

MODULE 4.2

YOUTH MENTAL HEALTH DIFFICULTIES

Table of contents

Objectives	3
Outcomes	3
Key messages	3
What are mental health difficulties and mental health disorders?	4
When does a mental health difficulty become a disorder?	5
What causes mental health disorders?	6
The biopsychosocial model of youth mental health difficulties	6
Why do we need to understand common risk and protective factors?	7
What are the common mental health issues young people experience?	8
Anxiety	8
Depression	10
Other mental health concerns and disorders	11
How common are mental health disorders in young people and are they increasing?	12
Mental health difficulties in the school environment	13
Role of schools and staff	13
Practical support school staff can provide students experiencing mental health issues	14
Support for students experiencing anxiety	15
Support for students experiencing depression	16
When should I seek further assistance?	17
References and key readings	18

Youth mental health difficulties

Objectives

- School staff will understand the main mental health difficulties and disorders experienced by adolescents and key factors involved in their emergence.

Outcomes

School staff will have an enhanced understanding of:

- youth mental health difficulties and disorders
- the likely impact mental health difficulties have on student performance
- some of the practical support they can provide young people experiencing mental health difficulties.

Key messages

- With the remarkable biological, psychological and social changes that occur during adolescence, this period represents a time of risk for mental health issues.
- There is no single cause for mental health difficulties.
- Mental health difficulties can be understood through a biopsychosocial lens.
- School staff are able to provide some practical advice and support to young people experiencing emotional, behavioural or social difficulties.

What are mental health difficulties and mental health disorders?



Mental health difficulties refer to a broad range of cognitive, emotional and behavioural issues that may cause concern or distress. In other words, mental health difficulties affect how a person thinks, feels and behaves. These can include the issues young people experience in relation to normal life stressors.

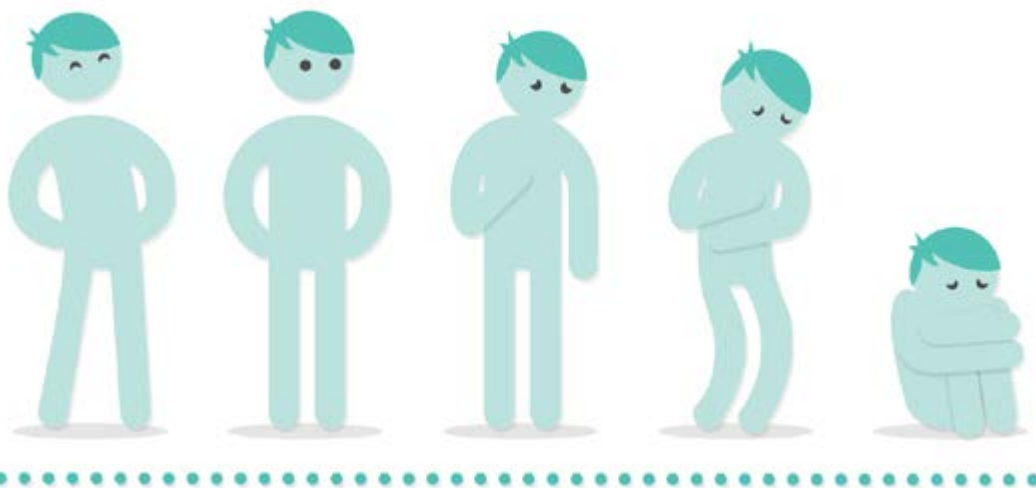
A youth mental health disorder (or condition) is when the thinking, mood or behaviour difficulties a young person experiences are persistent, severe and have a negative impact on their capacity to function at home, at school or among friends and peers.

In diagnosing a mental health disorder, health professionals typically look at groupings of symptoms. For example, if a young person is having a prolonged period of being sad or down and experiencing little interest or pleasure in things they would normally enjoy, a mental health professional (after considering other symptoms or behaviours) may diagnose a young person as having 'clinical depression'. The main purpose of the diagnosis is to enable them to make informed recommendations to the young person (and their parents or caregivers) about what support or treatment may be useful.

When does a mental health difficulty become a disorder?

It's important to understand that the point at which a mental health difficulty becomes a mental health disorder can be difficult to distinguish, particularly as mental health symptoms – like physical health symptoms – generally occur on a continuum from mild to severe. The distinction can be particularly difficult with adolescents.

Everyone experiences 'ups' and 'downs' in their mood and outlook, and with adolescents, mood swings – from feeling 'blue' to over-the-top excitement, to feeling anxious or irritable – are relatively common. Adolescents are prone to having more mood swings because of hormonal changes in their body and the fact that their brains are still developing. Sometimes adolescents may worry they are 'losing it', when in reality the mood swings are relatively normal.



For more about the changes that occur during adolescence see **Module 2.1 Adolescent development.**

For information about the warning signs for mental health difficulties see **Module 4.3 When should I be concerned?**

What causes mental health disorders?

There is usually no single cause for a young person to experience a mental health disorder; generally there are multiple factors at play. Sometimes it's possible to identify a specific life event that triggers a period of poor mental health, but that is not always the case; sometimes there is no obvious cause or reason. It's also important to remember that some young people tend to be more deeply affected by events or experiences than others.

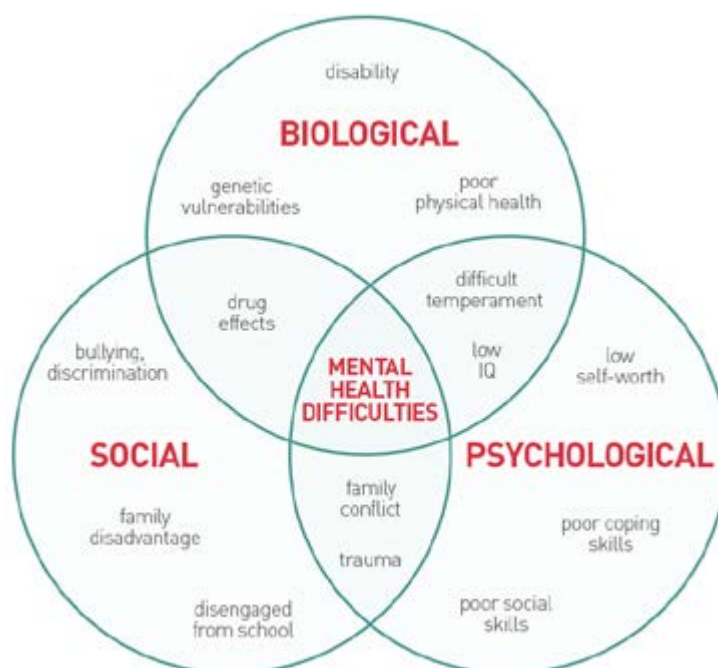
There are a number of models that seek to explain mental health disorders, and our understanding changes over time with advancements in research, particularly in the brain sciences. One long-standing explanation is that mental illness is caused by biological, psychological and social factors that interact in a variety of ways. This is often referred to as the biopsychosocial model of mental illness:

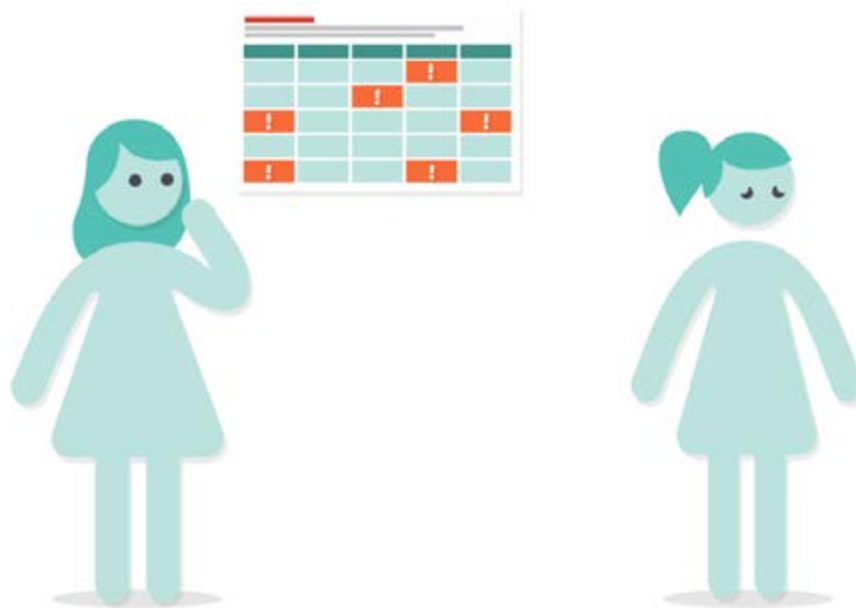
- Biological (for example inherited vulnerabilities)
- Psychological (for example poor coping skills)
- Social – including life events (for example family, peer or school stressors)

A biopsychosocial model for youth mental health difficulties is shown in the Venn diagram below. The factors identified in the diagram reflect some of the common risk factors discussed in **Module 1.3 What is mental health?**

The presence of one or more risk factors does not mean a student will develop a mental health issue, however as the number of risk factors increases generally so does the likelihood. It's also important to remember that some risk factors are particularly toxic, for example, sexual or physical abuse.

The biopsychosocial model of youth mental health difficulties





Why do we need to understand common risk and protective factors?

Understanding the common risk and protective factors that predict mental health issues helps communities (including schools) to identify key focus areas to reduce the impact of — or even possibly prevent — youth mental health issues from occurring in the first place. For example, by strengthening the level of inclusion amongst students or by providing opportunities for students to develop life skills for resilience.

These risk and protective factors also provide a rough guide to gauging the level of risk an individual has of experiencing a mental health issue. It's important to remember that all young people are unique — their specific pattern of risk and protective factors will not determine whether or not they will experience a mental health issue nor determine the type of issue.



For information about risk and protective factors see **Module 1.3 What is mental health?**

What are the common mental health issues young people experience?

Given the rapid biological, psychological and social changes that occur during this time, adolescence represents a period of elevated risk for mental health issues. The two most common student mental health disorders secondary schools typically deal with are anxiety and depression.

Anxiety

Everyone feels anxious at times, and the fears and worries of young people are often closely linked to their stage of development. It's normal for adolescents to worry about starting secondary school and about fitting in with their friends, and while these worries may seem excessive and irrational to an adult it's important that they're not disregarded or trivialised.

Anxiety becomes a concern when the feelings are ongoing and are having a negative impact on a young person's capacity to function in everyday situations. An adolescent may be identified as having an anxiety disorder if their anxious feelings are consistently very intense, persist well after the stressful event has passed, and are distressing to the point that they interfere with the young person's capacity to learn, socialise and do everyday things.

Anxiety disorders are estimated to affect around 10 per cent of adolescents at any one time and those who experience anxiety are also at greater risk of experiencing depression (National Research Council and Institute of Medicine, 2009). Anxiety is comprised of a number of disorders that have some unique characteristics. Some of the more common anxiety disorders observed with adolescents are described below.





GENERALISED ANXIETY

Young people with this disorder suffer severe and uncontrollable worry about multiple parts of their life. For adolescents this may be reflected in excessive worry about being on time, doing well on tests, or keeping friendships.

SOCIAL ANXIETY (SOCIAL PHOBIA)

Young people with this disorder have excessive worry about social situations and how others view them, for example meeting unfamiliar people or giving a presentation. Adolescents with social anxiety may try to avoid social situations, which can include school.



PANIC DISORDER

Panic disorder is characterised by the sudden onset of symptoms including racing heart, sweating, shaking, trouble breathing and feeling as if something terrible is going to happen.

Depression



While periods of low or flat mood are to be expected, a persistent depressed mood can be cause for concern. A young person may be diagnosed as having ‘clinical depression’ if they have:

- a persistently sad, depressed, or grouchy mood and
- little interest or pleasure in things they normally enjoy doing, as well as other changes in:
 - thinking (for example being overly self-critical)
 - behaviour (for example withdrawing from friends and family)
 - emotions (such as being often upset or teary), and
 - physical symptoms (for example lacking energy).

Approximately five per cent of adolescents experience a depressive disorder at any one time and depression is a risk factor for suicidal behaviours (for example self-injury) and often co-occurs with a number of other mental health concerns or disorders (Sawyer et al., 2000).

Other mental health concerns and disorders

There are a number of other student mental health concerns or disorders that may impact on secondary school communities. These issues can take a considerable toll on students, staff and the broader school community and include:

- suicidal thoughts and behaviours (for example self-injury)
- self-harm (without suicidal intent) such as cutting, burning, scratching
- body image and eating disorders (anorexia, bulimia)
- trauma or stress related disorders
- underage drinking and substance (drug and alcohol) abuse
- bipolar disorder
- Obsessive-Compulsive Disorders (OCD)
- Autism Spectrum Disorder (ASD) – impairment in social relationships, difficulties communicating, inflexible behaviours
- conduct or behavioural issues including impulsive or hyperactive behaviours (ADHD)
- bullying.

These disorders are explained in more detail via the external resources linked from the module page.

MindMatters will seek to provide schools with regular information, research and supports available relevant to these issues.



How common are mental health disorders in young people and are they increasing?

Research suggests that approximately one in five adolescents has a mental health disorder and that more than half of all lifetime cases of mental health disorders begin by the age of 14 years (Kessler et al., 2005).

Some groups in the community have been found to be at greater risk of mental health disorders because they are exposed to additional risk factors such as discrimination (for example Indigenous and lesbian, gay, bisexual, transgender or intersex (LGBTI) young people). It's important to note that prevalence rates vary from survey to survey depending on how researchers have conducted the study, the survey questionnaires used and whether they are identifying prevalence over a lifetime or just for the current period.

There is much conjecture about whether the prevalence of youth mental health issues has increased over the past 20 to 30 years. This is a difficult question to answer because of changes to how youth mental health disorders have been defined as well as possible changes in the level of community recognition of the signs and symptoms.

Because we use symptom reports to determine whether a person has a mental health disorder it's possible that any apparent rise in rates could – at least in part – be due to increased knowledge of signs and symptoms of mental health issues across the general community. Anecdotally, schools and youth mental health services are reporting increased numbers of youth presenting with complex social and mental health issues and family circumstances. While it's difficult to be definitive, the research evidence indicates there has been an increase in young people with behavioural or conduct issues (National Research Council and Institute of Medicine, 2009).



Mental health difficulties in the school environment

It is likely that young people experiencing mental health difficulties will find the school environment particularly demanding and may struggle to actively engage with school work, concentrate on tasks, tolerate uncertainty or demands, engage with social networks and cope with the various day to day demands of study.

To school staff, this can appear in a range of ways, for example, drop in grades or school performance; non-compliance with basic requests; more serious behavioural problems that show an apparent disregard for others in the school community; angry or emotional outbursts for what seems no obvious reason; or becoming increasingly withdrawn from friends or peers.



Over time if these issues do not resolve and are unaddressed, the young person can become increasingly disengaged or disconnected from school and be at greater risk of social or mental health issues.

School staff members are well placed to notice changes and are often confronted by, and already dealing with, behaviours associated with mental health difficulties.

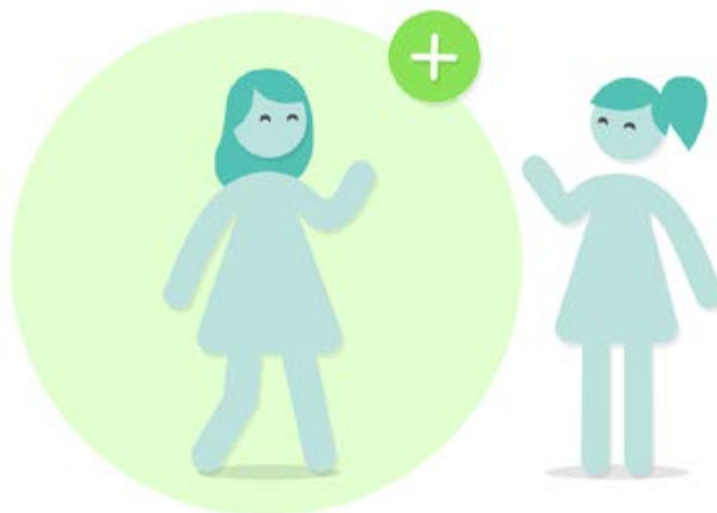


Role of schools and staff

Just as we might respond to early physical signs that could indicate a physical illness, noticing and acting upon behavioural difficulties so that support can be provided as early as possible can prevent the development of more serious mental health issues.

Practical support school staff can provide students experiencing mental health issues

School staff can do much for students experiencing mental health issues simply by being seen as an approachable person who takes the concerns of young people seriously, who has good empathy and is non-judgemental when students express that they are experiencing difficulties; and is able to help them access information and/or professional support



Below are some specific examples of how staff can help students struggling with anxiety and depression, in addition to helping students access information and/or professional support using your school networks.

These topics are explored in greater depth in **Module 4.3 When should I be concerned?** and **Module 4.4 Helping individual students.**



Support for students experiencing anxiety

- Help students to understand that being anxious, particularly when confronting new situations is 'normal', but that there are effective strategies for managing anxious feelings.
- Help students to recognise their own internal cues that they are becoming anxious (for example a racing heart, being unable to think) and to identify (and practise) strategies that help them to manage their anxiety and calm down (for example deep breathing).
- Help students to recall situations where they have succeeded despite being anxious, so as to strengthen their self-belief that they can cope and manage their anxiety.
- Help students to understand that avoiding those things that make them anxious, while useful as a short term fix, is likely to make things harder in the future.
- Encourage students to have a go at things that are new and to understand that it takes time to learn new skills or behaviours.
- Discourage the need for perfection.
- Help students to recognise their own self-talk when approaching new situations and help them develop some positive coping statements if they typically tap into self-defeating statements.
- Set realistic expectations for challenges and assist students to manage stress associated with tasks.
- Talk to students about effective and helpful strategies you use to manage anxiety or stress, for example talking to friends, positive self-talk, exercise and other relaxation strategies.

Help students to access information and professional support if worried.

Support for students experiencing depression

- Help students to understand that talking about their problems when things get bad to someone they trust is likely to be the most important thing they can do to protect their mental health. We will all experience times when we need to open up to friends, family or possibly a health professional
- Be empathetic and non-judgemental with students struggling with depression or showing signs of distress. Take their concerns seriously and help them sort out their feelings or alternatively obtain professional help.
- Help students dealing with life issues to understand that everyone – including adults – will have times in their life when they will feel sad or down, and that life, at times, can seem bleak. At such times the most important thing to remember is that things do get better. **Remember you still need to take their concerns seriously or help them to get support if needed!**



- Help students to develop their skills for resilience (for example problem solving skills) to gain confidence to manage typical life challenges such as peer or family relationships.
- Encourage students who are showing signs of withdrawing to engage with school and social activities.
- Adjust work requirements to match the student's current mental resources and provide extra learning support if the student has fallen behind.
- Help students to label positive experiences. Sometimes students don't recognise when they are experiencing a lift in mood.

Help students to access information and professional support if worried.



When should I seek further assistance?

Seek further assistance if these difficulties are concerning and:

- impacting on the student and others
- persisting over time (for example two weeks)
- are noticeable across different situations and contexts.

You should discuss what you observe with appropriate student wellbeing staff at the school for support. It is important that you talk to experienced or trained staff where possible to understand how best you can support the young person.

Further training for school staff – Youth Mental Health First Aid

This two day course teaches members of the community how to assist young people, aged 12 to 18 years, who are developing a mental health problem or are in a mental health crisis. This course is particularly suitable for parents, teachers, sports coaches and youth workers. Mental Health First Aid Australia (<https://mhfa.com.au>) is a national non-profit health promotion charity focused on training and research.

MindMatters is a national mental health initiative for secondary schools developed by *beyondblue* with funding from the Australian Government Department of Health.

See more MindMatters resources at www.mindmatters.edu.au

References and key readings

- Bernard, M.E., Stephanou, A., Urbach, D. (2007). *Student Social and Emotional Health Report*. Oakleigh, VIC: Australian Scholarships Group.
- Dodge, K.A., Pettit, G.S. (2003). A biopsychosocial model of the development of chronic conduct problems in adolescence. *Developmental Psychology*, 39, 349-371.
- Ivancic, L., Perrens, B., Fildes, J., Perry, Y., Christensen, H. (2014) *Youth Mental Health Report*, Mission Australia and Blackdog Institute.
- Kelly et al. (2013). Youth mental health first aid: A manual for adults assisting young people (3rd ed.). Mental Health First Aid Australia: Melbourne, Australia. <https://mhfa.com.au/shop/ed3-youth-mhfa-manual>
- Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005). Lifetime prevalence and age of onset distributions of DSM-IV Disorders in the National Comorbidity Survey replication. *Archives of General Psychiatry*, 62, 593-602.
- National Research Council and Institute of Medicine (2009). *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*. Washington, DC: National Academies Press.
- Purcell, R. et al. (2013). A guide to what works for depression in young people; 2nd Edition. *beyondblue*. Melbourne.
- Purcell, R., Ryan, S., Scanlon, F., Morgan, A., Callahan, P., Allen, N.B., Jorm, A.F. (2013). *A guide to what works for depression in young people*, 2nd Edition, beyondblue. Melbourne
- Sawyer, M.G., Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., Nurcombe, B., Patton, G.C., Prior, M.R., Raphael, B., Rey, J., Whaites, L.C., Zubrick, S.R. (2000). Child and adolescent component of the National Survey of Mental Health and Wellbeing: The mental health of young people in Australia. *National Mental Health Strategy*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, October 2000