In An Age of Violence: Helping Children and Families Cope

Presented by: Mental Health Association of Palm Beach County

Thursday April 20 1:00pm-5:40pm, Friday April 21 8:00am-4:30pm
Welcome Back
In An Age of Violence:
HELPING CHILDREN & FAMILIES COPE

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#MHAPBC17
Intervening for Children #B4Stage4
Paul Gionfriddo
Acting B4Stage4: Changing the Way We Think about Behavioral Health

Paul Gionfriddo
President and CEO
Mental Health America

In An Age of Violence:
4/21/17
There’s a Lot We Didn’t Know a Half Century Ago…

We needed to:

• Focus on early intervention.
• Eliminate the revolving door, not create a new one.
• Understand that this was a public health, not a public safety, problem.
We’re losing too many of our children.
We’re Trapped in Stage 4 Thinking

- Mental Health Conditions...
- ...are the only chronic conditions...
- ...that as a matter of public policy...
- ...we wait until **Stage 4** to treat, and then often only through incarceration.
Mental Health America #B4Stage4

- Recovery
- Prevention
- Integrated Services and Care
- Early Identification and Intervention
Why #B4Stage 4?

Stages of Mental Health Conditions

Stage 1
Mild symptoms and warning signs

Stage 2
Symptoms increase in frequency and severity and interfere with life activities and roles

Stage 3
Symptoms worsen with relapsing and recurring episodes accompanied by serious disruption in life activities and roles

Stage 4
Symptoms are persistent and severe and have jeopardized one's life
2,250,000

www.mhascreening.org
www.mhascreening.org

Results, 2016
N=1,036,621

Positive: 72%
Negative: 28%
## Youth Screening

### Attention Problems
- Have trouble concentrating
  - Never: 8%
  - Sometimes: 43%
  - Often: 49%
- Distract easily
  - Never: 9%
  - Sometimes: 38%
  - Often: 53%
- Daydream too much
  - Never: 13%
  - Sometimes: 35%
  - Often: 52%
- Act as if driven by motor
  - Never: 36%
  - Sometimes: 46%
  - Often: 18%
- Fidgety, unable to sit still
  - Never: 17%
  - Sometimes: 48%
  - Often: 35%
- Refuse to share
  - Never: 59%
  - Sometimes: 32%
  - Often: 9%
- Take things that do not belong to others
  - Never: 74%
  - Sometimes: 21%
  - Often: 6%

### Conduct Problems
- Blame others for your troubles
  - Never: 49%
  - Sometimes: 37%
  - Often: 14%
- Fight with other children
  - Never: 61%
  - Sometimes: 29%
  - Often: 10%
- Tease others
  - Never: 52%
  - Sometimes: 36%
  - Often: 11%
- Do not understand other people's feelings
  - Never: 44%
  - Sometimes: 38%
  - Often: 17%
- Do not listen to rules
  - Never: 47%
  - Sometimes: 40%
  - Often: 12%

### Anxiety/Depression Problems
- Seem to be having less fun
  - Never: 10%
  - Sometimes: 39%
  - Often: 50%
- Worry a lot
  - Never: 6%
  - Sometimes: 25%
  - Often: 69%
- Down on yourself
  - Never: 7%
  - Sometimes: 27%
  - Often: 66%
- Feel hopeless
  - Never: 10%
  - Sometimes: 34%
  - Often: 56%
- Feel sad, unhappy
  - Never: 3%
  - Sometimes: 28%
  - Often: 68%
PHQ-9 (Depression) Question Breakdown

Depression screeners show difficulty in functioning, sadness, and cognition.

<table>
<thead>
<tr>
<th>Sadness/Depression Symptoms</th>
<th>Not at all</th>
<th>Several Days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>8%</td>
<td>3%</td>
<td>28%</td>
<td>33%</td>
</tr>
<tr>
<td>Feeling down depressed or hopeless</td>
<td>4%</td>
<td>4%</td>
<td>28%</td>
<td>42%</td>
</tr>
<tr>
<td>Feeling bad about yourself - or that you are a failure or have let yourself or your family down</td>
<td>8%</td>
<td>9%</td>
<td>24%</td>
<td>49%</td>
</tr>
<tr>
<td>Thoughts that you would be better off dead or of hurting yourself</td>
<td>45%</td>
<td>10%</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>Trouble falling or staying asleep or sleeping too much</td>
<td>10%</td>
<td>7%</td>
<td>23%</td>
<td>47%</td>
</tr>
<tr>
<td>Feeling tired or having little energy</td>
<td>4%</td>
<td>12%</td>
<td>26%</td>
<td>49%</td>
</tr>
<tr>
<td>Poor appetite or overeating</td>
<td>14%</td>
<td>10%</td>
<td>25%</td>
<td>38%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Function Symptoms</th>
<th>Not at all</th>
<th>Several Days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble concentrating on things such as reading the newspaper or watching television</td>
<td>21%</td>
<td>20%</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people could have noticed</td>
<td>50%</td>
<td>15%</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Sadness/Depression Symptoms

Function Symptoms

Cognition Symptoms
MHA Screening-to-Supports (S2S)

- Information and Education
- Referral to Care and Services
- Engagement with People Like Me (Peers)
- DIY: Self-help Tools
“It isn’t the mountains ahead to climb that wear you out, it’s the pebble in your shoe.”
Choose Wisely

Thank you!
Contact Us

Mental Health America
500 Montgomery Street
Suite 820
Alexandria, VA 22314

Facebook.com/mentalhealthamerica
Twitter.com/mentalhealtham
Youtube.com/mentalhealthamerica

Paul Gionfriddo
pgionfriddo@mentalhealthamerica.net
@pgionfriddo
Take a Break

Take a break.
You deserve it!
Helping Kids Cope!
Dr. Elaine Rotenburg & Renée Layman, LMHC
HELPING KIDS COPE
HELPING CHILDREN AND FAMILIES FEEL SAFE IN A SCARY WORLD

Elaine Rotenberg, Ph.D.
Clinical Director Alpert Jewish Family & Children’s Services

Renée E. Layman, LMHC
Chief Executive Officer Center for Child Counseling
A Violent World

• 57% of TV programs contain violence.

• Children’s programs contain 5 times more violence than prime time television.

• 25% of violent acts involve handguns

• Children’s TV shows contain about 20 violent acts each hour.
What’s the Trauma Connection?

- “Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.” – Judith Herman, Trauma and Recovery

- The word “trauma” is used to describe experiences or situation that are emotionally painful, distressing, and that overwhelms a person’s ability to cope effectively.

- To understand how to help children cope with violent and scary situations means we must understand how children respond to trauma.
Key Principles...

- Children react to trauma differently than adults.
- Some children react right away; others may show no signs until much later.
- Adult support and reassurance is the central factor in helping children cope with trauma.
- Symptoms look different at different ages.
Preschool and young school-age children exposed to trauma may be experiencing...

- Feelings of helplessness.
- Uncertainty about continued danger.
- Generalized fear extending into other aspects of their lives.
- Difficulty describing in words what is bothering them.
Preschool Reactions to Trauma

Common reactions may include:

• Escalation of “acting-out” behaviors; e.g., irritability, temper tantrums, increased crying
• “Shutting down” behaviors; e.g., becoming more clingy or withdrawn
• Regression in skills
• Repeatedly ask questions
• Demanding more attention from others
School-Age Children

School-Aged children exposed to a traumatic event may be experiencing...

• concern for their own safety and the safety of others
• Preoccupation with their own actions during the event
• Guilt or shame over what they did or did not do during the event
• Being overwhelmed with feelings of fear or sadness
School-Age Reactions to Trauma

- Thumb sucking or bed wetting.
- Fear strangers, darkness, or monsters.
- Clingly with a parent or caregiver.
- Repeatedly retelling the trauma through play or exaggerated stories about what happened.
- Change in eating and sleeping habits.
- Unexplained aches and pains.
- Aggressive or withdrawn behavior, hyperactivity, speech difficulties, and disobedience.
- Poor school performance.
- Not wanting to go to school.
Adolescents exposed to a traumatic event may be experiencing...

- Self-consciousness about their emotional responses to the event.
- Feelings of fear, vulnerability, and concern over being labeled "abnormal" or different from their peers.
- Feelings of shame and guilt about the event.
- Fantasies about revenge.
Adolescent Reactions to Trauma

- Silence, isolations, and becoming “numb” emotionally (e.g., symptoms of depression).
- Increased irritability with peers and family, often starting arguments or fights at school.
- Feelings of guilt and shame about the event.
- Expression of physical pains with no medical cause.
- Decline in school performance
- Engage in high-risk behaviors; e.g., alcohol or drug use.
Other Related Behaviors in Adolescents May Include...

- Flashbacks of the event
- Nightmares or other sleep problems
- Avoiding reminders of the event
- Being disruptive, disrespectful, or behaving destructively
- Being angry
- Losing interest in fun activities
- Having suicidal thoughts
In General...

Becoming Approachable To Our Kids

We need to work at this ALWAYS....

**NOT** just for the scary times....

If our children are in the HABIT of speaking to us, they will be more likely to do so when they feel afraid...

Parents know they are doing a good job when their children *choose to approach* them with worries, concerns, fears, doubts and sadness, as well as with the good things...
Some Tips for Effectively Listening to Your Child

- LISTEN MORE THAN YOU TALK
- Don’t interrupt
- Practice patience
- Suspend judgement
- Put yourself in their shoes
- Share similar experiences
- Be curious
- Ask if they want your suggestions
- Know your own “hot buttons”
- Let them know the door is open for more conversation
- Normalize ALL feelings
- LISTEN MORE THAN YOU TALK
Recommended Steps for Talking to Children About Traumatic Events...

Step 1: Prepare
Think about what you want to say given the specific event. Practice in advance if the content is very difficult.

Step 2: Consider the Time and Place
A good plan is to speak during a calm, quiet time during the day. Probably not right before bedtime.

Step 3: Find Out What the Child Already Knows
Ask what the child has heard about the event, and LISTEN! This is not the time to correct misinformation. The goal is to build a safe environment for them to speak to the adult.

Step 4: Answer Questions Without Unnecessary Details
Tell the truth. Explanations such as “…someone went into a school and hurt a lot of people. But your school is safe, and you are safe.”

-- American Psychological Association
Violence in the Media

• Learn your child’s positive and negative reactions
• Share your opinion without belittling your child’s
• Discuss Internet safety with you child
• Monitor what your child is seeing on media

• Talk about questionable content:
  o Glamorized, sanitized or trivialized violence
  o Weapon carrying and use
  o Intolerance
  o Achieving success by killing living targets

• Explain that media is not reality
Talking to Children About War and Terrorism

- Conduct an open, honest discussion
- Allow for disagreement and different points of view
- Encourage children to express their opinions and feelings
- Correct misinformation
- Communicate the importance of tolerance and diversity
- Explain that war can stem from personal conflict, misunderstanding or differences in religion and culture
- Pay close attention to children’s behaviors
Talking to Children About School Violence

- Communicate school safety policies
- Relay school safety policies to your children
- Speak to child openly and honestly
- Keep the lines of communication open
- Keep conversation age-appropriate
- Talk to child about warning signs of at-risk behaviors
- Reassure, but don’t make false promises

- Teach child to stay away from children who threaten violence
- Teach children to report any threats or suspicious behavior
- Educate children about guns and gun safety
- Teach child how to detect uncomfortable situations or actions.
- Be certain child can identify “safe adults” in the school setting
- Talk about and teach self-control, anger management, and conflict resolution skills
Teaching Children Constructive Expression of Anger

• Help children develop self-awareness and self-control
• Teach children to relax
• Help children learn to think positively
• Teach problem-solving skills
• Teach communication skills
• Help children learn to manage stress
• Encourage children to talk about feelings of anger
• Help children find ways to change the scene
• Help children find a distraction
How to Help Young Children

For young children, parents can offer invaluable support, by providing comfort, rest, and an opportunity to play or draw.

• Provide reassurance that the traumatic event is over and that the child is safe.
• Help child verbalize their feelings so that they don’t feel alone with their emotions.
• Provide consistent caretaking to provide a sense of security: pick up from school on-time and inform child of parents’ whereabouts.
• Tolerate regression in developmental tasks for a period of time following the event.
How to Help Older Children

Older children will also need encouragement to express fears, sadness, and anger in the supportive environment of family.

• Encourage discussion of worries with family members.
• Acknowledge the normality of their feelings and to correct distortions in any of the events that they express.
• Communicate with child’s teachers and/or help the child to communicate with teachers when the child’s thoughts and feelings are getting in the way of concentration and learning.
How to Help Adolescents

Family and caregivers can encourage discussion of the event and feelings about it; including expectations of what could have been done to prevent the event

- Discuss the expectable strain on relationships with family and peers, and offer support in these challenges.
- Help adolescents understand “acting out” behavior as an effort to voice anger about traumatic events.
- Discuss thoughts of revenge following an act of violence; address realistic consequences of actions, and help formulate constructive alternatives that lessen the sense of helplessness the adolescents may be experiencing.
Remember...

If the child’s symptoms and reactions to the traumatic event is getting in the way of their day to day functioning...

Do not hesitate to seek professional help!
Youth Suicide Prevention and Mental Health Awareness
Grace Carricarte, LMHC
Understanding Youth Suicide
Grace L. Carricarte, LMHC
April 22, 2018
The Ganley Foundation:
Our Mission

The Ganley Foundation, a 501(c)(3) organization, educates communities about depression and challenges the stigmas that prevent proper intervention and treatment. This non-profit foundation was created in 2005 in memory of Jimmy Ganley who died by suicide at the age of 22 due to undiagnosed depression.

The Crusade for Awareness was created to promote mental health by educating youth and their parents about the signs of depression. Education can help erase the stigma that so many people with mental illness face. Our vision is to save lives through mental health awareness.

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Treat Depression = Prevent Suicide

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For more information about us please visit our website: ganleyfoundation.org.
ESPN Documentary
I try to take life one day at a time, but sometimes several days attack me all at once.
43% of all Americans Suffer from a Stress Related Illness

- Impaired Immunity
- Digestive Issues
- Hair loss
- Diabetes
- Hyperthyroidism
- Obesity
- Anxiety
- Tooth, gum decay
- High blood pressure
- Depression
Depression & Suicide

• Diagnosable physiological illness.

• 90% had some form of mental illness at the time.

• Major depression is the most common psychiatric diagnosis associated with suicide.

• The best way to prevent suicide is early recognition and treatment.
Importance of Prevention
One Out Of Four People
In This Country Is
Mentally Unbalanced.

Think Of Your
3 Closest Friends...
If They Seem
Okay, Then
You’re
The
One.
SUICIDE

= Leading cause of death!

= Suicide rate is consistently double the homicide rate.

= Approximately 30 suicide attempts for every death by suicide.

= For youth ages 10-14, the rate doubled in the past 20 years.
### 10 Leading Causes of Death by Age Group, United States – 2013

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Group</th>
<th>Total</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Congenital Anomalies 4,758</td>
<td>611,105</td>
<td>136</td>
<td>746</td>
<td>775</td>
<td>11,619</td>
<td>16,209</td>
<td>15,354</td>
<td>46,185</td>
<td>113,324</td>
<td>488,156</td>
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<tr>
<td>2</td>
<td>Short Gestation 2,402</td>
<td>584,881</td>
<td>476</td>
<td>447</td>
<td>448</td>
<td>4,878</td>
<td>6,345</td>
<td>11,349</td>
<td>35,167</td>
<td>72,568</td>
<td>407,558</td>
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<tr>
<td>3</td>
<td>Maternal Pregnancy Comp. 1,595</td>
<td>149,205</td>
<td>337</td>
<td>179</td>
<td>329</td>
<td>4,329</td>
<td>4,236</td>
<td>10,341</td>
<td>20,357</td>
<td>127,194</td>
<td>Chronic Low. Respiratory Disease</td>
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<tr>
<td>4</td>
<td>SIDS 1,563</td>
<td>130,557</td>
<td>125</td>
<td>161</td>
<td>1,496</td>
<td>3,673</td>
<td>6,551</td>
<td>8,785</td>
<td>15,942</td>
<td>109,602</td>
<td>Cerebrovascular</td>
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<tr>
<td>5</td>
<td>Unintentional Injury 1,156</td>
<td>128,978</td>
<td>189</td>
<td>75</td>
<td>152</td>
<td>941</td>
<td>3,258</td>
<td>2,581</td>
<td>8,621</td>
<td>13,786</td>
<td>83,786</td>
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<tr>
<td>6</td>
<td>Placenta Cord. Membranes 953</td>
<td>84,767</td>
<td>102</td>
<td>73</td>
<td>362</td>
<td>684</td>
<td>2,491</td>
<td>5,899</td>
<td>11,951</td>
<td>53,751</td>
<td>63,751</td>
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<tr>
<td>7</td>
<td>Bacterial Sepsis 578</td>
<td>75,578</td>
<td>64</td>
<td>80</td>
<td>197</td>
<td>676</td>
<td>1,952</td>
<td>5,425</td>
<td>11,384</td>
<td>48,031</td>
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<tr>
<td>8</td>
<td>Respiratory Distress 522</td>
<td>56,979</td>
<td>53</td>
<td>41</td>
<td>193</td>
<td>61</td>
<td>631</td>
<td>1,687</td>
<td>4,619</td>
<td>7,135</td>
<td>45,942</td>
</tr>
<tr>
<td>9</td>
<td>Circulatory System Disease 458</td>
<td>47,112</td>
<td>47</td>
<td>48</td>
<td>178</td>
<td>508</td>
<td>1,246</td>
<td>2,445</td>
<td>5,345</td>
<td>39,080</td>
<td>47,112</td>
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<tr>
<td>10</td>
<td>Neonatal Hemorrhage 389</td>
<td>28,815</td>
<td>34</td>
<td>31</td>
<td>155</td>
<td>449</td>
<td>881</td>
<td>2,378</td>
<td>4,947</td>
<td>28,815</td>
<td>Suicide 41,149</td>
</tr>
</tbody>
</table>

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**Centers for Disease Control and Prevention National Center for Injury Prevention and Control**
• CDC new report **Mental Health Surveillance Among Children- U.S.2005-2011**
• Compiled information for U.S. children aged 3-17.
• First report of its kind.
WHO:

- 20% of the world's children and adolescents have mental disorders or problems
- Half of mental disorders begin before the age of 14
- Ideal time to diagnose is in school years
Top 4 Disorders

1. ADHD
2. Behavioral or conduct problems
3. Anxiety
4. Depression
• Leading cause of disability worldwide
• Mental disorders are important risk factors for other diseases, as well as unintentional and intentional injury.

• Mental disorders increase the risk of getting ill from other diseases such as HIV, cardiovascular disease, diabetes, and vice-versa.
• Despite the existence of effective treatments stigma and discrimination against patients and families prevent people from seeking mental health care.
Patients Verses Psychiatrists

Q. What's the difference between the psychiatrists and the patients at the mental hospital?

A. The patients are the ones that eventually get better and go home!
• 80% of youth who die by suicide saw a medical professional within the 6 months prior to their death.

• One large study found that nearly half of all suicide victims had seen a primary care doctor within a month of killing themselves.
• 25-60% of those contemplating suicide seek attention for a medical problem

• 81% do not seek psychiatric help

• The risk of a suicide attempt or death is highest within 30 days of discharge from an ED or inpatient psychiatric unit

• 70% of patients who leave the ED after a suicide attempt never attend their first outpatient appointment
Antidepressants and Suicide

For some, depression medication causes an increase—rather than a decrease—in depression and suicidal thoughts and feelings. Because of this risk, the FDA advises that anyone on antidepressants should be watched for increases in suicidal thoughts and behaviors. Monitoring is especially important if this is the person's first time on depression medication or if the dose has recently been changed. *The risk of suicide is the greatest during the first two months of antidepressant treatment.*
Factors

- Family history of suicide
- Alcoholism or drug abuse
- Ineffective Coping Skills
- Previous Suicide attempts
- Terminal illness or chronic pain
- Recent loss or stressful life event
- Social isolation and loneliness
- History of trauma or abuse
“Everyone is fighting a battle you know nothing about.”

- anonymous
Signs of Depression in Youth

• Oversensitivity
• Risk-taking, hyperactivity
• Indecision, withdrawal, inactivity
• Lack of interest or enjoyment
• Somatic symptoms and complaints
• Lack of emotional regulation
• Changed performance
• Aggression, hostility
• Sleep disturbances
• Self-injury
• Eating disorders
• Low self-esteem
• *Irritability
Youth vulnerabilities?

- Stress-diathesis model
- Identity and sense of self
- Sense of power?
- Peer group influences
- Changes in the brain
- Tunnel vision
- Hormones
- Beginning of most mood and anxiety disorders
- Advent of technology
"There was no umbilical cord. These days, babies are connected by Bluetooth."
Technology: Pros & Cons

+ Interconnectedness with friends
+ Access to info., learning
+ Entertainment value
  + Parents say - quieter house
  + Communication - practical and social
+ Build skill-set, technical competence

- Contact with predators, bullies, etc
- Access to harmful information
  - Entertainment age-inappropriate
- Decreased physical activity
- Changes in the brain/addict
- Broken down communication skills
- Build own “secret world”
  - Parent supervision?
"Your X-ray showed a broken rib, but we fixed it with Photoshop."
We Do Not Have WiFi...
Talk To Each Other
Pretend It's 1995
Self-injury: Cry for attention, expression, feeling, escape, or help?

- Attention? False, most hide it.
- Expression? True, physical sign of pain.
- Feeling? True, better than feeling numb.
- Escape? True, pain killing high released.

Maladaptive coping skill!
Adolescent Brain

- “What were you thinking?”
- Immature Prefrontal Cortex
- Burst of Hormones
- Maturing bodies, immature mind
What are they normally like?

• Has their performance dropped?
• Changes in participation or attendance?
• No longer with peer group or social rejection?
• Abnormal withdrawal or conflict with staff, family or peers?
• Lack of motivation or recent failure?
• Neglected appearance?
• Neglected responsibilities?

Ask yourself, are these reports or observations out of character for this particular individual?
**Vulnerable Populations**

- Females report depression 3x more
- Males 4-5x more likely to die by suicide
- Those exposed to violence or abuse
- Those in trouble, transitioning students, learning disabled, GLTBQ, over achievers, and perfectionists
- Anyone subject to harassment or bullying, loners or neglected youth
People who die by suicide don't want to end their lives, they want to end their pain.
Neurobiology of Depression: PET Scan of Activity in the Brain
I used to think the worst thing in life is to end up all alone. It’s not. The worst thing in life is to end up with people who make you feel all alone.

Robin Williams
Commit?
Suicide: Warning Signs

• A previous suicide attempt
• Current talk of suicide, plans, threats, or death wish
• Giving away prized possessions
• Signs of depression such as moodiness, hopelessness, withdrawal, rage
• Hinting at not being around in the future or saying good-bye, final arrangements.

* Loss, victim, disappointment, rejection, death, crisis, trouble, break-up?
Common misconceptions about suicide

**FALSE:** People who talk about suicide won't really do it.

**FALSE:** Anyone who tries to kill him/herself must be crazy.

**FALSE:** If a person is determined to kill him/herself, nothing is going to stop them.

**FALSE:** People who commit suicide are people who were unwilling to seek help.

**FALSE:** Talking about suicide may give someone the idea.

*Studies of suicide victims have shown that more than half had sought medical help in the six months prior to their deaths.*
• Take all talk seriously

• Ask about their feelings

• Listen

• No judgment, reflect what you hear

• Reassure them
• Focus on your concern for their wellbeing

• Ask directly or indirectly

• If yes, ask if they have a plan?

Ask the Question
"ARE YOU THINKING ABOUT SUICIDE?"
• No secrets
• Don’t wait
• Supervise closely, don’t leave them alone
• Follow policies & procedures
• Referrals- counselor, parent notification
• Provide follow up support
Access to Lethal Means

- 20% of at risk people have a gun in their home
- Gender differences
• The best way to prevent suicide is to use a comprehensive approach that includes these key components:

• Conduct universal or selective screening for suicide risk

• Provide at-risk patients with a full assessment by a mental health professional trained in effective suicide care

• Provide brief interventions while patients are still in the ED (e.g., safety planning, lethal means counseling)

• Ensure careful discharge planning and safe transitions of care to outpatient services
Take Action

• Make a follow-up appointment for the patient before discharge from the hospital or inpatient psychiatric facility (ideally, for within 48 hours of discharge).

• Involve family, friends, and other loved ones in the plans for care transition.

• Make follow-up contacts (e.g., by e-mail, text, phone calls) with the patient and check with providers to make sure that the person is receiving follow-up care.

• Develop agreements among hospitals, behavioral health providers, crisis centers, and others to facilitate safe transitions between settings.

• Transmit patient health information to referral providers.
Resources

Ganley Foundation services!
How can I promote protective factors?

- Support help-seeking behavior
- Belonging and connection
- Social support and friendships, pets
- Emotional/physical safety
- Positive self-esteem
- Healthy coping and problem solving skills
- Encourage positive behaviors and decision making
- Contact with a caring adult

You play a special role in children’s lives!
YOU WILL NEVER REGRET BEING KIND
There's a sixth love language. It's called letting me sleep in.
Don’t forget your own mental health!

...doing the same thing over and over again...

...and expecting different results!
THANK YOU!!!!

grace@ganleyfoundation.org
Lunch in the International Ballroom
Please join us back in the Grand Ballroom
Welcome Back
From ACES to Olmstead: Crossing the Criminal Justice Chasm to the Community

Judge Ginger Lerner Wren
Thursday, May 11th
6 to 8 p.m.
McDonald Wilson Center
Gaines Park
1501 N. Australian Avenue
West Palm Beach
Dinner will be provided.

Join us to learn about the innovative youth group MY LIFE and learn how you can help start MY LIFE in the West Palm Beach area!

MY LIFE empowers youth to use their experiences and voices to create positive change for themselves, other youth and their communities.

- MY LIFE is a FREE, fun and inspiring group for youth between the ages of 13 and 23 who have experience with mental health, substance use, foster care and/or other challenges.
- Through regular events, performances, special events, social media, and presentations, youth share their stories and support each other in achieving their goals and dreams.
- To RSVP please contact Jan Bogie at JBogie@mhapbc.org / 561-832-3755

- MY LIFE meetings feature inspirational speakers, uplifting entertainment, fun activities, free food and information on a variety of topics important to youth.
- MY LIFE and all related activities in the West Palm Beach area are presented in partnership between Magellan Complete Care, Mental Health Association of Palm Beach County and West Palm Beach Pathway Initiative; with the support of a variety of other youth serving organizations.
- There are no special requirements for participation. Family members and other stakeholders are also encouraged to attend.

For more information, contact:
Jan Bogie at JBogie@mhapbc.org / 561-832-3755
Greg Dicharry at (602) 570-1204 / GDicharry@MagellanHealth.com
www.Facebook.com/MYLIFEyouth

Mental Health Association
of Palm Beach Counties, Inc.

West Palm Beach
Pathway Initiative

Magellan
COMPLETE CARE®
Holding It All Together In An Age of Violence: The Impact of Work/Life Balance

Dr. Michael Gervasi
HOLDING IT ALL TOGETHER IN AN AGE OF VIOLENCE:

The Impact of Work – Life Balance

Michael F. Gervasi, DO
President and CEO

Florida Community Health Centers, Inc.
mgervasi@fchcinc.org
561-844-9443
Respect

“Esteem for, or a sense of, the worth or excellence of a person.

Wikipedia

Greek: specere…to look; to see; e.g. spectacle; spectator.
I just can't wait until...
Vote for me, or there will be **HELL TOUPÉE**!
“Great customer service has to come from the inside out. You cannot mandate it. You can’t threaten, reward, or coerce people to care. You can only awaken the desire and then give them the permission and encouragement to make it come alive in their work.”

Barbara Glanz
“Many of us spend hours caring for others and seldom take a few moments for ourselves. Here is your opportunity.”
c’mon, inner peace.
I don’t have all day.
Here For A Good Time

I’m not gonna lay around and whine and mourn for somebody that done me wrong.

Don’t think for a minute that I’m gonna sit around and sing some old sad song.

I believe it’s half full not a half empty glass.

Everyday I wake up knowing it could be my last.
Here For A Good Time

I ain’t here for a long time.
I’m here for a good time.
So bring on the sunshine, to hell with the red wine
Pour me some moonshine.
When I’m gone put it in stone he left nothing behind.
I’m not here for a long time.
I’m here for a good good time.
Here For A Good Time

Folks are always dreaming ‘bout what they’d like to do but I like to do just what I like. I’ll take the chance, dance the dance, it might be wrong but then again it might be right.

There’s no way of knowing what tomorrow brings.

Life’s to short to waste it

I say bring on anything.
Here For A Good Time
I ain’t here for a long time.
I’m here for a good time.
So bring on the sunshine,
To hell with the red wine,
Pour me some moonshine.
When I’m gone put it in stone he left nothing behind.
I ain’t here for a long time.
I’m here for a good time.
Michael F. Gervasi

1954 -----------------?????

R.I.P.
“Live Like You Were Dying”

He said
“I was in my early forties with a lot of life before me and a moment came that stopped me on a dime. I spent most of the next days looking at the x-rays talkin ‘bout the options and talking ‘bout sweet time.”

I asked him
“when it sank in that this might be the real end, how’s it hit you when you get that kind of news? Man, what’d you do?”
Live Like You Were Dying

He said

“I went sky diving. I went Rocky Mountain Climbing. I went 2.7 seconds on a bull named Blue Manchu. And I loved deeper and I spoke sweeter and I gave forgiveness I’d been denying.”

And he said

“someday I hope you get the chance to live like you were dying.”
He said

“I was finally the husband that most the time I wasn’t and I became a friend a friend would like to have; and all of a sudden going fishin’ wasn’t such an imposition and I went three times that year I lost my Dad. And I finally read the Good Book, and I took a good, long, hard, look at what I’d do if I could do it all again.

And then...
Live Like You Were Dying

“I went sky diving. I went Rocky Mountain Climbing. I went 2.7 seconds on a bull named Blue Manchu. And I loved deeper and I spoke sweeter and I gave forgiveness I’d been denying.”

And he said

“someday I hope you get the chance to live like you were dying.”
Live Like You Were Dying

Like tomorrow was a gift and you’ve got eternity to think about it.
What you’d do with it?
What could you do with it?
What did I do with it?
What would I do with it?
Skydiving.
I went Rocky Mountain Climbing. I went 2.7 seconds on a bull named Blue Manchu. And I loved deeper and I spoke sweeter and I watched an eagle as it was flying.”
And he said
“someday I hope you get the chance to live like you were dying.”
To Live like you were dying. To Live like you were dying.”

Tim McGraw
I MAY BE CRAZY
Wrap Up and Next Steps
Solutions

• **Kevin Hines**
  - Look for ways in our community to elevate brain and mental health as a priority.
  - People who utilize strict, healthy lifetime regimens survive and thrive much better than those who do not. Understanding this, expand ways to help those who need to implement this in their lives.

• **Jeremy Richman**
  - Eliminate risk factors and actively build protective factors.

• **Paul Gionfriddo**
  - We can’t just try to fix the existing “system” of behavioral health services that relies too heavily on jails, courts, sheriffs, occasional hospitalizations, and welfare services for people with mental health concerns. At the same time, we need to support the efforts of MHAPBC and MHA to act before Stage 4 to identify mental health concerns as they emerge and to implement interventions that are integrated among providers of health services, behavioral health services, social services, education services, and employment at the local, state, and national levels if we are truly committed to healthy people, healthy families, and healthy communities.
GREAT GIVE

Midnight - Midnight

MAY 17th

Palm Beach & Martin Counties
Thank you for joining us!!!!

Take a *Free* and Confidential **Mental Health Screening**
Take these quick screenings for anxiety, depression and more.
Then call us at 561.801.4357.
Let's talk about it.

New! Text a Crisis Counselor at 741741

**Mental Health GPS Helpline**
561.801.HELP (4357)

Like us on [Facebook](#)! @MentalHealthAssociationPBC
Follow us on [Twitter](#)! @MentalHealthPBC

Feeling like you're lost at sea?
There's help out there.

Text MHA to 741741
Connect & Text
Trained Crisis Counselors are available for free - 24/7

Mental Health Association of Palm Beach County, Inc.