

June 2004 No. 6

# REVOLVE

## RESPONDING TO MENTAL HEALTH ISSUES AMONGST YOUNG PEOPLE

By Vivianne Gloz Youth Research Officer

Mental health is defined as “‘a state of successful performance of mental function’ which allows people to undertake productive activities, experience meaningful interpersonal relationships, adapt to change and cope with adversity“ (USDHHS, 1999, cited in Australian Institute of Health and Welfare (AIHW), 2003, p.89). Mental ill health (ie. unsuccessful performance of mental function) can be manifested along a continuum including psychological distress, mental health problems and clinical disorders (AIHW, 2003, p.89). Mental health problems and disorders are increasing in Australia’s youth population, with the experience of depression occurring amongst young people at an age earlier than previously typical (Patton, 1999, cited in Kowalenko, Wignall, Rapee et al, 2002, p.23). It is during adolescence and young adulthood (12-25 years) when the first onset on many mental illnesses is experienced, and is a time when mental disorders increase in frequency (Pitman, 2004, p.22). Some mental disorders, such as eating disorders and depression, are at their peak in this age bracket (Pitman, 2004, p.22). It is these issues and concerns that emphasise the need for organisations and practitioners working with young people to be aware of, and responsive to, the issues associated with the mental health of young people. It is the aim of this issue of Revolve to not only highlight the prevalence of mental illness amongst young people in Australia, but also to stimulate discussion around how Christian youth workers might respond to young people presenting with mental health issues, and how we can develop programs that assist in the prevention and early intervention of mental illness among young people.

### THE FACTS

- One in four young people will experience at least one episode of depression by the time they are 18 (Kowalenko et al, 2002, p.24).
- Depression is set to become the second most significant world health concern by 2020 (Murray and Lopez, 1996, cited in Garvin, McAllister and Robinson, 2002, p.17).
- The most recent prevalence survey of mental health found that 14% of young people aged 12-17 years (or 217,000 young people) had a mental health problem (AIHW, 2003, p.93).
- Amongst the 18-24 age group, 26.5%, or over 418,000 young people, had a mental health problem (AIHW, 2003, p.96).
- Hospitalisations of young people for mental and behavioural disorders increased by 28% to 43,000 between 1997 and 2001 (AIHW, 2003, p.98).
- The most frequent mental health diagnoses were depression, eating disorders (amongst young women), schizophrenia (amongst young men), reaction to severe stress and adjustment disorders (AIHW, 2003, p.100).
- 38% of young people know someone with an eating disorder (Pitman, 2004, p.23)
- In 1997, 22% of males and 11% of females had a substance use disorder (AIHW, 2003, p.101).
- 5% of young people aged 15-16 year olds have intentionally self-harmed in the last 12 months (Patton, 1997, cited in AIHW, 2003, p.106).
- In 2001, there were 349 deaths from suicide of young people aged 12-24 years (14% of the total deaths from suicide in Australia) (AIHW, 2003, p.108).
- 12% of young people aged 13-17 had experienced thoughts of suicide and 4% had made a suicide attempt (AIHW, 2003, p.109)
- Nearly four out of ten (39%) young people knew someone who had attempted suicide, and 35% knew someone who had self-harmed (Pitman, 2004, p.23).
- Approximately 23% of all children and young people with one disorder, have symptoms of a second (Pitman, 2004, p.28)

## RECOGNISING MENTAL ILLNESSES

### DEPRESSION:

A young person may be depressed if they feel sad and down for a more than a couple of weeks. They may also experience some or all of the things below:

- Feelings of hopelessness or helplessness
- Loss of interest in what they usually enjoy
- A lack of energy
- Changes in sleeping and eating patterns
- Crying a lot for no reason
- Feeling anxious

(Reach Out, 2004).

### PSYCHOSIS:

A young person experiencing a psychotic episode may appear confused and out of touch with everyone else's perception of the world (Reach Out, 2004). They may:

- Have hallucinations
- Have false beliefs (delusions)
- Hear voices that may not be heard by anyone else
- Experience paranoia
- Have strange, disorganised thinking and behaviour
- Have difficulty speaking coherently
- Appear quite flat

(Reach Out, 2004)

Some drugs including amphetamines, marijuana and hallucinogens may trigger a psychotic episode.

### SCHIZOPHRENIA:

Schizophrenic disorders are characterised by a lack of reality testing and by deterioration of social and intellectual functioning and personality (Lefton, 2000, p.548). People with schizophrenia may experience psychosis. Other symptoms are difficulty maintaining logical thought and coherent conversation, ongoing delusions and emotional responses that do not fit the circumstances (Lefton, 2000, pp.549-550). Schizophrenia does not mean that someone has 'split' personalities.

### EATING DISORDERS

Eating disorder refer to a group of illnesses, including Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder, where someone has a distorted view of body shape and weight and has extreme disturbances in their eating behaviour (Reach Out, 2004).

**Anorexia Nervosa**—common signs may be:

- Marked weight loss and fear of putting on weight
- Not wanting to eat, and avoiding eating in groups
- Over exercising
- Obsessive weighing
- Feeling that they are too fat, even though they may be very thin
- Nails and hair become brittle
- Dry and yellow skin
- Feeling depressed and irritable

**Bulimia Nervosa**—common signs may be:

- Eating unusually large amounts of food
- Being secretive about what is eaten and when
- Visiting the bathroom after eating
- Over exercising
- Being very critical of one's self
- Moody

- Depression
- Regularly tired/lacking energy
- Sore throat
- Decaying teeth

**Binge Eating Disorder**—common signs may be:

- Feeling that eating is out of control
- Eating what most people would consider to be a large amount of food
- Eating to the point of feeling uncomfortable
- Eating large amounts of food, even when you are not really hungry
- Being secretive about what is eaten and when
- Being embarrassed by the amount of food eaten
- Feeling disgusted, depressed or guilty about overeating. (Reach Out, 2004)

### **ANXIETY DISORDERS**

Anxiety is a normal reaction to stressful life events and situations. However it becomes a problem when it interferes with normal daily activities. Symptoms may include:

- irritability or being in a constant bad mood
- difficulty concentrating
- difficulty getting to and staying asleep
- apprehension or a constant feeling that something bad is about to happen
- dry mouth and/or difficulty swallowing
- nightmares
- muscle tension and headaches
- rapid heart rate and breathing
- sweating
- trembling
- diarrhoea
- flare-up of an illness (e.g. dermatitis, asthma) (Reach Out, 2004)

### **ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

ADHD is a “physiological dysfunction that results in hyperactive, impulsive and inattentive behaviours” (National Health and Medical Research Council (NHMRC), 1997). It is difficult to diagnose in adolescence for many reasons; one being that young people with ADHD are more likely to have inattentive symptoms and mental rather than physical restlessness (which can be interpreted as laziness and boredom) (Nahlik, 2004, p.4). Young people with ADHD often find it hard to focus, plan, organize, and complete tasks (Lamberg, 2003, p.1565). ADHD is more common among adolescent males than females (Pitman, 2004, p.28).

### **SUICIDAL IDEATION**

Eight out of ten people who contemplate suicide show warning signs that they are not coping (Mission Australia, 2001). The risk of suicidal behaviour is higher when several of the following signs are present together, for long periods of time or in great intensity.

- Previous suicide attempts, thinking about death constantly or talking about suicidal thoughts.
- Depressed mood for several weeks
- Giving away valued personal possessions, making a will or other “final” arrangements
- Major changes in sleep patterns
- A sudden and extreme change in eating habits, losing or gaining weight
- Withdrawal from family and friends
- Dropping out of school or group activities
- Personality changes such as outbursts of anger or not caring about anything
- Frequent irritability, or unexplained crying
- Ongoing talk about unworthiness or failure, or lack of interest in the future
- When there have been signs of a potential suicide attempt, a sudden improvement in mood might mean the person has finally decided to kill themselves.
- Problem behaviours, substance misuse, poor school performance and truancy.

(Mission Australia, 2001)

For more information about mental illnesses, check out the following websites:

Reachout: <http://www.reachout.asn.au/home.asp>

Beyond Blue: <http://www.beyondblue.org.au/>

SANE Australia: <http://www.sane.org/>

Centre for Mental Health Research: <http://www.anu.edu.au/cmhr/>

## **RESPONDING TO YOUNG PEOPLE WITH MENTAL HEALTH ISSUES**

As Christian youth workers, our role in responding to young people with mental health issues is to support and love them as they seek treatment and learn to manage the issues and/or their illness. In most instances, mental illnesses can be managed and young people can live happy and successful lives. Unfortunately, mental illnesses remain stigmatised in our society, even within Christian circles. Such stigmas resonate from myths about mental health, for example; it is not spiritual to feel depressed, mental illnesses are abnormal, if a person becomes saved they will no longer have mental health issues, etc. On the contrary, mental illness is very common in society and amongst Christians. Mental health issues are not necessarily severe or extreme and it is not 'unspiritual' or 'unChristian' to feel depressed or have a mental illness. There are many combinations of factors involved in mental illness and there is not 'one' cause to label the complicated psychological, emotional and spiritual dynamics at play. We should not jump to conclusions about the causes or reasons for mental health problems. It is not our job to 'cure' young people, our job is to support them. Stigmas can add to the difficulty experienced by young people struggling with these issues, leaving them feeling labelled, isolated, discriminated against and vulnerable. Eliminating stigmas is the first step in supporting young people with mental health issues. It's important to remember that our attitude towards young people with a mental illness plays a critical part in determining their quality of life (Victorian Government Health Information, 2004 facts.htm#2).

### **WHAT DOES THIS MEAN FOR YFC & CHRISTIAN YOUTH WORKERS?**



Stigmatising mental illness does nothing to assist young people in their journey towards knowing Jesus. As with any young person, these young people need unconditional love and acceptance. Looking to Jesus' example, He healed first and then ministered. He responded to their immediate needs, so that he could meet their spiritual needs. In modelling Jesus, we need to be mindful of the capacity of these young people to be engaged with Christ. For example, a young person who is depressed because of intense family difficulties, highly transient accommodation, and financial hardship may not want to hear about spiritual issues or having a relationship with Jesus. They have more immediate needs that need addressing. This is not to say that young people with a mental illness cannot engage in a spiritual relationship with Jesus, rather that these young people need holistic support.

A holistic approach to working with young people with mental health issues involves looking critically at every aspect of their lives. It involves asking the questions: what are the factors contributing to this young person's mental health issues? And what's really going on for this young person? It may not necessarily be about deep psychological problems. In the above example, a holistic approach would require building a relationship with this young person, supporting and assisting the young person to gain stable accommodation, employment and/or financial assistance from Centrelink, and linking the young person and their family to further counselling and support. It might also require supporting the young person to build or strengthen their support network. It may well be that the young person needs to see a psychologist, or psychiatrist (if medication is needed to help the young person manage the depression). It is our role in this situation to support the young person through this process, and provide them with any information they need to understand and better manage their mental health. Any attempt to discuss spirituality needs to happen sensitively, appropriately and respectfully.

## **PREVENTION AND EARLY INTERVENTION**

A number of protective factors have been identified as conditions that improve young people's resistance to mental illness. These are identified at the individual, family, and social-environment/community levels (Olsson et al, 2003, p.6). These protective factors include positive peer relationships, social support, family structure and cohesion, positive parent-child relationships (Davis, Martin, Kosky and O'Hanlon, 2000, p.21), problem solving ability, social skills, healthy self-esteem, realistic thinking (Kowalenko et al, 2002, p.24) and social connectedness (Donald and Dower, 2002, p.561). Research has shown that programs that build on protective factors, promote resilience and manage risk factors reduce the risk that young people will develop mental illness (Kowalenko et al, 2002, p.25). Intervention can occur at each level and will differ in nature, but the aim remains "providing young people with the resources needed to successfully adapt to an ever changing physical, psychological and social environment" (Olsson et al, 2003, p.6). When young people are resourced within themselves and in family and community contexts, resilience can be enhanced (Olsson et al, 2003, p.25).

### **WHAT DOES THIS MEAN FOR YFC & CHRISTIAN YOUTH WORKERS?**



A large number of YFC and Christian-based youth programs promote and build protective factors. Often these programs do not explicitly state this as such. YFC and Christian youth workers can be more proactive in prevention and early intervention in the area of mental health by being aware of risk factors and deliberate about promoting protective factors. To enhance our effectiveness in prevention and early intervention, we need to be working alongside other organisations that are specifically geared to deal with mental health issues.

## **CONCLUSION**

Mental health issues are complex and require significant attention and support from youth workers and other professionals. Being aware of our limitations and knowing when we are out of our depth is important. We can all love and support these young people, but we need to do this alongside linking them to other professionals who may be more qualified to deal appropriately with mental health issues. It may also be appropriate for us as workers to receive professional development in areas such as suicide intervention and understanding mental illness.

National help lines for young people struggling with mental health:

Lifeline: 131 114

Kids Help Line: 1800 55 1800.

Anyone interested in learning more can attend free training sessions hosted by YFC Melbourne. These sessions cover youth depression, and youth suicide prevention and intervention. For more information call (03) 9877 3844 or email [melbourne@yfc.org.au](mailto:melbourne@yfc.org.au).

## References

- Australian Institute of Health and Welfare. 2003, *Australia's Young People: Their Health and Wellbeing*, Australian Institute of Health and Welfare, Canberra.
- Davis, C., Martin, G., Kosky, R. and O'Hanlon, A. 2001, *Early Intervention in the Mental Health of Young People: A Literature Review*, Commonwealth of Australia, Canberra.
- Donald, M. and Dower, J. 'Risk and protective factors for depressive symptomatology among a community sample of adolescents and young adults', *Australian and New Zealand Journal of Public Health*, vol.26, no.6.
- Garvin, S., McAllister, S. and Robinson, P. 2002, 'Children of parents with a mental illness', *Youth Studies Australia*, vol.21, no. 2, pp.17-22.
- Kowalenko, N., Wignall, A., Rapee, R., Simmons, J., Whitefield, K. and Stonehouse, R. 2002, 'The ACE program: working with schools to promote emotional health and prevent depression', *Youth Studies Australia*, vol. 21, no. 2, pp.23-30.
- Lamberg, L. 2003, 'ADHD often undiagnosed in adults: appropriate treatment may benefit work, family, social life', *JAMA*, vol.290, no.12, p.1565.
- Lefton, L. A. 2000, *Psychology*, 7th edition, Allyn and Bacon, Sydney.
- Mission Australia. 2001, 'Youth Suicide', *Scope the Facts 2001*, Mission Australia, Sydney.
- Nahlik, J. 2004, 'Issues in diagnosis of Attention Deficit/Hyperactivity Disorder in Adolescents', *Clinical Pediatrics*, vol.43, no.1, pp1-10.
- National Health and Medical Research Council. 1997, *Attention Deficit/Hyperactivity Disorder*, Commonwealth of Australia, Canberra.  
Online at: <http://www.health.gov.au/nhmrc/publications/adhd/contents.htm>
- Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A. and Sawyer, S. M. 2003, 'Adolescent resilience: a concept analysis', *Journal of Adolescence*, no.26, pp.1-11.
- Pitman, S. 2004, 'The Health of Young People', in Foundation for Young Australians, *Profile of Young Australians*, Melbourne.
- Reach Out. 2004. *Understanding Mental Health Difficulties - Fact Sheet*, Reach Out Australia.  
Online at: <http://www.reachout.asn.au/home.asp>
- Victorian Government Health Information. 2004, *Mental Illness: The Facts*, State Government of Victoria, Melbourne.  
Online at: <http://www.health.vic.gov.au/mentalhealth/illnesses/facts.htm#2>

# REVOLVE

Revolve is a quarterly document that provides updates on the current trends and issues pertinent to young people in Australia. Revolve provides an interpretation as to what the research means for YFC and Christian youth workers, which incorporates recommendations about how we can do our ministry and mission better. Revolve is a means by which we can be attuned to the issues and needs of Australia's young people so as to better meet and respond to them.

REVOLVE is an initiative of...



PRODUCED BY:

YFC Australia MARKETING DEPARTMENT

NATIONAL RESOURCE CENTRE

PO Box 629 BOX HILL, VIC 3128

PH: 03 9890 2100

FAX: 03 9890 2177