

Shining the Light

America is in the throes of a teen mental health crisis. Suicide is the second leading cause of death for those ages 10-24 in the United States. The number of drug overdose deaths in that age group has tripled since 1999, and today's young people are more likely to abuse opioids than street drugs except for marijuana. Thirty-two percent of high school students in Michigan report symptoms of depression; 17 percent report suicidal thoughts.

Metro Detroit's Jewish community is not immune. A 2016 community assessment study funded by the Jewish Fund and completed with the Jewish Federation of Metropolitan Detroit revealed that teens in Jewish Detroit are struggling with mental health concerns. According to the survey, 52 percent of teen respondents said they or their friends were struggling with anxiety, and 42 percent of respondents said they struggle with low self-esteem, sadness or depression. Other concerns cited by teen respondents were eating disorders (25 percent), bullying (22 percent) and drug use (17 percent).

We all know families devastated by suicide, overdose deaths or who are struggling to help their children and family members deal with a mental illness. Too often these families struggle alone, their problems kept in the dark because of the stigma mental illness still holds on our society — that mental illness is a personal failing, a result of bad parenting, something you should be able to just “snap out of” on your own. None of that is true, of course.

It's time to take the issue of teen mental health — and its accompanying stigma — out of the shadows and into the light. Many organizations in the Jewish community are taking on this goal, from the Jewish Federation, Jewish Family Service, Kadima, Friendship Circle, A Single Soul, and the list goes on. However, no *one* organization can solve the problem on its own. It will take the entire community, working together, to make a difference — including the *Jewish News*.

In 2018, the *JN* will be “shining the light” on the topic of teen mental health. Throughout the year, we will bring you not only stories of communal and congregational efforts to solve this problem as well as educational stories like this one, but also personal stories — both inspiring and tragic — from people living with this challenge and stories written by teens chronicling their struggles.

Whenever you see the “Spotlight on” logo in the *JN* pages, you'll know the topic touches on teen mental health. Readers can also visit www.thejewishnews.com and type “shining the light” in the search bar to see all the stories in one place.

We invite readers' feedback. If you have a story to share or a question you want answered on this topic, send an email to jheadapohl@renmedia.us.

Our goal? We want readers of the *JN* to recognize the symptoms of a mental health crisis, know when and where they should seek out help, and to help erase the stigma from those suffering mental health challenges. Together, we can make a difference. ➤



Teens & Mental Health

When should parents be concerned? Experts share some warning signs.

JACKIE HEADAPOHL, MANAGING EDITOR

We don't often talk about teen mental health around the dinner table or on the phone with friends or colleagues. Maybe we fear being labeled “bad parents” if our teens are diagnosed with mental health issues. It's something we must have done wrong. Maybe whatever our kids are going through is just a “phase,” something they'll “get over” in time.

In the meantime, thousands of kids are taking their own lives in the U.S. each year.

We can't let this stigma continue. The pages of the *JN* have reflected this reluctance to address the issue. It wasn't until 1985 that the term “teen suicide” first appeared in our pages. From that time until 2016, “teen suicide” can be found only 24 times. We only found four references in recent years specifically to “teen depression” in the Detroit Jewish News digital archives. This just reinforces the notion that until recently, teen mental health has been rather a taboo topic in our local Jewish community.

The first step in eliminating a stigma is to talk about it. As teen mental health advocate and Duchess of Cambridge Kate Middleton says, “A child's mental health is just as important as their physical health

and deserves the same quality of support.” Amen.

We talked to some experts on what parents should be on the lookout for.

RECOGNIZING A PROBLEM

The first place you should look is your own family history, according to Shari-Beth Goldman, chief program officer at Jewish Family Service. “Mental health problems are generally a combination of both environmental factors and genetics,” she says. “Illnesses such as bipolar disorder, depression, ADHD and substance use disorders have familial patterns. Knowing this history will help you know what to watch out for.”

Environmental factors can include exposure to trauma, such as family problems, bullying, social problems. “Any can trigger depression, especially if there is a genetic predisposition,” Goldman says.

Goldman adds that changes in sleeping or eating, either more or less, and nightmares can be warning signs. “Parents know their children best,” she says. “If they notice severe or abrupt changes from what's normal for their child that lasts for a few weeks, it's time to do some-



Shari-Beth Goldman



Jean Nemenzik

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— JEAN NEMENZIK

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thing.”

Jean Nemenzik, clinical director at Kadima, says it’s normal for adolescents to become depressed if they are having difficulty at school, their boyfriend or girlfriend breaks up with them or they suffer a disappointment.

“It’s not normal that they be so sad or upset that they can’t get up and go to school,” she says, “or they drop out of all their favorite activities and isolate themselves in their rooms.

“It’s a matter of severity of the reaction and the longevity,” Nemenzik adds. “Sadness, depression and isolation are all normal for teens. When it interferes with normal daily activities, like school, then it’s a warning sign.”

Another red flag: dramatic changes in your child’s behavior. “Watch out for self-injury, self-destructive behaviors, aggression, outbursts of anger, threats

ing in you and I’m concerned. Then be prepared to detail what you’ve been seeing.”

Nemenzik adds that parents need to do some mental preparation for what they might hear. “You need to listen as non-judgmentally as you can,” she says.

As a parent, this can be a tough thing. “In general, when talking to your child about problems, you need to listen more than talk,” Goldman says. “This is doubly true with teens.”

Ask open-ended questions. Once you pose a question, just sit there with the silence. “They might get to a place where they start talking.”

Another thing that can work is getting in the car with your teen and just driving for a while. “That’s when some of the best conversations will happen,” Goldman says. “I think it’s something about being together in a confined space. Neither of you can leave and you’re both facing forward, so there’s not that intensity of eye contact. Sometimes, things will start to emerge.”

If your child won’t open up to you, suggest they talk to another caring adult they trust, such as an aunt, family friend or teacher. Goldman suggests saying, “I can tell you’re really upset. If you’re not comfortable talking to me about it, let’s think of someone else you can talk to. Who would be OK?”

As a parent, should you suggest a solution to a problem? It depends on the situation and how much of a threat it poses. If a child is being bullied, for example, get input from your teen. Ask them what they’ve tried. Ask them what they’d like you to do (if anything).

“Brainstorm with them and help them come up with solutions,” Goldman says. “Engage them in the solutions rather than saying, ‘Here’s what you should do.’ Get them talking about possibilities.

“If you fear your teen is abusing drugs and alcohol, the first thing to do again is listen. Find out the circumstances. What was the situation? What did they think of the experience? Do they think they might do it again? Did they like it?”

“On a basic level, it’s illegal. Start with that,” Goldman says. “Try to just get information from

them about what their experience of it was. It may well be they tried it out of peer pressure and they didn’t like it. Or maybe they did like it because it helped them get over their social anxiety. If that’s the case, get them in to see someone who can help them ease their anxiety in better ways.”

These conversations aren’t always easy.

“A certain amount of distancing yourself from parents is a normal part of adolescence,” Nemenzik says. “But it’s a fallacy to think most kids don’t want anything to do with their parents when they’re teens. They may not want to spend Saturday nights at home with you anymore, but they still care what you think. They still want your love and affection and concern.”

TALK OF SUICIDE

If you hear your teen say he or she wants to die or talk about killing himself, take it seriously, Goldman says. “What they are saying is something is causing them pain, upset and hurt. Sit them down and find out what’s going on.”

By their nature, teens are impulsive, she says. “They can act quickly without thinking things through.”

Nemenzik agrees that talking or writing about death or self-harm is never normal. “That’s of immediate concern. That’s them reaching out for help.”

If your child talks of suicide, act to ensure their safety. “Let your kids know you care deeply about their well-being, that you are taking their words and actions seriously and, therefore, are going to stay close by until you are sure they are safe and are going to be OK,” she says.

When you feel your child needs more help than you can provide, your family doctor or organizations like Kadima and Jewish Family Service can make referrals to therapists.

“Intervene with a professional when your child is talking about suicide, is at the point of failing at a key area in their life or their physical health is at risk,” Nemenzik says. ❖

Want to know how teens dealing with mental health challenges really feel? See page 13 to read essays from teens in the community.



If you or your teen could benefit from counseling, contact Jewish Family Service at (248) 592-2313 or resourcecenter@jfsdetroit.org.

to run away or talk of hurting themselves or others,” Goldman says.

FIRST STEPS FOR PARENTS

Communication is the most important thing a parent can do. “But timing is important,” Goldman says. “Don’t start a conversation when you’re in a state of frustration or agitation. Be able to sit down and have a calm, private conversation with your child. Start by saying, ‘I’ve noticed that’s something chang-