



WELCOME to the

Recognizing and Responding to  
Youth in Distress *ECHO*

*Cohort 2*

*Session 1, Prevention and Early Intervention:  
Building Resilience and Connection, March 12, 2024*

***This training is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1.3 million with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).***

## Series Learning Objectives

At the conclusion of this learning activity, participants will be able to:

1. Assess mental distress and risk of harm in students
2. Respond to mental distress and risk of harm with appropriate mental health support
3. Coordinate care effectively with mental health providers

## Schedule

1. [March 12<sup>th</sup> - Prevention and Early Intervention: Building Resilience and Connection](#)
2. [March 19<sup>th</sup> – What Might We Be Seeing: The Underlying Cause](#)
3. [March 26<sup>th</sup> – Getting Help When We Need It: Resources and Working with Families](#)
4. [April 2<sup>nd</sup> – What Can We Do As Individuals](#)
5. [April 9<sup>th</sup> - Practical Strategies for this Moment in Time](#)
6. [April 16<sup>th</sup> – Learn About Youth Mental Health First Aid](#)

# Recognizing and Responding to Youth in Distress

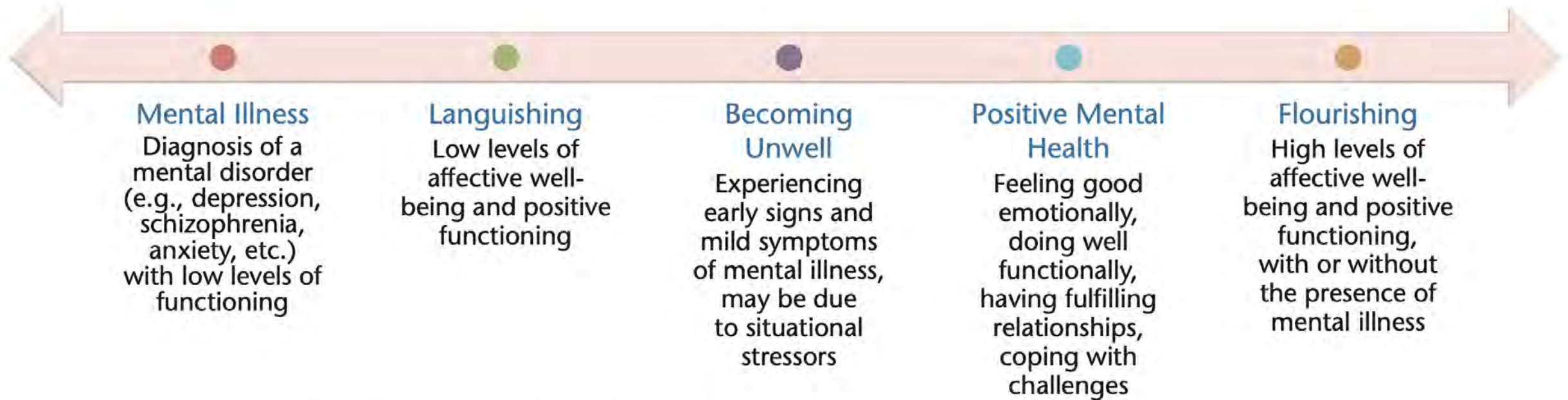
What we can do about it? Building  
resiliency and connection

Becky Parton, MSW, LICSW

Dartmouth Trauma Interventions Research Center

Special thank you to Casey Rabideau, MS, OTR/L, BCP, as some of these slides are based on a  
co-presentation we did

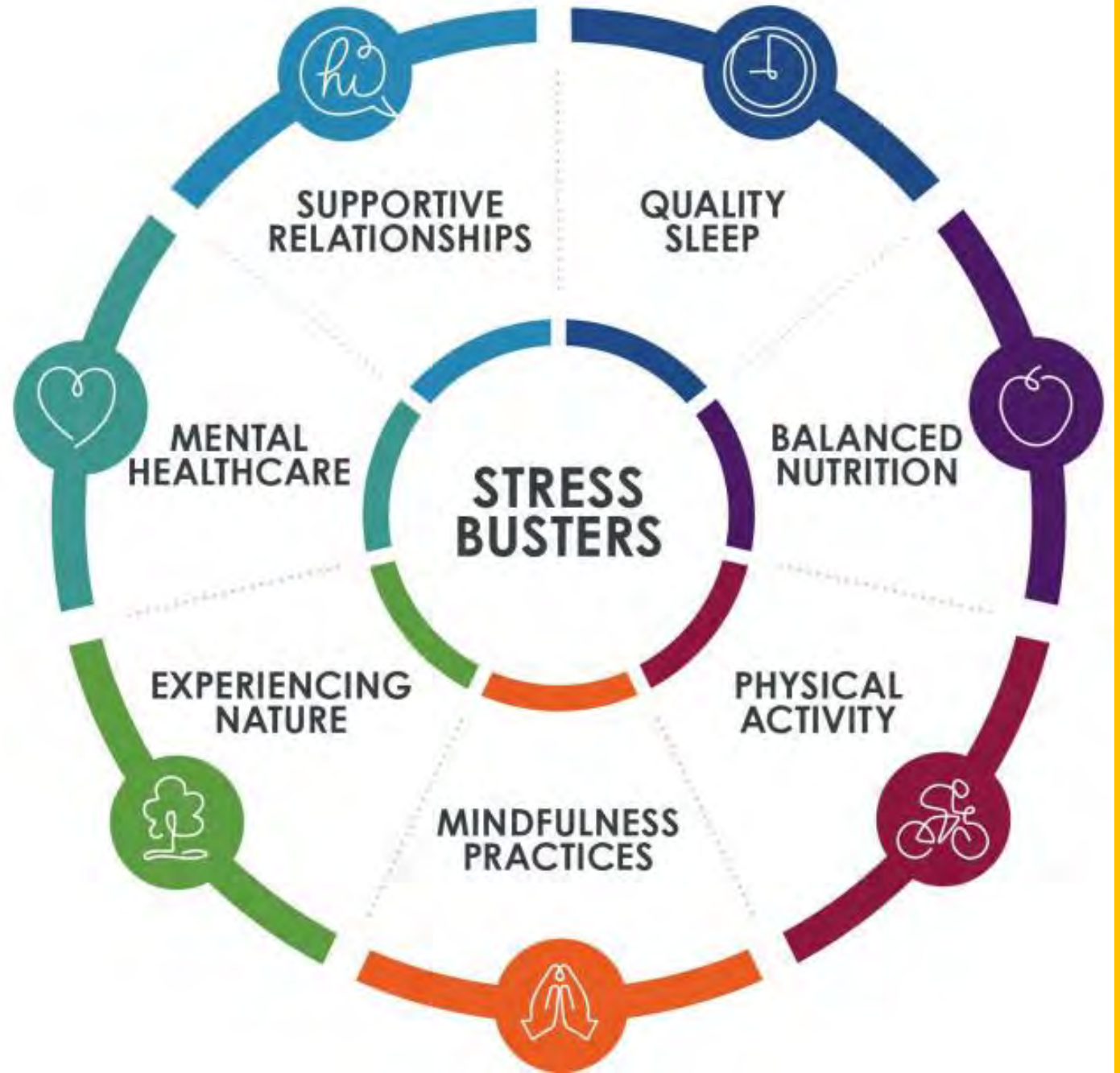
# Mental Health: The Continuum



(Barry & Jenkins, 2007; Keyes, 2007; Miles, Espiritu, Horen, Sebian, & Waetzig, 2010; U.S. Department of Health and Human Services, 1999)

# Building Resilience

[From: CA Surgeon General  
Stress Buster Playbook](#)





This is an area where  
you shine!

Attributes of a good role  
model:

- Consistent
- Caring
- Non-judgmental
- Empathic



# 5 Tips for Adults

How to build safe, stable, nurturing relationships with kids



## Be a good listener

- Talk to the child regularly
- Eye contact
- Repeat for understanding



## Be consistent

- Follow through with what you say you will do



## Show up

- For important events, for every day things
- If you can't be there, be honest



## Avoid shaming

- Unconditional support, even if they make a bad decision



## Don't aim for perfection

Created by Becky Parton, LICSW

## Positive Childhood Experiences (PCEs)

As a child, how often/how much did you....

- Feel able to talk to your family about your feelings
- Felt family stood by you during difficult times
- Enjoy participating in community traditions
- Feel a sense of belonging in school
- Feel supported by friends
- Have at least 2 non-parent adults who took genuine interest in you
- Feel safe and protected by an adult in your home



**6-7 PCEs >70% less likely to have adult depression**

**6-7 PCEs 3.5 times more likely to have social/emotional support as an adult**

**3-5 PCEs 50% less likely to have adult depression**

\*above is true even accounting for ACEs



## Mindfulness: Simple Ways to Calm Stress



**Squeeze Muscles:** Starting at your toes, pick one muscle and squeeze it tight. Count to five. Release, and notice how your body changes. Repeat exercise moving up your body.



**Belly Breathing:** Put one hand on your stomach and one hand on your chest. Slowly breathe in from your stomach (expand like a balloon) and slowly breathe out (deflate).



**Mindful Meal:** Pay attention to the smell, taste and look of your food. No multitasking.



**Meditative prayer:** Sit in a relaxed, comfortable position. Pick something to focus on from the Bible, Qu'ran, or other religious or spiritual work. When your mind wanders, bring your attention back to the passage



**Blowing Bubbles:** Notice their shapes, textures and colors.



**Coloring:** Color something. Focus on the colors and designs.



**Drink water:** Take a sip of cold water, swallowing is calming



**Listening to Music:** Focus on the whole song, or listen specifically to the voice or an instrument.

# Movement



## Benefits:

- ✓ Increase oxygenation to blood
- ✓ Impact on heart rate (up-regulation)
- ✓ Opportunity for co-regulation

## How to Implement:

- Practice together
- Build it into your day, make it fun
- Take *regular* movement breaks
- Can be formal (yoga) or informal (dance, play, tag, obstacle course)

# Give Me “5”



## Benefits:

- ✓ Increase body awareness
- ✓ Increase situational awareness
- ✓ Distraction from distress

## How to Implement:

- Hang visual
- Provide laminated “cue cards”
- Practice with youth

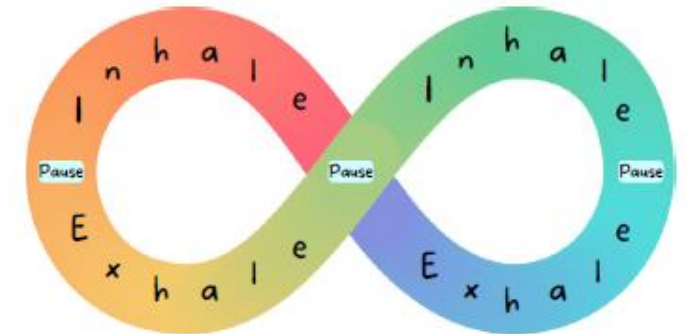
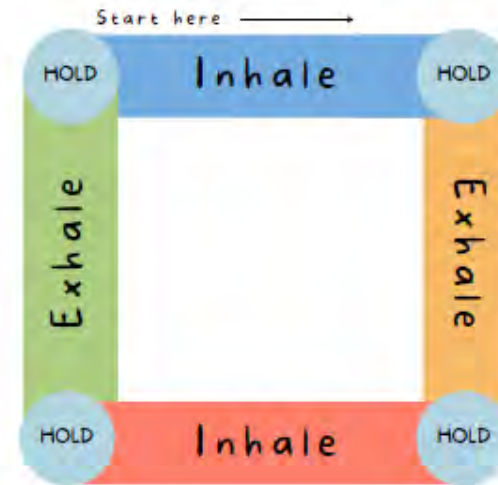
# Breathing Exercises

## Benefits:

- ✓ Increase oxygenation to blood
- ✓ Decrease heart rate (down regulation)
- ✓ Opportunity for co-regulation

## How to Implement:

- Hang visual, have a calming space
- Use a video or audio guide
- Practice with youth



[Count, Breathe, Relax from Sesame Street](#)

## Additional Strategies

- Guided Imagery
- Sequential Muscle Relaxation
- Superpower hands
- Use music to calm or hype
- Adapt or change social context
- Modify or switch environment
- Tangible/Manipulatives
  - Blowing Bubbles
  - Clay or Playdoh
  - Lotion
- Rhythm (clapping games, drumming)
- Intricate crafts/ bracelet making





# DE-ESCALATION STRATEGIES

Four Phrases to Remember

## NAME IT TO TAME IT

DAN SIEGEL, MD



"I notice you are feeling ..."

## LOW AND SLOW

TERESA BOLICK, PHD



Lower your body  
Lower your voice  
Slow your speech  
Slow your movements

## REGULATE OVER EDUCATE



Give time and calm  
Take care of emotions rather than  
trying to fix

## CONNECT OVER ISOLATE



Healing comes from connection

For more tips, check out:  
<https://youtu.be/R2PSExM-NhU?si=L0GQhBP2dyckCSWw>

# Co-Regulation

- Provide choices
- Provide space (physical and emotional)
- Follow their lead
- Practice your own deep breathing, relaxation

**YOUR CALM**  
=  
**THEIR CALM**

For more tips, check out:

<https://youtu.be/Pmx6Jczhbri?si=gkvtAbh7WDZemngA>

# Validation

- Listen, open posture, respond with “I hear you” statements
  - “That sounds hard”
  - “I’m sorry that happened to you”
  - “I’m so glad you told me”
- Curious stance, non-judgmental
  - “Tell me more about that so I can understand better”
  - “Let’s talk about this more so we can figure this out together”
- Find out what they are looking for (listening vs. action)
  - “What are you hoping will happen next?” “What are you looking for today?” “What can I offer you today?” “What level of help are you looking for today?”

# Responding to stress

- Being present
- Communicate safety
- Using connections to establish support and safety
- Help ground the youth in the present
- Help youth to regulate emotions or behaviors in safe ways
- Monitor your own body movements and volume

**“You are not alone, it is not your fault.”**

# Resiliency Questions

- What are you feeling?
- What is your goal for the day?
- What/who do you need to reach your goal?
- Who are you feeling connected to?
  - *In your family, community, in this setting*



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*Cohort 2*

*Session 2, What might we be seeing- the underlying  
causes, March 19, 2024*



# What Might We be Seeing: The Underlying Causes

*Chase Trybulski, LCMHC, Dartmouth Hitchcock Medical Center*

# Children Need an Ally in the Community

**Does it really take a village? YES! It does.**

**Parents, Family and Guardians are not the only important adults in the lives of youth.**

**You could notice a challenge in the life of a child and make a difference.**

**Knowing the signs and reacting supportively can have a lasting impact.**



# Adverse Childhood Experiences - ACEs

- Potentially traumatic events that occur in childhood (0-17 years)
- About 61% of adults surveyed across 25 states reported they had experienced at least one type of ACE before age 18, and nearly 1 in 6 reported they had experienced four or more types of ACEs. — Source: [Centers for Disease Control and Prevention, National Center for Injury](#)

[Prevention and Control](#)

## **ACEs Examples:**

- Domestic Violence
- Family Mental Health Conditions
- Parental Substance Misuse
- Family Incarceration
- Neglect or Abuse
- Parental Separation
- Food Insecurity
- Divorce
- Household Dysfunction

# Behaviors in Children

Think of behaviors as warning signs of problems, not character flaws.  
Behaviors are often a child's way of communicating a greater need.

What you may see:

- Temper tantrums, non-compliance, aggressive behavior, low frustration tolerance
- Negative world view, low self esteem, fear of taking risks, poor social connections
- Avoidance, poor task completion, panic, poor attendance, deficient problem solving
- Inappropriate dress for the weather, bruises, insufficient supplies, challenging hygiene

# Anxiety

Many children labeled with behavioral issues are actually dealing with Mental Health Challenges

**Anxiety:** Children with Anxiety are often expected to be shy, fearful or avoidant. They can also be explosive or aggressive as attempts to avoid stressful situations can lead to seemingly irrational behavior. Pressure to meet an expectation or feeling criticized may result in acting out as a way to escape the current feeling or situation.

# Depression

Depression: Children often experience a lack of motivation, poor task completion, inconsistent engagement or tardiness when their hope or positive self view is lacking. Poor sleep, low mood and irritability may be a result of a negative world view and feeling overwhelmed by minor problems.

# Trauma

Trauma: Children with trauma often have a lack of personal efficacy and poor locus of control. They may show physical symptoms of their abuse or neglect. They may also act in ways where they are recreating these events or trying to exercise power and control in their lives.

# Resources

[Adverse Childhood Experiences \(ACEs\) \(cdc.gov\)](#)

[Mental Health Education | NAMI: National Alliance on Mental Illness](#)

[Mental Illness and Substance Use in Young Adults | SAMHSA](#)

[Youth Mental Health and Well-being in Faith and Community Settings: Practicing Connectedness A Toolkit of the HHS Partnership Center](#)

[Youth Mental Health In New Hampshire | Extension \(unh.edu\)](#)



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*Session 3, Getting help when we need it- resources  
and working with families, March 26, 2024*

# Getting help when we need it – resources and working with families

Mark Belanger, MBA

Strategic Advisor to Dartmouth Health




## Assessing This Moment In Time for our Children and Adolescents

 Child and Adolescent Anxiety,  
Depression, and Thoughts of Suicide

 Availability of child and adolescent  
therapists (long wait lists)

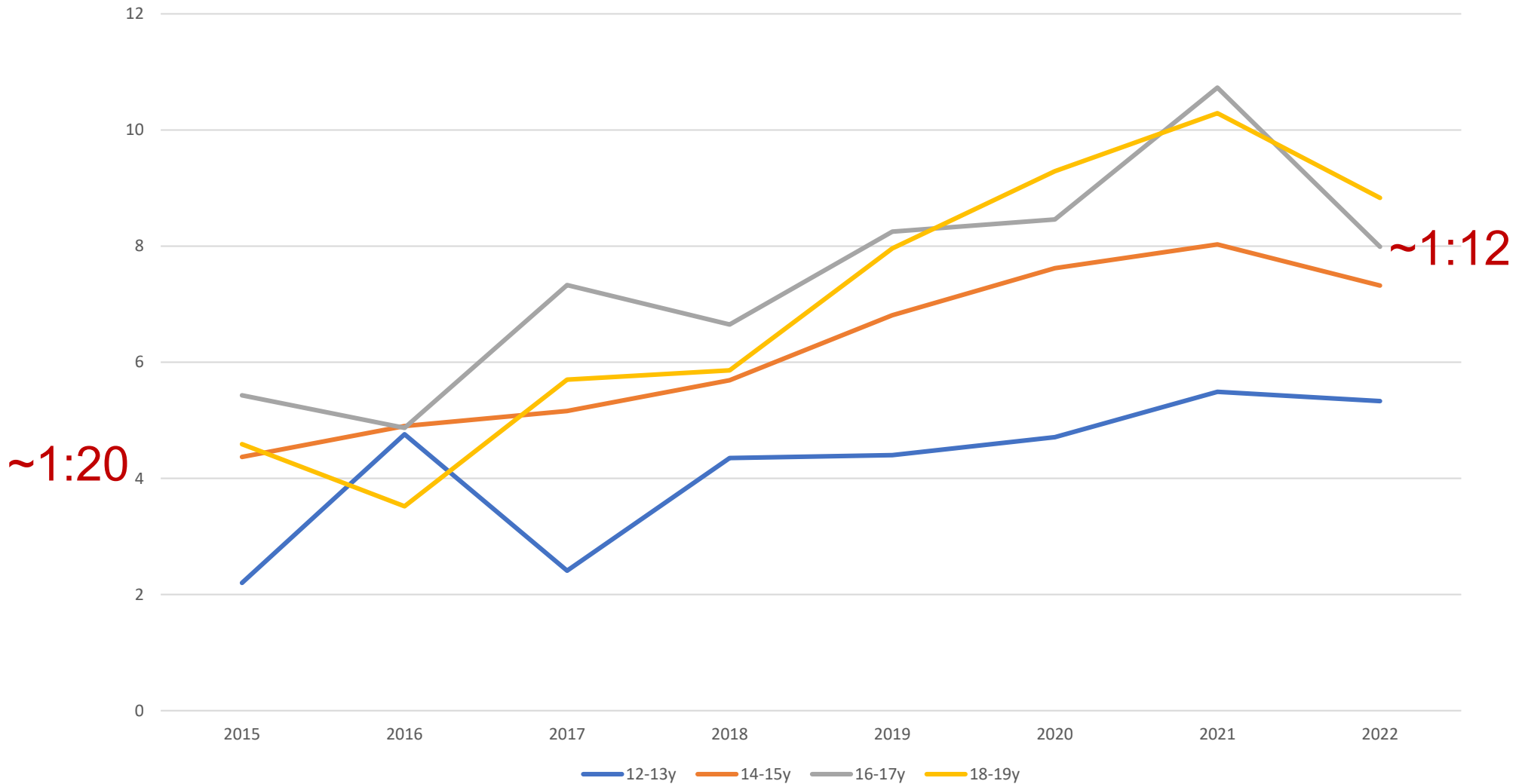
 Acting Out, Disengaging, Isolating

 Availability of crisis beds (Boarding in  
Emergency Rooms)

 Parental challenges with stress, mental  
health, and substance misuse

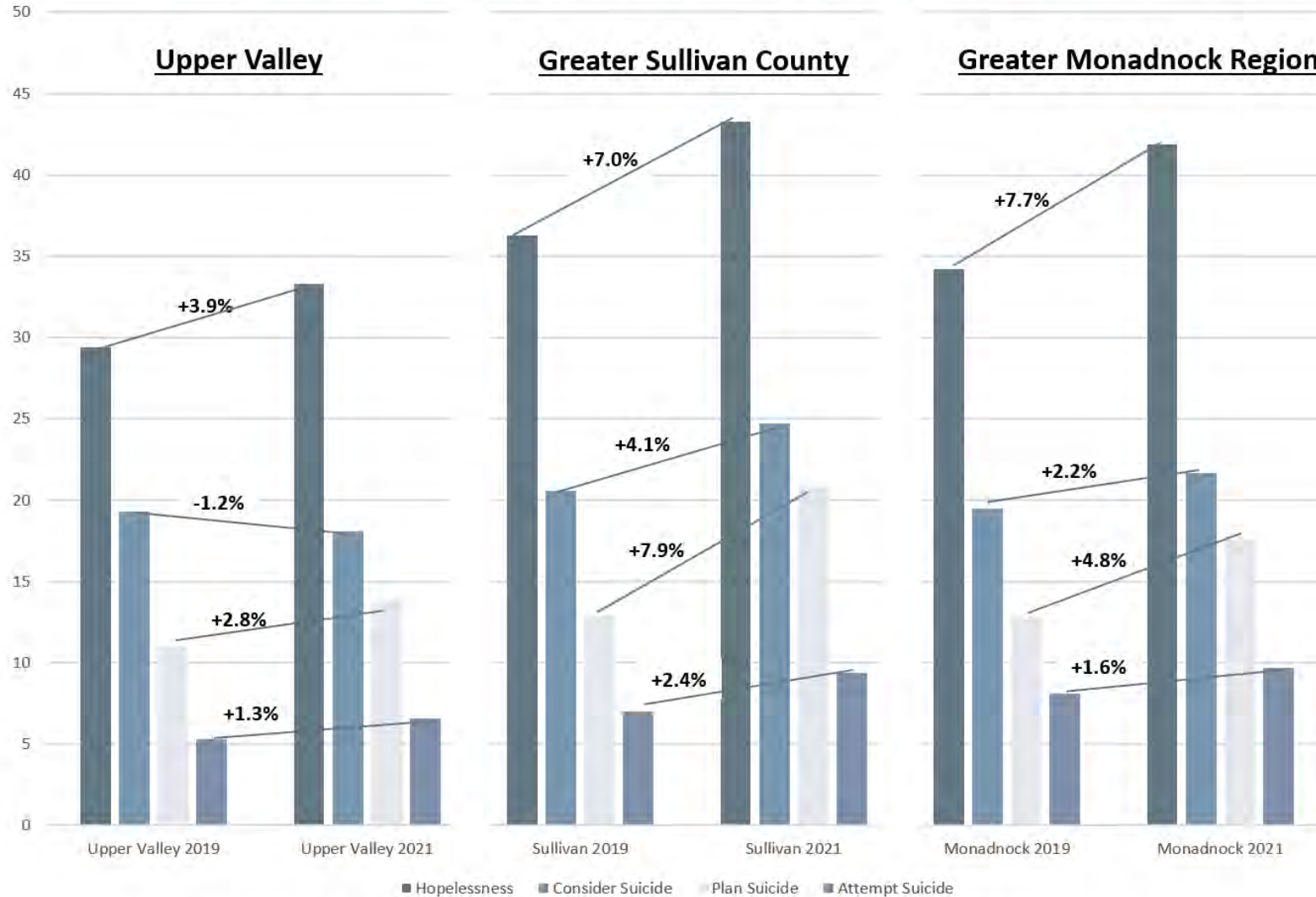
 Unhealthy Use of Social Media

### High Risk: Severe Anxiety OR Moderately Severe/Severe Depression OR Suicidality by age and year - Dartmouth Health Pediatrics - Rural Adolescents age 12-19



Data Source: Dartmouth Health Clinics, Rural adolescents age 12-19, 2015-2022

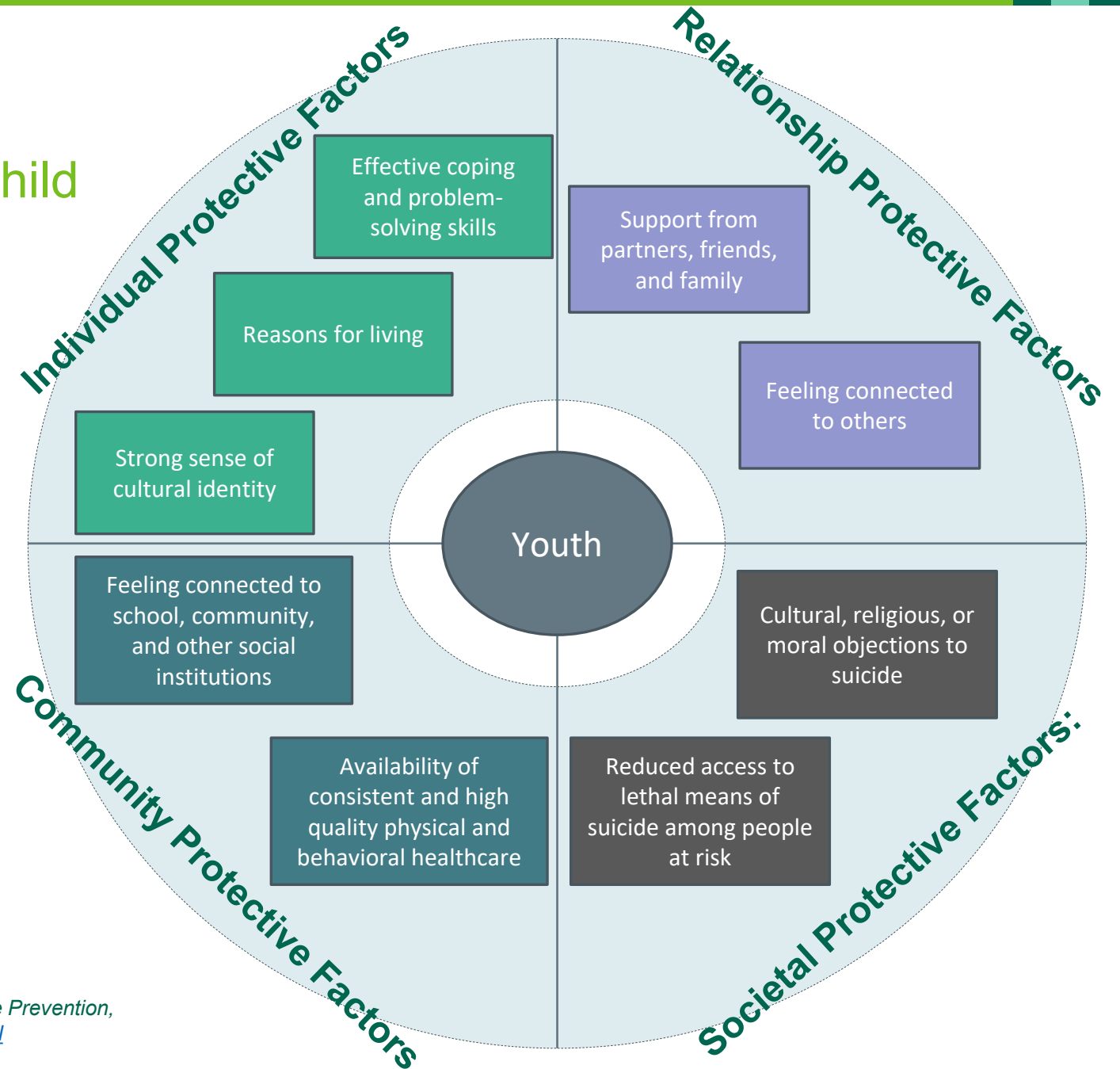
### Youth Reported Suicide Risk for Rural Western NH – 2019 to 2021 Comparison



### Suicide Risk Attributes Rural NH Students Grade 9-12

Self-Reported Attribute	Self-Reported Suicide Attempts
Poor academic performance	25% 1:4
LGBTQ+ gender identity	20% 1:5
Later adolescence (age 16-18)	10% 1:10
Black, Indigenous, and People of Color (BIPOC)	10-20% 1:5 – 1:10

## The Community Supports the Child 'All Hands on Deck' To Build Protective Factors!



## When Are We Over Our Heads? When Do We Need Help?

### CDC's warning signs for suicide?

- Talking about being a burden
- Being isolated
- Increased anxiety
- Talking about feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

Source: Centers for Disease Control and Prevention. *Suicide Prevention, Risk and Protective Factors*. <https://www.cdc.gov/suicide/factors/index.html>



Source: Be the 1 to. <https://www.bethe1to.com/bethe1to-steps-evidence/>

## When A Child Needs Help Where Can You Turn for Support?

For Information



Dial 211

Online <https://www.211nh.org>

For a Behavioral  
Health Crisis



Dial or Text 833-710-6477 or 988  
Online and Chat

<https://www.nh988.com/>

For an Emergency



Dial or Text 911



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*Session 4, What can we do as individuals, April 2,  
2024*

# *What Can We Do As Individuals?*

*Jeffrey Swayze*



## De-escalation: Tips for Self

- Be a de-escalation samurai
  - Helping someone back down the ladder
  - Calm mind, calm body, mastery
  - Welcoming mindset
- Know yourself
  - Your reactions to stress
  - You are the adult/professional: Think one degree softer
  - Can you find a way to “enjoy” it?

## De-escalation: Know Yourself

- We remain balanced when we know who we are even when we feel threatened
  - Stress inoculation/ breathing
  - Scripting yourself “as the kind of person...”
  - Think about redirecting energy
  - Use adrenaline, don’t be ruled by it

## De-escalation Principles

- Drop the Ego
  - Preacher mode doesn't help
- E.A.T: Empathy Absorbs Tension
  - Listening to the story is what leads to empathy

## De-escalation Strategies

- Non-verbal body language
- Engage at lowest level of arousal
- “Inquisitive insertive phrase”
- Less about what you say and more about what you heard

## De-escalation: Useful Approaches

- Calling someone over
  - “Can we chat for a minute?”
  - If you don’t know their name, ask for it, tell them yours
- “Who do you think you are?” “You can’t tell me what to do?”
  - Your chance to tell who you are and why it’s for everyone’s well-being for them to comply
  - Put rules in contexts that support your logic
- Escalation heightens
  - Give them autonomy and ask for feedback to participate in a plan
    - Is there anything I can do differently to earn your cooperation? I’d sure like to think there is.”
    - I’m thinking I might be doing something wrong. What do I need to do differently to get us back on track?”

## Beyond Resilience: Building Anti-Fragility

- Resilience is not enough to navigate life
- Myth of the Hydra
  - Develop emotional redundancies
  - Cognitive flexibility
  - Reframe technique
- The “frame game”
- Discomfort training and why delayed gratification techniques and situational awareness help



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*Session 5, Practical Strategies for this moment in  
time, April 9, 2024*

# Practical strategies for this moment in time

NH Rural Workforce Center Team  
at Dartmouth Health  
-Mark Belanger



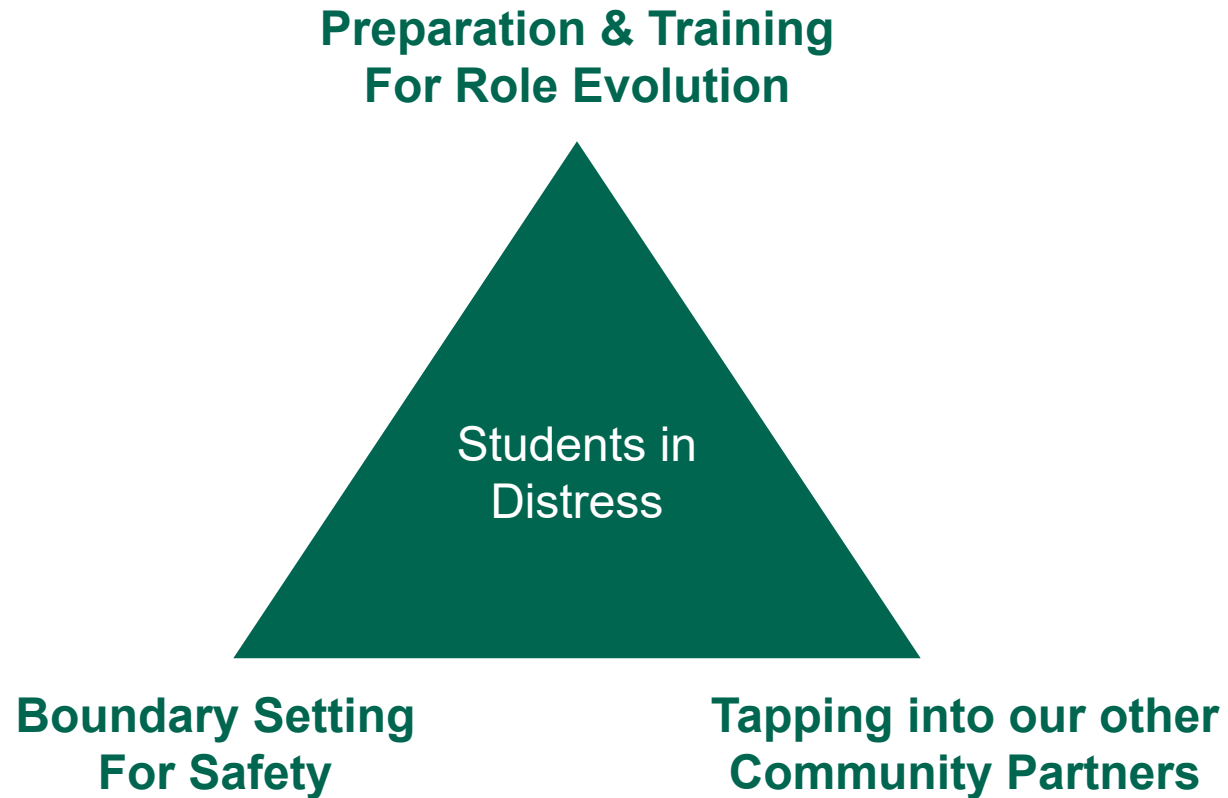
## Introduction

Thank you for sharing your challenges throughout this Project ECHOs and for the suggestions for a final session topic last week.

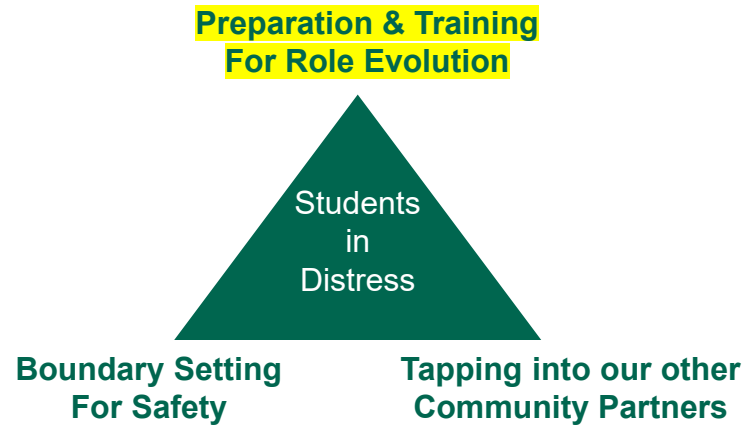
We are hearing the following things from you loud and clear:

- In nearly every setting (sports, clubs, libraries, schools, and others) we are seeing signs of youth in distress.
- The need is high and the formal systems for serving children and adolescents are stressed.
- Kids are organically finding the safe spaces in their communities and in some cases, overwhelming them.
- Community organizations are finding themselves in positions where they are filling the gaps and this is stressing the capacity and expertise of staff.

## Draft Strategy for our Community Organizations to meet these challenges



## Strategy 1: Preparation & Training For Role Evolution



*I don't feel qualified to help.*

*I am not a trained mental health counselor –  
this is not my job.*

*I want to help but I don't have the skills needed  
to support these kids*

### Role evolution

- We are being asked to stretch our role (with boundaries) and have choices to make

### Resources for Training:

- NAMI-NH
- Mental Health First Aid
- CDC Suicide Prevention resources
- Personal Reading (e.g., See the reading list for coaches at 'Thru the Game'  
<https://www.thruthegame.com/resources>)
- Working with your local school district
- Future Project ECHO series
- Crowd-sourcing resources within this community

## Strategy 2: Boundary Setting For Safety



*The kids found out our space is safe and now we are overrun.*

*I found myself in conversations with kids that were bordering on therapy and I'm not trained.*

*There is nowhere else to go but there are only a few staff trying to keep these kids safe.*

### Boundary Setting for Safety

- It is ok to be a trusted adult listener with kids who are sharing
- Objectively recognize when you may be in over your head (e.g., Risk of harm to self or others, Duty to report) and to remember where to turn for help (833-710-6477 or 988 for crisis)
- It is an honor that the students have found your program – It is ok to either seek more funding for volunteers and staff –or- to set safety limits such as adult to student ratios
- It's a good time to update your policies and to post them publicly

## Where there are **clear boundaries...**

**Suspected Child Abuse or Neglect:** You are compelled by law to report suspected child abuse or neglect

- *“NH Law requires any person who suspects that a child under age 18 has been abused or neglected must report that suspicion immediately to DCYF. (New Hampshire RSA 169-C:29-31).”*
- *“If a child tells you that he or she has been hurt or you are concerned that a child may be the victim of any type of abuse or neglect, you must call the Division for Children, Youth and Families (DCYF) Central Intake Unit at: 603-271-6562 or 800-894-5533 (in-state only)”*

**Suspected Risk of Harm to Self or Others:** Reach for help if you are concerned about safety or the child is in crisis:

- *Dial or Text 833-710-6477 or 988*
- *Online and Chat <https://www.nh988.com/>*

NH Rapid Response Teams are in all 10 regions of the state and prepared to deploy to your community within an hour when they are needed for a behavioral health crisis.

**Organization-Defined Boundaries:** Turn to your supervisor, policies and procedures, handbook, and training for your specific organization’s guardrails.

## Where the **boundaries are less clear...**

### **Think Ahead and prepare the environment:**

- Where possible, have other trusted adults present and/or multiple trusted peers.
- No hero's - Know when to pull in backup
- When risky behaviors come up – be prepared to engage your manager/supervisor, call the caregivers, connect with a school counselor, or connect with law enforcement

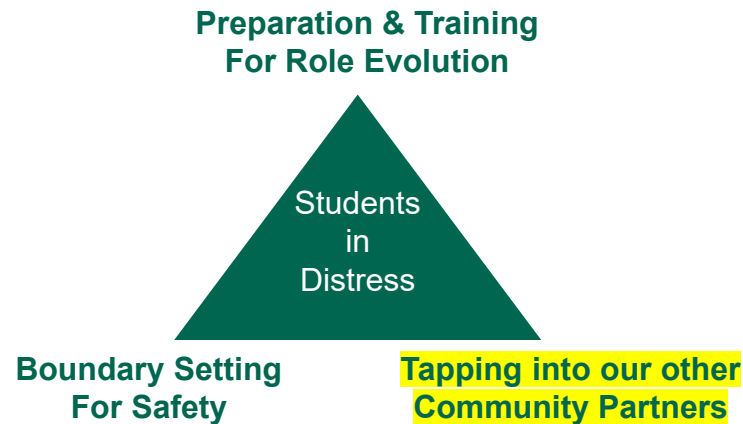
**Gut instinct:** If you feel like you are over your head or this is a risky situation, follow your intuition.

- This is different for every person – we are all trained and exposed to these difficult situations differently

**Communicate Role and Personal Boundaries:** It is important to let the kids know what your role is and where your personal boundaries are:

- *“I can’t be the person who solves this situation for you but I can listen and help you think this through.”*
- *“I can’t promise not to tell anyone what you share – I care about you and if I think you are unsafe I am going to get us some help.”*

## Strategy 3: Tapping into our other Community Partners



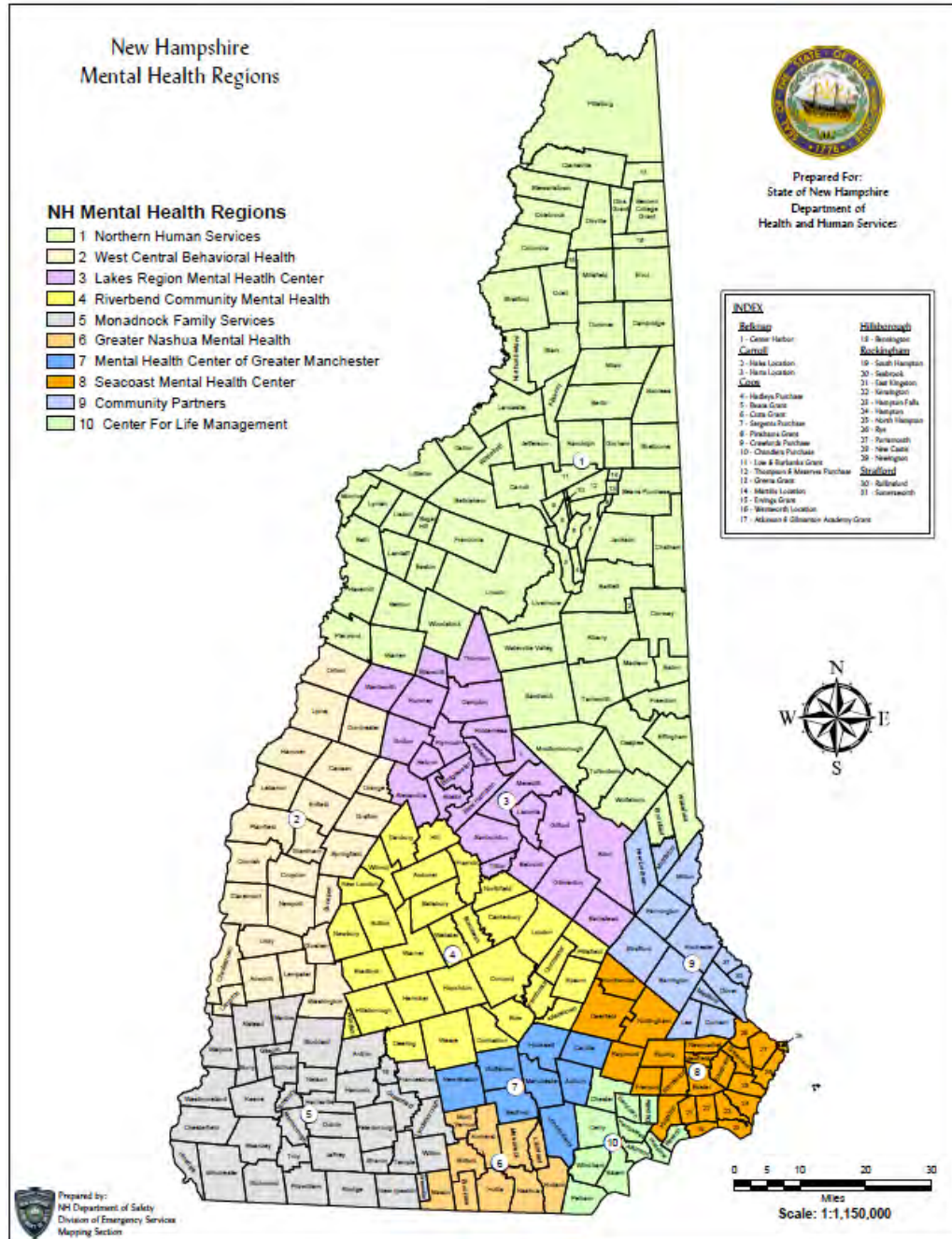
### Where can I find the nexus(es) of my community?

- Community Mental Health Centers (10)
- Public Health Networks (10)
- Family Resource Centers (17)
- Community Action Partnership (5)
- School Systems
- Town, County, State Government
- Faith / Interfaith community groups
- Local chambers of commerce
- ...and many more.

*Our normal channels are overwhelmed.*

*Mental Health practitioners are sending kids back to our program – I thought it should be the other way around.*

*Who else is facing this in our community and how do I tap into those organizations?*



Source: NH Department of Health and Human Services:  
[https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj6vujpxcP\\_AhXQkYkEHcMJC\\_8QFnoECBQQAQ&url=https%3A%2F%2Fwww.dhhs.nh.gov%2Fsites%2Fg%2Ffiles%2Fehbemt476%2Ffiles%2Fdocuments%2Fbmhs-list-map.pdf&usg=AOvVaw1cbfsaGqyUhvjfGCNSnDVY](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj6vujpxcP_AhXQkYkEHcMJC_8QFnoECBQQAQ&url=https%3A%2F%2Fwww.dhhs.nh.gov%2Fsites%2Fg%2Ffiles%2Fehbemt476%2Ffiles%2Fdocuments%2Fbmhs-list-map.pdf&usg=AOvVaw1cbfsaGqyUhvjfGCNSnDVY)

NH Behavioral Health Association:  
<https://nhcbha.org/>



## NH FAMILY RESOURCE CENTERS INTERACTIVE EMERGENCY CONTACT LIST

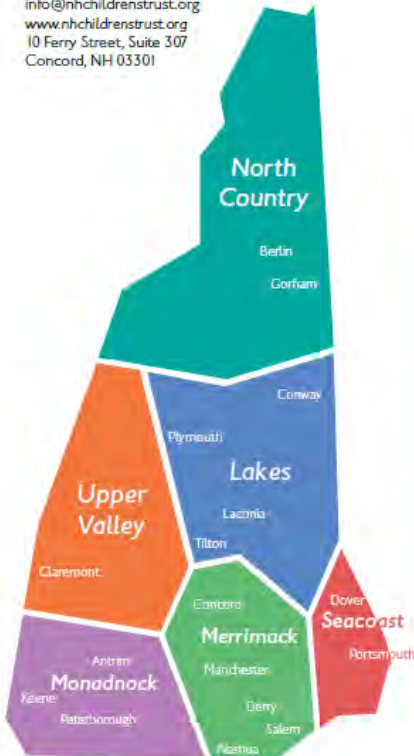


**Family Support New Hampshire**  
P.O. Box 1544  
Concord, NH 03102  
PSNHweb@gmail.com  
www.fsnh.org



**NEW HAMPSHIRE  
Children's Trust**  
New Hampshire chapter of Prevent Child Abuse, America

(603) 224-1779  
info@nhchildrenstrust.org  
www.nhchildrenstrust.org  
10 Ferry Street, Suite 307  
Concord, NH 03301



**THE FAMILY RESOURCE CENTER**  
Serving Coos County & N. Grafton County  
123 Main St.  
Gorham, NH 03581  
Main & Referral: (603) 466-5190  
**Emergency On-Call: (603) 723-4057**  
familysupport@frc123.org  
[www.frc123.org](http://www.frc123.org)  
Available during normal business hours and by appointment.

**CHILDREN UNLIMITED INC.**  
Serving Carroll County  
182 Main St.  
Conway, NH 03818  
Main & Referral: (603) 447-6356, ext. 111  
**Emergency On-Call: (603) 651-8676**  
bross@childrenunlimitedinc.org  
[www.childrenunlimitedinc.org](http://www.childrenunlimitedinc.org)  
Available during normal business hours and 24 hour availability for existing clients.

**LAKES REGION FAMILY CENTER  
COMMUNITY ACTION PROGRAM**  
Serving Belknap County  
121 Belmont Rd.  
Laconia, NH 03246  
Main: (603) 528-5334  
Head Start: (603) 528-5334  
HFA: (603) 528-5334, ext. 125  
Food Pantry: (603) 524-5512  
**Emergency On-Call: (603) 856-9104**  
FreemanToth@BM-Cap.org  
[www.bm-cap.org/](http://www.bm-cap.org/)  
Available during normal business hours.

**WHOLE VILLAGE  
FAMILY RESOURCE CENTER**  
Serving Grafton County & Town of New Hampton  
258 Highland St.  
Plymouth, NH 03264  
Main & Referral: (603) 536-3720  
[www.granitecsw.org/gr-work/granite-united-way-initiatives/whole-village](http://www.granitecsw.org/gr-work/granite-united-way-initiatives/whole-village)  
Available during normal business hours.

**GREATER TILTON AREA  
FAMILY RESOURCE CENTER**  
Serving Tilton, Northfield, Franklin, Sanbornton & surrounding towns  
5 Prospect St.  
Tilton, NH 03276  
Main & Referral: (603) 286-4255  
[www.gtafrc.com](http://www.gtafrc.com)  
Available during normal business hours.

**COMMUNITY ACTION PARTNERSHIP  
OF STRAFFORD COUNTY**  
Serving Strafford County  
577 Central Ave.  
Dover, NH 03820  
Main: (603) 435-2500  
Child & Family Services: (603) 435-2500, ext. 8108  
**Emergency On-Call: (603) 435-2500**  
pgyrcsan@straffordcap.org  
[www.straffordcap.org](http://www.straffordcap.org)  
Available during normal business hours.

**FAMILIES FIRST HEALTH  
AND SUPPORT CENTER**  
Serving Rockingham County  
100 Campus Dr., Suite 12  
Portsmouth, NH 03801  
Main: (603) 422-8209—CFSS, Partners in Health & help with Special Education  
**Emergency On-Call: (603) 742-7084**  
gclark@familiesfirstseacoast.org  
[www.familiesfirstseacoast.org/family-programs](http://www.familiesfirstseacoast.org/family-programs)  
Available during normal business hours.

**FAMILY CONNECTIONS CENTER**  
Serving all families with a NH incarcerated parent  
PO Box 14  
Concord, NH 03802  
Main: (603) 271-1926  
kristina.toth@doc.nh.gov  
[www.nh.gov/nhdoc/ccs](http://www.nh.gov/nhdoc/ccs)  
Available during normal business hours.

**EASTER SEALS CHILD DEVELOPMENT AND FRC**  
Serving Greater Manchester  
435 S. Main St.  
Manchester, NH 03102  
Main & Referral: (603) 666-5982  
kmckenney@eastersealsnh.org  
[www.easterseals.com/nh/our-programs/child-development-centers](http://www.easterseals.com/nh/our-programs/child-development-centers)  
Available during normal business hours.

**THE UPPER ROOM  
A FAMILY RESOURCE CENTER**  
Serving Southern NH & Rockingham County  
36 Tsienneto Rd.  
Derry, NH 03038  
Main: (603) 427-8477, ext. 10  
bguggisberg@urteachers.org  
[www.urteachers.org](http://www.urteachers.org)  
Available during normal business hours.

**SALEM FAMILY RESOURCES**  
Serving the Greater Salem Area  
24 School St.  
Salem, NH 03079  
Main & Referral: (603) 898-5493  
cjury@salemfamilyresources.org  
[www.salemfamilyresources.org](http://www.salemfamilyresources.org)  
Available during normal business hours.

**WAYPOINT: A FAMILY AND COMMUNITY  
RESOURCE CENTER**  
Serving Hillsborough County  
(not including Manchester)  
113 West Pearl Street  
Nashua, NH 03060  
Main: (603) 518-4000  
Referral: (603) 518-4390  
h referrals@waypointnh.org  
[www.waypointnh.org](http://www.waypointnh.org)  
Available during normal business hours.

Serving City of Manchester  
464 Chestnut Street  
Manchester, NH 03105  
Main: (603) 518-4000  
Referral: (603) 518-4390  
h referrals@waypointnh.org  
[www.waypointnh.org](http://www.waypointnh.org)  
Available during normal business hours.

Serving Merrimack County  
103 N State Street  
Concord, NH 03301  
Main: (603) 518-4000  
Referral: (603) 518-4390  
h referrals@waypointnh.org  
[www.waypointnh.org](http://www.waypointnh.org)  
Available during normal business hours.

**TLC FAMILY RESOURCE CENTER**  
Serving Sullivan & Lower Grafton Counties  
109 Pleasant St.  
Claremont, NH 03743  
Main & Referral: (603) 542-1848  
**Emergency On-Call: (802) 230-5859**  
maggie@tlfamilyrc.org  
[www.tlfamilyrc.org](http://www.tlfamilyrc.org)  
Available during normal business hours.

**THE CENTER FOR RECOVER**  
Serving Sullivan & Lower Grafton Counties  
1 Pleasant St.  
Claremont, NH 03743  
Main & Referral: (603) 287-7177  
**Emergency On-Call: (603) 558-7017**  
Dan@tcfamilyrc.org  
[tcfamilyrc.org/tfcenter](http://tcfamilyrc.org/tfcenter)  
Available during normal business hours.

For adults, call BEAS: **603-271-7014**  
For children, call DCYF: **603-271-6562**

**HEALTHY STARTS AT HCS**  
Serving Southwestern NH  
312 Marlboro Street  
Keene, NH 03431  
Main & Referral: (603) 352-2253  
pvaine@hcsservices.org  
[www.hcsservices.org/healthy-starts](http://www.hcsservices.org/healthy-starts)  
Available during normal business hours.

**THE GRAPEVINE FAMILY AND  
COMMUNITY RESOURCE CENTER**  
Serving Hillsborough County  
(E. Monadnock Region)  
4 Aiken St.  
Antrim, NH 03440  
Main & Referral: (603) 588-2620  
mellisog@grapevinenrh.org  
[www.grapevinenrh.org](http://www.grapevinenrh.org)  
Available during normal business hours.

**THE RIVER CENTER FAMILY AND  
COMMUNITY RESOURCE CENTER**  
Serving E. Monadnock Region  
(Peterborough & surrounding towns)  
9 Vose Farm Rd., Suite 115  
Peterborough, NH 03458  
Main & Referral: (603) 924-6800  
**On-Call Emergency: (603) 562-5238**  
\*text if emergency  
[www.rivercenter.us](http://www.rivercenter.us)  
Available during normal business hours.



Source:

[https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiVzq63xMP\\_AhUHkikEHVZMAKkQFnoECBcQAQ&url=https%3A%2F%2Fwww.education.nh.gov%2Fsites%2Fg%2Ffiles%2Fehbemt326%2Ffiles%2Finline-documents%2Fsonh%2Fnh-frcs-emergency-contacts-service-areas.pdf&usq=AOvVaw2yd0gCHfLc5IITOsJUfavy](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiVzq63xMP_AhUHkikEHVZMAKkQFnoECBcQAQ&url=https%3A%2F%2Fwww.education.nh.gov%2Fsites%2Fg%2Ffiles%2Fehbemt326%2Ffiles%2Finline-documents%2Fsonh%2Fnh-frcs-emergency-contacts-service-areas.pdf&usq=AOvVaw2yd0gCHfLc5IITOsJUfavy)

## Regional Public Health Networks – Contact Directory:

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/rphn-contactlist.pdf>

## Community Action Partnership:

- Community Action Partnership of Strafford County;
- Community Action Program Belknap-Merrimack Counties, Inc.;
- Southern New Hampshire Services, Inc.;
- Southwestern Community Services, Inc.;
- Tri-County Community Action Program, Inc.

<https://www.capnh.org/home>



WELCOME to the

Recognizing and Responding to  
Youth in Distress *ECHO*

*Cohort 2*

*Session 6, Youth Mental Health First Aid, April 16, 2024*



Sometimes, first aid isn't  
a **bandage**,  
or **CPR**,  
or the **Heimlich**,  
or calling **911**.

Sometimes, first aid is **YOU!**



**Mental Health FIRST AID**  
from NATIONAL COUNCIL FOR MENTAL WELLBEING

# YOUTH MENTAL HEALTH FIRST AID

## Why Youth Mental Health First Aid?

**64.1%**  
of youth with major depression **do not receive any mental health treatment.**  
*- Mental Health America*

**5.13%**  
of youth report having a **substance use or alcohol problem.**  
*- Mental Health America*

**1 IN 5**  
teens and young adults **live with a mental health condition.**  
*- National Alliance for Mental Illness*

### Join the Movement

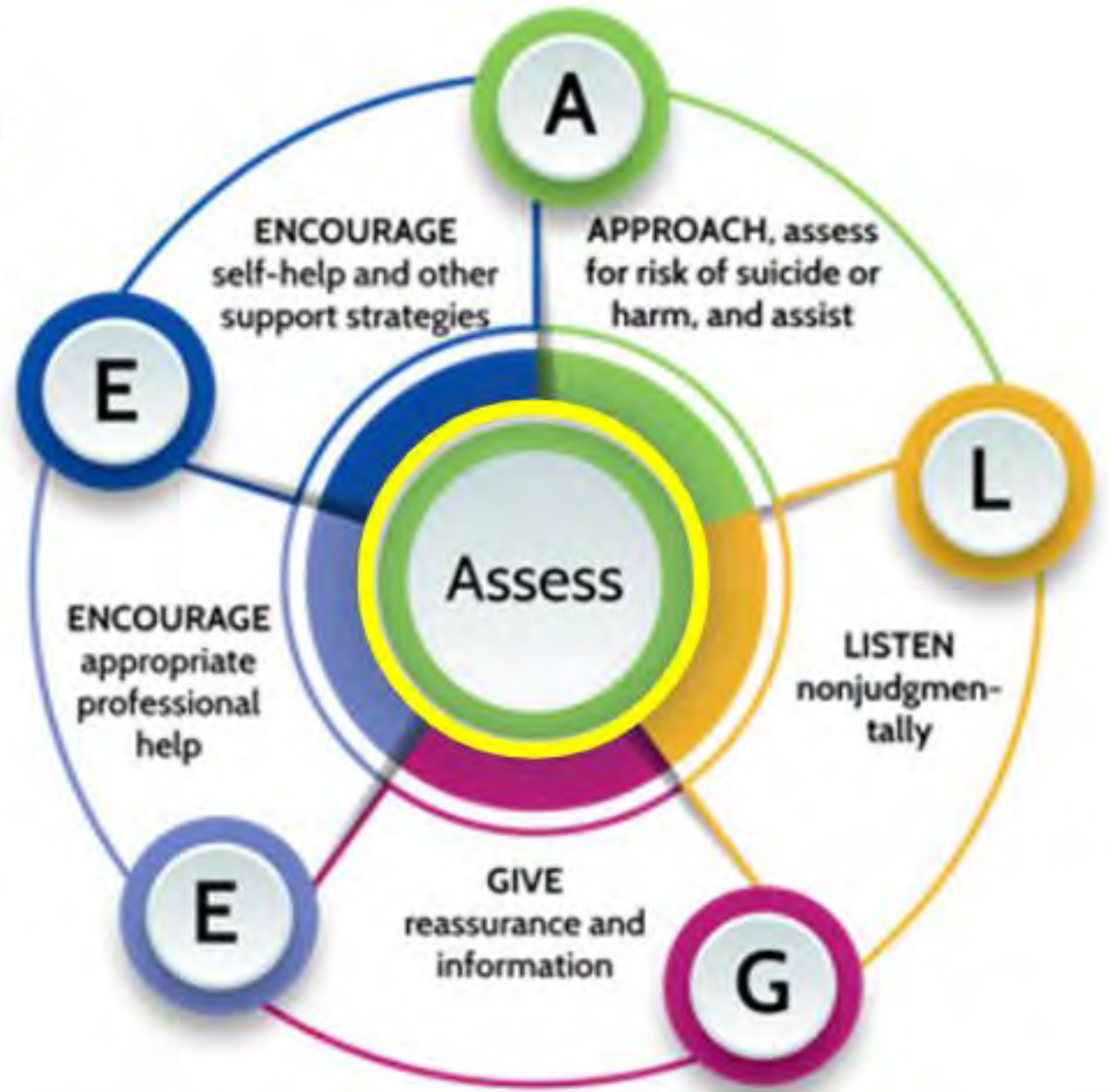
Sometimes first aid isn't a bandage, or CPR or calling 911. Sometimes, first aid is YOU.

A young person you know could be experiencing a mental health or substance use problem. Learn an action plan to help.

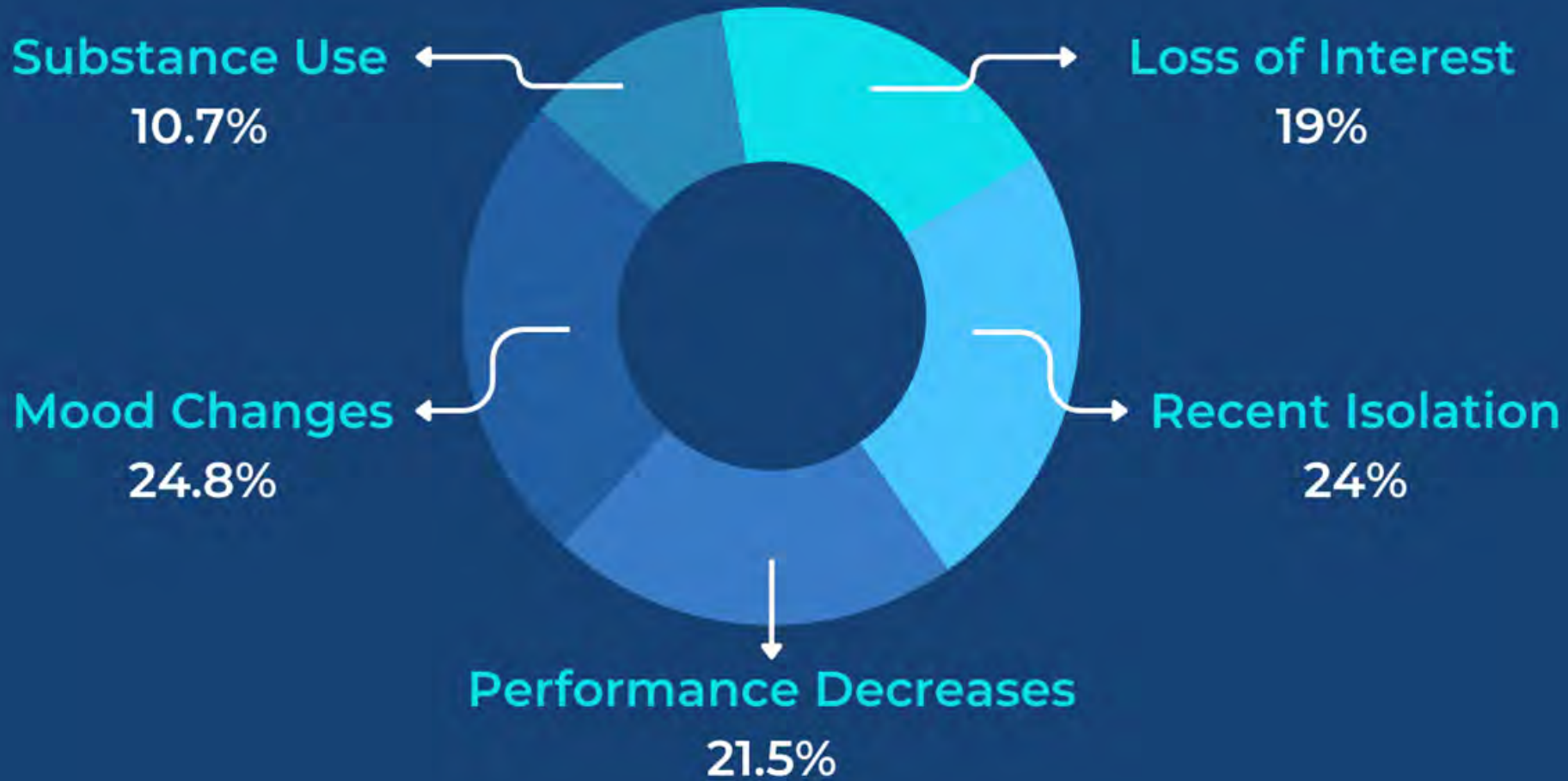
### Who Should Take It

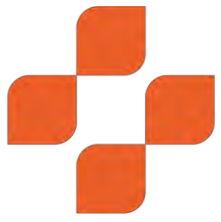
- Teachers
- Coaches
- People Who Work With Youth
- Camp Counselors
- School Staff
- Parents
- Youth Group Leaders

# Revised ALGEE Action Plan



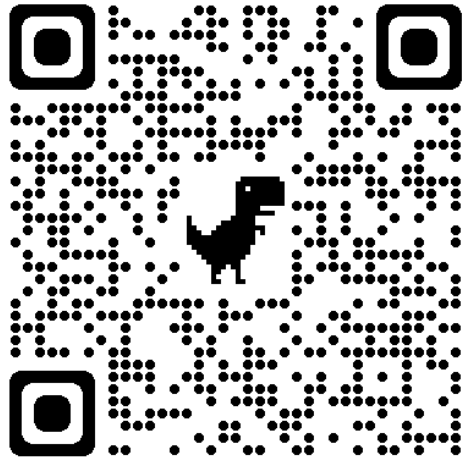
# Self-Reported Mental Health Signs in Teens





**Mental Health**  
**FIRST AID**

*from* NATIONAL COUNCIL FOR  
MENTAL WELLBEING

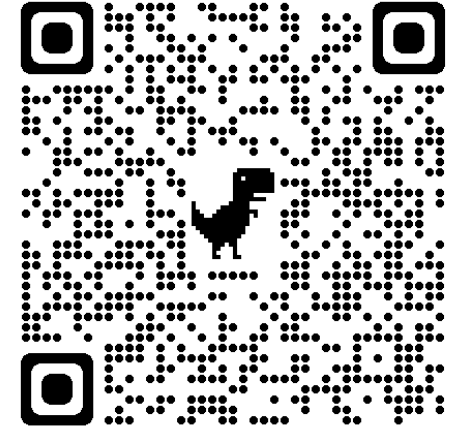


**Interested in learning more?**

**Scan the QR Code to be directed to the  
Youth Mental Health Website**



# Join us - Scan to register & learn more

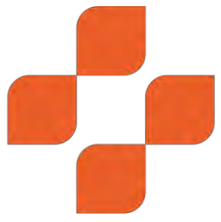


The Project ECHO Team at Dartmouth Health invites you to join this one hour resource session:

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**Responding to Youth in Distress: Up Close with Potential Resources**

April 30th 12:00-1:00pm EST



**Mental Health**  
**FIRST AID**

*from* NATIONAL COUNCIL FOR  
MENTAL WELLBEING

**Riverbend Community Mental Health Center in Concord**  
**Mental Health First Aid during Mental Health Awareness Month**  
**(not specific to youth but a great introduction)**

**May 7 and 14, \$60**

**[www.riverbendcmhc.org/mental-health-first-aid-training-](http://www.riverbendcmhc.org/mental-health-first-aid-training-available)**  
**available**