

Mental Health

Drug and Alcohol Use

Physical Safety

Anxiety

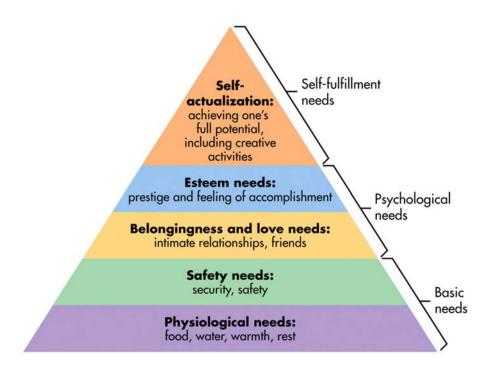
Depression

The Invisible Backpack

Unpacking the unseen lives of youth

Sara Anderson
Program & Training Conference, Chief Seattle Council

Maslow's Hierarchy of Needs





Physiological Needs – What can we see?

- Safety, shelter, security, law & order, employment, health, stability, etc.
- All other needs are secondary until these needs are met



Safety Needs – What are we not seeing?

- Belongingness, love, affection, intimacy, family, friends, relationships, etc.
- Physical Safety
- Emotional Safety
- ACEs (Adverse Childhood Experiences)



Mental Health- Quick Stats

1 in 5 youth in the U.S. are experiencing a mental health condition at some point in their lives

50% of youth ages 8-15 with a mental health condition don't receive treatment

Stigma is the biggest reason people don't seek treatment

Mental Health

- Mental Health Conditions are:
 - Medical conditions, like physical conditions
 - Conditions that change the way people think, act and feel
 - Common and treatable
- Mental Health Conditions are not:
 - Anyone's fault
 - Something to be ashamed of
 - Limiting you can achieve your goal



Anxiety-Quick Stats

Nearly 40 million people in the United States (18%) experience an anxiety disorder in any given year.

Approximately 8% of children and teenagers experience an anxiety disorder with most people developing symptoms before age 21.

Only about one-third of those suffering from an anxiety disorder receive <u>treatment</u>, even though the disorders are highly treatable.

Anxiety

- What we can see
 - Panic Attacks
 - OCD
 - Weight Loss/Hair Loss

- What we can't see
 - GAD, SAD
 - Specific Phobias
 - IBS
 - Trauma/PTSD



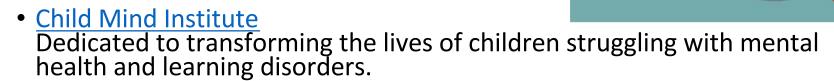
Anxiety

- Help them find coping strategies:
- Have them journal.
- Breathing techniques.
- Set small goals.
- Exercise.
- Animals.
- Find a ritual for tests/homework. Allow your student to be a part of the solution.
- Rehearse, provide feedback.
- Constantly review commitments, find life balance.



Anxiety

BSA Support



- <u>Teen Mental Health.org</u> Great resource on Teen Mental Health for teens and families
- Phone Apps
 - Tools for Peace
 - Headspace
 - What's Up
 - SAM
 - CALM



RESOURCES?

LOOKING FOR

Self Harm – Quick Stats

approximately 15% of teens reporting some form of self-injury

90 percent of people who engage in self-harm begin during their teen or pre-adolescent years

About 50 percent of those who engage in self-mutilation begin around age 14 and carry on into their 20s

Self-Harm

- What we can see
 - Unexplained frequent injuries including cuts and burns,
 - Relationship problems or avoidance of relationships, and
 - Poor functioning at work, school or home.

- What we can't see
 - Low self-esteem
 - Difficulty handling feelings



Self-Harm

Why do people self-harm?

- Most people self-harm as a way of dealing with difficult, painful, overwhelming emotions. However, every person does it for a different reason. It's important to understand the meaning self-harm has for each individual before assuming why they're hurting themselves.
- People self-harm to:
 - Relieve tension and overwhelming emotions.
 - · Return them to reality
 - Establish control
 - Seek security and reliability
 - Feel special and unique
 - Influence or punish others
 - Punish themselves due to negative self-perceptions.
 - Evoke a good mood.



Self-Harm

- Helpguide.org Cutting and Self-Harm
- S.A.F.E. Alternatives (Self Abuse Finally Ends
- Cornell University | Recovery Research and Resources
- How to Support Someone Who Self-Harms
- Family, friends and loved ones of people who self-harm





Suicide Prevention – Quick Stats

Suicide is the **SECOND** leading cause of death for ages 10-24.40% of persons who complete suicide have made a previous attempt. [8] Nine of out ten people who attempt suicide and survive, do not go on to complete suicide at a later date. [9]

Each day in our nation, there are an average of over 3,069 attempts by young people grades 9-12. If these percentages are additionally applied to grades 7 & 8, the numbers would be higher.

More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, **COMBINED.**

Suicide Prevention

- What we can see
 - Increased use of alcohol or drugs
 - Looking for a way to end their lives, such as searching online for methods
 - Withdrawing from activities
 - Isolating from family and friends
 - Visiting or calling people to say goodbye
 - Giving away prized possessions
 - Aggression
 - Fatigue

- What we can't (always) see
 - Sleeping too much or too little
 - Depression
 - Anxiety
 - Loss of interest
 - Irritability
 - Humiliation/Shame
 - Agitation/Anger
 - Relief/Sudden Improvement



Suicide Prevention

Risk Factors:

- Mental illness
- Substance abuse
- Previous attempts or self-harm
- Plan or proximity
- Depression
- Bullying/friend concerns
- Difficulty at home
- While the risk factors don't directly cause the behavior, research with youth who have attempted suicide often show that those factors were present.

Protective Factors:

- Family
- School connectedness
- Affiliation with religious organization
- Positive self-esteem
- Active involvement in groups that promote sense of achievement
- Physical activity

Suicide Prevention

Steps to take:

- 1. Ask the question
- 2. Take it seriously
- 3. Do not leave them alone
- 4. Contact a parent/guardian
- 5. Report
- BSA Policy



- King County Crisis Line (206)915-7803
- Teen line (206)461-4299
- TEXT 741741
- National Suicide
 Prevention Lifeline
 24-Hour Suicide Hotline
 1-800-273-TALK (8255)

Bullying – Quick Stats

The 2017 <u>School Crime Supplement</u> (National Center for Education Statistics and Bureau of Justice) indicates that, nationwide, about 20% of students ages 12-18 experienced bullying.

The 2017 <u>Youth Risk Behavior Surveillance System</u> (Centers for Disease Control and Prevention) indicates that, nationwide, 19% of students in grades 9–12 report being bullied on school property in the 12 months preceding the survey.

Approximately 30% of young people admit to bullying others in surveys. 3—

The 2017 <u>School Crime Supplement</u> (National Center for Education Statistics and Bureau of Justice) indicates that, among students ages 12-18 who reported being bullied at school during the school year, 15% were bullied online or by text.

The 2017 <u>Youth Risk Behavior Surveillance System</u> (Centers for Disease Control and Prevention) indicates that an estimated 14.9% of high school students were electronically bullied in the 12 months prior to the survey.

Bullying

- What we can see
 - Verbal
 - Physical
- Unexplainable injuries
- Loss of personal items

- What we can't (always) see
 - Social
 - Cyberbullying
 - Criminal
- Difficulty sleeping or frequent nightmares
- Declining grades, loss of interest in schoolwork, or not wanting to go to school
- Sudden loss of friends or avoidance of social situations
- Feelings of helplessness or decreased self esteem
- Self-destructive behaviors such as running away from home, harming themselves, or talking about suicide

Bullying

- What can you do?
- Mandatory Reporting
- BSA Policy: BSA Reporting



- Antibullying and Anti-Cyber Intimidation Programs Website: learning.learningforlife.org/digital-programs/abc
- BSA Youth Protection Website: www.scouting.org/youthprotection
- Bullying Awareness Website: www.scouting.org/Training/YouthProtection/ bullying
- Cyber Chip Website: www.scouting.org/cyberchip Cyberbullying Research Center Website: cyberbullying.us NetSmartz Workshop Website: www.netsmartz.org StopBullying.gov Website: www.stopbullying.gov
- https://www.stopbullying.gov/





Drug & Alcohol - Quick Stats

Alcohol, marijuana, and tobacco are substances most commonly used by adolescents.

By 12th grade, about two-thirds of students have tried alcohol.¹

About half of 9th through 12th grade students reported ever having used marijuana.²

About 4 in 10 9th through 12th grade students reported having tried cigarettes.³

Among 12th graders, close to 2 in 10 reported using prescription medicine without a prescription.¹

Drug and Alcohol Use

- What we can see
 - Behavioral changes
 - Mood & personality changes
 - Hygiene and appearance
 - Health

- What we can't see
 - Avoidance
 - Stress relief
 - Using patterns
 - stress/anxiety



Drug and Alcohol Use

- Adolescent Drug Use
- Vaping
- Rising trends
- Safe Drug Use change in conversation

Fentanyl has been found locally in these substances:





Drug and Alcohol Use



- Good Samaritan Law
- BSA Policy: https://www.scouting.org/health-and-safety/gss/gss04/

- https://www.samhsa.gov/
- stopoverdose.org
- www.medicinereturn.org or text MEDS to 667873



COVID-19 & Return to School

Anxiety might be heightened

May be overwhelm being inside and around large number of people.

Reactions will be different; some may be filled with excitement others dread

Youth have not had a normal school year since two grades previous (example: current 9th graders since 6th grade).

Participation variability

COVID 19 & Return to School



- https://www.cdc.gov/childrensmentalhealth/features/COVID-19-helping-children-transition-back-to-school.html
- https://childmind.org/article/back-to-school-anxiety-during-covid/
- · https://www.unicef.org/coronavirus/support-child-covid-reopening
- https://www.learningforjustice.org/magazine/how-to-respond-to-coronavirus-racism



Resources

- CPS: https://www.dcyf.wa.gov/services/child-welfare-system/cps
- https://www.anxiety.org/what-is-anxiety
- https://www.thetrevorproject.org/trvr_support_center/self-injury/
- https://afsp.org/
- NAMI (National Institute on Mental Illness)
- www.Samhsa.gov

