

ADOLESCENT MENTAL HEALTH

Features of Adolescent Mental Health Problems

- Mood disorders such as depression and anxiety are common in young people
- Suicide and self harm behaviours are increasing among young people
- Co-morbidity is common – there is a strong association between mental health problems and the incidence of other risk-taking and behavioural problems – especially substance use; school and family problems
- Many mental health disorders have their initial onset in adolescence – e.g. depression; schizophrenia; eating disorders
- NESB young people may be at risk of poor mental health as a result of the stresses associated with the experience of migration, resettlement and acculturation

The GP's Role

- Use consultations to screen for depression and other mental health concerns
- Provide early intervention and treatment
- Assist young people to access specialised mental health services
- Actively promote young peoples' mental health and resiliency by teaching positive coping strategies and problem solving skills
- Educate parents and family members and involve them in management plans
- Collaborate with other mental health professionals in the provision and coordination of comprehensive, multidisciplinary care

Screening and Assessment

- Routinely enquire about psychological distress, depression and risk behaviours
- Use the *HEADSS* psychosocial assessment for detecting the presence of risk factors and mental health problems
- A more in-depth assessment may be needed to diagnose specific disorders – this may require referral to a psychologist, psychiatrist or mental health service
- If a young person presents repeatedly with vague or non-specific complaints consider the possibility of depression or other mental health problem
- Clarify the role that risk behaviours play in the young person's life – e.g. alcohol and drug use may be a means of relieving emotional distress
- Take into account the young person's cultural background – enquire about any cultural factors and experiences that may impact on their mental health – e.g. the experience of torture or refugee trauma

Management of Depression

- Developing a trusting relationship is essential for the effective diagnosis and management of depression
- Counselling or psychotherapy, such as Cognitive Behavioural Therapy (CBT), is recommended as the first line of treatment for adolescents
- Medication is the second line of treatment
 - *Selective serotonin re-uptake inhibitors (SSRIs)* are preferred because they are quicker acting, have fewer side-effects and are relatively safe in overdose
- Referral to other specialist services, such as a Psychologist or Adolescent Mental Health Service, is a crucial part of the management process:
 - referral should be discussed sensitively with the young person and the reasons clearly explained
 - obtain their permission to share information with the other referral body

Assessing Suicide Risk

- If the young person presents as depressed or if there are indicators of suicidal risk, it is important to enquire directly about suicidal thoughts or behaviour:
Examples:
 - “I’m wondering because you have been feeling so depressed, whether you have had any thoughts about hurting or killing yourself?”
 - “Have you ever felt so bad you’ve wanted to hurt or kill yourself?”
- If the answer to these questions is “yes”, conduct a **systematic assessment** to identify whether the young person is at **Low; Moderate; or High Risk**
- Ask questions that graduate from exploring current feelings and thoughts to identifying specific plans and actions
- **Direct questioning** is important – most young people feel relieved to have their distress acknowledged
- Once the assessment of suicidal risk is completed, an appropriate management plan can be put in place

Managing Suicide Risk and Self Harm Behaviour

- Build a therapeutic alliance with the young person
- Clarify confidentiality – the presence of serious or imminent threat in this situation overrides the need to maintain confidentiality
- When the young person is at **moderate to high risk**, it is important to ensure the young person’s immediate safety:
 - develop a management plan for ensuring the young person’s safety
 - contact and mobilize family and social supports
 - remove or limit access to the means of self harm if possible
- Consider the use of a “no suicide” contract with the young person to seek help before self harming (*use only in conjunction with other therapeutic interventions*)
- Consider hospitalization (if risk is assessed as very high)
 - treat as medical emergency if acutely suicidal
- Refer for specialist treatment if no safety agreement can be reached
- Diagnose and treat any underlying mental disorder (if present)
 - consult with Psychiatrist/Psychologist
 - use of medication if necessary
- Young people engaged in self-harm behaviour (e.g. cutting arms, legs, body) should be screened for depression and suicide risk
- Once suicidal thoughts/behaviours have been effectively addressed – it is important to treat the underlying or precipitating problems that the suicidal behaviour is attempting to resolve