

Supporting Marin County Youth Suffering from Anxiety and Depression

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Introduction

According to the Mill Valley Herald, of the 56 deaths by suicide in Marin County during 2017, four were ages 13-19. Specifically, one was 17, two were 18, and one was 19. The reality is that many students diagnosed and undiagnosed with mental illness complete suicide each year, having a profound effect on the communities in which the tragedies happen. Even more students go on to contemplate or complete suicide as they transition into college because they are not given appropriate resources to cope while in high school. A research study by Surgenor, Quinn, and Hughes (2016) evaluated and recommended ten effective strategies for developing school-based, adolescent, suicide prevention programs. The recommendations include longer-term strategies, awareness of contextual factors, clearly defined learning outcomes, implementing a preparatory phase, a flexible design and delivery, use of external, expert facilitators instead of staff, targeting a broader range of factors to develop skills and awareness, resisting the urge to over-emphasize risk factors, varied, interactive, and engaging delivery, and reevaluating programs regularly. It is crucial for Marin County to implement appropriate suicide prevention tools and resources to combat the growing rate of teen suicides.

Statement of Purpose

This toolkit was created to help shed light on the impact a stressful high school environment can have on today's youth, and provide teachers, students, and parents with up-to-date information on what resources are available within the county of Marin. In general, school systems in the United States are not currently structured to ensure students can function at their maximum potential, and their academics, health, and relationships are deteriorating as a result. More importantly, suicide is becoming more prevalent in high schools within the United States, which means prevention programs need to be reevaluated or implemented to help Marin youth cope with academic and social stress.

Conclusion

The Marin County community needs to have crucial conversations with youth about important topics like anxiety, depression, and suicide. Researchers are learning that coming together to talk about these sensitive issues is *helping*. By shedding light on the warning signs and symptoms of mental illness, our culture is giving others the opportunity to ask questions and speak out about an often misunderstood topic. If our community continues to tackle treatment and recovery on an individual level, those suffering from anxiety and depression within Marin County will continue to feel isolated and alone.

If our community cannot change the pain that youth are experiencing as a result of their stressful academic and social environments, let us change the way we are supporting them. The goal of this project is to inform Marin County teachers and parents about the many resources available for youth struggling with anxiety and depression, and to offer a variety of tools that can help them reach out in a meaningful, supportive way.

Literature Review

Risk Factors of Adolescent Suicide

- If mothers verbalize hostility and fathers embody anger after the child attempts suicide, there is a higher risk of suicide reattempt (Greene-Palmer, Wagner, Neely, Cox, Kochanski, Perera, & Ghahramanlou- Holloway, 2015).
- Parent support appears to moderate depression and disordered eating, however low levels of parent support proved to be a significant risk factor for suicidal ideation. Peer support was found to moderate depression and disordered eating (Brausch & Decker, 2014).
- Depressive disorder, behavioral disorder, anxiety disorder, exposure to self-harm in others, friend/family self-harm, and smoking were found to be the strongest risk factors that differentiated between individuals who have thought of suicide and who have attempted suicide (Mars, Heron, Klonsky, Moran, O'Connor, Tilling, Wilkinson, & Gunnell, 2018).

Treatment and Prevention

- *Seeking help for self barriers*: Distrust of school resources, not believing school counselors and teachers could help, not knowing what to say to parents, counselors, and teachers, and believing they could handle their problems on their own. *Seeking help for others barriers*: Worry that they would make the wrong judgement about their friend, difficulty in approaching an adult at school to talk about their friend's problems, fear of friend being hospitalized, concern that their friend would be angry with them, and belief that their friend does not mean it when he/she talks about suicide (Cigularov, Chen, Thurber, & Stallones, 2008).
- More students correctly identify when a person is experiencing depression than social anxiety. Out of 1,104 high school students, Less than half of the participants correctly labeled depression, and only 1% correctly labeled social anxiety. Being able to successfully identify mental health issues can influence treatment/help seeking behaviors (Coles, Ravid, Gibb, George-Denn, Bronstein, & McLeod, 2016).

Sleep and Stress in Adolescents

- When high school start time is delayed to 10 a.m., absences related to illness were reduced by 50% compared to national rates. When returned to an 8:50 a.m., the absences increased by 30%. Academic performance improved significantly in the 10:00 a.m. starters seen by the 12 percentage-point gain in their exam scores and school value, amounting to 20% of the national benchmark (Kelley, Lockley, Kelley, & Evans, 2017).
- The results of the survey indicated that negative effects of behavior and health typically emerge when students report fewer hours of sleep at night. Risky/harmful behavior (drunk driving, weapon carrying, fighting, contemplating suicide, smoking, alcohol use, binge drinking, marijuana use, sexual risk-taking, texting while driving) scores were considerably higher when students received less than five hours of sleep. 17% of high school students report getting less than six hours of sleep at night (Meldrum & Restivo, 2014).
- Social support from mothers, fathers, friends, and class supervisors contributes positively to adolescent sleep quality and duration (Van Schalkwijk, Blessinga, Willemen, Werf, & Schuengel, 2015).

Methodology

Resource Consolidation

- Extensively researching Marin County treatment options to develop a thorough list of resources and prevention programs related to youth support for anxiety and depression.

Community Outreach

- Meeting weekly with the Executive Director of NAMI Marin, Kelli Finley to bring our mission of, "improving the lives of individuals and families living with mental illness, through advocacy, education, and support," to life.
- Meeting with the NAMI Marin Care Team to discuss roadblocks and hardships in working the crisis line, and what information they need in order to successfully intervene when a family member or individual is struggling with navigating the mental health system.

Data Collection/Implementing Program Knowledge

- Creating a tool-kit for Marin County teachers and parents based on clinical knowledge developed throughout the Dominican Counseling Psychology program and academic research from counseling professionals and researchers.

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