

D211 Community Education Session
Mental Health Awareness

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At The Bridge, the most frequent referrals for counseling are due to reported:

Depression/Self-harm behavior

Anxiety

Behavior Concerns

Family Conflict

Substance Use

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Anxiety related to societal pressures

Increased reports of depressive symptoms in the fall and winter months

Increased reports of suicidal ideation and lack of hope – teens feeling more trapped and lacking options

Frequent referrals for teens being “ungovernable” or engaging in acting out behavior

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- Excessive worry, difficulty controlling worry
- Restlessness, feeling keyed up/on edge
- Easily fatigued
- Difficulty concentrating/mind going blank
- Irritability
- Muscle tension
- Sleep disturbance

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- Depressed mood (In teens can be irritability or agitation)
- Poor appetite or overeating; significant weight gain or loss
- Insomnia or hypersomnia
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feelings of hopelessness
- Lack of pleasure or interest in activities
- Recurrent thoughts of death or suicidal ideation

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- Open Communication
- Validate Emotions
- Positive feedback and praise
- Engage in activities which support physical and emotional health
- Focus on maintaining healthy sleep and eating habits
- Limit stress when possible
- Encourage positive peer relationships
- Set and enforce appropriate boundaries

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Constant or excessive anxiety disrupts their daily activities and quality of life

Moves you away from your values:

- Friendships/family relationships/role-modeling

- Education

- Religion/spirituality

- Self-care

- Hobbies/interests

Anxiety disorders are so common that more than 1 in every 10 Americans will suffer with one at some point in their lives.

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A situation in which physical safety is at risk

A situation in which self-worth is threatened

Concern about physical appearance

A new situation

Judgment or evaluation by others

Frustrating subject matter

Excessive classroom demands

Classroom tests

Concern about the future

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- Intense physical sensations, like stomach aches or headaches
- Asking to stay home from school
- Leaving class frequently to go to Student Services office or bathroom
- Unwilling to engage in school related activities (homework, clubs, sports)
- Struggles with concentration/focus/retrieving information

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Decreased ability to pay attention and concentrate on what needs to be learned.

Decreased ability to process information effectively (e.g., organizing or elaborating on it).

Decreased ability to retrieve information and demonstrate skills that have been previously learned.

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Early Intervention

Professional Intervention

Crisis Intervention

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Supports families and adolescents can access and put into place on their own prior to reduce symptoms of anxiety and depression prior to accessing professional resources.

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Mindfulness

Intentionally experiencing the present moment while focusing less on the past or future.

Mindfulness will also give tools to overcome habitual judgments about yourself and others.

Mindfulness skills:

- F Conscious Breathing
- F Exercise
- F Reading

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Interpersonal Effectiveness

Interpersonal response patterns taught are very similar to assertiveness and social skills training.

Effective strategies for asking for what one needs
Saying no
Coping with interpersonal conflict

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Foster emotional growth exploring healthy ways to address stress. What skills do I already have? What can I develop?

Collaboration with parents, peers and schools to determine resources to cope with stressors.

Educate yourself.

- Talking to your child

Focus on listening, not lecturing. Resist any urge to criticize or pass judgment once your child begins to talk. The important thing is that your child is communicating. You'll do the most good by simply letting your child know that you're there for them, fully and unconditionally.

Be gentle but persistent. Don't give up if they shut you out at first. Talking about depression can be very tough for children. Even if they want to, they may have a hard time expressing what they're feeling. Be respectful of your child's comfort level while still emphasizing your concern and willingness to listen.

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• ¼ — Talking to your child

Acknowledge their feelings. Don't try to talk your child out of depression, even if their feelings or concerns appear silly or irrational to you. Well-meaning attempts to explain why "things aren't that bad" may come across as if you don't take their emotions seriously. To make them feel understood and supported, simply acknowledging the pain and sadness they are experiencing can go a long way in making them feel understood and supported.

Trust your gut. If your child claims nothing is wrong but has no explanation for what is causing the depressed behavior, you should trust your instincts. If your child won't open up to you, consider turning to a trusted third party: a school counselor, favorite teacher, or mental health professional. The important thing is to get them talking to someone.

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- **Get your child involved.** Suggest activities—such as sports, after-school clubs, or an art, dance, or music class—that take advantage of your child’s interests and talents. While your child may lack motivation and interest at first, as they re-engage with the world, they should start to feel better and regain their enthusiasm.

Promote volunteerism. Help your child find a cause they’re interested in and that gives them a sense of purpose. If you volunteer with them, it can also be a good bonding experience.

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• ¼ , ã — Encourage Social Connection

Make face time a priority. Set aside time each day to talk—time when you're focused totally on your child (no distractions or multi-tasking). The simple act of connecting face to face can play a big role in reducing your child's depression.

Combat social isolation. Do what you can to keep your child connected to others. Encourage them to go out with friends or invite friends over. Participate in activities that involve other families and give your child an opportunity to meet and connect with other kids.

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“Unlike adults, who have the ability to seek assistance on their own, children rely on parents, teachers, or other caregivers to recognize their suffering and get them the help they need. So if you have an adolescent in your life, it’s important to learn what child depression looks like and what to do if you spot the warning signs.”

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When addressing emotional/behavioral concerns, seek professional help from a behavioral health professional (counselor, psychologist or psychiatrist). Professionals with advanced training and a strong clinical background treating adolescents/children can aid in establishing a pathway to wellness.

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If you suspect that your child is suicidal or poses a risk to the safety of others, take immediate action! Responses include calling 911, taking the child to the nearest emergency room, or calling 24-hour suicide prevention and support.

National Suicide Prevention Lifeline

: ☎ 1 800 273 8255 ; @ < ☎ a ; 9

NCH 24-hour Crisis Line

: ☎ 1 800 273 8255 ; , B #

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Adult inpatient acute care for behavioral health.

Adolescent inpatient acute care for behavioral health and addictions symptoms concurrently.

Outpatient partial hospitalization and intensive outpatient services treating adolescents for behavioral health and addictions.

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All programs are group-based. Care Planning individualized to patient's unique needs.

Multimodal, multidisciplinary approach

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Recovery Model focused treatment:

Instilling Hope, Promoting Self-Efficacy, and
Identifying Support

Treatment methods include:

Cognitive Behavioral Therapy, Dialectical Behavioral
Therapy, Acceptance Commitment Therapy

Experiential and Expressive Therapy

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847-HEALING

Telephone calls and referral line

Entry point for all patients – staff available ; ≠ @ / < ? >

Level of care assessment, free of charge and confidential

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Mentoring and Youth Council. The Bridge Youth Advocacy Program is a mentoring program for children between 7 and 15 years old. Mentoring is a proven method of promoting

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Group Therapy.

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The Bridge Youth & Family Services
721 S. Quentin Road, Suite 103
Palatine, IL 60067

(847) 359-7490

After - Hours Support Line
(847) 776-3720

<https://www.bridgeyouth.org/>

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Established in 1971, the Mental Health Committee was formerly known as the Mental Health Board. The Township's first supervisor, Vern Laubenstein, and other mental health advocates established the committee to ensure "that the mental health needs of the community are met with quality, comprehensive services" as stated in the original Goals and Objectives. Since that time, many individuals have served on the committee to pursue this intent.

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The committee is composed of eight voting members appointed by the Township's trustees. A Township trustee serves as a liaison for communication and coordination between the committee and trustees. The committee also has non voting, associate members who participate at meetings and work on special projects. Members and associate members may be lay people or persons with backgrounds in mental health. What they all have in common is a strong advocacy for mental health and mental health issues.

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The committee considers funding requests from mental health and social service agencies seeking township assistance and makes recommendations to the Board of Trustees. Committee members stay informed of mental health needs in the community and work to educate the community about mental health issues and resources to meet them.

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Janet Abri
Carmie Hanley
Mary Ann Ogilvie
Vicki Osborn, Lauren Saturnus
Tom Sucher
Susan Weisz
Joanmarie Wermes

Associate members are Jillian Bernas and Grace Thornton.

Diane Dunham, Schaumburg Township trustee, is the liaison to the committee this year.

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Yellow Ribbon Program. The Yellow Ribbon card provides a reminder for the student that there are people who care, and that they should not be afraid to ask for help!

Signs of Suicide(SOS) . A nationally recognized, evidence-based program that teaches students how to identify the symptoms of depression and suicide risk in themselves or their friends, and encourages help-seeking through the use of the ACT® technique.

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Guidance Counselors

Psychologists

Social Workers

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Individual Counseling

Group Counseling

Psychoeducational Groups

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If you have a mental health concern regarding your student and would like to collaborate with the school, please contact your student's **guidance counselor** to further discuss social-emotional supports and services available within the educational setting and community.

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