

# Youth Mental Health



Edited by Justin Healey

**ISSUES**  
**IN SOCIETY**

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# INTRODUCTION

**Youth Mental Health** is Volume 424 in the 'Issues in Society' series of educational resource books. The aim of this series is to offer current, diverse information about important issues in our world, from an Australian perspective.

## KEY ISSUES IN THIS TOPIC

Adolescence and young adulthood is a significant transition period in a person's life in many ways. Young people may experience challenges including a range of mental and behavioural disorders, anxiety-related conditions, depression, substance use, self-harm and suicidal behaviours. What is good mental health, and how can young people be encouraged to seek help if they are struggling?

This book looks at the prevalence of mental health problems for young Australians and offers general advice on how to maintain good mental health. Tips include advice for parents and friends on how to help someone with a mood disorder, as well as options for mental health assessment, treatments and therapies for teenagers who are not coping as well as they would like. A key focus of the book is self-harm and suicidal behaviours, revealing the latest approaches to reducing youth suicide. Learn how to watch out for the warning signs, work on your mental wellbeing, and banish the blues.

## SOURCES OF INFORMATION

Titles in the 'Issues in Society' series are individual resource books which provide an overview on a specific subject comprised of facts and opinions.

The information in this resource book is not from any single author, publication or organisation. The unique value of the 'Issues in Society' series lies in its diversity of content and perspectives.

**The content comes from a wide variety of sources and includes:**

- Newspaper reports and opinion pieces
- Website fact sheets
- Magazine and journal articles
- Statistics and surveys
- Government reports
- Literature from special interest groups

## CRITICAL EVALUATION

As the information reproduced in this book is from a number of different sources, readers should always be aware of the origin of the text and whether or not the source is likely to be expressing a particular bias or agenda.

It is hoped that, as you read about the many aspects of the issues explored in this book, you will critically evaluate the information presented. In some cases, it is important that you decide whether you are being presented with facts or opinions. Does the writer give a biased or an unbiased report? If an opinion is being expressed, do you agree with the writer?

## EXPLORING ISSUES

The 'Exploring issues' section at the back of this book features a range of ready-to-use worksheets relating to the articles and issues raised in this book. The activities and exercises in these worksheets are suitable for use by students at middle secondary school level and beyond.

## FURTHER RESEARCH

This title offers a useful starting point for those who need convenient access to information about the issues involved. However, it is only a starting point. The 'Web links' section at the back of this book contains a list of useful websites which you can access for more reading on the topic.

## WHAT IS MENTAL HEALTH?

### A FACT SHEET OVERVIEW FROM HEADSPACE

#### What is good mental health?

**G**ood mental health is about being able to work and study to your full potential, cope with day-to-day life stresses, be involved in your community, and live your life in a free and satisfying way.

A person who has good mental health has good emotional and social wellbeing and the capacity to cope with change and challenges.

#### Mental health problems

Feeling down, tense, angry or anxious are all normal emotions, but when these feelings persist for long periods of time they may be part of a mental health problem. Mental health problems can influence how you think and your ability to function in your everyday activities, whether at school, at work or in relationships.

It can be helpful to talk to someone about what's going on in your life if you have noticed a change in how you are feeling and thinking.

This might include:

- Feeling things have changed or aren't quite right
- Changes in the way that you carry out your day-to-day life
- Not enjoying, or not wanting to be involved in things that you would normally enjoy
- Changes in appetite or sleeping patterns
- Being easily irritated or having problems with friends and family for no reason
- Finding your performance at school, TAFE, university or work is not as good as it used to be
- Being involved in risky behaviour that you would usually avoid, like taking drugs or drinking too much alcohol, or depending on these substances to feel 'normal'
- Feeling sad or 'down' or crying for no apparent reason
- Having trouble concentrating or remembering things





- Having negative, distressing, bizarre or unusual thoughts
- Feeling unusually stressed or worried.

If you feel your mental health is getting in the way of your daily life it is important to get support and ask for help.

You could visit your local general practitioner (GP) or headspace centre.

### Causes of mental health problems

A number of overlapping factors may increase your risk of developing a mental health problem.

These can include:

- Early life experiences: abuse, neglect, or the loss of someone close to you
- Individual factors: level of self-esteem, coping skills and thinking styles
- Current circumstances: stress at school or work, money problems, difficult personal relationships, or problems within your family
- Biological factors: family history of mental health problems

### Looking after your mental health

There are a number of things you can do to look after and maintain your mental health and wellbeing. For example, many people cope with stress by getting involved with sports, exercising, meditating, or practising yoga or relaxation techniques. Others express themselves through art, such as poetry, writing or music. What you eat might also affect your mood – a well-balanced diet will help keep you both physically and mentally healthy.

For more tips on looking after your mental health visit [headspace.org.au](http://headspace.org.au) to download the 'Tips for a healthy headspace' fact sheet.

### Help

If you are concerned about your own or a friend's mental health and wellbeing, headspace is a great place to go for help. Getting support can help you keep on track at school, study or work, and in your personal and family relationships. The sooner you get help the sooner things can begin to improve for you.

headspace is for young people aged 12-25 and can help you or a friend with mental health and wellbeing, general health, alcohol and other drug services, and issues at work, school and study.

For more information, to find your nearest headspace centre or for online and telephone support, visit [www.eheadspace.org.au](http://www.eheadspace.org.au).

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headspace (2017). *What is mental health?* Retrieved from [www.headspace.org.au](http://www.headspace.org.au) on 30 August 2016.

# MENTAL HEALTH

## Advice for young people from the **Women's and Children's Health Network**

**Mental health, or emotional health, is a part of your overall health and your life. Mental health is not about an absence of illness, it's more about how well someone feels they are coping with the challenges life brings. It's just like your physical health – sometimes it's good and sometimes it's bad – but mental health has more to do with your thoughts and feelings.**

**T**here are many websites about mental health in young people. These are sites that we recommend.

- Reach Out, a site for young people going through rough times: [www.reachout.com](http://www.reachout.com)
- Youth beyondblue: [www.youthbeyondblue.com](http://www.youthbeyondblue.com)
- Sane Australia: [www.sane.org](http://www.sane.org)
- Headspace. Australia's National Youth Mental Health Foundation, find out where to get support and information: [www.headspace.org.au](http://www.headspace.org.au)
- Health direct – mindhealthconnect [www.mindhealthconnect.org.au/mental-health-conditions](http://www.mindhealthconnect.org.au/mental-health-conditions)
- Information in languages other than English Mental Health in Multicultural Australia [www.mhima.org.au](http://www.mhima.org.au)

### WHAT IT IS

Mental health is about how people feel, think, behave and act. Mental health includes:

- How you feel about yourself and your life
- How you respond to stress
- How you cope with things that come up in your life
- Your self-esteem or confidence
- How you see yourself and your future.

Many people think mental health is about having something wrong with your brain – that it's about being 'mental', 'crazy' or having a mental illness.

Mental illness is when your feelings, emotions or thinking become disturbed. Just like you can become physically unwell, you can become mentally or emotionally unwell. But just like you can do things to keep physically well, you can also do things that will help to keep you mentally well. Often the same things will help you keep physically and mentally well, because it is all connected.

### HOW DOES YOUR MENTAL HEALTH AFFECT YOUR DAY?

- How does stress affect your day?
- How does feeling good about yourself affect your day?
- How does it affect your life when you feel upset, sad, alone or depressed?
- How do you cope with everyday situations?

Your mental health is affected by everything and everyone you have contact with. That means everything in your





life can have a positive or negative affect on your mental health or emotional wellbeing.

- **Your social life** – your friends, your family, the things you do and get into
- **The environment you live in** – your home, your workplace, places you study, and where you hang out with friends
- **Your biological make-up** – the way your body has been formed by your genetics
- **Patterns of thinking** – the way your mind works (this is partly related to genetics and partly to your environment)
- **Self-care** – the time you spend looking after yourself.

## MENTAL ILLNESS AND THE MEDIA

Stigma is defined as ‘the sign of social unacceptability’. So something that has a stigma attached is usually seen as shameful or associated with people who are not ‘normal’. Mental illness has a stigma in our society, and the media often adds to this stigma.

The media usually portray people that are mentally ill in a bad light. For example:

- Movies and TV may stereotype mentally ill people by portraying them as having only one characteristic. They are not shown as people who are normal in most ways, but have an illness. They are portrayed as having just one characteristic – the sly manipulator; a helpless depressed female; the comic relief; or the mad scientist.
- The news media often focus on negative stories in general, and with mental illness it is the same. People with a mental illness are often mentioned in news stories about violence. Research has shown that two-thirds of stories involving mental illness were crime stories.
- Sometimes in the media, discriminating words like ‘loony’ or ‘crazy’ are used, even if only in fun.
- Rarely do the reports suggest that anyone could become mentally ill and that mental illnesses are treatable.

So try to keep an eye on the ways the media create stigma about mental illness. Working together, we can all change the way mental illness is seen in society.

## KEEPING YOURSELF MENTALLY HEALTHY

- Some studies suggest that what you eat affects your mood. A good balanced diet will make sure you have all the essential nutrients needed for your brain to function well. Check out ‘Healthy eating’ to learn more.
- Exercise. Studies have shown that after only 30 minutes of exercise, people get a boost of good feelings. But 30 minutes of moderate exercise at least 3 times a week is what you should aim for. Check out our topic ‘Exercise’ for some ideas.
- Try to relax more. Relaxation exercises are a good

way to reduce stress – check out our topic ‘Stress and relaxation’.

- Find and do things that you are good at and enjoy. We all have talents in different areas. These can help you build confidence and feel positive about yourself. Congratulate yourself and give yourself permission to be proud of your achievements.
- Develop personal skills that help you deal with people and other situations. Read some of these topics – ‘Assertiveness’, ‘Conflict and negotiation’, ‘Self-esteem and confidence’.
- Learn new ways to cope with problems in everyday life. Can you think of a part of your life you would like to make changes in? Check out the topic ‘Goals’.
- Get involved with things. Do volunteer work, join a club or committee, play sport, join a meditation group, go snorkelling with a group of people, socialise or do a short course. The more things you do, the more connected you feel to the world around you.
- Do something for someone else. Helping others can help you to feel good about yourself.
- Do something that is ‘not you’ – something you wouldn’t usually do. This can be scary at first, but the more risks you take (safe ones of course), the more you can prove to yourself that you can handle new situations. You might even have a laugh on the way.

## Resources

- **Reach Out**, a site for young people going through rough times: [www.reachout.com](http://www.reachout.com)
- **Moodgym**. Give your mental health a workout: <http://moodgym.anu.edu.au>
- **Beyondblue**. A site looking at anxiety and depression: [www.beyondblue.org](http://www.beyondblue.org)
- **Sane Australia**: [www.sane.org](http://www.sane.org)
- **Health direct – mindhealthconnect**: [www.mindhealthconnect.org.au](http://www.mindhealthconnect.org.au)
- **Living life to the full** is a free online course where you can learn about things like anxiety and unhelpful thinking. You do this by listening to audio and doing some writing: [www.livinglifetothefull.com/elearning/](http://www.livinglifetothefull.com/elearning/)
- **Headspace**, Australia’s National Youth Mental Health Foundation. Find out where to get support and information: [www.headspace.org.au](http://www.headspace.org.au)

The information in this article should not be used as an alternative to professional care. If you have a particular problem, see a doctor or other health professional.

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Women’s and Children’s Health Network (19 September 2016). *Mental health*. Retrieved from [www.cyh.com](http://www.cyh.com) on 9 February 2016.

# MENTAL HEALTH OF AUSTRALIANS

These two extracts from the first results of the *National Health Survey* produced by the **Australian Bureau of Statistics** provide a statistical overview of the status of psychological distress and mental health of the Australian population

## PSYCHOLOGICAL DISTRESS

**M**ental health is fundamental to the wellbeing of individuals, their families and the population as a whole. One indication of the mental health and wellbeing of a population is provided by measuring levels of psychological distress using the Kessler Psychological Distress Scale (K10). The K10 questionnaire was developed to yield a global measure of psychosocial distress, based on questions about people's level of nervousness, agitation, psychological fatigue and depression in the past four weeks<sup>1</sup>.

In 2014-15, around one in nine (11.7% or 2.1 million) Australians aged 18 years and over experienced

high or very high levels of psychological distress, similar to 2011-12 (10.8%). Around two thirds (68.0%) of adults experienced a low level of psychological distress in 2014-15.

More women than men experienced high or very high levels of psychological distress in 2014-15 (13.5% and 9.9% respectively).

Between 2011-12 and 2014-15, rates of high or very high psychological distress remained stable across most age groups, with the exception of 18-24 year old women (up from 13.0% to 20.0% respectively). Women aged 18-24 years had the highest rate of any age group or sex in 2014-15.

In 2014-15, adults living in areas of most disadvantage across

Australia were more than twice as likely to experience high or very high levels of psychological distress than adults living in areas of least disadvantage (17.7% compared with 7.3% respectively), continuing the pattern from 2011-12 (15.0% compared with 6.2% respectively).

## MENTAL AND BEHAVIOURAL CONDITIONS

Mental and behavioural conditions result from the complex interplay of biological, social, psychological, environmental and economic factors, and can change a person's thinking, feelings, and behaviour causing the person distress and difficulty in functioning.<sup>1</sup>

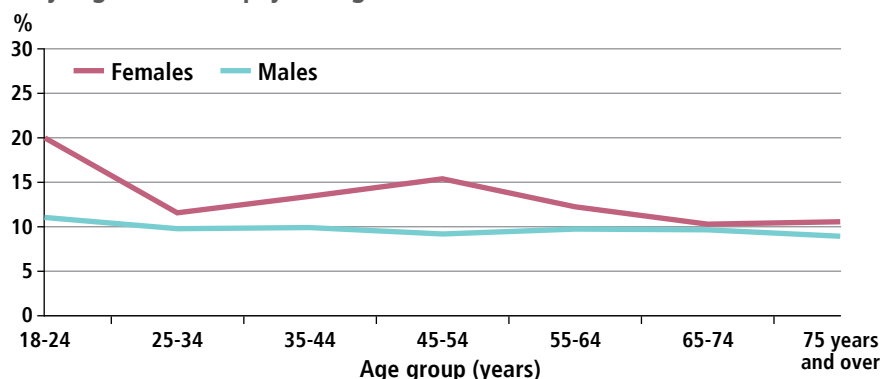
In 2014-15 there were 4.0 million Australians (17.5%) who reported having a mental or behavioural condition. Anxiety-related conditions were most frequently reported (2.6 million people or 11.2% of the population) followed by mood (affective) disorders, which includes depression (2.1 million people or 9.3%). Around one in twenty Australians (5.1%) reported having both an anxiety-related condition and a mood (affective) disorder.

Mental and behavioural conditions were more common amongst women than men (19.2% compared with 15.8% respectively).

In 2014-15, three in five people aged 15-64 years with a mental or behavioural condition were employed, compared with around four in five people of the same age without a mental or behavioural condition (60.7% compared with 78.3% respectively). Conversely, people aged 15-64 years with a mental or behavioural condition were more than twice as likely to be unemployed than people without a mental or behavioural condition (8.4% compared with 3.7% respectively).

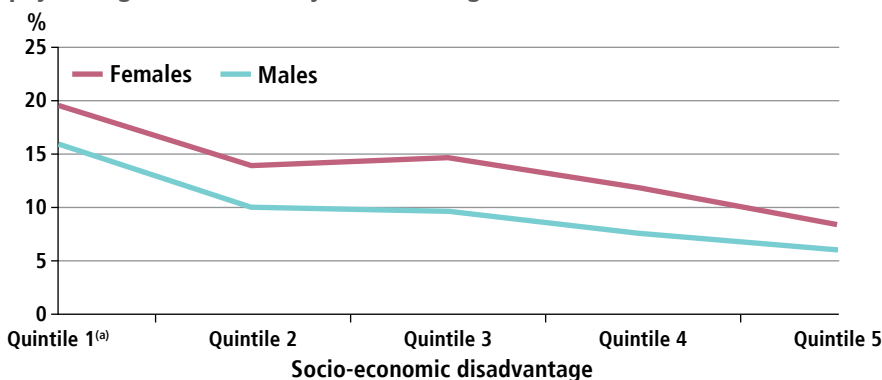
Almost one in three people aged

Persons aged 18 years and over – proportion with high or very high levels of psychological distress, 2014-15



Source(s): *National Health Survey*, 2014-15.

Persons aged 18 years and over – proportion with high-very high psychological distress, by disadvantage<sup>(a)</sup> 2014-15



Footnote(s): (a) Based on the 2011 Index of Relative Socio-Economic Disadvantage. A lower Index of Disadvantage quintile (e.g. the first quintile) indicates an area with relatively greater disadvantage. A higher Index of Disadvantage (e.g. the fifth quintile) indicates an area with a relative lack of disadvantage.

Source(s): *National Health Survey*, 2014-15.

## Changes to mental and behavioural conditions in 2014-15

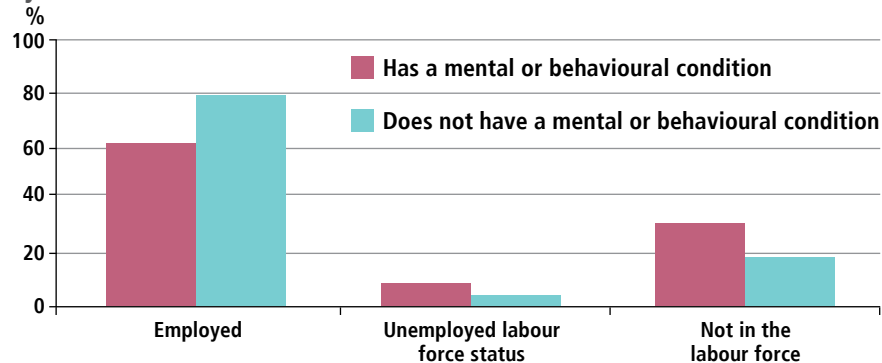
In 2014-15 a module specifically dedicated to mental and behavioural conditions was included in the *National Health Survey* (NHS) to collect information on cognitive, organic and behavioural conditions.

In previous NHS cycles, mental and behavioural conditions were collected in a module that included a wide range of long-term health conditions. The number of persons who reported having a mental and behavioural condition in 2014-15 has increased since the 2011-12 NHS, potentially due to the greater prominence of mental and behavioural conditions in the new module. Data on mental and behavioural conditions for 2014-15 are therefore not comparable with data in previous National Health Surveys.

Estimates of people with mental or behavioural conditions from the NHS will differ from those obtained from a diagnostic tool such as that used in the 2007 *National Survey of Mental Health and Wellbeing*.

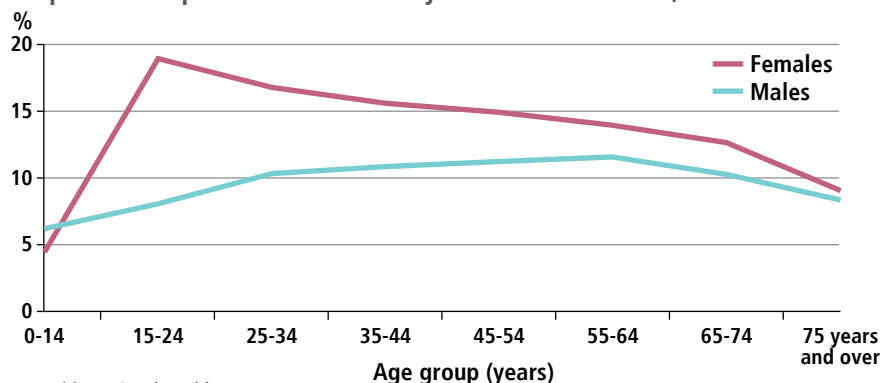
15-64 years with a mental or behavioural condition were not in the labour force, compared with around one in five people without a mental

### Persons aged 15-64 years – mental health condition status by labour force status, 2014-15



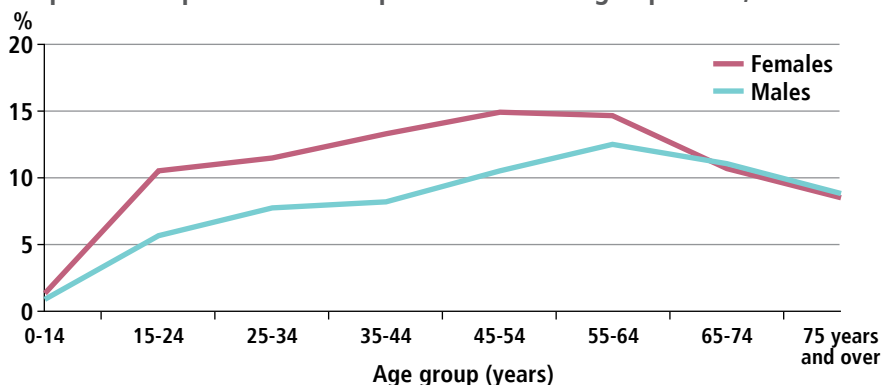
Source(s): *National Health Survey*, 2014-15.

### Proportion of persons with anxiety-related conditions, 2014-15



Source(s): *National Health Survey*, 2014-15.

### Proportion of persons with depression or feeling depressed, 2014-15



Source(s): *National Health Survey*, 2014-15.

or behavioural condition (30.7% compared with 18.0% respectively).

### Anxiety-related conditions

In 2014-15, around one in eight females (13.0%) reported having an anxiety-related condition compared with around one in ten males (9.4%). Women aged 15-24 years reported having an anxiety-related condition at twice the rate of men of the same age (18.9% compared with 7.9%).

### Depression or feelings of depression

Around one in eleven people (8.9%) reported having depression or feelings of depression in 2014-15. Similar to anxiety-related conditions, females reported having depression or feelings of depression at a higher rate than males (10.4% compared with 7.4% respectively).

The rate of people reporting depression or feelings of depression increased until around 55-64 years of age (13.7%). For most age groups, females reported higher rates of depression or feelings of depression compared with their male counterparts.

### Psychological distress

Information on psychological distress was also collected from adult respondents in the *National Health Survey* using the Kessler Psychological Distress Scale (K10). See Psychological distress (on previous page).

#### ENDNOTES

1. Coombs, T (2005). 'Australian Mental Health Outcomes and Classification Network; Kessler – 10 Training Manual', NSW Institute of Psychiatry.
2. Australian Health Ministers, 2009. 'Fourth National Mental Health Plan – an agenda for collaborative government action in mental health 2009-2014', [www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc](http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc); last accessed 03/12/2015.

© Commonwealth of Australia 2015.

Australian Bureau of Statistics. *National Health Survey, First Results, Australia 2014-15, 4364.0.55.001*, pp. 6-7, 22-24. Retrieved from [www.ausstats.abs.gov.au](http://www.ausstats.abs.gov.au) on 9 February 2016.

# HOW ARE YOUNG AUSTRALIANS COPING?

## Snapshot report from 'Australia's Welfare 2015', published by the Australian Institute of Health and Welfare

Adolescence and young adulthood is a significant transition period in a person's life – finishing school, undertaking further education, entering the workforce, moving out of the family home, forming relationships and starting a family. The majority of the estimated 3.1 million young people aged 15-24 in Australia (at June 2014) cope well with these transitions and are able to successfully negotiate these milestones without significant difficulty. However, a minority do not cope as well and may experience mental and behavioural or substance use disorders and/or may require some additional support.

This snapshot presents key statistics around mental, behavioural and substance use disorders among youth, as well as some of the services that young people may interact with for support.

### Mental and behavioural disorders

- In 2007, around 1 in 4 (26%) young people aged 16-24 experienced a mental disorder, with the most common disorders being anxiety disorders (15%) and substance use disorders (13%) (ABS 2008).
- Hospitalisations for intentional self-harm among young people aged 15-24 increased only slightly overall in the 10 years to 2013-14, by 4% to 262 per 100,000 (8,500 hospitalisations). However, the rate for females increased by 9% during this time while the male rate decreased by 6%. In 2013-14, the female rate was almost 3 times that of males (391 to 139 per 100,000).

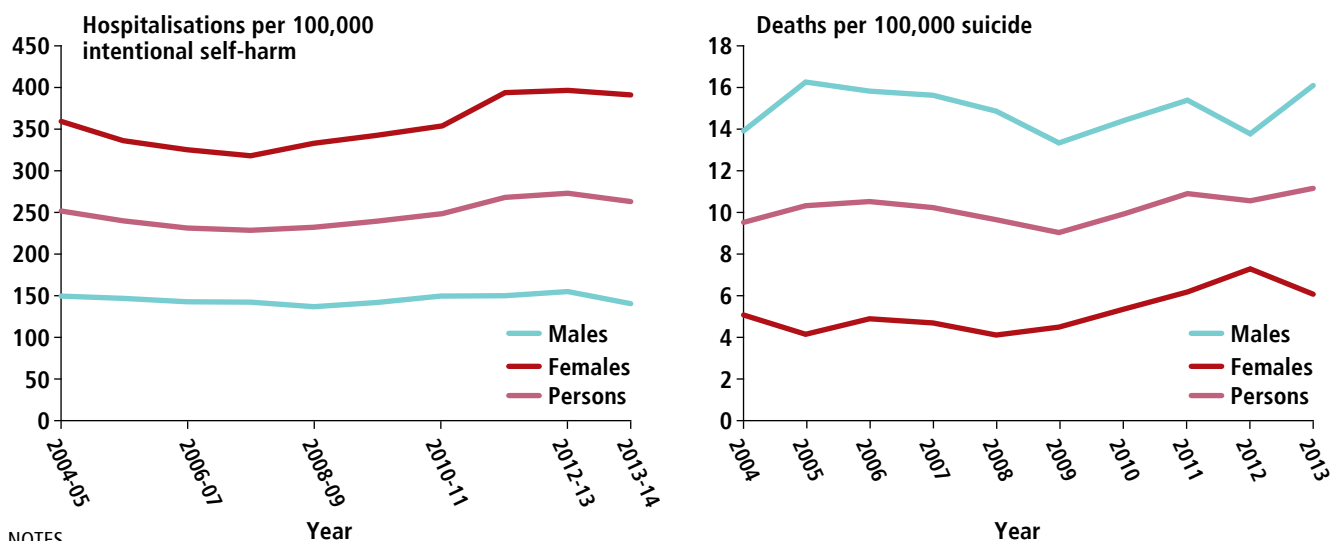


- The rate of suicide among 15-24 year olds fluctuated between 2004 and 2013; however, overall there was a small increase from 9.6 deaths per 100,000 in 2004 to 11.2 in 2013. Unlike the pattern for intentional self-harm, young males had a higher rate of death from suicide than young females in 2013 (16.1 compared with 6.1 deaths per 100,000) (Figure 4.7.1).

### Substance use

- Around 1 in 5 young people (21%) aged 18-24 years drank alcohol at risky levels for lifetime harm in 2013; however, this was less than the 2007 rate of 30%. Males (28%) were more likely to drink at risky levels than females (15%).
- Young people aged 18-24 were the most likely age

**Figure 4.7.1:** Intentional self-harm hospitalisation rates (2004-05 to 2013-14) and suicide rates (2004 to 2013) among young people aged 15-24, by sex



**NOTES**

1. Hospitalisations include ICD-10-AM principal diagnosis codes S00-T75 or T79 and first reported external cause codes X60-X84 (classified according to NCCC 2012 and earlier editions).

2. Suicide includes ICD-10 codes X60-X84 and Y87.0 (classified according to WHO 1992). Causes of death data from 2006 onward are subject to a revisions process. The status of data in figure is: 2006-2011 (final), 2012 (revised), 2013 (preliminary).

Sources: ABS 2015; AIHW National Hospital Morbidity Database.

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group in 2013 to be at very high risk of alcohol-related harm (consumption of 11 or more standard drinks on an occasion), at least monthly (18%) and at least yearly (33%) (AIHW 2014b).

- The proportion of 18-24 year olds who smoked tobacco daily or occasionally decreased between 2001 and 2013 (from 24% to 13% for daily smokers and 8% to 5% for occasional smokers). There was a significant rise over this time in the proportion of young people who have never smoked, from 58% to 77% (AIHW 2014b).
- Between 2001 and 2013 rates of recent illicit drug use fell for youth aged 18-24 from 37% to 29%. Use was higher among young males compared with young females in 2013 (32% compared with 25%), and rates among youth were around twice as high as the population aged 25 and over (13%).

### Service use

- In 2013-14, there were around 46,500 hospitalisations of young people aged 15-24 for mental and behavioural disorders, a rate of 1,493 per 100,000 population – similar to the rate in 2004-05. Young females were almost twice as likely to be hospitalised for mental and behavioural disorders as young males in 2013-14.
- Young people are high users of community mental health care services. Around 18% of all service contacts were youths aged 15-24 in 2012-13 (1.1 million service contacts). This is a rate of 487 contacts per 1,000 young people compared with 371 per 1,000 for the total population (AIHW 2014a).
- Youth represented 26% of all clients who accessed specialist homelessness services (SHS) with a current mental health issue in 2012-13 (11,900 clients aged 15-24), and 18-24 year olds had the highest rate of SHS agency use (414 per 100,000 population compared with 207 per 100,000 overall) (AIHW 2014a).

### What is missing from the picture?

The most recent *National Survey of Mental Health and Wellbeing*, conducted in 2007 for people aged 16 to 85,

has been reported in detail in previous AIHW reports, such as *Australia's health 2014*. Results are therefore not repeated here.

*Young Minds Matter* is a child and adolescent survey for 4 to 17 year olds conducted in 2013. With results due for release in 2015 (see pages 9-11), this survey will provide the latest information on the mental health of children and adolescents; the last survey of this kind was undertaken in 1998.

### Where do I go for more information?

More information on the topics in this snapshot is available at [www.aihw.gov.au/youth-health-and-wellbeing](http://www.aihw.gov.au/youth-health-and-wellbeing) and [www.aihw.gov.au/mental-health](http://www.aihw.gov.au/mental-health).

The 2013 *National Drug Strategy Household Survey* data are also available from the AIHW website.

Further information on mental and behavioural disorders, intentional self-harm, suicide and health more generally is available from *Australia's health 2014*.

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Australian Institute of Health and Welfare (2015). *Australia's Welfare 2015*, 4.7 How are young people coping?, pp. 151-153. Retrieved from [www.aihw.gov.au](http://www.aihw.gov.au) on 9 February 2016.

# Mental health of children and adolescents

This **Australian Institute of Health and Welfare** article describes key findings from the second Child and Adolescent component of the *National Survey of Mental Health and Wellbeing (the Young Minds Matter survey)*. The survey was conducted by the Telethon Kids Institute at the University of Western Australia in 2013-14 and released in August 2015.

## How was the survey conducted?

The Diagnostic Interview Schedule for Children Version IV was used to assess young people against the Diagnostic and Statistical Manual of Mental Disorders Version IV criteria.

A total of 76,606 households were approached to participate in the survey. In total, 6,310 parents and carers (that is, 55% of eligible households with children aged 4-17) responded and 2,967 (or 89% of eligible young people aged 11-17) participated with their parents' permission.

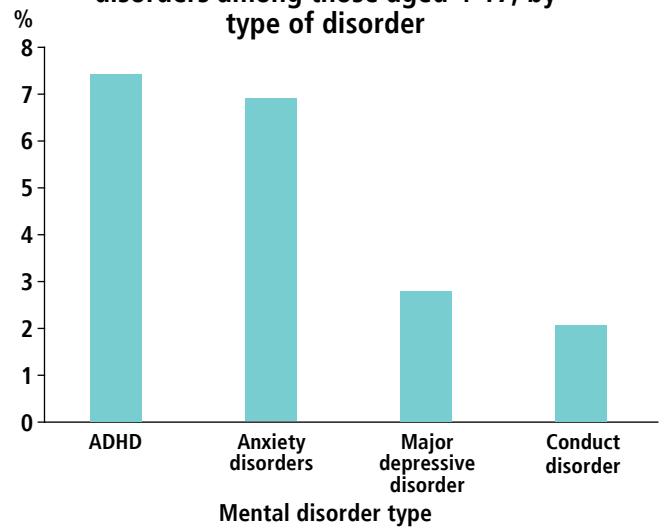
## How many Australian children and adolescents have mental health problems and disorders?

Based on the *Young Minds Matter* survey, almost 1 in 7 (or 14%) of those aged 4-17 were assessed as having mental health disorders in the previous 12 months – equivalent to 560,000 children and adolescents. Mental disorders were more common in males than females (16% and 12%, respectively). The prevalence of mental disorders among males was similar for younger and older age groups (17% for those aged 4-11 and 16% for those aged 12-17); it was slightly higher for older rather than younger females (13% for those aged 12-17 and 11% for those aged 4-11).

Attention Deficit Hyperactivity Disorder (ADHD) was the most common mental disorder (just over 7% of 4-17 year olds or 298,000), followed by anxiety disorders (just under 7% or 278,000), major depressive disorder (3% or 112,000) and conduct disorder (2% or 83,600) – see Figure 15. Almost one-third (30% or 4% of all those aged 4-17) with a disorder had two or more mental disorders at some time in the previous 12 months.



**Figure 15: Twelve-month prevalence of mental disorders among those aged 4-17, by type of disorder**

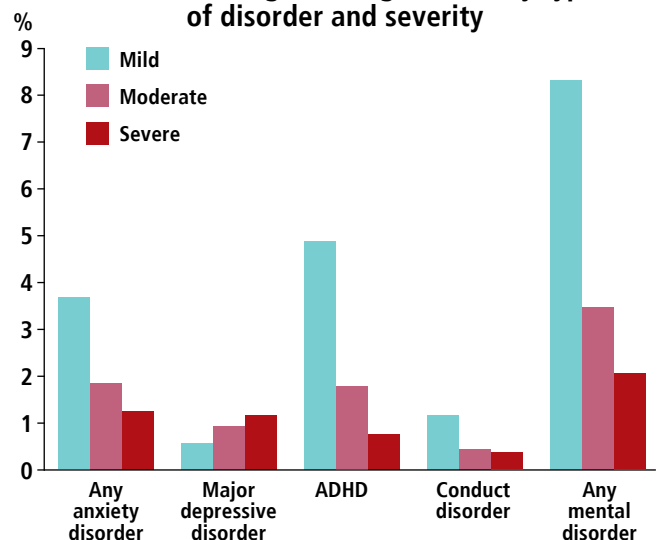


The overall prevalence estimate from the second *Child and Adolescent Mental Health Survey* was similar to the estimate from the first survey conducted in 1998 of approximately 14%. However, there were changes in the prevalence for each of the mental disorders covered by both surveys: the prevalence of major depressive disorder increased from 2% to 3%, ADHD decreased from 10% to 8%, and conduct disorder decreased from 3% to 2%.

## How do mental health problems and disorders impact children and adolescents?

Mental illness can affect young people in a variety of ways and to differing degrees. The survey used performance at school, relationships with friends and family as well as personal distress to assess impact. Using these criteria, it was determined that for children and adolescents aged 4-17 with a mental disorder, three-fifths (60%) had a mild disorder, one-quarter (25%) had a moderate disorder and 15% had a severe mental disorder.

**Figure 16: Twelve-month prevalence of mental disorders among those aged 4-17, by type of disorder and severity**





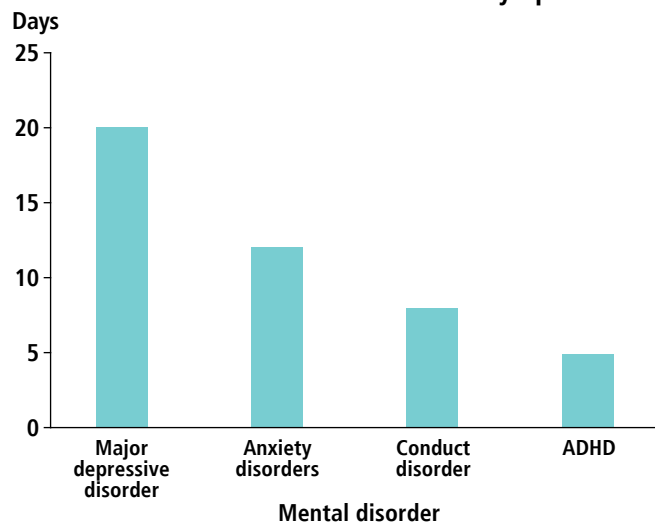
The survey found that major depressive disorder had a greater impact on functioning than the other disorders, with almost 80% of cases being severe or moderate (43% severe and 36% moderate). The majority of ADHD, conduct disorder and anxiety disorders cases were mild (66%, 59% and 54%, respectively) (Figure 16).

Of the four types of disorder, major depressive disorder had the greatest impact on school attendance (Figure 17). The average number of days absent from school in the past 12 months due to major depressive disorder was 20 days, followed by 12 days for anxiety disorders, 8 days for conduct disorder and 5 days for ADHD.

### Service use by children and adolescents

Around 1 in 6 or 17% of those surveyed aged 4-17 had used services for emotional or behavioural problems in the previous 12 months, with 56% of those with at least one mental disorder using services. The services used by those aged 4-17 with a mental disorder were provided

**Figure 17: Days absent from school in the previous 12 months due to mental disorder symptoms**



by a GP (35%), a psychologist (24%), a paediatrician (21%) and a counsellor or a family therapist (21%). Nearly 13% of children and adolescents with mental disorders had taken a medication for emotional or behavioural problems in the 2 weeks before the survey. A smaller proportion of those aged 4-17 with mental disorders were admitted to hospital/attended an emergency or outpatient department (6%) and received support from a specialist child and adolescent mental health service in the previous 12 months (3%).

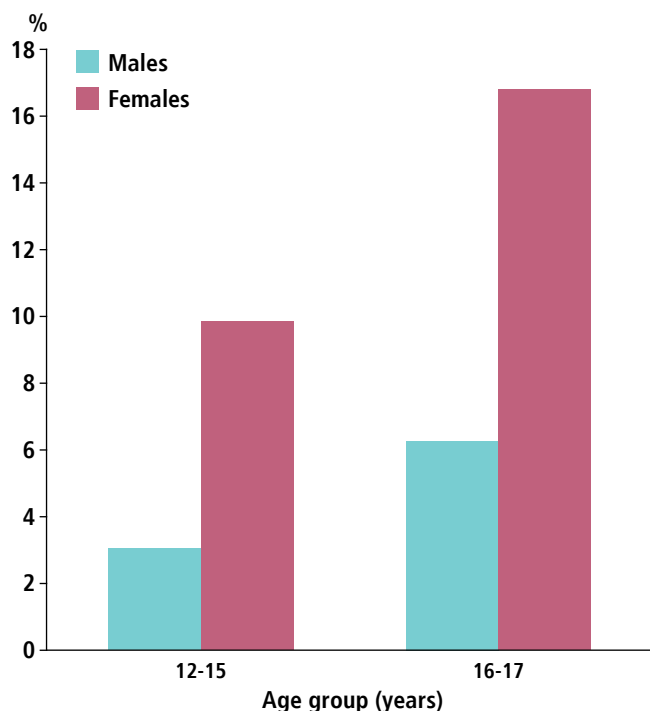
Almost one-fifth of those surveyed who were aged 4-17 (19%) received informal support for emotional and behavioural problems; this type of support was received more commonly by those with a mental disorder (51%). Almost one-quarter (23%) of young people who used health services had been referred by their school.

### Key findings: Young Minds Matter survey

- Many parents do not recognise when their child is suffering from depression.
- The landmark national survey looked at 6,300 families, including 3,000 young people aged 4-17.
- The survey found one in seven children and young people experienced a mental disorder in the previous 12 months – equivalent to 560,000 young Australians.
- Alarmingly, as many as one in 10 teenagers – about 186,000 teens – had engaged in some form of self-harm in their life, including a quarter of teenage girls aged 16-17.
- About one in 13 teenagers (aged 12-17) also contemplated suicide – equivalent to 128,000 youth. One in 20 reportedly made a plan to take their own life, one in 40 attempted it.
- One third of children and adolescents with mental disorders used support services in 1998 versus two-thirds today – double the proportion of help seekers.
- One in five (22%) 13-17 year olds used internet services to find out more about mental health.
- Stigma and poor awareness of mental health issues were identified as the main issues for teenagers 13-17 of age with major depressive disorder for not seeking further help and support.
- Males (16.3%) were more likely than females (11.5%) to have experienced a mental health issue overall.
- ADHD was the most common of mental disorders (7.4%, or 298,000 youth), followed by anxiety disorders (6.9%, or 278,000 youth), major depressive disorder (2.8%, or 112,000 youth) and conduct disorder (2.1%, or 83,600 youth).
- One in five teenage girls aged 16-17 were found to meet clinical criteria for major depressive disorder.
- Almost one-third of 4-17 year olds with a mental disorder actually had two or more mental disorders.
- One in seven mental disorders were considered severe (15%), while 25% were considered moderate; the remaining 60% were considered mild.
- On a positive note, 38% of adolescents took up sport or exercise to help manage emotional or behavioural problems, 45% increased their participation in activities they enjoyed, and 23% improved their diet versus just 7.9% turning to alcohol, smoking cigarettes or drugs.
- Higher rates of mental disorder were evident in families facing low income, unemployment and family breakup.
- Depression reporting rates nearly doubled when young people (11-17) filled out the survey themselves, as opposed to their parents.

Refer to the full report for more detailed information about the survey at [www.youngmindsmatter.org.au](http://www.youngmindsmatter.org.au)

**Figure 18: Self-harm in the previous 12 months in those aged 12-17, by sex and age group**



### Self-harm, suicidal behaviour and major depressive disorder

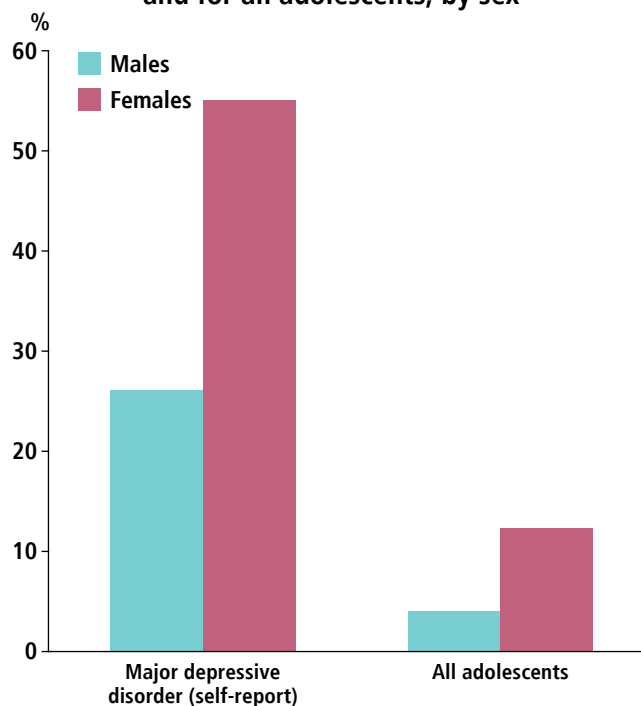
In the *Young Minds Matter* survey, self-harm refers to deliberately harming or injuring oneself without trying to end one's life. The survey estimated that 186,000 of those aged 12-17 (11% of that age group) have self-harmed, and a large majority of these people self-harmed in the previous 12 months (74%). Self-harm was more common in females than in males, and more common in older than in younger age groups (Figure 18); 17% of females aged 16-17 had self-harmed in the previous 12 months.

Self-harm was particularly prevalent in young people with major depressive disorder; 26% of males and 55% of females aged 12-17 self-harmed in the previous year (Figure 19).

The survey found that 8% of young people aged 12-17 had seriously considered suicide in the previous year, with 2% reporting having attempted suicide. Suicidal ideation (serious thoughts about taking one's own life) is more prevalent in older adolescents and in females, with 15% of females aged 16-17 considering suicide. This contrasts with the sex difference in suicide mortality rate. In 2013, males aged 15-19 were two-and-a-half times as likely to suicide as females their age (14.3 and 5.6, respectively, per 100,000 population) (ABS 2015). Suicide is a complex phenomenon which is not fully understood. Some of the sex difference in the suicide rate may be accounted for by the use of more lethal mechanisms of suicide by males. Use of firearm and hanging are two of the most lethal mechanisms of suicide, and more males than females suicide using these mechanisms (AIHW 2014).

Suicide attempts were particularly prevalent in young people with major depressive disorder; 14% of

**Figure 19: Self-harm in the previous 12 months in those aged 12-17 with major depressive disorder and for all adolescents, by sex**



males and 22% of females aged 12-17 attempted suicide in the previous year. Experience of being bullied was common among young people with major depressive disorder, with 63% reporting having been bullied in the previous year.

Refer to the full report for more detailed information about the survey at [www.youngmindsmatter.org.au](http://www.youngmindsmatter.org.au)

Australian Institute of Health and Welfare (16 December 2015). *Mental Health Services In Brief 2015*, In focus 2015 – mental health of children and adolescents, pp. 21-24. Retrieved from [www.aihw.gov.au](http://www.aihw.gov.au) on 9 February 2016.





# ACTION URGENTLY NEEDED TO STEM RISING YOUTH MENTAL ILLNESS

A joint report released by **Mission Australia** and **Black Dog Institute** shows more young Australians are in psychological distress than five years ago, with almost one in four young people in 2016 meeting the criteria for probable serious mental illness and young females twice as likely as males to report high psychological distress.

**T**he report highlights the important role of friends, parents and the internet as sources of help for young people with a probable serious mental illness.

Annually, thousands of young Australians participate in Mission Australia's Youth Survey. The poll collects information on a broad range of issues, including levels of psychological distress in young people, as measured by the Kessler 6 (K6).

The *Five Year Mental Health Youth Report* presents the findings of the past five years on the rates of psychological distress experienced by young Australians, aged 15-19.

- Almost one in four young people met the criteria for having a probable serious mental illness – a significant increase over the past five years (rising from 18.7% in 2012 to 22.8% in 2016).
- Across the five years, females were twice as likely as males to meet the criteria for having a probable serious mental illness. The increase has been much more marked among females (from 22.5% in 2012 to 28.6% in 2016, compared to a rise from 12.7% to 14.1% for males).
- Young people with a probable serious mental illness reported

they would go to friends, parents and the internet as their top three sources of help. This is compared to friends, parents and relatives/family friends for those without a probable serious mental illness.

- In 2016, over three in ten (31.6%) of Aboriginal and Torres Strait Islander respondents met the criteria for probable serious mental illness, compared to 22.2% for non-indigenous youth.

In light of these findings, Catherine Yeomans, Mission Australia's CEO said: "Adolescence comes with its own set of challenges for young people. But we are talking about an alarming number of young people facing serious mental illness; often in silence and without accessing the help they need.

The effects of mental illness at such a young age can be debilitating and incredibly harmful to an individual's quality of life, academic achievement, and social participation both in the short term and long term.

Ms Yeomans said she was concerned that the mental health of the younger generation may continue to deteriorate without extra support and resources, including investment in more universal, evidence-based mental health programs in schools and greater community acceptance.

"Given these concerning findings, I urge governments to consider how they can make a major investment in supporting youth mental health to reduce these alarming figures," Ms Yeomans said.

"We need to ensure young people have the resources they need to manage mental health difficulties, whether it is for themselves or for their peers. Parents, schools and community all play a vital role and we must fully equip them with the knowledge and skills to provide effective support to young people."

The top issues of concern for those with a probable serious

Almost one in four young people met the criteria for having a probable serious mental illness – a significant increase over the past five years.



mental illness were: coping with stress; school and study problems; and depression. There was also a notably high level of concern about other issues including family conflict, suicide and bullying/emotional abuse.

The report's finding that young people with mental illness are turning to the internet as a source of help with important issues also points to prevailing stigma, according to Black Dog Institute Director, Professor Helen Christensen.

"This report shows that young people who need help are seeking it reluctantly, with a fear of being judged continuing to inhibit help-seeking," said Professor Christensen.

"Yet evidence-based prevention and early intervention programs are vital in reducing the risk of an adolescent developing a serious and debilitating mental illness in their lifetime. We need to take urgent action to turn this rising tide of mental illness.

"We know that young people are turning to the internet for answers and our research at Black Dog Institute clearly indicates that self-guided, online psychological therapy can be effective in reducing symptoms of depression and anxiety.



Across the five years, females were twice as likely as males to meet the criteria for having a probable serious mental illness.

"While technology can be a lifeline, e-mental health interventions must be evidence-based and tailored to support young people's individual needs. More investment is needed to drive a proactive and united approach to delivering new mental health programs which resonate with young people, and to better integrate these initiatives

across schools and the health system to help young people on a path to a mentally healthier future."

In association with Black Dog Institute.

Mission Australia (2017). *Action urgently needed to stem rising youth mental illness* (Media release, 19 April 2017). Retrieved from [www.missionaustralia.com.au](http://www.missionaustralia.com.au) on 20 April 2017.

## Survey results: majority of tertiary students are stressed or depressed

A new study has found levels of anxiety among TAFE and university students are reaching "alarming" levels, with 35 per cent experiencing self-harm or suicidal thoughts in the past 12 months.

The research, by leading youth mental health group headspace and the National Union of Students, surveyed 2,600 Australian tertiary students between the ages of 17 and 25. The results show many students are struggling to cope. In the survey, 65 per cent of the students reported high to very high levels of psychological stress, and more than half suffered panic attacks, had trouble sleeping and experienced feelings of hopelessness and worthlessness.

It is the first time the annual NUS survey – completed by thousands of students across the country – has focused on the mental health of Australia's tertiary students, aged 17 to 25. Mental health services are available on Australian campuses, but differ from one to the next. Increased workload, looming deadlines, relationship problems, financial difficulties, and drug and alcohol use are some of the common challenges associated with young people making the jump from high school to tertiary education.

### Survey results

The students surveyed said the following mental health issues impacted their study in the past 12 months:

- *Thoughts of self-harm or suicide:* 35.4%
- *Feeling stressed:* 83.2%
- *Lack of energy or motivation:* 82.1%
- *Feeling anxious:* 79.0%
- *Low mood:* 75.8%
- *Feelings of hopelessness/worthlessness:* 59.2%
- *Trouble sleeping:* 55.6%
- *Panic:* 52.7%

Source: headspace – the National Youth Mental Health Foundation, *Majority of Aussie students stressed, depressed* (News release, April 2017).

# Five year mental health youth report

## Key findings on the rates of psychological distress among young Australians from the latest joint report by **Mission Australia** and **Black Dog Institute**

### KEY POLICY RECOMMENDATIONS

- Schools should provide evidence-based universal mental health prevention and intervention programs for young people. This will require additional government funding for schools to resource these programs.
- Technology that provides an alternative to face to face service delivery should be supported and invested in to meet the mental health needs of young people.
- Friends and family need to be equipped to provide support to young people when they seek help in relation to their mental health. Peer support networks and peer education initiatives should also be utilised.
- Aboriginal and Torres Strait Islander young people need access to culturally sensitive and age appropriate mental health services that are close to their homes. Intergenerational disadvantage must also be addressed as a priority with these efforts led by Aboriginal elders and communities.

*Young people should be engaged in designing youth-friendly mental health services and as advocates on important mental health issues. Young people experiencing mental illness should be recognised as experts in their own lives.*

- A gendered approach to the mental health of young people is required that takes into account help seeking preferences as well as other social pressures such as gender-based discrimination and ideals of appearance.

*There needs to be more talk about mental health issues, so that people won't be afraid to speak up about their issues. (Female, 18, VIC)*

*There should be more information that is fact-checked and more information on how to help people with anxiety and depression and how to support them. (Female, 15, SA)*

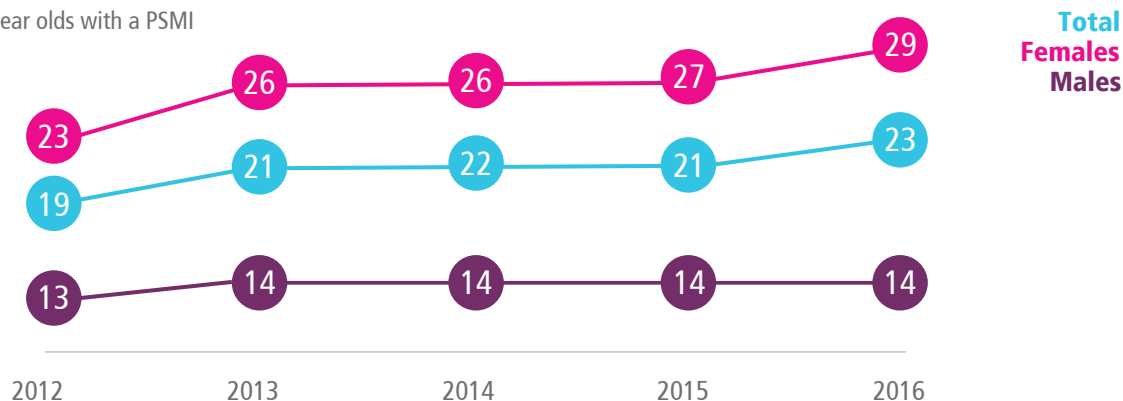
*Lifting of the taboo upon mental illness ... Even though it has been attempted it is definitely still there. It should be worn the same way as a cut or a bruise is. (Male, 15, NSW)*

- Community-based recovery orientated supports are needed to complement clinical and acute care services.
- Young people should be engaged in designing youth-friendly mental health services and as advocates on important mental health issues. Young people experiencing mental illness should be recognised as experts in their own lives.

Mission Australia in association with Black Dog Institute. *Mission Australia Youth Survey 2012-16*, Key policy recommendations. Retrieved from [www.missionaustralia.com.au](http://www.missionaustralia.com.au) on 19 April 2017.

## Probable serious mental illness (PSMI) has increased among young people over the past 5 years, particularly among females

% of 15-19 year olds with a PSMI



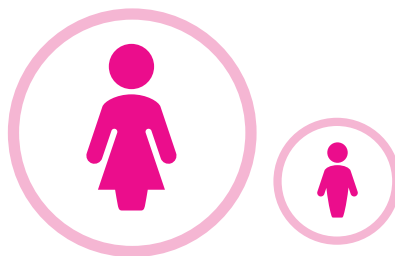
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**3 in 10** Aboriginal and Torres Strait Islander respondents met the criteria for PSMI



**2 in 10** non-Aboriginal and Torres Strait Islander respondents met the criteria for PSMI



**Females are twice as likely** as males to meet the criteria for PSMI

### Top concerns

Those with a PSMI have been consistently more likely to be 'extremely' or 'very' concerned about a range of issues, particularly:

**coping with stress**



**school or study problems**



**depression**



### Top 3 sources of help

for young people **WITH** a PSMI:

- 1 Friends
- 2 Parents
- 3 The internet

for young people **WITHOUT** a PSMI:

- 1 Friends
- 2 Parents
- 3 Relatives/family friends

**If you are a young person and need someone to talk with, you can contact Kids Helpline: 1800 55 1800 (24/7) [kidshelpline.com.au](http://kidshelpline.com.au)**

**For more information:**  [researchandpolicy@missionaustralia.com.au](mailto:researchandpolicy@missionaustralia.com.au)

**To download the report:**  [missionaustralia.com.au](http://missionaustralia.com.au)

Mission Australia in association with Black Dog Institute. *Mission Australia Youth Survey 2012-16*, Infographic. Retrieved from [www.missionaustralia.com.au](http://www.missionaustralia.com.au) on 19 April 2017.

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## CHAPTER 2

# Improving young people's mental health

## PRE-TEEN AND TEENAGE MENTAL HEALTH

The following article first published by **Raising Children Network** was developed in collaboration with the Centre for Adolescent Health

**M**ental health is an essential part of wellbeing, and there's a lot you can do to promote pre-teen and teenage mental health for your child. It also helps to know what to do if you think your pre-teen or teenage child has a mental health problem.

### What is pre-teen and teenage mental health?

Mental health is a way of describing social and emotional wellbeing. Your child needs good mental health to develop in a healthy way, build strong relationships, adapt to change and deal with life's challenges.

Pre-teens and teenagers who have good mental health often:

- Feel happy and positive about themselves and enjoy life
- Have healthy relationships with family and friends
- Do physical activity and eat a healthy diet
- Get involved in activities
- Have a sense of achievement
- Can relax and get a good night's sleep
- Feel like they belong to their communities.

Adolescence can be a risky period for mental health problems. On top of environment and genes, teenagers go through many changes and challenges in a short period of time. This all happens while teenage brains are still maturing.

### Promoting good teenage mental health

Your love and support and a strong relationship with you can have a direct and positive impact on your child's mental health. It can even reduce the chances of your child experiencing mental health problems.

Here are some ideas to promote your child's mental health and wellbeing:

- Show love, affection and care for your child.
- Show that you're interested in what's happening in your child's life. Praise his good points and achievements, and value his ideas.
- Enjoy spending time together one on one with your child, and also as a family.

- Encourage your child to talk about feelings with you. It's important for your child to feel she doesn't have to go through things on her own and that you can work together to find solutions to problems.
- Deal with problems as they arise, rather than letting them build up.
- Talk to family members, friends, other parents or teachers if you have any concerns. If you feel you need more help, speak to your GP or another health professional.

Physical health is a big part of mental health. To help your child stay emotionally and physically healthy, encourage your child to do the following:

- Keep active – physical fitness will help your child stay healthy, have more energy, feel confident, manage stress and sleep well.
- Develop and maintain healthy eating habits.
- Get lots of regular sleep. Quality sleep will help your child to manage a busy life, stress and responsibilities.
- Avoid alcohol and other drugs.

Alcohol and other drugs are a major risk factor for teenage mental health problems. You should encourage your child to avoid drugs, and don't give him opportunities to drink alcohol until he's 18 years old. If you know your child is using alcohol or other drugs and you're worried, talk with your child. Also consider speaking to a health professional or counsellor.

### Signs your child might need help with mental health

It's normal for children and teenagers to sometimes have low moods, poor motivation and trouble sleeping. These things aren't always the signs of a mental health problem. But if you notice any of the following signs and the signs go on for more than a few weeks, it's important to talk with your child. The next step is to get professional help.

For children younger than 11 years, mental health warning signs might include:

- Sadness a lot of the time
- A drop in school performance
- Ongoing worries or fears
- Problems fitting in at school or getting along with other children
- Aggressive or consistently disobedient behaviour, or repeated temper tantrums
- Sleep problems, including nightmares.

For children 11 years and older, watch out for your child:

- Seeming down, feeling things are hopeless, being tearful or lacking motivation
- Having trouble coping with everyday activities
- Showing sudden changes in behaviour, often for no obvious reason
- Having trouble eating or sleeping
- Dropping in school performance, or suddenly refusing to go to school, TAFE or work
- Avoiding friends or social contact
- Saying she has physical pain – for example, headache, tummy ache or backache
- Being aggressive or antisocial – for example, missing school, getting into trouble with the police, fighting or stealing
- Being very anxious about weight or physical appearance, losing weight or failing to gain weight as she grows.

If your child tells you he keeps thinking about self-harm or suicide, seek urgent professional help. Call Lifeline on 131 114, 24 hours a day, 7 days a week. You can also call 000 or go straight to a hospital emergency department.

### Talking with your child about mental health

If you're concerned about your child's mental health, start by talking to your child. This might feel uncomfortable – you might even be waiting for the problem to go away. But talking to your child about how she's feeling shows her she's not alone and that you care. Also, your child will need your help to get professional support.

Here are some ideas to encourage your child to talk to you about how he's feeling:

- Say that even adults have problems they can't sort out on their own. Point out that it's easier to get help when you have someone else's support.
- Tell your child that it's not unusual for young people to feel worried, stressed or sad. Also tell her that opening up about personal thoughts and feelings can be scary.
- Tell your child that talking about a problem can often help put things into perspective and make feelings clearer. Someone with more or different experience – like an adult – might be able to suggest options your child hasn't thought of.
- Suggest some other people your child could talk

to if he doesn't want to talk to you – for example, aunts or uncles, close family friends, a trusted sports coach or religious leader, or your GP.

- Let your child know that talking with a GP or other health professional is confidential. They can't tell anyone else, unless they're worried about your child's safety or someone else's safety.
- Emphasise that your child isn't alone. You'll be there whenever she's ready to talk.

If you raise your concerns with your child, he might refuse any help or say there's nothing wrong. Many young people won't seek help themselves. So you might need to say that you're worried about him and you'll be trying to get professional advice. It's a good idea to encourage your child to come with you. If he won't, you might need to go on your own.

If you're not sure what to do, a GP or school counsellor is a good place to start.

Mental health is a way of describing social and emotional wellbeing. Your child needs good mental health to develop in a healthy way, build strong relationships, adapt to change and deal with life's challenges.





- Your GP
- School counsellors
- Psychologists and counsellors
- Social workers
- Your local community health centre
- Local mental health services.

Supporting a child with mental health issues can be hard. It's important to look after yourself too. You can find support options on our mental health links and resources page. You could also call Parentline on 1800 301 300 or visit the Parentline web counselling page.

If you don't know where to go, your GP will be able to guide you to the most appropriate services for your family.

Poor mental health is no one's fault, and no one is to blame.

### Teenage mental disorders

If your child's mental health problems are interfering significantly with her life, a qualified professional might diagnose a mental disorder.

You can read more about how to recognise adolescent mental health problems and disorders and seek help in the following Raising Children Network articles:

- *Depression in adolescence*
- *Anxiety in adolescence*
- *Anxiety disorders in adolescence.*

Mental health problems are unlikely to get better on their own, so you need to get professional help as soon as possible. Poor mental health or unmanaged mental health problems can affect your child's quality of life, physical health, schoolwork, relationships and development – social, physical, educational and vocational.

Your child could try a confidential counselling service for young people like Kids Helpline for teens – 1800 551 800. There are also online therapy services like Reach Out, Youth Beyond Blue and headspace.

### Getting help for your child's mental health problems

Mental health problems are unlikely to get better on their own, so you need to get professional help as soon as possible. Poor mental health or unmanaged mental health problems can affect your child's quality of life, physical health, schoolwork, relationships and development – social, physical, educational and vocational.

There are many professional support options, including:

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# TIPS FOR A HEALTHY HEADSPACE

According to this advice aimed at young people from **headspace**, there are a number of ways you can look after your mental health and wellbeing every day

## GET INFORMED

**U**nderstanding more about what you're going through is an important first step. Information to help you make good decisions about relationships, school, finances and seeking help is available in a number of ways. Read pamphlets, articles or fact sheets, listen to podcasts, talk to or watch videos about others who have had similar experiences, read trusted websites for information, or ask a trusted adult for advice.

## EAT WELL

Eating well doesn't only reduce the risk of physical health problems, like heart disease and diabetes, but it can also help with your sleeping patterns, energy levels, and your general health and wellbeing. You might have noticed that your mood can affect your appetite and food intake. A good balanced diet with less of the bad things (e.g. junk food and lots of sugars) and more of the good things (e.g. vegies, fruit, whole grains and plenty of water) will make sure you have all of the vitamins and minerals to help your body and brain function well.

## BUILD STRATEGIES

We all have coping strategies – some good, some not so good (e.g. using drugs and alcohol). There are various positive coping strategies you can try; exercise, relaxation techniques, talking to someone, writing or art. Experiment with what works best for you.

## SLEEP WELL

Getting a good night's sleep helps you feel energised, focused and motivated. Adolescence is a time when a number of changes to the 'body clock' impact on sleeping patterns and you are more likely to have problems with sleep. Developing a sleeping routine can help you sleep much better. To do this try to wake up around the same time each day, get out of bed when you wake up, and go to bed around the same time each night. Avoiding caffeine after lunchtime, having a quiet, dark and uncluttered bedroom and shutting down your phone, laptop and other electronic devices before bed can also help you get a good night's sleep.

## REDUCE HARMFUL EFFECTS OF ALCOHOL AND DRUG USE

Some people make the mistake of thinking that taking drugs and/or alcohol can help get them through tough times. While it may help people to cope temporarily, drugs and alcohol are one of the leading causes of harm to Australian young people and can contribute to, or trigger, mental health problems over time. Being responsible and reducing your use can improve your health and wellbeing.

## PHYSICAL ACTIVITY

Physical activity is important for everyone's health and wellbeing. If you're feeling down or finding things are difficult, physical activity may be the last thing you feel like doing. But even small activities like walking around the block can help relieve stress and frustration, provide a good distraction from your thoughts, help you concentrate and can help you look and feel better. Find a physical activity that you enjoy (e.g. swimming, playing sports with friends or cycling) and make a plan to do it regularly.

## SET REALISTIC GOALS

Setting realistic goals can help you to work towards a healthy headspace. Small, realistic goals can be a great way to work towards feeling well – everyone has to start somewhere. Work towards eating well, getting more active, sleeping better and also think about working towards long-term life goals. Setting and achieving

*We all have coping strategies – some good, some not so good (e.g. using drugs and alcohol). There are various positive coping strategies you can try; exercise, relaxation techniques, talking to someone, writing or art. Experiment with what works best for you.*







realistic goals can be incredibly motivating and can help build self-confidence.

### **CHANGE YOUR SELF-TALK**

Self-talk is the way that you talk to yourself, that voice inside your head. It can be positive (e.g. “I can make it through this exam”) or negative (e.g. “I’m never going to be able to pass this subject”). There are a number of things you can do to change the direction of your self-talk. First, listen to your inner voice – is your self-talk helping you or reinforcing bad feelings? Next, try to replace your negative thoughts with more realistic ones. Try to look for a more rational spin on your situation or think of strategies to tackle your problems, rather than giving up hope. By working on your self-talk the more you’ll feel confident and in control yourself.

### **DEVELOP ASSERTIVENESS SKILLS**

Being assertive means standing up for your own rights; valuing yourself and valuing others’ opinions without letting them dominate you. This can help build your self-esteem and self-respect. Being assertive is not the same as being aggressive. Remember to always listen, be prepared to compromise and be respectful of the other person’s opinion, while still being confident, calm and knowing what you want.

### **RELAX**

There are many ways to relax and different relaxation techniques to use to overcome stress. Progressive muscle relaxation involves tensing and relaxing specific groups of muscles from your feet all the way to your head, while focussing on your feelings of tension and relaxation.

You could also try breathing techniques, such as deep breathing or focussed breathing (breathing in through the nose and as you breathe out say a positive statement to yourself like ‘relax’ or ‘calm down’). Place a hand over your diaphragm to make sure you’re breathing slowly – you should feel your hand move if you’re doing it right. Focus on breathing in slowly for 4 seconds, holding your breath for 2 seconds and breathing out slowly for 6 seconds.

### **PRACTISE CONFLICT RESOLUTION**

Having a hard time with friends or family is difficult for most people. Talking through the issues in a calm and thoughtful way is the best approach. Avoid getting personal, be willing to compromise and listen to their perspective.

### **HELP AND BE KIND TO OTHERS**

Do something to help someone else. Acts of kindness help other people but also make you feel good. Give a compliment, offer to help someone out or volunteer either on a once-off project or an ongoing basis and allow yourself to feel good for making someone else feel good.

### **BE SOCIALLY ACTIVE AND GET INVOLVED**

Social relationships are really important to your general wellbeing. It is okay to take time out for yourself but friends can provide support when you’re having a tough time. Spending time with friends is also really important for keeping and building on existing friendships. Getting involved with volunteer work, hobbies, clubs or committees, or sports can help you feel connected to your wider community while also meeting new people. If you’re not feeling up to going out, even a phone call, email, text message or Facebook message can help us feel connected to friends and family.

### **PLAY**

Play is important for staying mentally healthy. Devoting time to just having fun can recharge your battery, revitalise your social networks, and reduce stress and anxiety.

### **SEEK HELP**

A problem can sometimes be too hard to solve alone, even with support from friends and family. Be honest with yourself about when you may need support and get professional help. You can see your general practitioner (GP), make an appointment to chat to someone at your local headspace centre or visit [eheadspace.org.au](http://eheadspace.org.au). Finding help might feel scary at the start but it gets easier over time. Getting support can help you to keep on track with school, study or work, and in your personal and family relationships. The sooner you get help the sooner things can begin to improve for you.

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Headspace (2016). *Tips for a healthy headspace*. Retrieved from [www.headspace.org.au](http://www.headspace.org.au) on 9 February 2016.

# STARTING A CONVERSATION ABOUT YOUTH MENTAL HEALTH

When young people do seek help, it is most typically from informal sources such as friends and family rather than professional sources. Read this advice from [ReachOut.com](https://reachout.com.au) on starting a conversation about youth mental health

This will help you to:

- Start a conversation about mental health and mental illness
- Support young people to talk about mental health
- Explore ways to reduce stigma about mental illness

## Why we need to reduce stigma about mental illness

In their report, *Young Australians: their health and wellbeing 2007*, the Australian Institute of Health and Welfare reported that 93% of young people aged 18-24 rated their health as “excellent”, “very good”, or “good”.

Yet in the same report it was noted that psychological distress was increasing amongst the same population group. It reports that just over 25% of people aged 18-24 have been diagnosed with a mental disorder. This is concerning but also demonstrates that mental health problems are not seen or considered in the same way as a physical health problem. This evidence suggests that for many Australians, mental health is not seen as a component of overall health.

There is still a belief amongst some in the community that mental illnesses, and depression and anxiety in particular, are just a sign of weakness. A far too common response to a young person experiencing depression is that they are “attention-seeking” and “should just toughen up and get over it!”.

Until the broader community has a better understanding of depression, anxiety and other mental health disorders, there will always be stigma attached to mental illness.

The key to reducing the stigma attached to mental illness is education. If we can raise awareness amongst all Australians of the nature of mental health disorders (by increasing awareness of the symptoms, causes and treatments of mental illnesses and by promoting the experiences of people whose lives have been affected by mental illness) we will go a long way to reducing negative perceptions of mental illness.

## Asking someone are they OK?

Almost all of us have had times when a friend has been down or has been going through a tough time.



Some people are great at letting people know how they're going; they know when to speak with a friend, family member or counsellor to get support if they're going through a tough time and don't see talking about their problems as a weakness.

However, many people don't talk about their difficulties or seek support when they really need it. This might be for a number of reasons, including not knowing who they can talk to, or being worried about what people will think if they do open up.

The thing is, if someone is going through a really tough time, it can be a massive relief to be given permission to say 'I'm not OK' and to be given an easy opportunity to ask for help.

Until the broader community has a better understanding of depression, anxiety and other mental health disorders, there will always be stigma attached to mental illness.

The RUOK? Day team, in conjunction with Lifeline, have developed these Five Top Tips to assist you to connect with other people and to have a conversation that asks the RUOK?

#### **Tip 1. Be receptive**

- Take the lead, show initiative and ask: "Are you OK?"
- Put the invitation out there: "I've got time to talk".
- Maintain eye contact and sit in a relaxed position – positive body language will help you both feel more comfortable.
- Often just spending time with the person lets them know you care and can help you understand what they're going through.

#### **Tip 2. Use ice breakers to initiate a conversation**

Use open-ended questions such as "So tell me about ...?", which require more than a "yes" or "no" answer.

You may also like to use the following questions to start a conversation:

- "You know, I've noticed that you've seemed really down/worried/stressed for a long time now. Is there anyone you've been able to talk to about it?"
- "Lots of people go through this sort of thing. Getting help will make it easier."
- "I hate to see you struggling on your own. There are people that can help. Have you thought of visiting your doctor?"

#### **Tip 3. Practise your listening skills**

- Listen to what a person is saying, be open-minded and non-judgemental – sometimes, when someone wants to talk, they're not always seeking advice, but they just need to talk about their concerns.
- Be patient – let the person take their time.
- Avoid telling someone what to do: it is important to listen and try to help the other person work out what is best for them.

#### **Tip 4. Be encouraging**

- Encourage physical health. Maintaining regular exercise, a nutritious diet and getting regular sleep helps to cope in tough times.
- Encourage the person to seek professional help from their family doctor, a support service or counsellor, or a mental health worker.
- Encourage self-care. Sometimes people need to be encouraged to do more to look after their own needs during a difficult time.

#### **Tip 5. Be helpful**

What not to do when trying to help someone. It is unhelpful to:

- Pressure them to "snap out of it", "get their act together" or "cheer up".
- Stay away or avoid them.
- Tell them they just need to stay busy or get out more.
- Suggest alcohol or drugs.
- Assume the problem will just go away.

Check out the RUOK? Day website ([www.ruok.org.au](http://www.ruok.org.au)) to find a great video about asking someone if they are OK. In the video, Lindy Macgregor explains the signs that show someone you know may not be coping, and talks about 'suicide first aid'. This handy video is approximately 8 minutes in duration.

#### **Is there someone you think might be going through a tough time?**

What could you say to them to start a conversation and support them to get the help they need to get through this tough time? Have you had a conversation with someone you cared about that changed their life? Tell us about it – what did you say? How did it help them?

#### **Insights from young people**

In 2011 then Minister for Mental Health and Ageing, the Hon. Mark Butler joined with ReachOut.com to hear insights, stories and recommendations about everything to do with youth mental health and mental health services from young people.

The forum included a face to face consultation at ReachOut.com headquarters in Sydney that was run simultaneously with an online discussion forum on ReachOut.com. The young people were asked a range of questions including:

*What's been your experience with the services out there? What works? What doesn't? As well as everything in between? Why are so many young people not accessing help when they need it? What do you think needs to be done to improve youth mental health in Australia now and in the future?*

Watch the discussion at: [www.youtube.com/watch?feature=player\\_embedded&v=hj9KHKyTs3g](http://www.youtube.com/watch?feature=player_embedded&v=hj9KHKyTs3g)

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ReachOut.com Professionals (2016), incorporating information from R U OK? Limited and Lifeline. *Starting a conversation about youth mental health*. Retrieved from <http://au.professionals.reachout.com> on 28 February 2017.

# DO'S AND DON'TS OF DISCUSSING MENTAL HEALTH ISSUES

## HELPFUL TIPS REPRODUCED COURTESY OF **MINDHEALTHCONNECT**

**You may find it difficult talking to someone with a mental health issue. Check out the do's and don'ts.**

**Y**ou may find it difficult talking to someone with a mental health issue. We often avoid discussing mental health because of fear, stigma and simply not knowing what to say. But this may make matters worse.

Support from friends, family and health professionals plays a big role in your loved one's recovery process. You can make a big difference through small gestures, like listening, keeping in touch and showing you care.

Many of us worry about saying the wrong thing to someone with a mental illness. Your friend or loved one may or may not want to discuss their mental health issues with you,

but it's important they know they don't have to avoid the subject.

It's not always easy to tell if someone has a mental illness. It's important to raise your concerns with them, even though they might deny the problem and be reluctant or refuse to get help. They may react with anger, shame or embarrassment.

If someone you care about is in danger of harming themselves or someone else, call triple zero (000) immediately. There are also a number of crisis support services and helplines that may help.

### DO'S

- Ask how they are.
- Be available to listen.
- Acknowledge how they are feeling.

- Ask what you can do to help.
- Choose a good time and place to talk, when you are both relaxed.
- Be sensitive, positive and encouraging.
- Keep the conversation relaxed and open.
- Talk about other topics too. Don't let a mental health issue become the centre of your relationship.
- Be informed: read quality, evidence-based information and become familiar with the signs and symptoms of their mental health issue.
- Start slowly: try small actions first such as going for a walk or visiting a friend.
- Encourage them to get enough sleep, eat healthy food and exercise.
- Discourage them from



self-medicating with alcohol or drugs.

- Invite them out, and encourage other people in your lives to do so too.
- Offer practical support, such as doing their shopping or cooking meals.
- Encourage them to seek help immediately if they are at risk of suicide or self-harm.
- Look after yourself too; see a mental health professional if you think it might help.
- Explain why you're concerned and offer examples.
- Try using 'I statements', such as 'I'm worried ...' or 'I've noticed ...'
- Provide information, such as books or brochures for them to read in their own time.
- Offer to make an appointment with GP or mental health professional on their behalf, and offer to take them.
- Access support services available to carers and friends of people with mental health issues.

- Be proactive: find out the first steps to take.

## DONT'S

- Make unhelpful or dismissive comments like 'snap out of it', 'cheer up', 'forget about it', 'pull yourself together', or 'I'm sure it will pass'. These comments can make a person feel worse
- Say you know how they feel if you don't, as it invalidates their experience.
- Point out that others are worse off, this is dismissive.
- Blame your friend or loved one for changes in their behaviour, even if you feel tired and frustrated.
- Avoid the person.
- Make fun of their mental illness.
- Pressure them if they don't want to go out, or discuss their issues with you.
- Think of mental illness as a personal weakness or failing.
- Avoid discussing suicide and self-harm, usually when people

talk about suicide they are looking for help.

- Define your friend or loved one by their mental illness.
- Use words that stigmatise, like 'psycho' or 'crazy'.
- Get frustrated or angry.
- Feel guilty if you didn't know your friend or someone you love has a mental health issue. The changes can be gradual, and people often hide their symptoms from close friends and family.

Mindhealthconnect (October 2014).  
*Do's and don'ts of discussing mental health issues.* Retrieved from [www.mindhealthconnect.org.au](http://www.mindhealthconnect.org.au) on 9 February 2016.



# What can parents do about their teenagers' mental health?

Teachers and parents can help identify signs of mental ill health and connect adolescents with appropriate professional help, say **Philip Batterham** and **Alison Calear**

**M**ental disorders are debilitating and often emerge in adolescence. Identifying these problems and intervening early helps reduce their impact on social, emotional and academic function, which, unheeded, can continue into adulthood.

But very few parents or teachers are qualified to assess mental health. And the substantial overlap between mental health problems and 'usual' teenage behaviour makes any intervention more complicated.

## A different role

The main role of teachers and parents in ensuring adolescents maintain good mental health, then, is to identify signs and risk factors that may indicate an underlying problem.

If they have any concerns, these adults should encourage the teenager to see a health professional. School counsellors can also assess and refer students who are at risk.

One thing teachers, parents and counsellors can do is ask the young person if she is all right. Teenagers who indicate they're having difficulties should be taken seriously. Dismissing her problems may make the young person less likely to approach an adult for help in the future.

Health professionals, including general practitioners, psychologists and psychiatrists, are best equipped to assess whether a teenager has a mental health problem and provide treatment.

Part of the difficulty here is that many adolescent behaviours may indicate increased risk of mental illness, but they don't mean the person has a mental disorder.

Signs of depression or anxiety include withdrawn or reduced social behaviour, low mood, poor school attendance, lethargy, impaired concentration, irrational or pessimistic thinking, loss of interest, irritability, anger, stomach problems, restlessness and increased worrying. These sometimes overlap with the negative attitude cultivated by rebelling teenagers.

Preoccupation with death, writing or talking about dying or self-harm, and engaging in self-harm are risk factors for suicidal ideation or suicide attempts.

Many adolescents exhibit these kinds of behaviours to some extent, which makes it difficult to discern 'normal' teen behaviour from a mental health problem. An important clue is when a teenager is having ongoing problems, or when these behaviours are becoming more severe.

Teenagers at risk of mental health problems may also abuse substances, including alcohol, which often exacerbates depression or anxiety. Relationship



It's the combination of risk factors and behaviours that indicates whether the adolescent might have a mental health problem. And health professionals are best placed to make an assessment.

problems, parental separation, experience of traumatic events and other social or family stressors may also increase risk for mental health problems.

Again, it's the combination of risk factors and behaviours that indicates whether the adolescent might have a mental health problem. And health professionals are best placed to make an assessment.

## More than one way

Getting professional help can reduce the impact of mental health problems, but there are several other effective approaches, such as school-based preventive programs. These include face-to-face and online programs that are based on cognitive behavioural therapy, which aims to make people aware of unhelpful thoughts and behaviours.

There's substantial evidence that psychological

programs like these can reduce the symptoms of depression and anxiety in young people and reduce the number of adolescents who will later need help.

Another classroom strategy is the use of educational programs that teach students the causes, signs and symptoms of depression and anxiety. Through mental health education, young people can better identify the signs that someone might be experiencing a problem.

Such knowledge can encourage adolescents to get help themselves or help their friends in times of need. Educational programs also make teenagers aware of the types of help available to them, and they can be delivered by trained educators or online.

Similarly, training school staff to recognise mental health problems and refer students to help may be effective. Peer-support programs that aim to connect young people with trusted adults have also shown promise in preventing suicide.

A number of changes can be made in the classroom or at home to help young people experiencing mental health problems. These include changes to classroom structure, flexible scheduling and providing additional time, instructions or resources. Developing students' skills in goal setting, time management and problem solving may also help.

Identifying and referring at-risk teenagers is only one step to improving their mental health. Making preventative programs available and accommodating those experiencing problems can also lead to better social, emotional, health and academic outcomes.

If you think you may be experiencing depression or another mental health problem, please contact your general practitioner. In Australia, contact Lifeline 13 11 14 or headspace for support, or beyondblue 1300 22 4636 or SANE Australia for information.

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## THE CONVERSATION

Batterham, P and Calear, A (6 October 2014). *What can parents do about their teenagers' mental health?* Retrieved from <https://theconversation.com> on 9 February 2016.

Getting professional help can reduce the impact of mental health problems, but there are several other effective approaches, such as school-based preventive programs.



# HELPING SOMEONE WHO HAS A MOOD DISORDER – FOR FAMILY AND FRIENDS

## HELPFUL FACT SHEET ADVICE FROM BLACK DOG INSTITUTE

### What this fact sheet covers:

- How to tell if someone has a mood disorder
- What to do if you are concerned about a family member or close friend
- How to behave with someone who is depressed
- What to do if someone is suicidal
- Self care for carers
- Key points to remember
- Where to get more information and support

### Introduction

Someone with a mood disorder is like anyone with an illness – they need care and support. Family and friends can provide better care if they are informed about the illness, understand the type of treatment and are aware of the expected recovery time.

### How to tell if someone has a mood disorder

Even if you know someone well, you will not always notice when they have changed. You are more likely to notice big or sudden changes but gradual changes can be easy to miss. Also, people will not always reveal all their thoughts and feelings to their close friends and family.

Family and friends cannot expect to always know when someone has a depressive illness and should not feel guilty that they 'did not know'. The best approach is to acknowledge that mood disorders are not uncommon, learn how to recognise the signs and how to offer help.

### What to do if you are concerned about a family member or close friend

If you are worried that a family member or close friend has a mood disorder, try talking to them about it in a supportive manner and either suggest that they consult their general practitioner (GP) or another mental health professional. You could perhaps offer to take them to see one.

Sometimes a person suffering from a mood disorder may not want to seek help. In this case, it is helpful to explain why you're concerned and provide specific examples of their actions or behaviour that have caused concern. Providing them with some information such as a book, fact sheets or helpful pamphlets from various organisations might also help.

You could offer to assist them in seeking professional help such as:

- Finding someone that they feel comfortable talking to
- Making an appointment for them on their behalf

- Taking them to the appointment on the day
- Accompanying them during the assessment interview if appropriate.

This may be particularly appropriate if the person has a severe mood disorder such as psychotic depression or mania.

Young people, particularly adolescents are vulnerable to mental health problems. If you are concerned that your teenage son or daughter is showing signs of depression or bipolar disorder, you could try approaching them in the following ways:

1. Gently let the young person know that you have noticed changes in their usual behaviours and explain why you are concerned
2. Find a good time to talk to the young person when there are no pressures or interruptions
3. Listen and take things at their pace
4. Respect their point of view
5. Validate what they are experiencing but don't offer reassurance too quickly
6. Let them know that there is help available that will make them feel better
7. Encourage them to talk to their family GP, a school counsellor, or a friend or relative with whom they feel comfortable.

There are a range of services (e.g. telephone counselling and websites) that are specifically designed for young people.

### How to behave with someone who is depressed

Patience, care and encouragement from others are vital to a person who is experiencing depression. Clear and effective communication within the household or family is also important. Partners or families might find it helpful to see a psychologist during this time for their own support. An episode of depression can provide an opportunity for family members to re-evaluate the important things in life and resolve issues such as grief or relationship difficulties.

### Some tips:

- Avoid suggesting to the person that they 'pull their socks up', this is unhelpful as it is likely to reinforce their feelings of failure or guilt
- If a person is suicidal, good support systems are necessary to reduce risk
- Another important part of caring is to help the treatment process – if medication has been prescribed, encourage the person to persist with treatment and to discuss any side effects with their



prescribing doctor

- During a depressive illness, counselling or psychotherapy often results in the person 'thinking over' their life and relationships; while this can be difficult for all concerned, friends and family should not try to steer the person away from these issues.

### What to do if someone is suicidal

If someone close to you is suicidal or unsafe, talk to them about it and encourage them to seek help. Help the person to develop an action plan involving trusted close friends or family members that can keep the person safe in times of emergency. Remove risks (e.g. take away guns or other dangerous weapons, or car keys if that person is angry or out of control and threatening to disappear).

### Self care for carers

Carers are also likely to experience stress. Depression and hopelessness have a way of affecting the people around them. Therapy can release difficult thoughts and emotions in carers too. So part of caring is for carers to look after themselves to prevent becoming physically run-down and to deal with their internal thoughts and emotions. Treatment has a positive time as well – when the person starts to re-engage with the good things in life and carers can have their needs met as well.



### Key points to remember

- If you are worried that someone is depressed or has bipolar disorder, try talking to them about it in a supportive manner and suggest that they see a mental health professional
- If they don't want to seek help, explain the reasons for concern and perhaps provide them with some relevant information
- Young people are particularly vulnerable to depression
- Patience, care and encouragement from others are all vital to the person who is depressed
- If a loved one talks of suicide, encourage them to seek help immediately from a mental health professional
- Depression can take a toll on carers and close family members – it is important for these people to take care of themselves as well.

### Where to get more information and support

- Association of Relatives and Friends of the Mentally Ill (ARAFMI): Provides support groups and a telephone help line. [www.arafmi.org](http://www.arafmi.org)
- Carers Australia: [www.carersaustralia.com.au](http://www.carersaustralia.com.au)
- Carers NSW: Provides carer support kits, telephone assistance, support groups and other resources [www.carersnsw.asn.au](http://www.carersnsw.asn.au)
- *Journeys with the Black Dog: Inspirational stories of bringing depression to heel*, Tessa Wigney, Kerrie Eyers & Gordon Parker (2007), Allen & Unwin.
- 1800 011 511 Mental Health Line is a NSW Government phone service operating 24 hours a day, seven days a week and will provide a telephone triage assessment and referral service staffed by mental health clinicians. The Mental Health Line is not an emergency service. People in a life-threatening situation must still call 000 to receive immediate help
- *Navigating Teenage Depression: a guide for parents and professionals* by Gordon Parker and Kerrie Eyers (2009), Allen & Unwin.

### Black Dog Institute

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Black Dog Institute (Updated October 2012). *Helping someone who has a mood disorder – for family and friends*. Retrieved from [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au) on 9 February 2016.

# Teenage mental health assessment

A teenage mental health assessment is when a health professional tries to understand how your child's mental health is affecting his quality of life. If you think your child has mental health issues, assessment is one step towards getting help and treatment if needed. **Raising Children Network** explains

## What is a teenage mental health assessment?

**A**ssessment' is just another word for an appointment, consultation or interview – or series of appointments – with a health professional like a GP, psychologist or counsellor. These appointments are designed to find out what your child's mental health issues are.

## Why your child might need a teenage mental health assessment

It's not always easy to tell the difference between normal teenage worry or moodiness and more serious mental health issues.

Most normal teenage irritability, arguing and moodiness comes and goes quickly. But when these feelings go on for 2-3 weeks or are very intense for shorter periods, it can be a sign that it's more than just worry or feeling down.

If your child doesn't want to see friends, or is spending most of the time by herself, it's a sign that you need to take action.

Also if your child stops doing things he usually enjoys, doesn't seem to be enjoying the things he's doing, isn't doing so well at school or is taking more risks than usual, this could be a sign that he's feeling very anxious, depressed or stressed. A mental health assessment might be a good idea in this situation.

The best place to start is your GP, who can either help you directly or refer your child to another professional.

## What happens in a teenage mental health assessment?

You or your child might have a specific problem in mind when your child goes to see a counsellor, psychologist or psychiatrist. But the first interview at least will look generally at the issues that are affecting your child's wellbeing.

The professional will talk with your child about her thoughts, feelings, moods, behaviour, relationships and other things like school, work and home. The aim is to find out how your child's mental health is affecting her quality of life.

The professional will start with the least sensitive issues – for example, home, school, interests and friendships. The professional will then move on to more sensitive areas like sexuality and drug use. The professional will also cover more serious mental health issues like anxiety, depression and self-harm.

The professional might not always work through each area in order or spend equal time exploring every area. Your child will get the chance to tell his story too.

If your child has a good relationship with her mental health professionals, it will have a big impact on how well mental health treatment is likely to work for her.

## How long mental health assessment takes

A mental health assessment usually takes longer than other health appointments. It might take more than one appointment, so that the professional can really understand your child's issues.

The length of assessment depends a bit on your child's age and maturity too. If your child is older, he'll probably be OK with longer interviews.

The advantage of things taking a bit longer is that your child gets a good chance to make sure she's comfortable with the health professional.

## Seeing your child alone

The professional will usually want to speak with your child alone, for all or part of the mental health assessment.

Being alone with the professional can help your child talk openly about his worries. If you're there, he might feel embarrassed about speaking openly, or might not want to talk about sensitive or private issues.

## Holistic approach to teenage mental health

The health professional will take a holistic approach. This means that the mental health assessment will look at your child's unique characteristics and qualities in relation to her social and cultural world.

For example, the professional will talk with your child about his personal beliefs and spirituality and how they might affect health. The professional will also talk about physical and mental health symptoms and behaviour.

A teenage mental health assessment probably won't be all talk. The professional might use art, music, photos, play therapy, drama therapy, electronic assessment tools or storytelling to get your child's perspective on things. The professional might also use formal tests to check anxiety, depression, learning ability or substance use.

## Talking to you about your child's mental health

The health professional will want to talk to you and possibly other members of your child's family, kinship group or community to get an overall impression of your child's issues.

Depending on your child's age and maturity, the professional will ask your child first. For example, the professional might say, 'I usually like to speak with



*It's not always easy to tell the difference between normal teenage worry or moodiness and more serious mental health issues.*

people's families – is that OK with you?'. If your child objects the health professional will follow this up with you and your child.

### **After a teenage mental health assessment**

At the end of a teenage mental health assessment, the professional will give you an opinion about what the issues and problems are and suggest a treatment plan. The professional will also say if your child has an emergency that needs immediate action.

It's a good idea to make sure your child's treatment plan has clear goals that your child and your family can achieve. For example, a goal might be getting up at the same time each morning, going for a walk each day, or keeping a brief diary of thoughts and feelings. It'll also help if you're positive and hopeful about the treatment plan.

Although you might want to know what has happened and what was said at the mental health assessment, your child might need some time before she talks about things with you. She might decide not to share what happens at her mental health appointments. This can be hard, but it's your child's right.

Your support can have a direct and positive impact on your child's mental health. In fact, there's a strong link between the quality of parent-teenager relationships and teenagers' mental health.

### **Preparing your child for a mental health assessment**

Being honest and talking with your child about the concerns you have for his wellbeing can help your child get the most from mental health consultations and treatment.

How you talk to your child about a teenage mental health assessment will depend on your child's development. You know your child best so you can judge what and how much to explain, but here are a few guidelines.

#### **Children 9-11 years**

If your child is in the pre-teen years, it's likely that she still thinks in fairly concrete terms and about things related to herself. She's probably concerned about whether she's normal and the same as her friends. She follows the rules of her social group and values friendships highly.

This means that your child needs accurate information, but not too much of it. When you talk about the appointment, you could:

- Explain that the aim of the mental health assessment is to help both you and your child understand how and why his feelings and/or behaviour have changed lately
- Reassure your child that there's nothing wrong with visiting a mental health professional – it's like visiting a GP
- Tell your child that you'll go into the appointment with him if he wants
- Reassure him that what he tells the professional will be private and confidential

- Let him know that you're not going to trick him into going to appointments.

### Children 12 years and older

From the age of 12 years, children think more deeply about things and begin to question authority. They make up their own minds about issues.

At 12-15 years, your child understands consequences better, thinks about right and wrong, starts to develop her own identity and thinks about what she wants from life. She thinks about other people's points of view, but she's still strongly influenced by peers.

So when you talk about the appointment, you could:

- Reassure your child that there's nothing wrong with visiting a mental health professional
- Talk about what he can expect to get out of going
- Talk about confidentiality and privacy
- Visit websites together to read other young people's stories – try Reach Out and headspace
- Talk or give him information about different kinds of services – like counselling, seeing a psychologist or going to the GP – and explain briefly what the different health professionals do
- Tell him you're happy to go with him and that you'll respect his privacy.

If you approach teenage mental health issues with kindness, openness, hopefulness, tolerance, confidentiality and encouragement, it helps your child to accept help.

### Getting ready for a mental health assessment: practical tips

Before the first appointment, find out:

- What the meeting will cover
- How long it will last
- Whether you need to take anything with you – for example, school reports, test results or medication
- Whether the professional will want to see the whole family or only your child
- What approaches the health professional will use when working with your child
- Whether there's a cost for the mental health assessment.

You could also:

- Make a list of questions so you get all the information you want
- Negotiate with your child if you want time alone with the health professional
- Take a note pad or tablet to write notes
- Let the service know in advance if you need an interpreter
- Let the health professional know if your child wants a particular person to go with her.

### When your child won't go to the mental health assessment

If your child is reluctant to see a mental health

professional, it might help if a trusted family member or friend talks to your child – but avoid tricking him into going.

For example, it's not good for trust if you tell your child you're taking him shopping when you're actually taking him to see a mental health professional.

Here are some ways you can encourage your child to see a mental health professional:

- Speak to your child about changes you've noticed – for example, changes in her mood, behaviour, relationships or schoolwork – and say you're worried about her.
- Explain why you think seeing someone might be a good idea – for example, you think it might help your child to talk with someone outside the family who's good at helping young people.
- Give your child information about the services that are available – for example, counselling and psychology – and how they can help.
- Explain that the health professional won't tell your child what to do but will suggest things and help him find solutions to problems.
- Explain that going to a mental health assessment isn't a punishment and that you're not suggesting counselling or psychology because you're angry with her. You just want to help.
- Explain that you'll help him to make an appointment, or will make one for him, but that you expect him to go to it.

It can also help if you talk to the GP or your child's school counsellor about your concerns. It might be that your concerns are unfounded and don't need following up, or the school counsellor or GP might be able to help you with what to do next.

**This article was developed in collaboration with the Youth Health and Wellbeing Team, NSW Kids and Families (formerly Centre for the Advancement of Adolescent Health).**

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# MENTAL HEALTH TREATMENTS AND THERAPIES FOR TEENAGERS

If your teenage child has a mental health condition, her treatment will depend on her symptoms and diagnosis. This guide from **Raising Children Network** takes you through the main mental health treatment options for your child.

## Diagnosis and treatment plans for teenage mental health conditions

### Diagnosis and assessment

**G**etting your child's symptoms of mental illness assessed and diagnosed will help you and your child choose the right mental health treatment.

A mental health assessment should help you understand your child's current symptoms and spot any possible triggers that might make his condition worse or obstacles that might stop him from getting better.

If you're concerned that your child might have mental health issues, your GP is a good place to start for a mental health assessment. The GP can refer your child to an adolescent psychiatrist or another mental health professional like a psychologist for further advice.

### Treatment plans

Your child's teenage mental health assessment should result in a treatment plan that aims to improve her wellbeing and reduce her symptoms. The plan should focus on things that make your child stressed and trigger her symptoms or make them worse.

As part of the treatment plan, the mental health professional might say your child needs a particular type of treatment or therapy. You can understand what a treatment or therapy can do for your child by asking questions and writing things down when you're with your child's mental health professional. It's also OK to phone afterwards if you want more information.

## Types of teenage mental health treatments and therapies

Here are some common teenage mental health treatments and therapies.

### Counselling

Counselling is a 'talking therapy'.

If your child sees a counsellor, your child will talk about his situation with the counsellor. Counsellors don't offer advice. Instead they help your child make his own decisions and find his own solutions.

Counselling is usually a one-on-one therapy.

### Psychotherapy

Psychotherapy is based on talking with a trained therapist.

Psychotherapy aims to help your child to understand her problems better. This is usually achieved by talking about her thoughts and feelings and by helping her change the way she thinks about things so she can manage problems in different ways.

Psychotherapy is usually a one-on-one therapy, but can also happen in groups or with family members.

### Cognitive behaviour therapy

Cognitive behaviour therapy (CBT) is a structured psychological treatment that recognises that the way we think (cognition) and feel affects the way we behave.

CBT helps your child recognise unhelpful or unhealthy thinking and behaviour habits. Your child then learns to consciously and deliberately change his thinking as a step towards changing the way he feels and behaves.

CBT can be used to treat problems including anxiety, depression, low self-esteem, uncontrollable anger, substance abuse, eating disorders and other problems. Your child can have CBT one on one with a professional, in groups or online.

### Behaviour therapy

Behaviour therapy is a major component of CBT, but it's also a separate therapy.

Behaviour therapy focuses on your child's behaviour. The therapist will plan activities that help your child develop skills to deal with difficult situations. The therapist will also use a step-by-step approach to help your child conquer her fears.

### Interpersonal therapy

Interpersonal therapy (IPT) is a type of psychotherapy based on the idea that how people communicate and interact with others can affect their mental health.

The goal of interpersonal therapy is to help your child understand how his experiences of social interactions and issues – for example, at school or in relationships – are affecting his mental health. The therapist will help your child improve his communication skills and manage his emotions.

### E-therapies

E-therapies are also known as online therapies or computer-aided psychological therapy. Some therapies – for example, CBT and behaviour therapy – work well as e-therapies.

Most e-therapies teach your child how to identify and change patterns of thinking and behaviour that might be stopping her from overcoming anxiety and stress.

E-therapies can work just as well as face-to-face services for some teenagers with mild to moderate anxiety and/or depression. But they're not for teenagers in crisis or who are seriously unwell.

### Medication

Some teenage mental health conditions can be treated with medication. Medications can help control and improve symptoms.

If a medical professional prescribes medication for your child, the

professional will usually combine the medication with other therapy and support to help your child get better.

Different mental health medications can have different side effects. For example, some cause weight gain. For this reason, mental health professionals will also say that your child should stay active and eat a healthy diet throughout his treatment. Staying fit and healthy can have a big impact on your child's mental health.

If your child has a mental health condition and her mental health professional prescribes medication, you and your child usually have the right to decide whether to take the medication.

The exception to this is if your child has been detained under the *Mental Health Act*. To be detained or 'committed' under the Act people must have serious mental illness, be in need of immediate treatment and be either a likely risk to themselves and/or others.

The Therapeutic Goods Administration (TGA) and manufacturers of antidepressants do not recommend

antidepressant use for depression in young people under the age of 18 years. But guidelines published in 2011 indicate that fluoxetine can be considered for children under 18 years with moderate to severe depression.

### **Anger and stress management**

Anger is a natural and powerful emotion. Getting angry is normal. Anger can range from mild annoyance to violent rage. When anger turns into violence or uncontrollable rage, it can become a problem that needs treatment.

If your child has a problem with anger, anger management can help him get control over his temper. Talking treatments like CBT, behaviour therapy or counselling can work with anger management. Therapists can also teach your child practical skills to use when he feels angry.

Stress management and relaxation training can also help young people learn to manage anger.

### **Self-esteem training**

Young people with low self-esteem can have a lot of negative thoughts

about themselves, which are linked to negative emotions including sadness, anxiety, guilt and anger. This can lead to mental health problems like depression.

Low self-esteem can also affect a young person's social relationships and schoolwork.

If your child suffers from low self-esteem, you could look into online therapy or books that explain how to boost self-esteem. Talking about therapy options with your GP is always a good idea too.

### **Family therapy**

Family therapists work with your child and the people who are important to your child, especially family members. This can be really useful because close relationships are often the way to help someone recover from difficulties and improve life.

During a family therapy session, a family therapist encourages family members to think about each other's viewpoints, experiences and beliefs, find constructive ways of supporting each other and solve problems together.





### ***Creative therapies***

Art, music and dance/movement therapy are all forms of psychotherapy that can help your child cope with emotional, relationship or behaviour problems.

Mental health professionals use these therapies to help your child understand, communicate or express herself in new and more positive ways.

### ***Other therapies***

There's clear evidence that, for adults, practising mindfulness can have health benefits.

For example, studies suggest that mindfulness-based stress reduction (MBSR) can reduce stress and have some positive effect on other mental health issues, and that mindfulness-based cognitive therapy (MBCT) can maintain treatment gains made for

depression, prevent relapses and be as effective as an antidepressant.

There's growing evidence that mindfulness is also effective with children and teenagers.

### **During and after treatment**

As your child progresses with a course of treatment, you might need to go back to your GP for a review. This is especially the case if your child has a GP Mental Health Care Plan under Medicare. Along with other mental health professionals working with your child, the GP will watch and review your child's progress to make sure the treatment is working.

Depending on your child's progress, the GP or your mental health professional might suggest alternative approaches or that your child keeps going with the current treatment.

At the end of treatment it can be good to review your child's progress and celebrate his achievements.

**This article was developed in collaboration with the Youth Health and Wellbeing Team, NSW Kids and Families (formerly Centre for the Advancement of Adolescent Health).**

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# LOOKING THE OTHER WAY: YOUNG PEOPLE AND SELF-HARM

*The rates of self-harm among young people in Australia are unacceptably high and many young people and their families are not seeking help. Those that do often report ineffective and sometimes harmful responses. We need to stop looking the other way and respond to this critical issue, pleads Orygen, The National Centre of Excellence in Youth Mental Health*

## KEY ISSUES

- The number of young people engaging in self-harming behaviours is high. The 2015 *Child and Adolescent Mental Health and Wellbeing* survey found that approximately one in ten Australian adolescents had engaged in self-harming behaviour. Among young women aged 16-17 years, 22.8 per cent had self-harmed in their lifetime.<sup>1</sup>
- This is consistent with a 2010 *Australian community prevalence survey* where 24.4 per cent of young women and 18.1 per cent of young males (aged 20-24 years) reported they had self-injured in their lifetime.<sup>2</sup>
- Understanding the prevalence and outcomes of self-harm is challenging as there is no ongoing national data collection or monitoring system available to record self-harm presentations in Australia beyond those which result in a hospital admission.
- Around half of young people who self-harm will not seek help for their self-harming behaviours, citing considerable stigma and a lack of understanding about self-harm in the community.<sup>3</sup> Almost half of adolescents who sought help for self-harm did so through a school-based service.<sup>1</sup>
- When they do seek help, some young people report negative and damaging responses from front-line health professionals, which includes dismissiveness, trivialisation and scepticism regarding the motivations for their behaviour (i.e. just 'attention seeking'). Many are not provided with adequate follow-up care and others choose not to seek help in the future as a result of these experiences.
- Parents, schools and other community members are struggling to respond to young people who self-harm and there is a demonstrable need for improved awareness, guidance and strategies on how to effectively respond.
- Evidence for effective interventions is limited. In part this is due to self-harm not being measured







*"Sometimes people who self-harm don't ask for help because people are like "Shhh! We don't talk about that."*

Young person

as an outcome in studies examining the impact of interventions on a range of related areas of mental health including anxiety, depression and suicide prevention.

- Young people want to talk about and be involved in responses to self-harm rather than have it ignored. In particular they want the opportunity to address the underlying psychological distress, including their overwhelming negative feelings and thoughts.

## KEY RESPONSES

***There is a need to address the poor responses to young people who self-harm in the community through:***

- Workforce development to ensure that acceptable standards of care are provided to all young people who present with self-harm, by health professionals and front-line responders.
- Building the capacity of school communities to prevent and respond to self-harm through the development and provision of evidence-based guidelines and programs to support staff, students and parents. There is also a need to improve mechanisms for referral between schools and community mental health services in responding to self-harm behaviours.
- Addressing the stigma and misunderstandings about self-harm through the development of resources for parents and community members developed in partnership with young people and parents with a lived experience of self-harm. These resources should assist them in understanding the reasons behind the behaviour and provide strategies to respond effectively.

***Responses to self-harm in young people could be best delivered through a systemic, multi-sectorial approach, including:***

- National and cross jurisdictional leadership in articulating a policy response to address the prevalence of self-harm among young people.
- Establishing and linking sentinel monitoring systems in a sample of hospitals across the country to address the current lack of national data collection and monitoring and drive system change.
- The development of a suite of multi-site studies that can robustly test the effectiveness of interventions for self-harm in young people; this should be underpinned by a systemic early intervention approach delivered within existing mental health services.
- Addressing the identified gaps in research and evidence on self-harm by:
  - Including outcome data for self-harm in other program trials and studies of youth mental health interventions;
  - Developing multisite and compliant online platforms to engage large populations;
  - Building the evidence-base for effective prevention and early intervention programs for self-harm among high-risk groups such as Aboriginal and Torres Strait Islander young people and young people in detention; and
  - Investigating the relationship between self-harm and other risk taking behaviours (particularly in young men).

***There are opportunities to improve interventions and treatment responses for young people who self-harm through the use of reputable and evidence-based e-mental health technologies. To achieve this:***

- A central registry is required which can provide information on web-based program and mobile apps based on fidelity of content, clinical expertise of the program designers and accessibility for high risk populations. This should include an interface which is readily accessible by clinicians, young people and their families.
- A duty-of-care policy and practice framework is required that can provide clinical and ethical governance to care delivered to young people via online platforms.

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To read the full paper, visit [orygen.org.au](http://orygen.org.au)

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# UNDERSTANDING SELF-HARM AND SUICIDAL BEHAVIOURS

This guide from **headspace** provides helpful advice on how to identify the warning signs and respond to young people in need of help

## ABOUT

People who engage in self-harm deliberately hurt their bodies. The term 'self-harm' (also referred to as 'deliberate self-injury' or parasuicide) refers to a range of behaviours, not a mental disorder or illness<sup>1</sup>. The most common methods of self-harm among young people are cutting and deliberately overdosing on medication (self-poisoning). Other methods include burning the body, pinching or scratching oneself, hitting or banging body parts, hanging, and interfering with wound healing<sup>2</sup>.

In many cases self-harm is not intended to be fatal, but should still be taken seriously. While it might seem counter-intuitive, in many cases, people use self-harm as a coping mechanism to continue to live rather than end their life<sup>3</sup>. For many young people, the function of self-harm is a way to alleviate intense emotional pain or distress, or overwhelming negative feelings, thoughts, or memories. Other reasons include self-punishment, to end experiences of dissociation or numbness, or as a way to show others how bad they feel<sup>3</sup>.

Many young people might try to hide their self-harming behaviour, and only approximately 50% of young people who engage in self-harm seek help<sup>4</sup>. Often, this is through informal sources such as friends and family, rather than professionals.

While every person is different, there are some warning signs that someone might be self-harming. Aside from obvious signs such as exposed cuts or an overdose requiring intervention, some less obvious signs could include<sup>5</sup>:

### Psychological signs:

- Dramatic changes in mood
- Changes in sleeping and eating patterns
- Losing interest and pleasure in activities that were once enjoyed
- Social withdrawal – decreased participation and poor communication with friends and family
- Hiding or washing their own clothes separately
- Avoiding situations where their arms or legs are exposed (e.g. swimming)
- Dramatic drop in performance and interactions at school, work, or home
- Strange excuses provided for injuries.

### Physical signs:

- Unexplained injuries, such as scratches or cigarette burns
- Unexplained physical complaints such as headaches or stomach pains
- Wearing clothes that are inappropriate to weather

conditions (e.g. long sleeves and pants in very hot weather)

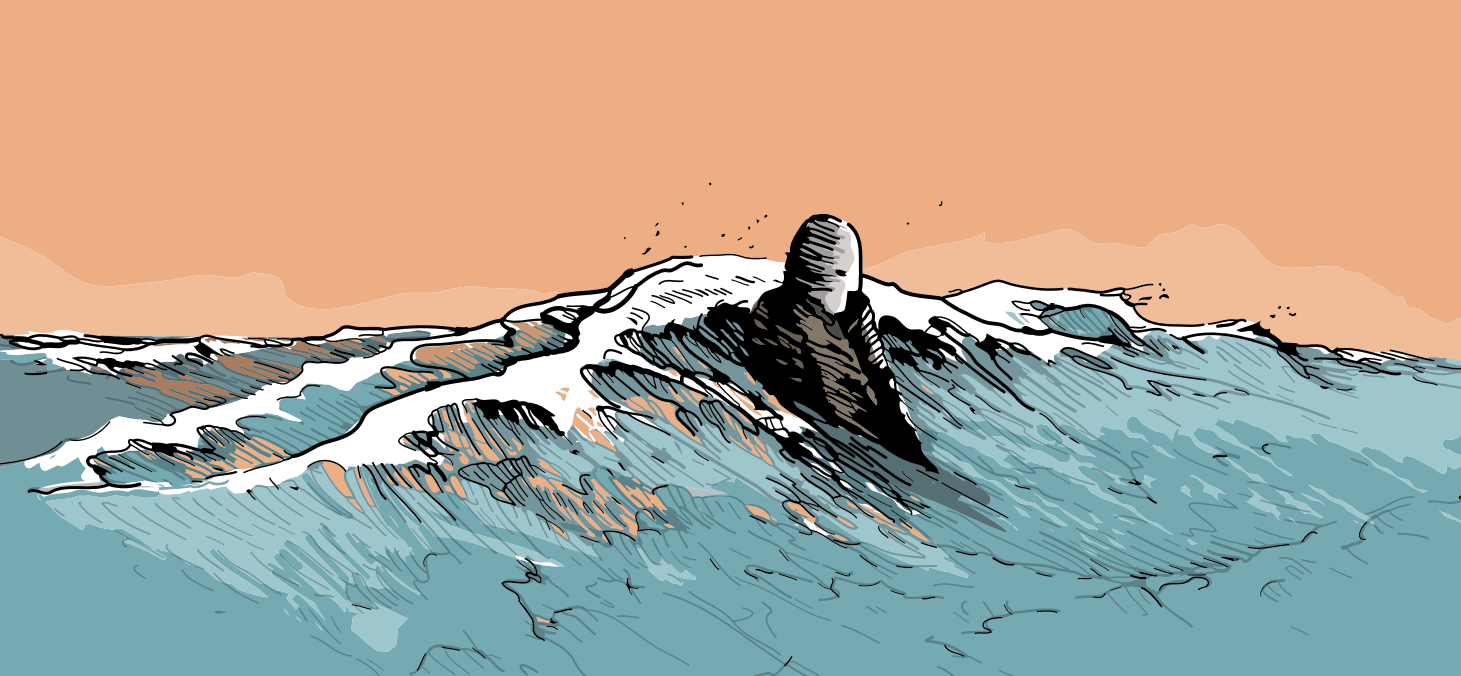
- Hiding objects such as razor blades or lighters in unusual places (e.g. at the back of drawers).

## Onset, prevalence, and burden of suicide and self-harm in young people

The most recent *Causes of death* publication from the Australian Bureau of Statistics (ABS) indicates that in 2012, suicide was the leading cause of death for young people aged 15-24, followed closely by road traffic accidents<sup>6</sup>. In 2012, 70 males aged 15-19 years and 144 males aged 20-24 years died by suicide<sup>6</sup>. For young females, 59 aged 15-19 years and 51 aged 20-24 years died by suicide<sup>6</sup>. (The number of reported suicide deaths is likely to be underestimated for young people. These figures should be interpreted with caution as they are subject to an ABS revision process which could see them change, see Explanatory note 92 and 94<sup>7</sup> for further information).

The number of young people who die by suicide in Australia each year is relatively low compared with the number who self-harm. It is difficult to estimate the rate of self-harm as evidence suggests that less than 13% of young people who self-harm will present for hospital treatment<sup>4</sup>. Evidence from Australian studies suggest that 6-8% of young people aged 15-24 years engage in self-harm in any 12-month period<sup>8,9</sup>. Lifetime prevalence rates are higher, with 17% of Australian females and 12% of males aged 15-19 years, and 24% of females and 18% of males aged 20-24 years reporting self-harm at some point in their life<sup>10</sup>. The mean age of onset is approximately





17 years<sup>10</sup>. While suicide is more common among young men, self-harm is more common among young women.

Taken together, suicide and self-harm account for a considerable portion of the burden of disability and mortality among young people. In those aged 10-24 years, self-harm is the seventh leading contributor to the burden of disease in both males and females<sup>11</sup>. It is estimated that 21% of “years life lost” due to premature death among Australian youth was due to suicide and self-inflicted injury<sup>12</sup>. In addition, non-fatal suicidal behaviour and self-harm are associated with substantial disability and loss of years of healthy life<sup>12</sup>.

### Risk factors

In adolescents, the risk factors for self-harm are similar to suicide. These include<sup>2</sup>:

#### **Sociodemographic factors**

- Sex (female for self-harm and male for suicide)
- Low socioeconomic status
- Lesbian, gay, bisexual, or transgender sexual orientation.

#### **Significant life events and family adversity**

- Parental separation
- Adverse childhood experiences
- History of physical or sexual abuse
- Family history of mental disorder or suicidal behaviour
- Bullying
- Interpersonal difficulties.

#### **Psychiatric and psychological factors**

- Mental disorder (in particular, depression, anxiety, and ADHD)
- Misuse of drugs and alcohol
- Low self-esteem
- Poor social problem-solving skills
- Perfectionism
- Hopelessness.

Experiencing a mental health problem is a risk factor for both self-harm and suicide. Evidence suggests

that the majority of people who present to hospital following an act of self-harm will meet diagnostic criteria for one or more psychiatric diagnoses at the time of assessment<sup>1</sup>. Of these, more than two-thirds would be diagnosed as having depression. While not all young people who self-harm or contemplate suicide have a mental health problem, these behaviours do suggest the experience of psychological distress.

Personality disorders are commonly associated with self-harm in young people, and self-harm is a diagnostic feature of borderline personality disorder<sup>2</sup>. However, most people who self-harm do not meet the diagnostic criteria for a personality disorder and it is unhelpful to assume that someone has a personality disorder based on self-harming behaviour alone without conducting a thorough assessment<sup>1</sup>.

### ASSESSMENT

Self-harm and suicide are behaviours, not psychiatric disorders, therefore neither is classified in the DSM-5<sup>1</sup> or the ICD-10<sup>2</sup>. Similarly, suicidal ideation is relatively common and in itself is not a psychiatric disorder and therefore, is also not classified in diagnostic systems. However, while self-harm and suicidal behaviour do not constitute psychiatric diagnoses in and of themselves, it is widely recognised that they often occur in the context of a diagnosable mental disorder.

Studies consistently report that young people who suicide or make a serious suicide attempt often have a recognisable mental disorder at the time, such as depression, anxiety, conduct disorder or substance misuse<sup>3,4</sup>.

#### **Assessment tools**

While a number of tools/checklists/scales for risk assessment and management are available, these have poor predictive ability and should not be used in isolation to make treatment decisions<sup>5</sup>. To assess whether a young person is engaging in self-harm or suicidal behaviour, a comprehensive clinical interview by a mental health professional is required.

General principals during an assessment<sup>5,6</sup>:

- Initiate a therapeutic relationship by demonstrating acceptance of the person and empathy
- Engender hope when possible
- Explore the meaning of self-harm for that person
- Clarify current difficulties
- Observe their mental state (both verbal and non-verbal features).

A psychosocial assessment should include an assessment of needs and risks. These could include questions about the person's<sup>5,6</sup>:

- Social and family circumstances
- Significant relationships that might be supportive or might represent a threat
- History of mental health difficulties
- Current mental health difficulties
- Use of drugs or alcohol
- Past suicidal intent or self-harm (e.g. methods, frequency)
- Current self-harm (e.g. methods, frequency)
- Current desire to die
- Current suicidal ideas
- Current suicidal plans
- Current suicidal intent
- Access to means to end their life
- Coping mechanisms and strengths (e.g. things that the person has used successfully in the past to cope with other difficult situations).

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## TREATMENT

Before deciding upon the most appropriate treatment for a young person who is self-harming or engaging in suicidal behaviours, the management plan should address the young person's immediate safety.

A safety plan is an agreement made between you and the young person who is suicidal that involves actions to keep them safe. It consists of a written list of coping techniques and sources of support the person can use to alleviate the crisis<sup>1</sup>.

The young person should be engaged as much as possible in making decisions about a safety plan. When developing the plan, focus on what the young person should be doing, rather than what they shouldn't. The plan should also be for a length of time that the young person feels they can cope with, so that they can feel able to fulfill the agreement and have a sense of achievement<sup>2</sup>.

As part of the development of a safety plan, a decision needs to be made as to whether hospitalisation is required, or if the young person can utilise existing support networks, such as family and friends, in carrying out their safety plan.

A safety plan should include<sup>1</sup>:

- The young person's early warning signs
- Coping techniques that might help them feel better
- People and social settings that provide a distraction
- People they can contact for help
- Professionals or agencies they can contact for help, and
- How they can make the environment safe.

A template of a safety plan is available here:

[www.sprc.org/sites/default/files/Brown\\_StanleySafetyPlanTemplate.pdf](http://www.sprc.org/sites/default/files/Brown_StanleySafetyPlanTemplate.pdf)

A recent systematic review and meta-analysis<sup>3</sup> found that dialectical behaviour therapy (DBT), cognitive behavioural therapy (CBT), and mentalisation-based therapy (MBT) were the most effective interventions for young people who had made a suicide attempt or had self-harm behaviours. Cognitive behavioural

therapy with an integrated problem-solving component has also been found to help with underlying factors that might maintain self-harm, such as depression, hopelessness, and problem-solving skills<sup>4</sup>. However, these findings must be taken with caution as they are from single trials, and replication of these results is a research priority.

UK Guidelines for self-harm<sup>5,6</sup> suggest the following aims and objectives in the treatment of self-harm:

- Rapid assessment of physical and psychological need
- Effective measures to minimise pain and discomfort
- Timely initiation of treatment, irrespective of the cause of self-harm
- Harm reduction (from injury and treatment; short-term and longer-term)
- Rapid and supportive psychosocial assessment (including risk assessment and comorbidity)
- Prompt referral for further psychological, social and psychiatric assessment and treatment when necessary
- Prompt and effective psychological and psychiatric treatment when necessary
- An integrated and planned approach to the problems of people who self-harm, involving primary and secondary care, mental and physical healthcare personnel and services, and appropriate voluntary organisations
- Ensuring that the special issues that apply to children and young people who have self-harmed are properly addressed, such as child protection issues, confidentiality, consent and competence.

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## GUIDELINES

The following authoritative guidelines provide evidence-based information about the practical treatment of self-harm and suicidal behaviours:

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## MORE INFORMATION

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# SUICIDE RATES FOR YOUNG AUSTRALIANS HIGHEST IN 10 YEARS

## RESEARCHERS CALL FOR NEW PREVENTION STRATEGIES

Suicide rates among young Australians are at their highest level in 10 years, despite a range of prevention strategies and investment from government, according to new research. This report is by Jessica Longbottom for **ABC News**

**T**he report, carried out by youth mental health service Orygen, has found the system is not working and a new suicide prevention strategy for young people is needed.

Jo Robinson, head of Orygen's suicide prevention research, said of the current system: "We're clearly not getting things right.

"We really lack national leadership when it comes to youth suicide prevention. So despite a lot of investment, despite a lot of talk at government level ... we really need a reinvigorated approach to youth suicide prevention."

The report highlighted that although suicide rates among young men were still higher than women, female suicide rates had doubled over the past 10 years.

It also found youth suicides were twice as likely to happen in clusters than adult suicides and that Aboriginal and Torres Strait Islander youth and youth in regional and

remote Australia were most at risk.

In one cluster that was identified, 21 young people had taken their lives in a remote town in central Queensland between 2010 and 2012.

Fifteen young people died by suicide in a remote northern West Australian town in the same period.

"We need to be very mindful that when there has been a suicide death by a young person, those young people around the death will be vulnerable to suicide going forward," Dr Robinson said.

She said it was not necessarily an increase in funding that was needed, but rather there a refocusing of

where the money was going.

The Brain and Mind Centre's Professor Ian Hickie agreed, saying there had been a big focus on reducing suicide rates in 1990s at a time when they were at all-time highs, almost double the current youth suicide rate.

"In some ways that success had been taken for granted," he said.

But Dr Richard Burns from the Australian National University, warned the alarming figures should be viewed with caution.

"There appears to have been a doubling amongst teen males but this is due to particularly

### SUICIDE STATISTICS:

- Suicide rates for 15 to 24-year-olds at highest rate in 10 years
- A third of all deaths of young men are due to suicide
- 41,000 young people aged 12-17 have made a suicide attempt
- Twice as many 15 to 19-year-old women died by suicide than in 2005
- Suicide rates have increased for children under the age of 14
- One-quarter of women aged 16-17 years old have self-harmed
- Aboriginal and Torres Strait Islander, LGBTIQ, seriously mentally ill youth are at high risk.



comparatively lower rates in 2004 and 2005,” he said.

“Otherwise their trend has been stable.”

Dr Burns also warned that due to low rates of suicides reported for women, small increases could appear substantial.

“Most of the purported doubling in rates amongst teenage females occurred with a sudden increase in 2015, it will take several years to confirm that this is a trend,” he said.

### No warning signs – ‘He seemed OK’

Lisa’s son Elliot took his life on the final day of Year 12, one week before his final exams. The high-achieving school captain was just days away from turning 18, and had shown no warning signs that he was struggling to cope.

“We knew he was a bit anxious but we had no idea it was crippling anxiety and should have been medicated, but he didn’t tell us,” she said.

“Things seemed OK. So really it came out of the blue.

“He obviously wasn’t resilient enough. We thought we’d raised resilient children and obviously he wasn’t.”

She said anything that could be done to prevent more young people losing their lives had to be put in place.

“It’s human to have all these emotions and it just shouldn’t be that people don’t feel safe enough or secure enough to be able to share what’s wrong with them,” she said.

### Young people being turned away from help

The report calls for a national suicide prevention strategy, supported by a specific youth suicide prevention strategy.

It also found more mental health services were needed for young people who were at high risk of suicide.

“We know that there are tens of thousands of young people who are turned away from services every year because services don’t have the capacity to respond to them,” Dr Robinson said.

“Unfortunately, very tragically, some of those young people will go on to take their own lives.”

### Better use of technology

The report also highlighted the role technology could play to prevent suicide and called for better online platforms, such as web-based counselling services, that could help people at risk of suicide.

Dr Robinson said online tools were highly acceptable to young people and the evidence showed they were working.

“Governments have been very cautious about this. In suicide prevention they talk about the potential harms that online platforms can do or can offer,” he said.

“While those concerns shouldn’t be taken lightly, we also think it’s time we looked at some of the opportunities that online platforms provide.

Professor Ian Hickie said despite new online technology being

blamed for increased bullying and suicide risks, the data showed the reverse.

“When technology is used appropriately to connect and support young people, actually suicidal behaviour and mental health problems go down, not up,” he said.

“And that may be part of the reason why in fact rates have been lower in this part of this century, then they were in the 1990s.

### Self-harm rising

The rise in suicide rates has also been mirrored by a rise in self-harm, according to the report, with hospitalisations for self-poisoning among women spiking in recent years.

Dr Robinson said the issue was not being taken seriously by the community and health services.

“We know one of the myths around self-harm is that young people who engage in self-harm are really attention-seeking and what we would say is that is absolutely not the case,” she said.

She said young people who self-harmed had reported being pepper-sprayed by emergency services, being sutured without pain relief and had received negative responses from health services.

“Self-harm in young people is often a risk factor for future suicide,” Dr Robinson said.

“The behaviour needs to be taken seriously.”

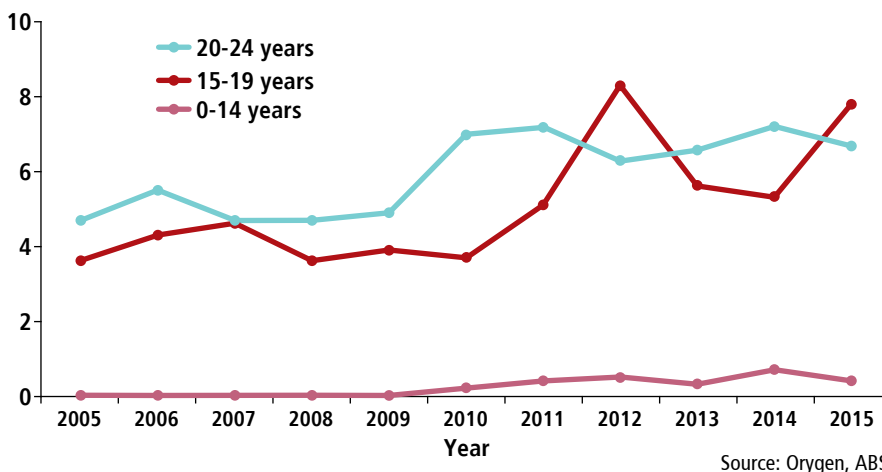
If you or someone you know needs help, call:

- Lifeline, 13 11 14
- Kids Helpline, 1800 551 800
- MensLine Australia, 1300 789 978
- Suicide Call Back Service, 1300 659 467

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Longbottom, J (30 November 2016). ‘Suicide rates for young Australians highest in 10 years’, *ABC News*. Retrieved from [www.abc.net.au/news](http://www.abc.net.au/news) on 6 December 2016

**FIGURE 1: SUICIDE RATES AMONG YOUNG WOMEN 2005-2015 (RATE PER 100,000)**



# RAISING THE BAR FOR YOUTH SUICIDE PREVENTION

The executive summary from a report released by **Orygen**, The National Centre of Excellence in Youth Mental Health

**I**n 2015 more young people aged 15-24 years died by suicide than any other means (including transport accidents and accidental poisonings). Over the past 10 years, rather than making inroads into reducing the number of young lives lost to suicide in Australia, there have instead been small but gradual increases in suicide rates. Twice as many young women aged 15-19 years died by suicide in 2015 than in 2005 and rates have also increased among young people under the age of 14 years.

This has mirrored high rates of self-harm among young people. Recent reports indicate that approximately one in four young women aged 16-17 years have self-harmed in their lifetime and hospitalisations for self-poisoning, again among young women, have spiked in recent years.

In 1995 Australia was one of the first countries in the world to develop a suicide prevention strategy, focused initially on young people. Successive national and state/territory suicide prevention strategies have been released although available evaluations are unable to link these to reductions in suicide or suicide-related behaviours at a national or community level. Further, an analysis of current suicide prevention policies across the country has identified gaps in evidence-based and young person appropriate, accessible and acceptable programs and services. We cannot afford to continue to focus on policies, programs and activities for which limited evidence exists; the cost of these tragic and preventable deaths is too great.

There are a number of reasons why a youth-specific response to suicide prevention is required. First is the increased susceptibility to the onset of mental ill-health during this period of life, and the well-documented elevated risk of suicide among those experiencing mental ill-health. Young people with serious and complex experiences of mental ill-health, for example affective disorders, personality disorders and psychosis, are most at risk of suicide and yet many are unable to access the youth focused specialist support services they need. We need to urgently respond to this critical gap in care.

Secondly rates of self-harm are unacceptably high in this age group, which in itself should act as an early indication for service providers and policy makers that many young people are distressed and crying out for help.

Finally, a recent analysis of suicide cluster data has shown that a youth suicide is more likely to be part of a cluster than an adult suicide. As such researchers, sector experts and young people themselves have suggested that responding to suicide among young people requires a different approach than for other



age groups. Responding early to both suicide risk and mental ill-health in young people could provide one of the 'best-bets' for suicide prevention moving forward.

At the time of publishing this report, the Australian Government is reinvigorating its suicide prevention strategy. This will include a significant role for the 31 Primary Health Networks (PHNs) across Australia who will now plan and commission regionally focused suicide prevention responses. It has also committed to the development of an equitable and integrated youth mental health system, a digital gateway into mental health care and a new end-to-end school-based mental health program.

Thanks to strong advocacy from the suicide prevention and mental health sector, most recently in the lead up to the 2016 Australian election, the Australian Government has identified further funding for suicide prevention research and evaluation and additional regional suicide prevention trial sites.

As such, there are now timely opportunities to ensure that evidence-based youth suicide prevention responses are embedded in new arrangements and activities. It will be critical that future government funded suicide prevention strategies and activities are robustly evaluated, using methods and instruments to ensure they measure youth acceptability and appropriateness as well as their impact on suicide-related outcomes.

Through the review of available research evidence and input from both suicide prevention and mental health sector experts and young people themselves,



this report presents a number of recommendations for future youth suicide prevention efforts in Australia (summarised below).

**1. National leadership and coordination is needed.**

In reinvigorating the national suicide prevention strategy, the Australian Government should:

- Develop a separate National Youth Suicide Prevention Implementation Plan and embed youth advisory mechanisms and processes to support the Australian Government and PHNs to design and evaluate suicide prevention activities.
- Facilitate and lead integration of suicide prevention policy and programs across other levels of government and outside of health (for example education, justice, and family services).
- Develop and improve access to the evidence base through the development of a better practice register and a national evaluation framework which ensures youth-related outcomes are collected.

**2. A system of youth mental health care should be built that responds early and effectively to suicide risk among young people.** Given evidence for the impact of contact with headspace and other specialist youth mental health services on reported self-harm and suicidal ideation, this should:

- Provide national coverage of headspace so that all young people in Australia have access.
- Enhance the youth mental health service model and provide seamless care through both the Australian and state/territory governments' mental health funding and service systems. This includes: a) resourcing and reshaping the provision of specialist mental health care to ensure it is integrated with early intervention services for young people (i.e. headspace); and b) ensure step-down access into the youth mental health system on discharge from hospital or emergency care.

**3. Regional responses should be developed that meet the needs of young people.** There is a strong role for the PHNs and community leaders to:

- Work with state/territory based local health networks to explore co-commissioning of post-discharge responses for young people.
- Ensure that regional systems-based models: a) include activities and programs that are evidence-based, appropriate, accessible and acceptable to young people and b) provide an adequate proportion of the PHNs suicide prevention funding to youth-specific activities.

**4. Government and service commissioners should prioritise a commitment to using technology in a proactive way.** For example:

- Governments should continue to support and resource critical national crisis services and infrastructure such as Lifeline, Kids Helpline and beyondblue. eheadspace should also be brought to scale, to ensure young people can access this service at the times when they need it most.
- Future online platforms should 'add value' for young people through age-appropriate interface and functionality; bridging service gaps of face-to-face care; addressing barriers to access (including connectivity and privacy concerns); and ensure online platforms are co-designed with young people.

**5. Responses in education settings need to reflect emerging evidence that suicide prevention programs can be delivered safely to students.** It is recommended that:

- School-based mental health programs include evidence-based suicide prevention programs that can be delivered directly to students.
- Government-funded mental health and suicide prevention education should be extended into tertiary education settings.

**6. Postvention programs are important and should be included in both community-based and school-based youth suicide prevention responses.**

**7. Gaps and barriers in youth suicide prevention research and data collection need to be addressed.** The research funding promised by the Australian Government in the 2016 election, as well as future National Health and Medical Research Council (NHMRC)/Australian Research Council (ARC) research priorities, should focus on addressing gaps that exist in the conduct of youth-focused and youth-friendly suicide prevention research.



Robinson, J, Bailey, E, Browne, V, Cox, G, and Hooper, C (2016). *Raising the bar for youth suicide prevention*. Orygen, The National Centre of Excellence in Youth Mental Health. Retrieved from [www.orygen.org.au](http://www.orygen.org.au) on 16 January 2017.

# PREVENTING SUICIDE BY YOUNG PEOPLE

THE FOLLOWING DISCUSSION PAPER WAS PRODUCED BY **YOURTOWN**

## Introduction

In 2013, 2,522 people died by suicide in Australia. Twenty-two of these were children aged 5-14 years, 148 were adolescents aged 15-19 years, and a further 200 were young people aged 20-24 years. Although the suicide rate for children and adolescents is lower than that for some older age groups, suicide is the leading cause of death in children and young people.

Suicide has immense effects on the families, friends, and communities of people who die by suicide, causing long lasting grief and guilt. Arguably, these effects are even greater when the person who died by suicide is young. It is estimated that suicide costs the Australian economy more than \$17 billion per year.<sup>1</sup> Researchers and policymakers recognise that suicide is preventable, yet suicide rates have changed little in the past 10 years.

## Purpose of this paper

BoysTown (now known as yourtown) is a service provider and advocate for children and young people. Consequently we are committed to increasing the effectiveness of responses to young people at risk of suicide.

BoysTown has a high level of contact with children and young people at risk of suicidal behaviours as our services specialise in responding to the needs of disadvantaged and 'at risk' children and youth. For example, BoysTown currently provides a range of services to young people and families seeking one-off and more intensive support including:

- Kids Helpline, a national 24/7 telephone and online counselling and support service for five to 25 year olds with special capacity for young people with mental health issues
- Accommodation responses to homeless families and women and children seeking refuge from domestic/family violence
- Parenting programs offering case work and child development programs for young parents and their children
- Parentline, a telephone counselling service for parents and carers in Queensland and the Northern Territory
- Paid employment to more than 150 young people annually in social enterprises as a transition strategy to the mainstream workforce
- Training and employment programs that skill and support approximately 11,000 young people each year, allowing them to re-engage with education and/or employment
- Responses to the needs of the peoples of the remote indigenous community of Balgo in Western Australia.

In our experience the current discourse about suicide in our community often fails to recognise the lived experience of young people. Implicit assumptions are



often made that the pathways to suicide for young people, including associated risk factors, are similar to those for adults. This approach inhibits the development of a systematic and effective response to young people experiencing suicidal behaviours.

Consequently this discussion paper aims to focus a spotlight on the unique experience of young people. It does this by providing a critical analysis of existing policy and evidence-based responses relevant to young people. This analysis subsequently identifies the existing gaps in our knowledge and promising but emerging intervention strategies that could be built on to improve the support young people receive.

In doing so we are seeking to commence a conversation with policy makers, practitioners, researchers, and those with lived experience to improve our mutual understanding about the perspectives young people have about suicide. We wish to use this understanding and collaboration to inform the development of more effective responses to reduce suicidal behaviours both in our own services and across the mental health system.

## Definitions

Suicidal behaviour encompasses a range of thoughts and behaviours that may or may not result in injury or death. There are no clear and widely agreed definitions of suicidal behaviour, particularly around the importance of whether the behaviour is undertaken with or without the intent to die.



- **Suicide attempt** – a non-fatal, self-directed, potentially injurious behaviour with an intent to die as a result of the behaviour; might not result in injury.
- **Suicidal ideation** – thinking about, considering, or planning suicide.<sup>2</sup>

We note that some researchers suggest that intent to die lies along a continuum, and that the World Health Organisation’s (WHO) 2014 report<sup>3</sup> on preventing suicide expressly included self-harm without suicidal intent in its definition of a suicide attempt. This inconsistency in terminology is more than just a semantic issue, as effective methods of prevention may differ for different types of behaviour.<sup>4</sup> Although non-suicidal self-injury (NSSI; e.g., superficial cutting) is a risk factor for suicide, it is different in many ways. NSSI is more prevalent, is engaged in more frequently, uses different methods, causes less severe injury, and is performed for different reasons.<sup>5</sup> In many cases the function of behaviour such as superficial cutting is to relieve psychological distress and enable the person to live, rather than take their own life.<sup>6</sup>

This paper is about behaviour that aligns with the CDC definitions of suicide, suicide attempt and suicidal ideation.

The United States Centers for Disease Control and Prevention (CDC) defines suicidal behaviours as follows:

- **Suicide** – death caused by self-directed injurious behaviour with intent to die as a result of the behaviour.

**TABLE 1: DEATHS BY SUICIDE IN CHILDREN AND YOUNG PEOPLE, 2013: NUMBER, RATE AND PROPORTION BY AGE GROUP**

	Number	Rate per 100,000	% of total deaths
0-14	22	0.5	1.4
15-19	148	10.1	32.0
20-24	200	12.2	29.6

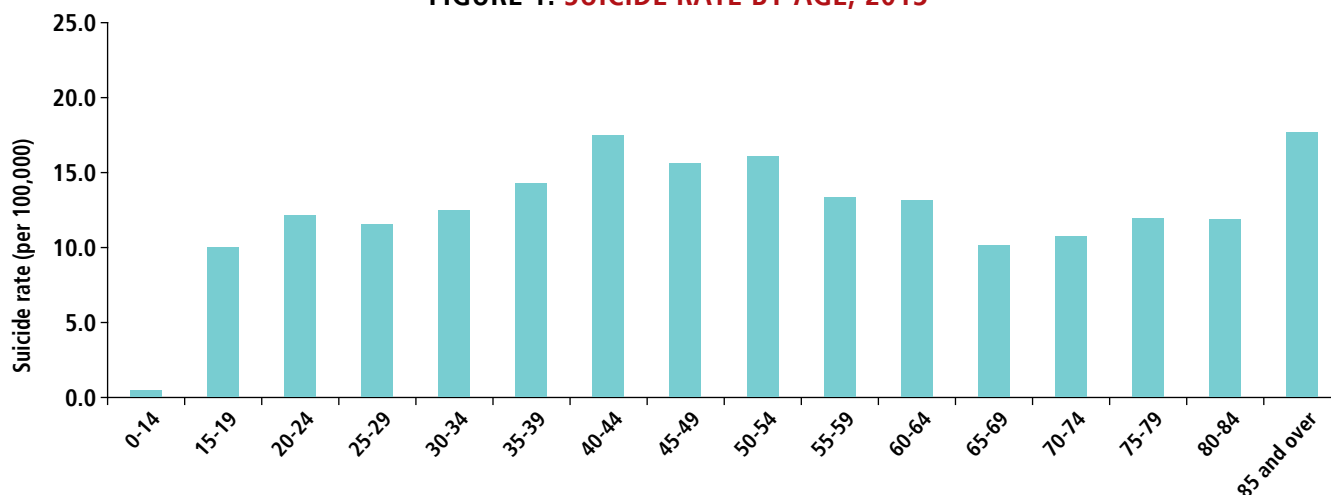
## Prevalence of suicidal behaviour in young people

### Deaths by suicide

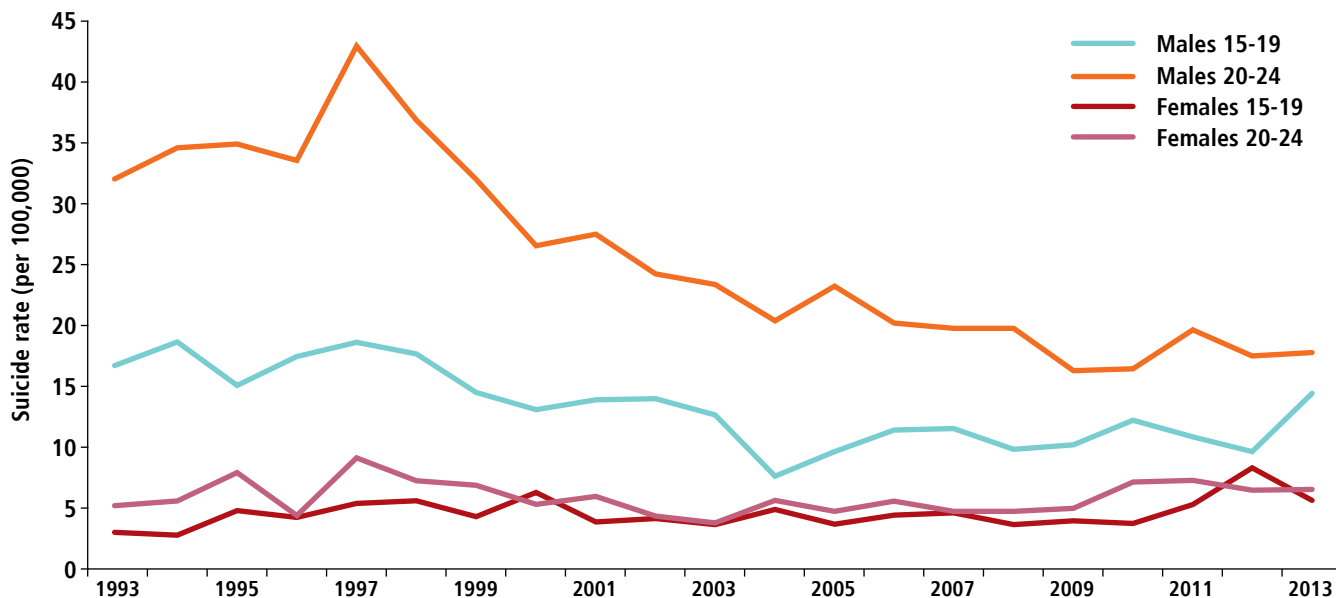
In 2013, 22 children aged 5-14 years, 72 adolescents aged 15-17 years, and 276 young people aged 18-24 years died as a result of suicide in Australia. As presented in Table 1, suicide accounted for close to one-third of deaths among 15-24 year olds.

Statistics in this section are based on the Australian Bureau of Statistics Catalogue 3303.0 *Causes of Death, Australia* publications. Because it is often difficult to determine intent, it is likely that published statistics under-represent actual suicide rates. In particular, authorities may be hesitant to make a finding of suicide in children, both to protect the child’s family and because it is difficult to be sure whether a child

**FIGURE 1: SUICIDE RATE BY AGE, 2013**



**FIGURE 2: SUICIDE RATE BETWEEN 1993 AND 2013, BY AGE AND GENDER**



understood the finality of their actions.

As shown in Figure 1, suicide rates increase rapidly as children enter adolescence, and then stabilise, before increasing somewhat at around 40 years of age.

Figure 2 presents the change in suicide rates of young people aged 15 to 24 years since 1993.<sup>i</sup> The suicide rate for males aged 20 to 24 has decreased significantly and the rate for males aged 15 to 19 years has decreased somewhat; however, the female suicide rate has remained relatively stable. While young males still account for a larger proportion of suicides than young females, the discrepancy is much smaller than in the past.<sup>ii</sup> It is also important to note that much of this decrease occurred between 1998 and 2004; there has been little further improvement since that time, and some indication that rates may be starting to increase.

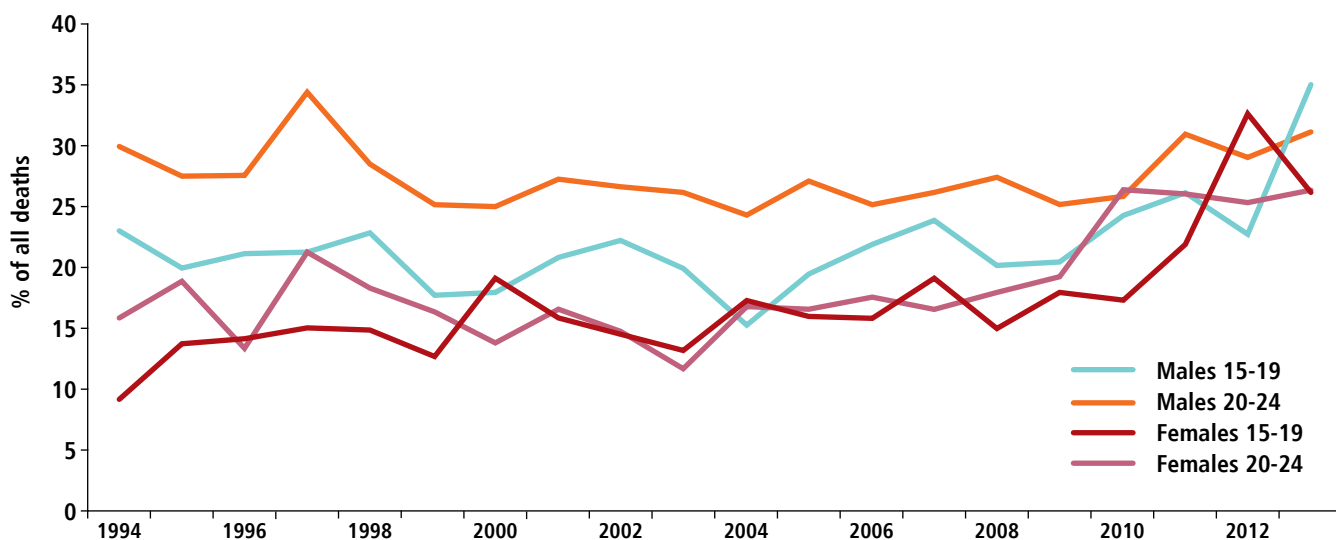
Although suicide rates for young people have fallen over the past 20 years, suicide as a proportion of all deaths in people aged 15 to 24 has increased (Figure 3). This is particularly evident for females and for males aged 15 to 19.

Overall suicide rates mask significant differences between different groups. Of the 370 deaths of children and young people recorded in 2013, 98 (26%) were female and 272 (74%) were male (however, females attempt suicide more often than males). Between 2009 and 2013, the average national suicide rate for non-indigenous children in Australia aged 5-17 years was 1.7 per 100,000. For Aboriginal and Torres Strait Islander children, it was almost five times higher, at 8.2 per 100,000.<sup>7</sup> Suicide is also more common in children living in rural and remote areas than children in metropolitan areas.<sup>8</sup>

### Suicide attempts and suicidal ideation

It is difficult to accurately estimate the prevalence of suicide attempts and suicidal ideation because there are no national or state systems providing quality data on non-fatal suicidal behaviour. Estimates of attempts are often based on either admissions to hospital, which exclude attempts that do not result in hospital admission, or on self-report surveys, which may be unreliable due to a reluctance to report.

**FIGURE 3: SUICIDE AS A PROPORTION OF ALL DEATHS BY AGE AND GENDER, 1993 TO 2013**



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It is estimated that 370,000 Australians think about ending their life every year, 91,000 make a suicide plan, and 65,000 (0.4% of the population) attempt suicide.<sup>9</sup> It is suggested that for every person who dies from suicide, as many as 30 people attempted suicide,<sup>10</sup> and the ratio of attempts to deaths may be even greater among young people.<sup>11</sup>

In contrast to death by suicide, suicide attempts are more prevalent among females, particularly young females. Approximately a quarter of all suicide attempts occur in females aged 15 to 24 years, and young women aged 15 to 19 years have the highest rate of suicide attempts.<sup>12</sup>

In the recent *Australian Child and Adolescent Survey of Mental Health and Wellbeing*, 10.7% of females and 4.5% of males aged 12 to 17 years reported having seriously considered suicide in the previous 12 months. Approximately one third of these, or 2.4% of all respondents, had attempted suicide in the previous 12 months. The relatively lower number of deaths relative to suicide attempts of females in Australia is partially explained by the lethality of the method chosen. Traditional gender roles, responses to emotional distress, and help-seeking behaviour are also likely to be important influences on gender differences in suicide deaths.<sup>13</sup>

### DISCUSSION POINT

Although young men die from suicide at higher rates than young women, young women attempt suicide at significantly higher rates than young men. Does a focus on reducing deaths risk neglecting the needs of females?

### Current government policy and strategy

The Australian Government was one of the first in the world to introduce a national suicide prevention strategy in 1995, with the 'Here for Life' National Youth Suicide Prevention Strategy, which focused on suicide by young people. In 1999, the National Suicide Prevention Strategy (NSPS) replaced Here for Life and expanded its focus to all age groups. The strategy aims to reduce both suicide attempts and loss of life through suicide.<sup>14</sup> The NSPS is an all-ages strategy, but a range of specific programs funded within the strategy and across broader mental health initiatives, target children and young people directly.

### NOTES

- i. ABS suicide data is recorded for the year in which the death was registered, which is not always the year in which it occurred. Consequently, while the data shows trends over time, data for single years should not be compared. Suicide data for children under 15 years was not available prior to 2013.
- ii. In 2007, the ABS introduced new coding guidelines for suicide which allowed them to examine the evidence and code a death as suicide when the coroner had not made a finding on intent. The resulting improvement in data quality may partially explain any recent increases in suicide rates.

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# Youth suicide – the warning signs

**Better Health Channel** offers advice on how to help young people experiencing suicidal thoughts by providing emotional and practical support

## Summary

- You don't have to be a trained professional to help a young person experiencing suicidal thoughts.
- Take all suicide threats seriously.
- You can help by offering emotional and practical support, by listening and by helping to link the person with professional help.

- Problem behaviour and substance misuse
- Lack of care (apathy) about dress and appearance, or a sudden change in weight
- Sudden and striking personality changes
- Withdrawal from friends and social activities
- Increased 'accident prone' incidents and self-harming behaviours.

## Most young people who complete suicide told someone of their plans

About 80 per cent of young people who complete suicide told someone they intended to kill themselves.

## Triggers of youth suicide

Stress can contribute to suicide. A young person or teenager may experience an overwhelming and immediate stress or they may have stress that builds up over a long time.

**I**n Victoria, more than 500 deaths per year are caused by suicide. Victorian figures reflect the national rates, with suicide a common cause of death in young people and teenagers, particularly men aged 15 to 24 years. Also of concern is the high rate of suicide in men aged between 35 and 50 years. In 2009, the standardised suicide death rate (per 100,000) in this age group was just over 22 per 100,000. The suicide rate is also high in people over 75 years of age.

Suicide occurs across all socio-economic levels. Suicide can be an impulsive act or a 'well thought out'

plan. All people – not just mental health professionals – can help young people experiencing suicidal thoughts by providing emotional and practical support.

## Warning signs of youth suicide

Predicting suicide is difficult. Changes in behaviour outside the person's normal range of behaviour (and which do not make sense to those close to them) may be a warning sign.

Other warning signs may include:

- Loss of interest in previously pleasurable activities
- Giving away prized possessions



## YOUTH SUICIDE MYTHS

Incorrect beliefs concerning suicide include:

MYTH	FACT
<i>Young people who talk about suicide never attempt or complete it. They are just seeking attention.</i>	It is more likely a cry for help and should always be taken seriously.
<i>Once a person is intent on suicide, there is no way to stop them. They will be suicidal forever.</i>	Suicide can be prevented. If they receive the help they seek, they are less likely to attempt suicide.
<i>Suicide is hereditary.</i>	While suicide tends to run in families, it is not hereditary. It is important for people experiencing suicidal thoughts to know that there are options other than ending their life.
<i>All suicidal young people are depressed.</i>	While depressed mood is common, this is not true for everyone who suicides.
<i>A marked and sudden improvement in mental state following a crisis indicates the suicide risk is over.</i>	When there have been signs of a possible suicide attempt, a sudden improvement in mood may in fact indicate that the person has finally decided to take their own life.

Stressful experiences that may contribute or trigger suicide include:

- Loss of an important person through death or divorce
- Incest or child abuse
- Bullying at school or in the workplace
- A sense of failure at school
- A sense of failure in relationships
- A break-up with a girlfriend or boyfriend
- The experience of discrimination, isolation and relationship conflicts with family, friends and others because the young person is gay or lesbian
- The recent suicide of a friend or relative, or an anniversary of a suicide or the death of someone close to them.

People who have attempted suicide before are very likely to try again. Those who have a history of harming themselves deliberately are also at higher risk of suicide.

### Helping a young person who is experiencing suicidal thoughts

You may be able to help a young person if you:

- Listen and encourage them to talk and show that you are taking their concerns seriously
- Tell the person that you care
- Acknowledge their fears, despair or sadness
- Provide reassurance, but do not dismiss the problem
- Ask if they are thinking of

hurting or killing themselves, and if they have a plan

- Point out the consequences of suicide for the person and those they leave behind
- Ensure they do not have access to lethal weapons or medications
- Stay with the person if they are at high risk of suicide
- Immediately tell someone else, preferably an adult
- Get help from professionals, offer to go with them to provide support
- Let them know where they can get other help
- Provide contact numbers and assist them to call if necessary.

### Things to avoid when helping a young person experiencing suicidal thoughts

Try to avoid:

- Interrupting with stories of your own
- Panicking or becoming angry
- Being judgmental
- Offering too much advice.

### Where to get help

- Your local community health centre
- A doctor (not necessarily the family doctor)
- Kids Helpline, Tel. 1800 55 1800
- Lifeline, Tel. 13 11 14
- Headspace, Tel. 1800 650 890
- Eheadsace, Tel. 1800 650 890
- SuicideLine, Tel. 1300 651 251

### Things to remember

- You don't have to be a trained professional to help a young person experiencing suicidal thoughts.
- Take all suicide threats seriously.
- You can help by offering emotional and practical support, by listening and by helping to link the person with professional help.

### REFERENCES

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# EXPLORING ISSUES

## WORKSHEETS AND ACTIVITIES

The Exploring Issues section comprises a range of ready-to-use worksheets featuring activities which relate to facts and views raised in this book.

The exercises presented in these worksheets are suitable for use by students at middle secondary school level and beyond. Some of the activities may be explored either individually or as a group.

As the information in this book is compiled from a number of different sources, readers are prompted to consider the origin of the text and to critically evaluate the questions presented.

Is the information cited from a primary or secondary source? Are you being presented with facts or opinions?

Is there any evidence of a particular bias or agenda? What are your own views after having explored the issues?

## CONTENTS

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Brainstorm, individually or as a group, to find out what you know about mental health and young people.

1. What is mental health? In your explanation, describe what good mental health is, and list the types of mental health problems often experienced by young people.

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2. What is a teenage mental health assessment, and what is it used for?

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3. What is the difference between a suicide attempt and suicidal ideation?

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4. What is an anxiety disorder?

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Complete the following activity on a separate sheet of paper if more space is required.

- 1. The media can tend to perpetuate stigma around mental illness. In the space below, explain what stigma is, and present examples of three recent instances where mental illness has been portrayed negatively in the media (e.g. news story, television show, movie, social media). Include the type of media and how you believe the stigma around mental illness is being perpetuated.**

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- 2. Provide three examples of mental health treatments or therapies commonly used to help teenagers. For each treatment/therapy, list the types of mental health problems it addresses, how it works, and the ways it could potentially assist in improving mental health.**

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Complete the following activity on a separate sheet of paper if more space is required.

Form into groups of two or more people and consider the questions below. Discuss your findings with other groups in the class.

- 1. "For many young people, the function of self-harm is a way to alleviate intense emotional pain or distress, or overwhelming negative feelings, thoughts, or memories. While every person is different, there are some warning signs that someone might be self-harming." With other members of your group, identify and discuss methods of self-harm and the physical and psychological warning signs that someone may be self-harming. Explore ways in which to assist them to seek help.

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- 2. In your group, take turns to discuss the following questions and assess how your day-to-day life is affected by your own mental health: How does stress affect you in your daily life? How does feeling sad or upset impact your personal relationships? If you are feeling lonely, how does it affect you? How does feeling good about yourself influence your overall wellbeing?

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Complete the following activities on a separate sheet of paper if more space is required.

Form into groups of two or more people and write a design brief for a brochure that provides advice on what to do if someone you know is feeling suicidal. In the brief, discuss potential warning signs and options to help a person feeling suicidal. Also discuss ideas on where to get help and how to put together an action plan. Include suggestions for text and images to maximise the impact of your message. Share your ideas with other groups in the class.

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Form into groups of two or more people and design a poster to educate other students on the types of serious mental health issues that affect young people and to create awareness of support services. Use statistics (with sources) to illustrate the prevalence of the different types of mental health issues and briefly explain how they affect young Australians. List the services available in your local area which can assist young people experiencing mental health problems. Include images and tag lines with your text to enhance the messages conveyed in your poster. Share your ideas with other groups in the class.

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## MULTIPLE CHOICE

Complete the following multiple choice questionnaire by circling or matching your preferred responses. The answers are at the end of this page.

**1. Which of the following are among the most common mental disorders in young people in Australia? (select any that apply)**

- a. Anxiety disorders
- b. Conduct disorder
- c. Gambling addiction
- d. Dementia
- e. ADHD
- f. Substance use disorder
- g. Parkinson's disease
- h. Major depressive disorder

**2. Which of the following are ways that you can help you to look after your mental health and wellbeing? (select any that apply)**

- a. Get a good night's sleep
- b. Drink alcohol
- c. Eat well
- d. Get involved in physical activities
- e. Take drugs
- f. Learn to relax
- g. Get involved in community events
- h. Develop assertiveness

**3. Australia was one of the first countries to develop a suicide prevention strategy specifically for young people (National Youth Suicide Prevention Strategy). In which year was this strategy launched?**

- a. 1975
- b. 1980
- c. 1985
- d. 1990
- e. 1995
- f. 2000
- g. 2005
- h. 2015

**4. Which of the following are potential signs of depression or anxiety? (select any that apply)**

- a. Poor school attendance
- b. Stomach problems
- c. Increased energy
- d. Loss of concentration
- e. Improvement in exam results
- f. Negative thinking
- g. Happiness
- h. Irritability

### MULTIPLE CHOICE ANSWERS

1 = a, b, e, f, h; 2 = a, c, d, f, g, h; 3 = e; 4 = a, b, d, f, h.

- A number of overlapping factors may increase your risk of developing a mental health problem. These can include; early life experiences, individual factors, current circumstances, and biological factors (headspace, *What is mental health?*). (p.2)
- The news media often focus on negative stories in general, and with mental illness it is the same. People with a mental illness are often mentioned in news stories about violence. Research has shown that two-thirds of stories involving mental illness were crime stories (Women's and Children's Health Network, *Mental health*). (p.4)
- Some studies suggest that what you eat affects your mood. A good balanced diet will make sure you have all the essential nutrients needed for your brain to function well (*ibid*). (p.4)
- In 2014-15, around 1 in 9 (11.7% or 2.1 million) Australians aged 18 years and over experienced high or very high levels of psychological distress (ABS, *National Health Survey, First Results, Australia 2014-15*). (p.5)
- In 2014-15, women aged 15-24 years reported having an anxiety-related condition at twice the rate of men of the same age (18.9% compared with 7.9%) (*ibid*). (p.6)
- In 2007, around 1 in 4 (26%) young people aged 16-24 experienced a mental disorder, with the most common disorders being anxiety disorders (15%) and substance use disorders (13%) (AIHW, *Australia's Welfare 2015*). (p.7)
- The rate of suicide among 15-24 year olds fluctuated between 2004 and 2013; however, overall there was a small increase from 9.6 deaths per 100,000 in 2004 to 11.2 in 2013. Unlike the pattern for intentional self-harm, young males had a higher rate of death from suicide than young females in 2013 (16.1 compared with 6.1 deaths per 100,000) (*ibid*). (p.7)
- Around 1 in 5 young people (21%) aged 18-24 years drank alcohol at risky levels for lifetime harm in 2013 (*ibid*). (p.7)
- Young people are high users of community mental health care services. Around 18% of all service contacts were youths aged 15-24 in 2012-13 (1.1 million service contacts). This is a rate of 487 contacts per 1,000 young people compared with 371 per 1,000 for the total population (*ibid*). (p.8)
- According to a survey, Attention Deficit Hyperactivity Disorder (ADHD) was the most common mental disorder (just over 7% of 4-17 year olds or 298,000), followed by anxiety disorders (just under 7% or 278,000), major depressive disorder (3% or 112,000) and conduct disorder (2% or 83,600) (AIHW, *Mental Health Services In Brief 2015*). (p.9)
- Of the four types of disorder, major depressive disorder had the greatest impact on school attendance. The average number of days absent from school due to major depressive disorder was 20 days, followed by 12 days for anxiety disorders, 8 days for conduct disorder and 5 days for ADHD (*ibid*). (p.10)
- Adolescence is a time when a number of changes to the 'body clock' impact on sleeping patterns and you are more likely to have problems with sleep. Developing a sleeping routine can help you sleep much better (headspace, *Tips for a healthy headspace*). (p.19)
- Signs of depression or anxiety include withdrawn or reduced social behaviour, low mood, poor school attendance, lethargy, impaired concentration, irrational or pessimistic thinking, loss of interest, irritability, anger, stomach problems, restlessness and increased worrying. These sometimes overlap with the negative attitude cultivated by rebelling teenagers (Batterham, P and Calear, A, *What can parents do about their teenagers' mental health?*). (p.25)
- Teenagers at risk of mental health problems may also abuse substances, including alcohol, which often exacerbates depression or anxiety. Relationship problems, parental separation, experience of traumatic events and other social or family stressors may also increase risk for mental health problems (*ibid*). (p.25)
- Art, music and dance/movement therapy are all forms of psychotherapy that can help with emotional, relationship or behaviour problems (Raising Children Network Ltd, *Mental health treatments and therapies for teenagers*). (p.34)
- A 2015 survey found that approximately 1 in 10 Australian adolescents had engaged in self-harming behaviour. Among young women aged 16-17 years, 22.8% had self-harmed in their lifetime (Orygen, *Looking the other way – young people and self-harm*). (p.35)
- In 2015 more young people aged 15-24 years died by suicide than any other means (including transport accidents and accidental poisonings) (Robinson, J, Bailey, E, Browne, V, Cox, G, and Hooper, C, *Raising the bar for youth suicide prevention*). (p.43)
- In 1995 Australia was one of the first countries in the world to develop a suicide prevention strategy, focused initially on young people (*ibid*). (p.43)
- In 2013, 2,522 people died by suicide in Australia. 22 of these were children aged 5-14 years, 148 were adolescents aged 15-19 years, and a further 200 were young people aged 20-24 years (Yourtown, *Preventing Suicide by Young People: Discussion Paper*). (p.45)
- Between 2009 and 2013, the average national suicide rate for non-indigenous children in Australia aged 5-17 years was 1.7 per 100,000. For Aboriginal and Torres Strait Islander children, it was almost five times higher, at 8.2 per 100,000 (*ibid*). (p.47)
- It is estimated that 370,000 Australians think about ending their life every year, 91,000 make a suicide plan, and 65,000 (0.4% of the population) attempt suicide (*ibid*). (p.48)
- About 80% of young people who complete suicide told someone they intended to kill themselves (Better Health Channel, *Youth suicide – the warning signs*). (p.49)

## Anxiety disorders

When anxiety is so persistent it stops you doing things you want to, or persists even when all logical reasons to be anxious are absent, e.g. generalised anxiety disorder involves chronic worry without a definitive cause, while social phobia involves a fear of talking to or being around others.

## Depression

Mood disorder with prolonged feelings of being sad, hopeless, low and inadequate, with a loss of interest or pleasure in activities and often with suicidal thoughts or self-blame.

## Mental and behavioural conditions

These conditions result from an interplay of biological, social, psychological, environmental and economic factors, and can change a person's thinking, feelings, and behaviour causing the person distress and difficulty in functioning. In 2014-15 there were 4 million Australians (17.5%) reporting having a mental or behavioural condition. Anxiety-related conditions were most frequently reported, followed by mood (affective) disorders, including depression. Around one in twenty Australians reported having both an anxiety-related condition and a mood disorder.

## Mental health

Mental health is about how people feel, think, behave and act. It includes: how you feel about yourself and your life; how you respond to stress; how you cope with things that come up in your life; your self-esteem or confidence; and how you see yourself and your future.

## Mental health assessment

An appointment, consultation or interview with a health professional such as a GP, psychologist or counsellor. These appointments are designed to find out what your mental health issues are. A mental health assessment should help you understand your current symptoms and spot any possible triggers that might make your condition worse or obstacles that might stop you from getting better.

## Mental health treatment

An assessment should result in a treatment plan that aims to improve your wellbeing and reduce symptoms. The plan should focus on things that make you stressed and trigger symptoms or make them worse. Common treatments for children and teenagers include: counselling, psychotherapy, cognitive behaviour therapy, behaviour therapy, interpersonal therapy, e-therapies, medication, anger and stress management, self-esteem training, family therapy, creative therapies and mindfulness-based stress reduction therapies.

## Mental illness

A mental illness is a diagnosable psychiatric disorder resulting in significant impairment, disability or disadvantage. Mental illness occurs when your feelings, emotions or thinking become disturbed.

## Mood disorders

Everyone has changes in their mood and there are good reasons for these mood changes. People who have mood disorders tend to have big changes in their moods for no

obvious reason. They may be excited or happy for no reason or upset and sad when good things are happening in their lives. When severe mood swings keep happening without good reason it is likely that the person has a mood disorder.

## Psychological distress

One indication of the mental health and wellbeing of a population is provided by measuring levels of psychological distress using the Kessler Psychological Distress Scale (K10). The K10 questionnaire was developed to yield a global measure of psychosocial distress, based on questions about people's level of nervousness, agitation, psychological fatigue and depression in the past four weeks.

## Resilience

Resilience is the ability to bounce back after experiencing trauma or stress, and learn and grow through both positive and negative experiences of life, turning potentially traumatic experiences into constructive ones. Factors that contribute to resilience include personal coping skills and strategies for dealing with adversity, such as problem-solving, cognitive and emotional skills, communication skills and help-seeking behaviours.

## Self-harm

When an individual deliberately hurts or mutilates their body without the intent of suicide. There are many different types of behaviours that can be considered self-harming, including self-cutting, self-poisoning and self-burning.

## Suicidal behaviour

Includes the spectrum of activities related to suicide and self-harm including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts. There are no clear and widely agreed definitions of suicidal behaviour, particularly around the importance of whether the behaviour is undertaken with or without the intent to die.

## Suicide

Death caused by self-directed injurious behaviour with intent to die as a result of the behaviour. A suicide attempt is self-inflicted harm where death does not occur but the intention of the person was to die. There are three types of attempted suicide: without injury, with injury, and a with a fatal outcome (suicide).

## Suicide prevention

Actions or initiatives to reduce the risk of suicide among populations or specific target groups.

## Youth mental health problems and disorders

Based on the 2015 Young Minds Matter survey, 14% of children and adolescents aged 4-17 were assessed as having mental health disorders in the previous 12 months (560,000). Mental disorders were more common in males than females; Attention Deficit Hyperactivity Disorder was the most common mental disorder, followed by anxiety disorders, major depressive disorder and conduct disorder. Almost one-third with a disorder had two or more mental disorders at some time in the previous 12 months.

## Websites with further information on the topic

Australian Bureau of Statistics [www.abs.gov.au](http://www.abs.gov.au)  
 Australian Institute of Health and Welfare [www.aihw.gov.au](http://www.aihw.gov.au)  
 Better Health Channel [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)  
 beyondblue – the national depression initiative [www.beyondblue.org.au](http://www.beyondblue.org.au)  
 Black Dog Institute [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)  
 headspace <http://headspace.org.au>  
 Kids Helpline [www.kidshelp.com.au](http://www.kidshelp.com.au)  
 Lifeline Australia [www.lifeline.org.au](http://www.lifeline.org.au)  
 Mindhealthconnect [www.mindhealthconnect.org.au](http://www.mindhealthconnect.org.au)  
 Orygen Youth Health <http://oyh.org.au>  
 Raising Children Network <http://raisingchildren.net.au>  
 ReachOut Australia [www.reachout.com.au](http://www.reachout.com.au)  
 SANE Australia [www.sane.org](http://www.sane.org)  
 Suicide Prevention Australia [www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)  
 Young Minds Matter <http://youngmindsmatter.org.au>  
 Youth Beyond Blue [www.youthbeyondblue.com](http://www.youthbeyondblue.com)

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- Headspace
- ReachOut Australia
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## A

Aboriginal and Torres Strait Islander people 12, 14-15, 36, 41, 47  
 alcohol use 1, 7-8, 10, 13, 16, 19, 22, 24, 25, 38, 39 *see also* drug use; substance use  
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 Attention Deficit Hyperactivity Disorder (ADHD) 9-10

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