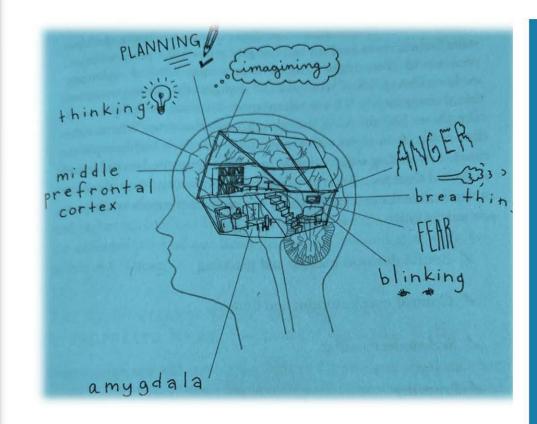
WELCOME Understanding And Supporting Adolescent

MENTALHEALTH



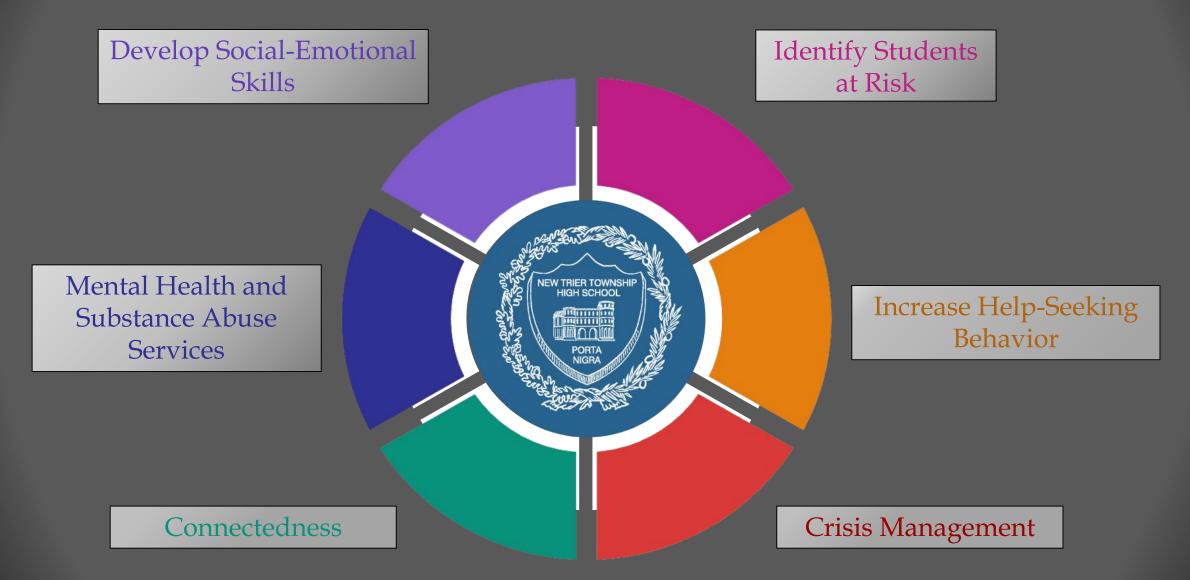
THURSDAY, JANUARY 16 PERIODS 4, 5 AND 6 ROOM W321

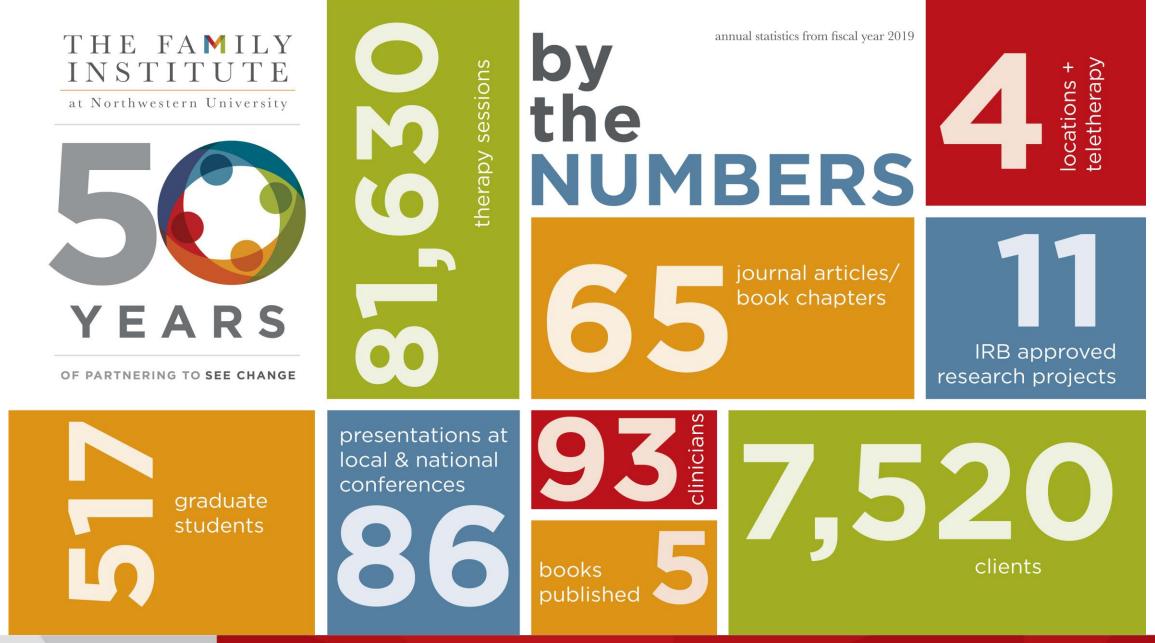
INCREASING YOUR BRAIN POWER: UNDERSTANDING STRESS EMOTIONS AND YOUR BRAIN

WORDS **EMOTIONS** How is your brain wired? **Learn Tools and Strategies to Manage High School Life**

THOUGHTS

Supporting the Mental Health of Students at New Trier A Comprehensive Approach







Toward an understanding of mental health problems in our youth

Nancy Burgoyne, Ph.D., Chief Clinical Officer

&

Smita Gautam, MD., Board Certified Child & Adolescent Psychiatrist

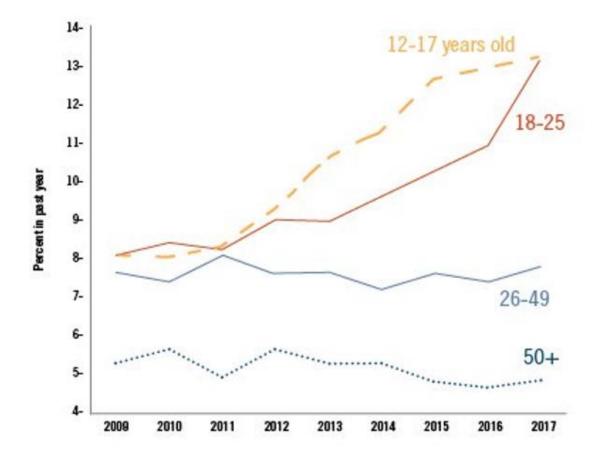


Mental Health crisis among teens and young adults

- Suicide rate among Americans ages 10 to 24 rose 56% from 2007 and 2017, and is second leading cause of death.
- In 2017, 13% of teens reported at least one episode of depression in the past year, compared with 8% of teens in 2007.
- Anxiety disorders are the most common psychiatric condition in youth. Lifetime prevalence rates for any anxiety disorder in adolescents is 31.9%. Anxiety disorders often appear in early in childhood with a median age of onset of 6 years.



Student Depression on the Rise



An analysis of a federal survey shows increasing rates of teen and young adult respondents reporting a mayor depressive episode in the last 12 months.

Rates have stayed more consistent among older adults.

Source: Journal of Abnormal Psychology



What's Going on?

- The is NO one variable to point to. Multi-determined.
- Useful Consideration: Stress mediates health outcomes

 Direct Stressors (e.g., loss, family disruption, isolation, academic pressure, substance use, peers in distress, trauma, exposure to trauma, discrimination, ...)

• Indirect Stressors (macro variables – historical, cultural, generational)

• Social media can be a distress amplifier

 $_{\odot}$ Especially when anxiety or depression are present or when youth is socially insecure.



Neurobiology of Anxiety

Smita Gautam, MD Board Certified Child & Adolescent Psychiatrist

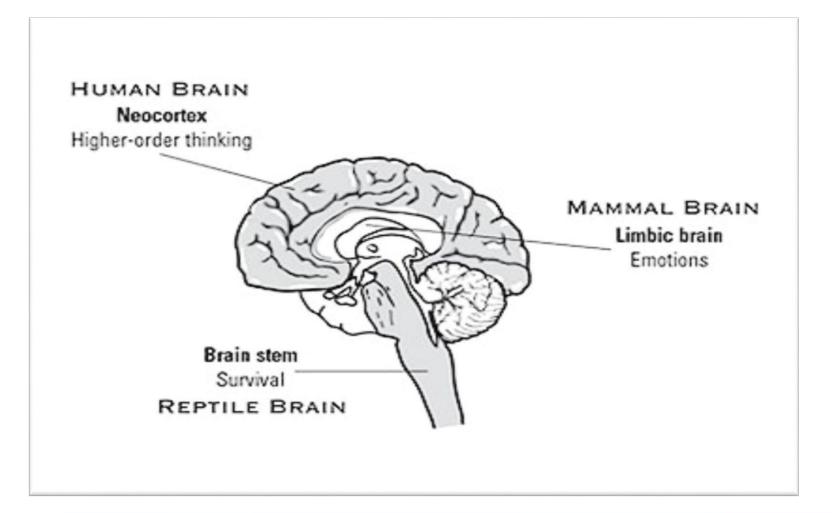




- Natural response to perceived threat
- Protective mechanism
- Manifest in brains circuitry



The Anxiety Circuit





Anxiety Disorder

- Dysregulated Amygdala, and/or
- Underdeveloped / dysregulated Prefrontal Cortex
- Adolescence:

Delay in maturation of prefrontal cortex

 \circ Impact of sex hormones



Anxiety Disorder

- Rumination, poor concentration, difficulty making decisions
- Fight, flight, freeze reactions:
 - Irritability, agitation
 - Muscle tension-aches and pains.
 - GI movements change: stomachache, nausea, diarrhea
 - Shortness of breath
 - Heart going fast
 - Insomnia
 - Avoidance, somnolence
 - Shutting down
 - Mind going blank



Interventions

- Role of psychotherapy
- Role of medications

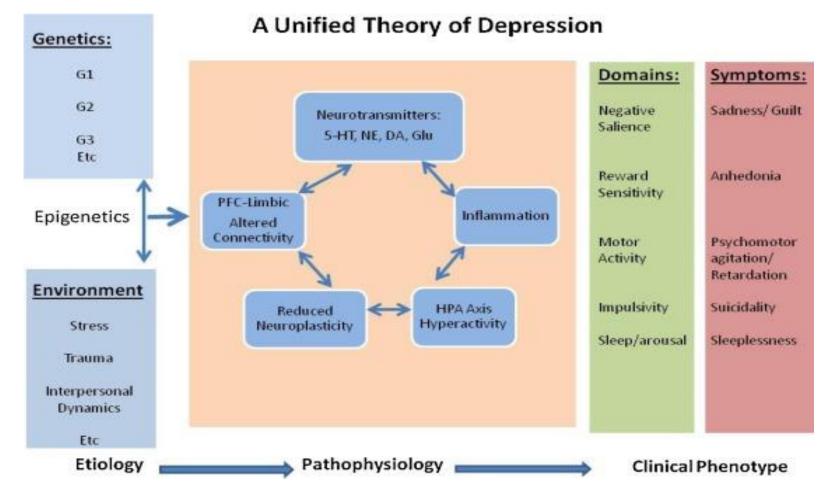


Unchecked anxiety disorders

Can lead to chronic stress > burnout > depression



Depression is complex



Dean J, Keshavan M. The neurobiology of depression: An integrated view. Asian J Psychiatr. 2017 Jun;27:101-111. doi: 10.1016/j.ajp.2017.01.025. Epub 2017 Jan 29. Review. PubMed PMID: 28558878



When to consider medications

- Prolonged anxiety disorders leading to depression
- Inability to apply techniques learned in therapy
- Depression or anxiety are so severe that it is hard to engage meaningfully in life



Time is of the essence



What Helps & What Doesn't?

At the 10,00 foot level: UNDER OR OVER REACTION



Family members common & <u>UN</u>-helpful responses to **ANXIETY**

- Co-rumination
- Accommodation
- Criticism



Better ways to respond to **ANXIETY**

- Dialectical approaches

 Accept & redirect
 Learning to LISTEN first ! ... "yes, and ..."
- Problem-solve / break into manageable steps
- Don't take over or rescue / tolerate imperfection / think "small wins"
- Seek professional help



Family members common & UN-helpful responses to **DEPRESSION**

- Not getting help
- Minimizing the distress / whole mind-body impact
- Attempting to employ "bootstrap" methods
- Assuming it is like other forms of temporary distress, that they will grow out of it.
- Not taking care of yourself!



Better ways to respond to **DEPRESSION**

• Educate yourself

Symptoms in youth, include:

Irritability, anger, sadness, tearfulness, sleeping too much or too little, change in appetite, poor frustration tolerance, feelings of guilt / worthlessness, unexplained physical problems, changes in behavior (e.g., isolating)



Better ways to respond to **DEPRESSION, con't**

• Educate yourself

Warning signs for suicide

- **F** amplified & prolonged **FEELINGS** of hopelessness, anger, excessive worry
- A risk taking or seeking **ACTIONS** (e.g., trying to get access to a gun, pills..)
- **C CHANGE** in mood, attitudes or behaviors
- **T TALK** about suicide, wanting to die, making threats
- **S SITUATIONS** that trigger / where youth's coping abilities are overwhelmed.



Additional resources about suicide

www.speakingofsuicide.com/resources

Resources at this site include:

- If you are having suicidal thoughts
- For friends and family
- For survivors of suicide loss
- For survivors of suicide attempts
- For mental health professionals
- General information for organizations about suicide and its prevention



Better ways to respond to **DEPRESSION**, con't

- Provide distraction without expecting the response to be positive
- Listen & manage your own reactivity
- Get professional help. Period.



What helps support mental health?

PROTECTIVE FACTORS

- Building resilience from an early age (problem-solving, coping skills, ability to adapt to change)
- Social Support / being part of a connected community
- Pro-social experiences (at school, work, play)
- Open communication with caring adult(s)

