Everyone Can Play a Role in the Conversation about Mental Health

*Increasing awareness of mental health issues and making it easier for students and families to seek help will require partners working together.*

**Did you know?**

- Mental health is essential to the overall health and well-being of a child.
- Mental health issues affect all members of society in some way, shape, or form. It is estimated that one in five Americans over the age of 18 will experience a mental health problem this year.
- One half of all mental illness begins by age 14 and 75% begins by age 24.
- Of children and youth in need of mental health services, 75-80 percent of these youth do not receive services.

**One of the greatest issues facing our society regarding mental health:**

*Misunderstanding about mental health can lead to negative attitudes the prevent people with mental illness from being accepted and supported, and can make it harder for them and their families to get help and lead productive lives in their communities. People can and do recover from mental health problems.*

Learning about developing symptoms, or early warning signs, and taking action, can help. Early intervention can reduce the severity of an illness. It may even be possible to delay or prevent a major mental illness altogether.

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**Signs and Symptoms**

*If several of the following are occurring, it may be useful to follow up with a mental health professional.*

- **Withdrawal** – Recent social withdrawal and loss of interest in others.
- **Drop in functioning** – An unusual drop in functioning, at school, work or social activities, such as quitting sports, failing in school or difficulty performing familiar tasks.
- **Problems thinking** – Problems with concentration, memory or logical thought and speech that are hard to explain.
- **Increased sensitivity** – Heightened sensitivity to sights, sounds, smells, or touch; avoidance of over-stimulating situations.
- **Apathy** – Loss of initiative or desire to participate in any activity.
- **Feeling disconnected** – A vague feeling of being disconnected from oneself or one’s surrounding; a sense of unreality.
- **Illogical thinking** – Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or “magical” thinking typical of childhood.
- **Nervousness** – Fear or suspiciousness of others or a strong nervous feeling.
- **Unusual behavior** – Odd, uncharacteristic, peculiar behavior.
- **Sleep or appetite changes** – Dramatic sleep and appetite changes or decline in personal care.
- **Mood changes** – Rapid or dramatic shifts in feelings.

One or two of these symptoms alone can’t predict a mental illness. But if a student or adult is experiencing several at one time and the symptoms are causing serious problems in the ability to study, work or relate to others, he/she should be seen by a mental health professional. *Children and adults with suicide thoughts or intent, or thoughts of harming others, need immediate attention.*

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**What Can You Do?**

**C... be CONSCIOUS of your student’s behavior;**

**A... be ALERT to signs of serious mental health issues;**

**R... do REFER to your principal, nurse, social worker, or guidance counselor;**

**E... so EVERYONE is responsible for caring for our students.**
School-Based Suicide Prevention

Suicide is the result of an extremely complex interaction involving a number of factors that all contribute to the expression of suicidal behaviors. There are numerous risk factors for suicide, any one of which may be present or absent in an adolescent at-risk for suicide. Researchers have identified a number of factors associated with a higher risk for youth suicide, as well as protective factors that may reduce the likelihood of youth suicidal behavior. Given the amount of time children spend in school, it is imperative that school faculty and staff are educated about you suicide risk factors, warning signs, and protective factors of suicidal behavior.

*Research shows that suicidal youth tend to give evidence about their distress both verbally and through changing behavior. Being able to recognize these clues and knowing the risk factors associated with adolescent suicide may help school staff prevent a student at-risk for suicide and/or dying by suicide.*

There is no tangible, all-encompassing method for determining if an adolescent will attempt or die by suicide. Many students will present some of the factors mentioned in the risk factors and/or warning signs charts below, however, not all will feel, act, or have ideas about suicide. By using these lists, school administrators, faculty, and staff may be able to recognize a student at-risk for suicide and who may need help.

**Risk Factors**
- Previous suicide attempt or gesture
- Feelings of hopelessness or isolation
- Mental illness (depressive disorders/mood disorders)
- Parental mental illness
- Substance abuse disorder
- Family history of suicidal behavior
- Life stressors such as interpersonal losses (relationship, social, work) and legal or disciplinary problems
- Access to firearms or other means
- Physical abuse
- Sexual abuse
- Conduct disorders or disruptive behaviors
- Homosexual or bisexual orientation, trans-gendered or trans-sexual identity, or questioning sexuality
- Juvenile delinquency
- School problems
- Contagion or imitation (exposure to media accounts of suicidal behavior and exposure to suicidal behavior in friends or acquaintances
- Chronic physical illness
- Being homeless/or having run away from home
- Aggressive-impulsive behaviors

*Resource:
Orange County Youth Suicide Prevention School-Based Guide

**Warning Signs**
- Withdrawal from friends and family
- Actually talking about suicide or a plan
- Seeking out ways to harm or kill oneself
- Saying other things like: “I’m going to kill myself,” “I wish I were dead,” or “I shouldn’t have been born”
- Change in eating and sleeping habits
- Loss of interest in pleasurable activities
- Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- Loss of interest in things one cares about
- Preoccupation with death
- Exhibiting impulsivity such as violent actions, rebellious behavior, or running away
- Complaining of being a bad person or feeling “rotten inside”
- Making statements about hopelessness, helplessness, worthlessness, or being “beyond help”
- Marked personality change and serious mood changes
- Giving verbal hints with statements such as: “I won’t be a problem for you much longer,” “Nothing matters,” “It’s no use,” and “I won’t see you again”
- Becoming suddenly cheerful after a period of depression. This may mean that the student has already made the decision to escape all problems by ending his/her life
- Giving away favorite possessions
- Difficulty concentrating and a decline in quality of school work