



Behavioral Health Toolkit

For Afterschool Programs

The Georgia Statewide Afterschool Network (GSAN) is a public-private collaborative that envisions a day when all communities in Georgia have the resources to provide exceptional afterschool and summer programming. Our mission is to advance, connect, and support high quality afterschool and summer learning programs to promote the success of children and youth throughout Georgia.

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DISCLAIMER: The contents of this toolkit, such as text, links, graphics, images, and other material contained, are for informational purposes only. The content is not intended to be a substitute for professional advice, diagnosis, or treatment. Always seek the advice of a mental health professional or other qualified health providers with any questions you may have regarding mental health and illness. Never disregard professional advice or delay in seeking it because of something you have read in this toolkit. Professional help can be accessed in Georgia through the Department of Behavioral Health & Developmental Disabilities.

The Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) operates state hospitals and provides community-based services across the state through contracted providers. The department serves people living with mental health challenges, substance use disorders, intellectual and developmental disabilities, or any combination. As Georgia's public safety net, its primary responsibility is to serve uninsured people. They also help individuals on Medicaid and others with few resources or options. To access behavioral health services in your area, visit www.dbhdd.ga.gov. In addition, Georgia offers a statewide toll-free call center for people to access services. The call center operates 24/7 and can screen and assess callers for the intensity of service response. Contact the Georgia Crisis & Access Line (GCAL) at 1-800-715-4225; if you or someone you know is in crisis or you think you may have an emergency, call your doctor or 911 immediately.



Introduction



According to the World Health Organization, mental health is a state of well-being in which individuals realize their abilities, cope with the everyday stresses of life, work productively, and contribute to their community. Therefore, mental health is vital at every stage of life, from childhood and adolescence through adulthood.

The behavioral health toolkit is primarily for administrators, educators, providers, and families who participate in afterschool programs. However, it will be helpful for a range of partners working with children in structured settings to understand children's mental health. It was designed as a learning resource to enhance opportunities to support mental and social-emotional health for children and adolescents in afterschool programs.

This toolkit highlights and directs you to:

- Overview of emotions and behaviors seen in youth
- Definitions and descriptions of common mental disorders
- Signs and symptoms of crisis in youth
- Resources for managing challenging behaviors and accessing supports

The underlined links throughout the toolkit will navigate external resources to support students' mental health, including behavioral health resources, parent's guides, and behavioral health treatment services and supports.

Key Terms Related to the Mental Health Continuum



- **Behavioral Health:** According to the Substance Abuse and Mental Health Services Administration, behavioral health comprises mental and emotional well-being and people's choices that affect their well-being. Issues in behavioral health include substance abuse and addiction, mental disorders and psychological distress, and self-harm and suicide. Behavioral health exists on a spectrum, encompassing conditions from stress to serious mental illness. The term "behavioral health" can also describe services that promote the prevention and treatment of mental and substance abuse disorders.
- **Interventions:** Interventions are intended to cure or reduce the symptoms or effects of a mental disorder. They can be formal psychotherapy such as individual, family, group psychotherapy, or other evidence-informed practice offered by an appropriately trained or licensed professional, including early intervention services & supports for young children.
- **Positive Mental Health:** High levels of life satisfaction and positive affect (emotional well-being) and psychosocial functioning (psychological and social well-being).
- **Recovery from Mental Disorders and Substance Use Disorders:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The four major dimensions that support a life in recovery are health, home, purpose, and community.
- **Serious emotional disorder (SED):** A diagnosable mental disorder in children and youth where an extreme functional impairment limits or interferes with one's ability to function in the family, school, or community.
- **Systems of Care:** The system of care model is a framework for collaboration that facilitates coordination of services and supports for young people with serious emotional disturbance and their families. The system of care model is based on the belief that the services that children, families, and youth are receiving should be family-driven, youth-guided, culturally and linguistically competent, and strengths- and community-based.^[1]

Mental Health & Social-Emotional Learning



Mental health – an essential part of children's overall health – has a complex interactive relationship with physical health and the ability to succeed in the home, school, and community.^[2] Mental health includes our emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how people handle stress, relate to others, and make choices.^[3]

Understanding youth's behavioral, social, and emotional needs can foster a healthy environment that promotes positive mental health. Mental health promotion attempts to encourage and increase protective factors and healthy behaviors to help prevent mental disorders and reduce risk factors that can lead to a mental illness.^[4] Afterschool and summer learning programs are a unique setting where youth can connect to positive adult mentors, feel safe to try new things, and have the opportunity to acquire new skills and develop mastery in an area.^[5]



Key Terms

Protective Factor: A characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes.

Risk factor: A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.^[6]

Children's Mental Health



All children experience emotions such as sadness or anger, anxious thoughts, or irritable mood at times. They occasionally find it challenging to sit still, pay attention, or interact with others. In most cases, these are just typical developmental phases.

Just as someone can help prevent a child from catching a cold, they can help prevent a child from having mental health challenges. It is essential to treat children's mental health just like physical health by giving it thought and attention and, when needed, professional help.

According to the Center for Disease Control and Prevention, one in five children show signs of a mental disorder each year. While not a substitute for treatment, social-emotional learning is a helpful tool in managing mental health challenges in a structured setting. Social-emotional learning (SEL) can help youth understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. [7]



Social-Emotional Learning Skills [8]

- **Self-awareness:** The ability to accurately recognize one's emotions and thoughts and their influence on behavior.
- **Self-management:** The ability to regulate one's emotions, thoughts, and behaviors effectively in different situations.
- **Responsible Decision-Making:** The ability to make positive choices and take responsibility for positive and negative outcomes.
- **Social Awareness:** The ability to take the perspective of and empathize with others.
- **Relationship Skills:** The ability to establish and maintain healthy and meaningful relationships with others.

BENEFITS OF SOCIAL-EMOTIONAL COMPETENCE

Social and emotional competence involves managing feelings, building healthy peer relationships, responsible decision-making, self-management, self-awareness, and social awareness both inside and outside the classroom.^[9] When youth learn to manage their emotions in childhood, it leads to positive attitudes and behaviors later in life.

Youth with social-emotional competence demonstrate:



EMPATHY & COMPASSION

Empathetic of others and offers support



ACADEMIC ACHIEVEMENT

Better performance in school and their career



POSITIVE RELATIONSHIPS

More positive and stable relationships



HEALTHY COPING SKILLS

Resilience and effective coping skills with a positive sense of self



CONFIDENT SELF-ESTEEM

Higher emotional intelligence and competency



GOOD MENTAL WELL-BEING

Good mental health and well-being with fewer behavior challenges

Understanding Emotions & Moods



A mood is an emotional state that may last anywhere from a few minutes to several weeks. A mood is part of your emotional rhythm but a little less intense than an emotion that an experience or event may trigger.^[10] Emotions are a subjective state of mind, and they can be reactions to internal stimuli (such as thoughts or memories) or events in our environment.^[11] Understanding and managing emotions are important for development and well-being during childhood and adolescence. Youth who can understand and manage their emotions are more likely to:^[12]

- Express emotions by speaking calmly or with discernment
- Bounce back after feeling strong emotions like disappointment, frustration, or excitement
- Control impulses and behave in a way that doesn't hurt people, things, or themselves.

Emotions play a critical role in how youth engage with others in their day-to-day lives, affecting their decisions. As a caregiver, understanding some of the different types of emotions, one can understand how they are expressed and their impact on behavior.^[13]

Emotions v/s Feelings

- Feelings tend to be more subjective and are influenced by personal experiences and interpretations of the world based on those experiences. Emotions can have a more generalized experience across humans.
- Researchers find emotions easier to measure objectively through physical cues such as blood flow, heart rate, brain activity, facial expressions, and body language.^[14]



NEGATIVE EMOTIONS

Negative emotions are defined “as an unpleasant or unhappy emotion which is evoked in individuals to express a negative effect towards an event or person.” [15] While the term negative is used, it’s important to acknowledge that all emotions are normal to experience. It is more important to understand when and why negative emotions might arise and develop positive behaviors to address them. Emotions are coded into DNA and are thought to have developed to help people respond quickly to different environmental threats, much like the “fight or flight” response. The amygdala has also been shown to play a role in releasing neurotransmitters essential for memory, which is why emotional memories are often stronger and easier to recall. [16]

Anger

Anger typically arises when people are blocked from pursuing a goal or treated unfairly. At its most extreme, anger can be a dangerous emotion because of its potential connection to violence. The causes of anger can vary. It may be triggered by external factors such as bullying, humiliation, and loss. In addition, internal factors, such as frustration or failure, can also lead to anger. [17]

However, anger is not always a reaction to a present circumstance. Sometimes a situation will unconsciously remind a person of an experience. Anger can also help individuals relieve stress by motivating people to solve a problem instead of enduring it. A healthy expression of anger can open up dialogue about negative feelings. [18]



Sadness

Sadness is a universal emotion typically resulting from the loss of someone or something important. Sadness describes the range of emotional states experienced, from mild disappointment to extreme despair and anguish. Sadness is generally associated with negative moods and unhappy feelings.^[19]

Mood disorders are a group of mental illnesses described by recurrent, persistent, and intense feelings of sadness and hopelessness that interfere with daily living. Youth with mood disorders like depression will notice changes in social activities, loss of interest in school, poor academic performance, or appearance changes.^[20]

Fear

Fear is a typical and common emotion experienced by most people at some point. Fear arises with the threat of physical, emotional, or psychological harm, real or imagined. While traditionally considered a “negative” emotion, fear is important in keeping a person safe as the brain mobilizes to cope with potential danger.^[21]

Alternatively, when people are helpless to decrease the threat of harm, it can intensify the fear. However, fear can lead people to experience a wide array of physical and mental changes, and irrational or intense fear may interfere with a person's happiness, sense of security, and ability to function effectively.^[22]

Understanding Challenging Behaviors



Behavior refers to how a person responds to specific internal or external stimuli; it may be overt or covert, conscious or subconscious, and voluntary or involuntary.^[23] Some children may seem to struggle more with boundaries and following rules. They may be defiant, or ignore instructions or try to talk their way out of things that aren't optional. Challenging behaviors often happen when children feel they don't have another way to express their feelings or get what they need. Tantrums and other kinds of acting out behaviors are atypical and even a healthy part of childhood. They are a sign that a child is becoming more independent – indications that a child is testing boundaries, developing skills and opinions, and exploring the world around them. When children are acting out with frequent tantrums, aggression, or consistent defiance – the first step is finding out the cause for misbehavior. ^[24]

Learn more about responding to problematic behaviors, including aggression, bullying, defiance, self-harm, and temper tantrums, to support the young people's healthy development of self-control and self-regulation.

Managing Extreme Behaviors

- Identify Underlying Issue. Behavior is a form of communication, so consider what could be causing the disruptive behavior.
- Have a Plan and Stick to It. Every program should follow established protocols and policy to safely manage behaviors.
- Remember to Remain Calm. Be sure to maintain self-control and reduce any power struggles.
- Involve Administration When Necessary. When extreme behaviors occur, safety should be the primary concern. Be sure to immediately connect with the family and involve leadership to support a young person.

^[25]

AGGRESSION

Aggression is a behavior that can cause harm to oneself or another. Aggression in youth can be a symptom of many different underlying challenges. One common emotion for aggression is frustration. When a child cannot get what they want or are asked to do something they might not feel like doing, they may respond with yelling, disrespectful language, and other forms of hostility. [26]

Types of Aggression

- **Accidental aggression** is not intentional and may be the result of carelessness. This form of aggression is often seen in children at play and can occur when a person is in a hurry. For example, a youth may be trying to be the first in line and run, knocking down another child.
- **Expressive aggression** is an act of aggression that is intentional but not meant to cause harm. For example, a child who throws toys or bangs their fist demonstrates expressive aggression: Though the behavior could be frustrating to another person or cause damage, causing harm is not the purpose of the behavior.
- **Hostile aggression** is meant to cause physical or psychological pain. For example, bullying and malicious gossiping are forms of hostile aggression. Reactive aggression, or an aggressive action resulting from provocation, is also a form of hostile aggression.
- **Instrumental aggression** can result from conflict over objects or what are assumed to be one's rights. For example, a student who wished to sit at a desk taken by another student may retaliate by knocking the other student's belongings from the top of the desk. [27]

Supporting youth with aggressive behaviors

- **Identify and reduce causes of stress that trigger outbursts.** Taking some time to understand the “how” and “why” outbursts are important in finding positive solutions. Although the behavior can seem like an explosion of feelings for no apparent reason, often there are patterns on when it is more or less likely to happen and some “lead up” time before the incident occurs. Common triggers may be— transitioning from activities, lack of attention, hunger or fatigue, overstimulation, or mental health challenges [28]
- **Teach youth how to recognize and manage the feelings and actions that lead to unsafe behavior.** Teaching them how to calm themselves down when they feel upset is a skill that will serve children their whole lives. Acknowledge that feeling angry and frustrated is normal but that we have to learn how to handle our feelings while staying safe with our bodies. Use practice as a natural consequence of making unsafe choices. You don't want to make kids who have problems acting safely feel bad, but they must see the effects of destructive behavior.
- **Notice problems when they are small before they reach the explosion point.** Work together with other staff, parents, and, if possible, the child to make a plan for stopping trouble sooner rather than later.

BULLYING

Bullying is an attempt to undermine and harm someone based on some perceived weakness. For example, children may physically bully other children by hitting them, taking their possessions, or damaging their property. Cyberbullying is a modern-day form of bullying that is a growing concern among schools and parents.^[29]

Types of Bullying

- **Physical bullying** includes hitting, kicking, tripping, pinching, and pushing or damaging property. Physical bullying causes both short-term and long-term damage among youth.
- **Verbal bullying** includes name-calling, insults, teasing, intimidation, homophobic or racist remarks, or verbal abuse. While verbal bullying can start harmless, it can escalate to levels that start affecting the individual target.
- **Social bullying**, sometimes referred to as covert bullying, is often harder to recognize and can be carried out behind the bullied person's back. It is designed to harm someone's social reputation and cause humiliation. Social bullying can include: lying and spreading rumors, menacing or contemptuous looks, playing nasty jokes to embarrass and humiliate, mimicking unkindly, encouraging others to exclude someone, damaging someone's social reputation or social acceptance.
- **Prejudicial bullying** is based on prejudices tweens and teens have toward people of different races, religions, or sexual orientations. This type of bullying can encompass all the other types of bullying. When prejudicial bullying occurs, kids are targeting others who are different from them and singling them out.
- **Cyberbullying** is intentional and repeated harm inflicted through computers, phones, and other electronic devices. Cyberbullying can be overt or covert bullying behaviors using digital technologies, including hardware such as computers and smartphones, and software such as social media, instant messaging, texts, websites, and other online platforms.^[30]

Supporting youth to prevent bullying

- **Help youth understand bullying.** Talk about what bullying is and how to stand up to it safely. Encourage the child to speak to a trusted adult if they are bullied or see others being bullied.
- **Keep the lines of communication open.** Check-in with youth often to ask questions that invites space to discuss challenges. Youth needs to be open and honest about their experiences. Some questions to ask include:
 - What was one good thing that happened today? Any bad things?
 - Whom do you sit with at lunchtime? What do you talk about?
 - What is it like to ride the school bus?
- **Encourage youth to do what they love.** Help kids take part in activities, interests, and hobbies they like. These activities give kids a chance to have fun and meet others with the same interests.
- **Model how to treat others with kindness and respect.** Young people pay attention to how adults manage stress and conflict and treat their friends, colleagues, and families.^[31]

DEFIANCE

Most young people can be uncooperative, especially if they are tired, hungry, or overwhelmed. Noncooperative behavior is a normal part of development for specific age groups, like teenagers. However, studies show that youth who display persistent defiant behavior may have a different reaction in their brain and body to stress, fear, and punishment compared to children who don't display defiant behavior. ^[32]

Types of disorders related to defiance

- **Oppositional Defiant Disorder (ODD)**, a pattern of angry or irritable mood, argumentative, unruly behavior, or spitefulness that lasts six months or more.
- **Conduct Disorder (CD)**, a persistent pattern of behavior that violates the rights of others, such as bullying and stealing, or age-appropriate norms, such as truancy from school or running away from home.
- **Disruptive Mood Dysregulation Disorder (DMDD)** is characterized by frequent angry outbursts and irritable or depressed moods.
- **Attention-Deficit Hyperactivity Disorder (ADHD)** is a condition that causes inattention, impulsivity, and hyperactive behavior. ADHD is the most common diagnosis to co-occur with ODD. Both ODD and ADHD can cause impulsive or aggressive behavior. Therefore, one condition may be mistaken for the other. ^[33]

Supporting youth with defiant behaviors

- **Give Positive Attention.** Non-compliance can be a great way for kids to get lots of attention. Even though it is negative attention, some kids crave it.
- **Use Positive Language.** Learning to use "I statements" can support a young person struggling with compliance. For example, instead of saying, "You never listen and follow directions. Don't get out of your seat again!" try saying, "I would like for everyone to sit down, listen, and follow directions so that they know what to do next."
- **Reinforce Positive Behavior.** Switch focus from recognizing negative behavior to seeking out demonstrations of positive behavior. Look for and reward even small steps toward flexibility, compliance, and cooperation.
- **Avoid Power Struggles.** When adults fight for power, it may worsen defiant behaviors. Instead, use a warning such as an "if...then" statement to turn the behavior around. For example, "If you don't finish your homework, then you will not be allowed to participate in the next activity. Offer one warning only and follow through with consequences when necessary.
- **Give Effective Instructions.** Sometimes giving too much information at once or lack of attention may be why a young person is not responding to commands. Ensure attention before giving instructions, eliminate background noise and make sure youth are paying attention to absorb what you are telling them to do. ^[34]

SELF-HARM

Self-harm (also known as self-injury or self-mutilation) includes anything to injure self intentionally. Self-harm can be a way of dealing with deep distress and emotional pain. For example, it may help express feelings without words, distract from life, or release emotional pain. Self-harm is not a mental illness but a symptom of a behavioral health challenge.^[35]

TYPES OF SELF-HARM

- Cutting or burning skin
- Punching, headbanging, or hitting themselves
- Poisoning with tablets or toxic chemicals
- Deliberate deprivation—such as restricting food, voluntarily wearing light clothing in freezing temperatures, or avoiding drinking water when thirsty
- Excessive exercising
- Pulling out hair
- Poking objects through body openings or picking at scabs
- Intentionally breaking bones or bruising self
- Reckless behaviors, i.e., driving fast, unsafe sex, or getting into violent fights
- Excessive tattooing or body piercing
- Misusing alcohol, prescription, and recreational drug^[36]

Supporting youth with self-harm behaviors

Self-harm is a way of dealing with unpleasant feelings and difficult situations. Therefore, it is essential to offer new ways to deal with problem situations and regulate overwhelming emotions when supporting a young person. It can take time and often requires the help of mental health professionals.^[37]

- **Deal With Personal Feelings.** Some people are shocked, confused, or disgusted by self-harming behaviors—and guilty about admitting these feelings. However, acknowledging personal feelings is an essential first step toward supporting young people.
- **Learn About The Behavior.** The best way to overcome any discomfort about self-harm behaviors is by learning about them. In addition, understanding why one is self-injuring can allow greater empathy of the young person.
- **Don't Judge.** Avoid judgmental comments and criticism. Instead, actively listen to a young person as they deal with their shame around the behavior.
- **Offer Support, Not Ultimatums.** It's only natural to want to help, but threats, punishments, and ultimatums are counterproductive. Instead, express concern and let the young person know that trusted adults are available whenever they need to talk or support.
- **Help the Young Person and Family Find Resources.** A few suggestions to offer parents include talking with a pediatrician or mental health professional to explore more effective coping skills to manage emotions.

TEMPER TANTRUMS

Tantrums occur because children's social and emotional skills are still developing. For example, children often don't have the words to express emotions such as anger or frustration. As youth mature, they learn to cooperate, communicate, and cope with emotions. For older youth, tantrums can be a sign of an emotional challenge. In addition, frequent and aggressive tantrums may be a sign of behavioral health challenges. ^[38]

Types of temper tantrums

- **Basic needs tantrums** occur when a child is afraid, alone, in pain, hungry, or exhausted. They typically involve real tears. It's just a sign that a child doesn't have complete control over their feelings and emotions.
- **Developmental tantrums** may occur as young people learn and grow. Kids can become overwhelmed and angry, particularly as they are learning a new skill. Many times, the frustration is the result of not understanding the instructions that are given.
- **Control tantrums** are attempts by children to get what they want by expressing anger. This type of tantrum usually occurs when children refuse to perform a task that has been assigned to them. This tantrum is a struggle for control.
- **Destructive tantrums** occur when a child is very aggressive and sometimes can hurt other people, damage property, or hurt themselves. For example, in addition to screaming and crying, youth will hit people or throw objects around, intentionally or unintentionally. ^[39]

Supporting youth with temper tantrums

Tantrums usually end once an individual gets what they want or don't see a benefit to continuing. But sometimes, a tantrum spirals out of control and turns into a meltdown. A meltdown is a reaction to feeling overwhelmed. It's usually not something people can control. ^[40]

- Maintain structure and routines for activities, meals, and sleep times. Avoid long outings, delayed meals, and unexpected changes. Instead, prepare young people for changes or events by talking about them before they happen.
- Have reasonable expectations for youth and recognize that youth have varying developmental needs. Instead, break learning times into smaller pieces so the child can feel more successful.
- Ensure that everyone understands the rules and maintains limits. Be consistent with enforcing rules and boundaries.
- With tantrums, it helps to acknowledge what youth wants without giving in. With meltdowns, find a safe, quiet place for the child to calm down.
- When kids are having a meltdown, they really can't control it. And afterward, they often feel bad about it. Try being empathetic when re-engaging a young person and discussing how to express themselves when feeling overwhelmed.

Understanding Mental Disorders



Many children experience fears and worries or display disruptive behaviors. If symptoms are serious and persistent and interfere with school, home, or play activities, the child may be diagnosed with a mental disorder. Mental disorders are common among youth, and more are at risk of developing an illness due to risk factors in their genetics, within their families, schools, and communities; and among their peers.^[41] Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, which cause distress and problems getting through the day.

Common mental disorders diagnosed in childhood are attention-deficit/hyperactivity disorder (ADHD), anxiety (fears or worries), and behavior disorders. Symptoms of mental disorders change over time as a child grows, and may include difficulties with how a child plays, learns, speaks, and acts, or how the child handles their emotions. Symptoms often start in early childhood, although some disorders may develop during the teenage years. The diagnosis is usually made in the school years and sometimes earlier; however, some children with a mental illness may not be recognized or diagnosed as having one. ^[42]

Key Terms

- **Mental disorder:** A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress (e.g., a painful symptom), disability (i.e., impairment in one or more important areas of functioning), or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.
- **Mental illness:** A term that refers collectively to all diagnosable mental disorders. ^[43]

MENTAL DISORDERS

It is normal for youth to experience emotional distress as they develop and mature. However, when symptoms persist, it may be time to seek professional assistance. Fifty percent of mental illness begins by age 14, and three-quarters begin by age 24. Early intervention can help reduce the severity of a condition. It may even be possible to delay or prevent a major mental illness altogether. ^[43]

CAUSES

There is no single cause for mental illness. Several factors can contribute to risk for mental illness, such as:

- Genetics and family history
- Life experiences
- Biological factors such as chemical imbalances in the brain
- A traumatic brain injury
- Antenatal exposure to viruses or toxic chemicals
- Use of alcohol or recreational drugs
- Having a serious medical condition like cancer
- Having few friends and feeling lonely or isolated



RISK FACTORS

- A history of mental illness in a blood relative, such as a parent or sibling
- Parental mental illness
- Stressful life situations, such as family conflict, academic challenges, death, or a divorce
- Traumatic experiences, neglect, abuse, community violence
- Use of alcohol or recreational drugs
- Peer rejection, few friends, or few healthy relationships
- Negative thoughts such as constantly putting yourself down or expecting the worst
- Unhealthy habits like not getting enough sleep or not eating.



PROTECTIVE FACTORS

- Family provides structure, limits, rules, monitoring, and predictability
- Academic achievement or intellectual development
- High self-esteem
- Emotional self-regulation
- Coping and problem-solving skills
- Cultural and religious beliefs
- Connections to friends, family, and community support
- Supportive relationships with care providers
- Availability of physical and mental health care



ATTENTION DEFICIT HYPERACTIVITY DISORDER

Youth with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active. ADHD is one of the most common neurodevelopmental disorders of childhood. About 5% of children have ADHD. It occurs twice as often in boys than in girls.^[44]

TYPES OF ADHD

- **Hyperactive/Impulsive type.** Youth show both hyperactive and impulsive behavior, but for the most part, they can pay attention. They fidget or talk a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Younger children may run, jump or climb constantly. They may feel restless and interrupt others, grab things from people, or speak at inappropriate times. It is hard for the person to wait their turn or listen to directions. A person with impulsiveness may have more accidents and injuries than others.
- **Inattentive type.** Formerly called attention deficit disorder (ADD). Youth are not overly active. They do not disrupt the classroom or other activities, so symptoms might not be noticed. However, it is hard to organize or finish a task, pay attention to details, or follow instructions or conversations. They are easily distracted or forget details of daily routines.
- **Combined type (Inattentive and Hyperactive/Impulsive).** Youth with this type of ADHD show both categories of symptoms. This is the most common form of ADHD.^[45]

SIGNS & SYMPTOMS



Difficulty staying focused



Academic challenges, problems in school



Frequent or unnecessary lying



Destruction of property of others



Aggression toward peers or caregivers



Difficulty transitioning to new activities



Inability to calm oneself after emotional outburst



Unable to gain control over impulses



RESOURCES, TOOLS AND SUGGESTED READINGS



Suggestions to offer Parents

Youth with ADHD are capable of intense focus on fascinating things, like video games. However, youth struggle to focus on things that aren't immediately rewarding, like schoolwork or going to bed. Maintain a healthy lifestyle to manage symptoms: ^[46]

- Develop healthy eating habits such as eating fruits, vegetables, and whole grains and limiting sugars
- Participate in daily physical activity based on age
- Limit the amount of daily screen time from electronics
- Ensure the recommended amount of sleep each night



Support Tips for ADHD Behaviors

- Maintain structured schedule and utilize a checklist
- Ensure an organized, structured setting and free time
- Establish and review rules and routines with youth
- Develop behavioral goals to focus on positive behaviors
- Offer options for how they can do their work and provide breaks
- Try seating them in an area with minimal distractions



Types of Treatment & Interventions

Symptoms of ADHD can also result from other issues, such as anxiety, depression, or trauma. A professional can carefully rule out other possible reasons for behavior. Behavioral therapy can teach children skills that will benefit them as they grow up. Below you will find different types of treatment to support youth.

- [Parent training](#)
- [Behavior therapy](#)
- [School Interventions](#)
- [Medication Management](#)

Suggested Readings & Resources

RESOURCES FOR CLASSROOM

- [ADHD & School](#)
- [Teaching Students with ADHD](#)
- [About ADHD](#)
- [Center for Disease Control ADHD](#)

RESOURCES FOR FAMILIES

- [ADHD Test & Diagnosis](#)
- [Parents & Education Rights](#)
- [Help your child get organized](#)
- [ADHD School Toolkit](#)

ANXIETY DISORDERS

All children experience some anxiety. Anxiety in children is expected and normal at specific times in development. However, when a child does not outgrow the fears and worries typical in young children, or when so many fears and concerns interfere with school, home, or play activities, the child may be diagnosed with anxiety disorder. [47]

TYPES OF ANXIETY DISORDERS

- **Generalized Anxiety Disorder (GAD).** Youth worry excessively about many things, such as school, the health or safety of family members, or the future in general. As a result, they may have physical symptoms, such as headaches, stomachaches, muscle tension, or tiredness. In addition, their worries might cause them to miss school or avoid social activities.
- **Panic Disorder.** Youth have sudden and intense physical symptoms, including a pounding heart, shortness of breath, or dizziness caused by the body's normal fear response.
- **Separation Anxiety Disorder.** Youth becomes fearful and nervous when away from home or separated from a loved one -- usually a parent or other caregiver -- to whom the child is attached.
- **Social Anxiety Disorder (Social Phobia).** Youth experience an intense fear of being judged in social situations or performance.
- **Specific Phobias.** Youth have unrealistic and excessive fears, such as a fear of dogs or enclosed spaces. Phobias usually cause people to avoid the things they fear. [48]

SIGNS & SYMPTOMS



Difficulty concentrating



Excessive crying or emotional outburst



Feeling tense and fidgety, or using the toilet often



Complaining of stomach or muscle aches



Constant worrying or negative thoughts



Irrational fears of objects or events



Irritable, or angry outbursts



Difficulty making friends



RESOURCES, TOOLS AND SUGGESTED READINGS



Suggestions to offer Parents

If worries, fears, or anxiety attacks cause extreme distress or disrupt a child's daily routine, it's essential to seek professional help to avoid distress on health. Below are resources for finding the best help for a young person. ^[49]

- [Mental Health Specialist at a Glance](#)
- [Finding the Right Therapist](#)
- [Child and Adolescent Psychiatrist Finder](#)
- [NAMI Helpline](#)
- [Anxiety and Depression Association of America](#)



Supporting tips to challenge anxious thoughts

Sometimes worries and fears become irrational thoughts. Help youth challenge their beliefs by asking the following questions using developmentally appropriate language. ^[50]

- What's the evidence that the thought is or isn't true?
- Is there a more positive way of looking at the situation?
- What's the probability that my fear will actually happen?
- How will worrying about it help or hurt?
- What would you say to a friend who had this worry?



Types of Treatment & Interventions

Anxiety disorders are highly treatable. As with most challenges, the earlier it is diagnosed, the easier it is to treat. Cognitive Behavior Therapy (CBT) focuses on changing how the child thinks about their fear, increasing exposure to feared situations, and relaxation strategies such as deep breathing, muscle relaxation, and positive self-talk (repeating positive or reassuring statements to oneself). ^[51]

- [Guided Visualization: Dealing with Stress](#)

Suggested Readings & Resources

RESOURCES FOR THE CLASSROOM

- [Conquer Negative Thinking for Teens](#)
- [Ruby Finds A Worry](#)
- [Wemberly Worried](#)

RESOURCES FOR FAMILIES

- [Questions for Your Insurance Carrier](#)
- [Taking Your Child to a Therapist](#)
- [Finding Help for your Child](#)

BIPOLAR DISORDERS

Bipolar disorders are brain disorders that cause shifts in mood, energy, and ability to function. People with these disorders have extreme and intense emotional states that occur in distinct periods called mood episodes. Bipolar disorder usually develops in adolescence or early adulthood – between the ages 15 and 19 is the most common period of onset. ^[52]

TYPES OF BIPOLAR

- **Bipolar 1 Disorder.** Youth have at least one manic episode. They may or may not also have a major depressive episode before or after a manic episode. In addition, youth may experience a hypomanic episode, which is less severe than mania.
 - Manic episodes are periods of elevated mood, elevated self attitude (e.g., self-esteem or self-confidence), and increased vital sense (physical and mental energy).
 - Depressive episodes are characterized by the triad of low mood, self-attitude, and vital sense.
- **Bipolar 2 Disorder.** Youth have a major depressive episode that lasts at least two weeks and a hypomanic episode that lasts at least four days.
- **Cyclothymic Disorder.** Youth experience a milder form of bipolar illness with hypomania, and depressive symptoms often occur relatively constantly. ^[53]

SIGNS & SYMPTOMS



Short tempered or extremely irritable



Fast talking or pressured speech



Show intense happiness or silliness for extended time



Difficulty focusing or racing thoughts



Do risky or reckless things that show poor judgment



Feel frequent and unprovoked sadness



Feel hopeless, worthless and fatigue



No interest in activities they usually enjoy



RESOURCES, TOOLS AND SUGGESTED READINGS



Suggestions to offer Parents

Help for bipolar disorders begins with the proper diagnosis and treatment. Talk to a medical professional about any symptoms. If a child has bipolar disorder, here are some basic suggestions to offer parents:^[54]

- Be patient, encourage the child to talk, and listen to the child carefully.
- Pay attention to the child's moods, and be alert to any significant changes.
- Understand triggers, and learn strategies for managing intense emotions and irritability.
- Finally, help the child have fun.



Support Tips for managing mania

- Help direct youth energy productively with hands-on projects and increased activity.
- Provide opportunities for youth to move around, use manipulatives and other interactive activities.
- Remain a positive model—prompt youth who are rude to rephrase statements politely and try again.
- Be firm and consistent, and give acceptable, positive choices.
- Utilize social stories to prepare youth in advance for a given situation and learn how to respond in a future situation.^[55]



Types of Treatment & Interventions

Parents and teens can work with a health care provider to develop a treatment plan that will help manage symptoms and improve their quality of life. Typical treatment options include:^[56]

- Medication. Youth respond to medications in different ways, so the correct type of medication depends on the child.
- Psychosocial Therapy. Teach skills that can help manage bipolar disorder, including maintaining routines, enhancing emotion regulation, and improving social interactions.

Suggested Readings & Resources

RESOURCE FOR THE CLASSROOM

- [Depression and Bipolar Support Alliance](#)
- [Helping Friends & Family with Bipolar](#)
- [Brandon and the Bipolar Bear](#)

RESOURCES FOR FAMILIES

- [Suicide Prevention](#)
- [Bipolar Disorder in children and teens](#)
- [Pediatric Bipolar Disorder](#)

DEPRESSIVE DISORDERS

Depressive disorders share common symptoms of persistent sadness, irritability, and lack of interest in pleasurable activities. Youth with depression may have trouble sleeping, thinking, or doing once-normal daily functions. Depression can interfere with all aspects of a child's life, resulting in absences from school, difficulty socializing with peers, and, in severe cases, thoughts of suicide.^[57]

TYPES OF DEPRESSIVE DISORDERS

- **Major Depressive Disorder (MDD).** Youth experience chronic feelings of sadness or worthlessness, irritability, physical lethargy, insomnia, and sometimes thoughts of suicide most of the day, nearly every day, for at least two weeks.
- **Persistent Depressive Disorder** (formerly dysthymic disorder). Youth experience chronic or long-lasting types of depression in which a person's moods are often low for at least one year for youth.
- **Premenstrual Dysphoric Disorder (PMDD).** Girls with severe depression, irritability, and tension one week before menstruation (bleeding) begin. These symptoms lessen a few days after menstruation begins, and they end one week after menstruation stops.
- **Disruptive Mood Dysregulation Disorder (DMDD).** Children who are severely irritable or angry have frequent temper outbursts, different from a typical temper tantrum. These outbursts happen as often as three times a week for over a year. Symptoms of the disorder must start before the child reaches age 10. Therefore, it is only diagnosed for the first time in children who are at least six years old but not yet age 18.^[58]

SIGNS & SYMPTOMS



Worried, angry or irritated mood for most of the day



Feeling unable to do simple tasks



Not caring about what happens in the future



Being unable to control extreme emotions



No longer wanting to be with family or friends



Thoughts of death or suicide, or suicide attempts



Unexplained physical aches, pains and fatigue



Unexplained and uncontrollable sadness



RESOURCES, TOOLS AND SUGGESTED READINGS



Suggestions to offer Parents

Teaching youth alternative ways of coping can include anything that may reduce the urge to self-harm. Some suggestions include: ^[59]

- Use a red marker to draw on the skin.
- Rub ice cubes over the skin where you might cut.
- Place rubber bands on the body and snap them.
- Start a journal in which to express feelings
- Vigorous exercise like running or dancing
- Chew something with a strong taste, like peppermint



Support tips for managing teen depression

- Focus on listening, not lecturing. Resist any urge to criticize or pass judgment when they talk.
- Be gentle but persistent. Don't give up if they shut you out at first. Talking about depression can be very tough for teens.
- Acknowledge their feelings. Don't try to talk them out of depression, even if their feelings or concerns appear silly or irrational.
- Trust your gut. If a teen claims nothing is wrong but has no explanation for what is causing the depressed behavior, trust your instincts and become a trusted adult. ^[60]



Types of Treatment & Interventions

Youth with a major depressive disorder are at increased risk of suicide. Never ignore signs of suicidal behavior or ideation. Treatment for depression may include:

- Cognitive Behavior Therapy (CBT) involves looking at how one perceives events and how thoughts about those events affect mood.
- Mindfulness is a popular approach to managing low mood, in which one maintains an in-the-moment awareness of thoughts, feelings, bodily sensations, and environment. ^[61]

Suggested Readings & Resources

Resources for the Classroom

- [Cutting Factsheet](#)
- [Cutting & Self-Harm](#)
- [Guide to Teen Depression](#)

Resources for Families

- [What to do if you think your teen is Depressed](#)
- [Parents Guide to Getting Good Care](#)

DISRUPTIVE & CONDUCT DISORDERS

Disruptive & Conduct Disorders are severe problems that last a longer time than typical acting out. Distress is expressed by acting it out through angry behaviors that impact others. Youth with these disorders have a hard time controlling their anger and may display hostile behaviors. These disorders can cause them to be aggressive toward other people or property, break the rules and laws, and disobey or rebel against authority figures.^[62]

TYPES OF DISRUPTIVE & CONDUCT DISORDERS

- **Oppositional Defiant Disorder (ODD).** Youth present with a cluster of symptoms including angry or irritable moods, arguing or defiant behavior, or spite and revenge lasting at least six months.
- **Conduct Disorder (CD).** Youth present with a persistent pattern of behavior that violates the rights of others or violates age-appropriate societal norms or rules.
- **Intermittent Explosive Disorder (IED).** Youth has sudden outbursts of rage, aggression, or violence. These reactions tend to be irrational or overreaction.
- **Pyromania:** Youth engage in a repetitive setting of fires on purpose for pleasure or satisfaction.
- **Kleptomania:** Youth's inability to resist an urge to steal objects not needed for personal use or monetary value. ^[63]

SIGNS & SYMPTOMS



Angry or Irritable Mood



Arguing or Defiant Behavior



Serious violation of rules



Frequent aggressive outbursts



Aggression toward people and animals



Destruction of Property



Impulse to steal objects without cause



Unable to gain control over impulses



RESOURCES, TOOLS AND SUGGESTED READINGS



Suggestions to offer Parents

Parents can do a lot to help children with ODD manage the condition. Potentially effective strategies include:

- Teach youth creative problem-solving. Encourage them to talk about conflicts with friends or family and ways to respond.
- Model effective communication. Children who learn how to appropriately express their emotions learn that conflicts don't have to be harmful.
- Use consistent, evidence-based discipline. A chaotic family environment, inconsistent enforcement of rules can make ODD worse.^[64]



Support tips for anger management

Youth with disruptive behaviors can be challenging in structured settings. Teaching youth to manage strong emotions can lessen aggressive outbursts.^[65]

- Develop a feeling vocabulary to educate youth on how to express strong emotions
- Teach youth self-talk or affirmation to regulate emotions
- Identify a safe space to calm down or pound it out in a pillow
- Stop and Breathe (Inhale 5 seconds, Hold 5 Seconds, Exhale 5 seconds)
- Pay attention to anger warning signs (How does anger feel in the body)



Types of Treatment & Interventions

Getting early treatment for these disorders lessens distress and the impact of the youth's challenges. Treatment options include:

- Family Psychotherapy to improve communication and mutual understanding.
- Cognitive Problem-Solving Skills Training and Therapies to decrease negativity.
- Social Skills training to increase flexibility and improve social skills and frustration tolerance with peers.^[66]

Suggested Readings & Resources

RESOURCES FOR CLASSROOM

- [Managing Frustration and Anger](#)
- [Trichotillomania \(Hair Pulling\)](#)
- [Conduct Disorder](#)
- [Intermittent Explosive Disorder](#)

RESOURCES FOR FAMILIES

- [Anger Management Tips for Children](#)
- [Oppositional Defiant Disorder Guide for families](#)

EATING DISORDERS

Eating disorders involve chronic eating problems that disrupt how someone eats food and absorbs nutrients. These disorders significantly impair physical health and how the person thinks, feels, and relates to others. Eating disorders can lead to serious health trouble, such as malnutrition and heart problems. It is essential to seek treatment early for eating disorders. Youth with eating disorders are at higher risk for suicide and medical complications. ^[67]

TYPES OF EATING DISORDERS

- **Anorexia Nervosa.** Youth have a relentless pursuit of thinness, a morbid fear of obesity, a distorted body image, and restriction of intake relative to requirements, leading to significantly low body weight.
- **Bulimia Nervosa.** Youth have recurrent binge-eating episodes followed by inappropriate compensatory behavior such as purging (self-induced vomiting, laxative or diuretic abuse), fasting, or driven exercise; episodes occur on average at least once a week for three months.
- **Binge-Eating Disorder.** Youth have recurrent episodes of consuming large amounts of food with a loss of control. Youth may feel embarrassed and ashamed about their eating habits and hide their symptoms by eating in secret. ^[68]

SIGNS & SYMPTOMS



Inability to control eating



Obsessive Exercise or Extreme Dieting



Hoarding Food or Missing Food



Distorted Body Image



Under or Over weight



Avoids eating socially or skip meals



RESOURCES, TOOLS AND SUGGESTED READINGS



Suggestions to offer Parents

- Avoid ultimatums. Ultimatums merely add pressure and promote more secrecy and denial.
- Avoid commenting on appearance or weight. Even assurances that they are not fat play into the preoccupation with being thin. Instead, focus the conversation on their feelings.
- Avoid shaming and blaming. Refrain from accusatory “you” statements like, “You just need to eat!” Or, “You’re hurting yourself for no reason.” Use “I” statements instead. For example: “I find it hard to watch you wasting away.” Or, “I’m scared when I hear you throwing up.” [69]



Support tips for talking with Youth about ED's

- Pick a good time to speak in private without distractions
- Explain concerning behavior observations. Be careful to avoid lecturing or criticizing.
- Be prepared for denial and resistance. Youth may not be honest about the behavior.
- Ask if the young person has reasons for wanting to change.
- Be patient and supportive. Don’t give up if the youth shuts you down at first. [70]



Types of Treatment & Interventions

- Hospitalization or residential treatment may be necessary if dangerously malnourished or suffering from medical complications, severely depressed or suicidal, or resistant to treatment.
- Dietitians or nutritionists can design balanced meal plans, set dietary goals, and reach or maintain a healthy weight.
- Therapy identifies the negative thoughts and feelings behind the disordered eating behaviors and replaces them with healthier and less distorted attitudes. [71]

Suggested Readings & Resources

RESOURCES FOR CLASSROOMS

- [Eating Disorder Helpline](#)
- [Eating Disorders Resource List](#)

RESOURCES FOR FAMILIES

- [Helping someone with Eating Disorders](#)
- [Understanding Teen Eating Disorder](#)
- [Helping someone with ED](#)

OBSESSIVE-COMPULSIVE DISORDERS

Obsessive-compulsive disorders (OCD) involve frequent fears, worries, urges, or thoughts (obsessions) that distract and distress those who have them. These obsessions are often combined with ritualistic behaviors (compulsions) repeated in an intense attempt to deal with unwanted obsessions. ^[72]

TYPES OF OBSESSIVE-COMPULSIVE DISORDERS

- **Obsessive-Compulsive Disorder (OCD).** Youth has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that they feel the urge to repeat over and over.
- **Body Dysmorphic Disorder.** Youth become preoccupied with an imagined appearance defect, such as the size of their nose or ears, or become excessively concerned with a slight abnormality, such as a wart.
- **Trichotillomania.** Youth engages in hair-pulling disorder. They repeatedly pull their hair out, resulting in hair loss. Youth with the hair-pulling disorder may feel tense or anxious just before pulling their hair out, and the hair-pulling may relieve those feelings. They usually pull hair from their scalp, eyebrows, or eyelids.
- **Skin-picking disorder.** Youth repeatedly pick at their skin, causing damage. Youth with the skin-picking disorder may feel tense or anxious before doing it, and skin picking may relieve that feeling.
- **Hoarding.** Youth become consumed with acquiring objects in excess and being unable or unwilling to part with them. Youth who hoard develop overpowering emotional attachments to their possessions. As a result, they often feel embarrassed or uncomfortable letting others see or touch their things. ^[73]

SIGNS & SYMPTOMS



Intrusive and unwanted thoughts



Self-harm i.e. hair pulling, skin picking



Obsession with appearance



Repeated behaviors i.e. excessive handwashing



Collecting items with no value



Difficulty discarding possessions



Significant distress or impairment



Persistent anxiety 29



RESOURCES, TOOLS AND SUGGESTED READINGS



Suggestions to offer Parents

OCD has a unique set of behaviors that can be hard for others to understand. Learn about the disorder and try the following suggestions:

- Be patient. Remember that youth's fears are very real to them, even if they seem unrealistic, irrational, or extreme.
- Don't offer reassurance. A common OCD compulsion is asking a question repeatedly to hear that everything will be okay. This inadvertently reinforces the OCD behavior. Be sure to connect with a professional to eliminate accommodations for OCD.
- Don't try to relate. Some OCD obsessions can be distressing, embarrassing, and taboo. Equating them with surface-level OCD stereotypes might make youth feel their daily struggle belittling.^[74]



Support Tips for managing OCD

For youth who have OCD, functioning in a structured setting can be complicated. Suggestions to support young people with OCD include:

- Plan an escape route: Develop a communication system with the youth when they are feeling symptomatic. It can prevent an embarrassing and disruptive blowup of symptoms and the other kids picking on or bullying her about it.
- Advance notice: Irritability and frustration are two of the longer-lasting things that kids with OCD are feeling daily. Schedule changes can be very disruptive for a child with OCD, so it can be helpful to give advance notice of things.^[75]



Types of Treatment & Interventions

Treatment can help relieve and control obsessions and compulsions and prevent disorders from getting worse.

- Dialectical behavior therapy (DBT) is an intensive, structured therapy that helps youth handle strong emotions.^[76]

Suggested Readings & Resources

RESOURCES FOR THE CLASSROOM

- [Teacher's Guide to OCD](#)
- [Helping someone with Hoarding](#)
- [44 Children's Books about Mental Health](#)

RESOURCES FOR FAMILIES

- [Parent's Guide to OCD](#)
- [Obsessive-Compulsive Disorder](#)
- [Dialectical Behavior Therapy](#)

TRAUMA DISORDERS

Trauma is an emotional response to an intense event that threatens or causes harm, such as the death of a loved one, neglect, or being bullied. The harm can be physical or emotional, real or perceived, threatening the youth or someone close to them. Stress is a common experience and involves feeling tense or pressured that subsides without intervention. For some, significant stress can feel overwhelming and unable to cope, leading to a trauma disorder. [77]

TYPES OF TRAUMA DISORDERS

- **Acute Stress Disorder.** Youth have brief intrusive recollections occurring within four weeks of witnessing or experiencing a traumatic event. Youth experience symptoms within 3-30 days following the event.
- **Posttraumatic Stress Disorder (PTSD).** Youth has recurring, intrusive recollections of an overwhelming traumatic event longer than one month and begins within six months of the event. Symptoms also include avoidance of stimuli associated with the traumatic event, nightmares, and flashbacks.
- **Reactive Attachment Disorder.** Youth have difficulty forming emotional attachments to others, show a decreased ability to experience positive emotion, cannot seek or accept physical or emotional closeness and may react violently when held, cuddled, or comforted caused by social neglect and maltreatment.
- **Disinhibited Social Engagement Disorder.** Children with disinhibited social engagement disorder relate to strangers in the same way they connect with their parents or other adult caregivers. They aren't shy or hesitant—and are too friendly—around strange adults. [78]

SIGNS & SYMPTOMS



Increased responsiveness to stimuli



Intrusive or unwanted thoughts



Heightened emotions i.e. irritability or anger



Avoids or tries to avoid activities, places, or objects



Regressive Behavior i.e. thumb sucking



Overly friendly with strangers



Difficulty accepting physical or emotional closeness



Trouble sleeping, i.e. sleeping at inappropriate times



RESOURCES, TOOLS AND SUGGESTED READINGS



Suggestions to offer Parents

The world can feel unpredictable, unstable, and chaotic for youth with trauma-related symptoms, creating an environment that promotes socio-emotional well-being is imperative.

- Provide stability and consistency. Children with trauma may feel the world is ever-changing. With rules and boundaries, the child learns consistency in routine, that an authority figure is in charge, and safe.
- Add predictability. Setting expectations for events and activities beforehand adds predictability. Provide information about what to expect in certain situations.
- Promote safety. Help youth safely express feelings. Provide open spaces for the child to disclose their feelings and thoughts without judgment. [79]



Tips for talking with youth after traumatic event

- Provide youth with opportunities to talk about what they see on television and to ask questions.
- Do not be afraid to admit that adults cannot answer all of their questions.
- Answer questions at a level the child can understand.
- Provide ongoing opportunities for children to talk. They probably will have more questions as time goes on.



Types of Treatment & Interventions

Not everyone requires treatment for trauma or traumatic stress. Most people recover on their own with time. However, if symptoms persist, contact a medical or mental health professional. Treatment options include:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) resolves various emotional and behavioral challenges resulting from the trauma through a cognitive-behavioral therapy model.
- Exposure therapy uses careful, repeated, detailed reliving of the trauma (exposure) to “trigger” symptoms in a safe, controlled context. [80]

Suggested Readings & Resources

RESOURCES FOR THE CLASSROOM

- [Childhood Trauma](#)
- [Building a Safe Environment](#)
- [7 Tools for Managing Traumatic Stress](#)

RESOURCES FOR FAMILIES

- [Helping Children Cope with Traumatic Events](#)
- [Trauma Care for Youth](#)
- [Warning Signs for Bullying](#)

Suicide & Mental Health Crisis Resources



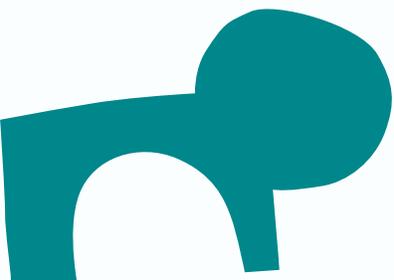
Childhood to adulthood represents a critical transition period and significant cognitive, mental, emotional, and social change. While adolescence is a time of tremendous growth and potential, navigating new milestones in preparation for adult roles involving education, employment, relationships, and living circumstances can be difficult. [81] Unfortunately, these transitions can lead to various mental health challenges associated with an increased risk for suicide.

Understanding the issues concerning suicide and mental health is a meaningful way to participate in suicide prevention, help youth in crisis, and change the conversation around suicide. [82] There are warning signs that may help determine if someone is at risk for suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change. Evidence shows that providing safe spaces and environments to reduce stress, talking about suicide, reducing access to means of self-harm, developing safety plans, and following up after a crisis are just some of the actions to take to help others. [83]



Key Terms

- **Mental Crisis:** Any situation in which a youth's behavior puts them at risk of hurting themselves or others or prevents them from caring for themselves or functioning effectively in the community.
- **Suicide:** Death caused by injuring oneself with the intent to die
- **Suicide attempt:** Intentional harm to self to end life, but they do not die due to their actions.
- **Suicidal Ideation:** Thinking about or planning suicide. [84]



SUICIDE

Suicide is the second leading cause of death for people ages 10-24. They account for 14% of all suicides. The causes of suicide among youth are complex and involve many factors. However, suicide is preventable, and everyone has a role in saving lives and creating healthy and strong individuals, families, and communities. The first step in prevention is knowing the warning signs. ^[85]

THOUGHTS/TALK

If a youth talks about:

- Killing themselves, death or dying
- Feeling trapped or having no reason to live
- Unbearable pain
- “Nothing matters anymore,” “You’ll be better off without me,” or “Life isn’t worth living.”
- Talking as if they’re saying goodbye or going away forever



FEELINGS/MOOD

If youth have feelings of:

- Hopeless, helplessness or worthless
- Being a burden to others
- Being trapped or having no reason to live
- Unbearable emotional or physical pain
- Sudden cheerfulness or calm after a period of despondency
- Extreme sadness, disappointment, or shame
- Being tired or fatigue

BEHAVIORS

Behaviors that may signal risk, especially if related to a painful event, loss, or change:

- Increased use of alcohol or drugs
- Researching ways to end their life
- Withdrawing from activities or isolating from family and friends
- Sleeping too much or too little
- Giving away prized possessions
- Aggression
- Dramatic changes in personality, mood or behavior



SUICIDE PREVENTION TIPS

Parents, guardians, family members, friends, teachers, school administrators, coaches, and extracurricular activity leaders, mentors, service providers, and many others can play a role in preventing suicide and supporting youth. If you spot the warning signs, start the conversation, assess for risk of suicide, and connect the youth to professional help. Below you will find tips to support a child in a suicidal crisis.^[86]

Start the Conversation

- “I have been feeling concerned about you lately.”
- “Recently, I’ve noticed some differences in you and wondered how you are doing.”
- “I wanted to check in with you because you haven’t seemed yourself lately.”
- I have noticed....(name the behavior)...

Questions you can Ask

- Are you thinking about suicide?”
- “Do you have a plan? Do you know how you would do it?”
- “When was the last time you thought about suicide?”
- When did you begin feeling like this?”
- “Did something happen to make you start feeling this way?”
- “How can I best support you right now?”

Level of Suicide Risk

- Low – Some suicidal thoughts. No suicide plan. The person says they won’t attempt suicide.
- Moderate – Suicidal thoughts. Vague plan that isn’t very lethal.
- High – Suicidal thoughts. Specific plan that is highly lethal.
- Severe – Suicidal thoughts. Specific plan that is highly lethal. The intent is imminent.

Immediate risk of suicide

- Call a therapist, psychiatrist, physician, or other health care professional
- Remove potential means such as weapons and medications to reduce the risk
- Contact the Georgia Crisis & Access Line (GCAL) at 1-800-715-4225 or **call 911**
- **DON'T LEAVE THEM ALONE**

Responding to Youth

- “You are not alone in this. I’m here for you.”
- “You may not believe it now, but the way you’re feeling will change.”
- “I may not be able to understand exactly how you feel, but I care about you and want to help.”
- “You are important to me; we will get through this together.”

DO's

- Be yourself and actively listen
- Show empathy without judgment
- Offer hope
- Take the person seriously

DONT's

- Argue with the suicidal person
- Act shocked or lecture about life
- Promise confidentiality
- Fix the problem

My Safety Plan

A safety plan can help keep young people stay safe, when they are feeling overwhelmed and having thoughts of suicide. This tool can be given to a youth directly to discuss with a behavioral health provider or professional to promote resilience.



Remember:
Help is always available.



1

My warning signs are:

*These can be thoughts, feelings or behaviors that indicate you are at risk.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

2

My effective coping strategies are:

*These are things you can do to help lift your mood, like meditation or exercise.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

3

People I can reach out to for distraction:

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|  | <input type="text"/> |  | <input type="text"/> |
|  | <input type="text"/> |  | <input type="text"/> |

4

People I can reach out to for help:

| | | | |
|-------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------|----------------------|
|  | <input type="text"/> |  | <input type="text"/> |
|  | <input type="text"/> |  | <input type="text"/> |
|  | <input type="text"/> |  | <input type="text"/> |

5

Steps I can take to make my environment safer. Please list:

6

In the event of a crisis:

Call Emergency Contact #1:

Call Crisis Hotline:

Call Emergency Services:



Georgia Behavioral Health Resource Tools

Whether you are looking for help for a child with disabilities, with behavioral health needs, in foster care, or in trouble at school, getting help from the state can be a long and difficult process. Below are some resources to navigate the system,

- [Behavioral Health Access Map](#)
- [How to Get Behavioral Health Guide -Young Adults](#)
- [How to Get Behavioral Health Guide-Families](#)
- [Georgia Behavioral Health Glossary](#)
- [Navigating a Mental Health Crisis](#)
- [The Crisis System of Georgia](#)

Online Resources & Organizations

- [National Association of School Psychologists](#)
- [Association of Suicidology](#)
- [America Foundation for Suicide Prevention](#)
- [Society for the Prevention of Teen Suicide](#)

Suggested Readings for Adult Caregivers

- [Talking to kids when they need help](#)
- [7 Essential Steps Parents can take to Prevent Teen Suicide](#)
- [Psychological First Aid \(PFA\) for Schools: Listen Protect Connect/Model and Teach](#)

Brain Break Activities

Researchers suggest that 10-15 minutes in a task warrants a 2-4-minute break for elementary school students. Likewise, every 20–30 minutes of a concentrated task earns a 5-minute break for middle and high school students. Below you will find fun ways to give youth a brain break for homework or other focused activity.

ELEMENTARY SCHOOL

- **Animal Role Play:** Have your kiddos pretend to be various animals complete with noises and body movements. Call out a few in sequence.
- **Popular Movement Songs:** Play a song with whole-body movements, such as, “Head, Shoulders, Knees, and Toes,” “Father Abraham,” and “Shake Your Sillies Out”. Here’s a [link](#) to a few different and fun ones!
- **Simon Says:** It’ll always be a classic.

MIDDLE SCHOOL

- **Would You Rather:** Ask “would you rather” questions and have students show their choice by moving to one end of the room or the other. Have a few kids share the reasoning behind their choice.
- **Find It Fast:** Call out a color or other trait (e.g. something round, something yellow, something wooden) and students must find an object in the room and get to it as quickly as possible.
- **Tell a Story:** Pick a student to start a story with one sentence, each student down the row adds an additional sentence to the story. The story ends with the last student. (Make sure to establish rules such as each student has 5-seconds to say a line or they are skipped and the stories must be school appropriate)

HIGH SCHOOL

- **Yoga:** This is a wonderful way to promote mind & body balance and decrease stress. Poses that are fun and challenging for high school students are core strength poses like airplane and eagle pose.
- **Keep It Up:** Students must keep a beach ball from hitting the ground. Then, add two or three balls to make it even more fun.
- **Human Knot Project:** The class forms small circles of 8-10 people. Each student will put their left hand into the circle and grab the hand of another student. Then, they do the same with their right hand. Without letting go, they have to work together to untie the knot.

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