Mentors as Allies

Presented by NAMI Central Texas

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NAMI Central Texas

Formerly NAMI Austin, is a member of the largest grassroots mental health organization in the United States, the National Alliance on Mental Illness. Through innovative education, support and advocacy programs, we are changing the way our community addresses mental health. NAMI Central Texas serves Travis, Williamson, Hays, Bastrop, Burnet, and Caldwell counties.

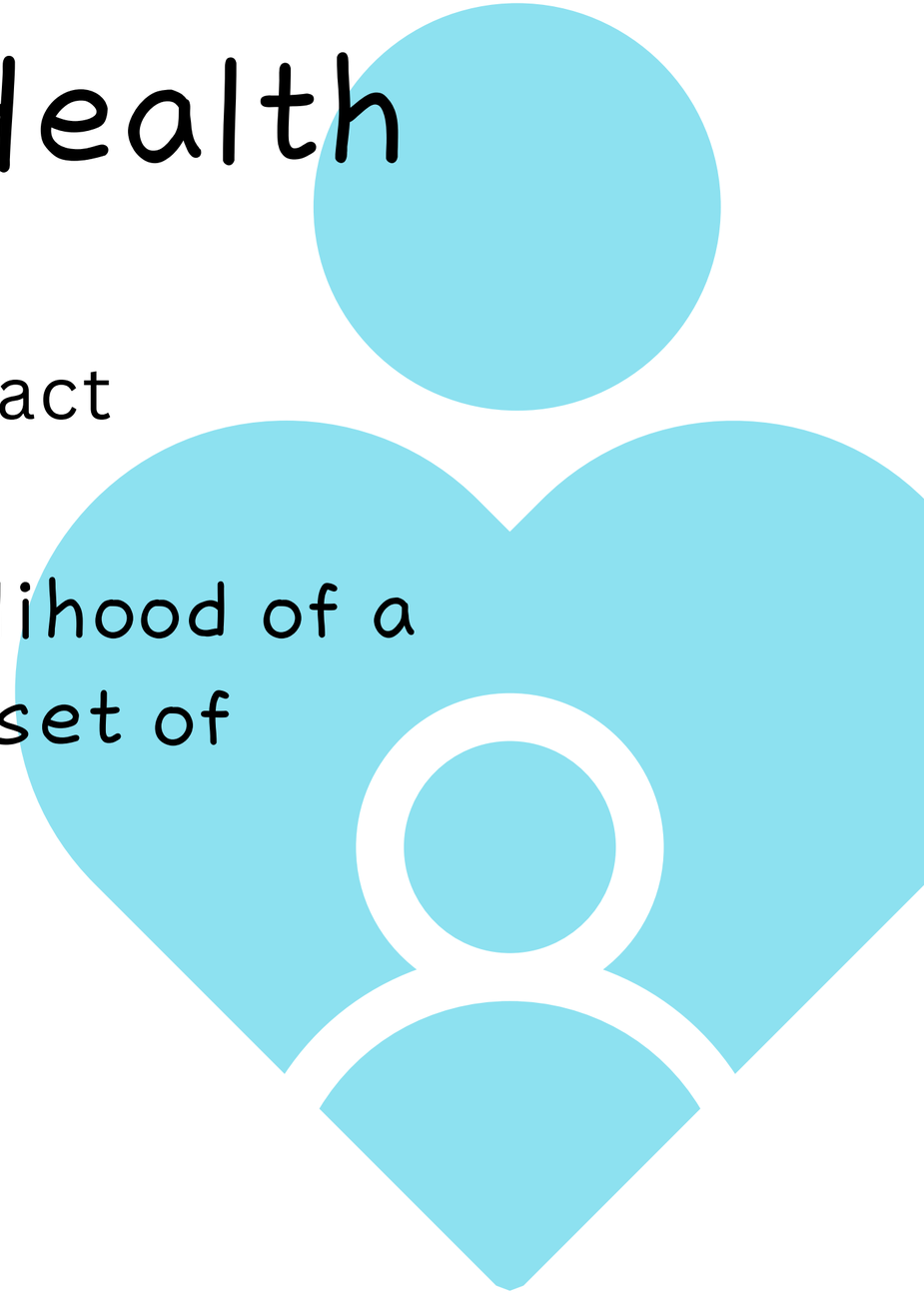
Adolescent Mental Health

Mental Health Conditions

- Change how people think, feel, and act
- Are ***common*** and ***treatable***.

Risk factors that increase the likelihood of a mental health condition and the onset of symptoms and their severity:

- Hereditary (genetics) & Biology (neurotransmitters, defects in or injury to brain)
- Often direct response to what is occuring in their lives



Risk Factors...

that increase the likelihood of a mental health condition and the onset of symptoms and their severity:

- ***Hereditary*** (genetics) & ***Biology*** (neurotransmitters, defects in or injury to brain)
- ***Traumatic events***, changes (i.e. moving)
- ***Environmental stressors*** (i.e. homelessness, discrimination, bullying, abuse, death, family member mental health, long term illiness, parental incarceration.

Adolescent mental health can affect...

- Ability to learn, Attendance, Academic success
  - Increased dropout rates
- All relationships
  - peers, family, school, community
- Mental well-being, physical health, and self-esteem
- Long-term success
  - Academic performance and conduct
- Vulnerabilities
  - social exclusion, discrimination, stigma, parental incarceration

Statistics

1 in 6 children

(ages 2-19) live with a mental health condition

50%

of mental health conditions have signs and symptoms by age 14.

8-11 years

is the average delay between symptoms and treatment

Signs and Symptoms

- ***Low energy or periods of highly elevated energy***; Energy for things that they used to enjoy is gone
- ***Significant sadness*** that sets in and does not lift; can lead to withdrawing socially; increasing time alone
- ***Sleeping too much or too little*** (beyond developmentally appropriate sleep adjustment)
- ***Eating significantly less or more than usual;*** significant weight changes
- ***Engaging in self-harm***; cutting or burning self; attempt suicide or making plans to do so

Signs and Symptoms cont'd...

- ***Using substances*** such as alcohol and drugs
- ***Drastic changes in mood, behavior, or personality***; acting out of character
- ***Intense worries or fears***; sudden and overwhelming for no reason; affects day-to-day life and functioning
- Prolonged, strong feelings of ***irritability***
- Risky, ***out-of-control behaviors*** that can cause harm to self or others
- Extreme ***difficulty concentrating*** or staying still
- ***Stops caring*** about grades and academic achievement, or ***obsesses to be perfect*** in a rigid, controlling way

Some signs and symptoms are more subtle than others; some easier to hide or suppress.

Detection varies based on adolescent age and developmental stages.

- Children go through developmental phases that include changes in emotions, thoughts and behavior. Most of the time, these are typical periods in development.
  - I.e., a school-aged child may develop shifting emotions and changing self-confidence due to the academic and social challenges presented in the school environment.
  - I.e., Teenagers often act cold in the developmentally appropriate effort of becoming their own individuals, typical behavior.

When these behaviors persist or begin causing difficulty in their daily life, it may be a symptom of a mental health condition.

Defining Mental Health

Psychological Distress or Mental Health Condition?

Psycholoigcal Distress:

- Expressed through sadness, anxiety, and anger.
- Linked to experiencing hurt, disappointment in life (is common)

Mental Health Condition

- Linked to individual vulnerabilities
- Criteria based on severity & persistency

Mental Health Disorder Categories

- ***Anxiety Disorders*** (social anxiety, phobias, generalized anxiety, obsessive-compulsive disorder)
  - Fear and worry disrupt the day-to-day life and relationships
- ***Mood Disorders*** (major depressive disorder, bipolar disorders, cyclothymia)
  - Goes beyond feeling sad to an extremely emotionally low place
  - Mood fluctuates back and forth between high moods called mania and low moods called depression
- ***Conduct Disorders*** (oppositional defiant disorder)
  - Extreme aggression and destruction towards other people, property, or animals

Mental Health Disorder Categories

- ***Personality Disorders*** (antisocial, narcissistic, borderline personality disorder)
- ***Developmental Disorders*** *(*autism spectrum disorder, ADHD)
- difficulty with focus and attention, or hyperactivity and impulsivity, or both
- ***Eating Disorders*** (anorexia, bulimia, binge eating)
  - distorted body image and dangerous behaviors involving depriving the body of nutrition
- ***Thought Disorders*** (schizophrenia, schizoaffective disorder, delusional)
  - difficulties with reality, thinking and speaking in a disorganized way
  -

Diagnoses often involve comprehensive medical, developmental, and mental health assessment that need to be developmentally based.

As mentors, you can still make a difference by being more familiar with mental health, what to look out for, how to talk about it and provide a normalizing frame of experience if concerns ever came up with your mentee.

Prevention & Strategies

- ***Know Signs and strengthen protective factors***
- Early identification & care are essential, resulting in:
  - Increased academic achievement
  - Positive impact on family, school, peer and community relationships, and involvement
  - Decreased risks for criminal justice involvement, substance use/abuse, and suicidal ideology.
  - Requires practices, policies, services, and resources that promote mental health wellness and success

Protective Factors

- ***Connection***
  - Feel that they matter, heard, listened to; protective relationships
  - High quality, supportive relationships decrease behavioral problems & increase social skills
- ***Self-care***
  - Consistency in routines
  - Engaging in activities/exercise
  - Eating (at home & school) & Sleeping (at home)
- ***Screening & Consultation***
  - By healthcare providers & schools (if available)

Establishing Boundaries

- **Requires constant attention & adjustments**
  - Take time to process and reflect
- **Know & follow organization policies & procedures**
- Identify and clearly communicate your role
  - Build bridges, remove obstacles, facilitate path between mentees & supports; Remind to speak with school counselor or another trusted adult
- **Give yourself permission not to know how to help or have all the answers**

Establishing Boundaries cont'd.

- **You are a trusted person if an adolescent is confiding in you**
  - If your mentee brings up their feelings or conversation about their mental well-being, ask yourself:
    - What is the purpose of my conversations with my mentee about their mental health?
    - How do these conversations support or distract from the purpose of our time together?
    - Is countertransference occurring? This looks like:
    - inappropriately sharing personal information
    - offering unsolicited advice
    - having unclear boundaries
    - allowing personal feelings or experiences to interfere with your time together.
  - Who else could I connect the mentee with to address needs?
  - Am I attending to my own mental health needs?
- ***Trust your intuition*** and listen to your gut if you feel a conversation has crossed a boundary and connecting with a school contact is necessary.

Mental Health Conversations

Make reflective responses in conversation

- Create a calming, supportive environment by validating the mentee's feelings; respond with empathy & acceptance.
- Acknowledge the reality of your mentee's lived experience—that is, what is real and true to them (rather than to you)
- Focus your response on what your mentee must be feeling (rather than what you are feeling)

Reducing stigma through education and conversation helps reduce the gap between onset and treatment.

Navigating Mental Health Conversations

- Keep the focus on the student and what they want to talk about
- Offer a hand and establish yourself as a trusted adult to the best of your ability.
- Establishing that trusted relationship; communicate your openness and understanding of their feelings, if they would like to talk about it
  - “I’ve noticed that you’re_____. Is everything okay?”
  - “I’ve noticed that you haven’t seemed like yourself lately, and I’m concerned. I’m here to listen if you have anything you need to talk about.”
  - “I know it’s hard to talk about how you’re feeling, but I am here to listen and help in any way I can. You can count on me.”

Ask yourself:

What degree of directness is appropriate?

Be aligned and respectful of the boundaries you have set for yourself and those set by your organization.

Different ways and degress of directness

What can you do?

- ***Know your resources*** and reach out to the **School Contact** at your campus if you have a concern about your mentee's mental health.
  - make it a point to ***learn about the different mental health resources*** on your campus.
- Remain ***mentee led.***
  - If mentees open up about experiencing mental health challenges, mentors should ask if they would like to talk to the School Contact together about what's going on.
- Prioritize your own mental health
- Help your mentee with advocacy in mind and making sure they feel ***empowered to ask*** for the help they may need.
- ***Set an example*** for them and feel empowered yourself to ask for help if concerns come up – you don’t need to wait for a crisis to talk about mental health.