

NAMI Summit County
National Alliance on Mental Illness

Mental Health Challenges Facing Our Youth Today

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1

What do these people have in common?




2

Did you know?



3



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1 in 5 Adults in the U.S. experience mental illness in the average year — and now —


1 in 3 Adults report experiencing symptoms of anxiety or depression

4


MENTAL HEALTH and YOUTH

70% OF YOUTH In the juvenile justice system have a diagnosed mental illness	 1 in 6 YOUTH AGED 6-17 experience a mental health disorder each year	50% OF CHILDREN ages 8-15 DON'T receive treatment
17% OF HIGH SCHOOL STUDENTS seriously consider suicide	HIGH SCHOOL STUDENTS with depression are TWICE AS LIKELY to drop out compared to their peers	1/2 OF ALL LIFETIME CASES begin by age 14

Citations available at www.nami.org/50facts



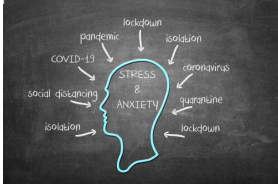
5



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Where are we now?
Covid-19

February and March 2021: ER visits for suspected suicide attempts up 51% for adolescent girls 12-17



June 2020: 74.9% of people aged 18-24 report at least one mental health or substance use concern

8 in 10 college students-83% report feelings of significant anxiety or stress after the start of the fall 2021 semester


NAMI Advocate Magazine, Spring 2022

6

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Where are we now?
2020 Stats

- **1 in 15** U.S. adults experienced both a substance use disorder and mental illness
- **12+ million** U.S. adults had serious thoughts of suicide
- **1 in 5** U.S. adults report that the pandemic had a significant negative impact on their mental health
 - **45%** of those with mental illness
 - **55%** of those with serious mental illness



www.nami.org

7

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October 19, 2021 – Today, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children’s Hospital Association (CHA) together representing more than 77,000 physician members and more than 200 children’s hospitals, **declared** a national state of emergency in child and adolescent mental health and are calling on policymakers to join them.

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

8

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Between March and October 2020, the **percentage** of emergency department visits for children with mental health emergencies rose by 24 percent for children ages 5-11 and 31 percent for children ages 12-17. There was also a more than 50 percent **increase** in suspected suicide attempt emergency department visits among girls ages 12-17 in early 2021 as compared to the same period in 2019. Additionally, many young people have been impacted by loss of a loved one. Recent data **show** that more than 140,000 U.S. children have experienced the death of a primary or secondary caregiver during the COVID-19 pandemic, with children of color disproportionately impacted.

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

9

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Teen Mental Health | from Teens Themselves

Teens are facing mental health struggles

- 64%** 64% feel the world is more stressful now than when parents were their age
- 1 in 6** About 1 in 6 report experiencing specific negative emotions all the time or often
- 1 in 4** 1 in 4 have been diagnosed with a mental health condition

10

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Teen Mental Health | from Teens Themselves

Teens want schools to play a big role in their mental health, and they trust the information they get there, and are open to receiving information at school

- 2 in 3** More than 2 in 3 agree schools should teach about what mental health is, including where and how to seek treatment
- 56%** 56% say their school thinks that mental health matters
- 67%** 67% think schools should offer days off for mental health

11

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Teen Mental Health | from Teens Themselves

Teens are comfortable talking about mental health, but often don't start the conversation

- 48%** Among those who have sought information about mental health, 95% trust their parents often, 80% trust their teachers and other adults at their school and 78% trust their friends
- 34%** 34% seek mental health information from parents, 18% from friends, 7% from teachers or trusted adults outside their family, and 6% from social media
- 95%** Among those who have sought information about mental health, 95% trust their parents, 80% trust their teachers and other adults at their school and 78% trust their friends

12

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What are adverse childhood experiences?

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- substance use problems
- mental health problems
- instability due to parental separation or household members being in jail or prison

Please note the examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and wellbeing.

ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. However, ACEs can be prevented.



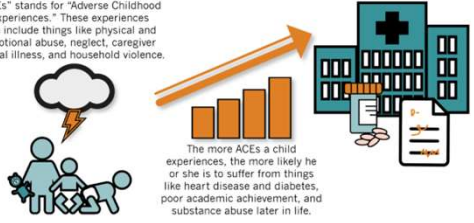

13

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WHAT ARE ACEs?
AND HOW DO THEY RELATE TO TOXIC STRESS?

"ACEs" stands for "Adverse Childhood Experiences." These experiences can include things like physical and emotional abuse, neglect, caregiver mental illness, and household violence.

The more ACEs a child experiences, the more likely he or she is to suffer from things like heart disease and diabetes, poor academic achievement, and substance abuse later in life.



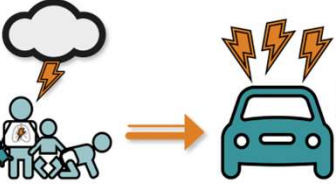
14

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TOXIC STRESS EXPLAINS HOW ACEs "GET UNDER THE SKIN."

Experiencing many ACEs, as well as things like racism and community violence, without supportive adults, can cause what's known as toxic stress. This excessive activation of the stress-response system can lead to long-lasting wear-and-tear on the body and brain.

The effect would be similar to revving a car engine for days or weeks at a time.



15

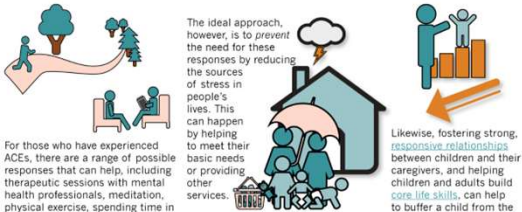
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WE CAN REDUCE THE EFFECTS OF ACEs AND TOXIC STRESS.

The ideal approach, however, is to prevent the need for these responses by reducing the sources of stress in people's lives. This can happen by helping to meet their basic needs or providing other services.

For those who have experienced ACEs, there are a range of possible responses that can help, including therapeutic sessions with mental health professionals, meditation, physical exercise, spending time in nature, and many others.

Likewise, fostering strong, responsive relationships between children and their caregivers, and helping children and adults build core life skills, can help to buffer a child from the effects of toxic stress.



16

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ACEs affect people at all income and social levels, and can have serious, costly impact across the lifespan. **No one who's experienced significant adversity (or many ACEs) is irreparably damaged.** though we need to acknowledge trauma's effects on their lives. By reducing families' sources of stress, providing children and adults with responsive relationships, and strengthening the core life skills we all need to adapt and thrive, we can prevent and counteract lasting harm.

Center on the Developing Child | HARVARD UNIVERSITY
Learn more about ACEs from the Centers for Disease Control and Prevention.

17

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<p>Social Withdrawal</p> <ul style="list-style-type: none"> ✓ Sitting and doing nothing for long periods of time ✓ Losing friends, unusual self-centeredness and self-absorption ✓ Dropping out of previously enjoyed activities ✓ Declining academic, work or athletic performance 	<p>Irregular Expression of Feelings</p> <ul style="list-style-type: none"> ✓ Hostility from one who is usually pleasant and friendly ✓ Indifference to situations, even highly important ones ✓ Inability to express joy ✓ Laughter at inappropriate times or for no apparent reason
<p>Mood Disturbance</p> <ul style="list-style-type: none"> ✓ Deep sadness unrelated to recent events or circumstances ✓ Depression lasting longer than two weeks ✓ Loss of interest in activities once enjoyed ✓ Expressions of hopelessness ✓ Excessive fatigue, or an inability to fall asleep ✓ Pessimism, perceiving the world as gray or lifeless ✓ Thinking or talking about suicide 	<p>Changes in Behavior</p> <ul style="list-style-type: none"> ✓ Hyperactivity, inactivity, or alternating between the two ✓ Lack of personal hygiene ✓ Noticeable and rapid weight loss or gain ✓ Involvement in automobile accidents ✓ Drug and alcohol abuse ✓ Forgetfulness and loss of personal possessions ✓ Moving out of home to live on the street ✓ Not sleeping for several nights in a row ✓ Bizarre behavior (e.g. sleeping, staring, strange posturing, grinning) ✓ Unusual sensitivity to noises, light, clothing
<p>Thought Disturbances</p> <ul style="list-style-type: none"> ✓ Inability to concentrate ✓ Inability to cope with minor problems ✓ Irrational statements ✓ Use of peculiar words or language structure ✓ Excessive fears or suspiciousness, paranoia 	

18



Ohio Department of Medicaid **OhioRISE (Resilience through Integrated Systems and Excellence)**

OhioRISE Resilience through Integrated Systems and Excellence
A specialized managed care program for youth with complex behavioral health and multisystem needs

Specialized Managed Care Plan
Aetna Better Health of Ohio serves as the single statewide specialized managed care plan.

Shared Governance
OhioRISE features multi-agency governance to drive toward improving cross-system outcomes—we all serve many of the same children, youth, and families.

Coordinated and Integrated Care & Services
OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled children and youth.

Prevent Custody Relinquishment
OhioRISE's 1915(c) waiver targets the most in need and vulnerable families and children to prevent custody relinquishment.

OhioRISE Eligibility
Children and youth who may be eligible for OhioRISE:
 ✓ Are eligible for Ohio Medicaid (either managed care or fee for service)
 ✓ Are age 0-20, and
 ✓ Require significant behavioral health treatment needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment or a recent inpatient behavioral health hospital/psychiatric residential treatment facility admission

OhioRISE Services
 ✓ All existing behavioral health services – with a few limited exceptions (behavioral health emergency dept.)
 ✓ Intensive and Moderate Care Coordination **NEW**
 ✓ Intensive Home Based Treatment (IHBT) **ENHANCED**
 ✓ Psychiatric Residential Treatment Facilities (PRTF) **LAUNCHING 2023**
 ✓ Behavioral health respite **ENHANCED**
 ✓ Flex funds to support implementing a care plan **NEW**
 ✓ 1915(c) waiver that runs through OhioRISE **NEW**
 • Unique waiver services & eligibility
 ✓ Mobile Response and Stabilization Services (MRSS) **NEW**
 • Also covered outside of OhioRISE (managed care or fee for service)

19



YOUTH AND YOUNG ADULT RESOURCES

Your Journey
 Individuals with Mental Illness +
 Family Members and Caregivers +
 Kids, Teens and Young Adults -

Mental health conditions typically begin during childhood, adolescence or young adulthood. Here you will find additional information intended to help provide young people, educators, parents and caregivers with the resources they need. From a free downloadable coloring and activity book to a teen mental health education presentation, to a guide for navigating college with a mental health condition, this page has resources for all young people. It also has handy information for parents, caregivers, and educators, like a one-pager on how to start a conversation about mental health and an example week of wellness activities that can be used at home.

20




21



WORRIED?
 Tell Someone
 • Family member
 • Close friend
 • Teacher or professor
 • Counselor or coach
 • Faith leader

WHAT TO DO
 Getting help early can keep you on the right track.
 1. Rule out other physical health conditions.
 2. Be honest about what you're feeling and be clear about what you want.
 3. Ask for help finding a therapist or mental health professional that works for you.

WHAT TO SAY
 • "I haven't felt like myself lately, and I don't know what to do. Can I talk to you about it?"
 • "I'm worried about stuff that's going on right now, do you have time to talk?"
 • "I'm having a really hard time, will you go with me to see someone?"

KEEP IN MIND
 • It can take some time to get an appointment with a specialist, so do not wait.
 • See if you can get an appointment sooner by asking or letting the specialist know if you are in crisis.
 • While you wait, contact your local NAMI for additional resources and resources, including the NAMI Helpline and support groups.

YOU ARE NOT ALONE
ONE IN SIX
 U.S. youth aged 6-17 experience a mental health disorder each year.

22



Your Language Matters

The words you use matter. You can break down negative stereotypes and give people hope by choosing words that are more realistic and accurate. Words that are more realistic and accurate may help people feel more understood and willing to seek needed mental health care and reach out for support early.

Tips for Talking About Mental Health

CONSIDER SAYING

- Mental health condition
- The weather is unpredictable
- My daughter has schizophrenia
- Person with a mental health condition
- Lines with, has or experiences

INSTEAD OF

- Brain disorder or brain illness
- The weather is bipolar
- My daughter is schizophrenic
- Comorbid, client or patient
- suffers from, afflicted with or mentally ill

Tips for Talking About Suicide

CONSIDER SAYING

- Suicide attempt
- Completed suicide
- Thoughts of self-harm or self-inflicted injury
- Electrocuted

INSTEAD OF

- Failed suicide or unsuccessful attempt
- Successful or completed suicide
- Completed suicide
- Chosen to kill themselves
- Threatened

When talking about suicide, consider other meanings your words may have. For example, "completed suicide" implies that suicide is a crime, and implies that you were involved in something or that you were responsible for someone's death. Use clear and more neutral language.

23



Support Education Advocacy

24

Education

NAMI Family-to-Family
NREPP
NAMI Basics
NAMI Peer-to-Peer
NAMI Ending the Silence
NAMI Homefront

25

October 8th, 2022
Stile Athletics Field House University of Akron

www.namiwalks.org/summitcounty

NAMI Walks YOUR WAY
MENTAL HEALTH for all

26

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NAMI May Annual Meeting 2022
Chris Hubbard "Strength Over Silence"
Akron/ Fairlawn Hilton

27

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28

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NAMI Summit County Helpline (business hours) –
(330) 252-1188

Summit County ADM Board Crisis hotline (24/7
hotline): **(330) 434-9144**

National Suicide Prevention LIFELINE **1-800-273-8255**

Crisis Text Line: Text **4hope** to **741741**

29

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Thank you!

30