Local mental health experts

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Mental wellness in the classroom

In a class of 30 students in grade 10 in Whatcom County:

- 21 are dealing with anxiety*
- 11 are dealing with depression
- 6 have contemplated suicide
- 5 have made a suicide plan
- 2 have attempted suicide

*feeling nervous, anxious, or on edge in the past 2 weeks

Source: Healthy Youth Survey 2021
Depression & ethnicity

Percent of Whatcom County 10th grade students who report experiencing depressive feelings in the past year & ethnicity

Source: Healthy Youth Survey 2018

There is no update for this slide because they added more race options to the survey and they can’t correlate the data. Does this slide stay?
Suicide contemplation & sexual orientation

Percent of Whatcom County 8th grade students who report having seriously considered suicide in the past year & sexual orientation

Source: Healthy Youth Survey 2021
Where youth turn for help

If you feel sad or hopeless, to whom would you most likely turn for help (check all that apply)

- Friend/Peer: 57%
- Parent/Guardian: 47%
- Sibling or cousin: 35%
- Teacher, School Counselor, other adult in school: 12%
- I haven't felt sad or hopeless: 12%
- Counselor or therapist (not in school): 10%
- Other adult or mentor: 8%
- I don't have anyone I would talk to: 8%
- Religious/faith leader: 7%
- Coach: 6%

Source: WA COVID Student Survey 2021
Importance of:

connections  protective factors

engagement  positive childhood experience (PCE)

hope  hope science
Protective Factors:

PEERS
• Knowing right from wrong
• Interaction with healthy peers
• Social skills

FAMILY
• Have fun with parents
• Eat dinner together
• Family rules about drugs are clear
• Could ask parents for help with a personal problem
• Involvement in family decisions
• Opportunity for healthy family involvement

SCHOOL
• Participate in supervised after-school activities
• Have friends who participate in school clubs or activities
• Opportunities for students outside of class (sports, clubs, etc.)
• Opportunities for healthy school involvement

COMMUNITY
• Activity clubs available (YMCA, B&G Club)
• Service clubs available (scouts, camp, 4-H)
• Sports and Recreation
• Opportunities for healthy community involvement

Connection to one healthy adult can make the difference!
Importance of peer, family, school & community connections

Protective factors and depression rates: Whatcom County 10th grade 2018

Rates of depression are lower among 10th grade students where they report connections.
Importance of peer, family, school & community connections

Protective factors and contemplation of suicide: Whatcom County 10th grade 2018

Rates of contemplation of suicide are lower among 10th grade students where they report connections.
Positive childhood experiences

“Studies on positive childhood development and flourishing point out that the absence of negative health is not the same as positive health.”

- Were able to talk with their families about their feelings
- Felt that their families stood by them during difficult times
- Enjoyed participating in community traditions
- Felt a sense of belonging in high school
- Felt supported by friends
- Had at least two non-parent adults who took genuine interest in them
- Felt safe and protected by an adult in the home
Positive Childhood Experiences (PCE) reduce poor mental health

<table>
<thead>
<tr>
<th>PCE</th>
<th>Poor Mental Health Days (compared to those with 0-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-7</td>
<td>72% lower</td>
</tr>
<tr>
<td>3-5</td>
<td>50% lower</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCE</th>
<th>Report “always” getting the social/emotional support they need as adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-7</td>
<td>3.53 times greater</td>
</tr>
</tbody>
</table>

Among those with NO ACEs:

- Only one-third reported always getting the social emotional support they needed.
- This was half the rate as those with 6-7 PCEs.
HOPE

*Hope is the single best predictor of well-being.*

→ Hopeful people experience improved social, psychological, and physical well-being across the lifespan.

→ Hope is the belief that your future can be better than your past and you play a role in making it so.

→ Hope is measurable, teachable, and cultivable.
Impact of HOPE on depression

Percent of depression among 8th grade students by Hope Scale.

Percentage of depression declines as hope increases.

Source: Healthy Youth Survey 2021
Impact of HOPE on marijuana use

Percent of marijuana use among 10th grade students by Hope Scale.

Marijuana use declines as hope increases.

Source: Healthy Youth Survey 2021
Connection saves lives
Why we are here...

Youth suicide statistics

- In 2021, **21% of Whatcom County tenth graders** seriously considered killing themselves
- In 2021, **40% of Whatcom County tenth graders** reported being seriously depressed in the past 30 days
- **89% of youth** think it’s brave to seek help for mental health

Source: Healthy Youth Survey 2021
Who is most affected?

Percentage of WA State 10th graders that attempted suicide, disaggregated by demographics

Source: Healthy Youth Survey 2018
Three to four million Washingtonians will likely experience clinically significant behavioral health symptoms within the next several months.

Depression, anxiety, and acute stress will likely be the most common. Adolescents, teens, young adults, and older adults may need extra support.

Substance use related challenges are expected to continue.

Pandemic apathy will drive acting “out” and acting “in.”

Acting “out”: Pretending like the pandemic no longer applies, refusing to comply with regulations, trying to act in a ‘business as usual’ capacity.

Acting “in”: Giving up on things getting back to normal, hopelessness and withdrawal, many symptoms consistent with major depressive disorder or depression generally.

Self-regulation and co-regulation skills are part of resilience

These skills must be taught, practiced and accepted in a variety of settings (home, school, workplace, community).
Reactions & behavioral health symptoms in disasters
Trauma cascade potential

ACE

Previous adverse impacts

Primary COVID-19 impacts

Infections
Deaths
Isolation
Instability/change

Secondary COVID-19 impacts, + Floods

Economic
Political
Social
Educational

Source: Washington State Department of Health
Burnout, compassion fatigue, moral injury & exhaustion

**Burnout** is defined as exhaustion of body and mind when there is an unequal balance between the demands of the job and the coping resources available to an employee.

**Compassion fatigue** is the emotional and physical tiredness leading to a decreased ability to empathize or feel compassion for others. It is also described as secondary traumatic stress.

**Moral injury** is defined as strong feelings of guilt, shame, and anger about the frustration that comes from not being able to give the kind of care or service that an employee wants and expects to provide.

Source: Washington State Department of Health
Burnout, compassion fatigue, moral injury & exhaustion

Burnout and similar phenomena continue to increase over time.
- Compounded by other factors, such as mental health stigma, PPE access, and added work/effort.
- Burnout: Exhaustion of body and mind, unequal balance of demands and resources.
- Compassion fatigue: Emotional/physical tiredness, less ability to empathize.
- Moral injury: Strong feelings of guilt, shame, or anger due to not being able to provide the kind of care or service they want and expect to provide.

General fatigue, exhaustion, and feeling overwhelmed are common experiences.
- Sleep problems, diminished cognitive and high-level thinking, and increased impacts of existing behavioral health symptoms, such as depression, anxiety, or trauma.
- Community/Institutions should address wellness and resilience, make it a priority, and model it.
- Practicing self-care, building personal coping/resilience plans, and rest are key for individuals.

Source: Washington State Department of Health
Psychological distress—under age 18

All key indicators are up among those under 18

US Census data does not collect under 18 data, but the youngest cohort (18-29) are facing the highest rates of depression and anxiety, *usually 9-13% higher* than the next highest age group, and is reliably the 2nd indicator of who may be experiencing anxiety or depression.

Only poverty proved to be a more reliable indicator of key symptoms, with Race, family size, and even current unemployment all being less reliable indicators.

*Source: Washington State Department of Health*
Common responses to psychological distress

**Emotional Issues**
- Irritability
- Easily frustrated
- Angry
- Sensitive
- Tearfulness
- Hopelessness

**Physical Issues**
- Headaches
- Stomachaches
- Trouble Sleeping
- Snacking
- Muscle Tension

**Cognitive/Thinking Issues**
- Trouble concentrating
- Difficulty tracking details
- Trouble with organization
- Trouble focusing
- Memory issues

**Behavioral Issues**
- Aggression
- Substance Use
- Shutting Down
- Withdrawal
- Isolation
The good news

Typical long-term response to disasters is resilience, rather than disorder. Resilience is something that can be intentionally taught, practiced, and developed for people across all groups.

Resilience can be increased by:

- Focusing on developing social connections, big or small.
- Reorienting and developing a sense of purpose.
- Becoming adaptive and psychologically flexible.
- Learning Self-Regulation and Co-Regulation Skills
- Focusing on hope.
What can we do that doesn’t add **more** work?  
**MEDIC model for disaster recovery**

**Model**
Model resilience as a priority. Focus on purpose, connection, adaptability, and hope. Practicing resilience has a domino effect with others. They see you do it, and they do it too. Modeling resilience is one way to work smarter and not harder.

**Engage**
Engage in active listening with children, teens and parents. This increases connection and is very effective for both the speaker and the listener. Start with simple, open-ended questions.

**Develop**
Develop healthy boundaries around school, work and personal time. Time off is **not** for work (emails, calls, etc.). This is particularly important for those who keep demanding schedules. Youth need time off, too, regardless of when it takes place.

**Identify**
Identify small, workable pieces of a personal self-care plan. Who can you talk to? What activities can you do that give you a **true** break and allow some space? **Smaller** goals and timeframes. Music, TV, books, outdoors. What works for **you**?

**Change**
Change expectations and priorities about performance success. Shift your thinking from large to small scale. Try to let go of long-held, large-scale expectations, and adapt them for the current situation.
What to say, what to do & where to go for help

Connect:

Connect to yourself—your body is communicating 100% of the time. Know how you feel and show self-compassion. Rest. Sleep. Give yourself a break. Modeling self-compassion and self-regulation starts with you.

Reach out to the youth you love, ask how they are doing and then actively listen. Avoid advice unless they ask. Or ask, “Is there anything I can do to help?” Mainly, show up, care, and say, “I am here if you need me.”

Reach out to parents, child care-givers and educators in your life and circles. Provide emotional support. Listen, care, bridge and link to resources.

Learn:

Attend a QPR (Question, Persuade, Respond) 1-hour online class in suicide prevention.

Attend an 8-hour Youth Mental Health First Aid course.

Attend or watch a Trusted Adult Workshop hosted by the M.A.D. H.O.P.E. program to learn what youth need for you to be a “Trusted Adult.”

Learn self-regulation/co-regulation skills in a Power of Ease course or something similar.

Participate in a M.A.D. H.O.P.E. Youth Suicide and Well-Being class.

Find us at www.madhope.org
What to say, what to do & where to go for help

Learn:
Contact Northwest Youth Services to learn how to understand youth who experience life and identify as a member of the LGBTQ2IA+ Community.
Get to know the available resources in our community, region and nation to support the mental health of our young people.

Act:
Practice and model self-regulation/co-regulation daily.
Talk about mental well-being with others. Treat mental health as we do physical health. Let’s stop the stigma.
Be a “ Trusted Adult” for the youth in your life.
Bridge and Link: Tell others about available learning opportunities and resources. Be an informal youth mental health ambassador!
Volunteer with and Donate to local organizations providing youth mental health service.