

WEBVTT

1 "Moreau, Lisa" (1247117312)

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Calling in to sickness 2024, children and family awareness series. My name is Lisa, and I am a coaching and support case manager here at ever North and Cigna. The presenter is open to questions during the presentation. So please do ask as you see fit. We will have maybe around 5 minutes at the end of the presentation to.

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Ask any questions as well I hand up for today's seminars available, online at Cigna dotcom.

3 "Moreau, Lisa" (1247117312)

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Forward slash children families, you can log into slider for the Q and A's.

4 "Moreau, Lisa" (1247117312)

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Please note that not all policies cover today's topic for more specific information. If your policy covers topics discussed in today's seminar, please contact the number on the back of your insurance card.

5 "Moreau, Lisa" (1247117312)

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So, today I have the pleasure of introducing.

6 "Moreau, Lisa" (1247117312)

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Mary, she is a parent education project coordinator at Minnesota. She facilitates parents and caregivers, support groups provides presentations and peer support to parents of kids with mental health conditions.

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So some of the description of what we're going to be listening to today, and this presentation, you will learn to recognize the symptoms that can lead to a crisis steps to take.

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The escalation techniques, and the role of county crisis teams develop a crisis plan for your child and family. This class is for parents or caregivers of children.

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We would like to thank you for being here today and Mary you are welcome to start your presentation. So thank you. All right.

10 "Mary Lillo she/her" (3865517824)

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Thank you for that introduction and it is so good to be here with you today and to talk about this important topic about managing and planning for mental health crisis. I often say that.

11 "Mary Lillo she/her" (3865517824)

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Managing mental health crisis is is, uh, kind of the story of my life in in many ways. Uh, personally, as a parent of 4 kids, uh, with mental health challenges, it's been a part of my personal life, but also part of my professional life before I came to.

12 "Mary Lillo she/her" (3865517824)

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I was an advocate for survivors of domestic and sexual abuse, and as 1 of the attendees of the crisis line, we spent a lot of time managing or helping callers that were in crisis. And so this is a topic that is very close to my heart. And I bring.

13 "Mary Lillo she/her" (3865517824)

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A lot of my lived experience to this presentation both personally and professionally, and just to be aware nominee, Minnesota. We are the National Alliance on mental illness. And what we do is we work to improve the lives of those.

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Who live with a mental illness through such things as education, advocacy and support and we come to this work with our own lived experience, but we are not mental health professionals. And and in that way, we bring our personal lives.

15 "Mary Lillo she/her" (3865517824)

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Pure experience to the work that we do, including presentations like this.

16 "Mary Lillo she/her" (3865517824)

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Okay, like, has been mentioned our learning objectives for today by the end of this conversation. I'm hoping that you will walk away and feel like you're better prepared to prevent a mental health crisis in your family by learning how to.

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Nice when a mental health crisis may be happening how to manage and create a plan of action in case a mental health crisis does occur and also learn how to advocate for your family member during a mental health crisis.

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And it begins by really understanding what a mental health crisis is uh, really it is any situation in which your loved ones behaviors, put them at risk of hurting themselves or others. And as a caregiver, you feel.

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Unable to resolve the situation with the skills and resources that are currently available to you and a few other definitions that I think can add.

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A little more understanding to a crisis, um, is.

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More broadly understood as an intense difficulty, or even danger, or a time when they difficult or very important decision must be made. And it even includes, um, a time when that may be a turning point, uh, in the life of a disease in which.

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Important change takes place are signifying, either recovery or the decline of that person's health.

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Now, when it comes to what, my cause, our mental health crisis really? Um.

24 "Mary Lillo she/her" (3865517824)

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Any any Stresser can cause, um, a person to feel overwhelmed and unable to cope and those stressors come from triggers like, external triggers such as, you know, people places or things that may be happening in the world around us. Um.

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An internal triggers, which kind of include our feelings, our mood, or even a physical illness. Like, in the case of my family, it was so helpful to understand and really learn and notice what your particular family members triggers may be because it's going to be different for every.

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1, right from my oldest, as part of her care plan, she recognizes that a lot of her triggers can be external such as just feeling really overwhelmed. Like, it could be in a situation where there's a lot of noise and activity.

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And just too much stimulation for her to be able to process it all at the same time. And then 1 of her specific internal triggers is actually chronic pain. So when her pain is increased and not well managed, she notices that that often triggers.

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Even, you know, intrusive thoughts and combine that with some of those external triggers, you know, it's a combination of things that can lead to a mental health crisis. If she doesn't recognize that those triggers are happening and respond according to her plan.

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Most often we see the kids that it isn't just necessarily 1 trigger or another. It often happens when there's a combination of things going on in their life, creating that sense of just feeling overwhelmed and unable to cope.

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All right, so some of those external triggers more specifically that kids experience quite frequently can be even changes to the family structure, such as the loss of a family member, or are an important pet or a divorce. Really a.

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Of any kind, even if that loss leads to the gaining something, you know, something else, like moving into a bigger home or into a better neighborhood. So there's a loss of what was and what was familiar and that can create that sense of anxiety. Right? We see a.

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A lot of times with kids that are experiencing mental health concerns, especially if it's an undiagnosed mental illness that they may turn to self medicating and unfortunately, substance use can often trigger or even, you know, exasperate our.

33 "Mary Lillo she/her" (3865517824)

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Mental health symptoms conflict is a big 1. we hear a lot of times Boleyn, whether it's pulling in the home or at school sometimes both and then feeling a lot of those pressures pressures that kids are experiencing at school or from their peers and exposure to.

34 "Mary Lillo she/her" (3865517824)

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Or violence.

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And then some of those internal triggers 1 of the very early warning signs of a developing mental illness is actually changes in sleep. This is something that I missed with my kids and which I hadn't recognized that sooner. How sleep patterns.

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Can really oh, my gosh. There's such a strong connection between our sleep and our brain health. Um, so sometimes we'll see and kids having their sleep patterns change. Maybe it's, you know, sleeping a lot more or a lot less or even having their sleep interrupted, you know, with nightmare.

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Or anxiety, medication changes as well, especially if the medication itself may have been helping with certain symptoms. And then seeing the medication changes, they may experience symptoms, um, or or.

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And have a medication, you know, create some side effects that is overwhelms youth.

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Other health conditions in our feelings of loneliness, we all need to have that sense of belonging. It's, it's really an innate need. And so whether, you know.

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When kids are are feeling, uh, alone.

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Are unloved whether whether that's true or just perceived this this internal trigger can be, you know, very, very critical.

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And even that perceived lack of understanding fears, and phobias previous trauma, trauma, reactions, and being hungry, or or even that fear of, you know, where, where their next meal may come from. If they're.

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Experiencing a food insecurity and disruptive thoughts.

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Okay, and as far as what might be a sign of a crisis, again, this is 1 of these things that's going to vary from person to person, but it can

include that inability to cope with daily tasks or feeling rapid mood swings.

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This could even be like an increase in energy or pacing, or the opposite might be that they're withdrawing or you may notice that they are suddenly happy or even calm after a long time of of experiencing a depressed mood. Right? Like, this could even mean.

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That the individual has a suicide plan.

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Uh, it could be increased agitation, uh, this persists like these, like, persistent, uneasy feelings or inpatients or even just like a clinginess or nervousness and perhaps, you know, having the, like, stubborn responses to the caregiver, even an urge to be physically.

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Moving all the time, sometimes for no reason or displaying abusive behaviors, self destructive behaviors. Again a lot of times what we see as signs of an internal crisis, actually shows up as behaviors and that's why we want to be paid attention to those as possible symptoms.

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And not just as behavior, um, internally, they may even be experiencing, um, like a loss of being in touch with reality. It's called psychosis. Um, and with psychosis.

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A person experiencing, um.

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That loss of with reality, you know, they're not necessarily even aware of that for them. It feels very real like their experiences, their thoughts, um, their emotions all of these things feel very real to them, but you may notice that it doesn't seem consistent with.

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What what is happening in the life outside of them, for example, could show up as your your youth is maybe.

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Laughing or showing happiness at a time, when really you would expect them to be sad right? Or saying things that you are, where.

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That isn't necessarily your reality or your truth, but it seems really truth for them. Um, and sometimes this can lead to isolation, like, you know, school refusal.

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Um, are not going to work or even isolating from family and friends and doing the things that normally you would expect your use would want to be doing and it could even include unexplained physical symptoms. Right? Sometimes it shows up as headaches or.

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Or stomach aches, or even, like, back pain complaining about, you know, just overall feeling achy or lethargic, or just, you know, tired or maybe it's the opposite. Maybe it's, you know, feeling that sense of, like, really restless energy. Um, again, you want to.

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Pay attention to what is specific signs for your member, your family member.

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And then, sometimes when, uh, a person is experiencing, um, a lot of, uh, a mental health crisis, you know, they may start to have thoughts of suicide and some of those early warning.

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00:14:27.049 --> 00:14:47.049

Of a person experiencing thoughts of suicide can be even talking about making plans for suicide or drawing a lot of about death, or even making jokes about suicide. We see a lot of youth that will mask.

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Of what they're feeling through, uh, humor. Right? But in some ways, it can even be a way for them to, um, sort of gauge what our reactions might be. If they were to say something like that. Right? So, sometimes they'll make certain jokes that may be assigned that they're actually.

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Thinking about suicide, it could be even expressing hopelessness about the future or feeling trapped or like things or just never going to get better.

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And displaying severe, overwhelming, emotional pain and feeling unable to, um, find ways to decrease that emotional pain, or feel better. Like, their coping skills are no longer no longer helping or making things better. Like, they may have.

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00:15:38.899 --> 00:15:58.899

In the past could even be making statements such as not being her tomorrow, or feeling like they're a burden to their family and showing very worrisome behavioral changes, which might even include giving away possessions. 1 thing that we see is when a youth moves from.

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I'm having what we call passive thoughts of suicide to be actively suicidal or creating a plan. A lot of a sign that they are thinking about their plan. Maybe the given away possessions that are really important to them because they've started to even think about what.

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It might be like, after they're gone and they want to make sure somebody's going to take care of those things like a pet or a musical instrument or or even sometimes it's their passwords and username for accounts. That normally they would keep pretty private. And then they start giving those away to their.

66 "Mary Lillo she/her" (3865517824)

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And withdrawn and isolated, and can also be assigned.

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Sometimes parents feel, you know, really concerned and nervous about about even.

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Asking their use, if they're thinking about suicide as though, you know, if I, if I bring it up and talk about this, that I might plant the seed and get them thinking about suicide. And honestly, the truth really is quite the opposite. Very often when our kids, how are thinking about suicide.

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And somebody asked them that question are you thinking about suicide? Are you wanting to die? It can almost feel like like, all this pressure has been released that finally they can talk about this and, and.

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And that they know you're a safe person to be able to have this conversation.



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And part of what makes that conversation, so helpful and healing is just that need to have a connection and having compassion when you're experiencing those thoughts. And so it's so important to express our concern or even list those warning signs.

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00:17:54.799 --> 00:18:14.799

Have led us to have this conversation and then spend most of our time simply listening and reflecting on what they tell us and letting them know that, you know, maybe we don't have all the answers and that's okay. We don't need to fix this. We just need to let them know that we're here.

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00:18:14.799 --> 00:18:27.059

For them that there is treatment available and that there's hope that this may be how they're feeling right now, but it's not it doesn't have to be how it always is.

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00:18:27.059 --> 00:18:48.619

And it can be really helpful to come into these conversations prepared to respond if needed such as having that suicide prevention, lifeline number, just ready on your phone, or in your phone contacts, you know, for my kids I'd make sure that even on their own phone, that they have.

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00:18:48.619 --> 00:19:04.949

Have it saved, you know, what is the county crisis number or just 908 right there on their phone? So that if, if there is even a time that they would like to talk to someone, they don't have to come to me for that number that they have that right there as their own resource.

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I trust me is they are using these resources often a lot more than we are aware. So, it's so great for them to know what what their supports may be. And here is a couple other numbers that may be helpful. Some kids find it easier to talk to someone that shares their identity.

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The Trevor project understands this, and they have suicide prevention efforts for lesbian, gay, bisexual, trans, gender, queer, and even questioning youth, and they can call that number listed on on this slide to 126958650.

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And there's even a trans lifeline. This is a number specifically for trans used to be able to call and talk to another trans person at 1888434564. and the Steve fund has a text line for.

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People of color, and in order to connect to that text line, a youth can text the word Steve to 781 7 and 41.

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Okay, now, whenever we're managing a mental health crisis.

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00:20:26.039 --> 00:20:46.039

Whether or not, our youth is suicidal, our 1st response needs to be about safety because this a situation where others may be at risk of harm. And if so take those steps needed to keep everyone safe, including yourself. If you have young children in your home.

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00:20:46.039 --> 00:21:06.039

It can be very upsetting for them to witness a mental health crisis. So, even if you feel confident that other family members are physically safe, be mindful of emotional safety as well. So, consider your support system. And who may be able to provide care for your other family members.

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00:21:06.039 --> 00:21:26.039

So, that you and the young person in crisis can focus on what they need in a safe space without that added stress or concerns of protecting others. Like, we really can't help our child. If we are harmed in the process. However, we want to keep in mind that a child or youth who.

84 "Mary Lillo she/her" (3865517824)

00:21:26.039 --> 00:21:30.269

Is actively suicidal, you know, should never be left alone.

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And then, once you have established that it is safe for you to engage the family member in crisis, your next consideration to be about the escalation a child in crisis is typically.

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00:21:45.449 --> 00:21:58.859

They're typically scared and likely will automatically assume the worse. So we want to do all we can to help them feel safe de, escalating. Another person really does begin with, you.

87 "Mary Lillo she/her" (3865517824)

00:21:58.859 --> 00:22:18.629

So, it's important that you are a common presence, so do a check in with yourself naturally you may be feeling heightened and escalated as well. So, take a moment to get yourself into a good place, emotionally slow your breathing.

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00:22:18.629 --> 00:22:38.629

Quick way to calm yourself is like, with a short breathing exercise, it could be as simple as just, you know, breathing in through your nose and holding for 4 seconds and breathing all through your mouth. This actually triggers a response in your brain. Like, it gives the brain this message that says, oh.

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00:22:38.629 --> 00:22:58.629

It's okay to be calm right now. Um, and it's okay, um, for me, to to be able to engage my prefrontal cortex, basically. Um, so it does, it does a lot to help us to be in our best mindset to calm ourselves. 1st, and also do a body check.

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00:22:58.629 --> 00:23:18.629

Sent any muscles that had become tightened, calm your body as best you can because a calm body calms the mind. And, like I said, it really allows your brain to engage that prefrontal cortex. That part of the brain that helps with good decision making instead of simply.

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00:23:18.629 --> 00:23:27.029

Reacting to a situation or responding with that emotional mind rather than that than the rational mind.

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And the next check the environment, is it possible to create a common space you know, pay attention to even site smells and sounds in the room think of what has helped come this family member before, or, you know, in the past like, it may be.

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00:23:47.029 --> 00:24:01.529

Turning down the lights, or turning off the TV maybe not turning off the TV, but lowering the volume or bringing into the room a cup of tea or essential oils or fidgets. Um.

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00:24:01.529 --> 00:24:07.079

Now, again, paying attention to what works best for that family member.

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00:24:07.079 --> 00:24:23.039

And then notice how you are in that space, you want to move slowly and what messages could you be sending with your body language? You know are you sitting really rigid and leaning forward? Or are you sitting back and relaxed.

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00:24:23.039 --> 00:24:32.939

In any de, escalation situation, I make sure to try to position myself actually physically lower than that heightened person.

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00:24:32.939 --> 00:24:51.359

So, if possible, if they're standing, I'll sit if they are in a ball on the floor, I try to join them on the floor, but at a comfortable distance away. So that they don't, they don't feel like I'm invading their space and and try to keep your arms relaxed and open.

98 "Mary Lillo she/her" (3865517824)

00:24:51.359 --> 00:25:03.569

Even, if it's comfortable for you to cross your arms, or to rest your hands on your hips, try to avoid those actions that might send the message that you are closed off or threatening.

99 "Mary Lillo she/her" (3865517824)

00:25:07.589 --> 00:25:23.219

So the same principle applies to how you're speaking, you know, flow your speech and and limit your words. So, it's really actually natural for humans to match the volume and tone of the person that we're talking with. So.

100 "Mary Lillo she/her" (3865517824)

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Use this to your advantage, if they're shouting or speaking very fast yet all of your responses remain slow, quiet and calm. You know, if they're able to self regulate, they may actually begin to mirror your tone and start to calm down without even.

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00:25:43.219 --> 00:25:59.459

Realizing that they're doing this and remember to respond to them in a loving non, argumentative way. Even though they may be seeing some things that appear completely unrealistic to you or, you know, even things that are hurtful, or make you angry.

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00:25:59.459 --> 00:26:18.359

Put aside your those feelings to process later right now it's important that you're listening and not try to reason with them or fix them, but rather just listening and observing for the purpose of understanding.

103 "Mary Lillo she/her" (3865517824)

00:26:18.359 --> 00:26:38.359

And then ask them how you can help and truly listen to what they say, if they offer suggestions on how you can help, uh, follow through with that, if you can. But honestly, they may not know how you can help. And in that case, you know, it's, it's possible to offer some simple.

104 "Mary Lillo she/her" (3865517824)

00:26:38.359 --> 00:26:48.359

Suggestions or clear options I highlighted the letters L e0 for listen express an offer.

105 "Mary Lillo she/her" (3865517824)

00:26:48.359 --> 00:27:07.559

Um, to me, that has always been helpful when I feel like, I'm in a situation and I, and it's obvious that this is, you know, uh, needs the escalation and I don't know what to do. I say, I, I try to remember to bring in my best friend to help me. My best friend is Leo to just listen.

106 "Mary Lillo she/her" (3865517824)

00:27:07.559 --> 00:27:27.559

For the purpose of understanding, express my concern and my love, and then offer options. If I jump too quickly to offer options, it feels like like, all I want to do is fix them. You know, and as much as I'm trying to be helpful, it doesn't always feel that way when you're in a person experiencing.

107 "Mary Lillo she/her" (3865517824)

00:27:27.559 --> 00:27:33.749

A heightened state, or a mental health crisis.

108 "Mary Lillo she/her" (3865517824)

00:27:33.749 --> 00:27:53.749

And sometimes, even though it may be obvious to us, that our Childs experiencing a crisis, and would benefit from mental health care, even after de escalating, they may not be willing to get help. And it may become necessary for you as the minors parent or guardian to insist that they get the care that they need.

109 "Mary Lillo she/her" (3865517824)

00:27:53.749 --> 00:28:16.669

Actually, in a life threatening situation, recovery, however, nearly always is improved if the young person is willing and ready to receive support and is actually an active, you know, cooperative participant in of treatment care and to get a youth or a child to agree to treatment.

110 "Mary Lillo she/her" (3865517824)

00:28:16.669 --> 00:28:36.669

Really really challenging. So Dr. is a person a author who actually understands this uh, he struggled to convince his brother, um, to get the mental health care that he needed even though, you know, Dr. was a mental health professional.

111 "Mary Lillo she/her" (3865517824)

00:28:36.669 --> 00:28:56.669

He recognized that he was without the skills that he needed to help his loved 1 and that's where he developed the leave method and wrote the book. I'm not sick. I don't need help to share with others. What he learned as a simple.

112 "Mary Lillo she/her" (3865517824)

00:28:56.669 --> 00:29:06.479

Effective way of communicating with a loved 1, uh, to help get to that place where we're partnering with them to get the help that they need.

113 "Mary Lillo she/her" (3865517824)

00:29:06.479 --> 00:29:16.769

And, of course, sometimes, uh, it may become helpful to bring in additional support.

114 "Mary Lillo she/her" (3865517824)

00:29:16.769 --> 00:29:36.769

And this can be a very critical next step and you do have some options in a time like, this, the 1st option to be aware of, are the mental health crisis teams that are available through your county, a crisis teams provide services to children or adults. 24 hours a day. 7 days.

115 "Mary Lillo she/her" (3865517824)

00:29:36.769 --> 00:29:41.609

Week, 365 days a year they're available.

116 "Mary Lillo she/her" (3865517824)

00:29:41.609 --> 00:29:50.309

Regardless of a person's ability to pay even if they do not have insurance.

117 "Mary Lillo she/her" (3865517824)

00:29:50.309 --> 00:29:58.619

And you don't need to have a mental health diagnosis to receive support from your county crisis team.

118 "Mary Lillo she/her" (3865517824)

00:29:58.619 --> 00:30:19.879

So, when you call that number, it's helpful to just kind of have an idea of what to expect. And the questions that they may ask, remember that, you know, some of these questions may even feel kind of offensive or even intrusive. But remember that they're asking these questions in order to.

119 "Mary Lillo she/her" (3865517824)

00:30:19.879 --> 00:30:30.569

Provide the best possible service for your child and to effectively communicate with the team try to keep your answers short and precise.

120 "Mary Lillo she/her" (3865517824)

00:30:30.569 --> 00:30:44.909

And, um, com, and remember that these questions are necessary. So, uh, and you certainly always have the option to ask questions if you don't understand.

121 "Mary Lillo she/her" (3865517824)

00:30:44.909 --> 00:31:04.909

Ways that the crisis team can help includes that they can help parents cope by providing suggestions to help de, escalate the immediate crisis and even help avoid further behavioral difficulties or violence from escalating the.

122 "Mary Lillo she/her" (3865517824)

00:31:04.909 --> 00:31:16.799

Crisis team does this by helping family is develop a plan for a practical behavioral strategies to resolve the immediate and even future crises.

123 "Mary Lillo she/her" (3865517824)

00:31:16.799 --> 00:31:29.549

They can also provide assessments, identify resources and supports for the family, or even help write a crisis plan that specific to their child.

124 "Mary Lillo she/her" (3865517824)

00:31:29.549 --> 00:31:49.549

Now, when a family calls at Christ, the county crisis team, some of their initial questions, you know, again are designed to determine if the, you know, if they feel they can offer the support, the family needs, or whether they should refer the family to 901 or the nearest emergency department.

125 "Mary Lillo she/her" (3865517824)

00:31:49.549 --> 00:31:55.619

Or emergency room, so if COLLIN 901 is recommended.

126 "Mary Lillo she/her" (3865517824)

00:31:55.619 --> 00:32:11.579

The officer responding will, you know, often continue to receive guidance from that from that crisis team. And if the child, you know, taking the child to the emergency room, or the emergency department is recommended and transportation.

127 "Mary Lillo she/her" (3865517824)

00:32:11.579 --> 00:32:24.569

Is needed, or the assistance of an officer is needed, the family may be able to still receive support from the crisis team during this process. Uh, even even if they call 901.

128 "Mary Lillo she/her" (3865517824)

00:32:24.569 --> 00:32:40.889

Now, if the crisis team determines at 901 is not the recommended next step, they may offer even a home visit through the mobile crisis team. So sometimes, you know, again, they can come right to your home.

129 "Mary Lillo she/her" (3865517824)

00:32:40.889 --> 00:33:02.449

Now, if your family, you know, is experiencing a crisis, but you're just you're not quite sure what your next step should be, whether it should be calling the county or 908 or whether to call 901 there's a few things to consider that may help you make this decision you want to call your.

130 "Mary Lillo she/her" (3865517824)

00:33:02.449 --> 00:33:22.449

County crisis team if you feel like there's no immediate danger right? If safety is a concern, then you want to call 901. um, but you can call the crisis team, even just for guidance or support, um, or even if you're unsure of what your next steps are or if your.

131 "Mary Lillo she/her" (3865517824)

00:33:22.449 --> 00:33:36.569

Whether your youth needs hospitalization, the company crisis team, then can guide you in making those decisions call 901. if safety is beyond your ability to, um.

132 "Mary Lillo she/her" (3865517824)

00:33:36.569 --> 00:33:48.959

To ensure, or if you feel again, like, your family member is in danger of hurting themselves, or others, um, you know, any immediate threatening situation.

133 "Mary Lillo she/her" (3865517824)

00:33:48.959 --> 00:33:53.279

If you do call 9:1:1.

134 "Mary Lillo she/her" (3865517824)

00:33:53.279 --> 00:34:13.279

You do have the option of requesting a police officer who has received the additional training to work with individuals who are experiencing a mental health crisis. This is a trained officer. Okay. Officers trained.

135 "Mary Lillo she/her" (3865517824)

00:34:13.279 --> 00:34:33.279

They really do have a better understanding that a person's behaviors are are symptoms and are the results of a mental illness and how to de escalate the situation. You know, they recognize that people living with mental illness sometimes need different responses and they're also a lot more.

136 "Mary Lillo she/her" (3865517824)

00:34:33.279 --> 00:34:53.279

Familiar with the community mental health resources, so asking for a officer when Colleen 1, 901, though, just keep in mind it doesn't guarantee that 1 will be available. Minnesota really does have a limited number of officers trained in crisis intervention team. Uh.

137 "Mary Lillo she/her" (3865517824)

00:34:53.279 --> 00:34:58.019

Um, training right so, and this is true in in any state.

138 "Mary Lillo she/her" (3865517824)

00:34:58.019 --> 00:35:18.019

You may also need to remind officers of this when they arrive that. This is in mental health crisis. We even recommend if you're calling 9:1:1 during a mental health crisis to try to remember to repeat the words. This is a mental health crisis at least 3 times when you're on the phone with.

139 "Mary Lillo she/her" (3865517824)

00:35:18.019 --> 00:35:22.079

Dispatch.

140 "Mary Lillo she/her" (3865517824)



00:35:22.079 --> 00:35:42.079

And my, my enforcement does respond. Remember that when they arrive on the scene, they're going to take charge right? So, the parent or guardian is no longer in control, uh, the officer is going to assess the situation, um, and be the decision maker on what what next is going to happen. If they decide that.

141 "Mary Lillo she/her" (3865517824)

00:35:42.079 --> 00:36:01.349

Crime has been committed, they may recommend detaining the child rather than bringing them to the hospital, but they can also determine if hospitalization is needed and even, you know, could determine that an emergency hold is needed.

142 "Mary Lillo she/her" (3865517824)

00:36:01.349 --> 00:36:06.329

As far as understanding what an emergency hold or, um, uh.

143 "Mary Lillo she/her" (3865517824)

00:36:06.329 --> 00:36:18.089

A cycle is this is a 72 hour hold in which the facility will assess the person's need. Um.

144 "Mary Lillo she/her" (3865517824)

00:36:18.089 --> 00:36:22.559

Right and can be released after 72 hours.

145 "Mary Lillo she/her" (3865517824)

00:36:22.559 --> 00:36:42.559

Um, or it may be, um, that, after after the 72 hours, even before that, they will recommend, um, longer stay in a behavior health unit, but there's really specific criteria that must be met in order to.

146 "Mary Lillo she/her" (3865517824)

00:36:42.559 --> 00:37:00.989

An emergency hold, including that, that criteria includes a recent attempt or threats to physically harm themselves, or others or recent conduct involving, in significant damage to substantial property.

147 "Mary Lillo she/her" (3865517824)

00:37:00.989 --> 00:37:20.989

Now, if it's determined by the parent or the crisis team, or an officer that the child should be taken to the emergency department, there really are a few things to be aware of that taking your child to the emergency department does not guarantee a space in a children's psychiatric or behavioral health unit.

148 "Mary Lillo she/her" (3865517824)

00:37:20.989 --> 00:37:40.989

Each ID is different, and each has different admissions and triage criteria. So be prepared that you are going to answer a lot of a lot of questions, a lot of standard questions, such as, you know, what, how long have these symptoms lasted or when did it start you know is your child currently taking.

149 "Mary Lillo she/her" (3865517824)

00:37:40.989 --> 00:37:49.739

Medications and so on and so forth and you may be asked these questions multiple times by different hospital staff.

150 "Mary Lillo she/her" (3865517824)

00:37:49.739 --> 00:38:09.739

I'd be sure to bring any current medication bottles that have some doses and, um, uh, with you to the hospital, you know, people can't get medication when they're in the waiting. If you're just waiting in the in the waiting room. So unfortunate.

151 "Mary Lillo she/her" (3865517824)

00:38:09.739 --> 00:38:29.739

Sometimes that way, it can be pretty long and we don't want our kids to miss a dose of their needed medication while waiting for a space in the. So, um, can be very, very important to make sure that you have current medication with them and be prepared to wait.

152 "Mary Lillo she/her" (3865517824)

00:38:29.739 --> 00:38:44.730

That might include bringing things with you that could help your child cope. I mean, after all the can be a very triggering environment for a kitten crisis. It could be quite challenging.

153 "Mary Lillo she/her" (3865517824)

00:38:44.730 --> 00:39:06.230

If your child is admitted into a behavior, health or psychiatric unit, your child is going to receive inpatient care with round the clock support and supervision following that 72 hours. You know of course if the doctors feel that your youth is safe to leave earlier.

154 "Mary Lillo she/her" (3865517824)

00:39:06.230 --> 00:39:18.810

If they're going to lift that and voluntary hold however, to be honest, this is not very common. What happens most often is that the doctor extends the hold or the time, and the hospital for continued stabilization.

155 "Mary Lillo she/her" (3865517824)

00:39:18.810 --> 00:39:32.640

They may remain for, you know, an additional 1 or 2 weeks and during the stabilization period, your youth is going to be assessed for for medical, psychiatric transition and.

156 "Mary Lillo she/her" (3865517824)

00:39:32.640 --> 00:39:52.640

And whatever supportive needs that they may have, um, if your doctor determines that the, your youth does not need full time round the clock care, they may recommend a local, partial hospitalization program, or PHP or even an intensive all patient program, which offers day and evening treatment.

157 "Mary Lillo she/her" (3865517824)

00:39:52.640 --> 00:40:00.000

For teens, and for children who who can safely still live at home and sleep at home.

158 "Mary Lillo she/her" (3865517824)

00:40:00.000 --> 00:40:22.160

So, remember that there are options, you know, for for additional support, you can you have your mental health provider that you can contact your county mental health crisis team you can go to the emergency room and if you do call 901.

159 "Mary Lillo she/her" (3865517824)

00:40:22.160 --> 00:40:28.620

Ask for a officer or an EMT to, um, respond.

160 "Mary Lillo she/her" (3865517824)

00:40:28.620 --> 00:40:48.620

Okay, so let's go back to another term. I used a little bit earlier stabilization. I just understand, you know what that means in the world of mental health recovery stabilization means reaching a psychological state of peace. So, in the broad sense, this is a.

161 "Mary Lillo she/her" (3865517824)

00:40:48.620 --> 00:41:08.620

Goal of any mental health treatment plan from there be to medication to hospitalization. And then if a family cause the county mental health crisis team, and that team recommend stabilize stabilization services. What that means is that they're offering mental health services for the child and.

162 "Mary Lillo she/her" (3865517824)

00:41:08.620 --> 00:41:28.620

And support for your family through county providers, and partners of this short term, usually about 30 to 45 days, and, you know, varies from county to county. But these services include, you know, identifying the mental health concerns that led to the crisis, develop a treatment plan to meet the mental health needs.

163 "Mary Lillo she/her" (3865517824)

00:41:28.620 --> 00:41:34.950

The child and identify whatever providers and services would would best meet those needs.

164 "Mary Lillo she/her" (3865517824)

00:41:39.420 --> 00:41:59.420

And as I mentioned, you know, the county crisis team can also help create a crisis plan, um, which, you know, you, you can create anyone actually can create a crisis plan. Um, basically by putting together a list of resources information about the individual, you know.

165 "Mary Lillo she/her" (3865517824)

00:41:59.420 --> 00:42:19.420

Which this can make a big difference since decision making and logical thinking can be so difficult when you're under the extreme stress of managing a crisis and a mental health crisis plan is a plan of action that is made before a crisis occurs. So.

166 "Mary Lillo she/her" (3865517824)

00:42:19.420 --> 00:42:25.320

You and the young person that you're supporting know what to do in case of an emergency comes up.

167 "Mary Lillo she/her" (3865517824)

00:42:25.320 --> 00:42:40.290

In addition, it can help be helpful to have a crisis kit packed just a bag of those things that may help your child. You know, if you, if you do have to go to the and wait for, for that.

168 "Mary Lillo she/her" (3865517824)

00:42:40.290 --> 00:42:45.510

For support again, creating a crisis plan um.

169 "Mary Lillo she/her" (3865517824)

00:42:45.510 --> 00:43:05.510

You want all the information that may be helpful and useful for the mental health provider to be aware of such as, you know, what their behaviors and symptoms may be, what medication they may be on uh, what treatment is preferred and who's involved in their care team.

170 "Mary Lillo she/her" (3865517824)

00:43:05.510 --> 00:43:26.030

And all plan is only as good as it is, um, shared with those who are in a child's life. So, um, sharing that plan once it is written can be can be very critical, such as having, you know, those who care for your child to have the plan, like a childcare provider or their teacher.

171 "Mary Lillo she/her" (3865517824)

00:43:26.030 --> 00:43:46.030

Some families even bring their safety plan to the local police department that way. If you do call 901, your number will be linked right to your child's safety plan and they could pull that up. The dispatcher can pull that up before they send out an officer.

172 "Mary Lillo she/her" (3865517824)

00:43:46.030 --> 00:43:51.420

And be able to follow your safety plan with you.

173 "Mary Lillo she/her" (3865517824)

00:43:51.420 --> 00:43:58.980

Um, even with the best written safety plan, sometimes crises still happen right? And it's been able to hear me.

174 "Mary Lillo she/her" (3865517824)

00:43:58.980 --> 00:44:02.662

Yep, I hear you. Yeah, I just want to jump in. You have about 15.

175 "Moreau, Lisa" (1247117312)

00:44:02.662 --> 00:44:11.190

Minutes here, but I also want to let I figure before you start your next slide, but you also had a question that did come in. I'm not sure if you're.

176 "Moreau, Lisa" (1247117312)

00:44:11.190 --> 00:44:14.610

See that I can also read off, read it off to if you'd like.

177 "Mary Lillo she/her" (3865517824)

00:44:14.610 --> 00:44:19.655

I haven't been able to see the question, so go ahead and read that out. For me. That'd be great.

178 "Moreau, Lisa" (1247117312)

00:44:19.655 --> 00:44:31.767

Yeah, so the question in the context, I apologize. I'm not exactly sure what the context was of it, but what if the family member shuts down in this instance won't and won't communicate at all.

179 "Mary Lillo she/her" (3865517824)

00:44:31.767 --> 00:44:35.940

Oh, that's a really good question. Um.

180 "Mary Lillo she/her" (3865517824)

00:44:40.140 --> 00:45:00.140

I would I would need more information about that. Like, if it happened in my family, and I was concerned about their safety while they're shutting down that's 1 thing. I have 1 child in particular that has that lives with autism as well as.

181 "Mary Lillo she/her" (3865517824)

00:45:00.140 --> 00:45:11.400

As depression, and in her situation, sometimes she shuts down because she needs to that's like her way of managing.

182 "Mary Lillo she/her" (3865517824)

00:45:11.400 --> 00:45:15.960

Um, her symptoms and it and it's hurt her.

183 "Mary Lillo she/her" (3865517824)

00:45:15.960 --> 00:45:21.840

Way of of taking care of herself right? Um.

184 "Mary Lillo she/her" (3865517824)

00:45:21.840 --> 00:45:28.440

I don't in this situation, have concerns when she's shutting down and isn't talking cause I know.

185 "Mary Lillo she/her" (3865517824)

00:45:28.440 --> 00:45:48.440

What that means, and we have a plan, um, so that I know what she needs from me at a time like that if that makes sense but every every family is

different, you know, if you feel like your child is shutting down, isn't talking and you have concerns, you know, that they may harm themselves when they're.

186 "Mary Lillo she/her" (3865517824)

00:45:48.440 --> 00:46:10.850

In that state, create a plan for yourself on what you make, what you think is best for you to do at a time like that. Right? So again, it's kind of specific to what your child's diagnoses are. What what their symptoms are that they're in crisis and need intervention and if this is 1 of those, um, then.

187 "Mary Lillo she/her" (3865517824)

00:46:10.850 --> 00:46:17.910

I would I would call 908 for support. I don't know if any of the panelists have other suggestions in that situation.

188 "Mary Lillo she/her" (3865517824)

00:46:17.910 --> 00:46:28.444

So, I'm going to open that up to others. Okay. Yep.

189 "Moreau, Lisa" (1247117312)

00:46:28.444 --> 00:46:37.950

Yeah, I was going to say, no, no, 1 else can, uh, speak up, but I know that we'll let you go ahead and continue. Um, and then I'll give you a 5 minute warning when we're close to the ending. Okay.

190 "Mary Lillo she/her" (3865517824)

00:46:37.950 --> 00:46:49.770

All right. Sounds good. Right right. So then, you know, like I said, if it does get to the point where you are concerned that your child has run away, um.

191 "Mary Lillo she/her" (3865517824)

00:46:49.770 --> 00:47:09.770

Here here are the places to have, I would have these right on your phone or written in your safety plan because it could be really challenging to know who to call for help in a situation like that when you're when you're looking for your lost child and just know that this this often.

192 "Mary Lillo she/her" (3865517824)

00:47:09.770 --> 00:47:29.770

The kids are feeling really overwhelmed and that they feel this this need to run and sometimes it can be helpful to even have in your plan, a safe person or a safe place. That you both agree on is where they can go when they're having that experience. But again, that's part of the reconnecting.

193 "Mary Lillo she/her" (3865517824)

00:47:29.770 --> 00:47:40.650

Process and that creating that safety plan. If this is, uh, 1 of their symptoms that you see, that could be a sign. Um.

194 "Mary Lillo she/her" (3865517824)

00:47:40.650 --> 00:47:44.070  
That they're experiencing, um, a crisis.

195 "Mary Lillo she/her" (3865517824)  
00:47:44.070 --> 00:48:04.070  
We're about to experience a crisis. All right and then, as far as, you know, prevention, we all really hope that, uh, the goal is, of course, uh, to prevent a possible mental health crisis. Um, and that involves really taking very good care of ourselves.

196 "Mary Lillo she/her" (3865517824)  
00:48:04.070 --> 00:48:24.070  
As well on our own wellbeing and cultivating a circle of support, not just around our child, but around every member of our family and again, identifying what may be those triggers that are specific for your child and attempting to reduce stress in the home.

197 "Mary Lillo she/her" (3865517824)  
00:48:24.070 --> 00:48:41.310  
And again, that's challenging, because being a human being on planet Earth, and especially in 2024, we have a lot of stressors. So creating those spaces for for us to talk about our mental health. Um.

198 "Mary Lillo she/her" (3865517824)  
00:48:41.310 --> 00:49:01.310  
And even being willing to increase mental health care when when needed right? And I'm using our resources, whether it's the lead method or collaborative problem solving, or any other resources that you find that may be helpful for you such as, like.

199 "Mary Lillo she/her" (3865517824)  
00:49:01.310 --> 00:49:21.310  
Was the child book by Dr Ross green, or again the lead method by Dr. or and so many others that can be helpful for us and caring for our child, preventing the mental health crisis, and even advocating for them with the mental health system and making sure.

200 "Mary Lillo she/her" (3865517824)  
00:49:21.310 --> 00:49:43.850  
That they get the care that they need and don't forget that this is absolutely not something that we need to go. It's not a journey that we have to take alone. There's a lot of supports out there, including the county and school supports and parents support groups here at Naomi, Minnesota, advocacy groups.

201 "Mary Lillo she/her" (3865517824)  
00:49:43.850 --> 00:50:03.850  
And workshops like this and classes that can help rmas and fill our toolbox with what we need to prepare and possibly prevent mental health crisis. All right. So, I think at this point, I'd like to end the.

202 "Mary Lillo she/her" (3865517824)  
00:50:03.850 --> 00:50:07.170  
Thank you all for.

203 "Mary Lillo she/her" (3865517824)  
00:50:07.170 --> 00:50:10.470  
Having me here today, um.

204 "Mary Lillo she/her" (3865517824)  
00:50:10.470 --> 00:50:30.470  
And open up these, the chats for our last 9 minutes, if anybody had any other questions, or there's something you'd like me to talk some more about or maybe even you had some resources that I hadn't mentioned that have been helpful.

205 "Mary Lillo she/her" (3865517824)  
00:50:30.470 --> 00:50:38.610  
For you, I always really enjoy speaking with other families that have been through.

206 "Mary Lillo she/her" (3865517824)  
00:50:38.610 --> 00:50:47.670  
Mental health crises in their family, because I find there is there's so much more always to learn um.

207 "Mary Lillo she/her" (3865517824)  
00:50:47.670 --> 00:50:56.941  
And, yeah, I'm sorry, I'm not able to read the chat so if, if there are any questions, if you could read those. Yeah I mean.

208 "Moreau, Lisa" (1247117312)  
00:50:56.941 --> 00:51:12.406  
Yeah, no, Mary appreciate that. I guess while if anybody has questions, certainly pop them into slideshow and we can go from there. Um, and while we're closing out, I'll just kind of give a little bit of the ending, um, closure here and I'll let, you know, if anything does come in. Okay, Mary. Yeah.

209 "Mary Lillo she/her" (3865517824)  
00:51:12.406 --> 00:51:13.779  
Absolutely, thank you. Wonderful.

210 "Moreau, Lisa" (1247117312)  
00:51:13.779 --> 00:51:32.060  
Yeah, no, thank you so much everyone for attending and thank you, Mary, for providing such wonderful insights. If anybody has any specific questions about any topics discussed today, please contact signal by calling the number on the back of your insurance card. And our next webinar will take place on April the 18th.

211 "Moreau, Lisa" (1247117312)  
00:51:32.060 --> 00:51:46.020  
This year with our presenter being Dana Anderson, and she will be discussing the new lonely. So yeah, thank you. All for attending and we'll give it a few moments here and see if it looks like we did have a question come in. Um.



212 "Moreau, Lisa" (1247117312)

00:51:46.020 --> 00:51:52.881

What, if your child has mental health issues, but recently turned 18 what can you do as a parent?

213 "Mary Lillo she/her" (3865517824)

00:51:52.881 --> 00:52:14.820

Yeah, that's a good question because I, I actually have, um, I have an 18 year old myself and a 19 year old and 22. so we are, I'm right in that boat with you um, of just having to navigate those differences. Um.

214 "Mary Lillo she/her" (3865517824)

00:52:14.820 --> 00:52:25.020

Of course, we know when you turn a team, right? You have the legal right to make decisions with your mental health care.

215 "Mary Lillo she/her" (3865517824)

00:52:25.020 --> 00:52:45.020

Any of your mentors, whether it's, you know, behavior house or physical health. Um, and I have found that 1 of the things that really helped me is to kind of honor that that at 18 they are legally an adult and I, they're in transition.

216 "Mary Lillo she/her" (3865517824)

00:52:45.020 --> 00:52:54.390

You know, from being a teenager to an adult and what they need from me is in transition too. Um, so I tried to.

217 "Mary Lillo she/her" (3865517824)

00:52:54.390 --> 00:53:15.770

Change how I support them from it. Being me supporting a minor is different than me supporting my adult child. And what they need from me is going to be different and that's different for each of my kids. But the more that I treat them, like an adult, the more I find that the look to me.

218 "Mary Lillo she/her" (3865517824)

00:53:15.770 --> 00:53:29.220

As, as a partner, if that makes sense in managing their mental health care, rather than it being like me and control, I give them as much control as, you know.

219 "Mary Lillo she/her" (3865517824)

00:53:29.220 --> 00:53:34.230

As I can also honored that, um.

220 "Mary Lillo she/her" (3865517824)

00:53:34.230 --> 00:53:43.500

Especially for kids that have chemical health concern, or that with that.

221 "Mary Lillo she/her" (3865517824)

00:53:43.500 --> 00:54:03.500

When they were using, sometimes it delays their emotional development. So, for example, for 1 of my kids that had a dual diagnosis, I honor that

she may be 18, but she may be still processing information like her 16 year old self after 2 years.

222 "Mary Lillo she/her" (3865517824)

00:54:03.500 --> 00:54:23.500

Of active using, and so I support her and I honor, you know, where she's at as an adult, but also recognize that she's making make some decisions that are going to be a little harder, maybe for me to understand but if I, if I put it in that perspective of what she's doing the best she can, it gives me.

223 "Mary Lillo she/her" (3865517824)

00:54:23.500 --> 00:54:44.000

Just a good foundation, and the lead method I'm telling you that it's so helpful when it comes to communicating with our kids that are young adults that still need our support but they don't want to be treated like a kid. I'm going to go back to that slide just so that you have that, um.

224 "Mary Lillo she/her" (3865517824)

00:54:44.000 --> 00:54:51.870

That has like, I don't know, it it it just transformed my relationship with with my oldest for sure.

225 "Mary Lillo she/her" (3865517824)

00:54:51.870 --> 00:54:56.640

I hope that answers your question. Um.

226 "Mary Lillo she/her" (3865517824)

00:54:56.640 --> 00:55:02.220

There are some options for.

227 "Mary Lillo she/her" (3865517824)

00:55:02.220 --> 00:55:23.480

You know, guardianship over kids that really just aren't ready to be able to live independent and make those decisions but that's kind of it's a tough process. And it's something you're going to want to be. Well, informed of before you go down that road. Um.

228 "Mary Lillo she/her" (3865517824)

00:55:23.480 --> 00:55:33.510

And we do have a pamphlet about that that offers a lot more detailed information at anatomy. I think it's the booklet keeping families together.

229 "Mary Lillo she/her" (3865517824)

00:55:33.510 --> 00:55:37.440

I believe otherwise you can.

230 "Mary Lillo she/her" (3865517824)

00:55:37.440 --> 00:55:57.440

You could reach out to us. We can provide you with more information. I also we offer a course called transitions and that talks about all the changes that happen in a young person's life when they transition from

teenager to young adult, what those legal changes are going to look like what the.

231 "Mary Lillo she/her" (3865517824)

00:55:57.440 --> 00:56:17.440

How the supports change, you know, as far as even with our mental health team, some some teenagers have been with the same therapist for many years. And then they turn 18 and find that the therapist will no longer work with them. And that could be a really tough transition. So, things like that, that you want to have open conversations with.

232 "Mary Lillo she/her" (3865517824)

00:56:17.440 --> 00:56:37.440

Your youth, so that you can kind of prepare and plan for those for those transitions find out how much support they want from you, whether it's, you know, do they want you to come to their doctor's appointments with them or do they still want you to help with scheduling their therapy appointments or and so forth.

233 "Mary Lillo she/her" (3865517824)

00:56:37.440 --> 00:56:39.828

Right.

234 "Moreau, Lisa" (1247117312)

00:56:39.828 --> 00:57:00.290

I love that answer Mary, because it is about autonomy, right? At the end of the day it's giving our children, our kids, you know, the autonomy and being able to allow them to leave the nest per se. But I love Naomi and I actually give that. I mean, that resource a lot to customers, so I love that. You're, you're being able to chat about it.

235 "Moreau, Lisa" (1247117312)

00:57:00.290 --> 00:57:13.650

I do want to let everyone know we have probably time for maybe 1 more question if anybody and I have not seen anything pop up but, uh, there's a burning question. Please do ask. Otherwise we could always wrap up here shortly.

236 "Moreau, Lisa" (1247117312)

00:57:13.650 --> 00:57:19.052

Is there anything else that you would like to share Mary for? Closing.

237 "Mary Lillo she/her" (3865517824)

00:57:19.052 --> 00:57:25.620

Um, I, I would just encourage folks to to, um.

238 "Mary Lillo she/her" (3865517824)

00:57:25.620 --> 00:57:45.090

Very much be paying attention. You're probably tired of people telling you this, but, you know, to really take good care of yourselves because parenting, kids with mental illness is the toughest job you're going to ever have. And it takes a lot out of us.

239 "Mary Lillo she/her" (3865517824)

00:57:45.090 --> 00:57:56.250

And it demands a lot from us, and in order to show up and bring our best selves to this work, we, we, we have to honor that.

240 "Mary Lillo she/her" (3865517824)

00:57:56.250 --> 00:58:07.980

Our care is so critical, right? Um, and find what works for you and and build that circle of support whether that includes, um.

241 "Mary Lillo she/her" (3865517824)

00:58:07.980 --> 00:58:27.980

You know, taking walks with your friends and decompressing or coming to a parent support group to be able to talk with other parents who go through this stuff on classes like this, leaning on, you know, the resources through your insurance company. I can't even.

242 "Mary Lillo she/her" (3865517824)

00:58:27.980 --> 00:58:50.840

How you how much I have throughout my journey is parenting kids how many different supports along the way have made such a critical difference whether that was a case manager through my insurance company or chemical health come through at my kids to school. I mean, we don't have to do this.

243 "Mary Lillo she/her" (3865517824)

00:58:50.840 --> 00:59:10.840

And we can't do this alone. It's too big of a job. So, never forget to take Mr. Rogers advice and always look for the helpers because whenever there, we're in a time of crisis or time of need, there's always helpers. Um, there there.

244 "Mary Lillo she/her" (3865517824)

00:59:10.840 --> 00:59:23.929

And we, we need them, and they may be different from 1:1:month to another month but always look for the helpers, take care of yourselves. And thank you for your time.

245 "Moreau, Lisa" (1247117312)

00:59:23.929 --> 00:59:33.090

Thank you, Mary, we appreciate it and certainly, if you could stay on for a moment afterwards, that would be fantastic, but thank you all for joining, and certainly take care.

246 "Mary Lillo she/her" (3865517824)

00:59:47.587 --> 00:59:51.252

Anything more you need from me.