

# Mental Health and Our Children

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# Today's Agenda

- ▶ Mental Health Landscape for Children & Teens
- ▶ COVID's Impact on Youth Mental Health
- ▶ Most Common Mental Illnesses in Children & Teens and What They Look Like
- ▶ Finding Help and Mental Health Crisis Response
- ▶ Insurance Parity
- ▶ NAMI Programs
- ▶ Q & A

# The Youth Mental Health Landscape

## 2020 Mental Health By the Numbers

13% of youth, age 8-15, live w/mental illness severe enough to cause impairment in daily life

50% of lifetime cases of MI begin by age 14

50% of youth with MI receive treatment

Among U.S. ADOLESCENTS (aged 12-17):



1 in 6 experienced a major depressive episode (MDE)

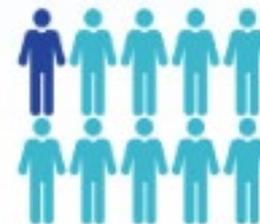
**3 MILLION** had serious thoughts of suicide

**31%** increase in mental health-related emergency department visits

Among U.S. YOUNG ADULTS (aged 18-25):



1 in 3 experienced a mental illness



1 in 10 experienced a serious mental illness

**3.8 MILLION** had serious thoughts of suicide



# COVID's Impact on Youth Mental Health

## 2020 Mental Health By the Numbers

Youth and young adults experienced a unique set of challenges during the COVID-19 pandemic - isolation from peers, adapting to virtual learning, and changes to sleep habits and other routines.

### 1 in 5

young people report that the pandemic had a significant negative impact on their mental health.



of adolescents



of young adults

### NEARLY 1/2

of young people with mental health concerns report a significant negative impact.

### 1 in 10

people under age 18 experience a mental health condition following a COVID-19 diagnosis.

# Signs of Mental Health Challenges in Youth

- ▶ Disruptions to daily routines and interactions with others
- ▶ Anxiety or stress out of proportion to the reality of the risk
- ▶ Ongoing feelings of depression
- ▶ Substance abuse
- ▶ Changes in performance at school
- ▶ Difficulties adjusting to challenges or changes
- ▶ Other symptoms that may be related to particular disorders

Important: These illnesses are biological in nature and not the fault of the young person with the illness nor the parents

# ADD/ADHD: Attention Deficit/Hyperactivity Disorder

- ▶ Neurobiological disorder that typically presents by age 12
- ▶ Inattentive Presentation:
  - ▶ Can't pay attention to details, don't follow instructions, daydream
  - ▶ Seem forgetful, absent-minded, disorganized
- ▶ Hyperactive/Impulsive Presentation
  - ▶ Extreme physical agitation: fidgets, can't sit still, interrupts
  - ▶ On the go as if driven by a motor, particularly when inappropriate
  - ▶ In trouble at school
  - ▶ High risk for alcohol/drug abuse in adolescents

To be diagnosed with ADD/ADHD, symptoms have to be present for 6 months, interfere with child's functioning or development, and cause significant impairment at home, at school, or in outside activities

# Anxiety Disorders

- ▶ Cause extreme discomfort to the child in situations generally seen as non-threatening, leading to dread and worry
- ▶ Key warning sign: Not wanting to go to school
- ▶ Most common forms of anxiety disorder in youth are
  - ▶ Separation Anxiety: don't want to be separated from parents
  - ▶ Generalized Anxiety Disorder: excessive worry, perfectionism, overly serious
  - ▶ Social Anxiety Disorder: won't make friends, doesn't like being singled out
- ▶ From families:
  - ▶ Meltdowns occur if child put in anxiety-causing situation
  - ▶ Accommodating anxious behavior can lead to missing too much school, but insisting on school attendance and social contacts results in recurring instances of high anxiety

# Depressive Disorders

- ▶ Symptoms of childhood depression can be as severe as those in adults but manifest differently
  - ▶ Irritability, aggressiveness, combativeness
  - ▶ Complaints of physical symptoms that can't be medically confirmed
  - ▶ Drop in grades, refusing to do homework or go to school
  - ▶ Inability to have fun; withdraw, won't participate in activities
  - ▶ Low self-esteem
- ▶ In adolescents, symptoms can include:
  - ▶ Feeling sad, hopeless, empty, and lethargic
  - ▶ Become antisocial/isolated: "no one understands," "people look down on me"
  - ▶ High-risk activities of self medicating
  - ▶ Increased risk for suicide

# Other Disorders

- ▶ Bipolar disorder: Manic highs and depressive lows
- ▶ Disruptive Mood Dysregulation Disorder: Chronic, severe irritability + temper outbursts and angry mood between outbursts
- ▶ Obsessive Compulsive Disorder (OCD): Recurrence of senseless, intrusive, anxiety-producing thoughts/impulses (obsession) which the child tries to ward off with a rigid, irrational behaviors (compulsion)
- ▶ Oppositional Defiant Disorder (ODD) & Conduct Disorder (CD): Disobedience that grossly violates accepted norms for children; core symptoms are inflexibility in ODD and physical aggression or cruelty in CD

# Finding Help & Mental Health Crisis Response

- ▶ Start with child's pediatrician
  - ▶ Some have counselors on staff
  - ▶ Most can refer to a preferred clinician
- ▶ Get appointment for your child with school counselor, therapist, or nurse
- ▶ Reach out to others who may have been in a similar situation for recommendations
- ▶ If there's a crisis (immediate concern for individual's or others' safety)
  - ▶ Go to hospital emergency room
  - ▶ Call 911 and request assistance from Crisis Intervention Trained (CIT) Officer

# Insurance

- ▶ Investigate coverage for mental health conditions in your insurance policy
- ▶ The good news is that Illinois is one of the leaders in mental health insurance parity: If your carrier offers behavioral health coverage, it cannot cover mental health conditions in a way different from physical conditions
  - ▶ Same deductibles and co-pays
  - ▶ Same lifetime \$\$ limits
  - ▶ Same number of allowable visits

# NAMI Programs

## Support



Must be 18+ to participate  
Also have LGBTQ+ Connection group

## Education



For parents of children up to about age 16-18



## Awareness



# Resources

- ▶ To find virtual support groups, local affiliates, and information on mental illness: [namiillinois.org](https://namiillinois.org)
- ▶ National Suicide Prevention Lifeline: 800-273-8255
- ▶ Transgender Suicide Hotline: 877-565-8860
- ▶ Groups for survivors of suicide: <https://afsp.org/find-a-support-group>
- ▶ For mental health support and/or substance abuse issue, through IL Dept. of Human Services: 866-359-7953
- ▶ The Trevor Project, for LGBTQ youth in crisis: 866-488-7386
- ▶ Substance Abuse and Mental Health Services Administration (SAMHSA) Helpline: 800-662-4537 or 800-958-5990
- ▶ To sign up for NAMI Basics on Demand: <https://nami.org/Support-Education/Mental-Health-Education/NAMI-Basics>

# Questions & Answers

Thank you to The Arc of Illinois for the opportunity to talk about mental health in our children today

Time for questions . . .