

13 Things to Tackle about Teen Mental Health:
A Look at Common **Teen Mental Health** Issues and
the Series *13 Reasons Why* and *Social Media*.

Sequel Youth and Family Services

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Objectives

1. Identify common mental health issues among teens.
2. Identify some traits consistent with common mental health diagnoses given to teens.
3. Identify 13 challenges that teens need help tackling to have good mental health
4. Discuss how media, particularly social media and the series *13 Reasons Why*, impact teens' mental health.
5. Identify and discuss 13 treatment interventions that can help teens have and maintain good mental health.

Definition of Adolescence

There are varying definitions.

1. According to the Center for Disease Control (CDC), adolescence begins with the onset of the **physical changes that accompany puberty and ends when adulthood begins**. This period of development corresponds **roughly to the period between the ages of 10 and 19 years**, which is consistent with the World Health Organization's definition of adolescence.
2. John Hopkins Bloomberg School of Public Health defines adolescence as the **second decade of life**, during which one **transitions from childhood to adulthood**. Researchers have found that bodily and brain changes associated with adolescence **can begin as early as age 8 and extend until age 24**.

Age is only one characteristic that helps determine when adolescence begins and ends. The state is defined by **significant biological, psychological, and social developmental changes** that mark the transition period from childhood to adulthood.

How does adolescence look online?

Let's Google



Some Images

Comments? Thoughts?



Similarities & Differences between the images? What are the stories behind the images?

Chronic Disease and Adolescents

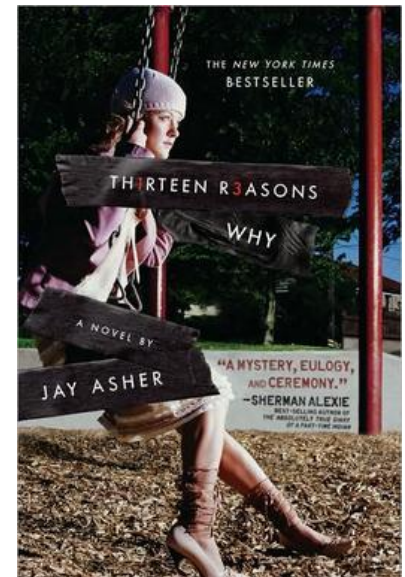


DEPRESSION

13 REASONS WHY ▶

Netflix Teen Drama: *13 Reasons Why* (broadcast in March 2017) based on a fictional novel of the same title.

- A teenage girl created tapes describing her negative experience with **romantic relationships, isolation, bullying, sexual assault, and “slut shaming”** that ultimately explain why she took her life.
- Some mental health professionals warn that teens **shouldn’t watch** the series, particularly **those struggling with depression or who have a history of suicidal thoughts or behaviors.**
- Many mental health professionals recommend that **adults/parents watch it with teens but stress it’s not for every teen.**



Objective 1: Identify common mental health issues among teens.

- * **Mental Health Disorder (Severe Symptoms) vs. Intense Emotions**
 - * Teens, like children and adults, experience intense emotions at times as go through stressful or traumatic events. Many who are diagnosed with mental health disorders **show signs before age 24.**
 - * **Some Common stressors:** Teens may worry about **school, friendships**, or may feel depressed after a death of a loved one.
 - * Mental disorders are not the same as common stressors or intense emotions. Mental health disorders can result in **ongoing, severe symptoms that affect how one feels, thinks, acts, and handles daily activities, like school, sleeping, or eating.**

Intense emotions or Mental Health Disorder? Look for the following:

1. Problems in **multiple settings**, like school, home, or with peers
2. Changes in appetite or sleep
3. Social withdrawal or new fears
4. **Regressing** to behaviors more common in younger children, like bed-wetting, for a long time
5. Extended sadness or tearfulness
6. Self-destructive behavior, like head-banging, or increase in frequency of getting hurt
7. Frequent thoughts of death



Objective 2: Identify some traits consistent with common mental health diagnoses given to teens.

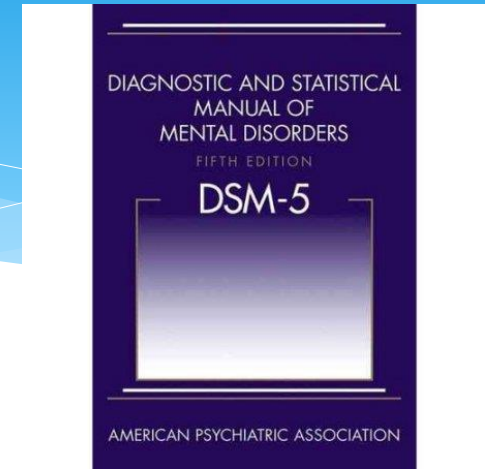
- * Mental diagnoses reflect **disorders of brain functioning**. They result from complex **interactions between a person's genes and their environment**.
- * **1 in 5 young people** suffer from a mental disorder, equaling **about 20% of the US population**. However, only about 4 % of the total health care budget is spent on mental health in the US.

Common Diagnoses Given and Adolescence (DSM-V)

Some Common Diagnoses Given during Adolescence

(Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition)

- * **Attention-Deficit/Hyperactivity Disorder (ADHD)**
- * **Specific Learning Disorder**
- * **Intellectual Disability**
- * **Substance-related disorders:** (e.g., Alcohol Use Disorder (AUD), Opioid Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder)
- * **Impulse Control Disorders** (e.g., oppositional defiant disorder, intermittent explosive disorder, conduct disorder, disruptive behavior)
 - * **Conduct Disorder:** Youth with CD diagnosis have a higher rate of suicidal thoughts and attempted and completed suicides.
- * **Trauma- and Stressor-Related Disorders** (e.g., Posttraumatic Stress Disorder, Adjustment Disorders, Reactive Attachment Disorder)



Common Diagnoses Given and Adolescence (cont.)

- * Disruptive Mood Dysregulation Disorder
 - * New childhood disorder **specific to children and adolescents**. Disruptive mood dysregulation disorder was added due to concern of youth being **over diagnosed with and treated for bipolar disorder**.
 - * Disruptive mood dysregulation disorder vs. bipolar DO: DMDD indicated by **persistent symptoms**; bipolar disorder characterized by distinct episodes of mania or hypomania. **The duration of symptoms is the benchmark that separates the two**. Children with DMDD are more likely to develop unipolar **depressive disorders** and anxiety disorders.

Common Diagnoses Given and Adolescence (cont.)

* Depression

- * The risk of depression sharply rises as children transition to adolescence. DSM-V Diagnostic Criteria **Major Depressive Disorder: Five (or more)** of the following symptoms have been present during the **same 2-week period** and represent a **change from previous** functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

- * Depressed mood **most of the day, nearly every day**, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)
- * Markedly diminished interest or **pleasure in all, or almost all**, activities most of the day, nearly every day (as indicated by either subjective account or observation.)
- * **Significant** weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)
- * Insomnia or hypersomnia nearly every day.

- * Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- * Fatigue or loss of energy nearly every day.
- * Feelings of worthlessness or **excessive or inappropriate** guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- * Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
- * **Recurrent** thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Teen Depression & Suicide

- * Based on a 2016 study utilizing data from National Surveys on Drug Use and Health for 2005 to 2014, **major depressive episodes increased from 13% in 2005 to 17% in 2014 among teen girls.** According to the study, teen girls may have had more **exposure to risk factors linked to depression such as cyberbullying and negative texting.**
- * According to the U.S. Department of Health & Human Services, Office of Adolescent Health, **approximately 1 in 11 teens and young adults have a depressive episode each year.**
- * The risk of **depression increases as children transition to adolescence.** Depression is a **major risk factor for suicide.** Suicide is the **2nd leading cause of death for 15- to 24-year-olds.** Since 2013, youth **ages 10 to 14** are more likely to **die from suicide than in a motor vehicle accident.**

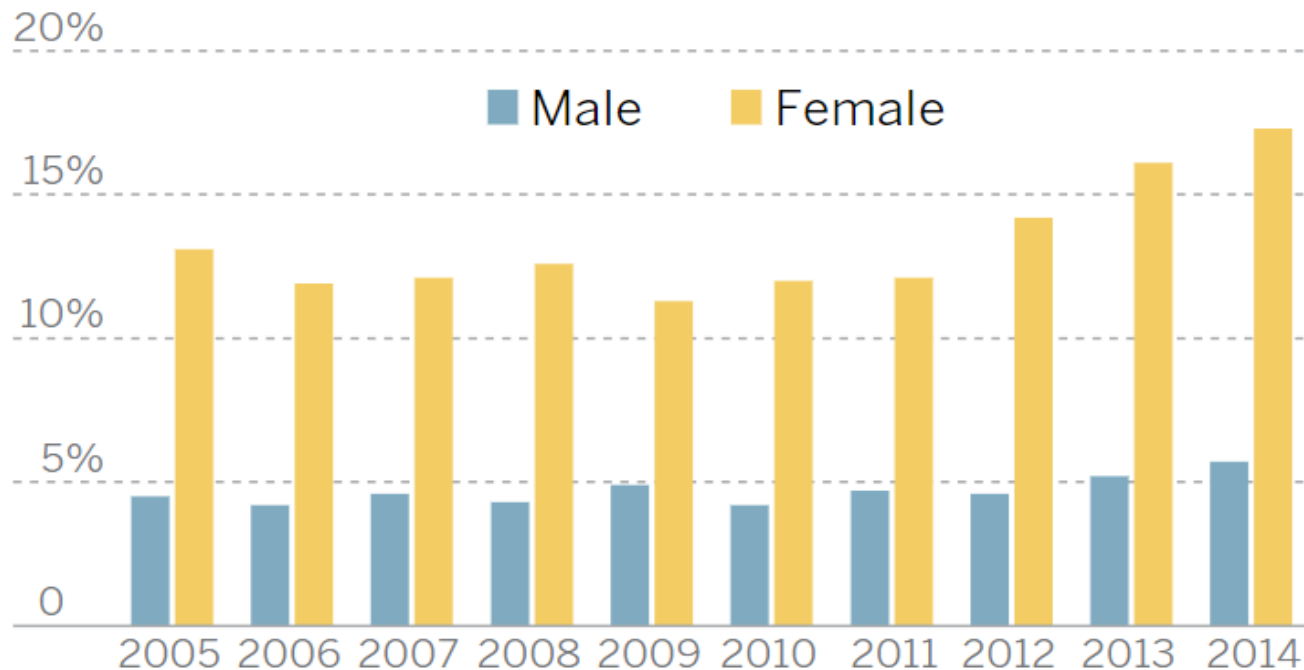
Teen Depression & Suicide (cont.)

- * A study conducted by Vanderbilt University found that children's hospital admissions of **patients 5 to 17 years old for suicidal thoughts or actions more than doubled** from 2008 to 2015.
- * Center for Disease Control (CDC)—The **3 leading causes of deaths among youth 15-19 years old since 2014** are accidents (unintentional injuries), **suicide**, & homicide.
- * Suicide is a preventable death. **90% of the time** as reported by Substance Abuse and Mental Health Services Administration (SAMHSA), it is the **result of an undiagnosed or untreated depressive disorder**.

Teen Depression & Suicide (cont.)

Depression on the rise among teens

Adolescents age 12 to 17 years



Objective 3: Identify 13 challenges that teens need help tackling to have good mental health.

13 Teen Challenges to Good Mental Health

- * Overt and External
- * Covert and Internal

1. Peer pressure
2. Bullying; cyberbullying; electronic aggression
3. Sexual abuse/assault
4. Loss of relationships (e.g., parental separation/divorce), friendships, home, etc.
5. Major transition (e.g., new school)
6. Death: Natural, homicide, suicide
7. Substances: Tobacco, drugs, & alcohol
8. Sexuality, sex, & teen pregnancy
9. Self-Esteem or body image: CDC (2013-2014) reported 20.6% of youth ages 12-19 are obese.
10. School performance; school dropout
11. Running away; homelessness
12. Jobless; unskilled; financially dependent
13. Social injustice



Objective 4: Discuss how media, particularly social media and the series *13 Reasons Why*, impact teens' mental health.

- * Media such as social media, movies, TV shows, print, etc. can glamorize inappropriate and or traumatic experiences.
- * *13 Reasons Why* **glamorizes suicide**:
 - * Decorated lockers, pep rallies, students taking selfies by character's locker, mysterious packages, audio-taped travel hunts, and flashback scenes that keep deceased "alive" in the series.
 - * Research reports that representations that romanticize suicide in such a manner can create a **contagious trend for copycat suicides**.

Series 13 Reasons Why and Impact on teens' mental health (cont.)



- * Video: [Is Netflix series "13 Reasons Why" glamorizing teen suicide?](http://www.cbsnews.com/videos/is-netflix-series-13-reasons-why-glamorizing-teen-suicide)

<http://www.cbsnews.com/videos/is-netflix-series-13-reasons-why-glamorizing-teen-suicide>

Series 13 Reasons Why and Impact on teens' mental health (cont.)

- * The series can **mislead** youth who are struggling emotionally to make sense of their lives and the world.
- * In *13 Reasons Why* suicide is can be perceived as a way to **reform a sinner, soften a bully or change the character of another.**
- * Some experts hold that the series is being reckless by presenting suicide in a way that suggests that it can **offer vindication for wrongs a person has suffered.**



Series 13 Reasons Why and Impact on teens' mental health (cont.)

- * *13 Reasons Why* also **suggests that other people were responsible** for the character's suicide. Her death was caused by her **mental disorder** and lack of effective intervention.
 - * Some research shows that the how suicide is portrayed in the media can cause significant harm for viewers (e.g., triggers, imitate, etc.).
- * Exposure to **another person's suicide, or to explicit accounts of death**, can be one of the many risk factors that youth struggling with mental health conditions point to as a **reason they contemplate or attempt suicide**.
 - * Some experts warn that such exposure could raise the potential for **copycats or clusters of suicides**.

Suicide and Teens

- * What makes the teenage brain susceptible to suicide?

Teen Brain



<http://www.cbsnews.com/videos/what-makes-the-teenage-brain-susceptible-to-suicide/>

Social Media and Teen Mental Health



Negative Impact of Social Media

- * **#Being13:** Over 200 eighth graders from across the US allowed their social media feeds to be studied by child development experts partnering with CNN. The study analyzed to what youth actually say to each other on social media and why it matters so much to them.
 - * **“I would rather not eat for a week than get my phone taken away. It's really bad,”** said Gia, a 13-year-old. **“I literally feel like I'm going to die.”**
 - * **“When I get my phone taken away, I feel kind of naked,”** said Kyla, another 13-year-old. **“I do feel kind of empty without my phone.”**

Social Media and Teen Mental Health

- * Identify some things you've seen or heard of being posted on social media.
- * What are some ways that social media affects teens' mental health?
- * Anderson Cooper on the new documentary [#Being13](#)



Negative Impact of Social Media (cont.)

- * One of the researchers concluded the youth are **likely addicted** to the **peer connection and affirmation** they're able to get via social media. Knowing what each other are doing, where they stand, knowing how many people like what they posted, knowing how many people followed them today and unfollowed them seems addictive for them the researcher stated.
- * The researchers found that the teens become **anxious when they can't check social media**. Why? #Being13 found that it's mostly because of their **need to monitor their own popularity status and defend themselves against those who challenge it**.
 - * 61% of teens reported wanting to see if their online posts are getting likes and comments.
 - * 36% of teens reported wanting to see if their friends are doing things without them.
 - * 21% of teens reported wanting to make sure no one was saying mean things about them.

Logout

is the hardest
button to click.

Negative Impact of Social Media (cont.)

- * During adolescence there is **significant anxiety about fitting in and ranking/status among peers**. The study found that **the more teens look at social media, the more anxious they can become**.
- * #Being13 also found that teens **don't see a distinction** between their lives in the real world and what's represented in the online world. However, they still post online **what they admit they'd never say in person**.
 - * "Go die. Stop trying to be popular. Holy s**t your (sic) ugly," read one social media post sent to a girl in the study.
 - * "On a serious level you are f**k bouta (sic) get your ass kicked," read a post written by a boy in the study.
 - * "Goddamn u dirty bitch u dirty bitch u dirty bitch," read a post by another boy.



Negative Impact of Social Media (cont.)

- * **Stressful environments and unrestrained access to information** may have **increased the number of teens and children hospitalized** for suicidal thoughts or actions.
- * Some of the information that youth can access can be **traumatizing**. In addition to issues like cyberbullying, youth can **easily access information about how to hurt themselves**.
- * *Any form of **bullying**, whether face-to-face or online, is known to be connected to depression and suicidal behaviors in young people.*



Positive Impact of Social Media

#Being13 found that social media can be beneficial for 13-year-olds.

- * It's a way for them to **connect with friends**, see what people are doing, **feel affirmed, supported, and encouraged**. It can also be an outlet for youth to **practice positive leadership**.



Objective 5: Identify and discuss 13 treatment interventions that can help teens have and maintain good mental health.

* **How to Help/Intervene.**

* **Teen Suicide Risk Factors (Child Mind Institute):** Pay attention to the risk factors that may lead to some youth being more at risk.

- * Recent or serious **loss** (e.g., death of a family member, a friend or a pet, etc)
- * Parents' **separation or divorce**
- * A **break-up** with a boyfriend or girlfriend
- * A parent losing a job or the family losing their home
- * **Mental disorder**, especially a mood disorder like depression or a trauma- and stress-related disorder
- * A prior **suicide attempt**
- * **Substance** use disorders
- * Excessive acting out, having disciplinary problems, or engaging in a lot of **high-risk behaviors**.
- * Struggling with **sexual orientation** in an environment that is not accepting of that orientation.
- * **Family history** of suicide
- * History of **domestic violence, child abuse, or neglect**.
- * Lack of social support
- * Bullying
- * Access to **lethal means**, like guns or pills
- * **Stigma** associated with asking for help
- * Feeling a lot of **guilt or shame**, hopelessness, worthless, or have a low self-esteem
- * **Difficulty in getting services** (e.g., lack of bilingual service providers, unreliable transportation, and the financial cost)
- * **Cultural and or religious beliefs** that suicide is a honorable way to solve problems



How to Help/Intervene (cont.)

- * Support & Trust

- * Suicide risk is lower for youth who believe strongly that there are adults in their community who are supportive and trustworthy.



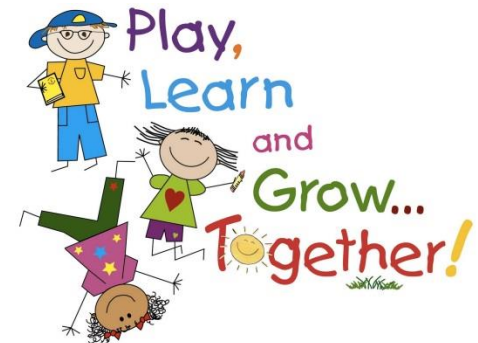
How to Help/Intervene (cont.)

- * **Know the Warning Signs of Suicide.** People who are having thoughts of suicide give off “red flags”.
 - * Talking to others or posting on social media about suicide, about wanting to die or about **feeling hopeless or trapped or a burden to others.**
 - * Looking for **ways to die by suicide** — gathering medication, sharp objects, firearms, or looking online for methods.
 - * Expressing **unbearable emotional pain.**
 - * Visiting or calling people to **"say good-bye."**
 - * **Giving away** prized possessions.
 - * **Suddenly becoming calm or cheerful** after a long period of depression
 - * Increasing 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**
 - * Extreme **mood swings**; sudden changes in **personality**
 - * **Running away** from home



How to Help/Intervene (cont.)

- * **Healthy Development: Healthy development** during childhood and adolescence contributes to good mental health and **can help prevent mental health problems.**
- * **Enhancing social skills, problem-solving skills, and self-confidence** can help prevent mental health problems.



How to Help/Intervene (cont.)

- * Professional Help.

- * Mental Health and other health professionals need the skill set to **relate to young people**, to **detect mental health problems early**, and to provide treatments that include counseling, **cognitive-behavioral therapy** and, when appropriate, **psychotropic medication**.
- * **Prevention, early detection, and treatment** of depression and other common mental disorders are important to good mental health.



How to Help/Intervene (cont.)

- * Reinforce **resiliency factors**, which can reduce the potential of risk factors that lead to suicidal ideation and behaviors. Once a child or adolescent is considered at risk, **mental health professionals, schools, families, and friends** should work to put these factors in place for the youth:
 - * Family support and unity, including **good communication**
 - * Peer support
 - * School and community cooperation
 - * Cultural or religious beliefs that discourage suicide and promote healthy living
 - * Healthy coping and problem-solving skills, including conflict resolution
 - * Promotion of good self-esteem and a sense of purpose
 - * Easy access to effective **medical and mental health resources**



How to Help/Intervene (cont.)



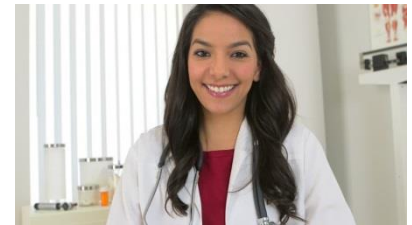
- * Some experts recommend having children and teens save several emergency numbers to their cell phones so that they have contact information to get immediate help for themselves or for a friend.
 - * The phone number for a trusted friend or relative
 - * The non-emergency number for the local police department
 - * The Crisis Text Line: 741741
 - * The National Suicide Prevention Lifeline: 1-800-273-TALK (8255).



How to Help/Intervene (cont.)

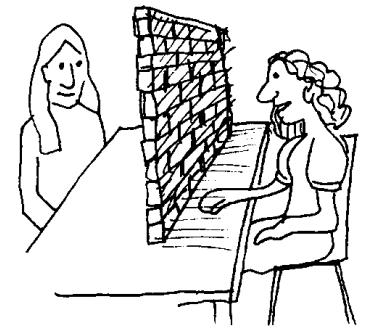
* How can Parents Help?

- * **Talk to your child's doctor**, school nurse, or another health care provider and seek further information about the behaviors or symptoms that concern you.
- * Ask your child's primary care physician if your child **needs further evaluation by a specialist** with experience in child behavioral problems/mental health.



How Do I Talk about Mental Health to my teen?

- * What are some of the challenges with communicating with teens?
- * [Video: Dunno, Yep, Nope, Sorta, No One, Nowhere and Communicating with Teens](#)



How to Help/Intervene (cont.)

- * **How Do I Talk about Mental Health to my teen?**
 - * Actively listen to your child's response.
 - * Ask questions like:
 - * Can you tell me more about what is happening?
 - * How you are feeling?
 - * Have you had feelings like this in the past?
 - * How can I help you feel better?
 - * Do you feel like you want to talk to someone else about your problem?
 - * I'm worried about your safety. Can you tell me if you have thoughts about harming yourself or others?



How to Help/Intervene (cont.)

- * Communicate in a straightforward manner.
- * Speak at a level that is appropriate to a child or adolescent's age and development level.
- * Discuss the topic when your child feels safe and comfortable.
- * Watch for reactions during the discussion and slow down or back up if your child becomes confused or looks upset



A good
relationship
starts
with good
communication.



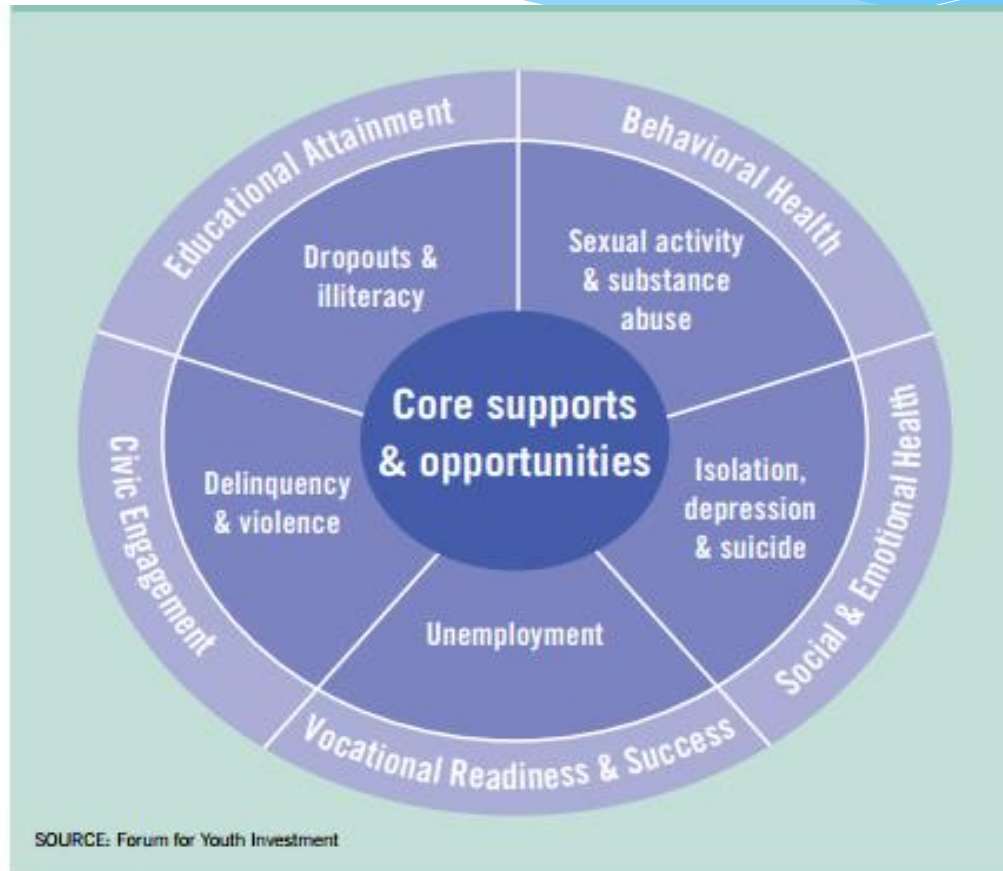
How to Help/Intervene (cont.)



- * The #Being13 study found that parents “**effectively erased the negative effects**” of social media. Almost all parents -- 94% -- underestimated the amount of fighting happening over social media. Despite that finding, parents that tried to keep a close eye on their child's social media accounts had a profound effect on their child's **psychological well-being.**



Core Support & Opportunities of Youth Problem Prevention



John Hopkins Bloomberg School of Public Health. 2009. The Ten Years Explained.

The 5 C's of Positive Youth Development & How to Foster



The 5 C's of positive youth development

Asset	Definition	How to Foster It
COMPETENCE	Perception that one has abilities and skills	Provide training and practice in specific skills, either academic or hands-on
CONFIDENCE	Internal sense of self efficacy and positive self-worth	Provide opportunities for young people to experience success when trying something new
CONNECTION	Positive bonds with people and institutions	Build relationships between youth and peers, teachers and parents
CHARACTER	A sense of right and wrong (morality), integrity, and respect for standards of correct behavior	Provide opportunities to practice increasing self-control and development of spirituality
CARING	A sense of sympathy and empathy for others	Care for young people



“Peace in the world begins with peace in our hearts, then peace in our homes and with our families.”

Dr. Brinkman & Dr. Kirschner

Resources

- * CBS News. TEEN SUICIDE: RISK FACTORS, WARNING SIGNS AND PREVENTION: Resources for teens and parents offering important information and support. 48 Hours. June 16, 2017
- * CBS News. By MARY BROPHY MARCUS CBS NEWS April 25, 2017, 1:51 PM. How to talk with your teen about "13 Reasons Why". <http://www.cbsnews.com/news/13-reasons-why-suicide-how-to-talk-with-your-teen-about-netflix-show/>
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Resources (cont.)

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- * Margaret E. Gutgesell, Nancy Payne. Pediatrics in Review. March 2004, VOLUME 25 / ISSUE 3 Issues of Adolescent Psychological Development in the 21st Century. <http://pedsinreview.aappublications.org/content/25/3/79>
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- * Pediatric Child Health. 2003. Age limits and adolescents. Nov; 8(9): 577. PMID: PMC2794325. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2794325/>

Resources (cont.)

- * Practicewise. BLUE MENU OF EVIDENCE-BASED PSYCHOSOCIAL INTERVENTIONS FOR YOUTH. <https://www.practicewise.com/Community/BlueMenu>
- * The Partnership for Male Youth: Health Provider Toolkit for Adolescent and Young Adult Males. Mental Health. DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS. <http://www.ayamalehealth.org/Mental-Health/conduct-disorders.php#sthash.6gwKAFUz.dpbs>
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- * **TEENMENTALHEALTH.ORG. MENTAL DISORDERS. IMPACT OF MENTAL ILLNESS.** <http://teenmentalhealth.org/learn/mental-disorders/>
- * University of Washington. School of Social Work. Mental Health Reporting. http://depts.washington.edu/mhreport/facts_suicide.php
- * U.S. Department of Health & Human Services. MentalHealth.gov. Talk about Mental Health. For Parents and Caregivers. <https://www.mentalhealth.gov/talk/parents-caregivers/>
- * World Health Organization. 2017. Adolescent Development. Maternal, newborn, child and adolescent health.. http://www.who.int/maternal_child_adolescent/topics/adolescence/development/en/
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