Hope is the first step to recovery

*Hope is not the same as optimism or reassurance.*

*Hope begins with accepting and understanding how difficult the situation actually is and seeing realistic paths forwards anyway:*

- Ongoing student mental health crisis
- Corona pandemic negative impact on mental health
- Schools in crucial position both for controlling spread of corona virus and for supporting families and their employment
- Schools facing upcoming budget cuts when demands will be increasing
- Schools are heavily regulated from multiple levels, with competing interests interacting
“It is neither an exaggeration nor is it alarmist to claim that there is a mental health crisis today facing America’s college students.” – Psychology Today, 2014

From the American Psychological Association analysis of data collected by the Center for Collegiate Mental Health
Increases with younger kids too

Are we facing an escalating mental health collapse like the climate change collapse?

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*Percent of youth who meet criteria for a mental disorder diagnosis*

- Anxiety disorders 31.9%
- Behavior disorders 19.1%
- Mood disorders 14.3%
- Substance use disorders 11.4%

*Source: Journal of the American Academy of Child and Adolescent Psychiatry (Vol. 49, No. 10).*

*Data: New England Journal of Medicine*
Increases across all diagnosis: Are there multiple epidemics?

ADHD diagnosis throughout the years: Estimates from published nationally representative survey data

(Percent of children with a parent-reported ADHD diagnosis)
STUDENTS DEALING WITH MENTAL ILLNESS IN COLLEGE

Diagnosis/treatment frequency in last 12 months
2009-2015

Source: "Trends in college students' mental health diagnoses and utilization services, 2009-2015,"
Sara Oswalt et. al., Journal of American College Health
Two widespread, mainstream, “illness-centered”, public intervention programs

QPR stands for Question, Persuade, and Refer — the 3 simple steps anyone can learn to help save a life from suicide

- **Early Recognition of suicide** | The sooner warning signs are detected and help sought, the better the outcome of a suicidal crisis will be.
- **Early QPR** | Asking someone about the presence of suicidal thoughts and feelings opens up a conversation that may lead to a referral for help.
- **Early intervention and referral** | Referral to local resources or calling 1-800-Suicide for evaluation and possible referral is critical.
- **Early Advanced Life Support** | As with any illness, early detection and treatment results in better outcomes.

**Mental Health First Aid** is a public education program that can help individuals across the community understand mental illnesses, support timely intervention and save lives.
Challenges to the illness-centered model

Everyone has to believe in the illness model – rather than other emotional or social models (not always intuitive or “common sense”)

Everyone is considered a “first contact” who needs to be educated to refer to professionals

Stigma has to be eliminated

Massively increased mental health professional workforce needed (e.g. colleges need 1 counselor / 1,000 students and 1 psychiatrist / 10,000 students). Funds and personnel aren’t available.

Model is heavily professional directed, with limited self-help, peer, or community roles
Creating a new “developmental” paradigm

- We’re not loaded with underlying neurochemical imbalances that have been triggered and need to be rebalanced.

- Our “illnesses” aren’t the cause of our distress; they’re the result of our distress.

- It’s not “nature vs. nurture”. It’s how our “nurture” impacts our “nature”: We’re born with different traits and tendencies and a life force pushing us to learn and grow and develop...and then life happens. Sometimes it stunts or distorts our lives. Sometimes we get stuck. The feelings we have when we get stuck are what we’re calling “illnesses”. The goal of treatments, including medications, is not to treat underlying conditions; it’s to get unstuck so we can learn and grow and develop again.

- Suffering isn’t meant to be diagnosed and eliminated as a distasteful strange experience; suffering is meant to be learned from. Hopefully, we’ll develop strengths from our struggles.
Add a pandemic to this picture

LA Times 5/7/20 **We need to prepare for the impact of corona virus on kids:**
“Even before the pandemic, the need was intense”
“Schools, the only access many children have to mental-health care, are ill-prepared to support the magnitude of expected need.”
➢The whole article is about trauma and mental health.

*In the next two webinars we’ll be focusing in detail on how the pandemic is effecting mental health of young people.*
*Keep in mind that some young people, especially extroverted and physically active ones, who might have been of lesser concern normally, may be more impacted by the shutdown than the young people we usually worry about.*
Given everything going on, is mental health really a priority? Should it even be something we focus on now?

Yes, because we’re experiencing this as a mental and emotional crisis.
How something impacts us mentally depends on our psychological development

1) **Others meet our basic needs** - we focus on expressing our needs and finding others to take care of us = **security**

2) **Forming a personal identity** – we focus on strengthening and protecting our self-identity, meeting our own needs or using others to meet our needs = **self-efficacy**

3) **Empathy and personal relationships** – we focus on our connectedness with others, building emotionally caring and loving relationships = **connectedness**

4) **Connection to a larger “spiritual” reality** – we focus on opening ourselves with faith to God, fate, nature, “mother earth”, karma, Christ, eternal love, etc. = **meaning**
Each level has different risks...that can develop into mental conditions

1) **Others meet our basic needs** - hunger, homelessness, “failure to thrive”, loss of security, parental collapse, domestic violence

2) **Forming a personal identity** – hard to create and sustain self-identity, purpose, personal control, roles, self-expression, success, avoiding helplessness, hopelessness, shame, guilt, inadequacy

3) **Empathy and personal relationships** – hard to maintain connectedness, express love and caring, compassion, intimacy, avoiding isolation, loneliness

4) **Connection to a larger “spiritual” reality** – disconnection from religions, prayer, and mystic rituals, limited exposure to nature and larger “rhythms of life”, existential funk, loss of meaning making

*Most of the college students I see are struggling in levels 2 and 3.*
Each level has different strategies to strengthen people

1) **Others meet our basic needs** - provide basic needs, security, stability, strengthen families

2) **Forming a personal identity** – empower, build personal pride, efficacy, belief in ourselves

3) **Empathy and personal relationships** – connect to others, shared experiences (and suffering), caring for each other

4) **Connection to a larger “spiritual” reality** – build meaning and purpose, faith in “higher power” and that “things will work out”

…and we don’t need to be mental health professionals or make diagnoses to help each other in these ways
Learning from Anne Frank

She was the 13-year-old daughter of a millionaire, a “chatter-box”, obsessed with movie stars and royalty, and a flirt who counted the boys she got to fall for her. She spent over 2 years in an attic with two families, unable to ever go outside. The first year she was depressed, not out of hunger or fear, but because she was stuck, not “understood by her mother”, criticized compared to her sister, with no one to talk to besides her diary. The second year she explored intimacy with the boring Peter, confided in her sister, and found an identity as a writer who would contribute by publishing her diary, and did much better.

Think about her developmentally. Self-efficacy and connectedness are crucial to maintaining balance on levels 2 and 3.
What would “The Diary of Anne Frank’s Parents” have been like? Or her schoolteachers? What levels were they on? What supports would’ve helped them the most?

We do have another, very different, book written by a psychologist on level 4, Victor Frankl’s “Man’s Search for Meaning” about his time in Auschwitz. He wrote about surviving the systematic destruction of basic needs being starved and worked to death, destruction of personal identity giving everyone a number and removing all personal belongings or individuality, and destruction of relationships by separating families and moving people around, by focusing on sustaining meaning even if they killed him.

What inspiring examples do you have in your family and culture? What levels do they emphasize?
Dr Carl Bell – “Risk factors are not predictive factors because of protective factors”

Protective factors:
1. Money to make it through the month and a little extra for emergencies
2. A reasonably secure place to live
3. Family support (doesn’t have to be a perfect family)
4. Other caring, involved adults as a “protective shield” (can include neighbors, teachers, coaches, ministers, professionals)
5. Roles in life besides “mentally ill” or “bad kid”
6. Spiritual connections and sustenance

These protective factors cover the 4 developmental levels:

Security, self-efficacy, connectedness, and meaning
What Supports Resilience?

Resiliency is the ability to recover from trauma.

- Family Support
- Peer Support
- Competence
- Spiritual Belief
- School Connectedness
- Self-esteem
- Self-efficacy
Putting together a hopeful plan

The corona virus pandemic is not triggering multiple, simultaneous epidemics of neurochemical mental illnesses in young people. It is a complex event that disrupts personal development, undermines psychological balance, and traumatizes many people.

If we intervene in developmentally appropriate ways, including building security, self-efficacy, connectedness, and meaning, we can protect ourselves and each other and build resilience.

There will still be some people who are overcome and need professional care, but we can “bend the curve” with a public mental health approach, caring for each other, to avoid overwhelming our limited mental health system.