



Transcript:

The Impact of Mental Health on Students & Young Part 1: Assessing Mental Health in Young People

Presenter: Angela Begres
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PRESENTER: Hi, everyone. We're just going to let people get into the meeting, and we'll get started in just a minute or so. Thanks for your patience.

Well, we're going to get started. So welcome again to everyone. Our webinar today is Assessing Mental Health in Young People. Our presenter is Angela Begres. This webinar is brought to you today by the Great Lakes MHTTC and SAMHSA. The Great Lakes ATTC, MHTTC, and PTTC are funded by SAMHSA under the following cooperative agreements.

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Just some housekeeping details. If you are having technical difficulties during the webinar, please individually message either Kristina Spannauer or Stephanie Behlman in the chat section at the bottom of your screen, and they'll be happy to help you. If you have questions for the speaker, please put them in the Q&A section, also at the bottom of your screen.

You will be directed to a link at the end of the presentation to a very short survey. We really appreciate it if you would take it. It's how we report back to SAMHSA. It probably takes about three minutes.

Certificates of attendance will be issued to all of those who attend the full session, and those will be sent out via email. And it usually takes a week or 10 days. We will also be posting this webinar on our website. You can look for that. That usually takes us about a week or so as well.

This is the first of four sessions, so we would like you to join us on February 8, February 22, or March 8. We will put all of the links for those in the chat and also on the web page.

If you would like to see what else we are doing, you can follow us on social media. Oh, I am so sorry, Angela. I must have forgotten to hit Save.



So our speaker today is Angela Begres. She's a licensed clinical social worker who did her training at the University of Chicago, where she obtained her MSW. She's an experienced trainer and presenter contracted both independently and through various non-profits in the Chicago area, Michigan, and other areas. She has experience integrating mental health education programs into the curriculum for students and staff within the Chicago and West Cook County Public Schools.

In partnership with the National Alliance for Mental Health Metro-Suburban, Angela developed a program to help decrease student stress and implement mindfulness in the classrooms. She's also worked with Chicago Family Services providing parenting education with efforts to get parents reunited with their children. So I'm going to turn it over to you, Angela. Thank you.

ANGELA BEGRES: Well, hello, everyone, and thank you so much for your introduction. I am Angela Begres. I am a licensed clinical social worker. I also co-founded the organization Partners for Healthy Life, which promotes mental health wellness through education. Along that, I'm also private practice, and I provide therapy for youth and young adults.

I'm excited to be here with everyone to talk a little bit more about assessing mental health in young people. So let's get started in talking a little bit about the learning objectives for today's presentation. We are going to talk a little bit about assessing a young person with mental health illnesses, about early signs of mental illness, and provide some guidance and tips for effective treatment.

But before we get started, I would like to launch a poll to get some of your perspectives on the current state of mental health in youth today. So you can all choose one of these, and maybe look at where do you see mental illnesses or how do you see mental health impacts young lives today?

OK, we see a lot of responses coming in. So we're going to give it a few more seconds. There's also a tile on here with stress and depression.

OK, so here are the results. So we noticed a lot of you and anxiety as one of the main things that you're concerned about, followed by stress, depression, and loneliness. So thank you all for participating.

I kind of want to share the results with you from a recent poll that was conducted by H4 and Harris Polls. And they surveyed over 1,500 youth ages 13 to 19 nationwide to gather youth perspective on the state of mental health issues in their communities. And here are some of the key findings.

55% of youth or teens said they've experienced anxiety, 45 excessive stress, and 43 depression. 61% of the teens said that COVID-19 pandemic had increased their feelings of loneliness. 82 of the teens called on America to talk more openly and honestly about mental health issues in their communities.



And 79% of teens surveyed wish there was an inclusive environment or safe space for them to talk about mental health within their schools or their communities.

So as you can see, young people need support. They're asking for help, and we know that due to the current COVID-19 pandemic, mental health disorders are severely impacting adolescents in today's society and in today's communities.

So here's some facts around adolescent mental health disorders. Mental health illnesses start by the age of-- well, half of all mental health conditions start by the age of 14, and 3/4 by the age of 24.

Depression is one of the leading causes of the illnesses and disability amongst adolescents, and suicide is the second leading cause of death in 15 to 24-year-olds. The consequences of not addressing adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

So mental illnesses in youth is often mistaken as normal features of adolescence-- a form of emotional growing pains. We often struggle to recognize the difference between typical adolescence and the onset or the development of mental illnesses. And I believe that currently with some youth maybe doing virtual or remote learning or hybrid, it has become a lot more difficult to be able to recognize the difference between typical adolescence and maybe onset of mental illness.

There are many negative short and long-term consequences for not recognizing adolescent mental health needs. Some of them include impaired social functioning or educational treatment, unemployment, substance abuse, self harm, or suicide. Mental illnesses in young people can produce the stress and disability that extends many years into their future.

However, youth are reluctant to seek help, particularly for their emotional concerns. For those who do seek help, their initial contact with health services is often via general practitioners, who must then explore these issues with the young person in a sensitive and appropriate way. Despite recent reforms in primary mental health care, the culture and style of general practice may continue to be an ineffective portal for young people with mental health issues.

Supportive communities and access to appropriate professional help often leads to more effective outcomes for youth. So though it is helpful for young people to talk to general practitioners or their pediatricians, we want to make sure that we provide opportunities for youth to be able to engage with those professionals, like social workers, therapists. And also we want to have communities that are open to talking about mental health disorders.



So typical adolescence-- and if you wouldn't mind sharing in the chat, what do you think are some typical stages that adolescents face? Any examples would be helpful. What does it look like for young people to go through adolescence?

Yes, defiant. Moody-- absolutely. Yep-- sleep a lot. Yeah, very important, right? Young people need from 8 to 10 hours of sleep. There's a lot of confusion. Anger-- wow, those are all-- questioning. Oh, so much questioning, especially in today's society. Staying up too late. Anxious about everything, right? We talked about how anxiety is the number one challenge that young people are facing today.

Social media-- absolutely. Worry, becoming independent-- oftentimes may be lying, and that could be connected to their independence. The need to fit in-- again, something that maybe some young people are challenged more today than before. Defiance and anxiety-- yeah, thank you. These are all really-- isolation, yes. Melissa, thank you. Absolutely, right? We talked about loneliness also being one of the things that young people are experiencing today more than before.

Sleep issues is another common adolescent development. Sometimes it can even be an early warning sign for a mental illness. Yeah, thank you everyone. You all are providing some really helpful feedback.

So let's talk a little bit about some of those typical changes in adolescents. So we have young people who are moving towards independence. What does that look like? Maybe they want more privacy in the bedroom. Maybe they'll ask mom and dad to knock on their door before coming in. Wanting their own car. Maybe wanting their own bedroom away from the younger siblings. So young people are really practicing independence.

And this is part of growing up. Young people are trying to practice what it feels like to be an adult, and so this is typical for young people.

There's also future interests. You see a lot of adolescents thinking about am I going to go to college. What career do I want to do? Do I even want to go to college?

And as well as some cognitive changes. Our brain continues to develop, and we start developing more cognitions around what is right and what's wrong. We start thinking about our future-- where do we fit in? What are our value?

Young people also decide to explore their sexuality. We see this-- I've noticed this in my practice a lot earlier, even starting in middle school.

Moral values and self direction-- so exploring their values. If they are from a specific culture, learning more about their culture-- exploring more about the world in general, having more of an opinion.



Mood swings, right? A lot of you talked about changes in mood, and that is a very common part of adolescence-- mood swings. Maybe being upset with their friends and then the next day being completely happy with their friends. And we'll talk about when mood swings can actually become a warning sign of a mental illness.

Spending less time with family-- so young people start to find support from their peers, and really start to move away from needing that support from their families. Pushing boundaries and challenging rules-- maybe all of a sudden the young person who was fine following all of the rules that we established wants to challenge them. Which makes me think of my two-year-old.

And then mild experimentation, and this might include drugs and alcohol. So we want to be mindful of the physical changes that oftentimes happen during adolescence. Adolescence is a very important growth time for young people, where not only is their body developing and changing, but their brain is also changing. And we want to be open and understanding that these are transitions that we go through in our way to adulthood.

However, most adolescents go through adolescence without any impact to their lives. But there are some multiple factors that determine mental health outcomes, and these are risk factors. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Some of these factors can contribute to stress during adolescence, including a desire for greater autonomy, pressure to conform with peers, exploration of sexual identity, increased access to and use of technology.

Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions or operations for the future. Right now we have a lot of media influence. There are influencers on Instagram and TikTok, and oftentimes this is a false reality, and young people can oftentimes misconstrue that.

Other important determinants include the quality of their home life and relationship with peers. Home life makes a big difference. We call these protective factors. Having a supportive environment can decrease the risk of a young person developing a mental health disorder.

Violence, including witnessing violence through social media and news, and bullying can also be risk factors. And socioeconomic problems are recognized risk factors for mental health disorders.

Children and adolescents are especially vulnerable to sexual violence, which has a clear association with impacting mental health illnesses. Some adolescents are at greater risk of mental health illnesses due to their living conditions of stigma, discrimination, or exclusion. This includes the LGBTQ community, as well as minority communities.



So remember the risk factors do not equal a mental illness. However, the more risk factors you have, the higher the risk. So these are things we want to be mindful for, right? We know some youth that experience some of these risk factors, which are many, and we want to be aware that this can contribute to them developing some signs and symptoms of a mental health disorder.

Now here's a warning sign. This is how we know when a mental health disorder is starting. We call this the early stages of mental illness. We can notice it in many different areas-- in school, at home, and how they relate to their friends.

So some of the warning signs might be starting to miss school and classes-- skipping classes, maybe not wanting to go to school anymore, poor performance on tests, decreased interest in personal hygiene, no longer wanting to get dressed, maybe no longer looking or caring on how they look, not taking showers, maybe looking really tired because they're not sleeping enough, becoming lethargic and withdrawn.

So we talked about typical adolescents and how they want to move away from parents and spend more time with peers. When we think about a warning sign, this means withdrawing from both-- withdrawing from both family and friends. That is something we want to be mindful for.

And then I want to highlight pronounced mood swings. So these are a little bit different than the typical mood swings that young people might have of going from maybe being happy about being a short day in school and then angry because you have to be home. We think pronounced mood swings could be something like going from happy to very irritated, maybe going from happy to real tantrums.

And then many of you talked about this. And sleep is one of the main warning signs-- so difficulty with sleep, difficulty falling asleep, or not feeling well rested.

So the most common mental health illnesses in youth are generalized anxiety, which includes excessive worrying about everyday matters. Social phobia-- severe feelings of self-consciousness and insecurity in social settings. Think about how social phobia is going to impact our youth once the pandemic is over. We have gotten used to being lonely and isolated and maybe not even connecting with many people. So I can see social phobia being something that young people are going to struggle even more in the future.

Depression-- persistent feelings of sadness, anxiety, and/or emptiness. Remember that for some youth, depression can also include outward behaviors, such as tantrums, aggression, and hyperactivity. And this is why we often misunderstand or mislabel depression for hyperactivity disorder.



More than one in 10 children between 12 and 17 years old experience an episode of major depression. That means that for at least two weeks, the young person was depressed or lost interest or pleasure in other activities, could not function normally, having trouble with things like sleep, energy, or concentration. In general, if a young person persists for a few weeks or longer, causes distress for the adolescent or adolescent's family, and interferes with functioning at school, at home, or with friends, we want to consider seeking professional help. So if any of these symptoms persist for two weeks or more and impacts the person's life, whether at home, at school, or with their peers, we want to consider seeking professional help.

One thing I always like to tell people kids who feel good do good. So if a young person is struggling, it's not because they don't want to. It's because maybe something's going on with them.

So how do we support young people? What are some things we can do when we notice some of these warning signs with youth? How can we support them? How can we recognize whether they do need some professional help?

And remember not always does a young person need professional help. Sometimes they just need one person to sit and listen to them. So we want to be mindful of that as well.

Some things to keep in mind when we're talking to a young person, we want to make sure that we are genuine-- we're honest when we're approaching them. Maybe let them know that you're here with them, that you are going to support them in any way that they need, that you may not have all the answers, or might not know exactly what's going on with them. We want to make sure that we're honest with what we're sharing with a young person.

Provide choices-- research has shown that if a person gets to make their own choices regarding their mental health treatment, they're more likely to follow through with that. So we want to make sure that we provide choices. When possible, those choices may be something like I can give you some resources, I can go with you to your first appointment. We can make a call together.

We can always provide what I call closed choices. So here's some of the ways we get to the solution, but I'm going to let you choose which one.

We also want to make sure that we put our own judgment aside. We understand that sometimes as adults, we have bigger issues. We're struggling maybe with more financial situations, but young people's feelings are real to them, and they need the support. And we want to make sure that we support them in a way that's nonjudgmental.

Also, sometimes young people might not want help right away. That's OK. Let's keep the door open. Let's let them know that if they do need help, help is



available in the future. And we always want to consider culture, age, and gender when providing support for young people.

Other tips for communication-- depending on your role with the young person, we want to make sure that we find a quiet place to talk to the young person. Sometimes for parents, the best quiet place to talk to a young person is in the car, so maybe go for a car ride. If we are a teacher or an educator, we might wait for students to leave the classroom, or ask them to join us in a breakout room after the session is over. So let's find a quiet place to talk to them.

Staying near the youth sometimes means also getting at the same level, so sit down next to the young person. Again, I always want to emphasize that we want to make sure that whatever we use is appropriate for their age, their gender, and their culture.

Some cultures-- I am Latina. My culture hugs and gives kisses. Other cultures don't do that, so we want to be mindful of that.

Let the young person know you're listening. Listening to someone's story can be a great support. Sometimes that might be all the young person needs.

We also want to be patient. Talking about our experiences can be hard. For a young person, it can be really scary. Remember, oftentimes youth think that when they're talking to an adult it means that they're getting in trouble, so we want to make sure that we're patient with them and that we can listen to them.

Provide information, but be honest about what you know and don't know. So if we are seeking support for the young person, we might want to say what we know about it. You know, we may want to say there's multiple types of treatment. We don't know which one might work for them. If we need to get them to the hospital, we might say I'm going to be there for you, but I'm not sure how long it will take. So making sure that we provide honest information. If we break that honesty, not only are we breaking the honesty with the young person, but we're preventing them from seeking help in the future.

And acknowledge their strengths. That might be something as simple as saying thank you for sharing that with me. That must have taken a lot. It must have been hard to live with this for such a long time.

And then something that I think is hard for all of us to do sometimes is allow for silence. Some youth may just need you to sit with them in silence, especially if it's something after a traumatic experience.

So steps forward-- let's talk a little bit more about treatment. In the United States, 75% to 80% of children and youth in need of mental health services do not get help. Why? So why don't we all write in the chat box what may be some reasons why youth don't seek help for their mental health condition? What do you all think?



Stigma-- good job, Melissa. That is the number one reason. Denial-- absolutely, right? Sometimes they might not know. We just talked about the warning signs for mental health disorders. They oftentimes look very similar. Lack of services, shame-- sometimes the shame may come from our own culture.

Financial-- absolutely. Insurance-- yep. Someone that we trust-- yeah. Logistical reasons-- transportation costs, et cetera-- absolutely. Yeah, you all have some real good reasons, and you all are correct with all of that.

Discrimination and negative attitudes attached to seeking help for mental health issues is the number one reason why people are not seeking help, along with stigma. Cultural beliefs and practices-- some cultures believe in the concept of keeping things between our doors-- between our closed doors, and we don't want to share our issues with other people. That could be a huge barrier for seeking help.

The access to services or support-- I know that oftentimes people who are seeking help do not know how to start. And think about it, right? If a young person is experiencing depression, they have no energy. They are not sleeping well. Do you think they have the capacity to go out and look for the services available for them? Even if they had all of these other things. Even if they had insurance, even if they had ways to get there, sometimes the illness itself can prevent individuals from seeking help.

Not knowing where to start. How do I start? Who do I talk to? And then confusion about who to see and what advice to take. Sometimes we might get different information. I always encourage people that when we are talking to a young person and we are providing resources, make sure that those resources are relevant-- that their information that you have checked yourself is available and that it is relevant, and that is still open for services. Because the moment we give young people resources and information that are incorrect, we're really preventing them from seeking the help that they need.

All right so let's talk about the first steps towards effective treatment. So if you are concerned about a young person, where do you begin? That's oftentimes the first step-- where do I begin? Well, we want to make sure we do our research. So this might include talking to teachers, talking to day care or people from the playground. We want to assess what is the child's behavior.

We also might want to talk with the child's pediatrician and describe their behaviors. Report any of the observations that you've heard from their teachers. And then we want to ask for referrals for a mental health professional who has experience dealing with youth.

An assessment by a health professional can help clarify problems that may be underlying a child's behavior and provide reassurance or recommendations for next steps. So an assessment is the next step, right? We research, we find



someone to talk to our youth who is a professional, and then we get an assessment for the young person, followed by talking about the treatment options.

So let's talk about what does the assessment look like? Sorry you guys. I pressed the wrong number. So what does the assessment look like? Well, when a professional is assessing a young person, here are the things that will be included.

An interview with the parents addressing the child's developmental history, their temperament, relationship with friends and family, medical history, prior interest in current situation. The current situation is really important. That's where we share whether there have been any changes in the young person's life, whether it includes changes in school, any recent family illnesses-- any changes that impact the child's daily life. These can contribute to the current symptoms that the young person may be experiencing.

We also want to gather information from the school, like I mentioned before-- asking the teachers about their behavior, talking about test scores, really trying to assess how is the young person performing in the school.

And then there will be an interview with the child itself, right? Trying to get his or her experience-- what is going on with them? How can we support the young person?

Lastly, some professionals might require or recommend testing or behavioral alterations. And this can be really useful for some young people, especially young people who may be experiencing or struggling with ADHD.

How can we identify support for our youth? As the guardian, the parent, the person trying to assess who is the best professional for our youth, there are some questions we might want to ask those professionals. As a therapist, I always want parents to know what are some limits to our conversations. What is confidentiality? And I also want to know what are some of the goals the parents have with the youth.

So when you are talking to a professional, you want to make sure you ask some of these questions. What is your current experience? What is your experience working with children? What is your approach or philosophy? How involved will I be in treatment? Will I get to help set some goals for a treatment? How will I know if my child's getting better?

And with this I want to remind you all that when young people are in treatment, treatment can vary from young person to young person, but it takes time. Things don't go away overnight, so we want to be patient when a young person starts treatment for a mental illness.



We also, and I think it is really important-- we want to make sure we ask that professional what should I do if I have a crisis between treatment sessions or need immediate help? This could be really helpful, because sometimes we expect to contact the therapist, but the therapist may not be available 24/7. So what are some of your other resources? And I actually will give you some resources in a minute.

And then what should I be doing at home to help support my child's treatment? I think that's also really important, right? Young people may talk to a therapist one hour a week, so what can we do around them to support their treatment? What can the school do? What can the house do? What can the parents do? So I want to make sure that we get answers to some of those questions from the professionals.

It's also important to remember that we always want to look for the best fit for you. So I always tell people if you talk to a therapist and you don't like them, don't give up. Look for someone else. We do that for every other physical illness. If we go to a doctor and we don't like them, we just leave and search for another doctor. We get more referrals and we try again.

But oftentimes people give up when seeking professional help for mental health. And so I highly encourage you not to give up. That means that if you tried a male therapist, maybe try a female therapist next time. Try a different variety of things that might work for the young person better.

Let's look a little bit more about the type of treatments for young people. Here are some of the most common types of treatment, also the ones that have the most evidence behind them.

So we have psychotherapy, which involves changing the way the person thinks or behaves to reduce symptoms, increase life skills, and reduce problem behaviors. These treatments are often called talk therapy, because they usually involve face to face with a mental health professional. Currently we're doing virtual face-to-face. And those professionals are counselors, social workers, psychologists, or substance use professionals. The main goal of psychotherapy is to build a supportive relationship with that young person.

We also have medication, which includes various types of prescribed medications and other treatments given by a health professional such as a pediatrician or a psychiatrist. Most young people with mental health challenges do not need medication. For those who do, a doctor will discuss the balances of benefit and potential side effects of the medication. Remember that oftentimes psychotherapists will not provide or prescribe medication. The young person will need to consult with a psychiatrist or a doctor regarding medication.

We also have family counseling, which includes parents and other members of the family in treatment. This can help families understand how a child's



individual challenges may affect relationships with parents and siblings and vice versa.

Lastly we have support for parents. This can be individual or group sessions that include training and the opportunity to talk with other parents. It can provide new strategies for supporting a child and managing difficult behavior in a positive way. The therapist can also coach parents on how to deal with schools.

A good example of a support group that I know of is-- the National Alliance of Mental Illness has a program called Basics. And that's for parents of young people who have been diagnosed with a mental health condition. So there's a lot of different support groups that parents can join, especially parents whose young person has just gotten a diagnosis.

It can be a really scary time, just like any other health condition. It can be really scary for parents who have a diagnosis of their youth. So sometimes getting support for ourselves can be really helpful. It helps us feel less alone. It helps us find a connection with others, and it can also be a good place for resources and referrals.

Nicole, you asked what is the alliance again? NAMI-- the National Alliance for Mental Health Disorders. And I will have those in my resources.

So I always want to make sure that we are always monitoring and assessing for a mental health crisis. Even if the young person is seeking treatment and they have a professional, we want to keep this in mind. If a young person has thoughts of suicide, personal self-injury, threatening violence or harm to self or others, they have experienced a traumatic event such as bullying, abuse, or assault, any use of alcohol or drugs excessively, isolation, and then not eating or eating all the time-- rapid weight loss or gain-- these are crises that we want to make sure that the young person can seek some professional help, or we want to make sure the person is evaluated by a professional if this is the case.

I always want to emphasize that if we notice any changes that impact the young person's school, home, or their environment with friends, those changes mean that the young person is struggling with something, and that equals the need for them to talk to a professional.

So what can we do? Let's say we have supported that young person. They are getting help or they are feeling better. How do we continue to support the young person? Well, there's many things we can do. Give your attention to the young person. Give them your time and attention.

So let's come back to them and say, hey, how are you doing? How are things working out for you? Is there anything I can do to help?



We can also make sure that we keep a regular routine. Believe it or not, young people-- youth really, really function well with routines. They can be very flexible, but routines are really helpful. I function better with routines. So we are always more effective when we have some kind of routine. We want to make sure that we keep that for young people.

We also want to allow youth to feel sad or be sad. It's OK to be sad. Just like we encourage happiness, we want to just sit sometimes with our feelings and understand that this is part of life. And sometimes we will experience sadness.

Listen to their thoughts and fears without judgment. Right now there's a lot of things that young people are fearing. Is life ever going to be normal? Am I ever going to go to school? What it's college going to look like? Am I going to graduate and have a graduation? So let's just listen to them. Again, listening can be an impactful tool.

Set clear rules and expectations. I would highlight this, especially if we know a young person who has thoughts of suicide or has gone through a crisis. We want to make sure that we put clear rules and expectations around some of those behaviors. If we notice this, this is what we're going to do. If we notice that you're self harming, we're going to need to take you to the hospital. If we know this, we want to make sure that the young person knows what to expect in certain situations. That way it's not a surprise for them when the situation comes along.

Asked about the dangers they face and support them. Discuss how they can best avoid being harmed. I'll tell you right now, a lot of the fears and dangers young people are facing are about political issues, which is surprising to me, because I don't remember worrying about political issues when I was in middle or high school. But I'm hearing it so much from my youth today. So let's listen to them. Let's hear them out, and let's empathize with them.

Encourage and allow opportunities for them to help. Allow young people to be part of the household if we can, or in the classroom if we can, or in any way that young people can be helpful. It can include getting involved in community-- volunteering. All of those things can provide a sense of satisfaction.

So self-love-- I love this word. We want to promote self-love for young people. I have made sure nowadays that when people say something that's hurtful like, oh, I'm such an idiot, I always say no, you're not. You made a mistake. So let's notice for why young people are saying to themselves and how they talk to themselves, and use positive words.

You're doing your best. I'm here for you. These are hard times. You're not alone. All of these words promote self-love.



How about you all help? Let's share some self-love statements or words we can use for young people. What might that sound like? Can we share some of those via the chat-- positive words that we can use for young people?

I'm good enough. Thank you, I like that. Absolutely. You matter. Yeah, I'm worthy. I'm proud of you. I'm brave. Absolutely. You're amazing. Yeah, I love those.

For a while when I was doing my bachelors, I volunteered for an ADHD summer camp. And we had to work with young people who were diagnosed with ADHD. And what research had said at that time was that using positive words was more effective than negative reinforcement or punishment.

And so we practiced. We had a list of words we had to practice, which included many of the things you wrote here, in order to use these words with those young people in the summer camp. So these words make an impact. It helped us, too. So I encourage you to use these with the young people that you know, and even use them within yourself as well.

Yeah, great job. You guys are really good here. So, just kind of bringing us back full circle, there are things we want to make sure we encourage you to do. These are called positive self-coping strategies. It could be helpful to remind young people what has been helpful for them. What are some things you have done to cope with this in the past?

Some of these might include getting enough rest. And I know-- I know that we need young people to get up and get to class and do schoolwork. But sometimes if they need to sleep in on the weekend, give them that opportunity to get enough rest.

Talk and spend time with family and friends. How can we keep young people connected? How can we keep ourselves connected with our family? And how can we keep a healthy relationship when we are at home with our family all the time?

So let's think about that. Let's ask young people to participate in the discussion. When do you need space? That could be really helpful. Do you need space right now, and having a place to provide that for the young person.

Trying to eat as regular as possible and drink enough water. We want to keep our body hydrated. Physical health and mental health are connected.

Discuss problems with someone you trust. I don't know if I said this already, but having one trusted adult is a number one protective factor for you. And that's why we want adults to know how to talk about mental health. Because if we feel comfortable talking about mental health, we can be a very helpful



resource for young people. And we want to be able to show young people they can trust us and that they can talk to us about these things.

Do activities that help you relax. These may be things we hear all the time-- mindfulness, yoga, reading a book, taking a bath, taking a shower. All of these things we know that can be really, really helpful.

Exercise-- that's another really helpful part of our self-help strategies. Exercise builds endorphins. It gives us those feelings of happiness. And even though you might say, and I'm sure many of you are thinking I have never felt happy when I was working out. However, you do get some level of concept of you feel good about yourself. You feel good about your future. And that's the chemicals that your brain produces when you're exercising.

I also want to talk about looking after yourself. We are the best role model for youth. They are always looking up to us. So what do we do for self care? What are you all doing for self care? And this includes some things that you're doing for self care in our current situation, which is a pandemic where we're barely leaving our house.

OK, I see some people writing already in the chat box. Creating a visual board for goals and self care. Absolutely, I like that. Even putting a routine around how do we take care of ourselves can be helpful. Daily walks, exercising more-- yeah, absolutely. Meditation and yoga.

Yeah, trying to eat right and exercise. Stretching-- I like that. Drawing, fiber art-- I don't know what that is, but it sounds great. A gratitude journal-- yes. Online, some painting classes-- that involves becoming really creative on how we connect with others, and you guys have provided some really helpful examples.

Keeping them even on weekends. I like that, absolutely. So many of us have benefited from going out and getting fresh hair and walking. We have all become more creative on how we spend time outside, and that's really helpful. We've only become more accepting of our own time and space within ourselves, kind of being lonely, and that's what has resulted of this pandemic.

All right, thank you all. So like I said, you are the best role model for youth, so it's important that you take care of your own mental health. We cannot support the youth around us if we're not taking care of ourselves. It's hard, almost impossible.

So things that you can do-- you've all provided some helpful things. I would add think about what has helped you cope in the past. Like many of you said, eating, resting, relaxing, even if it's for short periods. We are now working from home, and I would argue we're working a lot more. So remember take 15 to 30 minutes for lunch. Finish your day and close your computer. Be present



for your family or your friends or the people around you. Be present for your dog, if that's what you have at home.

And then stay connected. Many of you talked about how you stay connected with others, whether it is taking classes via Zoom or talking to friends and family. Also, remember to connect with those individuals through phone or through video call.

And that concludes my presentation. Here are some helpful resources. Again, I do have a resource sheet that's available for all of you. Here are some ways that we can get help if we're concerned for someone. We have the National Helpline, the National Suicide Prevention Lifeline, and the Crisis Text Line. I also want to encourage-- if you're looking for a therapist, Psychology Today is a good place to start your research.

And then there's some resources that are specific for youth and young adults. And these are self-help strategies-- self-help websites that provide support for youth. Again, one thing that's really helpful for youth is to know that they're not alone in their experience. So providing them with appropriate resources can mean a lot for them.

Right, so I'm open to any questions anyone will have.

PRESENTER: Great, thank you. Lots and lots of really great ideas. Thank you, Angela. We do have about four questions. So just a reminder, if anyone has questions, please feel free to put them in the Q&A section at the bottom of your screen.

The first one is how big is our biases attached to emotional stress to appease peers or social pressures? How much of that contributes to our anxiety?

ANGELA BEGRES: Our biases attached to emotional stress-- I'm trying to understand the question. Is it our own biases, whether we can--

I guess when it comes to young people, they do have a lot of social pressures, right? Social pressures coming from their families, social pressures coming from their peers, and that can oftentimes increase their anxiety. However, I have worked a lot with youth, whether in big groups or individually, and what I have noticed with youth is that oftentimes their anxiety is mostly contributed from internal pressures. So their own pressures that they put upon themselves of getting A pluses, of getting into this big school.

So I think it's half and half. Half of it comes from the peer pressures and their families, but a lot of it does come from internal pressures that they put on themselves.



PRESENTER: OK. Thank you. That makes sense. There was just a quick question at the beginning. I think on slide two you had some statistics, and someone wondered where those came from.

ANGELA BEGRES: Yep. So the resource is at the end of the slide. And they can go ahead and find them there.

PRESENTER: OK, great. I wanted to just double check. Someone asked too if-- could any of the symptoms that youth are having-- depression, anxiety-- could any of these be part of drug use?

ANGELA BEGRES: Absolutely. One thing I didn't mention is that oftentimes there's a coherence between mental health disorders and substance use disorders. And so drug use can sometimes be a way to cope. So a young person start using drugs to deal with a lot of the symptoms, and then it can become a substance use disorder. So there can be some co-occurrence between the two.

PRESENTER: Great, thank you. Another question is someone says, I work in a school environment and facilitate discussion groups with youth to aid with social emotional skills and development. There have been a number of students who I feel would benefit from professional mental health services, but I'm not sure where to begin in connecting them. Is there a clear path providers should take? And I know that you gave us a whole list of options and places to look, but I think that they're asking if there is a clear path that someone should take.

ANGELA BEGRES: So there are different ways we can approach seeking help for youth. I first want to acknowledge that the truth in our communities right now is that there really isn't a lot of specific supports for youth, which is amazing to me considering the fact that half of all mental health disorders begin by the age of 14.

But I would say when working with schools, the first place to start is with the school social worker. By connecting with a young person-- connecting the young person to a school social worker. And then going through the young person's insurance. That can be another place to find appropriate professional help for the young person. Or I think psychologytoday.org is an organization where social work therapists, social workers, psychologists promote their agencies. So that could be another place to find resources for the young person.

PRESENTER: Thank you. Another question is how do you approach and handle adolescents who have suicidal ideation without prejudicing their future or potential consequences in their life?

ANGELA BEGRES: Yeah, that's hard. Approaching a young person who may be thinking about suicide or have suicidal ideation is I think the hardest thing



we can do. I would say suicidal ideations are a very common symptom of mental health disorders, especially depression. So we want to start with that, right? Acknowledging that this is not a young person doing it-- thinking about it because they want to, but acknowledging it as a symptom-- like it's part of the illness.

We want to be nonjudgmental, and we want to make sure that when we're approaching that young person we're letting them know that we're here for them, and that we want to get support for them, and that it's important for them to talk to a professional.

PRESENTER: Great. Thank you. Another question is, how would you effectively apply strategies in homes with multiple children in different age ranges?

ANGELA BEGRES: Yeah, that's tough. I would say having specific time for each child, maybe even having family meetings and addressing some of the struggles or challenges that each young person is having. And brainstorming together as a family what might be the best approach for them. So always trying to involve everyone in the household I think is the best way to approach those situations.

PRESENTER: Thank you. And speaking of households, sometimes the parent is the barrier. What are some suggestions on engaging the parent who is in denial of their own mental health issues?

ANGELA BEGRES: Yeah, I had that thought also when I presented in schools. Young people would tell me. They'd be like my parent doesn't know how to get me help, don't want to talk about it, or they have their own mental health issues. How do I support them?

And so parents oftentimes can be their own barriers, I think. As the youth, if we're trying to support our parents, we kind of use some of the same strategies-- provide them with resources, listen to them, manage mentally, and try to get them help. If the parent is the barrier for the young person in seeking help, different states have different policies on how early young people can get some level of treatment without parental consent. So I would start by researching that.

I think in some states, like Illinois, it's 14, and young people are able to get a certain amount of sessions with a school social worker without having parental consent. So that's something that we can research and try to get the young person-- and need some support.

PRESENTER: OK, thank you. What strategies are there for parents providing support to children? Oh, we already talked about this-- in just different age ranges.



ANGELA BEGRES: Yeah, I think we talked about that. I honestly think the best way is to involve the whole family.

PRESENTER: Anxiety is a big factor. What are some of the techniques in group settings that you can use-- that you use?

ANGELA BEGRES: Naming their fears, talking about while we're with them. Sometimes it's helpful to take those fears and anxieties through the worst case scenario and work backwards. So oftentimes with anxiety it's helpful to know that we're not alone in that experience. And it's helpful to think about the worst case scenario. That can help work through that problem.

PRESENTER: OK, thank you. Is there evidence to show the benefits of exercising in treating adolescents with major depression?

ANGELA BEGRES: That's a great question. I'm not 100% sure. I'm sure if we research that we'll find out. I do think that being able to exercise helps with changing brain chemicals, and so it can provide some benefits, but I don't know the evidence behind it.

PRESENTER: Thank you. What types of mental health apps are there for adolescents?

ANGELA BEGRES: Oh, that's a really good question. There are a couple apps. I don't have them how about I get back to you? I can do some research and get some apps for you guys.

PRESENTER: That's awesome. Thank you. And that is the end of our questions. People will have your contact information, so if somebody has a specific question.

Also, just a reminder. I know that we have put the links to the next three sessions in the chat. We will also make sure that all of those links are in the information that we post on our website. And the links are on our website. If you go to our website calendar you can find them and register for them.

So if no one else has any other questions, I want to thank everyone for their time. Thank you, Angela, for yet again another amazing webinar. And we will see everyone in a couple of weeks.

ANGELA BEGRES: All right, I look forward to it. Thank you so much.