Erika's Lighthouse®



THE ANYONE PROGRAM *for Mental Health*

Staff Training:

Part 1: Signs & Symptoms
Part 2: Being a Trusted Adult

Any adult. Any youth. Anywhere. Anyone can be a lifeline.

Content Notice

This training contains discussion of depression, self-harm and suicide.

If you or someone you know is experiencing suicidal thoughts or is in crisis, please reach out to the 988 Lifeline, which provides 24/7, free, confidential support for people in distress.

988 SUICIDE & CRISIS LIFELINE

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PART 1

Signs and Symptoms of Depression & Suicide

Agenda

- Current Statistics on Youth Mental Health
- Signs & Symptoms of Depression
- Signs & Symptoms of Suicide
- Shared Risk Factors & Warning Signs

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Youth Are In A Mental Health Crisis

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The Need is Significant: We know young people are experiencing poor mental health, and we must act. The reality is troubling:

The Percentage of High School Students Who:*	2015 Total	2017 Total	2019 Total	2021 Total	2023 Total	2025 Total	10-Year Trend (2015–2025)	2-Year Change (2023–2025)
Experienced persistent feelings of sadness or hopelessness	30	31	37	42	40	33		
Experienced poor mental health	–	–	–	29	29	23	–	
Seriously considered attempting suicide	18	17	19	22	20	14		
Made a suicide plan	15	14	16	18	16	12		
Attempted suicide	9	7	9	10	9	6		
Were injured in a suicide attempt that had to be treated by a doctor or nurse	3	2	3	3	2	1		

Based on 2025 CDC YRBS Data

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Suicide by the Numbers

Specifically relating to suicide, the statistics are alarming and widespread:

- Youth and young adults ages 10-24 years account for 13% of all suicides. (CDC)
- 14% of high school students have seriously considered attempting suicide. (CDC YRBS, 2025)
- 6% of high school students reported having attempted suicide. (CDC YRBS, 2025)
- Rates are rising among young people, suicidal behaviors among high school students increased more than 40%. These trends were exacerbated during the COVID-19 pandemic. (National Institute for Health)

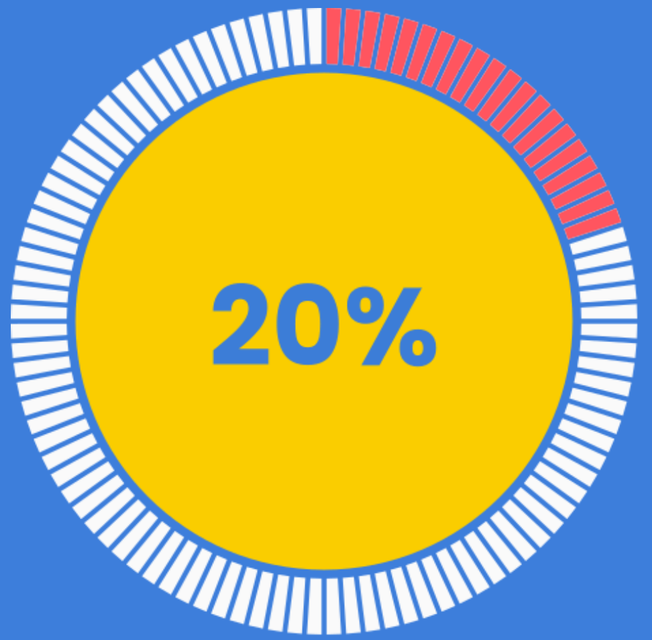
Suicide is the
SECOND
leading cause of death
among 10-24 year olds.
(CDC)

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Depression by the Numbers

- Depression is the number one risk factor for suicide.
- An estimated 5 million of adolescents, ages 12-17, have had at least one major depressive episode.
- At risk populations - females & LGBTQ+
- Depression is the most common mental health disorder that is accompanied by co-occurring disorders. 3 out of 4 teens with depression have also been diagnosed with anxiety and half have been diagnosed with behavior problems.
- 50% of mental health disorders begin before the age of 14 and 75% occur before 24.
- Childhood depression is more likely to persist into adulthood if gone untreated.

Up to 20% of young people will experience a major depressive episode before age 20. (NIMH)



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Importance of Prevention

Many warning signs & symptoms of depression and suicide are shared

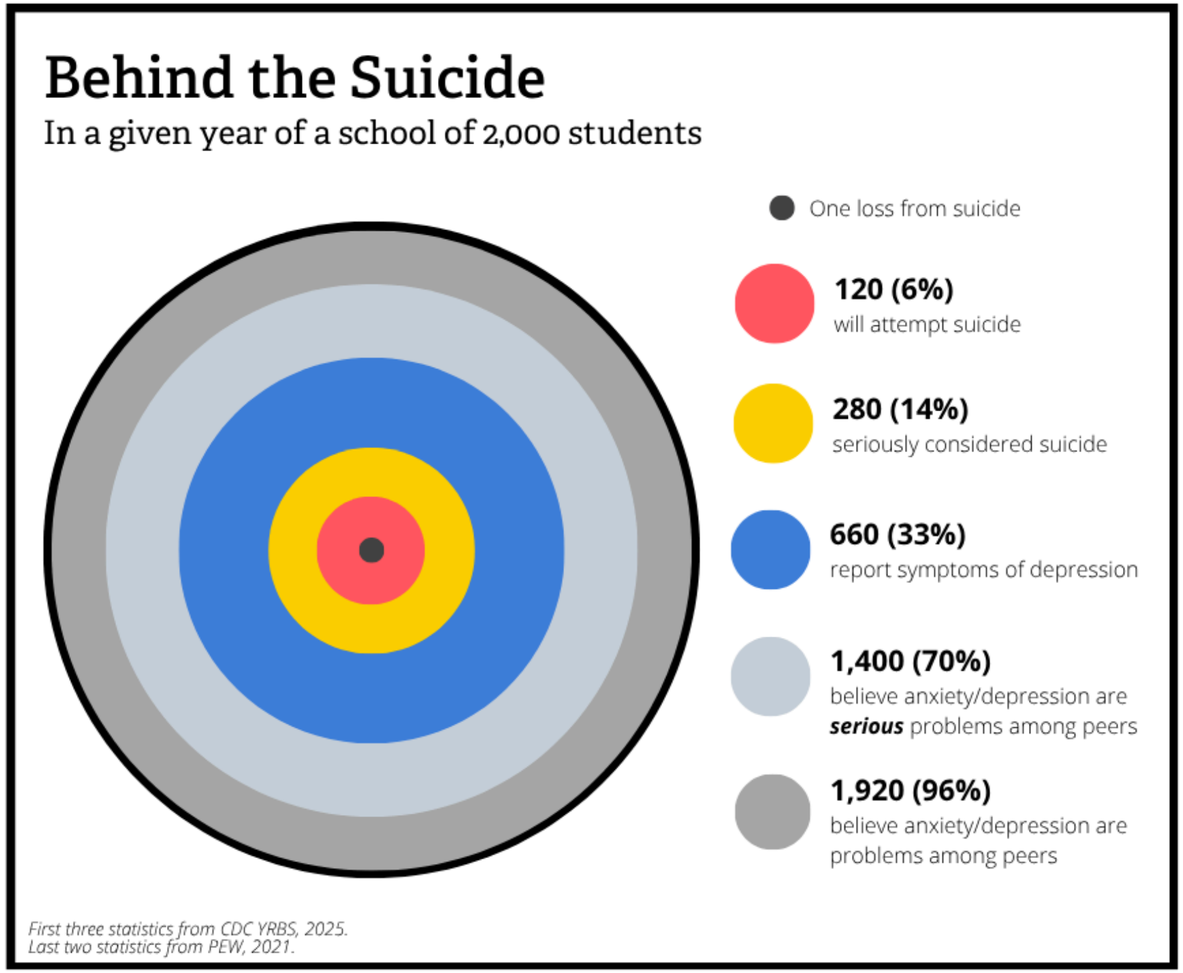
	Depression	Suicide
Feelings of sadness, tearfulness, emptiness or hopelessness	✓	✓
Angry outbursts, irritability or frustration, even over small matters	✓	✓
Loss of interest or pleasure in most or all normal activities, hobbies or sports	✓	✓
Sleep disturbances, including insomnia or sleeping too much	✓	✓
Tiredness and lack of energy, so even small tasks take extra effort	✓	
Reduced appetite and weight loss or increased cravings for food and weight gain	✓	✓
Anxiety, agitation or restlessness	✓	
Slowed thinking, speaking or body movements	✓	
Feelings of worthlessness or guilt, fixating on past failures or self-blame	✓	
Trouble thinking, concentrating, making decisions and remembering things	✓	✓
Unexplained physical problems, such as back pain or headaches	✓	✓
Poor performance or poor attendance at school	✓	✓
Using recreational drugs or alcohol	✓	✓
Self-harm and unnecessary risk taking	✓	✓
Avoidance of social interaction	✓	✓
Frequent or recurrent thoughts of death, suicide, or suicide attempts	✓	✓
Giving away belongings or getting affairs in order for no reason		✓
Saying goodbye to people as if they will not be seen again		✓
Talking about suicide or death, even in a joking way		✓

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Upstream Approach

Depression Education is Suicide Prevention



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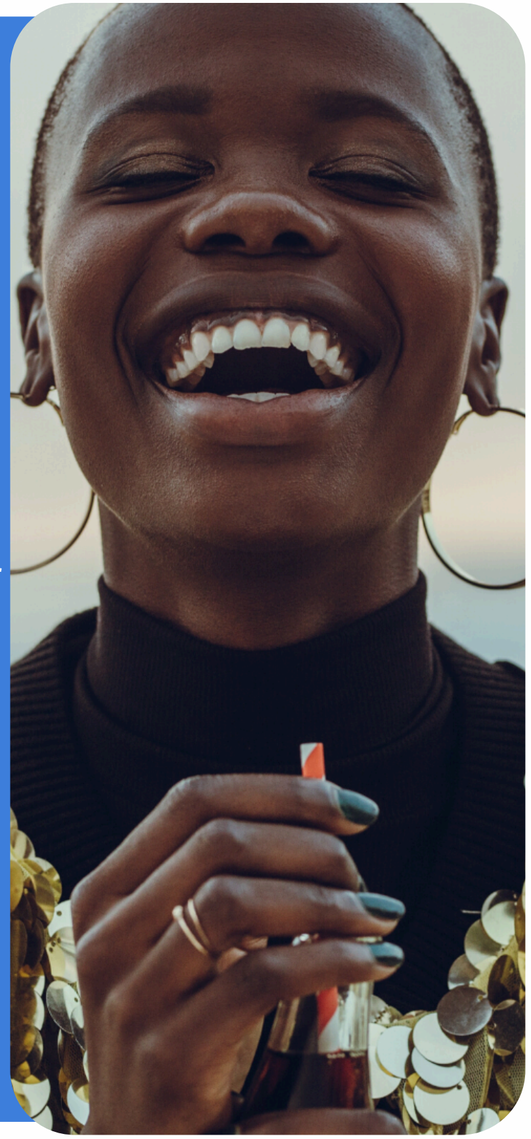
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Signs & Symptoms of Depression

Depression symptoms can vary from mild to severe and can include:

- **Feeling sad or having a depressed mood**
- **Loss of interest or pleasure in activities once enjoyed**
- Changes in appetite — weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
- Feelings of worthlessness or guilt
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide

*The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.



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Depression in Teens

- Irritability
- Self defeating attitude
- Bizarre sleep patterns
- Substance use
- Risk taking
- Aggression
- Acting out
- Problems in school

Other Facts

- Females have depression at slightly higher rates
- Males are more likely to take their own life

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Risk Factors of Depression

- Personal or family history of depression
- Major life changes, trauma, or stress
- Certain physical illnesses and medications



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Treatment

Treatment is effective, yet hard to get.

In 2021, an estimated 41% of US adolescents with depression received treatment in the past year.

Stigma and other barriers play a role in youth not receiving the treatment they need.

Approximately ⅔ of teens receiving mental health treatment are receiving services at school.

Schools & parents can create protective relationships with students & help them grow into healthy adulthood.

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Warning Signs of Suicide

Talking about:

- Wanting to die
- Great guilt or shame
- Being a burden to others

Feeling:

- Empty, hopeless, trapped, or having no reason to live
- Extremely sad, more anxious, agitated, or full of rage
- Unbearable emotional or physical pain

Change in behavior, such as:

- Making a plan or researching ways to die
- Withdrawing from friends, saying goodbye, or giving away prized possessions
- Taking dangerous risks such as driving extremely fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- Using drugs or alcohol more often

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.



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Risk Factors of Suicide



- Depression, other mental disorders, or substance use disorder
- Certain medical conditions
- Chronic pain
- A prior suicide attempt
- Family history of suicide, a mental disorder or substance use
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Having recently been released from prison or jail
- Being exposed to others' suicidal behavior, such as that of family members, peers, or celebrities

Many people have some of these risk factors but do not attempt suicide. It is important to note that suicide is not a normal response to stress. **Suicidal thoughts or actions are a sign of extreme distress and should not be ignored.**

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PART 2

Helping a Student

Agenda

- Being a Trusted Adult
- Intervention Language
- Following Policy

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What is a Trusted Adult?

What comes to mind when you think of a trusted adult?

Young people say it is someone who is a good listener, offers advice, shows empathy, or won't make you feel silly for coming to them - someone they feel a connection with. A trusted adult is reliable and dependable.

The role of a trusted adult is to:

- Listen and validate how hard it must be to confide in someone or to ask for help.
- And then, help the young person get to the appropriate person to provide the help or support they need.



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What if a young person wants to talk?

A young person may reveal information which makes you and them feel uncomfortable.

- Stay calm and listen
- Thank them for trusting you
- Be sure to take care of yourself

Remember

- We can go a long way toward helping a child simply by acknowledging what they say and treating them with respect and sensitivity.
- There are limits to the kind of support you can provide.
- You are not responsible for either diagnosing or treating a young person.



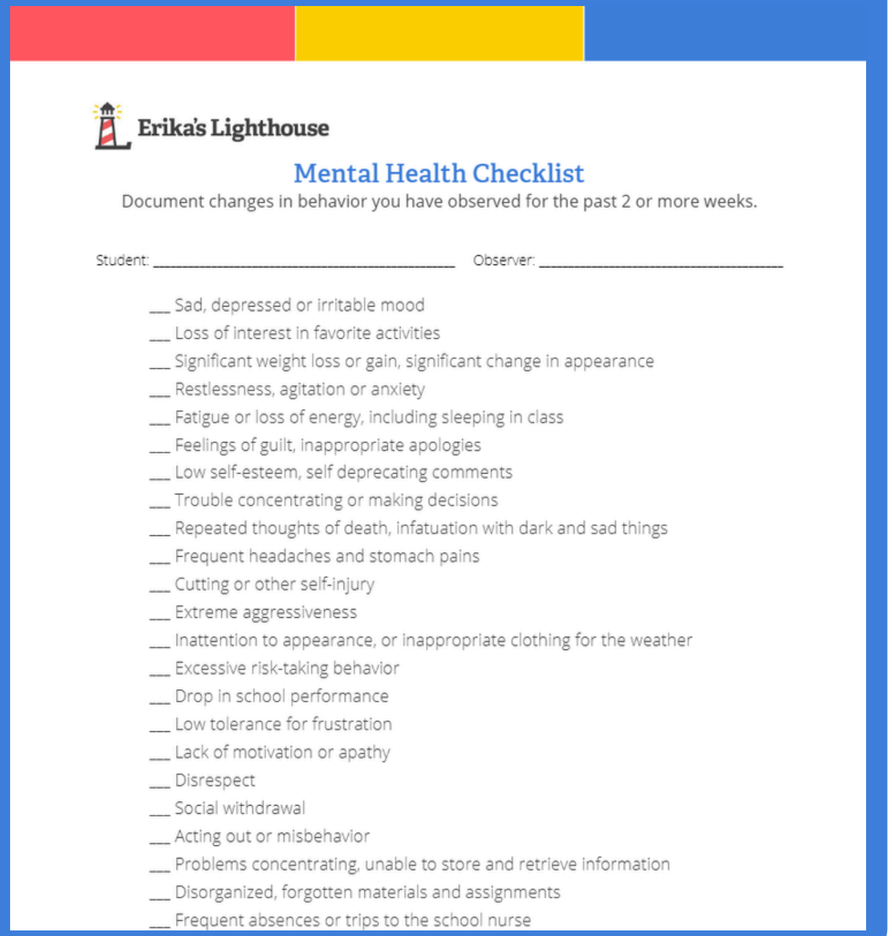
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What if you're concerned about a young person?

There will be times when you may notice a change in behavior or performance of a young person that has lasted two weeks or longer.

- **Confer with your building's administrator**
- Document these changes using the Mental Health Checklist.
- These changes may warrant a conversation.
- Schedule a private time for this conversation because the individual might disclose some personal information to you.



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Mental Health Checklist

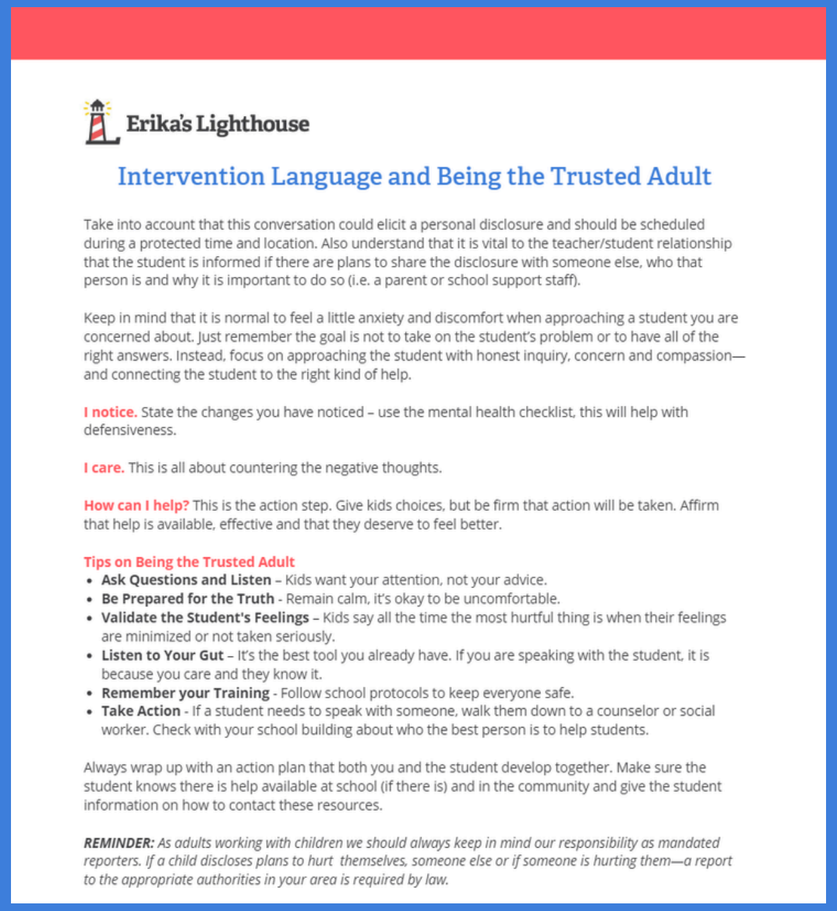
Document changes in behavior you have observed for the past 2 or more weeks.

Student: _____ Observer: _____

___ Sad, depressed or irritable mood
___ Loss of interest in favorite activities
___ Significant weight loss or gain, significant change in appearance
___ Restlessness, agitation or anxiety
___ Fatigue or loss of energy, including sleeping in class
___ Feelings of guilt, inappropriate apologies
___ Low self-esteem, self deprecating comments
___ Trouble concentrating or making decisions
___ Repeated thoughts of death, infatuation with dark and sad things
___ Frequent headaches and stomach pains
___ Cutting or other self-injury
___ Extreme aggressiveness
___ Inattention to appearance, or inappropriate clothing for the weather
___ Excessive risk-taking behavior
___ Drop in school performance
___ Low tolerance for frustration
___ Lack of motivation or apathy
___ Disrespect
___ Social withdrawal
___ Acting out or misbehavior
___ Problems concentrating, unable to store and retrieve information
___ Disorganized, forgotten materials and assignments
___ Frequent absences or trips to the school nurse

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Intervention Language



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Intervention Language and Being the Trusted Adult

Take into account that this conversation could elicit a personal disclosure and should be scheduled during a protected time and location. Also understand that it is vital to the teacher/student relationship that the student is informed if there are plans to share the disclosure with someone else, who that person is and why it is important to do so (i.e. a parent or school support staff).

Keep in mind that it is normal to feel a little anxiety and discomfort when approaching a student you are concerned about. Just remember the goal is not to take on the student's problem or to have all of the right answers. Instead, focus on approaching the student with honest inquiry, concern and compassion—and connecting the student to the right kind of help.

I notice. State the changes you have noticed – use the mental health checklist, this will help with defensiveness.

I care. This is all about countering the negative thoughts.

How can I help? This is the action step. Give kids choices, but be firm that action will be taken. Affirm that help is available, effective and that they deserve to feel better.

Tips on Being the Trusted Adult

- **Ask Questions and Listen** – Kids want your attention, not your advice.
- **Be Prepared for the Truth** - Remain calm, it's okay to be uncomfortable.
- **Validate the Student's Feelings** – Kids say all the time the most hurtful thing is when their feelings are minimized or not taken seriously.
- **Listen to Your Gut** – It's the best tool you already have. If you are speaking with the student, it is because you care and they know it.
- **Remember your Training** - Follow school protocols to keep everyone safe.
- **Take Action** - If a student needs to speak with someone, walk them down to a counselor or social worker. Check with your school building about who the best person is to help students.

Always wrap up with an action plan that both you and the student develop together. Make sure the student knows there is help available at school (if there is) and in the community and give the student information on how to contact these resources.

REMINDER: *As adults working with children we should always keep in mind our responsibility as mandated reporters. If a child discloses plans to hurt themselves, someone else or if someone is hurting them—a report to the appropriate authorities in your area is required by law.*

I notice.

"Is everything okay? I've noticed you have been...."

I care.

"I'm concerned because I know this isn't normal for you."

How can I help?

"What can I do to help? Let's come up with a plan together."

QUICK TIPS

- *Ask questions and listen*
- *Be prepared for the truth*
- *Validate the student's feelings*
- *Listen to your gut*
- *Take action and follow up*

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Responding to a young person

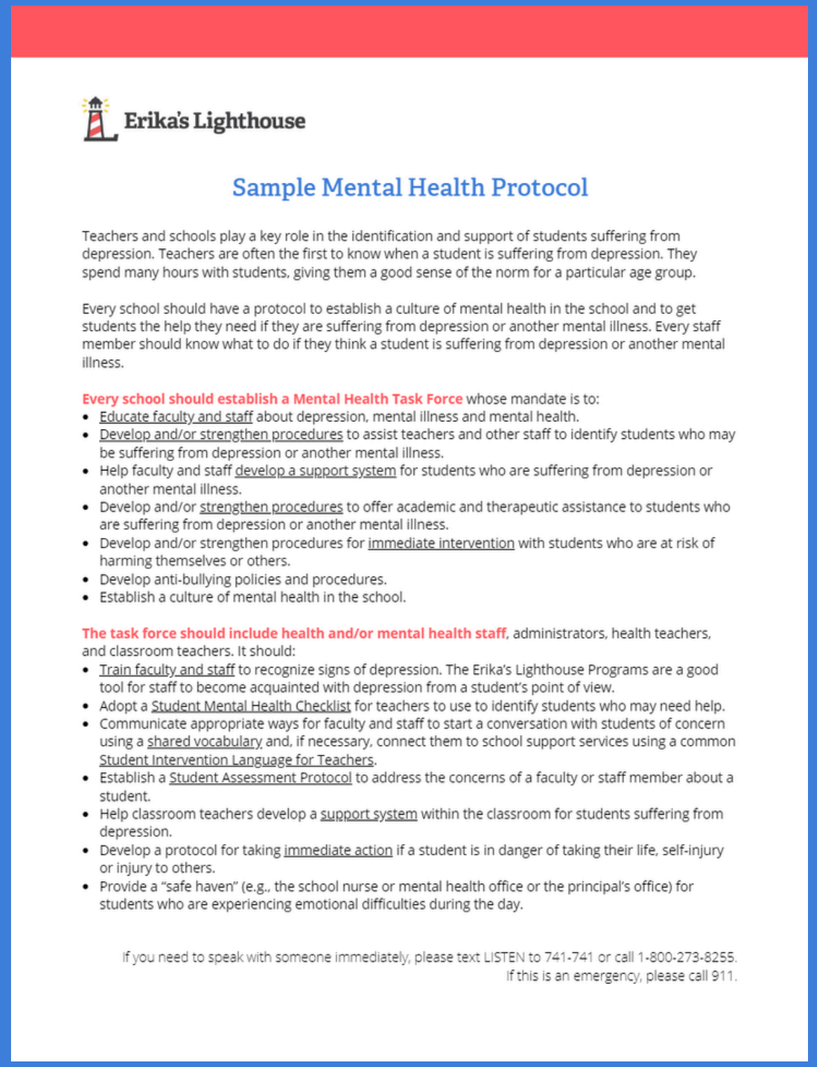
Unhelpful Response	Helpful Response
Things could be worse.	*I care about you. What do you think is causing you to feel this way?*
You'll catch up if you just put in a little effort.	*Let's come up with a plan together to help you catch up with some of your assignments. What can I do to help?*
Just relax. Stop worrying so much.	*Being your age can be hard. I remember being a teenager and all the stress that came along with it. How can I help?*

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Following Protocol

Every organization should have a protocol and all staff should be aware of it. A protocol should be used to:

- Establish a culture of mental health in the building.
- Get young people the help they need if they are suffering from depression or another mental illness.
- Inform every staff member to know what to do if they think a student is suffering from depression or another mental illness.



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Sample Mental Health Protocol

Teachers and schools play a key role in the identification and support of students suffering from depression. Teachers are often the first to know when a student is suffering from depression. They spend many hours with students, giving them a good sense of the norm for a particular age group.

Every school should have a protocol to establish a culture of mental health in the school and to get students the help they need if they are suffering from depression or another mental illness. Every staff member should know what to do if they think a student is suffering from depression or another mental illness.

Every school should establish a Mental Health Task Force whose mandate is to:

- Educate faculty and staff about depression, mental illness and mental health.
- Develop and/or strengthen procedures to assist teachers and other staff to identify students who may be suffering from depression or another mental illness.
- Help faculty and staff develop a support system for students who are suffering from depression or another mental illness.
- Develop and/or strengthen procedures to offer academic and therapeutic assistance to students who are suffering from depression or another mental illness.
- Develop and/or strengthen procedures for immediate intervention with students who are at risk of harming themselves or others.
- Develop anti-bullying policies and procedures.
- Establish a culture of mental health in the school.

The task force should include health and/or mental health staff, administrators, health teachers, and classroom teachers. It should:

- Train faculty and staff to recognize signs of depression. The Erika's Lighthouse Programs are a good tool for staff to become acquainted with depression from a student's point of view.
- Adopt a Student Mental Health Checklist for teachers to use to identify students who may need help.
- Communicate appropriate ways for faculty and staff to start a conversation with students of concern using a shared vocabulary and, if necessary, connect them to school support services using a common Student Intervention Language for Teachers.
- Establish a Student Assessment Protocol to address the concerns of a faculty or staff member about a student.
- Help classroom teachers develop a support system within the classroom for students suffering from depression.
- Develop a protocol for taking immediate action if a student is in danger of taking their life, self-injury or injury to others.
- Provide a "safe haven" (e.g., the school nurse or mental health office or the principal's office) for students who are experiencing emotional difficulties during the day.

If you need to speak with someone immediately, please text LISTEN to 741-741 or call 1-800-273-8255.
If this is an emergency, please call 911.

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Being A Mandated Reporter

As adults working with children we should always keep in mind our responsibility as mandated reporters.
If a child discloses plans to hurt themselves, someone else or if someone is hurting them—a report to the appropriate authorities in your area is required by law.



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THANK YOU

for completing the Staff Training



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