Dennis Barbour (00:00:00):

Good afternoon. Welcome to the partnership symposium on young males and depression. I'm Dennis Barbour the partnerships president. Thanks for joining us in our symposium. One of eight, we are sponsoring over the course of five months. We're honored to have a panel of nationally recognized experts in young males and depression. Join us today, after their presentations and discussions, they'll take questions from the audience. So if you have any questions, make sure to send them along. And the questions function by way of background, a word about the partnership and why we exist. The partnership is a consortium of over 20 national organization would have a stake in young male health and wellbeing. As our mission states, we work with and on behalf of adolescent and younger adult males to optimize their health and ensure that they thrive. We are the only national organization whose sole focuses on the health and wellbeing of these young males, otherwise known as gen Z.

Dennis Barbour (00:00:51):

Those between the ages of 10 and 25, young males as age are largely left out of our healthcare system. By age 13, 80% of males and females both stop seeing a pediatrician, females, largely transition to gynecologic care males. However, do not largely transition to a source of ongoing care. We exist to fill help, fill that gap to awareness of this problem and providing the means to address it. Our 2022 symposia is designed to raise awareness and to guide parents and other caregivers in how they can address the health needs of our young males. Before I introduce our guests, I'd like to reiterate that we'll be taking questions for our panels throughout the session. You'll also receive a survey via email. After the session, we urge you to fill out the survey to help inform how we can better design future symposium. Again, thanks for joining us. We're pleased to have the following presenters today.

Dennis Barbour (00:01:47):

Dr. Hector Colon Rivera is a distinguished quadruple board certified adolescent adult and addiction psychiatrist in the Pennsylvania medical community. He has broad experience in community based programs emphasizing those that help increase access to severe mental illness and substance use disorders treatments in adolescents, Dr. Colon Rivera is also an attending physician at the Western psychiatric Institute in clinic and UPMC through their telemedicine services. Dr. Barbara Robles, who are ther is a board certified adult child and adolescent forensic psychiatrist. She is an assistant professor in psychiatry at the university of Texas health San Antonio, where she also serves as a medical director of psychiatric services at the Bexar county juvenile detection detection center and the director of the south Texas psychiatric practice based research network for clinical work specializes in childhood trauma. And she has worked in juvenile detention for several years. Frederick Shegog is founder CEO of The Message, LLC, which inspires educates and creates healthy lifestyles for all as a motivational speaker, dumpster diving, panhandling, and drinking. Once every activities for Shegog, he was voted as a, as the Philadelphia region's black man icon of chunk 20 and was selected commencement speaker at his graduation. Frederick graduated SIM CU laude from Westchester university. Hernon Carvente-Martinez is the founder and CEO of heli ninjas incorporated a social enterprise seeking to expand access to health and wellness resources for communities of color and end mental health stigma. He is a Chicano social entrepreneur, community organizer and leader in the fight to end youth incarceration. Dr. Robles, I'll now turn the program over to you.

Barbara Robles (00:03:41):

Good afternoon, evening everyone. Um, I'm Doctor Robles and I'm so excited to be with you with my co-host Dr. Colon uh, Rivera, and also we are blessed and very appreciative of having very important

community voices. Um, Mr. Shegog, Frederick Shegog and doc, um, Hernan Carente-Martinez. So we are looking forward to speaking with you about the topic of depression in young males, and just really briefly we, uh, perhaps each of the presenters, if we can say a quick hello. Um, again, I'm Dr. Robles Ramamurthy. I am in San Antonio, Texas. I am a child psychiatrist working in community mental health, specifically in juvenile detention, and I love my work and I'm very, um, fortunate to be part of this conversation. Dr. Colon Rivera.

Hector Colón-Rivera (00:04:40):

Sure. Thank you, Barbara. And so I'm Dr. Hector, Dr. Colon Rivera. I'm a addiction adolescent psychiatry. I'm in Philadelphia, uh, where it's always sunny. It's sunny in Philly and happy to be here with you guys. Um, I'm, I'm the medical director for APM, which is a medic, uh, nonprofit organization, Philadelphia, uh, with a mission of expanding treatment for Hispanic communities. We have foster homes. We have housing department and education departments and happy, to be here. Presenting with you guys. Um, Hernan,

Hernán Carvente-Martinez (00:05:15):

Hello, everyone. Um, Martinez. I use he/him/el pronouns. I am in Queens, New York, uh, been working for the last 10 years in the criminal justice sector, but for the last three have also now focused a lot more, uh, in mental health, organizing and advocacy as it relates to adolescence, but also the broader community. Happy to be here. I'm really excited to share perspectives from a personal standpoint. Um, pass it over to Frederick.

Frederick Shegog (00:05:43):

Hello. All I'm happy to be here. Grateful and humbled. Um, thank you for the panelists and everybody else that's here. Thanks for taking the time out to hear this panel. Um, yes. My name is Frederick Shegog. Um, Freddy, I go by Freddy. Um, I am blessed to be a person in recovery of over six years. Uh, also a person that is a mental health, uh, patient, uh, take psych meds. Um, so I ever know, um, I just graduated Westchester university. Also. I have a motivational speaking country where I travel to country. I speak on mental health and substance abuse. I share my stories. I do a lot of, um, professional development and I speak in treatment centers across the country as well. So bottom line, I am trying to change the foundation in a way. We look at mental health and substance use disorder, and I'm just grateful to do it, um, to the next person or, um, last one.

Hector Colón-Rivera (00:06:36):

Thank you, Freddy. So, so yeah, so, I mean, you met our presenters and thank you guys. I mean, you see that we're the only presenting data research. We are also presenting the perspective experiences of the community and Hernan, and Fred are bringing that to us, Freddy. Um, so our agenda today, we are gonna define depression and it's manifestation on young young males. Uh, describe additional clinical diagnosis and symptoms, uh, pertinent to of the depression in young, in young males. Uh, we're gonna explore from the barriers to engage in mental health care, uh, define the levels of mental healthcare available and the many benefits of it, uh, especially engaging in mental healthcare and for that, we're gonna present data, but also experiences of our presenters. Um, we're gonna talk about the prevention and the center, um, uh, plans and resources out there in the community.

Hector Colón-Rivera (00:07:35):

Also males. Um, before that, I mean, before we enter the presentation, I wanna define what depression is cause depression looks, I mean, depending who you talk to, um, it, it can come different flavor, different sizes. Um, there's a difference between feeling depressed when we say feeling depressed, versus sadness, sadness versus, you know, clinical depression as defined by the DSM five. So when we talk about clinical depression, it's mixed, right? It's a, it's a group of symptoms, uh, defined by more than five, you know, five or more of the following, the are present for two weeks or more, right. Um, so first and, you know, need to have the first two, which is the depressed symptoms, uh, for most days than not. And, you know, almost every day and, and the, and an audience, which is defined as, you know, losing that interest for things that use to do like, you know, going to school, playing sports, playing video games, spending time with your family.

Hernán Carvente-Martinez (00:08:43):

So that loosen of interest in things that you used to enjoy is called, uh, an Adonia. So also significant weight loss or change in appetite. I mean, some people lose weight, some people gain weight, uh, that depends you're having atypical versus typical depression, but both, you know, it could be, uh, both mean you can lose, or you can gain weight depending how depression is presenting or full or grow in, in the, in the growth core curve for those, uh, um, you know, that, uh, pediatric patients, um, you can have insomnia or hypersomnia, uh, you can have some psychomotor agitation or retardation, so you can either look too fast or you're speaking too fast or moving slower than you usually move, uh, fatigue or loss of energy, uh, near the every day, feeling more, less, or excessive guilt, uh, decrease concentration or inattention and recurring thoughts of death or, uh, suicide.

Hernán Carvente-Martinez (00:09:42):

And of course we need to rule out any other, uh, chemical, uh, you know, situation, medical, uh, condition, you know, diet disorder, diabetes, hypertension, you know, high blood pressure or hypertension, low blood pressure or low sugar levels when someone is presenting like that. So once we rule out medical issues or they use a substance use like cocaine, you know, when you crash in a cocaine, you can feel depressed, slow, or, or use of opioids. You can feel the same way, or they use the alcohol or withdraw from any of these substances. Once we rule out all that, um, and rule out medical issues, we have a diagnosis of male depressive disorder. You have five more of these criteria for more than two weeks.

Barbara Robles (00:10:31):

Thank you, Hector. And, um, you know, before going to, to the next, um, point that we're trying to make in terms of how this looks in teenagers, how depression presents in teenagers, I wanted to make the point that what Dr. Hector just presented is based on our DSM, which is the di di uh, diagnostic and statistical manual, which is the book that all mental health providers use to diagnose mental illness. And the DSM has been evolving over the past century. And so I would, I just wanted to emphasize that this is how we understand depression right now, and our understanding of depression is going to continue evolving, and we will continue to need to educate, um, our communities and ourselves as clinicians on the differences and the changes that may come about depending on research and clinical observations that we have. Additionally, um, I just wanted to make the point, uh, regarding what Dr.

Barbara Robles (00:11:35):

Hector, um, mentioned, because I know as doctors Sometimes we use turns that, um, other people may not know, right. And so, pretty much what we are saying is everybody has sadness. Every one of us is

going to feel sad. Um, it can be a few hours, a few minutes. It can be a few days, but when we really delve into what clinical depression looks like, what does it look like to have a condition, uh, an illness that we would call depression. That is where we try to define the period of time, which is at least two weeks. Uh, because again, every one of us is gonna have at least a few hours or days that we are gonna feel down, uh, for whatever reason. But once it goes beyond two weeks, and it's a combination of, you know, fiber or more of those symptoms where you're functioning in general has changed you no longer the person that you normally are.

Barbara Robles (00:12:35):

Perhaps you're not getting out of bed, perhaps you're not looking forward to going to work or school. You're not really looking forward to hanging out with friends or family. You don't really wanna talk to anybody. All of those things put together for a prolonged period of time. We are now talking about a clinical presentation of depression. Um, and then there's different levels. When we talk about depression, we talk about mild, moderate, or severe. How much are these symptoms interfering with your daily life? And so those are all the, think, the thinking process that your doctors, your clinicians, your therapists are going through in their head when you're sharing how you're feeling. Um, because obviously you don't come in knowing what the DSM says about depression. And so we try to put the picture together based on the information you're giving us when you're talking to us.

Barbara Robles (00:13:33):

Um, but when it, you know, as adults, a lot of times, we don't know how to describe depression, right? Um, we might just say, we feel lonely. We feel empty. We feel like we don't wanna do anything. And so little by little, our doctors are piecing together all of these, um, information, but when it comes to kids in adolescence and young adults, sometimes that can get even trickier. Um, because a lot of times, as, you know, as a society, as a nation, as our families, you know, we're growing up in environments where mental health is not being discussed, it's not being talked about. Uh, people are not really having the vocabulary to describe their emotions and their emotional health in general. And so with kids, we are now dealing with a different, uh, way of understanding depression, not only in the way that they can describe it to us, but even in the way that they present with symptoms of depression.

Barbara Robles (00:14:37):

So let me tell you a little bit about what we know regarding how pre depression can present differently in kids. Um, first I wanted to emphasize the point that, you know, depression in general can, um, can present really early on, as young as 5, 6, 7 kids can start displaying symptoms of depression. And certainly by the teenager, uh, teens and adolescents, kids are already experiencing depression. And so these are general numbers that we have based on our general population, um, between 2-3% of six to 11 year olds, and three to 8-11% to 15 year olds are already displaying, um, depression, clinical depression. And we have some data showing that by the teens, um, by the, by adolescent girls are showing depression more often, twice as likely to show depression than boys are. We also, um, as I mentioned, we also know that kids may present a little bit differently when it comes to depression.

Barbara Robles (00:15:46):

And so as Dr. Hector mentioned a lot of times when adults present with clinical depression, they're more sad. Um, perhaps they're sleeping a lot, eating a lot, not really wanting to do a lot of things. Um, some studies have shown that kids perhaps may be presenting more with irritability, um, you know, fuzzy kids that, you know, have this irritability on a regular basis about many different things with

different people. So not just one topic or, or, you know, point of distress, not just one person, not just one place. It's not just at home or not just at school. It can be more, um, you know, present across different settings. They tend to have less changes in what we call neuro vegetative symptoms. And so that's the energy level eating and sleeping changes. Those may not be as present as prevalent in kids, um, but they might have more suicidal thoughts and behaviors.

Barbara Robles (00:16:51):

And certainly self-harming behaviors is a crisis that we are seeing in kids. Um, at this time across our nation, a lot of kids are presenting to emergency rooms, urgent care centers, um, or, you know, outpatient clinics with suicidal thoughts and behaviors. And so that's definitely something that's affecting our mental health system at this time. Um, as I mentioned, they're less likely to experience insomnia or, or poor sleep difficulties with sleeping. Um, and of course, because, you know, kids are going to school, they're not going to work like us. Um, they tend to show disengagement with school. So those are some of the difference that we see in kids in depression. And so, um, we were hoping to hear from, um, we can start with perhaps Hernan, uh, you came on camera. So if you're, um, able to share a little bit about what you remember, how, um, you know, perhaps if you experienced depression, how that presented, or even just mood changes in general, or perhaps what you understand now to have been the clinical diagnosis or presentation, but you didn't understand at that time how that was showing up.

Hernán Carvente-Martinez (00:18:10):

Yeah, for sure. Uh, and thank you, um, for really just breaking that down. I do wanna acknowledge to the audience that as someone who comes from the community and who's like really, uh, immersed in this conversation now, I still find, um, a lot of learning, taking place. When I, when I look at some of this information and realize that a lot of this language was not accessible to me when I was younger. And so I remember having my parents constantly, you know, just describe me as like sad or, or, and that was the constant theme of like, why are you sad? And, and I do come from a Mexican household where me being sad was actually shunned upon. And it's like, you have no reason to be sad. You know, you have food in your mouth, you have a roof over your head. And so when we talk about how depression might feel to an adolescent or a young person, it might feel like literally, um, a bunch of different things combined into one, because you have not just your family, but also schools and their community, essentially just shying away from the complete acknowledgement around the fact that you look like there's something wrong.

Hernán Carvente-Martinez (00:19:18):

Like there's like a literal imbalance of your, you know, hormones that's causing you to feel this feeling, but that you can't explain because you're at a point in your life where you don't have this language. And also where culturally, some cultures just don't acknowledge, uh, mental health at all. Um, and, or describe it as something that isn't necessarily important to them, um, or something that, you know, could be fixed by just going to a church or et cetera. Right. And so I'm, I'm hoping if you're a part of this conversation that you believe, uh, wholeheartedly that depression and the symptoms that young people exhibit, um, aren't necessarily just, you know, gonna be resolved with the snap of a finger, uh, but that there is a need to really be mindful of how we talk about it. And I can remember how many times people around me didn't know how to talk about it.

Hernán Carvente-Martinez (00:20:03):

How many times I had to sit with that feeling of, of, of desperation, of, of solitude, of loneliness and sadness, and have to really just essentially bottle that up. Uh, and eventually as I got older, um, experienced it to, to higher levels in higher degrees where I literally, uh, I am a survivor of a so attempt now, and it is a, a thing that I built up over time. I didn't just get to that extreme overnight. Um, and I think if I would've had a lot more support when I was younger to describe what I was feeling and to even talk about it, uh, in a safe space, that it would've offered, uh, a different way for, uh, the adults in my life to potentially approach me, uh, especially as I ended up, uh, in the guise of the criminal justice system. Um, and there was literally, uh, very minimal support, uh, being offered to me, uh, at that point in my life. And so happy to go into more detail, but definitely wanna offer Frederick, uh, space to also share as well.

Frederick Shegog (00:21:05):

Thank you all. Um, so my experience was, uh, number one was raised in a Christian household, uh, strict background. My mom is a person that's been sober, she'll be sober 30 years in September. Um, but it was the biggest hidden secret. I had all these, uh, you know, behaviors and everything, but the reality was I wasn't in a situation and family where that was to be discussed because the way that it was looked at, uh, as far as the community I come from is it's already hard enough for black folks in general. We don't have time to argue fuss and fight about our mental health, go to church. Um, ain't nothing wrong with you. Don't let them white folks, uh, tell you what's going on with you. I mean, these are the type of things that I heard growing up. And, and I heard something the other day on a, um, documentary about mental health.

Frederick Shegog (00:21:56):

And, and it's true that, you know, when I would bring these things up and I would say, I feel people would say, what's wrong with you, but nobody had ever asked me what happened to you. Um, and, and, and then the society we live at, you know, we live in a country where stigma outweighs education, right? Where like, it's odd to talk about. At least my experience has shown me. It's odd to say, Hey, I don't feel right. Hey, I'm not mentally, right. You know, if you have cancer or if you have, you know, uh, my I have an uncle who has Parkinson's disease. Those things are excused because you can see physical diseases, but what mental health, you, you can't see the scars, you can't see the things that I'm going through and especially being a kid, you know, I, I just, like he said the language, but on top of that, I just, wasn't in a situation to where it I'm at Sunday dinner. I'm like, Hey, you know, I have counseling and I really like it. I'm going to therapy. And it, it just, it wasn't built that way. And, uh, historically America doesn't fund health, we profit off health. So the reality of it is it just was never built that way. So, um, I'll pass it on, but yeah, I definitely understand it's been through it and that's why I'm doing what I'm doing, trying to change the way we look at it.

Barbara Robles (00:23:03):

Thank you both so much for sharing. And, and absolutely, I think that as a child psychiatrist, that is one of the biggest things that I talked to the community and parents about, that we all need to learn to open up as many safe spaces as we can for kids to learn, to express themselves, to express their needs, to express their sadness. And so when I think about this, I start with parents, obviously, that is the immediate environment of a child as parents. We need to deal with our own emotions so that we can allow kids to express their own pain. Because a lot of times we don't even let them express their pain because we think it reflects on us as adult, as parent doing a bad job. And so if our child is sad, it reflects on us as parents. We need to work through that so that we get our feelings out of the way and allow the child to express themselves.

Barbara Robles (00:23:58):

But then there's teachers, there are, you know, faith leaders, there are clinicians, everybody needs to, to do a better job of supporting kids. And so, um, this really leads us into our next question of why, why is this so important? Why should we care about depression in kids? Well, we know that depression, um, has pretty significant consequences when it goes untreated, especially, you know, at such an early age. Um, we know that it can be associated with school dropout eventually resulting in higher rates of unemployment for these individuals. Um, in general, it leads to decreased life satisfaction and meaning in life. And because, you know, people with depression tend to isolate themselves, feel lonely, not wanna do things outside their home. And so there's decreased social support. Um, and there's also increas in risky behaviors. And we'll talk more about that in a minute, but when it comes to rates of teen pregnancies, early pregnancies, unwanted pregnancies, and just parenthood at younger age, which, um, if you're a parent, you know, how difficult parenthood is in general, I cannot imagine having to, um, manage a child when, when I was still learning how to manage myself.

Barbara Robles (00:25:14):

Right. And so all of these things are crucial for why we should all care about, um, supporting boys and, and men in dealing with depression. And, um, I wanted to also say that we have a little bit of data, not a lot, um, in terms of how depression can look a little bit different between men and women. Um, but I do wanna say that this is, you know, even, even this perspective of binary genders can be restrictive, right. Especially now, as we know that young people really are teaching us how to expand our vocabulary, understanding and appreciation for, uh, gender expression in different ways. And so I just wanna make a note that this is restrictive in that way, but what we know so far based on the limited research is that girls and women tend to present with depression that is more typical. So they have more of the sadness, the guilt, the shame that we think about when it comes to depression, they might have associated negative body image, and they're more likely to attempt, um, suicide or en engage in self-harming behaviors.

Barbara Robles (00:26:22):

However, boys and men, um, they tend to show more irritability and anger. Um, and the biggest thing is that I also wanted to emphasize that they're more likely to die by suicide in general, because they tend to use more lethal means and actually engage in the behaviors when they're ready to try to do that. Um, and they're also an increased risk of using drugs and alcohol. Um, a big point that I also wanted to emphasize is that, you know, kids because they spend the majority of their time in school, um, is important that we realize that a lot of the, the school behaviors that are, we are currently oftentimes pu punishing, um, in the school system may be due to depression. And so kids who are depressed may be performing poorly in school. They may, they may be, uh, tardy frequently. They may not be showing up at school and therefore at risk of getting truancy charges, um, they may withdraw from school activities in general, which then removes them from peer activities as well.

Barbara Robles (00:27:36):

Uh, this may be due to lack of motivation and energy, but also because a lot of times there is anger, rage, and irritability that can come out as impulsive, aggressive behaviors, again, that we tend to punish in the school system. Um, their depression can also have like Dr. Hector mentioned earlier, a lot of issues with concentration and poor attention. And what do we expect it to do for eight hours a day? Um, they may also be restless, which, you know, again, does not align with the way the school system is set up and also suicidal thoughts and actions may show up in the school system

Hector Colón-Rivera (00:28:19):

And is, I mean, it's amazing, right? How, I mean, Hernan, and Freddy mentioned some of the things that they deal with and their family deal with. Uh, for example, they, they talk about how, you know, you have a roof on your head, you have, you have food on the table, why you feel this way. I mean, there's no reason for you to feel depressed and, and, and kids have a, I mean, and adults too, right? There is a emotional intelligence or the language of describing their, their emotion is, is, is not there. It's not there. Uh, even though they, they know what they're going on through, right. Or they know they can identify, they don't feel right. Um, I mean, sometimes when I talk to parents, I, I always, um, tell them to, to observe the child. I mean, they know the kid better than anyone, you know, any changes in behaviors should be a reflex, uh, maybe not to send it to, you know, to, to, to, to the doctor at that point.

Hector Colón-Rivera (00:29:14):

But at least to have a conversation with the child, have a conversation conversation in family, invite the kid to talk to you on the table. Hey, um, Hector, I'm, I'm, I'm seeing this behaviors in you and you stop playing video games. You are by yourself, you know, in your room, uh, isolating yourself. You're not playing with your, your toys anymore. What's going on. Bring that observation to the table, open, uh, the conversation to your kids. Um, if, if that conversation take you to, you know, a different place, look for help refer the kid, look for, you know, uh, professional help there. Uh, but yeah, I mean the school relief symptoms in, in a few depression are, are, are real, are, are, are multiple. And they, they can be more than just sadness. As we, uh, mentioned before also we are looking for, you know, the function, the functionality of the kid changing in different settings.

Hector Colón-Rivera (00:30:07):

I mean, uh, if something school and only happen in school, whether there's something to talk to the school and talk to the kid and, you know, having that meeting, uh, but if you see the kid doing fine and at home, or maybe it's something only happen in school and the way around, right. Sometimes the, the kid present as, as depressed at home, uh, and then okay. In school. So that's something else is going on at home. So that's something, you know, those observations are really bad. So why do you young males, right. Uh, feel depressed. And I'm going to ask, you know, Freddy and, um, Hernan to join me here in this, on this slide. Um, so we see a lot of fear to failure, right? For failure. I mean, that's a big one. I, I know, I know I have felt that way when I was a kid, when I was an adolescent, uh, social rejection is a big one.

Hector Colón-Rivera (00:30:59):

Uh, we talk a lot about bullying. I see a lot of kids, you know, coming to, to the office because of social media, bullying, you know, internet bullying, um, and, and, and abuse, uh, not only by the so-called friends, uh, but also, you know, family members, things that they see on social media and they were videotape on, on hit and put on the, on Instagram or Facebook or whatever TikTok. Um, also they feel depressed cause they're starting to experiment with, with drugs, such as alcohol, marijuana, cigarettes, hookah, um, e-cigarettes vapes. Um, they have a lot of patients that come with depressed symptoms. And if I don't ask the right questions or the parents ask the right question, we don't know, we don't discover that they're using vape, you know, uh, buying vape in school sometimes, uh, using it by friends or even a family member.

Hector Colón-Rivera (00:31:54):

I mean, we know the data indicated most of the drugs that our kids use are from, uh, prescriptions found on, on houses or, you know, all prescriptions of family members and, and they had not been dispensed or, or trash. And they found it and start experimenting with drugs. Um, body imperfection is, is a huge one, especially in males. Uh, we, we know, I mean, we start comparing, uh, sizes. I mean, you're too high or too, too short, uh, obese versus too thin. You don't have muscles where are your biceps? Uh, so those boarding perfection start coming up, especially when, uh, we know females versus males. Uh, they, they, the, uh, the maturity is, uh, the puberty comes before in, in, in female. So we see that, you know, after summer, summer, I mean, we, we start a year. I mean, a lot of the females knew different and we started, you know, seeing the same and, and seeing those, uh, you know, changes after summer, you know, you know, mentioned summer.

Hector Colón-Rivera (00:32:54):

Cause I have a lot of kids talking about going back to school soon and, and some of them has, you know, hairline now they have mustaches and they're ready to, to rock, to rock the mustache. But that body imperfection, that, that brings the changes in puberty are, are, are causes for sometimes bullying and abuse in school or at home. Um, thoughts about better life. I mean, I don't, I don't have what I need or, or better shoes or, or, or my friends have this, or I have that, uh, that there are causes for depression, feeling depress, uh, separation with family divorces are a big, uh, data demonstrated, divorces are a big, big, big, uh, access exacerbation of, of depression on our kids and worries about the future, right. Of passing this class, passing, taking summer classes, not getting on that sport team. Um, those are big, big, I mean, things like I see on my clinic and, and I'm funny, her ran, I know Hernandez is on the video already. I mean, it's pretty good turning that video on. Um, so have you, have you, have you feel any, any of these sign symptoms in your experience?

Hernán Carvente-Martinez (00:34:03):

Um, yeah. Um, I definitely have, uh, felt all of these, um, if not more, uh, I think part of what was a real struggle, um, was feeling all of these different things. And then knowing that my parents equally felt these things in some way shape or form, and they were the adults in my life, but did not have healthy coping, uh, mechanisms. So they equally would resort to substances or, you know, the, the, the same things that we just described here, as things that young males would be, uh, coping with, which is what I did. Uh, I coped through alcohol cocaine use and, and, and marijuana, uh, my parents, uh, opted for our alcohol specifically. And, and that's a big problem, um, in general within, uh, Mexican culture. But I will say that part of what was also, um, in which is not included here, that I think contributes to this is, is some of the other social pressures that my parents were going through.

Hernán Carvente-Martinez (00:34:59):

Right? Like both of my parents are immigrants to their country, to this country. They are undocumented. And so the constant anxiety and fear of deportation, the constant anxiety of not having a stable job or, or stable income, um, as much as those things were the adults problem at the time, uh, they were things that I, as a young person had to constantly hear, uh, and deal with, uh, not necessarily because I would be the one working or, or have to be the one worrying about me being deported because I was a US citizen, but the constant worrying of, of, of being separated from my family or not having enough money or them being irritable, because there, there wasn't enough money and them not being able to be there to support me through feeling, you know, this whole list. Um, I think was part of what I didn't understand at the time and ultimately resorted to just acting out, um, as a way of, uh, really just expressing how I was feeling, uh, without words.

Hernán Carvente-Martinez (00:35:56):

Uh, and for me, it did ultimately resort to, uh, violence, uh, ultimately to, uh, joining a gang to engaging in, in illicit behavior, uh, shooting, stabbing the amount of violence that I, uh, you know, exerted at that time, uh, was, uh, and very much a cry for help, but to the rest of the world was just me being, uh, a violent adolescent teen who needed to be arrested and eventually placed in prison. Um, and I, and I do speak about my parents a lot, and I mentioned them in the beginning. Uh, but I do wanna acknowledge that unless we really prioritize giving families the information necessary to be able to talk about these issues and to also just understand, uh, the larger implications and impact that this, uh, that depression can have on an adolescent and essentially their kid. Um, they're essentially just dealing with this issue blindly and, and oftentimes, uh, with literally their hands tied behind their back, because they don't know how to talk about it and, or just don't know how to support their young person when ultimately they're also coping through some of this as well.

Hernán Carvente-Martinez (00:37:01):

And so I would encourage that as we're having this conversation, we we're actively thinking about solutions in ways that offer an opportunity for families to be exposed to this kind of information. And essentially being reminded that these are normal things to feel and that together, whether it's through the school and the clinician and the family being involved, that there are ways that we can think about how we address this, but in a realistic way, um, making it very clear that when you're talking to an immigrant family that is struggling to make ends meet, that is being failed by multiple other systems, not just the education system, uh, that we need to really extend race, um, when we're having these conversations with young people and their families, uh, and that ultimately, um, what we want is to ensure that we're giving them the tools to be able to have these conversations, but ultimately to be able to address them, um, as a family unit and not have, uh, external support or external systems constantly being, um, the decision makers of, of how they address these issues in the long term. So pass it on to Frederick,

Frederick Shegog (00:38:09):

Thank you so much for sharing that, um, ton of wonderful information. So I'm sitting here looking at this and I realized that not only did I go through all this, but the big one for me was trauma. Um, and Barbara had said something earlier that parents, you know, when something bad was a kid, it's about, it looks bad on them. At least that's how they perceived it. I can't tell you how many times I remember my mom saying, you make me look real good. So early, what I learned was how to hide, how to manipulate. I learned how early that what I felt was not as important as how I looked, because I would always hear as black people in this country, we don't have time to talk about how we feel. We have to get degrees. We have to make money because the world has already tilted.

Frederick Shegog (00:38:56):

You. Ain't got time to be focused on that stuff. So I think as a kid, some kids take that and they run with it. But me as a kid, it got into my psyche. Uh, I believe this I've had conversations about this, that it wasn't about how well you're doing internally. It's about how well you're doing externally, how well you present, because the idea was to have a better life than the previous generations. But the problem with that is, is that one, it doesn't teach me how to deal with my mental health. Two. It teaches me that the most important things are money and, and success. And I can save from a person that's been blessed and I'm doing well in life, by God's grace of mercy. Success has not healed all wounds like, and when I think about it, Anthony Bourdain, Kate Spade, Robin Williams, all rich, all intelligent, all changed the

fabrics of their fields, but they're not here due to mental health. So I just think personally, and, and, and traveling and speaking to kids and what I went through that the most important thing is my mental health and a healthy foundation. Because from that, that's where I see the rewards of keynotes, of, you know, graduating of all these other things. But until I got to that point, it was just a rat race. I'm presenting well, dealing with this stuff on my own, and then you see the results.

Hector Colón-Rivera (00:40:16):

Thank you. And I, I, I, I'm pretty sure you guys go, went over the pro next two slides. And we, we talk about protect factor and risk factors. Uh, you both mentioned, uh, racism, oppression, uh, the, the, the ability of taking care of your family was a big one. Uh, also in the immigration status that we didn't mention in slides before we mentioned it now in, in this live in community loss norms, uh, all those are risk factors. I mean, we can divide in domains, community domains, family, school peers, but all of them are risk factors that play have something to do with how the kid present. Um, and this domains, I mean, we need, I mean, of course we have protective factors, but if that community that's cool, the peers, the, the person to not have the protective factor or the resources to get to those factors, it, it would not happen. They will feel the guilt that Fred mentioned. I mean, you're making me look good as his mother was saying to him at that young age, and that creates trauma guilt and of course, shame. Um, so, so next, uh, we're gonna talk a little bit about how do other mood disorder presenting kids and teens.

Barbara Robles (00:41:33):

Yeah. So, um, I'm not gonna go into a lot of detail into this topic because there's a lot to be said, but the main point that I wanted to make about, um, about this is that there are other, what we call mood disorders. So disorders that include sadness, perhaps irritability changes, changes in our mood in general. And so when we are talking about depression today, we're really focusing on what we call unique, polar depression, mostly the presentation of depression across the life span. It can be one episode, it can be several episodes, but that's the most common one that we see clinically. Um, there are other kinds of, uh, clinical disorders or conditions such as bipolar disorder, and then a newer diagnosis. Um, that's been recently added to the DSM is disruptive mood dysregulation disorder. So the biggest takeaway from this is that as a parent or as a clinician, as an educator, as a community member, you might see a child that presents with what looks like clinical depression.

Barbara Robles (00:42:41):

A lot of times people will want to rule out and make sure there's no other, uh, symptoms or signs of something like bipolar disorder or DMDD that can perhaps be addressed with different kinds of medications, such as mood stabilizers. And so, um, you know, Freddy or Hernan, if you have been given a diagnosis of bipolar disorder, perhaps, um, I guess that the biggest takeaway that I want the audience to hear about is how messy it is to come up with this diagnosis, how, how unclear it can be to, to decide whether these diagnosis are present. Um, but most importantly, that unipolar depression is the most common kind of mood disorder that we see in the general population. Because a lot of times, especially in teenagers, we see a lot. I do, um, in the Dr. Hector, you can share if you do too, but I see a lot of bipolar disorder being diagnosed because of the irritability, anger, and sometimes aggression that we see, but we know can be a part of not only depression, but also the trauma that a lot of these kids are experiencing. So Freddie over, or Hernan do you have anything you'd like to share?

Hernán Carvente-Martinez (00:43:57):

Um, I can definitely share, sorry, I can't turn on my camera at the moment. Um, but I do wanna say that I think part of what was really interesting and, and really hard about this process, um, I started my therapeutic process, uh, back in 2018, uh, leading up to what was then, uh, my second suicide attempt and after experiencing, uh, a different version of therapy, because at that time I actually took it serious. I actually, as an adult, uh, pursued, uh, the supports that I needed at the time, I not only had a therapist, but I had a, a psychiatrist who then, um, essentially prescribed, uh, uh, different medication types. One was Abilify, uh, another was Lamictil and then it was all in pursuit of, of trying to address the diagnosis at the time, for me, which was bipolar two disorder. Um, up until that point in my life, I legitimately only thought of depression as being the thing that I had experienced most in my life.

Hernán Carvente-Martinez (00:44:58):

Um, but in, in having conversations with the psychiatrist and a therapist at the same time, I realized that not all of my life was a constant state of just, uh, depression, uh, in, in terms of sadness and loneliness and, and this, um, feeling of hopelessness that there were moments where I would actually show, uh, a lot of energy and, and productivity and, and just want to take on, uh, the world, um, if that's a good way to describe it. And ultimately there was no way to, uh, have that language or that explanation for myself when I was younger, but as an adult, um, I experienced what was a really hard period going through medication, obviously, uh, for those who know, uh, the impact of medication. Um, again, it, it, it, it's a process where you have to legitimately find the right dosage. Uh, you go from one medication to another, and that transition period can oftentimes just lead you to feeling even worse than you did in the beginning.

Hernán Carvente-Martinez (00:45:53):

Uh, and finding that regulation, uh, can take time, uh, and for someone who's never experienced medication at the time, uh, it was really frustrating. Uh, it was really difficult. It was emotionally draining, uh, and being an adult with, uh, a lot of responsibilities and also having to take care of, uh, a child of my own. Um, I had to really figure out intentional ways to go about navigating it and to be quite Frank. Um, I reached a point at some point where I just could not do it anymore and opted for, uh, more, um, organic and, and traditional means and, and took, just took away medication, uh, not in the best way. I legitimately just ripped it out of my life and said, I can't do this. This is too much, uh, because the, the feeling of hopelessness had essentially been intensified. And so, uh, as a reminder, right, that we, what we see in an office and in a conversation when you're diagnosing someone and, and giving them a prescription is one thing what they go back to at home and the reality that they have to experience with that interaction with that medication and what they have to go through on a day to day, it's a completely different thing.

Hernán Carvente-Martinez (00:46:58):

Uh, and oftentimes I felt shame about talking about it. I also didn't have the best support systems, um, at the time, at least, uh, because I was, uh, a male identifying Latino who most of his friends also did not talk about these issue very openly. I felt very isolated and excluded, um, in certain conversations, especially when I was more open about the journey that I was on. And so the need for community around being able to navigate a mood disorder and the medications and the supports that come with it. Um, I, I think is such an important thing to, to really emphasize as, as we continue to have this conversation without community, um, people are just struggling to figure out how to go about navigating all of these different changes, um, in their lives. And, and more importantly, that again, they become dependent upon something.

Hernán Carvente-Martinez (00:47:48):

And, and for me, and I'll end with this, it was really hard to feel like I had become dependent upon a pill to exist. Um, and, and that the stigma associated too with, you know, like the terms like, oh, he's a pill popper or something like that, uh, was very, was, was, was harsh, um, to hear that from friends and, and from people who were close to me. And so, uh, really, uh, having open conversations about fighting that kind of stigma and, and, and just not enabling that kind of harsh language to exist, uh, I think is really important for, for the conversations that we should have in the future.

Frederick Shegog (00:48:26):

Yes. Um, I agree for me, this is the biggest thing about my mental health is getting the right diagnosis, which then leads to the right medication. But the problem of why I can never get the right diagnosis was because one, I was never with a therapist or psych darker long enough for them to oversee my symptoms. Like what I've learned is when I walk in day one, I tell you my symptoms, that's my symptoms day one, but my life is gonna change. I'm gonna change if I've been on meds. Since I was a preteen, basically my whole life I've been in therapy, my whole life, what they thought was my symptoms at nine. That's going to obviously change by the time I'm 15, cuz my life is gonna change what I'm eating. I've learned this mental health thing, what I'm eating, who I'm around like the meds and the therapy is one part.

Frederick Shegog (00:49:12):

But then also the lifestyle's another part. So finally now I think I've been diagnosed, right? It's ADHD and bipolar, but I really believe that's only because I've been with the same therapist and psych doctor for the last six years. So they've been with me by every week. I tell 'em my symptoms. I tell 'em what's going on with 'em I'm more open. I'm not ashamed about it anymore. My wife's on medication, my daughter's on medication. My mom's on medication. Like some families get cancer, we got mental health. So now I'm at a point where I understand how to treat it, but before it was the blind leading the blind, because I'm walking into the doctor and I'm not treating it like cancer or like anything else, like for example, my uncle had Parkinson's disease. Everybody ran to learn about what Parkinson's disease was read about books, researching all that.

Frederick Shegog (00:49:56):

Then I realized, wait a minute, if I got bipolar, if I'd got a ADHD, I gotta treat that. Like I've been told, I got diabetes. I gotta treat that. Like I've been told I have a terminal illness and I gotta study, read and research it. And I have to be open and transparent with my doctor about what I'm going through. But until I turned on that mindset, I was stuck in a rat race. So now I have a really good idea of what I have now. I'm talking to other people that have it. Now I'm in support groups. Now I'm taking the right meds. Now I'm making sure I'm eating right on those meds. Like people don't even know on certain meds. They require certain diets. A lot of people don't know that. So now I'm at the point where I'm understanding that. Whereas before I didn't

Barbara Robles (00:50:35):

Thank you both so much, those are incredibly important perspectives. And overall I think, um, you know, as a psychiatrist, I, I understand the many difficulties. You all share one how long it takes for us to get the right diagnosis to the difficulties that come with the stigma of engaging in treatment and finding a, a clinician that works well with you and being able to stay in treatment for whatever, you know, the many reasons that we'll talk about in a minute that get in our way of staying in treatment and three, the

challenges that come with medications. Um, so we'll get to some of those things in a minute. Um, I wanted to say a quick word on trauma, although Fred and Hernan already covered a lot of this. Um, the biggest takeaway number one, most of us are gonna have at least one traumatic experience in our, in our life.

Barbara Robles (00:51:30):

Um, a lot of research has been going on over the past three decades in what we now call adverse childhood experiences. ACEs and research has shown that at least, uh, 60 of percent of the population has one adverse childhood experience, the higher, the number of adverse childhood experiences that people have generally speaking results in higher risk of multiple medical conditions and other, um, challenges such as smoking. For example, having ACEs, um, a higher number of ACEs isn't, uh, correlated or, uh, related to, um, increased risk of smoking, but also increased risky behaviors, such as earlier age of drinking, mental illness and substance use, uh, using prescription drugs or illicit drugs, all of these place, kids in at risk of, you know, having challenges with relationships, with school, with employment and with life in general next slide please. And so, um, the biggest takeaway to understand the impact of ACEs is that having adverse childhood experiences and the higher, the number is related to poor mental health, poor physical health, such as diabetes, high blood pressure, C O P D and other conditions, it gets in the way they get in the way of our relationships, building meaningful, healthy relationships, and it increases our risk of risky or engagement in risky behaviors.

Barbara Robles (00:53:05):

All of these things put together places at risk for increased are rates of early death. And for kids, you know, Hernan and Freddy share with us a lot of different, um, ways that kids experience ACEs or adverse childhood experiences. And the traditional a score is 10 different activities and most, uh, or situations, most of them include abuse. So physical, sexual, emotional abuse, poverty, having parents with mental illness or substance use disorders, all of those are ACEs, but, um, you know, a lot of those are experienced in the home environment. And so emotional abuse, neglect, all of those things are in the home environment, but then kids may also experience ACEs in school, right? So we're talking about bullying, um, sexism, misogyny, also a part of our society and, and you know, girls and boys are experiencing bullying related to that. And we talked a little bit about, uh, body image issues and things that will show up in the way that we talk to each other.

Barbara Robles (00:54:12):

Um, all of these also affect our relationships. So intimate partner violence and, and teen pregnancy and all of these things can then impact the way that children and adolescents feel about themselves, how they view themselves. Um, and we also have to emphasize that there are certain groups, um, that are at higher rate of experiencing adverse childhood experiences. So, and not mention for example, immigrant families, undocumented families, Freddie mentioned, for example, black families, uh, that are experiencing racism, right? We also have LGBTQ youth that are experiencing a lot of discrimination and increased rates of homelessness, family rejection, uh, kids in the child, foster care system, uh, families and children that are policed over policed in their schools. Their neighborhoods are in their homes. All of these populations are increased risk of ACEs and briefly, um, I wanted to mention treatment options and if none anxiety already mentioned some of them, right.

Barbara Robles (00:55:15):

Therapy and medication, I think are the ones that we most um, hear about. But it's important to understand that when we talk about pediatric mental health, we want to see a, what we call a continuum of care. And so some kids may just need mentorship. Some kids may just need school counseling support, but some kids are gonna actually need to go see a therapist in a clinic. Some kids are actually gonna have to go see a psychiatrist and some kids are gonna have to be in the hospital at times. And so that's what we call the continuum of care to have a good range of services. Um, but a lot of the services that people are accessing is truly in outpatient care. And so I just put some examples of the kind of services that you may hear about or may experience your self when it comes to accessing mental health, it can be through your primary care office, um, in actually psychiatric care, whether it's like in a community center or a private practice and then therapy counseling, and other kinds of services that support the overall mental health.

Barbara Robles (00:56:20):

And Freddy mentioned something important, uh, lifestyle health. Um, and then I think Hernan also mentioned mentorship and support, social support and connection. And so all of those things are important and we'll touch on in a little bit very briefly. I also, um, is this my slide? Yes. Um, I also wanted to mention some of the barriers that get in people's way of accessing and engaging in treatment. When we look at the barriers, we think about them in three main categories, the first one is the structural barriers that people experience. And so this includes things like where are our clinics located? Can people get to them? Is their public transportation available? Do they accept insurance? Are they gonna ask you for documentation status? All of those things are structural barriers that we can put in place that prevent people from coming to access services. Then there's the awareness piece that are not.

Barbara Robles (00:57:17):

And Freddy already mentioned a lot about, which is how do we know that my child needs mental healthcare versus him just being a child? Uh, what's different between teen angst and actual depression. When do I need to go see a clinician? And as Dr Hector mentioned, sometimes you just need to have an adult with training and understanding, sit down with you and the child to determine if more help is needed. There's also experiences, uh, just really briefly experiences in with the mental health system. And so if you have a bad experience where the clinician you're seeing does not listen to you does not validate your needs, does not actually incorporate you in treatment planning. Then you are probably less likely to seek care in the future. And we wanna invite Freddie andan to share with us their experience with therapy, because there's a lot of kinds of therapies out there, actually, hundreds of them for children there may be less, but what, you know, what is good about therapy and perhaps what are some of the challenges that you've seen when engaging with therapy?

Hernán Carvente-Martinez (00:58:32):

Oh, I guess I'll go first. <laugh> um, so first and foremost, finding a therapist, um, and finding the right one, uh, I, I think is, is an incredible challenge that we're facing, uh, especially now after COVID 19 after, um, all of the different issues that have been happening globally and the ways that it's impacted different, uh, generations, but particularly young people of this era. Um, when I started my therapeutic journey, uh, I remember treating therapy, uh, like it was window shopping. I was literally going through a variety of different therapists in the beginning. The majority of the therapists that were recovered by my insurance, um, were, were very specific and a lot of them, um, and I mean, no offense to people, but they were all predominantly white. Um, and, and a lot of them did not hold, uh, a certain level of cultural competence in terms of understanding my background as a formerly incarcerated person, as someone who had experienced child sexual abuse, uh, and more importantly, someone who, uh, had

this background of, of being a community organizer and because of those different specific things that I had as part of the, the, the work that I needed to also do, it was challenging to even find a therapist who understood those domains of my life and those realms and, and, and just sort of the different aspects of my, my own personal, uh, trajectory, uh, and then really try to bring that into the, the therapeutic style that they had, uh, which oftentimes felt like it was like straight out of a, a textbook.

Hernán Carvente-Martinez (01:00:05):

And I respect it. There was always, you know, uh, a lot to, to learn from them from, from just like the, the theory and the clinical aspect of things, but at points, it felt like it was just a very, uh, unnatural conversation. And, and it didn't feel like I was actually genuinely engaging in deep work, uh, because I felt like I was following a, a textbook guideline as opposed to following something that was culturally relevant to someone who is of Mexican descent, someone with my background as a formerly incarcerated person. Um, and more importantly, although at first I thought that having, uh, a male identifying therapist would be more supportive. I ended up actually gravitating towards, uh, women, uh, and particularly Latino women who ultimately also held a different perspective, um, than some of the men that I had interacted with up until that time, including the, the more nurturing side of how they approached their clinical style.

Hernán Carvente-Martinez (01:00:59):

Um, and so it's really important, I think for me that when, when therapy's taking place that you're treating, uh, the person who is in, in front of you, um, as a whole person, right? So it's, it's not just about what you learned in theory of, right. But it's also about how those different facets of their life are gonna play out in that therapeutic moment. Um, or in that moment where they're engaging in therapeutic service. Um, and more importantly, that it's also really, it was really important and, and, and sort of crucial for me, uh, as a person to have a therapist who kind of like changed the way that they approached conversations or, or their style, um, to my needs in particular at the time. Um, I can honestly say, and I'll be a little vulnerable in that most of my therapeutic sessions were legitimately me venting, uh, about, uh, a ton of issues that I, I experienced most of my life, that I had never had the opportunity to vent to up until that first session.

Hernán Carvente-Martinez (01:01:55):

And, you know, then consecutively around 150 plus sessions that I've been to in the last three years, uh, as I've been in therapy religiously every week for three years. But can I say that, you know, my family has been in therapy, can I say that my daughter has also engaged with therapy, I cannot. Uh, and so ultimately there were points in times where I, when I didn't have my therapist, uh, I struggled to, to find other support systems, uh, beyond that therapeutic moment beyond that therapy session. Uh, and, and ultimately because of the stigma associated too, with being in therapy, it just always felt like I was only able to find, uh, that, that one moment of neutral spaced event when I was with my therapist. And I think that most of the therapists that have been affected with me now, um, have, have like really been intentional about helping me find a community, find a support system, uh, beyond that session, beyond that moment, especially right now, where I don't have, uh, insurance at the moment because I don't, I don't currently have a full-time job. Uh, and my last therapist was like very adamant about helping me find community as she knew that I wouldn't be able to engage with her because I wouldn't be able to pay her. Um, and so she made a plan, uh, for me a safety plan, and then also just a, a community plan, uh, for me to able to continue the support system for myself. And so those are some things that worked for me. And, and I'm sure Frederick has others to share with all of you as well.

Frederick Shegog (01:03:20):

Um, yes, so I, my whole life, uh, early, early ages, um, the first person of color that I ever had as far as a therapist, or not even a, I've never had a person of color as a therapist. I've only had a psych doctor that was a person of color, and that was one time. Um, so that's always played an issue, how I look at therapy, uh, cause it's hard to explain my experience if I feel like you've never been through it or the fact that I keep seeing the same type of person and I don't see diversity, but here's what I learned about therapy. I'm just coming off the therapist I've had for six years. Uh, she moved on another practice. So today actually I had my first therapy session with my new therapist. And what I learned is, is that a therapist is a person that went through regular rigorous schooling, who has dedicated their life to helping people that have the issues and the illnesses that I have when I say issues, I don't mean that in a negative way.

Frederick Shegog (01:04:15):

I mean that in just the fact that I have different challenges maybe than the next person. So what I'm saying is, is that I had to look at who they are and what they're bringing to the table, instead of looking at what could go wrong. I had to look what could go, right? Obviously not every therapist I've ever had, has it gone well, but also I had to look at my part in that was I being honest, was I being open? What would stop me from being open? Obviously insurance is a whole separate issue, but when I did have the opportunity to have a therapist, what part was I planning to ensure that I was gonna get the best out of it? I asked my therapist for assignment. My therapist gives me a different way of looking at things. My therapist also, uh, advises me to find people that are doing well with my illness. How do you become a master? Study other masters. My therapist will give me assignments and things to do so when I took out how I thought about it and walked in there with an open mind, with no expectations and just went with the flow, it got better. And that's what I found out about therapy.

Hector Colón-Rivera (01:05:21):

I just wanna mention something because, um, I mean, I was in therapy when I was in residency and at that time was, uh, mandatory. I mean, they, they told us that we need to be on therapy, cuz we were seeing, uh, a kind of patient that, you know, needed to, to be on therapy. I mean borderline percent disorder and D VT and all this. Uh, and I, I like it and I continue to be on therapy these days. And, and I just wanna mention, because is, is there's so many type of therapy out there. I mean, people talk a lot about, I mean the letters, right? The CVT, the DBTs, um, and you know, in the cognitive behavioral therapy, dialectical behavioral therapy, they're, they're wonderful and they serve a purpose, but these days, I mean we see coaches life coaches. Um, and now with the hybrid, I mean there's a lot of tele-medicine, tele-psychiatry being used, they're apps, uh, to, uh, uh, Heran and Fran of you guys are used those, but there apps that some of my patients are using and they found them helpful.

Hector Colón-Rivera (01:06:21):

I mean, therapy or coaching comes in different flavors and sizes, um, is just a matter of finding what help you and what fit your lifestyle. Oh, should you budget? I mean, some, some patient cannot afford therapies, uh, different reasons, right? Hernan mentioned not having a, you know, insurance at this point. Um, but for other reasons, I mean, at one point you might have a job on the other the next day. You might not, and you were paying out of pocket for that therapy. Um, but there are apps that can help you in the meantime. And I'm not gonna mention or, or any, any apps, but if you want, I mean, we can talk about on the Q&A, um, but there wonderful apps. We need to be careful with what app we use in terms of language. Um, some of them are not as equitable or, uh, then as inclusive than others and we

need to be careful with the language cause they're, you know, people that created them that were not thinking about diversity and why not.

Hector Colón-Rivera (01:07:14):

Um, but I'm just mentioning that point that yes there's, I mean, 20, 22 and COVID help with that. Technology have pushed a lot of hybrid, um, treatment, uh, basis and therapy has been a good one because now you can connect with your therapy, uh, to your computer, to your phone, to your smartphone, even on the, on the phone. I mean, I mean, some, uh, insurance for paying for, for therapy on Audi only, uh, therapy. I'm gonna talk a little bit about prevention cuz I think prevention, uh, uh, we don't talk in America a lot about prevention. I mean we go to medical school and all these schools and prevention is, is not a big chunk of what you learn. You learn how to treat, but not to prevent, uh, diseases, disorders, illnesses. Um, so prevention is, is, is, is important. Uh, we talk about first, secondary, tertiary prevention, uh, out there.

Hernán Carvente-Martinez (01:08:08):

Uh, but I think what, what I mentioned before, right? Observing that kid, that male, uh, and then opening yourself, you know, when open the question, Hey Hector, what's, what's going on. I see you're behaving, uh, different, do you have time to talk or I think those are first step you can do to prevent something from happening from prevent that sadness, this, uh, loss in weight that insomnia or not sleeping, that loss of interest in creating a, a disorder, uh, later on in life or a substance use disorder later on. Um, so knowing the risk and, and protective factor for mood disorder can support early prevention and we're talking prevention at home, but also in school is from you. If you're a teacher social worker, you know, talk to that kid, call mom and dad with consent, uh, and, and, and, you know, invite a mom and dad to a conversation.

Hernán Carvente-Martinez (01:09:07):

Um, the treatment, as, as Barbara said, I mean, it comes in different flavors, uh, but also we need to use it in the, in the develop mentally, uh, operated, you know, treatment for that kid. I mean, we need to think about ages, uh, gender, uh, as well. I mean, what, what, what that kid need the need of that kid at that moment? Uh, it's important to use evidence based psychological intervention in combination with medications. Um, medication is not for all therapies, not for all, but the data indicated that therapy and medication, the combination of those two, uh, uh, give us a better, better improvement, uh, you know, better, it's better intervention if you use it both together. Uh, we need to address stigma with families. Uh, I think both her name and Fred mentioned that, uh, stigmas a big deal in not, not only in our communities, but also in the, in the health system, general in our society.

Hector Colón-Rivera (01:10:04):

Stigma is there. Um, and, and we have all in one way or the other software, uh, biases from others. Uh, I mean, there's, there's microaggression, there are microaggression sometimes this unconscious biases of, and, and, and we all have software from that, especially community communities of color. Um, so we need to address that stigma within families, community, and healthcare organization, and effectively treating adolescents and young adults with a mood disorder, start with seeking, identifying. And as, as in the, the, this conditions, I know Freddy and Hernan mentioned that it's really hard to diagnose someone is true. It's really hard. You're gonna do it in one hour. I mean, something that give you 15 minutes to diagnose someone and send it to someone because of, of the insurance situation or, or the acuteness of the situation or whatever, the setting, your practice, it it's impossible. It's impossible.

Hector Colón-Rivera (01:11:01):

I mean, uh, Freddy mentioned it took, I mean, he has been with the, with the same therapy in the same psychiatric for six years now. And, and finally they, they, you know, they got the right treatment, the right medication, uh, but it started somewhere right without all the experiences that he had in the past. He couldn't have gone to, to the place that he's in right now. So opportunities to build youth resilience, it's really important. So healthy communities mean the, the, the environment as Freddy mentioned, right. Even even thinking about green spaces, you know, climate change on healthy food, what you eat, the diet, exercise, uh, neighborhood cohesion, right? I mean, who is your neighbor who is live upstairs or downstairs, right? I mean, it is like all these matters on your, on your health. Um, I have patients that suffer from rat invitations. I mean, I mean, there's, there's mice on, on the house.

Hector Colón-Rivera (01:11:54):

And that of course affected not only the adult of, uh, mental health with the kids. I mean, the kids can now study, cannot sit down. So, you know, having that connection, talking to the community and, and, and the building, the landlord and whatever, I mean, helping that family to create a better health environment, uh, will help with the mental health. Um, there's a lot of systems serving youth. I mean, us, the Barbara and I, as, as adolescent psychiatrist, we need to deal with a lot of schools, child welfare, uh, the juvenile justice too. I mean, it is a teamwork. I mean, we need to collaborate with this, uh, different systems and bring them together. I mean, nonprofit, private, inpatient, outpatient do all diagnosis. Oh, I mean, you name it and we need to work together. I mean, there's a social, emotional learning at home and school.

Hector Colón-Rivera (01:12:44):

Um, foster, uh, meaningful relationship is really important. I mean, uh, the difference between having a good teacher, a bad teacher is amazingly important for your mental health and the confidence you have, um, uh, as a, as a kid and, uh, and nourishing and affirmation, right? I mean, there's, I mean, something as easy as when we talk about stigma, instead of calling therapy, maybe coaching, you know, is, is to build, uh, your, you know, your, your confident to, to be, to do better. I mean, we're, we're going through this, we're going through this together. So it's like joining a team. We're gonna do this together, um, addressing social norms. And this is, this is a big deal, especially for, uh, for youth males. Uh, when we talk about toxic masculinity and we see this in society, movies, social media, right. Uh, we tend to suffer in silence because we are males and they teach us that, you know, suffering is not for us.

Hector Colón-Rivera (01:13:45):

So we, our sensitivity for pain should be a lot higher. So we have a threshold to suffer that should be higher because we are male, male don't cry. And that's a stigma, you know, the stereotyping that society had put on us on our shoulders. And, uh, I mean, Danny has mentioned at the beginning that we know that at least 80% of, uh, both males and females, young of female, they stopped seeing their pediatrician, uh, uh, after a few years, but there's, uh, a good transition between a female going to OB, you know, or, and, and gene. And we don't see that in males. I mean, they just fell out of treatment because of, you know, missing that gap, especially in the transition of youth, uh, ages between 12 and 25. Um, we need to, you know, control and have power as well. That's what it teaches.

Hernán Carvente-Martinez (01:14:34):

So looking for therapy, looking for medication, uh, taking medication is seen as weakness and not as a resource, uh, to us, so help seeking and accepting behavior. We need to change our language the way

we talk to our kids instead of, you know, uh, the call it treatment you need help, I mean, is, is a resource for you to get stronger, to get your back, your strength back. Um, I wanna invite, um, Heran and, and Freddy to this conversation, cuz I wanna know, I mean, how they feel, how they, they deal with this in their communities and in their growth.

Hernán Carvente-Martinez (01:15:11):

Um, first and foremost, um, I just wanna say that my healing journey didn't begin with me necessarily talking about mental health from the very beginning, it began with me actually addressing toxic masculinity in my life. Um, and so I want to be very vulnerable about that, that my journey in part began with an acknowledgement at some point, um, as a young organizer that I was legitimately being harmful to women in my life, that I was legitimately causing harm to, uh, partners that I had at the time. Uh, and I openly shared that in social media and, and, and legitimately put myself in a situation where I could have easily been. Um, as I said now, uh, in different, uh, platforms canceled, uh, for the ways that I was behaving. Uh, and I did that very intentionally because I felt like I needed to hold myself accountable, uh, for some of the things that I was doing at the time, uh, that were legitimately causing harm to other people in my life.

Hernán Carvente-Martinez (01:16:09):

And, and people in general, who interacted with me from the opposite sex. And I think by doing so, um, I opened myself to, uh, another potential thing, which is what ended up happening, which was ultimately being able to finally acknowledge that I had been for most of my life, uh, suffering in silence, uh, as Hector mentioned. And that, that most of my life had also been, uh, constantly being, you know, uh, barrage with this narrative of fonte du do Uh, el es hombre, you know, so like be strong, you're a man, uh, these different narratives that came from the Latino culture that I come from, where the expression of emotions, wasn't a thing. Uh, and where legitimately the only way to talk about these things was oftentimes while drunk at a bar or, or, or doing something reckless that ultimately put me and potentially other people in harm's way.

Hernán Carvente-Martinez (01:17:03):

And I think, uh, it's really important that as we begin to have these conversations at a, at a broader scale around mental health, that we have these very intentional conversations too, about how these different cultural norms and, and, and other things that exist, um, as norms for particular sexes are also challenged as we have these conversations, particularly for men. Um, uh, I am a much more, um, open and, and, and loving individual. Now at the time of my healing journey, I would, I would go as far as to say that I was very rigid. I was very cold in the way that I approached things and that I oftentimes refused to acknowledge accountability for the things that I was doing at the time that were causing harm. And I think by acknowledging accountability in a way that was supportive and constructive, I was able to overcome some of these cultural norms and, and, and also just other toxic barriers that existed mentally for me to be able to embrace therapeutic supports, to be able to try, uh, medication and ultimately to even get, as far as I have now at 30 years old, uh, to be able to have this conversation with all of you and, and share this openly, I don't think I would've ever been able to get this far.

Hernán Carvente-Martinez (01:18:15):

Had I not had that space to be able to do that. And over time, I have been able to surround myself with other men and other people in my life, including, uh, um, Babara who I know personally now, because we've been able to work together multiple times, but it's this trajectory and, and, and, and challenging

of social norms along with also seeking support for my mental health that has allowed me to achieve a different level of healing, uh, and also just challenging some of the norms within the, the field at large, right. Which is like, we talk about therapy. We talk about medication, but healing, and what it looks like for individual people is, is vastly different for each and every person. Uh, we don't talk about the Mo the healing modalities that are in quote covered by insurance, right? We don't talk about yoga.

Hernán Carvente-Martinez (01:18:59):

We don't talk about the gym. We don't talk about, uh, green space. We don't talk about, you know, pet therapy, art therapy, like the, the different kinds of modalities that maybe people have found helpful, uh, in addressing this and or how some therapists and others have embraced some of those modalities to further expand how they challenge some of these social norms and their approach and style to how they even have conversations to, to lead off that process. So I just wanna share that it, it, it is a constant struggle, uh, challenging these norms, uh, and that hopefully we can join in more community to be able to do that, uh, in a collective fashion, as opposed to just a, a, a Hernan in Queens, New York, uh, trying to challenge that, uh, within his own circle of people, uh, and within the work that I'm doing, but I'll pass it on to Frederick.

Frederick Shegog (01:19:47):

Yes. Um, I just will follow that up with, um, I feel this is the difference between cleaning being clean and recovering for me, because hadn't, I started this company and hadn't, um, I'd been asked to speak on these things. I don't know if I were to recovered to, to this point, to be able to talk about it. So by God's grace and mercy schools and rehabilitation centers reach out, because they want me to speak on how I deal with these things, how I'm getting through it, or how I've gotten through it. And because, you know, this is a, a business and they pay me for it. It's made me step up to the plate to learn the research, to talk to people, to deal with stuff. And I gotta be honest. There's no greater feeling after I talk about some of this stuff. And people walk up to me.

Frederick Shegog (01:20:36):

Like I went through that too. You know, I grew up in a household where if you're a man, if you cry, you're weak, you know what I mean? So it's like speaking on it across the country, by God's. Grace has taught me that I ain't the only one suffering from it, because I thought for a long time, I was one of the only people going through this. But as I've gotten older, I realized, you know, there's a big burden, especially on, in the community I'm in of black men that produce as far as financially, as far as toughness, as far as the household. I mean, the, the, the standards are just unprecedented and I've realized not many people are gonna meet that standards because we're human. I have tear ducks for a reason. Um, God has given me different senses for a reason and my belief. So I've had to learn that, like all that stuff that I went through, I now use it as a form of me to help others. And that's basically what I'm doing. So that's how I address it, talking to the youth and talking at rehabilitation centers, behavioral health centers, mental health centers, treatment facilities, where I talk about what I went through to let other people know you, ain't alone. That stuff is not healthy, and this is what I've learned, and that's how I move forward.

Hector Colón-Rivera (01:21:48):

And thank you. And we're talking about challenging those narrow ways of thinking, right? When we think about masculinity and, and open the question to inviting, uh, you know, young males to one look for help, right. And also think about other, not harmful ways of thinking about masculinity without losing

their manhood cause right. That's what we're looking for, you know, looking for help, asking for help and breaking those narrow thinking that society's teaching us. Um, so more about prevention. I mean, we talk a little bit about how we need to work together as a team, uh, creating collaboration coalition between non-profit, private, uh, to see if we can increase the access, the outlets, uh, for our, uh, you know, patients, communities. I mean, we talk about the density location in Barbara mentioned that some, our patient look for location clinics, so they don't have transportation. So they need somewhere that they can walk to.

Hernán Carvente-Martinez (01:22:53):

Right. As my, my clinics, I have three clinics in Philadelphia in Hispanic communities, and they're all pretty close to my patients, uh, zip codes, cause I know 89% them do not drive, so they need to walk to their appointments. So there are indication that they can access one public transportation or walk there. Um, we need more public education campaign, this type of presentation. So thank you Dennis for the opportunity to present, uh, this information and of course, laws, policies, practices, we need to educate our, the, the people that make the, the prescription practices, the legal age limits, all the guidelines, right? The laws up there. So, um, family probation, I mean, we talk about family engagement, Barbara. I mentioned this multiple times that we need to include parents, mom, dad, grandma, whoever is in charge or have, uh, the care of that kid, that person need to be included in the team.

Hernán Carvente-Martinez (01:23:54):

Um, and they're part of the team. I mean, um, here, I mean, different states have different laws regarding who consent, uh, for, uh, medication. I mean, they can mention the state of PA depends in Pennsylvania is 14 and older. Uh, so if you you're 14, you can, you're big enough to consent for medication or treatment in general. But if you have a substance disorder could be at any age, I mean, there's no limit there. Uh, but every state had different laws. So it's really important to know those law, but also invite everyone, you know, with the right consent to, to be part of the team. Um, communication, listen, first talk early talk often, you know, bring that kid to the table. Talk, you don't have table, sit on the couch, right. I mean, just bring them to have that conversation. Um, uh, family support and linkage resources, basic needs and mention technology because I know, I mean these days technology is available and even in, uh, some, um, communities that we low resources, I mean, there's free wifi for their closed library that they can use the, the, the wifi, I mean, school gave some, some tablets and, and, and the computers to kids.

Hernán Carvente-Martinez (01:25:01):

Now they are in cyber schooling, whether they have some kind of hybrid system. Uh, so computers are more available now to our kids. So I know resources are more available, uh, if, if we, you know, talk to the right provider, right. Um, and we look for the right help at the right school. Um, so, so school prevention, I mean, same situation like in the communities and, and at home, uh, there's, there could be an organizational level which can talk about this school climate, the connection, school policies. Uh, so it's really important if you have a, you know, your kid or child, uh, going to school. No, I mean, who's available. Would they have social worker, counselors, uh, therapists? I mean, what's the referral process in case an emergency and who to talk to. I mean, some kids have their favorite teacher and that's the teacher they talk to.

Hernán Carvente-Martinez (01:25:46):

Um, and those favorite teaching, you know, who you are <laugh> uh, so, so, you know, open the conversation to those kids. Um, there's, uh, universal, I mean, uh, the, the department of education have a universal guidelines, uh, but now with all the charter schools and all the type of education levels, I mean, every charter school has their own own guidance. So be familiar with that. Um, always important. I mean, there's some, some schools that do a lot of group therapy. I mean, that's available one to one, depending on the kid, uh, uh, personality, I mean, just, uh, be mindful about that. Some kids might feel, uh, better talking to one, a one on one person, uh, and others would feel better, uh, talking in groups, um, referral counseling mentorship is really important. Uh, peer prevention, I'm just mentioned, I mean, few, I mean, my favorite peer to peer activism and voice, I mean, both Hernan, and Freddy has their own LLCs and their own company and their own movement.

Hernán Carvente-Martinez (01:26:45):

Uh, so follow follow people that, you know, you, uh, can link with can, um, uh, you know, look at and feel that you belong to and, and, and, and, and hear the story. I mean, open to those stories. I mean, there is a positive, uh, affirmation there of knowing someone that has gone through the same path. Uh, know your experiences have been on your shoes or similar shoes, uh, and, and, and participate on that movement, participate on that. Um, uh, you know, activities. I mean, they're social, media's full of that. Just be careful with, you know, uh, social media and be sure that you're following someone, uh, real right. I mean, we need to be careful, of course, fathers and moms and grandpa and grand and grandmother please, uh, uses safety, uh, matters of, of those social medias and, and, and iPads and iPhones. Um, so a little bit more about treatment.

Hernán Carvente-Martinez (01:27:39):

I know Barbara mentioned a lot about this. Sometimes we, I mean, we have this portion of kids of males getting treatment. I mean, we know probably more than 80%. I mean, only 25% of, of people like suffer from a substance disorder, especially opioid disorder only receive treatment. I mean, we're talking about one out of four, one out of five, uh, that are diagnosed treatment. So that's the, you know, that's what we're talking about in the, in the, the receiving appropriate team, right? The ING base, the, the, the treatment that they need. I mean, it's, it's not allow we need to do better on that. So what we wanna do, I mean, that, that iceberg, that point of the iceberg, we, we need to expand that. And we're talking about ways of doing that. Uh, of course, working in teamwork and medications, and also offering therapy, um, youth and young adult recovery supports, um, recovery, high schools, there's some peer groups.

Hernán Carvente-Martinez (01:28:35):

I mean, I'm a, I'm an addiction psychiatrist. So I see kids at young ages, uh, using substances, uh, some medication only approved for 60 and over some of the medication you need to, to go to court and get a, uh, mandate a kid on, on treatment, for example, methadone in different states, uh, different rules, both the federal law. I mean, you cannot, uh, prescribe or dispense methadone to, uh, to a minor, unless the minor has, you know, uh, missed or, or fail to treatment before that. And then you probably need to go to core and click have consent of families, uh, members, uh, whoever has the cost of the kid, uh, but buprenorphine, which is another option for the obvious disorder is approved for 16 and over, I mean, therapy is approved for anyone and, and treatment should be you, you should not need consent for treatment of softness disorder.

Hernán Carvente-Martinez (01:29:27):

Uh, and there is college recovery programs. There is fee-based organization, there's 12 steps, you know, people again, I mentioned apps cuz I'm, I'm, I'm a fan of technology and there are multiple apps are really, really helpful for kids. Uh, especially kids that, uh, have the social anxiety or don't have the resources to go to a group or transportation or don't drive, or their parents don't have the resources to go anywhere and they have to stay home so that the apps or groups, you know, in telehealth telepsychiatry telemedicine or, or virtual, uh, platforms will help them. Um, oh, before that, um, I should call, uh, Freddy and, and Hernan. Have you guys participated on any of these, uh, recovery groups or any idea of, um, any recommendation for the listeners on these matters?

Frederick Shegog (01:30:22):

Yeah. So, um, I've been very fortunate to actually speak of these programs I've dealt with 'em. Um, I wish that recovery high schools, alternative peer groups, col college recovery programs. Would've been there when I was a kid. But one thing I can tell you, I grew up in a team, um, faith-based organization. I grew up in church. One thing I can tell you though, it's not a question that these programs exist. It's a question of how they're funded, hence why I'm going to school to get my MPA because I'm learning in this country, the way things move is how programs are funded. I've learned that you could have these programs, actual schools, but they're not funded the greatest, but the fact that they're there is better than them not being there. So a point is getting into 'em learning them and doing work with 'em.

Frederick Shegog (01:31:10):

Uh, the one is BHI behavioral health initiatives in, in Boston. I'm blessed to be a, um, on the board up there. They do great work. And the thing about this work too is, and I'll be done. I'll pass it over. Is that what I'm noticing in school, especially schools are how, uh, competitive it is. And, and I say this when I, when I speak at colleges, is that if we can take the tuition check, then we should care about who they are. We should stop worrying about graduating them to worry about them being donors. We should start looking at who they are as a whole person, because we get the whole student. So for example, I had sought a stat once that said 50% of the cause graduates in a certain year, ended up diagnosing as alcoholics their first year outta school. My question is that tells me everything.

Frederick Shegog (01:31:58):

I, I need to know about the fact that college is looked at as a business, rather than a place where you go to and you grow and there supports for you to become a better human being and see that's what bothers me. And that's why I think these programs are critical, because think about what it could be. It's a building, I go get educated. I go improve my life educationally, but also there's a place for me to go where I'm struggling with my mental health, or I'm trying to keep up on my mental health, or I have substance use disorder. And there's people like me around who are the same thing that you couldn't ask for a better situation, especially when you're paying it. And it's not that these schools don't have it. It's just that the, at funds aren't allocated to these programs. So that's been my experience.

Hernán Carvente-Martinez (01:32:41):

Yeah. I wanna, co-sign what Frederick has said. I, I can't say that I was able to take part in a lot of these programs. Um, as I mentioned before, I did end up being incarcerated for a period of time. Uh, that period being 14 year, uh, four years at, from the age of 16 to 20. And so a lot of these programs weren't unavailable to me. Um, and in the facility context, um, I will add that part of what I've been fighting for for the last five years as part of my work to abolish youth prisons, uh, has been the need to reinvest that kind of money, um, you know, to, for programs like these and others that are actually doing good work.

But as Frederick mentioned are, are, are poorly supported and underfunded in ways that, uh, are, are just that blow my mind, uh, because the amount of money that we put into prisons, uh, into trying to address what our mental health conditions inside of lock confined settings, um, as opposed to, in some of these programs before the actual issues lead to a young person, committing a crime, um, I feel like is outrageous.

Hernán Carvente-Martinez (01:33:41):

And so if you're an advocate for this and you believe in mental health, I also feel like you should be an advocate too, for the, the sort of challenges and things that we're fighting for in the criminal justice and, and youth justice conversations, including the abolition of youth prisons, uh, here in New York, for example, it costs around $890,000 to house one kid for one year in a juvenile facility in upstate New York. Uh, that's almost a million dollars, uh, for one kid. And the majority of that money, when you look at it, broken down, goes to keeping the lights on staff salaries and pensions, uh, and, and ultimately to legitimately just keep hiring more people to run these places. And so little of it goes to education, mental health, uh, recreation programs, or other, uh, alternative programs for people who might be coming home and maybe are not gonna, uh, have their GED and need to get a GED.

Hernán Carvente-Martinez (01:34:38):

And that's only a chunk of that close to million dollars that, uh, gets invested here in New York state. And so, um, as you think about this, definitely thinking about not just creating more programs like this, but ultimately, uh, really fighting to remove, uh, resources in places that are legitimately not producing any positive results to things like this that could potentially be saving lives, um, as opposed to putting them in warehouses, where again, we forget about them, then they come back as adults, uh, and ultimately are still causing harm, are unable to address their mental health issues and have very little access to care because some of these programs when you're an adult are already, um, at capacity and don't have the ability to be able to do more, uh, for these people, uh, who are in these situations. So just wanna add that, um, added layer to the conversation.

Hector Colón-Rivera (01:35:30):

That's great. Thank you guys. And then what you're saying is investing right. We're investing on the future, uh, cuz when you invest in these kids to what we're gonna see in the of community and society and of course, uh, advocates, we need more advocates, like you guys. Um, so I am gonna open question and answer, from the public, Dennis...? That

Dennis Barbour (01:35:57):

Yes, I have a question. Um, I have a question.

Barbara Robles (01:36:11):

Yes, Dennis.

Dennis Barbour (01:36:13):

Yes. Um, since depression can show up as anger and aggression, um, what role does that play in gun violence and mass shootings?

Frederick Shegog (01:36:26):

Can you repeat that?

Dennis Barbour (01:36:29):

Yeah. Since depression can show up as anger and aggression, particularly in males, what strategies have been helpful to address this concern and what role does depression play in gun violence?

Frederick Shegog (01:36:43):

Can I quickly address this?

Dennis Barbour (01:36:44):

Sure

Frederick Shegog (01:36:48):

So, so I, cause I, I was on this task force where they were dealing with, uh, the school shootings that had been going on when I was way young. I just wanna say this. I know that when I was a kid, I had been placed in my first institution. Well, my second one, because I had been violent towards my mother. I put my hands on my mom. I know me and I know who I am. I know it's against every fiber in me to fight somebody that didn't, I didn't wake up and start hitting my mom that was over years of unaddressed issues and the things that were going on in my home. And until my therapist pointed out to me, Freddie, you need to forgive yourself. That was behavioral issues that were showing up in other areas. I didn't realize that. So I want people to understand from a person that's been through anger, it, you don't just wake up and start fighting. You don't just wake up and start shooting that is years and years in my opinion, for what I've seen of unaddressed issues. So I think as soon as people present with problems, we need to address it because then that way we're not looking up years later, they shot the school up, they killed this person. They did that. It, it, it just, I have seen that. So that's my experience.

Hernán Carvente-Martinez (01:37:59):

Yeah. I will also add that the, the national conversation around gun violence has been, uh, predominantly been addressed by the criminal justice system. Uh, we are not having this conversation from a public health conversation. Uh, we're not talking about it from the aspect of young people who are potentially again at an exacerbated stage of depression that maybe lead it led to them actually committing a, a violent act. Uh, I think we could do more around that. And then I think it's certainly imperative for, for many of you here who are, uh, a part of this conversation to, to really encourage that narrative, uh, more, uh, regularly. But I do think that there are, um, police departments and, and other leaders in, in some of these systems that are genuinely trying to address this from a public health perspective. But I do think that the, the, the depression conversation, right, or how much of this has to do with that, um, kind of gets skewed by the amount of other factors that could also have led to that moment of violence, uh, in that community, including some of the other, uh, aspects of, you know, racism and, and things that have become, uh, much more obvious as the, the most recent presidency before Biden.

Hernán Carvente-Martinez (01:39:12):

And I think that there's just been, there's a, a, a multitude of layers to this, including the, the pandemic and other things. And so it's really hard to just talk about depression in the context of this, uh, without, you know, bringing in all these other factors. But I think it's important for us to continue pushing for a much more public health approach and, and conversation around it.

Barbara Robles (01:39:32):

Yes. And if I may, I just wanted to make, I think three main points. One is that, um, we, the data, we, we have shows that people with mental illness such as depression, um, tend to be victims of crimes and violence more often than they are the perpetrators. And so, um, we definitely want to kind of like decouple and separate the conversations. Um, but specifically to your point to your question then, as I think that, you know, when we talk about anger and irritability and aggression, when it comes to the depression in, in boys and young men, what I see clinically, and I think what the, uh, generally speaking with the research has shown is that aggression within the depression context is more of the impulsive irritability based aggression. And so I'm just having a really hard time and you come in and yell in my room to, you know, to, to go and, and, you know, clean up my room or whatever, as a teenager, I'm gonna respond irritable and frustrated. And sometimes I may take it too far. It's not aggression in, you know, criminal planned. You know, I have been thinking about this, I have gone and purchased guns. It's different. So when we talk about irritability and aggression within the context of teen depression, oftentimes we're not talking about this like premeditated, you know, planned, um, criminal act. Um, Hector, did you wanna add anything else?

Hector Colón-Rivera (01:41:14):

No, I just wanna say, I mean, gun violence and mass shooting is, is a, is a public, uh, crisis, right? We we're dealing with that. And, and I agree. I mean, we need to separate mental cuz we quickly ask that question and being on different medias and that's the question always come, Hey, was the guy depressed? What's the guy psychotic. I mean, cuz no normal guy would do this. Um, and we need to separate data. And the data indicates that, you know, most of the mental ill people are victims, right? People that suffer in front of disorder are victims of this mass shooting are not the ones creating it. So we, we, we need to, you know, that and the stigma talk by himself. I mean that's part of the stigma we mentioned in this conversation that we need to separate those mental health and, and victims and you know, the mass shooting question

Barbara Robles (01:42:05):

I think there, yeah, go ahead Dennis.

Dennis Barbour (01:42:07):

No, go ahead, Barbara.

Barbara Robles (01:42:09):

I just wanted to add that. There's no question that a lot of when, when um, research has been done, I think there's some really good research from the justice department that shows that the majority of mass shooters actually had never, um, or were not receiving mental healthcare had not been diagnosed or at the time of the crime were not displaying signs of mental illness. And so we have that kind of information and understanding. And at the same time we know that a lot of them had experiences of ACEs and childhood trauma. Um, but it's also important to understand the social society, uh, cultural norms that we have discussed in this conversation, which is, you know, sexism and toxic masculinity and how we normalize violence in, in many ways. Um, and so I think understanding that oftentimes it, when we think about the mental health that's needed to support individuals such as those who may go on to perform a mass shooting, um, we're not necessarily thinking about the, the way that most other kids or individuals would engage with mental health treatment. It's just a different, um, a different way to look at it and approach it

Dennis Barbour (01:43:29):

Well before we end. Does anybody have any closing thoughts that they wanna share? You've really, um, you've covered this in exquisite detail. Um, I really appreciate the presentation and the work that you guys put into it. It's been extremely informative and helpful and it will be a first of its kind actually because this whole subject area in terms of, um, depression among young boys and men has, has been, um, needs more work, more attention. So we really appreciate this. And um, for those who are more interested in the partnership and what we do, um, our website is partnership-for-male-youth.org. That's it guys. Thanks very much again. And thanks for joining us.

Hector Colón-Rivera (01:44:14):

Thank you.

Barbara Robles (01:44:17):

Thank you so much for having us.