

# Mental Health Matters

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**Love and protect yourself:** You have only **two jobs** to do in order to become a secure, stable person who can function independently in the adult world. (Everything else is commentary.)



**Love Yourself:** Your first task is to learn to **understand, accept, and value** yourself for who you are—what you can change and what you can't, what you want to be and what you don't.



**Protect Yourself:** Your next task is to develop the **knowledge, skills, and motivation** to take good care of your health, your safety, and your future.

**"Asking for help is ALWAYS a sign of strength"**

## What you need to know...

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### Stress

- Making Sense of Stress
- Stress Relief
- Sleep Tips

### Treatment

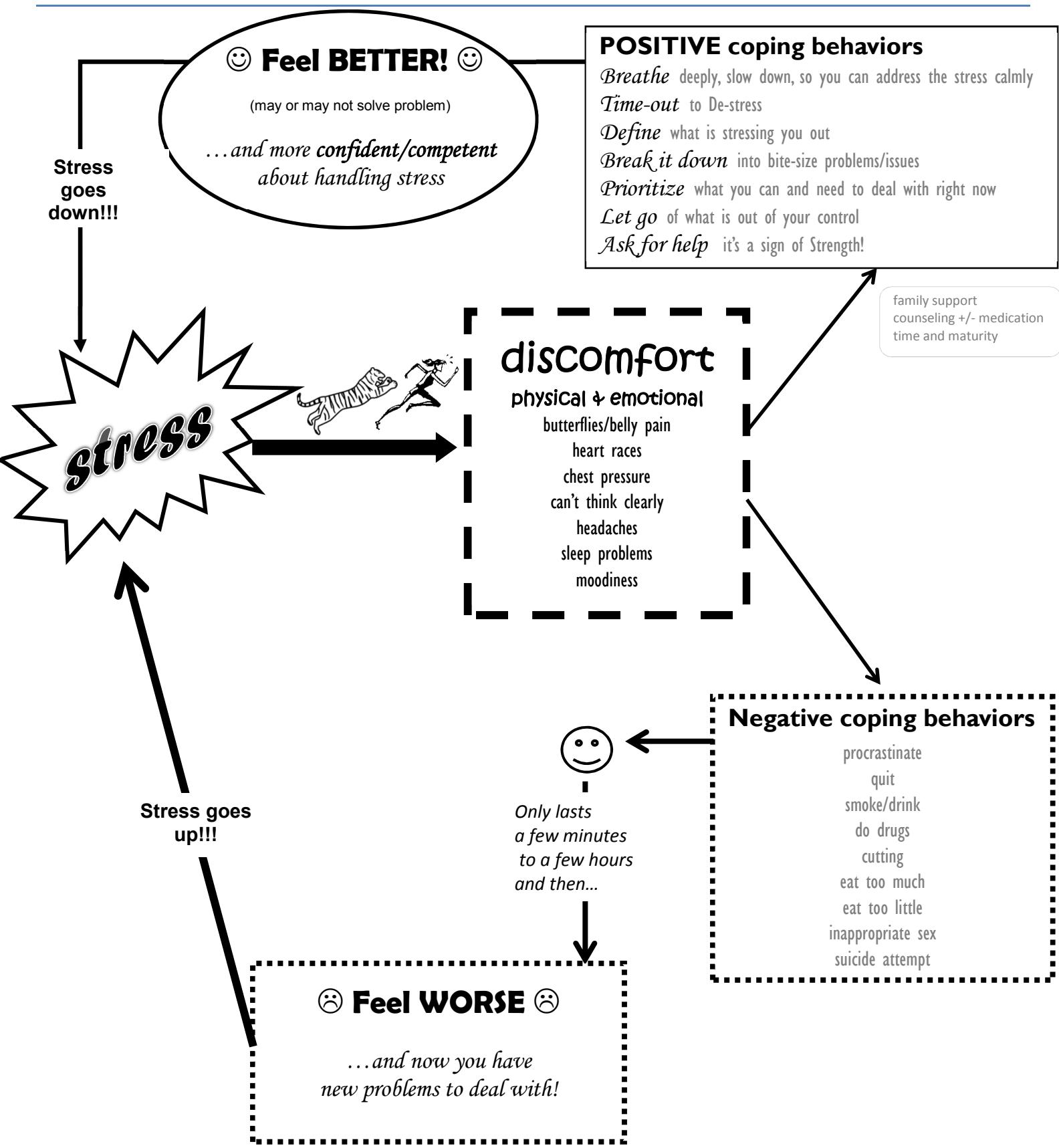
- Maximizing Your Mental Health
- About Medications
- Medications Involve Chemistry

### Suicidality

- Suicidality in Adolescents and the Black Box Warning
- Suicide Prevention Plan

### Our Favorite Websites and Books

# Making Sense of Stress



# Stress Relief

**You can prevent stress overload through healthy exercise, eating and sleep**

## Exercise



Facing stress can be like facing a tiger in the jungle. "Fight back at your tiger" by walking, dancing, jogging, doing yoga, playing basketball, jumping on the trampoline, jumping rope, etc. every day. Make it fun, so you will look forward to it. Be active with a group or by yourself.

## Eat Well, Live Well

Feeding your body regularly with nutritious foods **will** make a difference. Stay hydrated. Be aware of how much you eat when stressed out. Try not to eat too much or too little. Avoid sugar overload, caffeine, nicotine, alcohol and drugs.

## Sleep



Sleep is critical. If you are having problems falling asleep refer to the Sleep Tips Handout. There are lots of helpful hints there. Let your doctor know if you continue to have problems falling or staying asleep.

## *Sometimes all you need is a little stress relief*

### Just Breathe



Remember to breathe (blow your bubbles) when you feel your moods worsen. You can trick your body into calming down with a few slow, deep breaths. This really does slow your heart rate and allows you to think more clearly.



### Playtime

Spend time with people who are good for you, doing activities that are fun for you.

### Express Yourself



Get creative; express yourself through art, cooking, crafting, and music. Write in a journal.



### Go on an Instant Vacation

Read! Listen to music! It's an instant vacation taking you somewhere else.

### Relax

Find a quiet place and get comfortable. Close your eyes, relax your entire body. Imagine a place where you feel safe and relaxed. Use all your senses to imagine what you would see, smell, hear and feel in this wondrous place. Relax, breathe slowly and deeply and imagine your body melting the stress away.

## Ask for help

Talk to someone you trust about how you feel. Find a trusted adult – parent, teacher, counselor, therapist, doctor. Call the National Suicide Prevention Hotline 800-273-TALK (8255). Never blog, text, facebook, or tweet it.

# Sleep Tips

*Getting enough sleep is one of the most important things a teenager can do for their physical and emotional well-being. Teens have an increased need for sleep due to hormonal changes: most need at least 9 hours of sleep every night.*

Teens who do not get enough rest may:

- Have trouble concentrating on schoolwork
- Be irritable or crabby
- Feel overwhelmed, sad, or run down
- Lack energy needed to complete activities or participate in sports
- Be more vulnerable to illness
- **Drowsy driving is as dangerous as drunk driving!**



## Create a bedtime ritual

Doing the same calming activities every night helps signal your body that it's time to go to bed.

- Take a warm shower or bath with Epsom salts
- Read a book, listen to soothing music
- Drink herbal tea (chamomile, sleepytime, yogi bedtime)
- Take melatonin (check with your doctor first).

## Stick to a sleep schedule

Try to go to bed and wake up around the same time every day, including weekends. This can be challenging because hormonal changes cause teens' biological waking rhythms to be pushed forward, so they may naturally want to go to bed later at night and wake up later in the morning.

## Make your bed for sleeping only

Do not use ANY electronics in your bed. If you have been lying in bed and can't sleep after 15 minutes, get out of bed and do something non-stimulating in another room, like reading a book. Then try to get in bed again when you are feeling drowsy.

## Create a comfortable sleep space

Keep your room cool, quiet, and dark. Turn off all your electronics. Turn your clock around so you aren't staring at it all night. Keep your feet warm. In the morning, expose yourself to bright sunlight to help wake up.

## Barriers to a good night of sleep

- Light from computer/tv/phone screens tells your body to stay awake by stimulating your brain; be sure to **turn them off 1-2 hours before bedtime.**
- Avoid caffeine (coffee, soda, tea) after noon.
- Nicotine, alcohol and decongestants such as sudaphedrine also interfere with sleep.

## Manage your stress

Write in a journal what you are thinking about, or make a list, so you can deal with it in the morning. Refer to the Stress Busters handout. Talk to your family and friends about your stress. If your stress is severe, talk to your doctor about it.

## Exercise daily

Exercise makes it easier to fall asleep at night as long as you don't do any strenuous exercise within 3 hours of your bed time. Try taking a long, relaxing walk with your dog or parking farther away in the parking lot.

# Maximizing Your Mental Health

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## Prioritize Basic Self-Care: Eat Well, Sleep Well and Exercise

Protecting yourself with healthy eating, exercise, sleep and stress management behaviors is critical to maintaining good mental health. If appropriate your doctor may also recommend counseling and/or medication.

## Pills Don't Build Skills

Medications are not "happy pills." Medication can help ease the cloud of depression, anxiety or obsessive-compulsive thoughts. Medication can help you feel less overwhelmed and enable you to think clearly or respond appropriately in a difficult time or situation.

However, it is YOUR job to develop coping skills and behaviors to manage your life in a healthier way, not the job of the medication. But it can be *easier* to do with medicine on board.

## Counseling/Psychotherapy

Studies show that the combination of therapy and medication offer the best outcome in the treatment of adolescent mood disorders compared to either alone. Counseling works to build coping skills to help you deal with stress and gain self-insight.

Therapists are a critical part of treatment and may be LCSW, LPC, or PhD level providers. Depending on a person's age and development, counseling may include Cognitive Behavioral Therapy (CBT), Play/Art Therapy, Family Therapy, Dialectical Behavioral Therapy or other approaches. We can recommend a therapist for you or refer you to your insurance provider. But most importantly, find a counselor that you are comfortable with.

Depending on a person's age and stage of development, neuropsychiatric testing may be recommended and/or the involvement of a psychiatrist may be required.

### Medical Record Release

If your doctor has recommended that your treatment team include other professionals, please arrange with one of the resources given to you as soon as possible. Please be sure to let GTW know with whom you have scheduled an appointment and sign a record release so we may confer with this provider as needed.

## Your Action Plan

1. Build positive coping skills (Stress Relief)
2. Take medication consistently
3. Participate actively in counseling
4. Maintain relationships (the friends and family plan)

**Talk to someone, especially a trusted adult.**

National Suicide Prevention Lifeline      800-273-TALK (8255)

# About Medications

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## How do they work?

Medications used to treat depression, anxiety and other mental health conditions help balance the chemicals in the brain. Most medications take 3-4 weeks to build up in the body and become effective. The dose may be slowly increased by your physician. They must be taken daily.

Some medications are used to reduce panic/anxiety attacks in the acute phase. These have a quicker onset and shorter length of effect. They are for short-term, situation-specific use only. Take only as prescribed.

## How will they help me?

The goal of the medications is to improved mood, concentration, appetite, sleeping, activity level, energy, and self-esteem. Improvements will help increase the effectiveness of counseling.

## Will taking medication change who I am?

Medication will help you get back to the way you were before you became depressed or anxious, so you will feel like yourself again. Taking medication is really no different than wearing glasses when needed to see clearly – its only a tool to help you.

However, if the medication makes you feel like a different person, then it may not be the right medicine for you. Please let your doctor know right away if you have this concern.

## How long will I need to take medication?

Some people need medications temporarily to help them manage difficult times in their lives while they build better coping skills and become more mature or experienced in handling conflicts and problems. Some people truly have innate (inborn) or genetic biologic tendencies towards depression, anxiety, OCD, etc and may find that they need to (or prefer to) stay on medication on a regular basis. Generally we recommend reevaluation after 6 months (most people stay on medication from 6 months to 2 years).

## What are the possible side effects?

**Sleep.** Usually patients do not notice any negative impact on sleep, and in fact as their mood improves, their sleep patterns improve. If you begin by taking it at bedtime and you have difficulty falling asleep, take it in the morning. Some patients report feeling sleepy if they take their medication in the morning; if this happens to you take it before bedtime.

**Other common side effects.** Some common side effects include upset stomach, headaches, irritability, dry mouth, or blurry vision. These side effects are usually very mild and tend to disappear as you continue to take the medication or as the dose is changed. **If the symptoms persist, let your doctor know. A change in medication may be needed.**

**Depression and Suicide Risk:** “Black Box Warning”. Anyone with significant mental health concerns (especially severe depression) may be at risk for having thoughts about death and dying. Very few will go on to make attempts to end their lives. Because of studies showing transient increases in suicidal thoughts in young people being treated with certain medications such as SSRIs, the FDA has issued a Black Box Warning advising patients and their physicians to be more attentive to thoughts of suicide. (see page on Black Box Warning).

However, many studies document that over time most young people with severe depression do better on medication than without it. It is critical to let someone know (e.g. parent, therapist, physician) if you (or your child) is getting WORSE instead of better on medication.

# Medications involve Chemistry

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## Your Medication

You must take your medication consistently, as prescribed for it to work.

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Take daily:  morning  evening  bedtime  
 Take only as needed

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Take daily:  morning  evening  bedtime  
 Take only as needed

## Medication Adjustments

**It is NEVER a good idea to adjust or stop taking your medication without discussing this with your doctor.**

Medication doses often need to be slowly titrated (increased) to determine the lowest yet most effective dose for each patient. With each change in dose we must monitor the patient closely. These medications should not be stopped abruptly. The dose needs to be slowly reduced so that you don't suffer physical and emotional side effects.

The job of your medicine is to work FOR YOU. If you feel numb, "out of it", "different", "dulled out" or "off", it may be that you just need to give the medicine some time to settle out. If these symptoms persist, the medication may need to be adjusted or altered. If you have any concerns about side effects or that the medication isn't working, let your doctor know so we can work together to make adjustments or changes. We can't help you if we don't know how you are feeling.

## Consistency and Responsibility

- It is your responsibility to take the right dosage of your medication at the right time.
- NEVER use alcohol or drugs while taking medication. Your medication can make the effects of alcohol and drugs stronger and more dangerous.
- Don't share your medication with anyone else. It can be harmful and *it is illegal*.

## Follow-Up Appointments

Expect to schedule appointments every 2-4 weeks until there is consistent improvement in mood and function. Once you are doing well and the medication dose is stable, appointments are still needed every 1-3 months for monitoring effectiveness, progress and continued treatment planning. Any change to this expectation would be at your doctor's discretion.

## Refill Requests

Refill requests require at least 2 business days to complete and can be made by phone (972-733-6565) or through the online Secure Patient Portal ([gtw-health.com](http://gtw-health.com)).

## Suicidality in Adolescents and the Black Box Warning

(Adapted from the APA / AACAP's PhysiciansMedGuide)

**Suicidality in Adolescents:** Suicidal ideation and suicide attempts are common in adolescence and do not have the same prognostic significance for completed suicide as those behaviors in later life. Quoting data from the Youth Risk Behavior Study, the federal Centers for Disease Prevention and Control (CDC), reports that 17% of adolescents think about suicide in a given year<sup>1</sup>. Among high school students, 12% of girls and 5% of boys attempt suicide in a given year. Ultimately, 2 per 100,000 girls and 12 per 100,000 boys die as a result of such attempts — a ratio of attempts to completed suicides is 6,000 to 1 among girls and 400 to 1 among boys. In the U.S., this translates into approximately 2000 young people who die each year as a result of suicide. Fortunately, however, the overall rate of suicide in the 10-19 year age range has declined by 25% over the past decade. Since this decade has been associated with a dramatic increase in the prescription rates of the newer SSRI antidepressants, a recent study has demonstrated that a 1% increase in prescription of antidepressant medication was associated with a 0.23 per 100,000 decrease in adolescent suicides.<sup>2</sup>

**The Black Box Warning:** In 2004, the FDA reviewed detailed reports of 24 clinical trials involving more than 4,400 children and adolescents who had been prescribed any of nine antidepressants for treatment of major depression, anxiety, or obsessive-compulsive disorder<sup>3</sup>. **No suicides occurred in any of these trials.** The FDA concluded that more of the children and teens who were receiving an antidepressant medication *spontaneously* reported that they thought about suicide or made a suicide attempt than did those who received a placebo. The FDA's analysis showed that about 2 out of 100 children not taking medication would *spontaneously* report suicidal thoughts and/or behaviors, compared to 4 out of 100 who were taking medication. These rates need to be understood in the context of findings from community samples cited previously in which as many as half or more of teenagers with major depression are thinking about suicide at the time of diagnosis and some 16% to 35% have made a previous suicide attempt. Although only nine medications were re-examined in the analysis, the FDA applied the labeling changes to all antidepressant medications. This was done on the basis of the advisory committee's concern that applying the warning only to the newer antidepressants reviewed would give doctors and patients the false impression that older antidepressants such as TCAs had a more favorable risk-benefit ratio. Since the FDA warning, the rate of prescription of antidepressants in youth in both the US and Canada has decreased substantially. In parallel, there has been an increase in completed suicides in youth. Although a causal link cannot be established, many experts argue that this is evidence that antidepressants are effective in preventing suicide in youth.

<sup>1</sup> Available at [www.cdc.gov/HealthyYouth/YRBS/pdfs/trends-suicide.pdf](http://www.cdc.gov/HealthyYouth/YRBS/pdfs/trends-suicide.pdf). Accessed 12/29/2004

<sup>2</sup> Olfson M, Shaffer D, Marcus SC, Greenberg T. (2003). Relationship between antidepressant medication treatment and suicide in adolescents. *Arch Gen Psychiatry* 60:978-982.

<sup>3</sup> T.A. Hammad. Results of the Analysis of Suicidality in Pediatric Trials of Newer Antidepressants. Presentation at the FDA Center for Drug Evaluation and Research (CDER), Bethesda, MD. September 13, 2004. Available at: [www.fda.gov/ohrms/dockets/ac/cder04.html#PsychopharmacologicalDrugs](http://www.fda.gov/ohrms/dockets/ac/cder04.html#PsychopharmacologicalDrugs). Accessed January 5, 2005.

# Suicide Prevention Plan

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*Monitor mood, thoughts and behaviors and have an “Prevention Plan” in place. Call 911 or take patient to an Emergency Room if you have any concern about safety.*

## Make your home safe

In adolescents (10-19), the most common method of suicide is by firearm, followed closely by suffocation (mostly hanging) and poisoning.

- All guns and other weapons should be removed from the house, or at least locked away in a gun safe. Ammunition should be stored separate from the firearms.
- Ropes, cords and even belts along with kitchen knives and common household poisons can all become lethal weapons. Be aware and remove any concerning items.
- Parent’s medicine cabinets are the most common source of abused medications. All medications should be locked up. Even Tylenol, if taken in large quantities, can be lethal. Only small doses of any prescription or over-the-counter medication should be accessible by your adolescent.
- The same goes for alcohol. Lock it up!

## Asking about suicidal thoughts does not cause suicide

Providers and parents should ask about thoughts of suicide. Suicidal thoughts are symptoms of severe underlying emotional pain and hopelessness. Check in regularly with your child to determine if intervention is needed.

## Watch for suicidal behavior

- talking about suicide and death in general
- talking about wanting to hurt themselves, die or kill themselves
- talking about feelings hopeless, trapped or having no reason to live
- talking about being a burden to others
- withdrawing or isolating themselves from friends, family and/or favorite activities
- looking for a way to kill themselves including searching online or buying a gun
- drawing morbid or death-related pictures
- showing excessive interest in games, tv, websites, books, music, etc. with a death-related theme
- giving away possessions
- sleeping too little or too much
- showing rage or talking about seeking revenge
- Increasing use of alcohol and drugs

## Support Team: Friends, Family and Others who care

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Resources** If my feelings intensify and I believe I will hurt myself or someone else, I will:

- Call Suicide Hotline 1-800-273-8255 (TALK)
- Call the local police: 911
- Go to the nearest hospital emergency room

# Our Favorite Websites for Mental Health Issues

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(Find more resources on [www.GTW-Health.com](http://www.GTW-Health.com))

**GrantHalliburton.org** Information about recognizing and seeking help for mental illness for young people and their families. Local resource for support groups and parent information.

**ParentsMedGuide.org** These guides are designed to help patients, families, and physicians make informed decisions about obtaining and administering the most appropriate care for a child with mental health issues.

**YoungWomensHealth.org** For ages 12 and above on nutrition, physical health, emotions, gynecology and sexuality from Children's Hospital Boston.

**GirlsHealth.gov** For girls ages 10-16 on topics such as puberty, and bullying.

**KidsHealth.org** For parents, kids, and teens on physical, emotional and behavioral health issues.

**HealthyChildren.org** Information on the physical, mental, and social health and well-being of infants, children, adolescents, and young adults sponsored by the American Academy of Pediatrics.

## Our Favorite Books for Mental Health Issues

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*These books & more are available for sale at our office*

***The Shyness and Social Anxiety Workbook by Martin Anthony PhD and Richard Swinson MD***  
Skills training book to overcome shyness and social anxiety

***The Anti-Anxiety Workbook by Martin Antony PhD and Peter Norton, PhD***  
Skill building for general anxiety

***The Cognitive Behavioral Workbook for Depression by William Knaus EdD and Albert Ellis, Phd***  
Specific skills to overcome your depression

***The Feeling Good Workbook by David Burns***  
Specific skills to build self-esteem

***"I'm not mad, I just hate you!" by Cohen-Sandler and Silver***  
How to manage and understand your conflicted relationship with your daughter

***The Explosive child by Ross W. Greene***  
Understanding and parenting easily frustrated, inflexible children.

***When things get CRAZY with your Teen by Michael Bradley***  
For Parents: What to do when you don't know what to do

## Emergency Resources

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National Suicide Prevention Lifeline      **800-273-TALK (8255)**  
Runaway Hotline                              **888-580-HELP (4357)**



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