Mental Health Starts With ME

ROSS SZABO

Wellness Director, Geffen Academy at UCLA

IG- @rossszabo

Tik Tok- @rosseszabo

TAKING CHARGE OF YOUR MENTAL HEALTH

ROSS SZABO

Wellness Director, Geffen Academy at UCLA

IG- @rossszabo

Tik Tok- @rosseszabo

Mental Health Crisis

Mental Health Education

1. Family History
2. Childhood Development
3. Mental Health Literacy

MENTAL HEALTH

Mental health isn’t having a problem.

It’s how you address challenges in your life.

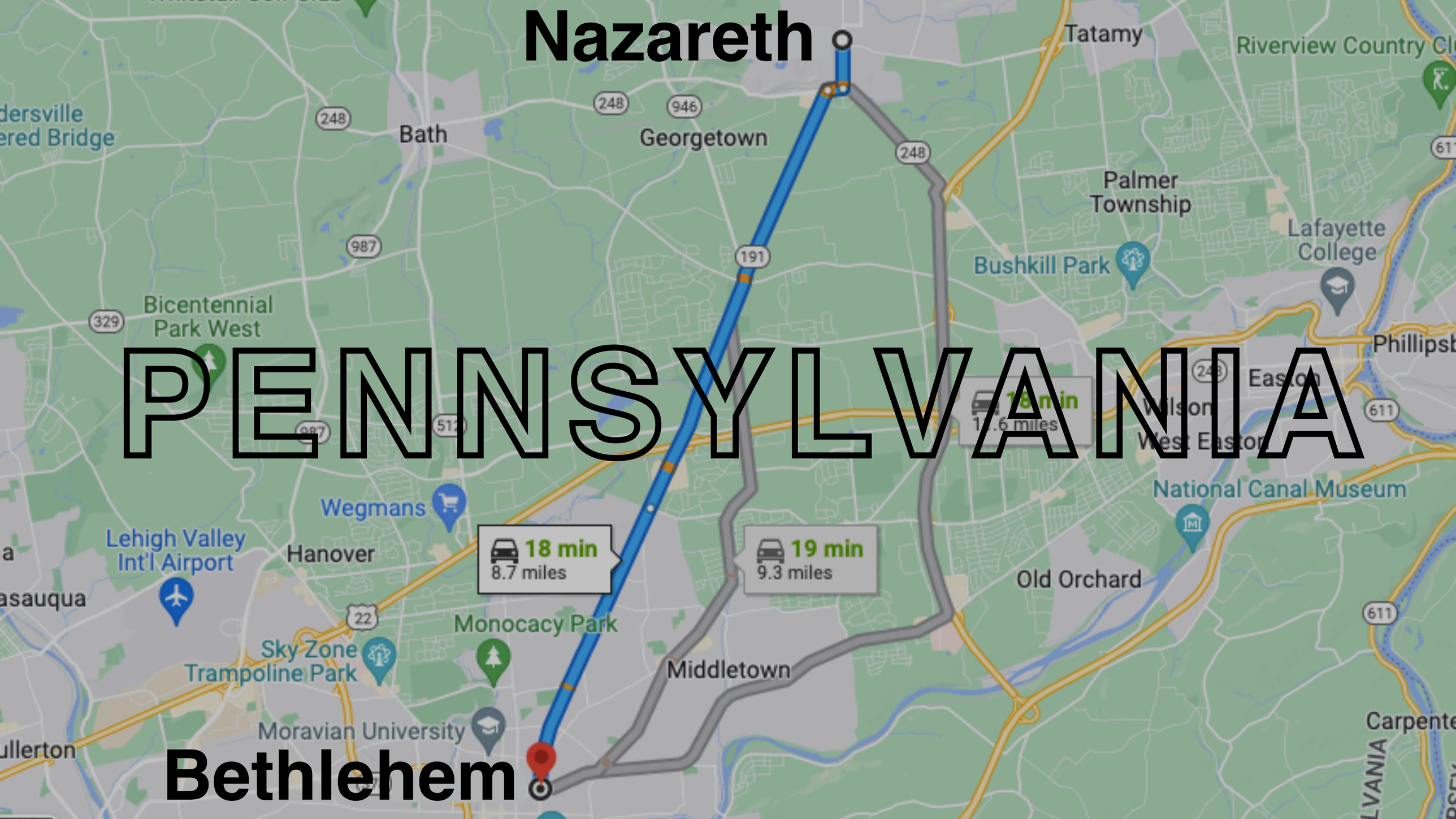
It’s not about being perfect. It’s about knowing what skill to use and when to use it.

Help!

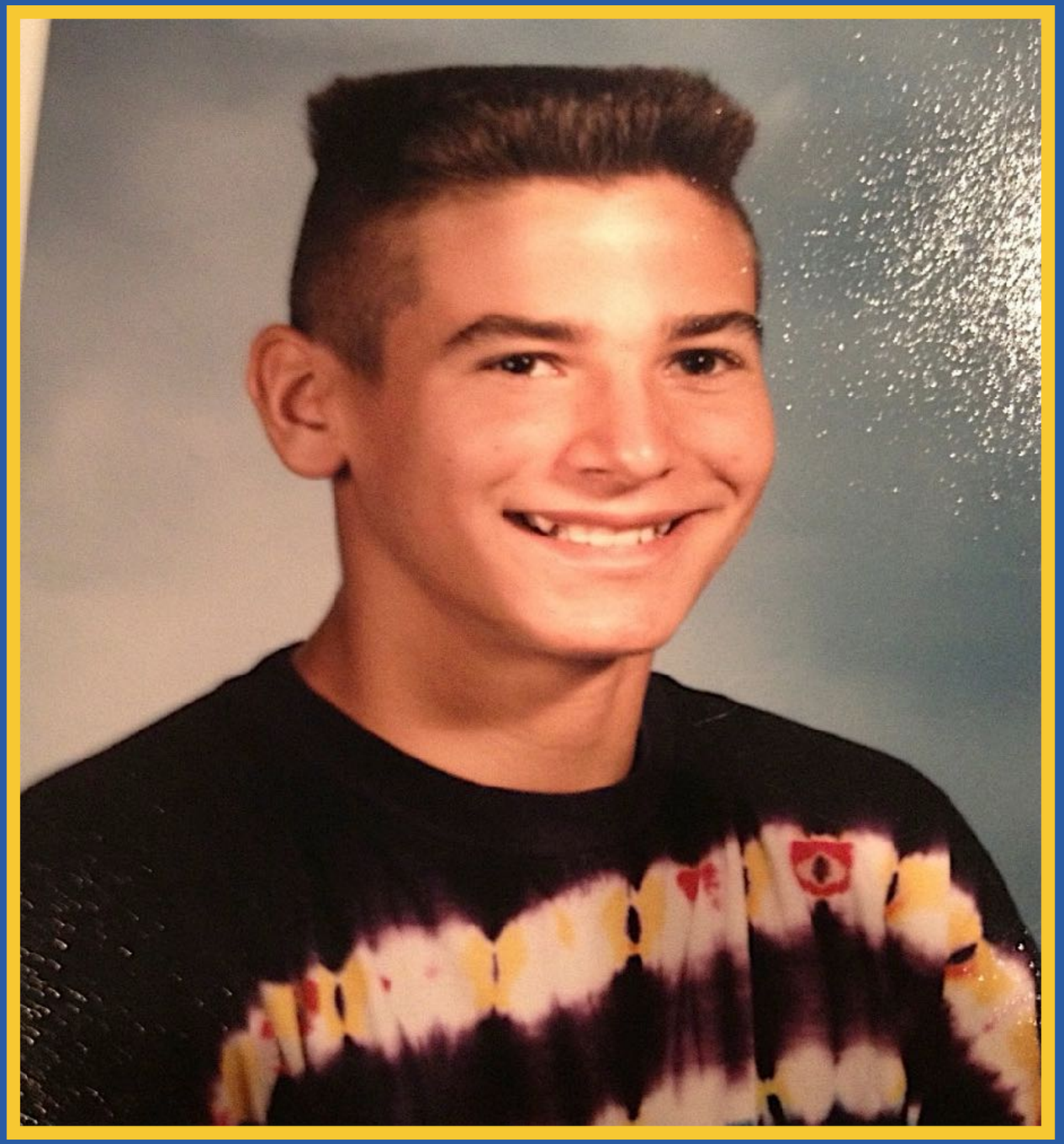
Why don’t people talk about mental health or seek help for mental health issues?

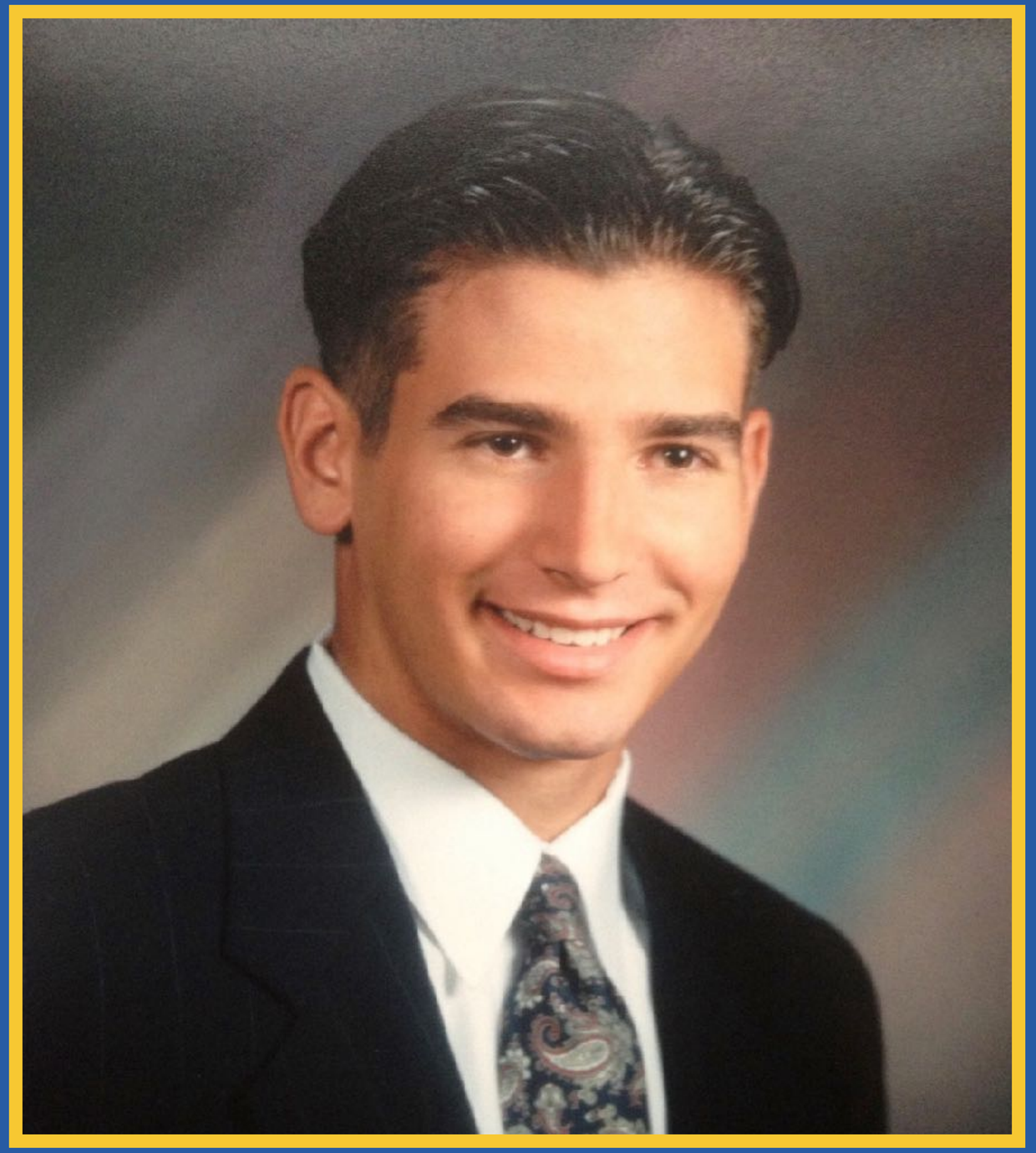
Part 1

Family History


Nazareth
Bethlehem
PENNSYLVANIA
Tatamy
Riverview Country Cl
Bath
Georgetown
248
946
191
987
329
512
Palmer Township
Bushkill Park
Lafayette College
Bicentennial Park West
Phillipsb
Easton
Wilson
West Easton
611
18 min
11.6 miles
Wegmans
National Canal Museum
Lehigh Valley Int'l Airport
Hanover
18 min
8.7 miles
19 min
9.3 miles
Old Orchard
22
Monocacy Park
Sky Zone Trampoline Park
Middletown
Moravian University
Carpente

MICHAEL
JORDAN





Mental Health Tips for Parents

1. Education via family history and books.
2. Turn Confrontation into Conversation.
3. Walk the line between empowering/enabling.
4. Leave the door open.
5. Take care of yourself, take a break, build coping mechanisms.

College Apps Need Their Own Slide

1. Identify the main goal you have for your family.
2. Try to not wrap your own identity into the applications.
3. How you model the application process matters.
4. Focus on what you can control.

What do you bring to your family?

- Take some time to think about your own journey and how that affects your family.

- Celebrate your own small wins. All of you have made changes throughout your life that you can be proud of. Remember there is resilience, joy, connection and things to be proud of in your family.

- Taking care of your mental health is critical to being able to be there for everyone else in your life.

Part 2

Contributing Factors

Significant Factors in Child Development

1. Temperament
2. Attachment styles
3. Play
4. Motivation/Boundaries
5. Brain development

They aren’t blank slates

Easy Temperament (40%)

- These children are generally happy, have regular routines, and adjust easily to new situations, foods, and people.
- They have mild reactions to new experiences and a positive mood most of the time.

Slow to Warm Up Temperament (15%)

- These children have a low activity level and are more cautious or observant.
- They may show some negative mood or discomfort in new situations but gradually adapt with time and encouragement.

Difficult Temperament (10%)

- These children tend to have irregular routines, intense emotional reactions, and difficulty adapting to change.
- They often cry frequently, have negative moods, and may be considered "feisty".

Attachment Styles

Secure (51%)

- Consistent and responsive caregiving leads to health development.
- Parents are a secure base that kids can operate from. Can be independent when parents away and comforted when they return.

Anxious (10%)

- Inconsistent caregiving leads to insecurity and fear of rejection. Children are anxious when caregivers aren't present & difficult to comfort when they return.
- Can be clingy and also reject closeness.

Avoidant (15%)

- Caregivers don't often respond to emotional needs of child. Show little distress when caregivers aren't present and avoid them when they return.
- Seem independent, but actually struggle with addressing emotions.

Disorganized (24%)

- Children experience trauma, frightening, inconsistent or abusive caregiving. Children exhibit erratic or contradictory behaviors.
- They may freeze up, show confusion, or display unpredictable reactions.

THE IMPORTANCE OF PLAY

Allows Decision Making

Develops Mindfulness

Promotes Risk Taking

Relieves Stress

Nurtures New Ideas

Teaches Cooperation Skills

Builds Healthy Relationships

Develops Self Control

Improves Brain Function

Boosts Creativity

Improves Memory

Heals Emotional Wounds

Develops Social Skills

experience CURRICULUM

Motivation & Boundaries

Child with intrinsic motivation

- Boundaries are necessary to help encourage their interests and passions in a way that allows them to grow steadily and safely.
- Try to provide consistent boundaries that reinforce taking breaks and diversifying what else they can do.
- Try to model the boundaries you want to encourage.

Child without intrinsic motivation

- These boundaries are necessary to encourage them to try new things in academics and play.
- Try to limit distractions that can feel better than the academic or play pursuits.
- Try to model the boundaries you want to encourage.

BRAIN DEVELOPMENTT IN EARLY YEARS

0–5 years

RAPID GROWTH

- At birth, the brain is about 25% of its adult size.
- By age 3, it is about 80%.
- By age 5, about 90%.

NEURAL CONNECTIONS

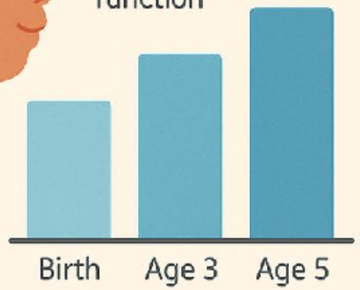
Millions of new connections form each second

CRITICAL AREAS DEVELOPING

0–1 year:
Sensory pathways

1–3 years:
Language

3–5 years:
Higher cognitive function



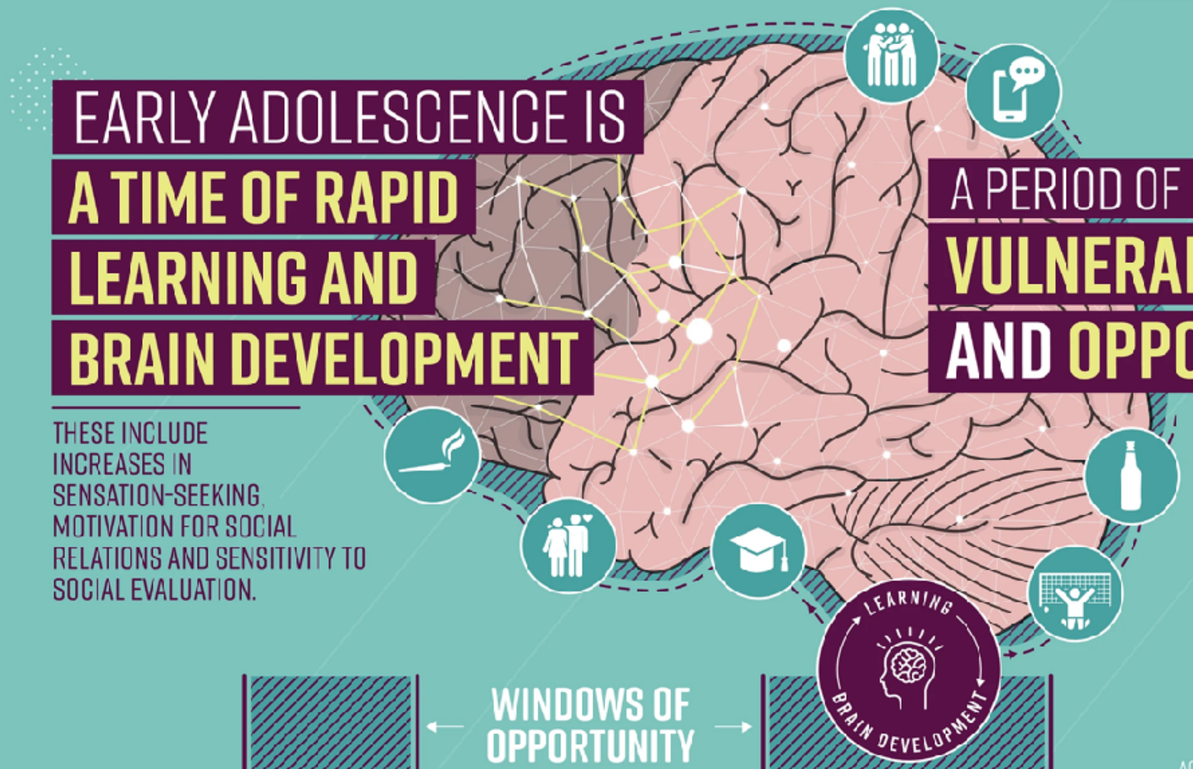
THE ADOLESCENT BRAIN

A SECOND WINDOW OF OPPORTUNITY

unicef
Office of Research-Innocenti

EARLY ADOLESCENCE IS **A TIME OF RAPID LEARNING AND BRAIN DEVELOPMENT**

THESE INCLUDE INCREASES IN SENSATION-SEEKING, MOTIVATION FOR SOCIAL RELATIONS AND SENSITIVITY TO SOCIAL EVALUATION.



A PERIOD OF **VULNERABILITY AND OPPORTUNITY**

PUBERTY INITIATES INTENSE LEARNING & BRAIN DEVELOPMENT, WHICH LEAD TO STRUCTURAL REMODELING AND NEURAL RE-CONFIGURATION OF KEY BRAIN SYSTEMS. IT'S A CRUCIAL TIME TO INVEST IN ADOLESCENTS.

DOWNLOAD

"THE ADOLESCENT BRAIN: A SECOND WINDOW OF OPPORTUNITY"
WWW.UNICEF-IRC.ORG/ADOLESCENT-BRAIN

Adolescence is a Time of Opportunity

Adolescents who numb or shut down

- May be more introverted
- Meet them where they are
- Engage them with activities like arts, music, acting, reading or writing.

Adolescents who embrace risk

- More extroverted
- Enjoy feeling a rush from activities or experiences
- Engage them with activities like martial arts, rock climbing, sports, skateboarding etc.

Part 3

Mental Health Literacy

Many Pieces to Mental Health Crisis

Social Emotional Learning

- Programs that teach about emotional intelligence, emotional regulation and communication

Mental Health Education

- Coping skills for mental health challenges
- Increase help seeking behavior
- How to help others
- Mindfulness

Mental Illness Education

- Severity and symptoms of mental illness
- Decreasing stigma about people with mental health disorders
- Suicide prevention

LANGUAGE

Everyday Influences

- Stress
- Sleep
- Self Esteem
- Body Image

Your Environment

- Home
- School
- Family/Biology
- Friendships

Significant Events

- Starting Relationships
- Death
- Ending Relationships
- Illness

Mental Health Disorders

- Clinical Depression
- Anxiety Disorders
- Bipolar Disorder
- Schizophrenia
- Eating Disorders

Neurodivergence

- Intellectual Disabilities
- Autism Spectrum Disorder
- ADHD
- Learning Disabilities

SPECTRUM

People who are sane or don’t have a diagnosis

People with mild mental health disorders like anxiety, depression.

Severe mental health disorders.

SPECTRUM

Don’t have stressors

Difficult to Balance

Uses Resources to Balance

Need Constant Assistance to Balance

Not Able to Balance

Emotions vs. Disorders

Nervous	‹‹‹ ›››	Anxiety Disorder
Sadness	‹‹‹ ›››	Clinical Depression
Body Image Issue	‹‹‹ ›››	Eating Disorders
Thoughts of Death	‹‹‹ ›››	Plan to Take One’s Life

Anxiety Spectrum

Anxiety is a normal reaction to stress, has a start and ending point and can be helpful or motivational. The opposite of anxiety is being calm.

- **Nervous**
- **Fearful**
- **Worried**
- **Anxious**
- **Scared**
- **Doubtful**
- **Tense**
- **Concerned**
- **Restless**
- **Apprehensive**
- **Stressed**
- **Overwhelmed**
- **Uneasy**

Anxiety disorders are an intense or disproportionate emotional response, interfere with daily life and feels impossible to manage. Anxiety disorders often cause racing thoughts, fear of impending doom, trouble breathing, panic attacks. Opposite of an anxiety disorder is being able to see reality.

Anxiety Disorders

Depression Spectrum

Feeling sad, depressed or upset often has an identifiable cause. The feelings last a shorter amount of time and is a normal reaction to loss, change and/or rejection. Opposite is being happy.

Sad
Lost
Lonely
Numb
Miserable
Disconnected
Depressed
Heartbroken
Troubled
Down
Exhausted
Bored
Disappointed

Clinical depression often doesn't have an identifiable cause. It affects how you feel, think and function. It can cause hopelessness, despair and suicidal thoughts. It also leads to physical changes like appetite, sleep and energy. Opposite is vitality.

Clinical Depression

Enraged	Panicked	Stressed	Jittery	Shocked	Surprised	Upbeat	Festive	Exhilarated	Ecstatic
Livid	Furious	Frustrated	Tense	Stunned	Hyper	Cheerful	Motivated	Inspired	Elated
Fuming	Frightened	Angry	Nervous	Restless	Energized	Lively	Excited	Optimistic	Enthusiastic
Anxious	Apprenhensive	Worried	Irratated	Annoyed	Pleased	Focused	Happy	Proud	Thrilled
Repulsed	Troubled	Concerned	Uneasy	Peeved	Pleasant	Joyful	Hopeful	Playful	Blissful
Disgusted	Glum	Disappointed	Down	Apathetic	At Ease	Easygoing	Content	Loving	Fulfilled
Pessimistic	Morose	Discouraged	Sad	Bored	Calm	Secure	Satisfied	Grateful	Touched
Alienated	Misrable	Lonely	Disheartened	Tired	Relaxed	Chill	Restful	Blessed	Balanced
Despondent	Depressed	Sullen	Exhausted	Fatiguied	Mellow	Thoughtful	Peaceful	Comfortable	Carefree
Despair	Hopeless	Desolate	Spent	Drained	Sleepy	Complacent	Tranquil	Cozy	Serene

HIGH ENERGY

LOW ENERGY

LOW PLEASANTNESS

HIGH PLEASANTNESS

Suicidal Thought Spectrum

It’s extremely common to have thoughts about existence or why we are here. When these thoughts are expressed you can find connection, comfort and purpose.

If a person hides these thoughts they can begin to focus on death, dying or suicidal thoughts. The longer they hide those thoughts they may focus on them more and experience them frequently

The last step a person takes before attempting to take their life is to have a plan. This can happen in a very short timeframe or a long timeframe. When a person is in this place they need help.

Thoughts of existence or why we are here

Plan to take one’s life

Competition of Stress

Good Stress vs. Bad Stress

Good Stress

- **A burst of energy that basically advises you on what to do**
- **Helps you meet daily challenges**
- **Motivates you to reach your goals**
- **Produces the fight-or-flight response**
- **Can improve your heart and protect you from infection**

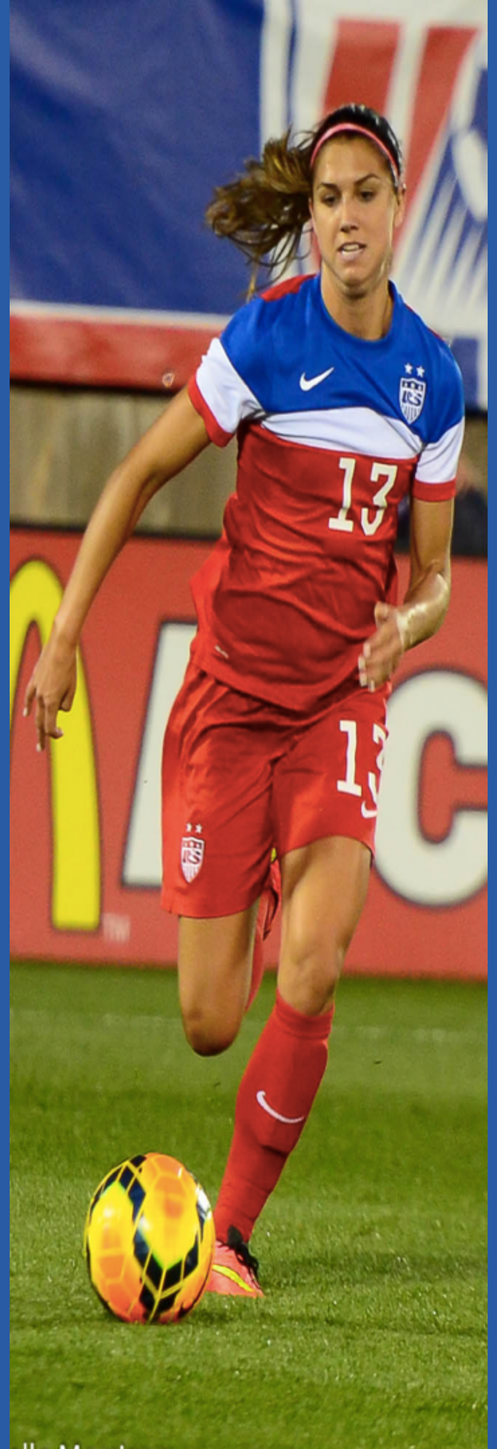
Bad Stress

- Inability to concentrate or complete tasks
- Get sick more often
- Body aches
- Headaches
- Irritability
- Trouble falling sleeping or staying awake
- Changes in appetite
- More angry or anxious than usual

Coping

How you deal with stress from adversity, disadvantage and other problems in life

30
WARRIORS

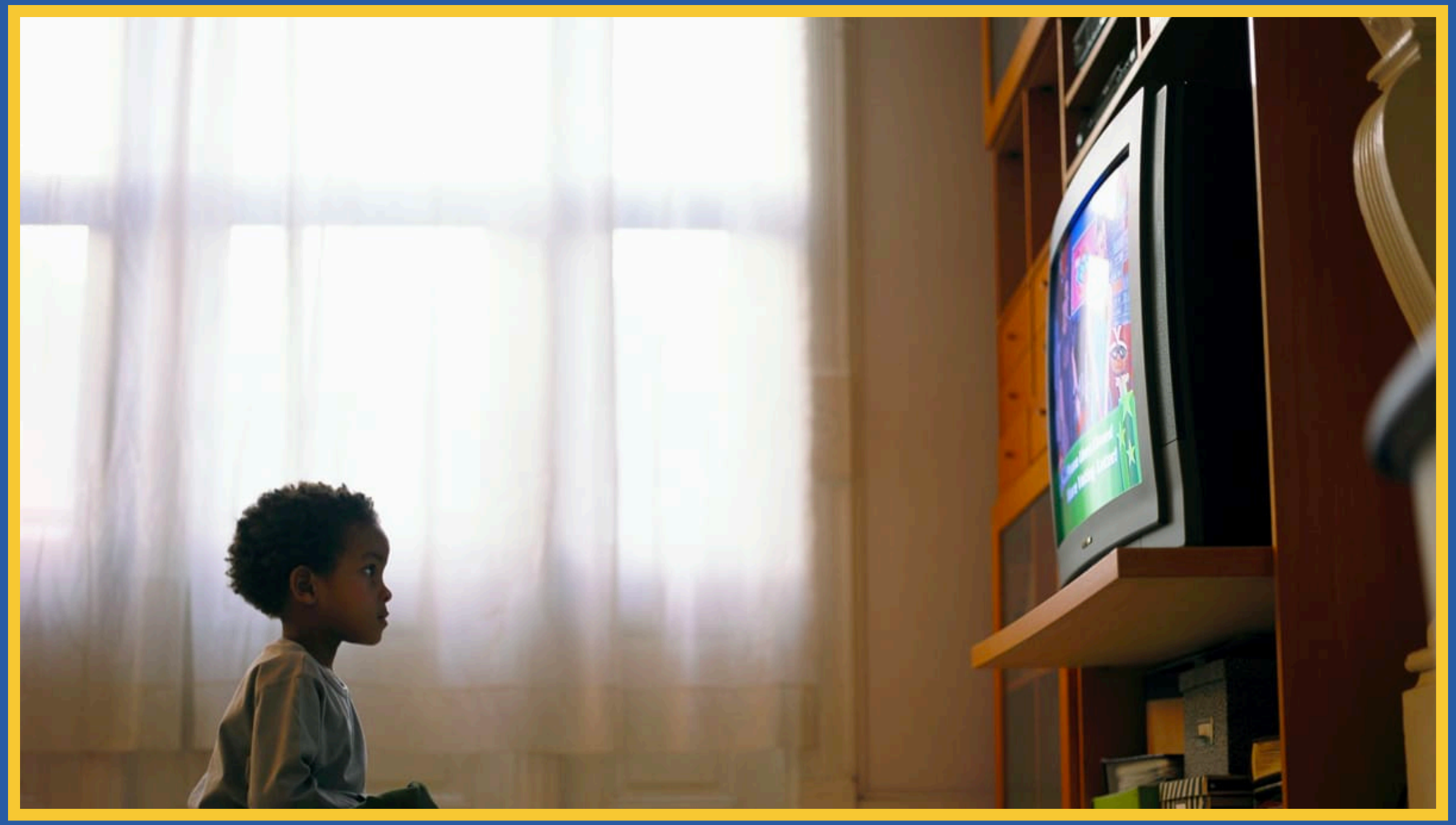

13
12

The longer you use a coping mechanism.

The more automatic it becomes.

The deeper the neural pathways get.

The harder it is to change the coping mechanism.



MARQUIS

Co.,Ltd.

twilight

The time period between ages 12-25 is when most people develop coping mechanisms for the rest of their lives.

NOW is the time to focus on effective coping.

Changing Ineffective Coping

1. You have to want to change ineffective coping.
2. Identify the coping mechanism as you're using it.
3. Replace the ineffective coping mechanism.
4. Practice the new effective coping mechanism.
5. Create an environment that helps you change and be patient.

Never Underestimate Your IMPACT

POST-EVENT RESOURCES

- Practical discussion guide.
- Free chapter from *Behind Happy Faces* book.
- Shareable video that reinforces key takeaways.
- Resources for mental health and support pathways.

IG- @rossszabo

Tik Tok- @rosseszabo