

- TikTok Mental Health Diagnoses
- Diversify Your Curriculum
- Talk and Assist Victims of Violence
- Combat Cognitive Distortions
- Prioritize Your Mental Health



A Monthly Insight into Mental Health Trends

Mental Health *newsletter*

current topics >>>

How to Talk About Mental Health

Whether your loved one is 5 or 35, it is absolutely possible and strongly encouraged to talk about mental health! Here are some tips to normalize talking about mental health:

- Meet Little Monster Coloring Book
- Make an analogy to a medical problem
- Give concrete explanations and be direct
- Listen to them; Validate experiences and feelings
- Be sure they know this is not their fault
- Have frequent conversations
- Let them ask questions
- Involve the family
- Discuss self-care and prevention
- Don't be afraid to ask about suicide
- Be conscious of your language
- Educate yourself and others



TikTok Mental Health Diagnoses *The dangers of self-diagnosing*

During the pandemic, clinicians have noticed a rise in teens and young adults using TikTok and other social media platforms to diagnose themselves with mental illnesses – including rare disorders – after researching them online and watching videos of people who do struggle with those disorders. In some cases, this can be helpful, but in most...harmful.

Several times over the past few years, I have had students come to my office concerned and insistent that they are suffering from a mental illness, some of which are very serious and rare disorders. When I asked where they heard about this disorder and why they think they have it, they often replied that their friend has it and they saw dozens of videos about it on TikTok or other social media platforms. They then tend to continue researching the illnesses symptoms on unreliable search engines to further provide themselves with a diagnosis. The current disorders I see most often on TikTok that students are coming forward self-diagnosing with are Autism Spectrum Disorder, Obsessive-Compulsive Disorder, Dissociative Identity Disorder, Borderline Personality Disorder, and Attention Deficit-Hyperactivity Disorder.

How do we address these behaviors and concerns? I first start by praising them for seeking professional help instead of taking a

“You don’t really need to have a mental health disorder to be suffering,” Kianna said.

“Everyone needs emotional support.”

TikTok influencers word as to how to help themselves. I then discuss the dangers of self-diagnosing and searching for information online. I relate this to going on WebMD to look up symptoms...you almost always see that you are dying of a rare disease when doing so. I then explain that their experiences, feelings, and desire for community are valid, and we shift the focus from having a diagnosis to analyzing symptoms, warning signs, triggers, and identifying coping skills to alleviate the symptoms being experienced. Some students have been insistent on getting a formal diagnosis, in which I will contact parents and refer them for psychological testing.

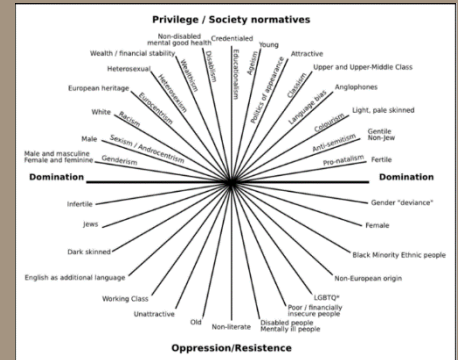
What exactly does diversity look like in schools?

Diversity:

- the state of being diverse; variety;
- the practice or quality of including or involving people from a range of different social and ethnic backgrounds and of different genders, sexual orientations, etc.

Diversity is also more than race!

Diversity also looks like having students and staff from all different socioeconomic statuses, religions, sexual orientations, gender identities, ability level, etc.



Diversity is more than Black and White...literally!

A diverse school is more than having equal parts Black and White students and staff. It would also include students and staff from other races and ethnicities (e.g., Native American, Alaska Native, Pacific Islander, Native Hawaiian, Asian, etc.).

Recognizing diversity and equity is important!

When we ignore or minimize the impact that race, ethnicity, religion, socioeconomic status, sexual orientation, gender identity, etc. has on a person, we are invalidating that person's identity and their lived experiences. When a person's identity and lived experiences are invalidated, this impacts their ability to form functional and appropriate relationships, complete school work, attend school/work, feel safe, and complete daily tasks. The number one complaint throughout the past few years has been staff and student morale...but we must start recognizing that morale is directed linked to how we treat one another, validate one another's experiences and feelings, and support one another in and out of the classroom!



diversify your curriculum >>>

Resources for Teachers

Have you ever taken a step back to see if your classroom is diverse? And I don't just mean recognizing the races of your students. Have you looked to see if any LGBTQ+ topics, authors, etc. are being incorporated into your lesson? Have you checked to see if your textbooks and lectures are addressing multiple races, ethnicities, religions, and cultures?

Let's Be Inclusive!

English:

- [LGBTQ+](#)

World Languages:

- Spanish – [LGBTQ+](#)
- French – [LGBTQ+](#)
- ASL – [LGBTQ+](#)

Social Studies:

- [LGBTQ+](#)

Science & Health:

- [LGBTQ+](#)

Math & Technology:

- [LGBTQ+](#)

Art and Music:

- [LGBTQ+](#)

ESL/ELL:

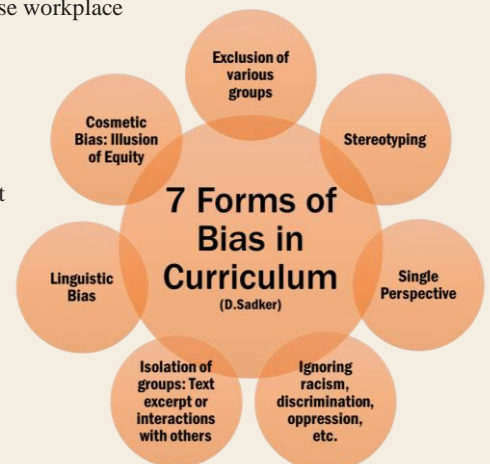
- [LGBTQ+](#)

Benefits of a diverse curriculum:

1. Students will become more empathetic
2. Students gain a better understanding of lessons and people
3. Students become more open-minded
4. Students feel more confident and safe
5. Students are better prepared for a diverse workplace

How to manage diversity in the classroom:

- Get to know your students
- Maintain consistent communication
- Acknowledge and respect every student
- Practice cultural sensitivity
- Incorporate diversity in the lesson plan
- Give students freedom and flexibility



How to Talk With and Assist Victims of Violence

Recognizing and validating the impact that violence has on people is crucial to the healing process and sparking change. But how do we approach that conversation and what can we do to truly help people impacted by it?

What do these locations and people (below) have in common?

They were all victims of violence. Their stories also sparked outrage and fear amongst people who shared part of their identity: BIPOC, LGBTQ+, Jewish, school employee, Muslim. Their stories show that there is still work to be done in increasing tolerance and acceptance for all, regardless of identities, as well as work to improve how we are disseminating information and helping people who may be impacted by the violence.

There are valid arguments to be made about the impact that the media sharing stories has on people, but whether these things are put on the news or spread through word of mouth, they are still happening and the violence still impacts people who share these identities. For example, my nephew is bi-racial (Thai and White) and his life was threatened with a brick at a Target in Massachusetts during the pandemic. He was told to go back to China and stop spreading COVID...he was only 6 months old. Although this event did not end in physical violence and death, this is still racially-motivated hate and violence that many people can relate to experiencing on a daily basis. Not all of the stories of hate speech and violence are shared on the news, but they still impact the mental health of the individual experiencing the violence, as well as others who are present and witness this violence. To this day, these types of situations are still taking place with little being done to stop it from happening again. These communities are also not being urged to seek counseling services or support that may be needed.

- Tyre Nichols, TN (2023)
- Half Moon Bay, CA (2023)
- Abigail Zwerner, VA (2023)
- Monterey Park, CA (2023)
- Club Q, CO (2022)
- George Floyd, MN (2020)
- Christchurch, New Zealand (2019)
- Vincent Chin, MI (1982)
- Stonewall, NY (1969)

“Charissa Cheah, a professor of psychology at the University of Maryland, Baltimore County, said research shows that mental well-being can be damaged by both acts of violence personally experienced or those vicariously experienced through media or otherwise. With both having risen in recent years for Asian Americans, the community’s collective mental health has suffered, she said.” The same has been seen in Black, LGBTQ+, and Jewish communities, as well as in school staff. What we need to focus on is how we can build tolerance, love, and acceptance of others, as well as how to help those being affected by violence; whether it is experienced directly or seen through the media.

ask the experts >>>

Q: How does violence impact health?

A: There are many biological, psychological and social impacts of violence on a person/community’s health!

“In the past three decades interpersonal violence (hereafter referred to as “violence”) has come to be regarded not just as a criminal justice issue but also as a public health problem. Violence can affect people at every stage of the life course, as well as the lives of the next generation. While interpersonal violence has decreased from its peak in the US in the late 1980s and early 1990s, homicide rates have once again begun to rise, which makes an understanding of violence and its effects all the more important... Consequences include increased incidences of depression, anxiety, posttraumatic stress disorder, and suicide; increased risk of cardiovascular disease; and premature mortality.”



Legal Help

The National Center for Victims of Crime is a great resource to help you find legal representation. They have a confidential hotline that can help link you with support services near you! Visit victimsofcrime.org for more information!

15 Tips for Talking About Violence

1. Find out what they know about the event
2. Assure the person that it is ok to talk about sad or scary events
3. Encourage questions, now and in the future
4. Reassure the person that you are working to keep them safe
5. In sharing information, be honest and mindful of their age
6. Remember that it is ok to admit when you don’t have all the answers
7. Be patient
8. Turn off the news
9. Look for age-appropriate sources of information
10. Encourage the person to express their feelings and ideas
11. Talk about people who are helping
12. Ask the person for their ideas on how to help
13. Keep up with your normal routine
14. Stay calm
15. Get close and connect to others

final thoughts...

Try This: Need to get something done today even though you really don't feel like it? Set a timer for two minutes and start doing whatever it is you gotta do. Once the alarm rings, you might actually feel inspired to keep going.

Think On This: What's one regret you still think about? How has that choice affected you, and what have you learned from it?

Remember This: You don't need a reason to go to therapy. You can just go.

What are cognitive distortions?

Cognitive distortions are internal mental filters or biases that increase our misery, fuel our anxiety, and make us feel bad about ourselves.

How do you combat cognitive distortions?

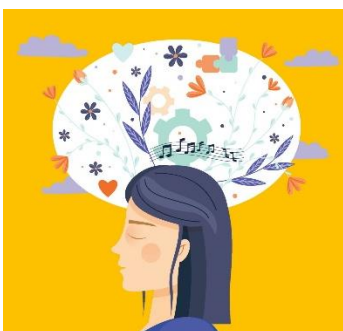
1. Recognize them! Self-awareness is the biggest first step to overcoming these thoughts. Take a look at the picture (right) and try to recognize when you do these things throughout your day. Maybe begin journaling!
2. Try to recognize what is irrational about the thought and reframe it to be more rational/realistic/positive. Is the thought a fact or a feeling/opinion?
3. Check out some more tips and tricks for specific cognitive distortions [HERE!](#)

What does it mean to ruminate?

Ruminative thinking is when you have negative thought patterns that loop repeatedly in your mind.

How do you stop ruminating?

1. Make an action plan to address the problem and take the first step in that action plan
2. Boost your self-esteem by building upon your strengths
3. Challenge your negative thoughts
4. Adjust your life goals
5. Distract yourself
6. Identify your triggers
7. Meditate



13 Common

Cognitive Distortions

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1. **Overgeneralizing** - You see a constant, negative pattern based on one event.
2. **Blaming/Denying** - You blame others for your problems or mistakes OR you blame yourself when it wasn't entirely your fault.
3. **Shoulds** - You have a rigid code of conduct dictating how you and others should behave. You criticize yourself harshly when you fail to follow these rules.
4. **All or nothing thinking** - You see things as absolutes, no grey areas.
5. **Negativity bias** - You notice all of the negatives, but fail to notice the positives.
6. **Catastrophizing** - You expect the worst.
7. **Labeling** - You label yourself negatively.
8. **Magical thinking** - You think everything will be better when ____ (you're thinner, smarter, richer, get a new job, etc).
9. **Over-personalizing** - You make things personal, when they aren't. You believe other people's opinions are facts. You think what other people do/say is in reaction to you.
10. **Mind reading** - You make assumptions about what others are thinking.
11. **Double standard** - You hold yourself to a higher standard than everyone else.
12. **Fallacy of fairness** - You think things should work out according to what you think is fair.
13. **Emotional reasoning** - You think your feelings are reality.

PRIORITIZING TEACHERS' MENTAL HEALTH IN THE AGE OF COVID

WORTHWHILE TIPS FOR TEACHERS



coming soon >>>

In The Next Issue

Black History Month
International Boost Self-Esteem Month
Teen Dating Violence Awareness Month
Random Acts of Kindness Week
Safer Internet Day