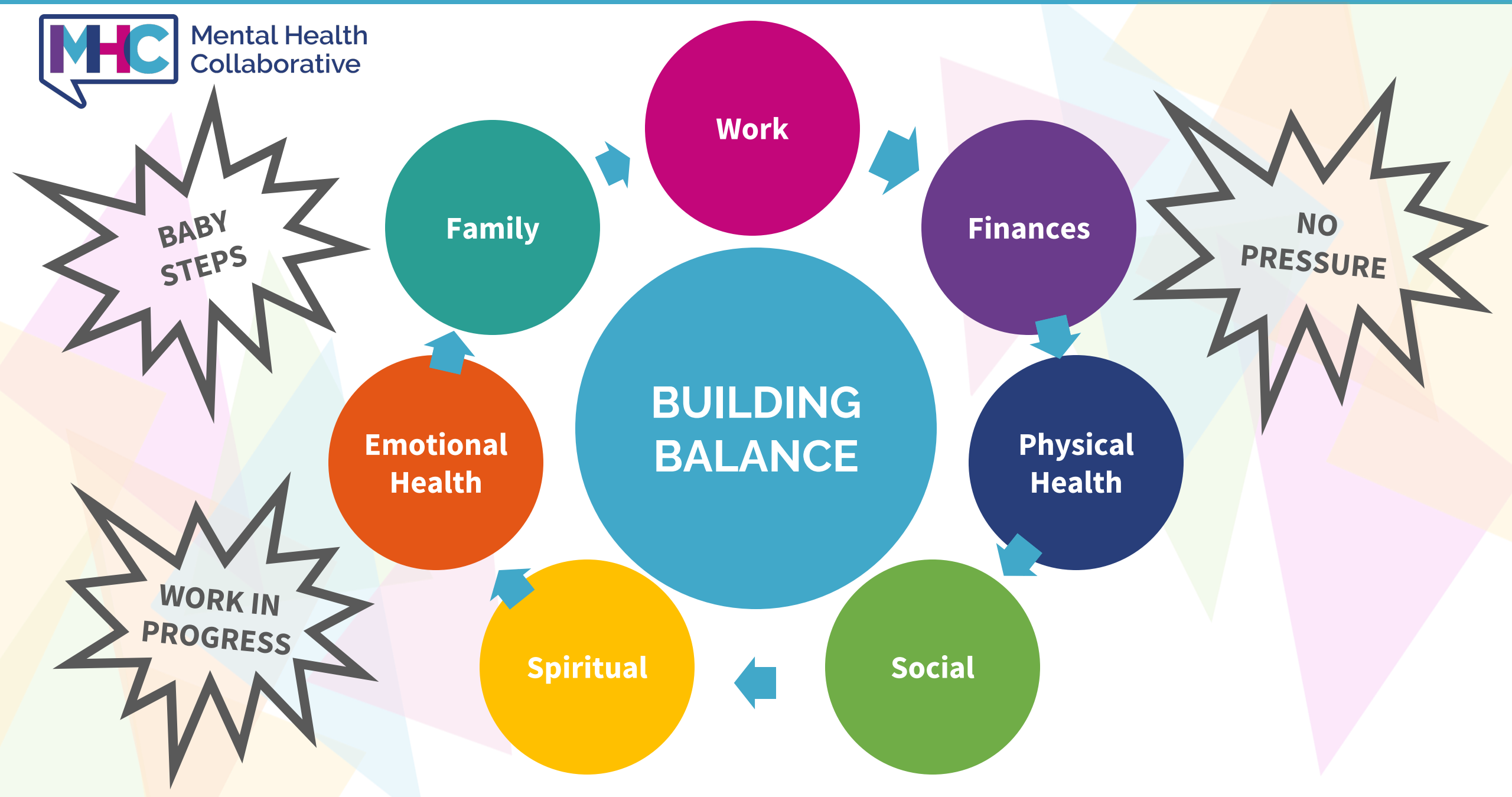
**It's not all about
"SUCCESS"**

YOU ARE ENOUGH

“Anything that substitutes for close human relationships in your life is a bad trade... You will sacrifice happiness if you crowd out relationships with work, drugs, politics, or social media” – *Arthur Brooks*



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What is self-care:

*Self-care is an
attitude that I am
responsible for
myself*

-Melody Beattie

*“I have come to believe that
caring for myself is not self
indulgent. Caring for myself
is an act of survival.”*

— Audre Lorde

*It is okay and necessary to
care for yourself (not a
reward)*

SELF-CARE ACTION PLAN: Homework

- 1. Make a list of the things that are essential for your good health*
- 2. Make a list of the things that make you feel good and bring you joy*
- 3. Post the list where you can see it (and, if you feel comfortable, where others can see it too)*
- 4. Make time and space for #1 & #2*
- 5. Ask for help and accountability in following through with your plan*
- 6. Practice compassion for yourself and others –
Forgive yourself and accept imperfection*



Where to Find Treatment

General

Primary care/pediatrician practice

Health insurance company

School adjustment counselor/guidance

Town/Community Social Services Department

Psychiatric emergency services (PES)

Faith based and cultural-specific supports

Employee Assistance Programs (EAP)

Word of mouth

Hot lines (See resource section)

ASHLAND, MA

Ashland Department of Human Services

<https://www.ashlandmass.com/229/Department-of-Human-Services>

508-881-0140

Metrowest Referral Line

<https://www.bhpmw.info/referral-line/>

1-844-528-6800

Advocates Psychiatric Emergency Services

<https://www.advocates.org/services/psychiatric-emergency-services>

(800) 640-5432 (24/7)

Advocates Community Counseling

<https://www.advocates.org/who-we-are/locations>

(508) 661-2020

Wayside Family and Youth Support Network

waysideyouth.org

(800) 492-9743 (508) 620-0010. (508) 879-9800



Questions?



Resources

LIFELINES TO CALL AND/OR TEXT

- **MENTAL HEALTH CRISIS TEXT LINE:**
Text "Buddy" to 741-741 or call: 1-877-382-1609
- **NATIONAL SUICIDE PREVENTION LIFELINE:**
1-800-273-TALK (8255)
- **THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI):**
Treatment provider locator: 1-617-704-NAMI
Nami information helpline: 1-800-950-NAMI
Provides free referral information and support



Resources

LIFELINES TO CALL AND/OR TEXT

- **TRANS MENTAL HEALTH LIFELINE:** 1-877-565-8860
- **GAY & LESBIAN CRISIS HOTLINE:** 1-888-843-4564
- **ALCOHOLICS ANONYMOUS:** 1-888-GET-HOPE
- **GAMBLERS ANONYMOUS:** 1-855-222-5542
- **NARCOTICS ANONYMOUS:** 1-800-543-4670



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Resources

Psychology Today

www.psychologytoday.com/us

Offers a national directory of therapists, psychiatrists, therapy groups and treatment facility options

SAMHSA

Substance Abuse and Mental Health
Services Administration

www.findtreatment.samhsa.gov

Provides referrals to low cost/sliding scale mental health care



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Reliable Websites



<https://www.nimh.nih.gov/health/index.shtml>



<https://nami.org/About-Mental-Illness>



<https://adaa.org/>



<https://www.psychiatry.org/patients-families>



<https://psychhub.com/>



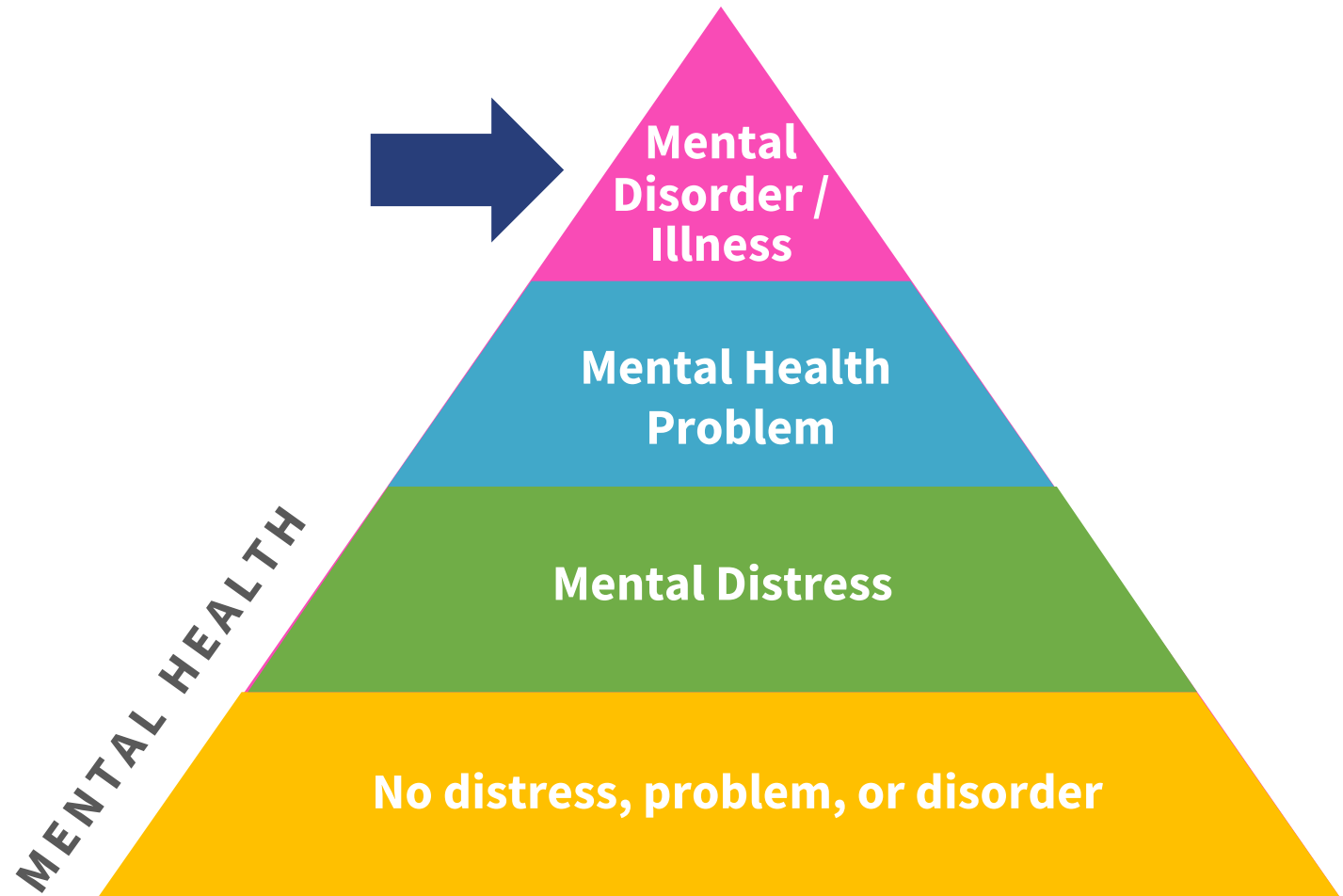
<https://www.jedfoundation.org/jedfoundation.org/mental-health-resource-center/>



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FAST FACTS ON DIFFERENT MENTAL ILLNESSES

**These facts are for general educational purposes only and are not meant to substitute for professional medical help.





Anxiety Disorders

FAST FACTS

Generalized Anxiety Disorder

Characterized by excessive worry about many different things

The person is so anxious that their worries interfere with their ability to function

Panic Disorder

Characterized by panic attacks which occur rapidly and unexpectedly (often without any trigger) and worry about having panic attacks in the future (called anticipatory anxiety)

Panic attacks are really scary and you can have symptoms like heart palpitations, feeling dizzy, tingling fingers and toes, etc.

If you have a panic attack, it will go away on its own

You can have panic attacks without having Panic Disorder (having 3 panic attacks in your lifetime is common and NOT Panic Disorder)

Social Anxiety Disorder

Similar to Panic Disorder, but involves a fear of being judged, humiliated, or scrutinized by others in social situations

Many people with Social Anxiety Disorder avoid going places or doing things and Social Anxiety Disorder interferes with your ability to socialize and/or be in public spaces

People with Social Anxiety Disorder may also have panic attacks in social situations

All anxiety disorders are best treated with psychotherapies (usually cognitive behavioral therapy [CBT]) and sometimes medication if needed

All anxiety disorders (and other mental illnesses) can lead to substance abuse/misuse if untreated



Attention Deficit Hyperactivity Disorder (ADHD)

FAST FACTS

- ADHD is a problem in the brain where people have trouble in one, two, or all of these areas:
 - Difficulty regulating activity level
 - Difficulty attending to sustained tasks (inattention)
 - Impulsivity
- People with ADHD usually have a normal or above average intelligence and they are not “acting out” on purpose, their brain is unable to regulate these areas
- Can be treated with psychotherapy (to learn coping strategies) and medication
- Sometimes as the prefrontal cortex in the brain develops and young people may outgrow this disorder
- Highly genetic





Depression

FAST FACTS

- Depression is a disorder of the brain which is different than normal sadness or unhappiness or normal ups and downs of life
- Signs and symptoms can involve
 - severe low mood (feelings of hopelessness and despair)
 - physical issues in the body (headache, nausea, fatigue, etc.)
 - changes in eating or sleeping habits
 - inability to concentrate
- Symptoms interfere with functioning
- Treatment for depression involves psychotherapy and oftentimes medication





Bipolar Disorder

FAST FACTS

- Bipolar Mood Disorder is the medical name for what was sometimes called Manic Depressive Illness
- It is a condition where people experience periods of depression and mania (which can be a serious condition where someone's mood is overly elated or irritable)
- Bipolar Disorder requires ongoing monitoring usually with psychotherapy and medication





Eating Disorders

FAST FACTS

- Many people have changes in their eating habits, but actual eating disorders are not very common. When eating disorders occur, they are very serious
- They involve a preoccupation over body weight, eating, and food
- There are different types of eating disorders. Two of the most common are
 - Anorexia Nervosa (where people are at a dangerously low body weight but see themselves as heavy)
 - Bulimia Nervosa (where people feel out of control with food and overeat (binging) and feel the need to purge the food in some way (over exercise, inducing vomiting, or laxative abuse)
- Eating Disorders are dangerous and require multi-approach treatment including therapy (individual, family, and group), nutritional counseling, and sometimes medication





Obsessive Compulsive Disorder (OCD)

FAST FACTS

- OCD is a disorder in the brain's functioning that leads to two hallmark symptoms
 - Obsessions (persistent recurring thoughts that the person wants to get rid of but cannot stop thinking about them)
 - Compulsions (persistent, repetitive rituals that a person does to try and stop the obsession)
- OCD can begin at any any but usually starts before the age of 20
- People with OCD are aware that their behavior is irrational and is distressful for them
- Treatment for OCD includes psychotherapy (usually cognitive behavioral therapy or exposure therapy) as well as medication





Post-Traumatic Stress Disorder (PTSD)

FAST FACTS

- PTSD is when a normal stress response following a severe and often life-threatening event fails to resolve in a timely manner
- The response persists well beyond the expected time and causes problems in functioning
- It can cause nightmares, severe anxiety, and flashbacks of the event that triggered the response
- PTSD can happen at any age and to anyone who experiences or witnesses a traumatic event
- Treatment involves psychotherapy (supportive counseling and cognitive behavioral therapy) and medication if needed





Schizophrenia

FAST FACTS

- A rare mental illness in which people often experience psychosis, which is a break from reality (usually begins in adolescence or early adulthood)
- Two hallmark symptoms of psychosis are
 - delusions (false, fixed beliefs which the person believes with 100% conviction, often cause people to feel paranoid and/or that people are against them)
 - hallucinations (disturbances in perception where the person may hear voices or see things that are not actually there)
- Schizophrenia has been called “split personality disorder” in the past, which is FALSE. It is a disorder of brain functioning and nothing to do with personality
- People with schizophrenia (as with all mental illnesses) are not violent people, as the media often portrays
 - When someone is in an extreme psychotic episode, there is a danger to themselves or others because of command hallucinations (telling them to hurt themselves or others) or severe delusions (where they believe themselves or others are in danger). During an episode of psychosis, people require immediate care and usually brief hospitalization
- Treatment for schizophrenia always involves medication, psychotherapy, and ongoing monitoring





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Some things you can do to fight stigma & discrimination

Be mental health literate

Have accurate information about mental health and mental illness

Be open-minded

Listen to people who have experienced mental illness-how they have been stigmatized, how it has affected their lives

Watch your language

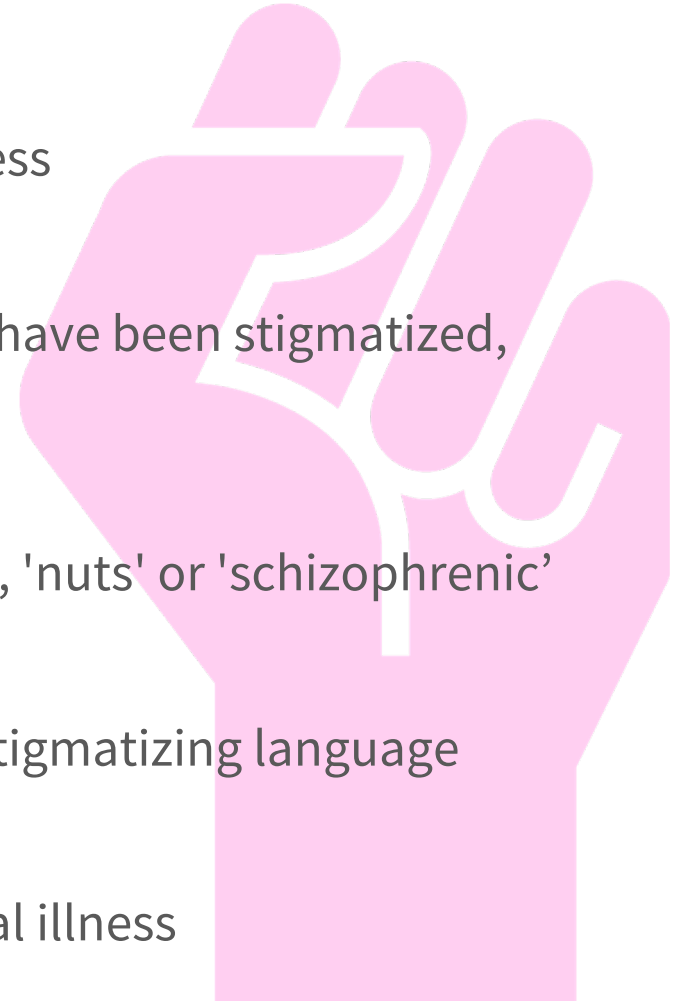
Avoid terms & expressions that perpetuate stigma, like 'lunatics', 'nuts' or 'schizophrenic'

Speak up

Correct anyone exhibiting stigmatizing behaviors and/or using stigmatizing language

Create safety

Provide a supportive space for anyone who is living with a mental illness



Mindfulness

Definition: non-judgmental awareness of the present moment – *Jon Kabat-Zinn*

- What is happening around me?
- How am I feeling right now?
- What am I thinking about?
- If I'm stressed/worried about something, is it productive to be thinking about it now?

Grounding Technique

In your head, list

- 5 things you see
- 4 things you feel
- 3 things you hear
- 2 things you smell
- 1 thing you taste
- If you don't taste or smell anything, just notice that

PLEASE REACH OUT AND STAY CONNECTED WITH US!

Follow us on our website and on social media for further
information and resources:

www.mentalhealthcollaborative.org



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