Data available from the National Hospital Ambulatory Medical Care Survey, a survey administered by the Center for Disease Control (CDC) each year, shows that the number of children and teens between ages 5 and 18 visiting emergency rooms for either suicidal thoughts or attempts has doubled from 2007 and 2015. Diagnoses of either condition jumped from 580,000 in 2007 to 1.12 million in 2015. Furthermore, while the average age of children at the time of evaluation in 2007 was 13, 43% of the evaluations are now for children between 5 and 11.

Findings are coming as no surprise to child psychologists, as they know depressive symptoms and suicide rates have been rising. Depression and a prior suicide attempt are the two biggest risk factors for suicide completion.

Professionals have hypothesized reasons for the increase, such as the heightened stress and pressure on kids to achieve in school and make a living. Parents subsequently are also more stressed, passing this stress down to their children. Additional sources of stress may come from rising instances of cyberbullying that has accompanied social media use. The CDC has found that 15% of US high school students report that they've been bullied online in the past year, although a Pew Research Center survey found that the number could be even higher at 59%. This form of bullying can fly under the radar and without repercussions for those bullying others. None of these single factors can account accurately for the increase in suicidal behaviors but merged together form a pattern that is notable.

Although these patterns worsen, there is still a lack of available care. The United States faces a severe shortage of practicing child and adolescent psychiatrists, with fewer than 17 providers available per 100,000 children. Situations like these lead to long waiting periods for children to be seen, heightening underlying mental health conditions and eventually leading to children needing a higher level of care than they would have if issues were addressed in beginning stages. Providers also have trouble communicating and working with other systems aimed at caring for children such as juvenile justice, child welfare, and education. When children fall through the cracks because of a lack of communication, serious mental health conditions can go untreated. This issue in conjunction with rising mental health concerns and a lack of available and appropriate care presents a serious problem.

With summer vacation approaching, now is the time to speak with teens about the negative effects of drug and alcohol use. During a season known for barbecues, pool parties, vacation and activities with family and friends comes an unlimited supply of alcoholic beverages, often tempting children and teens. According to the Addiction Center, every day, more than 11,000 kids will try alcohol for the first time during the month of June and July.

Experimenting with drinking or smoking for teens can lead to poor decisions about engaging in risky behavior, including drinking and driving, sexual activity and aggressive violent behavior. Alcohol tends to be readily available to youths at home during the summer. It’s been reported that of the 12-14 year olds who drank alcohol in the past month, 95.1% got it free and in the home. Statistics show that 80% of children say parents are the leading influencers in their decision to drink or not.

Rather than stopping your kids from going to summer events use this time as an opportunity to talk about the negative consequences of teen drug and alcohol abuse. Also, you can monitor what your teen is doing and find activities such as camps, swim teams and summer jobs to fill his or her idle time. Most importantly explaining to them that alcohol and drug use will only ruin their summer fun by engaging in risky behaviors cause my alcohol and drug use.

Sometimes, no matter what a parent does, all teens will still participate in alcohol and drug abuse in these cases be on the lookout for changes in mood or behavior and physical changes such as poor hygiene, unexplained bruise, fatigue and bloodshot eyes.

Tips To Boost Your Mental Health:

◇ Value yourself: Treat yourself with kindness and respect, and avoid self-criticism. Make time for your hobbies.
◇ Take care of your body: Taking care of yourself physically can improve your mental health.
◇ Surround yourself with good people: Make plans with supportive family members and friends, or seek out activities where you can meet new people.
◇ Make every meal a treat: Whether you’re ordering takeout or cooking yourself, make sure there’s something special about every meal. Prepare lunches to look forward to and breakfasts to get out of bed for.
◇ Learn how to deal with stress: Try One-Minute Stress Strategies do Tai Chi, exercise, take a nature walk, play with your pet or try journal writing as a stress reducer.
◇ Quiet your mind: Try meditating, mindfulness and/or prayer. Relaxation exercises and prayer can improve your state of mind and outlook on life.
◇ Avoid alcohol and other drugs: Alcohol and other drugs only aggravate problems.
◇ Get help when you need it: remember that treatment is effective. People who get appropriate care can recover from mental illness and addiction and lead full, rewarding lives.

Tips to help keep your teen safe and drug-free in summertime:

◇ Set summertime rules: Make clear rules regarding unsupervised time spent with friends and expectations.
◇ Supervise: Be physically present when you can. Research shows that unsupervised youth are more likely to use alcohol or other drugs.
◇ Monitor: Randomly call and text your child to check in and follow-up with other parents.
◇ Stay involved: Take time out to do something fun together.

https://www.addictioncenter.com/community/spike-teen-alcohol-abuse-summer/