



## Children's Mental Health Awareness

### What is Stigma?

**Stigma** has been defined as "the situation of the individual who is disqualified from full social acceptance".<sup>i</sup> Mental health experts suggest that it refers to the "negative effects of a label placed on any group including those who have been diagnosed as having mental health problems".<sup>ii</sup> Stigma can be seen as an attitude, located at the individual level, based on ignorance, prejudice and fear of a particular group. The Institute of Psychiatry initiative, Mental Health Care, states that stigma is best defined as three things: 1) Ignorance 2) Prejudice and 3) Discrimination.

Through Children's Mental Health Awareness, stakeholders are targeting ways to bring mental health out of the shadows, exposing stigma and shedding a positive light on mental wellness! When people have an understanding of the facts, they will be less likely to stigmatize mental illnesses and more likely to seek help for mental health problems.

### Across the United States today:

- Approximately one in every 4 or 5 youth in the U.S. will meet criteria for a mental disorder with severe impairment by the time they reach adulthood.<sup>iii,iv,v,vi</sup>
- An estimated 60% of U.S. children and adolescents with mental health problems do not receive mental health services.<sup>vii</sup>
- The first onset of mental disorders usually occurs in childhood or adolescence, although treatment typically does not occur until a number of years later.<sup>viii</sup>
- An estimated 1 in every 4 children experience a significant traumatic event by the age of 16 and 6% have experienced one in the last 6 months.<sup>ix</sup>
- Chronic exposure to severe stress can negatively affect children's brain development.<sup>x</sup>

### In Texas Alone:

- In 2010 154,724 Texas children ages 9-17 were estimated to experience severe emotional disturbance.<sup>xi</sup>
- Only 41.7% of Texas children received mental health care compared to a national average of 60%.<sup>xii</sup>
- Texas has 533 fewer mental health professionals than it needs to meet the recommended ratio of one mental health professional for every 10,000 people.<sup>xiii</sup>
- In 2009, 68% of counties in Texas were designated as Mental Health Profession Shortage Areas.<sup>xiv</sup>
- 45% of youth committed to state juvenile correctional facilities have a significant mental health need.<sup>xv</sup>
- 50% of middle and high school children with an emotional disturbance were expelled 10 or more times over a six-year period.<sup>xvi</sup>
- Suicide was the third leading cause of death in Texas young people aged 9-14, and second leading cause of death in those aged 15-19.<sup>xvii</sup>

*It is difficult to address stigma in isolation. Studies have shown that compared to education, direct contact with someone with a mental illness leads to significant changes in attitudes and behavior that are maintained until a month later. The attitude change is greatest when the contact is with a person who is living in the community with a job.*<sup>xviii</sup>

### Sources:

<sup>i</sup> Erving Goffman: <http://goffmanstigma.com/>

<sup>ii</sup> Hayward & Bright, 1997: <http://bjp.rcpsych.org/content/178/3/281.full>

<sup>iii</sup> Merikangas, K.R., He, J., Burstein, M., Swanson, S.A., Avenevoli, S., Cui, L., Benjet, C., ...Swendsen, J. (2010). Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A) J American Academy Child Adolescent Psychiatry. (10): 980-989. Published online 2010 July 31.

<sup>iv</sup> Brauner, CB, & Stephens CB. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: challenges and recommendations. Public Health Report, 121(3):303-310.

<sup>v</sup> Costello EJ, Egger H, & Angold A. (2005). 10-year research update review: the epidemiology of child and adolescent psychiatric disorders: I. Methods and public health burden. Journal of the American Academy Child Adolescent Psychiatry, 44(10), 972-986.

<sup>vi</sup> Merikangas, K.R., He, J.P., Brody, D., Fisher, P.W., Bourdon, K., & Koretz, D.S. 2010. Prevalence and treatment of mental disorders among US children in the 2001-2004 NHANES. Pediatrics, 125(1):75-81.

<sup>vii</sup> Howell, E. (2004). Access to children's behavioral health services under Medicaid and SCHIP (New Federalism: National Survey of America's Families Series B, No. B-60). Washington, DC: The Urban Institute. Retrieved from [http://www.urban.org/UploadedPDF/311053\\_B-60.pdf](http://www.urban.org/UploadedPDF/311053_B-60.pdf)

<sup>viii</sup> Kessler, R.C., Chiu, W.T., Demler, O, Merikangas K.R., & Walters E.E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 62(6):617-27.

<sup>ix</sup> Costello, E.J., Erkanli, A., Fairbank, J.A., & Angold, A. (2002). The prevalence of potentially traumatic events in childhood and adolescence. Journal of Traumatic Stress, 15 (2):99-112.

<sup>x</sup> Teicher, M. H., Andersen, S. L., & Polcari, A. (2002). Developmental neurobiology of childhood stress and trauma. Psychiatric Clinics of North America, 25, Special Issue: Recent advances in the study of biological alterations in post-traumatic stress disorder, 397-426.

<sup>xi</sup> Texas Department of State Health Services. FY 2012-2013 State Plan for Community Mental Health Services Block Grant Application.

<http://www.dshs.state.tx.us/mhsa/blockgrant/>

<sup>xii</sup> Kaiser Family Foundation (2007). Percent of Children (2-17) with Emotional, Developmental, or Behavioral Problems that Received Mental Health Care, 2007.

Retrieved from <http://www.statehealthfacts.org/comparetable.jsp>

<sup>xiii</sup> Health Resources and Services Administration Data Warehouse. Texas State Profile. <http://datawarehouse.hrsa.gov/>

<sup>xiv</sup> Hogg Foundation for Mental Health. (2011) Crisis Point: Mental Health Workforce Shortages in Texas.

[http://www.hogg.utexas.edu/uploads/documents/Mental\\_Health\\_Crisis\\_final\\_032111.pdf](http://www.hogg.utexas.edu/uploads/documents/Mental_Health_Crisis_final_032111.pdf)

<sup>xv</sup> Texas Juvenile Justice Department (December, 2011). Treatment Effectiveness Report FY2011. Retrieved from

<http://www.tjjd.texas.gov/Docs/Treatment%20EffectivenessFY2011.pdf>

<sup>xvi</sup> Fabelo, T., Thompson, M.D., Plotkin, M., Carmichael, D., Marchbanks, III, M.P. & Booth, E.A. (2011). Breaking Schools' Rules: A Statewide Study of How School Discipline Relates to Students' Success and Juvenile Justice Involvement (New York: Council of State Governments Justice Center.

<sup>xvii</sup> Centers for Disease Control and Prevention. Retrieved from <http://webappa.cdc.gov/cgi-bin/broker.exe>. March 4, 2013.

<sup>xviii</sup> Hogg Foundation for Mental Health (November, 2012). A guide to understanding mental health systems and services in Texas. Retrieved from <http://hoggblogdotcom.files.wordpress.com/2013/01/hoggmentalhealthguide.pdf>



# Understanding

## Suicide

Fact Sheet

2010

Suicide occurs when a person ends their life. It is the 11th leading cause of death among Americans. But suicide deaths are only part of the problem. More people survive suicide attempts than actually die. They are often seriously injured and need medical care.

Most people feel uncomfortable talking about suicide. Often, victims are blamed. Their friends, families, and communities are left devastated.



### Why is suicide a public health problem?

- More than 34,000 people kill themselves each year.<sup>1</sup>
- More than 376,000 people with self-inflicted injuries are treated in emergency rooms each year.<sup>1</sup>



### How does suicide affect health?

Suicide, by definition, is fatal. Those who attempt suicide and survive may have serious injuries like broken bones, brain damage, or organ failure. Also, people who survive often have depression and other mental health problems.

Suicide also affects the health of the community. Family and friends of people who commit suicide may feel shock, anger, guilt, and depression. The medical costs and lost wages associated with suicide also take their toll on the community.



### Who is at risk for suicide?

Suicide affects everyone, but some groups are at higher risk than others. Men are about 4 times more likely than women to die from suicide.<sup>1</sup> However, 3 times more women than men report attempting suicide.<sup>2</sup> In addition, suicide rates are high among middle aged and older adults.

Several factors can put a person at risk for attempting or committing suicide. But, having these risk factors does not always mean that suicide will occur.

Risk factors for suicide include:

- Previous suicide attempt(s)
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Physical illness
- Feeling alone

*Note:* These are only some risk factors. To learn more, go to [www.cdc.gov/injury/violenceprevention](http://www.cdc.gov/injury/violenceprevention).



[www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)





# Understanding Suicide



## How can we prevent suicide?

The goal is to stop suicide attempts.

- **Learn the warning signs of suicide.**

Warning signs can include changes in a person's mood, diet, or sleeping pattern. The American Association of Suicidology ([www.suicidology.org](http://www.suicidology.org)) has detailed information on what to look for and how to respond.

- **Get involved in community efforts.**

The National Strategy for Suicide Prevention lays out a plan for action. It guides the development of programs and seeks to bring about social change. For more information, go to [www.mentalhealth.samhsa.gov/suicideprevention/strategy.asp](http://www.mentalhealth.samhsa.gov/suicideprevention/strategy.asp).



## How does CDC approach suicide prevention?

CDC uses a 4-step approach to address public health problems like suicide.

### Step 1: Define the problem

Before we can prevent suicide, we need to know how big the problem is, where it is, and whom it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help decision makers send resources where needed most.

### Step 2: Identify risk and protective factors

It is not enough to know that suicide affects certain people in certain areas. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors.

### Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and tests strategies to prevent suicide.

### Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.

For a list of CDC activities, see *Preventing Suicide: Program Activities Guide* ([www.cdc.gov/violenceprevention/suicide/index.html](http://www.cdc.gov/violenceprevention/suicide/index.html)).



## Where can I learn more?

If you or someone you know is thinking about suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

### National Institute for Mental Health

[www.nimh.nih.gov](http://www.nimh.nih.gov)

### Substance Abuse and Mental Health Services Administration

[www.samhsa.gov](http://www.samhsa.gov)

### Suicide Prevention Resource Center

[www.sprc.org](http://www.sprc.org)

### Surgeon General's Call to Action to Prevent Suicide

[www.surgeongeneral.gov/library/calltoaction/default.htm](http://www.surgeongeneral.gov/library/calltoaction/default.htm)



## References

1. Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2010). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). [cited 2010 June 23]. Available from: URL: [www.cdc.gov/injury/wisqars/index.html](http://www.cdc.gov/injury/wisqars/index.html).
2. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. World report on violence and health [serial online]. 2004 May. [cited 2006 Aug 9]. Available from: URL: [www.who.int/violence\\_injury\\_prevention/violence/world\\_report/wrvh1/en](http://www.who.int/violence_injury_prevention/violence/world_report/wrvh1/en).

For more information, please contact:

Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

1-800-CDC-INFO • [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention) • [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)



## Resources for Teens

**Go Ask Alice!** (<http://www.goaskalice.columbia.edu>)

Is a web-based health question-and-answer service produced by Alice!, Columbia University's Health Education Program. Go Ask Alice! provides information to help young people make better decisions concerning their health and well-being. Go Ask Alice! answers questions about relationships, sexuality, emotional health, alcohol and other drugs, and other topics. The addresses of e-mails sent to Go Ask Alice! are electronically scrambled to preserve the senders' confidentiality. Questions are answered by a team of Columbia University health educators and information and research specialists from other health-related organizations. The Go Ask Alice! archive on emotional health also contains information on suicide and depression.

**Jason Foundation** (<http://www.jasonfoundation.com/>)

Is a nationally recognized leader in youth suicide awareness, education, and prevention. The Student section of the website (<http://www.jasonfoundation.com/student.html>) contains information on preventing suicide, suggestions for working in your school or community on suicide prevention projects, basic information about suicide and its warning signs, and other information useful for doing term papers on suicide and suicide prevention.

**National Institute of Mental Health** (<http://www.nimh.nih.gov/index.shtml>)

Is a Federal research agency. Its website features several publications for teens on suicide and depression, for example:

- Suicide: A major, preventable mental health problem (<http://www.nimh.nih.gov/health/publications/suicide-a-major-preventable-mental-health-problem-fact-sheet/suicide-a-major-preventable-mental-health-problem.shtml>)
- What to Do When a Friend Is Depressed-Guide for Students ([http://www.pueblo.gsa.gov/cic\\_text/health/friend-depressed/friend-depress.htm](http://www.pueblo.gsa.gov/cic_text/health/friend-depressed/friend-depress.htm))
- Depression and High School Students ([http://www.nimh.nih.gov/health/publications/depression-and-high-school-students.shtml](http://www.nimh.nih.gov/health/publications/depression-and-high-school-students/depression-and-high-school-students.shtml))

**Samaritans** (<http://www.samaritans.org>)

Is an organization based in the United Kingdom that offers 24-hour confidential emotional support to people who are experiencing feelings of distress or despair, including those feelings that may lead to suicide. The Samaritans operate a free and confidential e-mail service, which generally responds to your e-mail within 24 hours. You can send an e-mail to the Samaritans website to send a confidential e-mail that cannot be traced back to your address.

**Samariteens** (<http://www.samaritanshope.org/teen-helpline.html>)

Is a free, confidential, helpline staffed by teenage volunteers who are trained to be compassionate and supportive listeners. Samariteens provides peer support and understanding to those facing the challenges of adolescence. The help line can be reached, toll-free, at (800) 252-TEEN (800 252-8336).

**TeensHealth Answers & Advice** (<http://kidshealth.org/teen>)

Offers information for teens on physical and emotional health, food and fitness, and other issues. Information on suicide can be found at [http://www.kidshealth.org/teen/your\\_mind/mental\\_health/suicide.html](http://www.kidshealth.org/teen/your_mind/mental_health/suicide.html). TeensHealth is produced by the Nemours Foundation's Center for Children's Health Media.

**Trevor Project** (<http://www.thetrevorproject.org/>)

Was established to promote acceptance of gay, lesbian, bisexual, and questioning teens and to aid in suicide prevention among those youth. The Trevor Project website includes information about recognizing and responding to signs of suicide, and an e-mail advice feature. The Trevor Helpline, which can be reached at (866) 488-7386, is a 24-hour toll-free suicide hotline for gay, lesbian, bisexual, and questioning youth.

For national organizations and federal agencies with general resources on suicide prevention, go to <http://www.sprc.org/basics/national-organizations>.

# Suicide Warning Signs

Risk Factors  
Warning Signs  
Glossary  
Fact Sheets  
Organizations

The following signs may mean someone is at risk for suicide. The risk of suicide is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change. If you or someone you know exhibits any of these signs, seek help as soon as possible by calling the Lifeline at **1-800-273-TALK (8255)**.

- Talking about wanting to die or to kill themselves.
- Looking for a way to kill themselves, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.



# Suicide Risk Factors

- Risk Factors
- Warning Signs
- Glossary
- Fact Sheets
- Organizations

Risk factors are often confused with warning signs of suicide, and frequently suicide prevention materials mix the two into lists of “what to watch out for.” It is important to note, however, that factors identified as increasing risk are not factors that cause or predict a suicide attempt. Risk factors are characteristics that make it more likely that an individual will consider, attempt, or die by suicide. Protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide.

## Risk Factors for Suicide

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Previous suicide attempt
- Family history of suicide
- Job or financial loss
- Loss of relationship
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of health care, especially mental health and substance abuse treatment

- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)

### Protective Factors for Suicide

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and handling problems in a non-violent way
- Cultural and religious beliefs that discourage suicide and support self-preservation

# PREVENTING SUICIDE : Intervention strategies and Assistance.

Know the facts.

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What are the "Risk Factors"?

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The Warning signs

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Protective Factors

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How you can Assist?

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# PREVENTING SUICIDE : Intervention strategies and Assistance.

Coping skills for survivors

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Communication skills

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Accessing Help and/or Assistance. (Resources/Local Community/National help)

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