POINT SOURCE YOUTH ON BEHALF OF OCFS PRESENTS:

MENTAL HEALTH AND SUICIDE PREVENTION DISCUSSIONS FOR YOUTH

Executive Summary

Many of the youth we service are experiencing inequalities while navigating new milestones in preparation for adult roles involving education, employment, relationships, and homelessness. These transitions can lead to various mental health challenges that can be associated with increased risk for suicide. Currently, suicide is the second leading cause of death among youth age 15-24. This toolkit explores best practices and interventions to assess, engage and service young people currently experiencing mental health concerns and/or suicidal ideations.

Speakers

Jaime Hunn, LCSW, Therapist & Emotional Wellness Coordinator, *Pediatric Healthcare*

Jessica L. Cornelius, LMSW, Social Worker for the Adolescent and Youth Programs, *Montefiore*

Omarax Rosa, MSW, Case manager, *Jericho Project*

Amanda Leppert Gomes, Youth Action Board Member, Atlanta CoC; Program Services Coordinator, *Our House*

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The purpose of this resource is to provide information & guidance from experts in their field that is as updated and accurate as possible. It is not intended to give medical advice for individuals or organizations.

Content Warning

This training will provide an in-depth overview of suicide and mental health crises that may be triggering, traumatizing, or upsetting. Please review this tool in whatever ways best support your personal mental health and wellbeing.

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Five Best Practices When Working With Youth Experiencing Mental Health Diagnoses Or Crises

1. **Use Trauma-Informed Practices.** Utilizing a trauma-informed approach while working with youth experiencing mental health symptoms helps keep both youth clients and staff safe. To learn more about becoming trauma-informed explore SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

2. **"Put Your Oxygen Mask On First."** Responding to big emotions in others can bring out big emotions in ourselves. Before responding to the youth in crisis check in with yourself by asking — *How am I feeling?*, *What might this bring up for me?*, and "*Where am I feeling stress in my body?*" Accept your responses without judgment and use your coping skills to calm your energy. Modeling a calm and controlled demeanor is important for providers.

3. **Create a Safe Space.** These conversations should be facilitated when providers and youth have enough time to approach them carefully. For example, when not in crisis, initiating this conversation right before the young person is scheduled to go to work or school may cause increased anxiety and result in them leaving before you've had the opportunity to identify next steps.

   If the young person is in crisis then it is important that providers respond immediately and enter the conversation with the mindset that any schedules after will likely be delayed. When possible, taking the person into a quiet space, away from others, that makes them feel comfortable is ideal.

4. **Keep Communication Open.** By listening more than talking, we provide space for the youth to process their thoughts and feelings. Keeping communication open looks like using active listening skills (i.e. ask open-ended questions, summarize, reflect, clarify, give words of encouragement, and react).

5. **Use Your Resources.** Whether you find yourself in a position where confidentiality needs to be broken due to imminent risk or you need to maintain confidentiality — lean on your resources, such as harm reduction principles, trauma-informed care best practices, and more. Responding to emotional distress is overwhelming and can cause us to overlook or forget key resources — so allow people that are not as immersed in the situation to help you. What happens to one of us impacts the rest of us, therefore we need layers of support.

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How To Identify Possible Signs Of Distress

Notice the following:

- Person is giving away cherished personal belongings.
- Person is expressing feelings of hopelessness.
- Person experiencing low mood and chronic pain over an extended period of time.
- Person is no longer engaging in activities that once brought them joy.
- Person is being more isolative.
- Person displays a substantial change in personal appearance (i.e. decrease in hygiene practices, wearing long sleeves/pants in warm weather, lack of eye contact, etc.).

“When someone is coming to my office I always want to ask questions that express care and concern; ‘I see that you’re not feeling well,’ ‘I hear you’re sad, what’s going on?’ Trying to meet them at their **emotion first,** before we go into these harder logic pieces...[helps to make] a smooth transition into more difficult conversations.”

— Jessica Cornelius

FAQs

How does trauma connect to mental health and suicide? What are ways we can use trauma-informed care to address the mental health needs of youth?

Amanda Leppert Gomes, Youth Action Board Member, Atlanta CoC; Program Services Coordinator, *Our House*:

The Interrelation between trauma and mental health is usually a larger context for a lot of people especially if they have experienced sexual abuse, sexual violence, and domestic violence. The connections between trauma, mental health, and suicide are interrelated and compounding because there's a clustering of these traumas and mental health conditions that are interacting in multifaceted ways within an environment of complex interrelational traumas and dysfunction itself. So being trauma-informed and providing trauma-informed care means recognizing that with these complex layers of traumas and the various ways and coping methods that we have used to relate to these experiences and ultimately just survive - the individual journeys that each of us will go on for our healing and our journey will take years if not a lifetime.

Implementing trauma-informed care to meet the needs of the youth, means connecting youth with providers that are capable to meet them where they are and in their journey. It's a very strained process so we need people that have taken the time to learn about the different types of traumas that people experience and the taboos behind it; always responding with validation and compassion because youth often cannot find that elsewhere, not necessarily at the fault of family, friends or community but rather because this is a much bigger systemic context that's happening throughout society.

What engagement techniques can services providers use when engaging youth in conversations about mental health and suicide?

Omarax Rosa, MSW, Case manager, *Jericho Project*:

One of the main things is being transparent and communicating the limitations you have as a mandated reporter. **Being totally honest with young people helps to build trust; youth can tell when you're being upfront and honest so they begin to build relationships when they can decide what to share and what not to.** Acknowledge that speaking about mental health and suicide can be awkward and weird for youth to express and even hard and awkward for you as a provider. The way we get better is via supervision and taking training that strengthens those skills to normalize these conversations. Normalizing mental health works just like any other medical condition — for example, if someone has diabetes we normalize going to the doctor regularly and getting insulin. We must actively listen to young people, ask questions, and let them vent/allow space to be heard. A lot of our youth just want to be heard and be seen. Be direct with your questions, and ask: " do you have a plan", or "do you feel like hurting yourself". Don't be afraid to ask the tough questions. Be empathetic if they tell you something, believe it and be there. Know your limitations, you are human and these cases may be stressful or harmful for you so lean on supervision to share out and express outlooks. Use best practices such as motivational interviewing and engagement techniques.

How can we equip youth who are currently living in independent housing to maintain their mental health and/or prevent suicide ideations?

Amanda Leppert Gomes, Youth Action Board Member, Atlanta CoC; Program Services Coordinator, *Our House*:

Create true relationships with youth, so that the working dynamic is about understanding them and their needs. Ensure that the action plans identified at intake are being used thoughtfully throughout. Show that you are listening and that you care.

It's important to see young people as stakeholders and as valued colleagues in the working relationship. Create spaces for youth to show when they are struggling, without judgment. Provide the space for the youth to arrive wholly.

What are some best practices when working with youth who are resistant to medication or their mental health diagnosis? What are some techniques used to educate youth?

Jessica L. Cornelius, LMSW, Social Worker for the Adolescent and Youth Programs, *Montefiore*:

Cultural sensitivity is necessary. We work in this model that transparency is needed but we all bring our identities into the spaces we occupy. If a person doesn't want to take medication they have every right not to, and we must always acknowledge that. One thing we can always do is engage deeper and explore the "why" to promote better understanding. Ask questions like, "Can you tell me a little bit about what's going into this decision to not take the medication?" If you are working with a youth that is currently experiencing homelessness and is not able to be consistent with their medication and services, then this will likely negatively impact their health and cause further harm. It's best to learn more about the person, and be sure that they are on board with the course and that the course of action meets their current needs.

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"A lot of youth have expressed — 'I don't need this, I am not crazy' — and that's because there are so many stigmas out there. **Not having caregiving systems that are properly modeling the importance of our emotional wellness is also part of the disparity."**

— Jaime Hunn

Three Actions You Can Take Now

1

Post Images and Resources in Common Areas. This normalizes mental health while demonstrating to your clients that your team is comfortable responding to their needs. Post flyers and visuals that affirm safe and brave spaces, trauma-informed care, and any language that works to de-stigmatize mental health crises. It's important that young people feel comfortable and affirmed. Communal spaces should be decorated to be welcoming, educational and safe for youth.

2

Host or Highlight Suicide Prevention Trainings. Local organizations and state offices focused on public health tend to make suicide prevention trainings accessible for professionals as well as the public.

3

Get Comfortable with Tough Conversations. As long as we feel uncomfortable participating in tough conversations people are going to feel uncomfortable coming to us for tough conversations. We tend to avoid conversations and experiences that make us uncomfortable as a way of protecting ourselves; the sooner we realize that being uncomfortable is a part of life, the sooner we can participate in personal and communal healing.

"**Let's start these conversations at intake.** We start the conversation as mandated reporters and ask — 'Has there been a time when you felt low?' — normalizing that we all have had moments where things are hard and feel easier to just stop. What is not seen cannot be healed. And when they are not escalated we can ask — 'What are your warning signs? If I walk in the room, how would I know that you're not doing very well?' — It's so important for me to show up for you in those moments, this way at intake we are building relationships, and from the beginning, we are asking and we are collecting information so that we're not being reactive, [but] more proactive"

— Jaime Hunn

Do's And Don'ts: Policies, Practices And Engaging With Youth Clients

Do's

- Do directly ask someone if they have thoughts or feelings to hurt themselves or someone else using a compassionate and inquisitive tone.
- Do acknowledge and express gratitude for their willingness to share their thoughts, feelings, and experiences with you.

Don'ts

- Don't allow someone to be alone with potentially harmful objects when they are in an escalated state, expressed plan/ intent to harm themselves or someone else, or have a recent history of engaging in a suicide attempt, self-injurious behavior, or aggression. Harmful objects can include and are not limited to: pencils, scissors, medications, kitchen utensils, batteries, etc.

PRO-TIP:

It's important to let the person know when you are planning to intervene by calling an outside organization to respond (i.e. crisis line, caregiver, etc.) It's often helpful to model vulnerability in this moment by sharing (in an empathetic tone) that you are reaching out for help because their safety and well-being is more important to you than them being upset with you.

Developing Affirming, Safe, Brave Spaces And Removing Stigma For Youth Experiencing Mental Health Diagnoses And/Or Crises

Model

- Normalize all emotional experiences and model appropriate responses. If we act like everything is perfect and we're never upset, then young people will struggle to connect with us.

- Use your judgment to identify appropriate stressors and emotional responses to model for the youth around us.

- Strive to provide young people with meaningful opportunities to learn from us as providers in more ways than us lecturing them or providing corrective feedback.

Staff Training

- Evidence-based suicide assessment trainings:

    - QPR (Question. Persuade. Refer.) QPR Institute | Practical and Proven Suicide Prevention Training QPR Institute (en-US)

    - AMSR (Assessing and Managing Suicide Risk) AMSR | Solutions.edc.org

    - Additional Trainings: 2020.11.18 Suicide Care Training Options_0.pdf (edc.org)

Written Policies

- Create, teach, and review the expected procedure(s) for responding to crises situations.

    - Required Policies and Procedures in Suicide Prevention Program | The Joint Commission

Intake

Inquire about risk factors, including:

- Personal history of trauma: [Trauma Screening | The National Child Traumatic Stress Network (nctsn.org)]
- [Microsoft Word - ACES Assessment - rev 2014 (naadac.org)]
- Personal history of depression: [Beck's Depression Inventory (ismanet.org)]

Follow-Up Conversations

- If hospitalization occurs, try to be a part of the discharge process.
- Create a safety plan reflecting the experience — identify what was helpful and what felt unhelpful.
- Find opportunities to reinforce coping skills in future moments of distress — praise the young person's efforts in utilizing their coping skills.

Addressing Internal And External Stressors

- Identify a local mental health provider that you can partner with in order to build a relationship for continuity of care.
- Utilize a trauma-informed approach when supporting them through their stress response by calmly and empathetically helping them to differentiate between common life stressors (i.e. gossip, paperwork, traffic, etc.) and the intensified stressors they experience (i.e. discriminatory policies, lack of resources, hunger, etc.)

Evaluation & Feedback

Provide opportunities for feedback regarding:

- Feeling supported and assessing that the youth's safety was a priority in a crisis situation.
- The response to the crisis situation was timely.
- Appropriate resources and access to resources was provided.
- Opportunities to share what could have been done differently.

"We need to see youth as the primary stakeholder in their own mental health journey because they have valid concerns and **know themselves best**."

— Amanda Leppert Gomes

Ally To Advocate: How To Be A True Advocate, Tackle Your Adultism, Reduce Harm, And Implement Non-Punitive Practices

Level 1
Be okay with not having all of the answers or feeling in control at all times. Everyone is their own expert — we are simply there to support.

Level 2
Listen more than we speak. Every interaction is an opportunity to learn and grow when we slow our impulse to make assumptions.

Level 3
Offer choices as often as possible. Supporting a sense of independence and agency over their wellbeing sets them up for future success.

Level 4
Identify and promote resources that meet your youth where they're at in terms of accessibility and content.

Level 5
Anticipate emotional wellness needs early on and provide rapid responses. In instances of community trauma, global crises, changes to policies, holidays, etc. work to put emotional supports in place prior to or immediately following in order to decrease an escalation of emotional distress.

Staff Training: Sample Script(s) & Scenario Role Plays For Working With Young People Experiencing Mental Health Crises And/Or Suicidal Ideation

SUPPORT PERSON: "Hey, will you join me in the other room? I was hoping to check in with you."

[YOUTH CONSENTS]

> Engage in brief small talk (i.e. ask about their day) as you normally would as a means of maintaining your connection.

SUPPORT PERSON: "I wanted to really check in on you. Not just the 'hello, how are you? I'm fine' stuff, but how have you been doing lately? I know you've had a lot on your plate and I imagine if I were you I would be feeling pretty overwhelmed."

YOUTH: "It's been a lot, I'm not going to lie. I'm tired of dealing with everything and I just can't catch a break."

SUPPORT PERSON: Maintain eye contact, pause, and nod along. "It has been a lot, you're right."

> Youth ideally continues to open up and process their stressor

SUPPORT PERSON: "I'm wondering if you ever have thoughts of not wanting to be here anymore, like going to sleep and never waking up. Do you ever feel like that?"

YOUTH: "I mean yeah. It would be a lot easier."

SUPPORT PERSON: Maintain eye contact, pause, and nod along. "Yeah, not having to deal with all of this stress everyday would be easier. Do you ever think about ending your life? Like how or when you would do that?"

YOUTH: "Yeah, I mean I think about ending it by ______ . I considered doing it yesterday."

SUPPORT PERSON: "I appreciate you sharing that with me. What kept you from doing that yesterday?"

YOUTH: "Honestly, I'm not sure. If I feel like I did yesterday again, I'm afraid I might actually do it."

SUPPORT PERSON: Maintain eye contact, pause, and nod along. "It sounds like this stress has gotten to an unbearable level. I'm really glad that you felt comfortable telling me about this. You know, normally what we talk about stays between us. This time, I'm feeling like we need to reach out for more help because if you feel like you did yesterday again and you actually did something to hurt yourself, I just couldn't imagine- that would really hurt me. I'm going to reach out to _______ for support. What do you think?"

YOUTH: "I really don't want to talk to anyone about this. It's not that big of a deal."

SUPPORT PERSON: "It feels like a big deal to me and the stress and feelings you're having are worth talking about. I know it's uncomfortable and the feelings you're having feel pretty uncomfortable too. Would you like to sit with me while I make this call or would you prefer I have _______ come sit with you while I make the call in the other room?"

YOUTH: "I'll sit with you."

SUPPORT PERSON: Engage the youth in participating in as much of the conversation as they're comfortable with and is appropriate. Provide honest and empathetic responses to the person on the other side of the call while assessing the client's body language. While waiting for the next phase of intervention, engage the youth in something that calms their anxiety (i.e. listen to their favorite song, eat a snack, talk to their other support people, etc.).

Additional Resources

- Preventing Suicide: A Technical Package of Policy, Programs, and Practices (cdc.gov)
- Tips for Communicating with Kids and Teens
- Supporting someone in a crisis | Depression Center | Michigan Medicine
- Protective Factors (Worksheet) | Therapist Aid
- NY state office of Mental Health: https://omh.ny.gov/
- Mental Health Services and Resources: https://davesmithcentre.org/apply-menu-header/entrance-criteria/

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