

# Strategies for Teachers to Support Youth with Mental Illness

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## Objectives

- ▶ Address the significant role educators have in supporting youth
- ▶ Identify the signs, symptoms and behavior changes to identify a youth in need
- ▶ Offer tools for addressing mental health issues commonly affecting youth
- ▶ Provide proactive interventions that are person centered and trauma informed
- ▶ Discuss support services and resources



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## INSIDE MY REALITY



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### Teachers as First Responders

Schools provide a unique opportunity to identify and treat mental health conditions by serving students

where they already are.



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### What are the numbers?

- ▶ Approximately 20% of youth ages 13 to 18 experience severe mental disorders in a given year.



National Institutes on Health

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### What are the numbers?

- ▶ 50% of individuals living with mental illness experience onset by the age of 14.
- ▶ This number jumps to 75% by the age of 24.



National Institutes on Health

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### What are the numbers?

› Suicide is the **second** leading cause of death among persons aged **15-34...**

And the **third** for persons aged **10-14.**

Centers for Disease Control and Prevention, 2015

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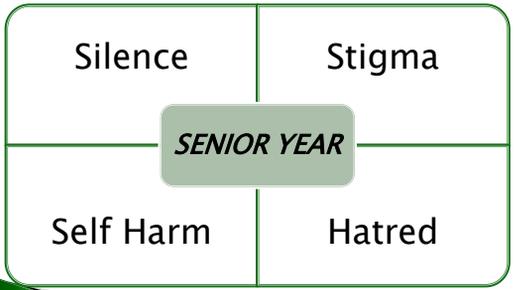
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### From Hospital to High School...



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### Mental Health Diagnosis

› **Benefits**

- Services
- Appropriate meds
- Validation
- Common language

› **Limitations**

- Disclosure
- Can be used against them
- Misdiagnosis
- Stigma

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How Youth May Be **FEELING:**

- Sadness or irritability
- Apathetic or disinterested
- Hopeless or desperate
- Worthless
- Distorted, confused
- Angry or frustrated
- Worried, afraid, anxious
- Extreme mood swings




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What Youth May Be **THINKING:**

- Difficulty remembering things and concentrating
- Strange beliefs not based in reality
- Hearing, seeing or smelling things that aren't there
- Nothing will ever change
- Belief that the world would be better without them




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Youth May Be **DOING:**

- Withdrawing from activities and friends
- Sharing physical complaints, such as headaches or stomach aches
- Failing grades, multiple absences
- Drinking or using other drugs excessively
- Appearing agitated or restless
- Hyperactivity
- Not caring about personal appearance,
- Having difficulty sleeping, changes in eating
- Making self deprecating remarks
- Talking about killing or harming oneself




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### Language Matters!

#### Respectful:

- ▶ Mental illness or psychiatric disability
- ▶ Person with bipolar disorder or person who has schizophrenia
- ▶ "Suffers from" vs. "Living with"
- ▶ Avoid correlation between criminality and mental illness
- ▶ Asking when you need clarification

SAMHSA, Center for Mental Health Services "Removing Bias in Language: Disabilities"

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### Language Matters!

#### Disrespectful:

- ▶ Crazy, lunatic, wacko, mental, psycho etc.
- ▶ Labeling: "a manic depressive"
- ▶ Slow, limited, low functioning
- ▶ Using "normal" when talking about others
- ▶ Using psychiatric diagnoses as metaphors for other situations
- ▶ "You look terrible!"

SAMHSA, Center for Mental Health Services "Removing Bias in Language: Disabilities"

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### Having the Conversation

- ▶ Educate yourself ahead of time.
- ▶ Think about the role that parents/guardians may play.
- ▶ Take a glance at your surroundings.
- ▶ Be relaxed, open and approachable.
- ▶ Pick a time to talk privately and without interruption.
- ▶ Prepare to practice self care afterwards.

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### Having the Conversation

- ▶ Take them seriously.
- ▶ Ask open ended questions.
- ▶ Encourage them to explain what they are struggling with.
- ▶ Show that you've listened by recapping.
- ▶ Ask how they would prefer you to respond to their challenges.
- ▶ Help them think about options and next steps.
- ▶ Encourage action.

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The Americans with Disabilities Act and other federal disability laws, prohibit discrimination against students whose psychiatric disabilities "substantially limit a major life activity."

It also mandates that colleges and universities provide students with "reasonable accommodations."




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### Take ACTION

- ▶ **ASK THEM, INCLUDE THEM.**
- ▶ Identify a place where the student can go for privacy to self regulate.
- ▶ Reduce potential classroom pressures.
- ▶ Break tasks into smaller parts.
- ▶ Provide step-by-step instructions and be flexible and realistic with your expectations.
- ▶ Divide assigned readings into manageable segments and monitor.




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### Take ACTION

- ▶ Let them direct schedules, guidelines, routines, and expectations.
- ▶ Encourage gradual social interaction (i.e./ small group work).
- ▶ When a student’s energy is low, reduce academic demands; when their energy is high, increase them.
- ▶ Documentation: both by you and them.




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Please remember that  
 “no action” is  
 subjective and **does**  
**not** mean “inaction.”




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“What is **WRONG** with you?”  
VS  
“What **HAPPENED** to you?”

Deficit Based  Strength Based



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Trauma Informed Approach

Safety	Trust	Peer Support
Collaboration	Voice and Choice	Culture and Gender



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The shadows don't deserve to have you. You belong to be seen in the beauty of the light. The support this world has to offer can be the stage for your voice to be heard.



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- ▶ National Alliance on Mental Illness  
[www.nami.org](http://www.nami.org)
- ▶ Depression and Bipolar Support Alliance  
[www.dbsalliance.org](http://www.dbsalliance.org)
- ▶ Substance Abuse and Mental Health Services Administration  
▶ [www.samhsa.gov](http://www.samhsa.gov)
- ▶ Minnesota Association for Childrens Mental Health  
▶ [www.macmh.org](http://www.macmh.org)
  - ▶ MIKID  
[www.mikid.org](http://www.mikid.org)



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**Thank you!**

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