



LEGAL AID NSW FAMILY LAW CONFERENCE 2011



ADOLESCENT MENTAL HEALTH

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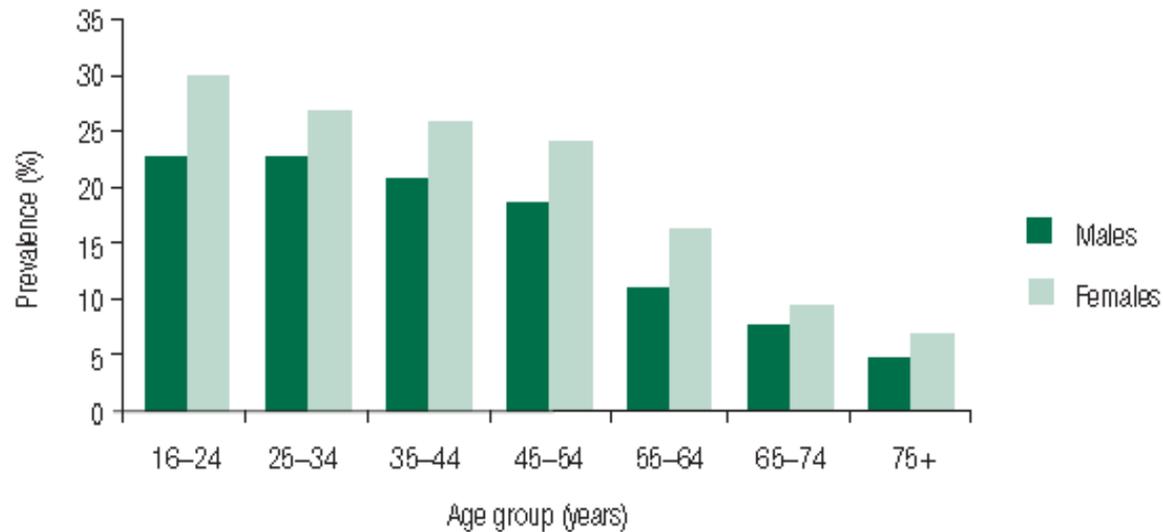


Agenda

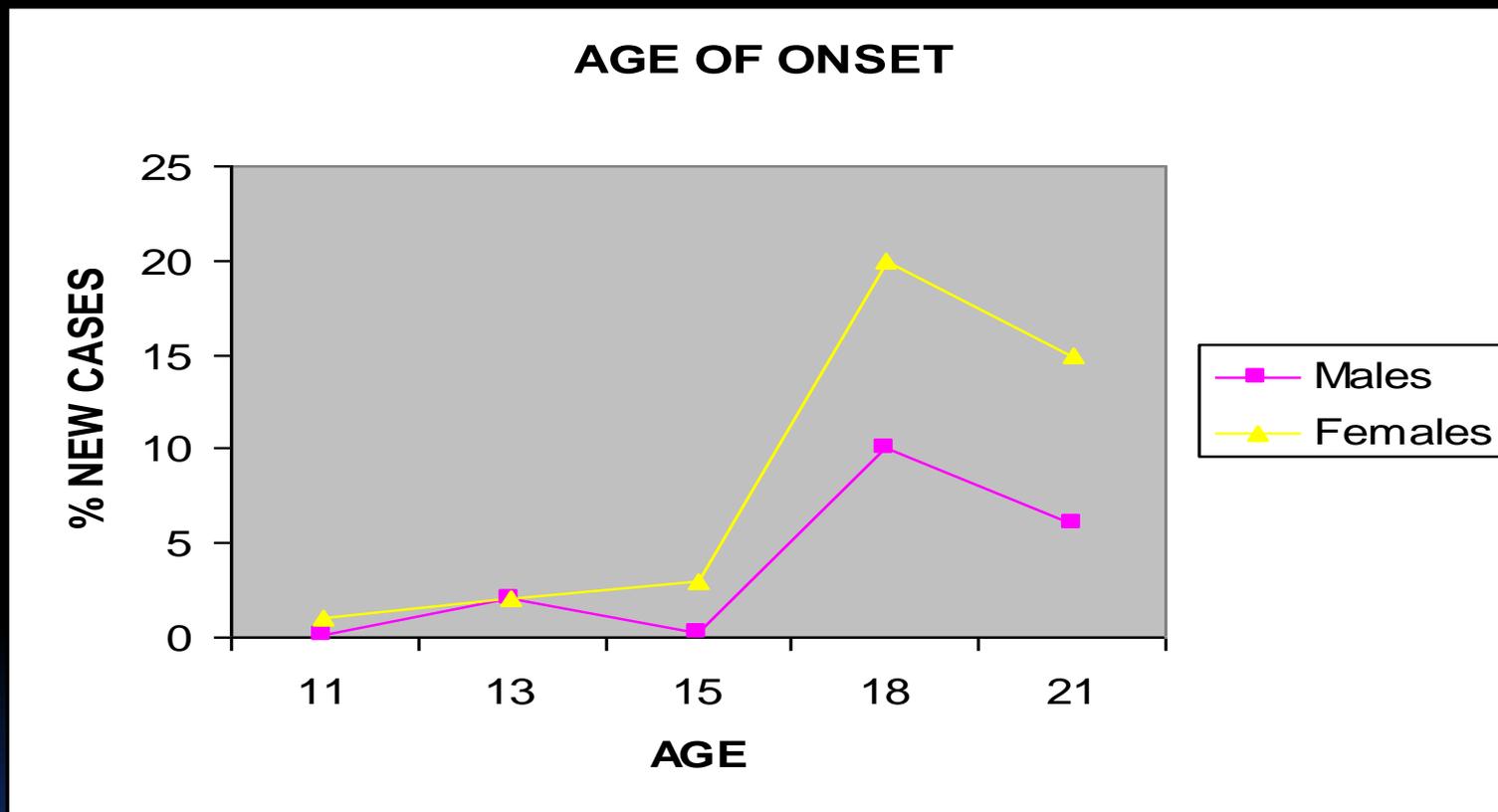
- The prevalence and burden of mental health disorders on Australian adolescents
- Why is adolescence such an “at risk” developmental time?
- Major diagnostic problems
- Risk and protective factors for young people.

Prevalence rates of mental health disorders

Figure 2-1: Prevalence of 12-month mental disorders by age and sex

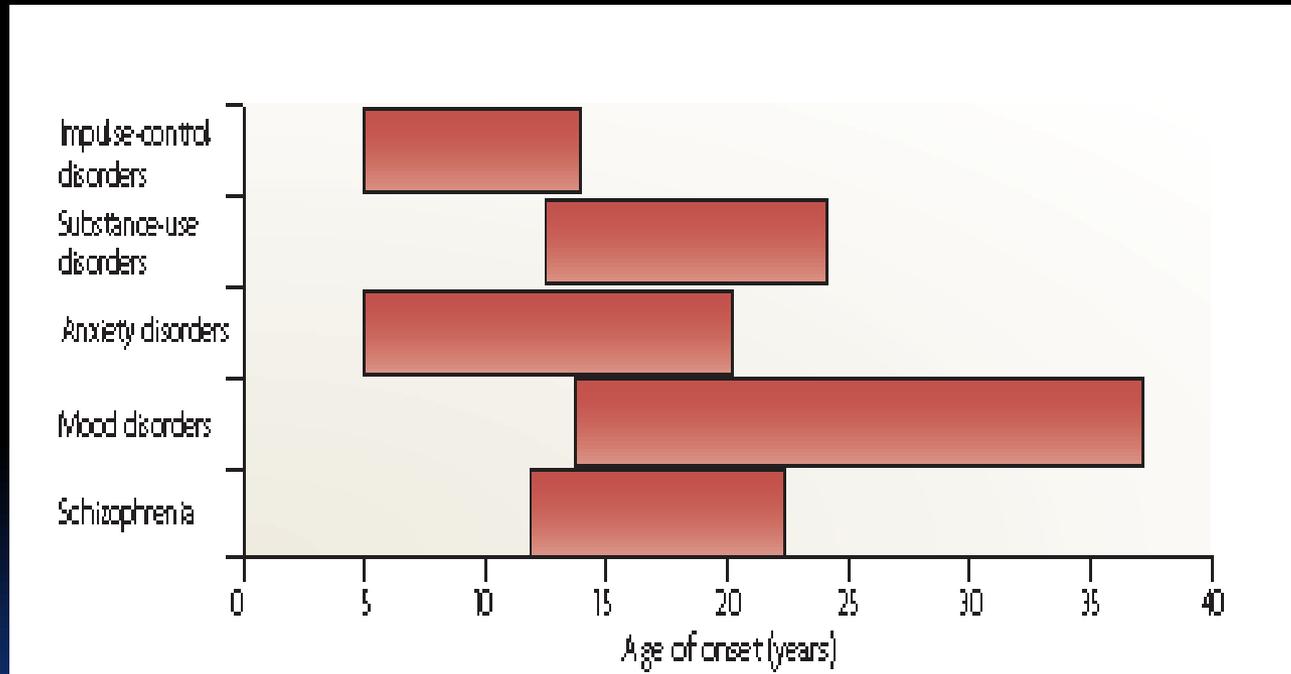


Age of onset of mental health disorders



The Australian Bureau of Statistics National Survey of Mental Health and Well-being (1997)⁵ provided the first national data on prevalence of mental illness in the adult population in Australia. This was updated in 2007 with a further National Survey of Mental Health and Wellbeing⁶. The child and adolescent component surveyed 4-17 year olds, and is reported in The Mental Health of Young People in Australia (2000)⁷.

Age of onset by type of disorder



Adolescent's maturity cycle

- Bigger
- Stronger
- Faster
- Improved reasoning ability
- Increased ability to tolerate environmental stressors



However, increased rates
of..

- Accidents
- Suicide
- Homicide
- Assaults/violence
- Depression
- Alcohol and substance abuse

- Overall morbidity and mortality rates increase 200%



Why is adolescence such an “at risk” time?

- Increased: risk taking, sensation seeking and strong emotions;
- Although adolescents have developed better reasoning and decision making than children – they are more prone to erratic and *emotionally influenced* behaviour;
- Neural plasticity – adolescence a critical period for learning emotional regulation – a window of plasticity.



The adolescent mind works differently

Emotional instability

Over valuing of short term benefits

Reckless risk-taking

Impulse control

Experimentation with sex

Experimentation with drugs

Misattribution of affect



Brain Development

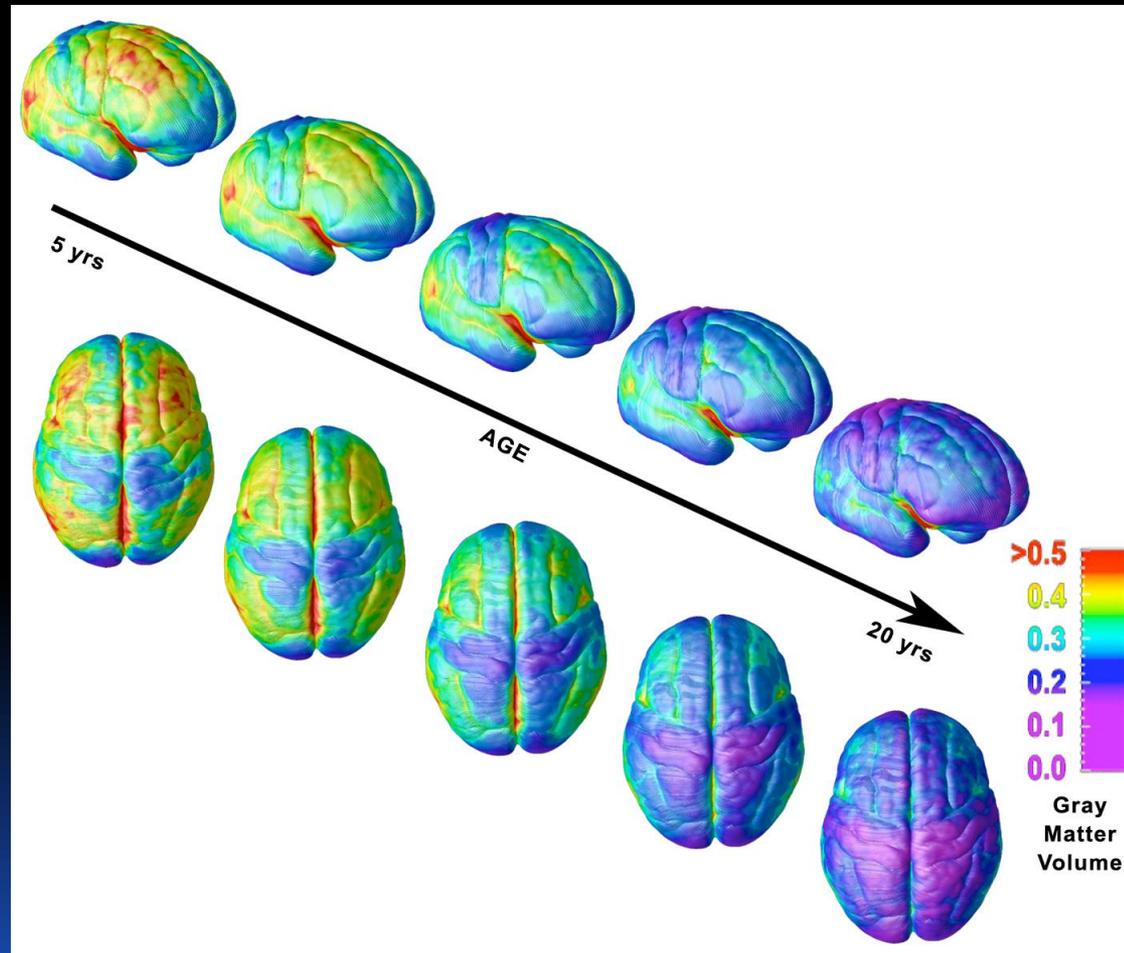
- The brain develops in a predictable fashion (primitive to most complex)
- Sensitive periods are “windows of vulnerability” – most affected by environmental impact

The Human Brain



- Abstract Thought
- Concrete Thought
- Affiliation
- "Attachment"
- Sexual Behavior
- Emotional Reactivity
- Motor Regulation
- "Arousal"
- Appetite/Satiety
- Sleep
- Blood Pressure
- Heart Rate
- Body Temperature

Adolescent brain development



Executive Functions- Frontal Cortex

- The frontal lobes of the brain underpin those major adult functions related to complex thought and decision-making. They are also critical to the progressive inhibition of more child-like or impulsive behaviours
- Goal directedness
- Initiation/ inhibition
- Flexibility/ perseveration
- Abstract reasoning
- Reward appraisal
- Social appraisal



Adolescent Brain

- Higher cognitive processes not fully matured
- Processing speed less efficient including working memory
- Integration less than optimal for supporting top-down cognitive control of behavior

It is happening earlier

- Aspects of adolescent development have been occurring earlier – there is a great deal of evidence for changes in the average age of pubertal onset over the past century;
- Traditionally the interval between puberty and achieving adult social status was relatively brief (2 to 4 years);
- Currently however, in industrialised societies adult social roles are delayed whilst puberty is occurring earlier, stretching adolescence to a period that lasts 8 to 15 or more years.

The image features a vertical decorative bar on the left side, composed of several colored segments: a thin white line at the top, followed by a blue segment, a green segment, and a red segment. The background is a solid blue color.

The past 150 years are noted by a quiet revolution in human development; children generally are growing faster, reaching reproductive and physical maturity at earlier ages, and achieving adult physical development sooner than at anytime in history

Earlier onset of puberty

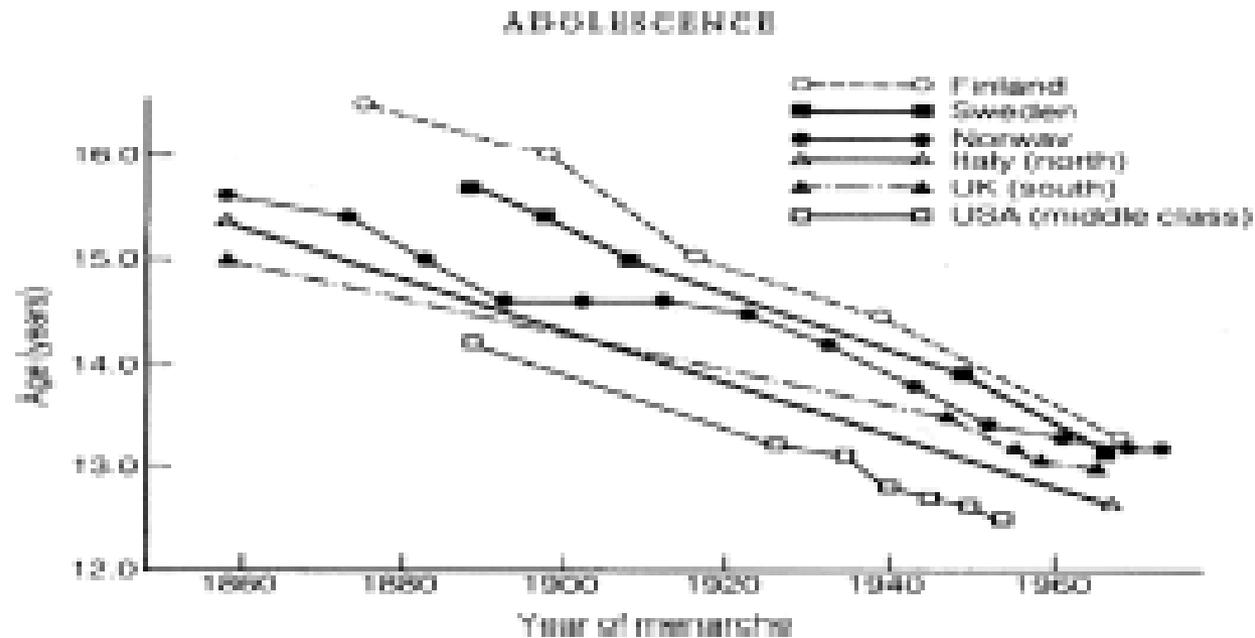


FIGURE 2. Age at menarche, 1860-1970. (Data from Tanner⁹)



Puberty and Brain Development

- Some brain changes precede pubertal changes
- Some brain changes are the consequence of pubertal changes
- Some are totally independent of pubertal changes

Starting the engines with an unskilled driver

- Early activation of strong “turbo charged” feelings with a relatively unskilled set of driving skills.
- The pubescent youth has several years with a sexually mature body and brain systems that are activated for sexual and romantic interest and passions, but an immature set of neurobehavioural systems for self-control and affect regulation.
- This disconnect predicts risk for a broad set of behavioural and emotional problems.



The disconnect between physical and cognitive development

- The expansion of the period of adolescence has many advantages – it permits adolescents more time to learn complex skills and to develop a variety of capabilities prior to taking on the constraints and demands of adult responsibilities.
- However, the costs and vulnerabilities include the broad range of behavioural and emotional health risks.
- Most elements of cognitive development show a trajectory that follows age and experience rather than the timing of puberty – so while some neurobehavioural changes (drives and emotional changes at puberty) are occurring at earlier ages, many other aspects of neurocognition progress slowly and continue to mature long after puberty is over.

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Some adolescents enter this transitional period with poor regulation and affect tolerance skills. They do not have what is required to negotiate the challenges, particularly those in high risk, low supportive environments.



Onset of mental health problems during the adolescent period

- 75% of adult-type anxiety, depressive, psychotic and substance abuse related disorders commence before the age of 25 years.
- While prior to puberty a range of neuro-developmental or other emotional problems are evident (childhood anxiety, conduct disorders, specific learning difficulties, attention-deficit and hyperactivity and autistic-spectrum disorders) the onset of adolescence is associated with a sharp increase in the rate of common forms of anxiety and depression.
- Additionally, the more severe forms of psychotic disorder often show their first signs during the mid and later adolescent periods.

Mood disorders

- **Major depression** - a depressed mood that lasts for at least two weeks. This may also be referred to as clinical depression or unipolar depression.
- **Psychotic depression** - a depressed mood which includes symptoms of psychosis..
- **Dysthymia** - a less severe depressed mood that lasts for years.
- **Mixed depression and anxiety** - a combination of symptoms of depression and anxiety.
- **Bipolar disorder** - (formally known as manic depressive illness) - involves periods of feeling low (depressed) and high (manic).

Depression

KEY SYMPTOMS	ASSOCIATED SYMPTOMS
<ul style="list-style-type: none">○ persistent sadness, or low or irritable mood:○ AND/OR○ loss of interests and/or pleasure○ fatigue or low energy	<ul style="list-style-type: none">○ poor or increased sleep○ poor concentration or indecisiveness○ low self-confidence○ poor or increased appetite○ suicidal thoughts or acts○ agitation or slowing of movements○ guilt or self-blame

Mild
Up to 4 symptoms

Moderate
5-6 symptoms

Severe
7-10 symptoms

Bipolar Disorder

Symptoms of both depression and mania at different times.

Must occur for > two weeks

Common behaviour associated with bipolar depression includes:

- moodiness that is out of character
- increased irritability and frustration
- finding it hard to take minor personal criticisms
- spending less time with friends and family
- loss of interest in food, sex, exercise or other pleasurable activities
- being awake throughout the night
- increased alcohol and drug use
- staying home from work or school
- increased physical health complaints like fatigue or pain
- being reckless or taking unnecessary risks (e.g. driving fast or dangerously)
- slowing down of thoughts and actions

Bipolar disorder cont'd

Common behaviour associated with mania includes:

- increased energy
- irritability
- overactivity
- increased spending
- increased sex drive
- racing thoughts
- rapid speech
- decreased sleep
- grandiose ideas
- hallucinations and/or delusions.

Psychosis may also be present



Confirmed risk factors for depression

- Genetics – having a depressed parent
- Chronic illness
- Substance use
- Gender
- History of depression
- Older adolescence
- Other conditions – esp. anxiety, conduct disorder



Probable risk factors for depression

- Close biological relative with depression
- Exposure to stressful life events
- Being born in later decades of the 20th Century (cohort effect)



Possible risk factors for depression

- Poor self-esteem
- Neuroticism or vulnerable personality
- Family conflict
- Uncaring or over-controlling parenting style
- Early childhood sexual and physical abuse
- Aboriginal or Torres Strait Islander descent
- Residing in rural areas
- Sleep dysfunction
- Poor peer relationships
- Lesbian and gay young people
- Learning difficulties



Protective factors

- Good peer relationships
- Good relationship with one parent figure
- Attending school/ being employed
- Participation in preventative programs



Anxiety disorders

- Most common mental health problem in Australia (adolescents and adults);
- Major types of anxiety disorder include:
 - Generalised Anxiety Disorder (GAD)
 - Phobia
 - Obsessive Compulsive Disorder (OCD)
 - Post-Traumatic Stress Disorder (PTSD)
 - Panic Disorder

Generalised Anxiety Disorder (GAD)

People who have GAD feel anxious on most days for at least six months. Generally, they worry about real issues such as finances, illness or family problems - to the point where it can affect their everyday lives. At times their worry is so great they:

- feel edgy/restless
- feel tired
- have difficulty concentrating
- develop muscle tension (sore back, neck or jaw, headache)
- find it hard to fall/stay asleep.

Generalised Anxiety Disorder affects approximately 5 per cent of people in Australia at some time in their lives.

Obsessive Compulsive Disorder

- Consists of ongoing unwanted/intrusive thoughts and fears that cause anxiety - obsessions. These obsessions make people feel they need to carry out certain rituals in order to feel less anxious and these are known as compulsions.

Common obsessions are:

- fear of forgetting to do things e.g. turning off appliances or locking doors
- fear of being contaminated by things that are unclean e.g. dirty cutlery, crockery, food, keys, door handles and toilets
- fear of not being able to do things in an exact or orderly way
- fear of becoming sick, having an accident or dying
- intrusive thoughts about violence, accidents or sex.

Obsessive Compulsive Disorder

Common compulsions may include:

- concerns about personal hygiene, resulting in constant washing of hands or clothes, showering or brushing of teeth
- constantly cleaning, tidying or rearranging in a particular way things at home, at work or in the car
- constantly checking that doors and windows are locked and appliances are turned off
- continually seeking reassurance by repeatedly asking questions of family and friends
- hoarding items such as newspapers, books, food or clothes.

In the short term, giving in to these compulsions can make people with OCD feel less anxious. However, the anxiety returns and with it comes the need to carry out the ritual again... and this cycle continues.

Risk factors for anxiety disorders

1. Family history

- People who experience an anxiety disorder often have a history of mental health problems in their family.

2. Environmental factors

Stressful events can also trigger symptoms of anxiety. Common triggers include:

- changing school or job
- changing living arrangements
- family and relationship problems
- experiencing a major emotional shock following a stressful event
- experiencing verbal, sexual, physical or emotional abuse or trauma
- death or loss of a loved one.

Risk factors for anxiety disorders cont'd

3. Physical health issues

Ongoing physical illness can also trigger anxiety disorders or complicate the treatment of the anxiety or the physical illness itself. Common conditions that can do this include:

- hormonal problems e.g. over and under-active thyroid
- heart disease
- pregnancy and giving birth.

4. Personality factors

- E.g., children who are either perfectionists, easily flustered, lack self-esteem or want to control everything, sometimes develop anxiety disorders as adults.



Conduct disorder and ODD

- **Conduct disorder:** repetitive and persistent pattern of antisocial, aggressive or defiant conduct and violation of social norms
- **Oppositional defiant disorder:** persistently hostile or defiant behaviour without aggressive or antisocial behaviour

Associated conditions

- **Conduct disorders are often seen in association with:**
 - attention deficit hyperactivity disorder (ADHD)
 - depression
 - learning disabilities (particularly dyslexia)
 - substance misuse
 - less frequently, psychosis and autism

Other Disorders

- Sexual/gender identity disorders
 - Involve dysfunction or discomfort with sexual function or identity
- Sleep disorders
 - Involve disturbance in amount of sleep or events during sleep
- Eating disorders
 - Involve under- or over-eating
- Factitious disorder
 - Involved in persons who produce or complain of psychological symptoms (sick role)

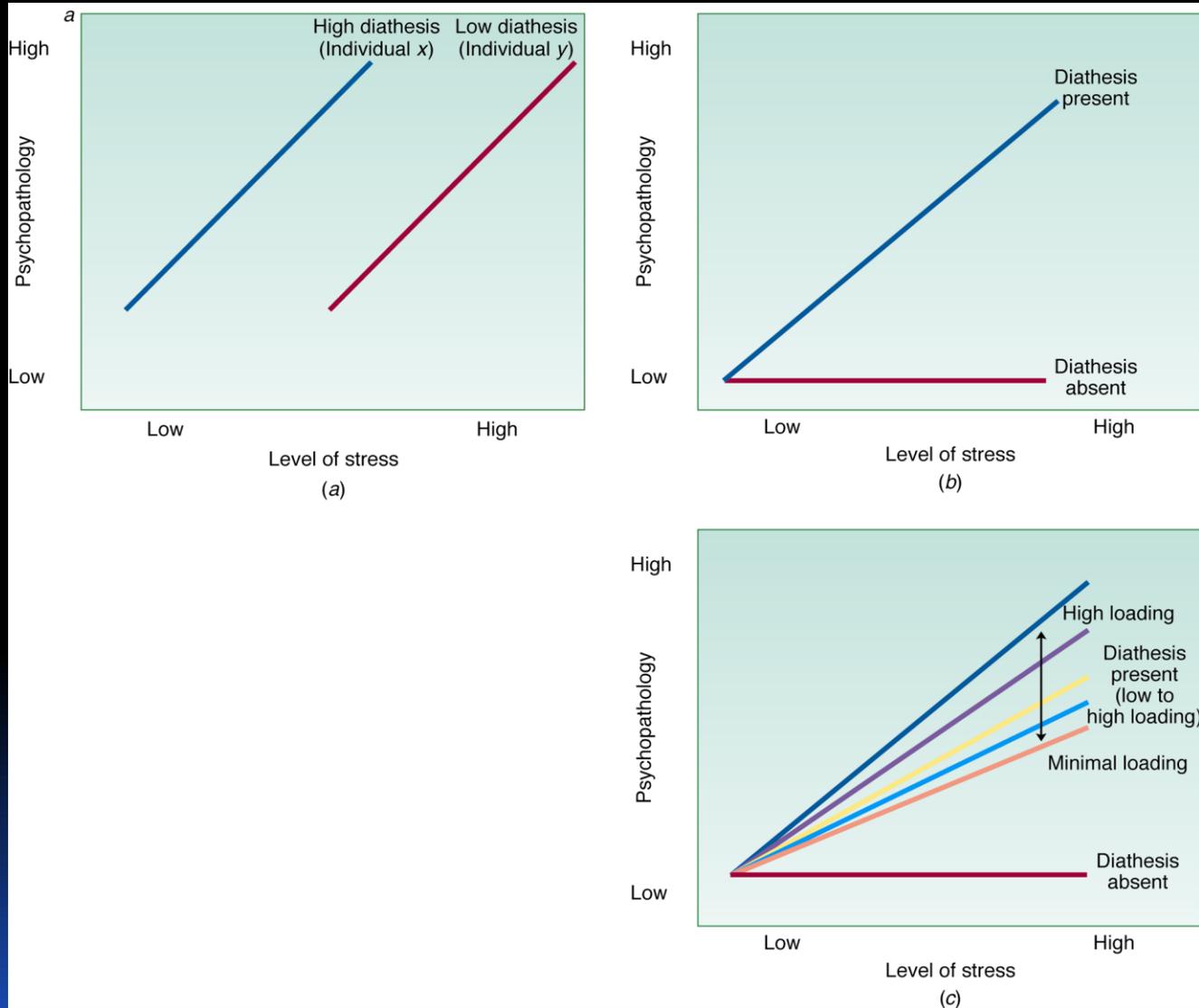
Other Disorders

- Impulse control disorder
 - Involve several conditions in which a person's behavior is inappropriate or out of control
- Personality disorders
 - Involve enduring, inflexible and maladaptive patterns of behavior and inner experience
- Other conditions that may be the focus of clinical attention
 - not regarded as mental disorders per se but still may be a focus of attention and treatment, someone who enters the mental health system can be categorized, even in the absence of a formally designated mental disorder

The Diathesis-Stress Paradigm

- An integrative paradigm;
- Focuses in the interaction between a predisposition towards disease – the diathesis – and environment, or life disturbances – the stress;
- Diathesis can be biological (e.g. genetic) or psychological (cognitive style, specific childhood experience).

The Diathesis-Stress Paradigm



Psychological red flags

- ▶ Suicidal ideation
- ▶ Self-harm
- ▶ Social withdrawal
- ▶ Significant reduction in academic progress
- ▶ Increased tiredness
- ▶ Excessive worry/ anxiety
- ▶ Unusual affect & behaviour



Referral indicated

- Marked change in school performance
- Inability to cope with regular activities
- Marked change in sleeping and eating habits
- Physical complaints
- Depression – sustained low mood, negative outlook on life, pessimistic about the future
- Abuse of body (alcohol, drugs, sexual acting out, self-harm)
- Aggression, violation of others rights, prolonged outbursts
- Threats of running away from home
- Unusual thoughts or feelings, distracted, “not with it”
- Visual or aural hallucinations