

# Frequently Asked Questions

Q: What are some of the common warning signs of mental health or substance use disorders among young people?

A: Some of the most common warning signs are:

- \* Doesn't care about favorite activities or is "too tired to play"
- \* Acts angry and hostile toward people and surroundings
- \* Fights or argues with others
- \* Has trouble sitting still or concentrating most days
- \* Runs away from home
- \* Shows significant weight loss or weight gain
- \* Indicates a fear that "bad things will happen"
- \* Talks about death/suicide
- \* Has prolonged feelings of sadness and loneliness

- \* Gives away prized personal belongings
- \* Sudden drop in grades
- \* Changes in friends, especially with drug users
- \* Big changes in personality
- Seems to worry constantly about personal safety or safety of family members
- Does not want to go to school
- Complains often of headaches, stomachaches and other sicknesses
- \* Has trouble sleeping or nightmares

However, it is important to remember that only a licensed medical doctor or mental health professional can provide an assessment and evaluation to determine whether or not someone has a mental health condition or substance abuse disorder.

## Q: What other conditions and disorders are associated with substance use disorder among young people?

A: Conduct disorder (persistent misbehavior) and depression are the two most often reported disorders among young people with substance abuse issues. Post-traumatic stress disorder (PTSD), anxiety disorders, and eating disorders are also common. It is known as a "co-occurring disorder" when someone has both a mental health condition and a substance use disorder.

### Q: Does the mental health condition cause the substance use disorder when a young person has both?

A: Co-occurring disorders can develop when a person with a mental health condition attempts to cope by taking drugs or alcohol; a behavior often referred to as "self-medicating." It is also common for co-occurring disorders to develop in the opposite order, with alcohol or other drug use causing or exacerbating mental health conditions.

#### Q: What are some of the substances commonly used and abused by youth?

A: Some of the most common substance are:

- \* Tobacco and alcohol
- \* Street drugs and party drugs like marijuana (pot, weed), cocaine, heroin, GHB (Gamma hydroxybutyrate), synthetic cannabinoids (Spice, K2), Ecstasy, methamphetamine, Cheese (a combination of heroin and cold medication) and LSD
- \* Prescription drugs such as Ritalin, Ketamine hydrochloride, hydrocodone, OxyContin, Vicodin, Percocet, Xanax, Rohypnol (Roofies), and Steroids
- \* Over-the-counter drugs like cough, cold, sleep, laxatives and diet medicines
- \* Inhalants like paint thinners, gasoline, acetone, Freon, glues, correction fluids, felt-tip marker fluid, butane lighters and propane tanks, whipped cream aerosols or dispensers, spray paints, hair or deodorant sprays, canned air and fabric protector sprays





# IS A YOUNG PERSON TRYING TO TELL YOU SOMETHING?

### Q: What kinds of treatment work for mental health conditions and substance use disorders?

A: Seeking treatment for substance use or mental health issues can reduce a young person's risk for further problems, including suicide. Effective treatments for substance use disorders and mental health conditions include individual and group therapy, support groups, and medication. It is also helpful to work with a treatment team of people that talk to each other.

The keys to successful treatment of co-occurring mental health and substance use issues are to treat both simultaneously and to develop an individualized treatment plan using the following treatment approaches:

- \* Integrated Treatment Design treats the mental health condition and substance use at the same time. Service providers work together to develop a treatment plan and to coordinate all services, including counseling, case management, medications, social skills training, and family intervention.
- \* Cognitive Behavioral Therapy looks at how a person's behavior affects how they feel. This is done by teaching new skills and techniques that give them more control over feelings and reactions.
- \* Multisystemic Therapy is an intensive, family-based treatment that uses family strengths to encourage positive social behavior and change substance use behaviors of a child at home, in school and in public.

If there is risk of suicide, it is important to seek a medical or mental health professional who has had training in treating the suicidality itself in addition to treating the underlying condition/s. New research in suicide prevention recommends this as a best practice to help save lives

# When A Young Person May Need Help

The warning signs for mental health or substance use problems among young people listed above are also indicative of a higher risk for suicide. Additional suicide warning signs include:

- \* Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- \* Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- \* Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- \* Talking about feeling hopeless
- \* Withdrawing from friends, family, and society
- \* Acting reckless or engaging in risky activities

If you suspect that someone you know is thinking about suicide, the best way to approach the situation is to ask. Asking is the first step in saving a life and is an important way to show that you are hearing them and that you will listen. You can ask the question directly (examples: "Have you thought about suicide?" "Do you want to kill yourself?" "Are you thinking about suicide?"), or indirectly (examples: "Sometimes when people are sad as you are, they think about suicide. Have you ever thought about it?" "Do you ever want to go to bed and never wake up?"). Once you've asked, follow the steps in the blue box.

Find a private area to talk and seek to establish a relationship (if it is someone you don't already know well). Comment on what you see and observe non-judgmentally and be curious about the perceived problem (how long they've thought about suicide, if they've attempted in the past). Seek to find out if they are at immediate high risk of suicide (see below). Find out to who and where they normally go for help and if they have a regular doctor, mental health provider or counselor (if you don't already know this information). Always be sure to be aware of your own non-verbal reactions and tone of voice.

If you feel that someone is at risk for suicide, take all signs seriously and refer him or her to a mental health professional or one of the additional resources below.

If you feel that someone is at a high risk for suicide (he or she has a plan and/ or access to means such as pills or a gun), do not leave the person alone. Call 911, seek immediate help from a mental health provider at school or in the community, call a mobile crisis outreach team, or take him or her to the nearest hospital emergency room.

## Mental Health Resources

# National Suicide Prevention Lifeline: www.suicidepreventionlilfeline.org 1-800-273-TALK (8255)

Mental Health America of Texas mhatexas.org

Mental Health America mentalhealthamerica.net

American Association of Child and Adolescent Psychiatry aacap.org

National Institute of Mental Health nimh.nih.gov

Texas Suicide Prevention texassuicide prevention.org

Texas Department of State Health Services Community Centers dshs.state.tx.us/mentalhealth.shtm

American Foundation for Suicide Prevention www.afsp.org

SAMHSA (Substance Abuse & Mental Health Services Administration) samhsa.gov Hot Lines

Texas Health & Human Services Commission Help Line Dial 211 or call 877-541-7905 211texas.org

Texas Youth Hotline 800-989-6884 Text: 512-872-5777

The Trevor Project (for LGBTQ Youth) 866-488-7368 thetrevorproject.org

Funding for this publication was made possible by the Texas Department of State Health Services grant number 2016-048043-001 and in part by grant number SM61468 from SAMHSA. The views expressed in this publication do not necessarily reflect the views, opinions or policies of CMHS, SAMHSA, HHSC, or DSHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the State of Texas, U.S. Government or Mental Health America of Texas.