TRAUMA AND CHILDREN AND YOUTH MENTAL HEALTH

QRTP Infosheet: Issue Eight

There is strong evidence of an association between childhood trauma, stress, and later mental illness. This is particularly evident for exposure to bullying, emotional abuse, maltreatment, and parental loss. The evidence suggests that childhood and adolescence are important times for both risk for later mental illness, and important periods in which to focus intervention strategies. Nearly two-thirds of Ohioans have been exposed to trauma/Adverse Childhood Experiences (ACEs). Ohioans of color and Ohioans with low incomes, disabilities and/or who are residents of urban and Appalachian counties are more likely to experience multiple ACEs.

As with trauma and substance use disorder (SUD), mental illness increases the risk of experiencing trauma and stress, which increases the risk of developing psychological symptoms and mental health conditions. Children and youth who have a mental health condition or who have had traumatic experiences and stress in the past, who face ongoing stress, or who lack support from friends and family may be more likely to develop more severe symptoms and need additional help.

Mental health concerns Signs and symptoms

- Feeling anxious, sad, or angry
- Changes in school performance
- Trouble concentrating and sleeping
- Continually thinking about what happened
- Worrying a lot or feeling very anxious, sad, or fearful
- Crying often
- Having frightening thoughts or flashbacks, reliving the experience
- Feeling angry, resentful, or irritable
- Having nightmares or difficulty sleeping
- Avoiding places or people that bring back disturbing memories and responses.
- Becoming isolated from family and friends

What is stress?

Learning how to cope with mild or moderate stress is an important part of healthy child development. Not all stress is harmful.

Positive stress is a normal and essential part of healthy development such as getting a vaccine or the first day of school

Tolerable stress is a response to a more severe stressor although limited in duration such as loss of a loved one or a broken bone.

Toxic stress is experiencing strong, frequent, or prolonged adversity such as physical or emotional abuse or prolonged exposure to violence

¹ McKay MT, Cannon M, Chambers D, Conroy RM, Coughlan H, Dodd P, Healy C, O'Donnell L, Clarke MC. Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies. Acta Psychiatr Scand. 2021 March

² Health Policy Institute of Ohio. "Adverse Childhood Experiences (ACEs): Health Impact of ACEs in Ohio," August 2020.

There is hope. Children and youth can and do recover from traumatic experiences, and adult caregivers can play an important role in their recovery. When a youth suffers trauma or has negative experiences it does not dictate their future. Sometimes the impact of trauma and mental health concerns may be minimized depending on a child or youth's resiliency. Children and youth can survive and even thrive despite trauma and mental health concerns. A critical part of children's recovery is having a supportive caregiving system, access to effective treatments, and service providers who are trauma informed.





Resilience is an inner capacity that when nurtured, facilitated, and supported by others empowers youth, and families to successfully meet life's challenges with a sense of self-determination, mastery, hope, and well-being. Being resilient does not imply that a child or youth does not experience difficulties or distress, but that they can create and experience positive outcomes even in the face of trauma and mental health issues. Children and youth who experience trauma are more likely to exhibit resilience when their environments are responsive to their specific needs.

Dr. Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown that to help a vulnerable child or youth to learn, think & reflect, interventions should occur in a simple sequence. First, **REGULATE**: help the child or youth to regulate & calm their flight/fight/freeze responses. Second, **RELATE**: staff and caregivers need to connect and relate with the child. Third, **REASON**: staff and caregivers can support the child or youth reflect, learn, remember, articulate, and self-regulate their emotions.³

Resilience factors to childhood trauma and mental health:

- Support from family, friends, people at school, and members of the community
- A sense of safety at home, at school, and in the community
- High self-esteem and positive sense of self-worth
- Self-efficacy the perceived ability to produce a desired outcome
- Spiritual or cultural beliefs, goals, or dreams for the future that provide a sense of meaning to a child's life
- A talent or skill in a particular area (e.g., excelling in school or in a sport)
- Coping skills that can be applied to varying situations.

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³ Neurosequential Network. (2020, April 2). Regulate, Relate, Reason: *Neurosequential Network Stress & Trauma Series*. Retrieved from YouTube: https://www.youtube.com/watch?v=LNuxy7FxEVk

Resilience to childhood trauma and mental health depends largely on the supports available to a child and their family. Family members, teachers, mental health providers, children services workers, and other community service providers can work together to ensure that children and families receive the emotional and concrete supports (e.g., treatment, food, shelter, and financial stability) they need. This system of care approach is also a cornerstone of Trauma-Informed Care (TIC).

A trauma-informed care approach:

Realize the widespread nature of childhood trauma and how it impacts the child's emotional, social, behavioral, cognitive, brain, and physical development, as well as their mental health.

Recognize the symptoms of trauma, including how trauma reactions (i.e., symptoms of posttraumatic stress) vary by gender, age, type of trauma, or setting.

Respond by making necessary adjustments, in their own language and behavior, to the child's environment; and to policies, procedures, and practices to support the child's recovery and resilience to trauma.

Resist re-traumatization by actively shaping children's environments to avoid triggers (sounds, sights, smells, objects, places, or people that remind an individual of the original trauma) and protect children from further trauma.

RESOURCES

988 Suicide and Crisis Lifeline

Ohioans who are experiencing a mental health or addiction crisis and their family members can call, chat or text 988 to reach a trained counselor who can offer help and support.

Ohio Mental Health and Addiction Services

- Crisis Text Line Text 4Hope to 741 741 for free, confidential conversation
 Crisis Text Line | Department of Mental Health and Addiction Services (ohio.gov)
- Ohio Careline (1-800-720-9616) for free, confidential connection to licensed provider
 Ohio CareLine | Department of Mental Health and Addiction Services
- OhioMHAS Get Help for a variety of resources on control connection, and meaning Department of Mental Health and Addiction Services | Ohio.gov
- It is important to instill resiliency in Ohio's children. We can do that by giving them a strong start to their education and addressing childhood trauma

 <u>Early Childhood, Children, and Youth | Department of Mental Health and Addiction Services (ohio.gov)</u>
- Additional Resources
 Resources | Department of Mental Health and Addiction Services (ohio.gov)

On Our Sleeves

On Our Sleeves - Promotes a world where mental health is part of every child's upbringing. Children don't wear their thoughts on their sleeves. They often don't have the words to express their feelings and struggles. But adults can help. They can make a difference. Right now. Today. And every day. By championing children's mental health.

Ohio Department of Education

Ohio's educators and students have shown an incredible amount of resilience despite ongoing changes and concerns. However, mental health needs in young people continue to rise. In response to this, ODE has created the <u>Supporting School Wellness Toolkit</u>. This toolkit provides teachers, administrators, students and families and communities with support to assist in responding to challenges that effect mental health.

School-based health initiatives help ensure students are in school, healthy, and ready to learn through a school or district's partnerships with health care providers and other community organizations. In alignment with *Each Child, Our Future*, Ohio developed the <u>School-Based Health Care Support Toolkit</u> to support schools and districts as they begin new — or augment existing — school-based physical and mental health partnerships to meet the needs of the whole child.

Centers for Disease Control and Prevention

Centers for Disease Control and Prevention, Adolescent and School Health - Trauma and poor mental health in adolescence is more than feeling blue. It can impact many areas of a teen's life. Youth with poor mental health may struggle with school and grades, decision making, and their health. Mental health problems and trauma in youth often go hand-in-hand with other health and behavioral risks like increased risk of drug use, experiencing violence, and higher risk sexual behaviors that can lead to HIV, STDs, and unintended pregnancy. Because many health behaviors and habits are established in adolescence that will carry over into adult years, it is very important to help youth develop good mental health.

The Wellness Project

<u>The Wellness Project</u> is a multimedia, multi-experiential collection of resources and practices to support and enhance your individual and organizational wellness and resilience. The purpose of this website is to discover a variety of ways for supporting helping professionals, so they can show up as the "best version of themselves." It includes a holistic system of wellness activities such as reading, listening, watching, cooking, connecting, moving, breathing, and resting.