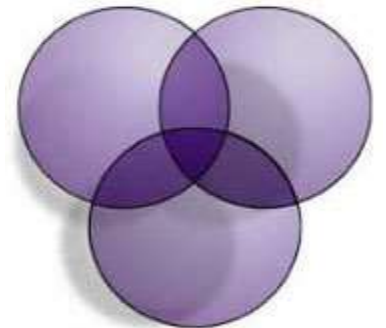


Adolescent Mental Health

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TRI-COUNTY
MENTAL HEALTH
SERVICES, INC.

What is a Mental Disorder?

A **mental disorder** or **mental illness** is a diagnosable illness that

- Affects a person's thinking, emotional state and behavior
- Disrupts the person's ability to
 - Work or attend school
 - Carry out daily activities
 - Engage in satisfying relationships

Disorders You Might Hear About

- * ADD/ADHD/ODD
- * Anxiety Disorders
- * Bipolar Disorder
- * Depression
- * Eating Disorders
- * Psychosis
- * Substance Use Disorders

U.S. Youth with a Mental Disorder During Adolescence (Age 13-18)

	Prevalence (%)	With severe impact (%)
Anxiety disorders	31.9	8.3
Behavior disorders	19.1	9.6
Mood disorders	14.3	11.2
Substance use disorders	11.4	n/a
Overall prevalence (with severe impact)		22.2

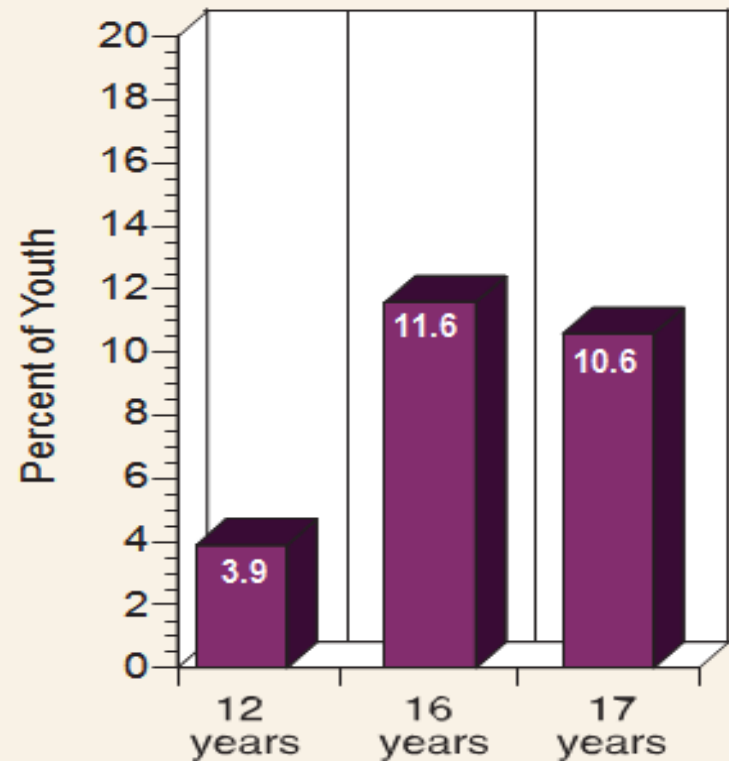
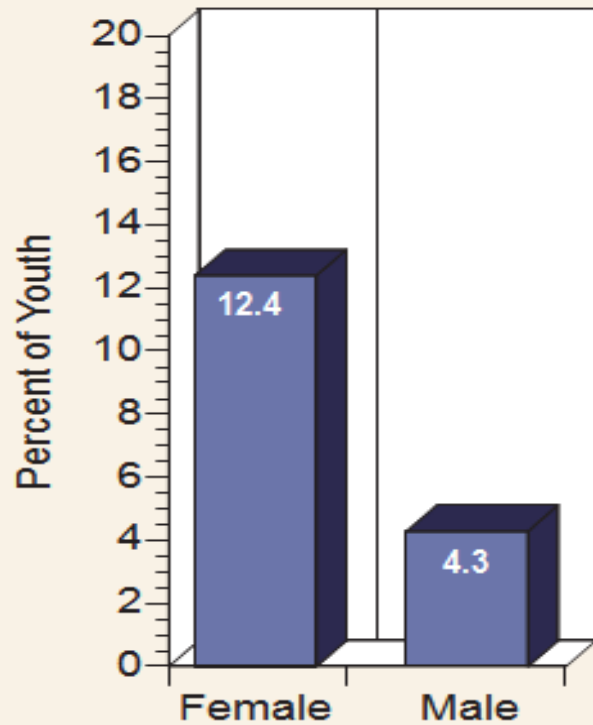
Additional Prevalence Highlights for USA Youth

*3% have an eating disorder

*4% have ADD/ADHD

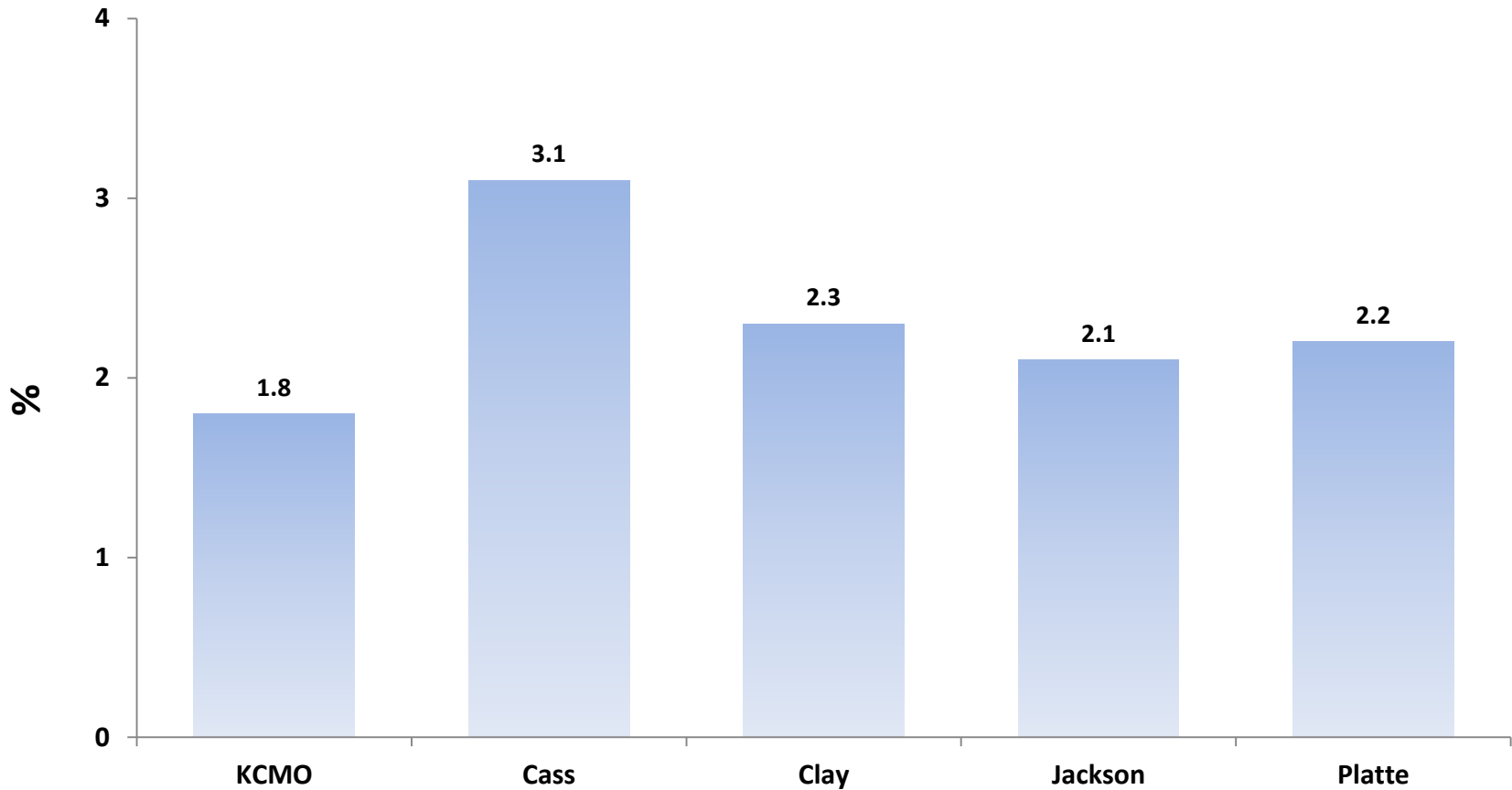
Prevalence

Prevalence of Depression Among U.S. Youth by Sex and Age

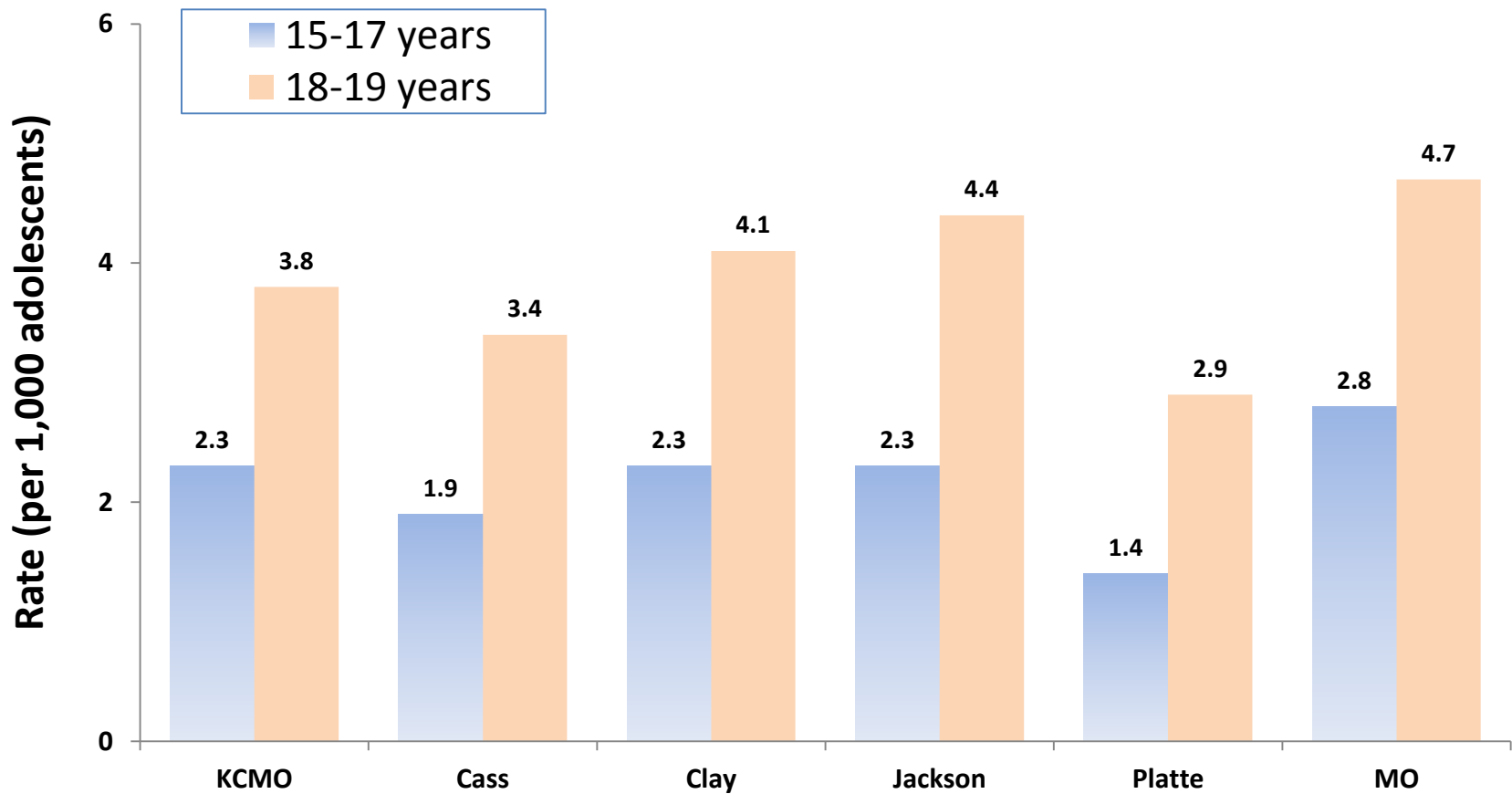


Data courtesy of SAMHSA

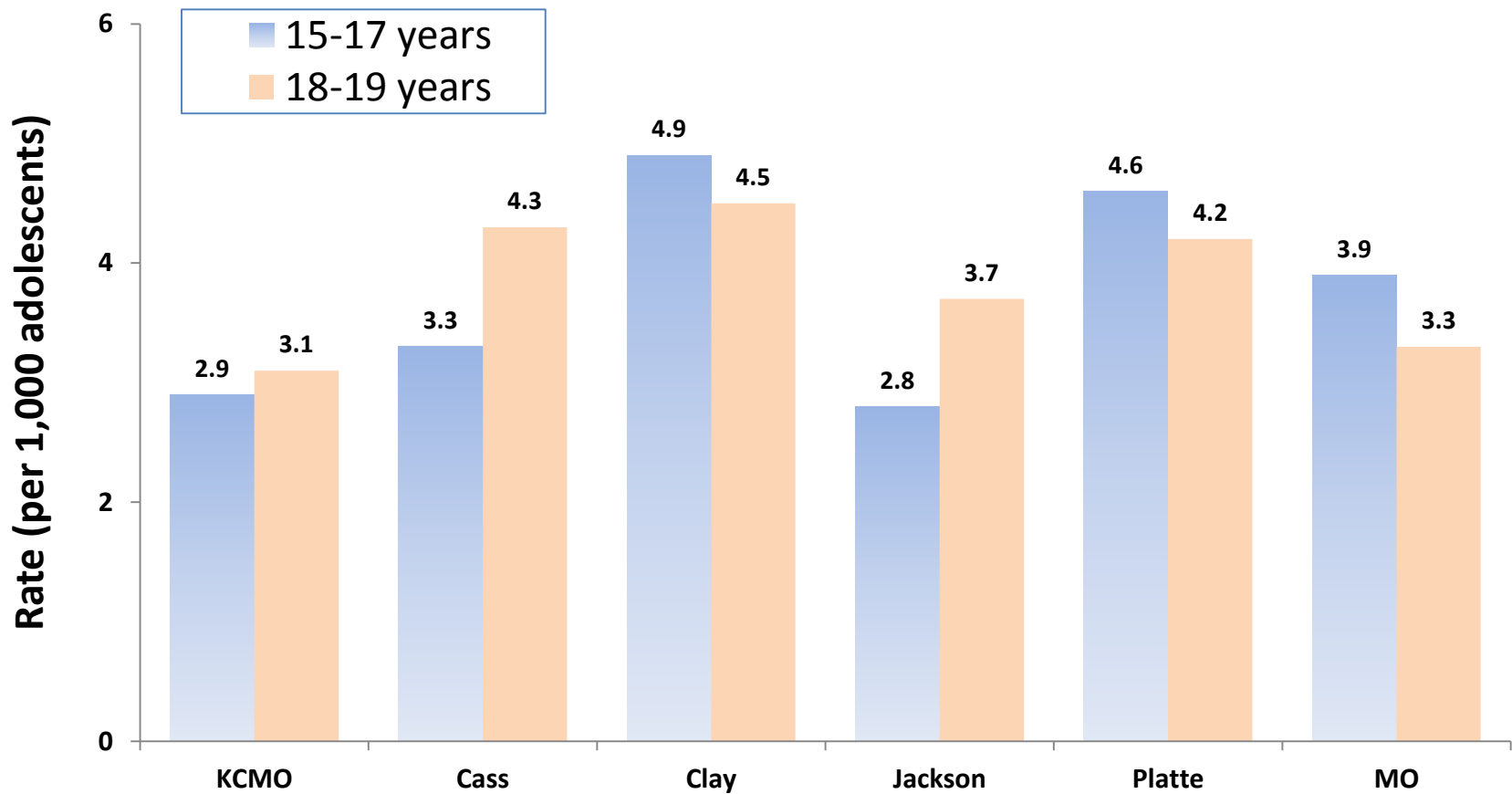
Percent of inpatients with suicide attempt of all hospitalizations in children and adolescents ages 10-19 years, 2004-2013



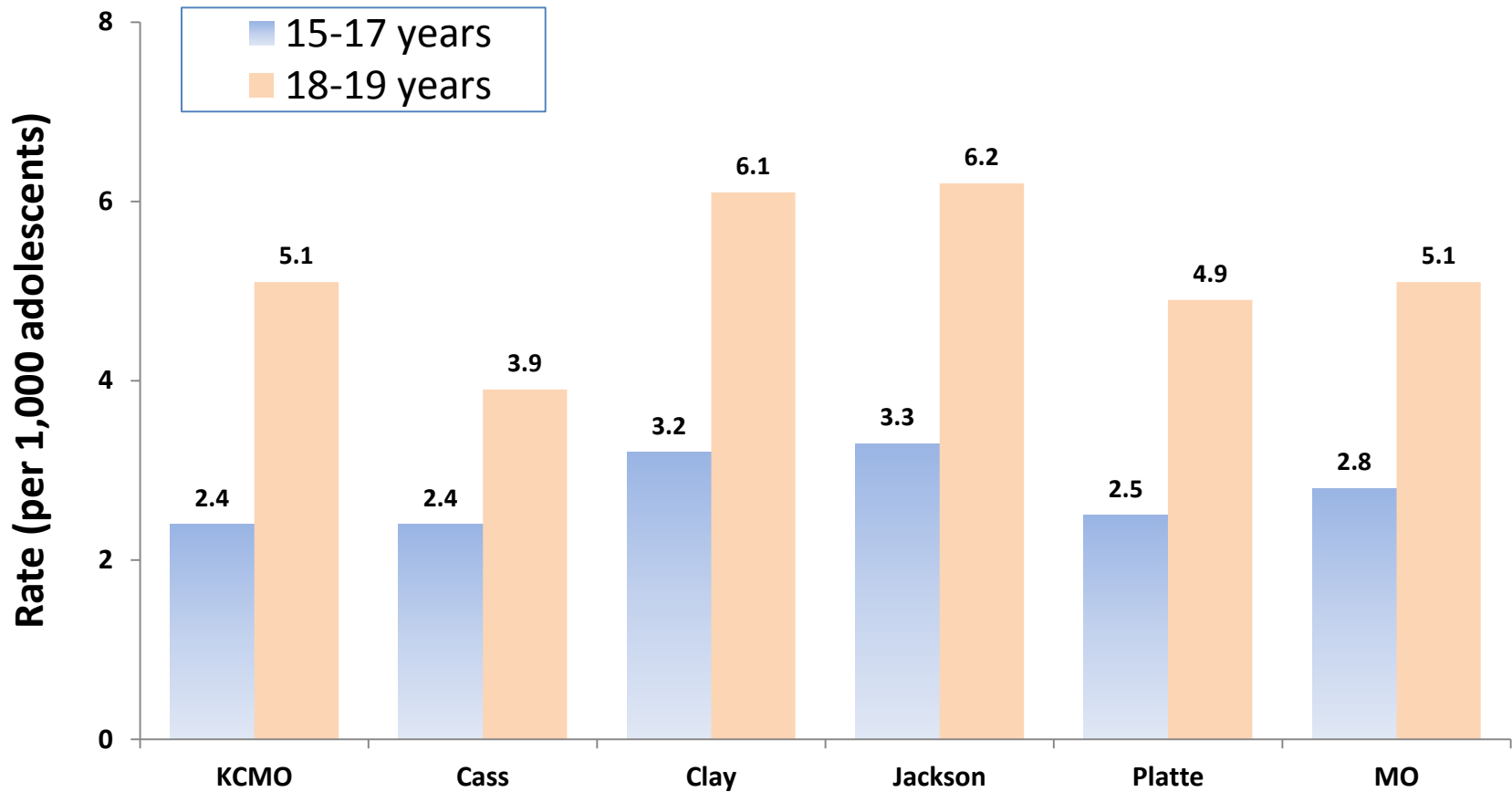
Rates of emergency department visits due to anxiety in adolescents ages 15-19, 2009-2013



Rates of emergency department visits due to affective disorders in adolescents ages 15-19, 2009-2013



Rates of emergency department visits due to alcohol and substance-related mental disorders in adolescents ages 15-19, 2009-2013



Emergency department (ED) visit and hospitalization rates by selected mental disorders in children ages 5-17, KCMO 2009-2013

	Cass	Clay	Jackson	Platte	Kansas City
Causes	Rate	Rate	Rate	Rate	Rate
	Emergency department (ED)				
Hyperkinetic syndrome of childhood	19.1	4.6	8.1	1.8	9.5
Adjustment reaction	22.7	9.3	22.8	7.1	23.7
Disturbance of conduct and emotions	9.7	5.1	6.2	5.2	7.5
	Hospitalization				
Personality disorders	1.0	4.4	2.0	2.1	2.5
Adjustment reaction	5.9	7.3	3.2	7.4	3.3
Disturbance of conduct and emotions	9.2	21.6	18.4	20.5	21.9

*Rate per 1,000 children

Median Age of Onset

One-half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24

- * Anxiety Disorders – Age 11
- * Eating Disorders – Age 15
- * Substance Use Disorders – Age 20
- * Schizophrenia – Age 23
- * Bipolar – Age 25
- * Depression – Age 32

Typical Adolescent Development

- * **Physical Changes**

- * Changes in hormones
- * Increases in height and weight
- * Becoming more focused on physical concerns

- * **Mental Changes**

- * Developing more abstract thinking skills
- * Using logic and reason more in decision making
- * Developing own beliefs
- * Beginning to question authority

Typical Adolescent Development

- * **Emotional Changes**

- * Can be quick to change
- * Feel more intensely
- * Can lead to risk taking and impulsive behavior

- * **Social Changes**

- * May experiment with different levels of social and cultural identity
- * Peer influence increases
- * Notice sexual identity
- * Learn to manage relationships, including romantic relationships

Resiliency

- * Most youth pass through adolescence with relatively little difficulty despite all of these challenges.
- * When difficulties are encountered, youth tend to be quite resilient:
 - * Thrive
 - * Mature
 - * Increase their competence



Possible Signs of Adolescent Mental Health Disorder

Compare these to those
under **Typical** Adolescent
Development

Signs & Symptoms: Physical

- * **Cardiovascular:** pounding heart, chest pain, rapid heartbeat, blushing
- * **Respiratory:** fast breathing, shortness of breath
- * **Neurological:** dizziness, headache, sweating, tingling, numbness
- * **Gastrointestinal:** choking, dry mouth, stomach pains, nausea, vomiting, diarrhea
- * **Musculoskeletal:** muscle aches and pains, restlessness, tremors and shaking, inability to relax

Signs & Symptoms: Physical

- * **Hormonal:** irregular menstrual cycle, loss of nocturnal emissions, loss of sexual desire
- * **Changes in normal patterns:** overeating or not eating at all, sleeping much more or much less
- * **Appearance:**
 - * Change in hygiene, unkempt
 - * Eyes bloodshot or glassy
 - * Weight gain or loss



Signs & Symptoms: Emotions

- * Depressed mood and/or mood swings
- * Unrealistic or excessive anxiety or guilt
- * Excessive irritability or anger
- * Lack of inhibition
- * Lack of emotion or emotional response
- * Helplessness or hopelessness
- * Oversensitivity to comments/criticism
- * Low self-esteem



Signs & Symptoms: Thoughts

- * Frequent self-criticism or self-blame
- * Pessimism
- * Difficulty concentrating or remembering
- * Indecisiveness or confusion
- * Rigid thinking
- * Racing thoughts
- * Tendency to believe others see one in a negative light
- * Altered sense of self
- * Delusions or hallucinations
- * Odd ideas; lack of insight
- * Suspiciousness
- * Thoughts of death and suicide

Signs & Symptoms: Behaviors

- * Crying spells
- * Withdrawal from others
- * Neglect of responsibilities
- * Loss of interest in personal appearance
- * Loss of motivation
- * Slow movement
- * Use of drugs and alcohol
- * Changes in energy level
- * Obsessive or compulsive behavior
- * Avoidance or phobic behavior
- * Showing distress
- * Talking rapidly

Typical Stages vs. Warning Signs

- * Examine the impact of change
 - * Is the youth struggling
 - * In school
 - * In social settings
 - * In daily activities

Symptoms of a mental illness can often appear similar to typical development during this period

Typical Stages vs. Symptoms

Typical Adolescence	Potential Warning Sign
Withdrawing from family to spend more time with friends	Withdrawing from friends, family and social activity
Wanting more privacy	Becoming secretive; need for privacy seems to be hiding something
Moving from childhood likes to teen pursuits	Losing interest in favorite activities and not replacing with other pursuits

Risk Factors

- * Exposure to stressful life events/abuse/**trauma**
- * Difficult or abusive childhood
- * Ongoing stress and anxiety
- * Medical conditions and hormonal changes
- * Side effects of medication
- * Illness that is life threatening, chronic, or associated with pain
- * Brain injury
- * Previous episode of a mental illness or another mental illness

Risk Factors

- * Family history/genetics
- * Learned behavior
- * Chemical imbalance
- * Substance misuse and sensitivity
- * Seasonal changes
- * Environmental factors

Protective Factors

- * Healthy practices
- * High self-esteem
- * Good problem solving skills
- * Feeling of control in their own life
- * Spirituality
- * Avoiding alcohol, tobacco and other drugs
- * Consistent home/family routine
- * Parental/familial support
- * Monitoring of youth's activities

Protective Factors

- * Regular school attendance and academic performance
- * Having a good social support system
- * Economic security
- * Availability of constructive recreation
- * Community bonding
- * Feeling close to at least one adult

Developmental Assets

- * Concrete, common sense, positive experiences and qualities essential to youth
 - * Powerful building blocks that influence youth and their choices
-
- * **External**
 - * Support
 - * Empowerment
 - * Boundaries and Expectations
 - * Constructive Use of Time
 - * **Internal**
 - * Commitment to Learning
 - * Positive Values
 - * Social Competencies
 - * Positive Identity

What Can We Do to Reduce MH Issues Among Youth?

- * Become certified in YMHFA and promote to others who work with youth.
- * Research and become aware of Trauma Informed Care (Paper Tigers).
- * Promote programs that encourage youth to talk to an informed adult if they are having MH issues (Blue Dot schools).

Mental Health First Aid-What is it?

Mental Health First Aid (MHFA) is the help offered to a person (young or adult) experiencing a mental health challenge, mental disorder, or a mental health crisis. The first aid is given until appropriate help is received or until the crisis resolves.

Mental Health First Aid does not teach people to diagnose or to provide treatment.

YMHFA ALGEE Action Plan

- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

What is Trauma Informed Care?

- Involves all aspects of program activities, setting, relationships, and atmosphere (more than implementing new services)
- Involves all groups: administrators, supervisors, direct service staff, support staff, and children/youth/families (more than service providers)
- Involves making trauma-informed change into a new routine, a new way of thinking and acting (more than new information)

Trauma Informed Care (contd.)

We need to presume that those we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*.

Reducing Stigma and Barriers for Youth to Discuss Mental Health

- * Mental Health questions should be part of standard clinical questions for adolescents.
- * Stress and depression should be discussions in the schools, as well as in the faith community, clubs, sports, etc.
- * Blue Dot program and Live Your Life campaigns

Questions??

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