Youth Mental Health
Stress and Strains
Women’s Health College NZNO May 2018
Who are these quotes from?

"Our youth now love luxury. They show disrespect for their elders....and they contradict their parents, chatter before company, gobble up dainties at the table and tyrannise their teachers."

"I would wish there were no age between ten and three and twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancienetry, stealing, fighting."
Definitions
Mental Illness v Mental Health

© Original Artist

OH, I'M NOT ACTUALLY THE MASCOT...
JUST INSANE.

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THE COLLABORATIVE TRUST
For Research & Training in Youth Health & Development
It’s all about development

- Physiological – growth
  - sexual
  - brain
- Cognitive
- Emotional
- Social
- Identity
- Spiritual
- Legal
Red = Grey matter
Blue = Connections
Place your thumb in the middle of your palm as in this figure.

Now fold your fingers over your thumb as the cortex is folded over the limbic areas of the brain.
Teens thinks with their Amygdala

- Sensing emotions
- Fear
- Threat
- Danger

- Acknowledge Emotion
- Where are they:
  - Future thinking
  - Concrete/abstract
  - Complexity of thinking
Speeding up

• Consistent warm loving adult support
• Structure
• Negotiation
• Respect for growing autonomy
• Opportunities to contribute

• Sense of Identity - whakapapa
• Membership of a group
• Skill development
• High Challenge and High Support
• Family meals
Family Meals and Risks

- **Binge drink**
  - 2 times a week or less: 44%
  - 3-6 times a week: 38%
  - 7+ times a week: 24%

- **Current smoking**
  - 2 times a week or less: 24%
  - 3-6 times a week: 17%
  - 7+ times a week: 11%

- **Suicidal thoughts**
  - 2 times a week or less: 22%
  - 3-6 times a week: 13%
  - 7+ times a week: 10%

Utter J et al. Health Educ and Beh, under review
Slowing Down

• Growing up (prior to age 18) in a household with:
  • Poverty
  • Recurrent physical abuse.
  • Recurrent emotional abuse.
  • Sexual abuse.
  • Emotional or physical neglect.

• An alcohol or drug abuser
• An incarcerated household member.
• Someone who is chronically depressed, suicidal, institutionalized or mentally ill.
• Mother being treated violently.
• One or no parents.
• Part of a natural disaster
Effects of Trauma, abuse and neglect on the developing brain
Stress and Strain

Pressures for those who drop out (Ruglis 2011)
• Sex
• Tests
• Jobs
• Pressure – Peers, Family
• $$$

Australian study 2017
• file:///C:/Users/User/Downloads/Mission%20Australia%20Youth%20Survey%20Report%202017.pdf
• Mental Health
• Alcohol and Other Drugs
• Equity and Discrimination
Is stress bad?
Acute vs Chronic stress
The Continuum

Mental Illness
• Criteria in DSM IV
• Affects ability to function
• A diagnosis linked to treatments

Stress & Distress

Mental Health
• Can deal with relationships
• Resilient
• Able to communicate
• Needs maintenance
Environment Matters
Lots of Ways Mental Ill-Health Presents

• Difficult to relate to others, communication problems
• Heightened irritability
• High levels of fear
• Repetitive actions
• Hard to concentrate
• Hypo or hyper reactive
• Mood instability
• Not sleeping well
• AOD abuse
• Other self harm – eating, cutting, driving fast
Find Out What is Underneath

- Home
- Education
- Employment
- Eating
- Exercise
- Activities
- ACE

- Drugs
- Sexuality
- Suicide (Mental illhealth)
- Spirituality/Culture
- Safety
- Strengths
The Effects of Stress

Adrenaline
Noradrenaline
Cortisol
Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Common Disorders

- Depression
- Anxiety
- Bipolar
- Schizophrenia
- Substance use disorders
- Eating disorders
- Psychosomatic presentations
- ADHD
- BPD/PTSD
- FASD
- ODD
- ASD
- CD
Figure 133. Children and Young People Accessing Mental Health Services with Depression, Bipolar Disorder or Other Mood Disorders by Age, New Zealand 2009–2011

Source: Numerator: PRIMHD (individuals attending Mental Health Services who had ever been assigned these diagnoses); Denominator: Statistics NZ Projected Population (2010 = mid-point of 2009–2011)
Figure 132. Children and Young People Accessing Mental Health Services with Schizophrenia, Other Psychotic Disorders or Personality Disorders by Age, New Zealand 2009–2011

Source: Numerator: PRIMHD (individuals attending Mental Health Services who had ever been assigned these diagnoses); Denominator: Statistics NZ Projected Population (2010 = mid-point of 2009–2011)
What Can We Do?

Change the Story

• From Individuals matter to the Group Matters
• Collective Action
• Competition to Co-operation
• Me first to Us too
• Taking to Giving/contributing
• Accountability to Responsibility
Schools

- Environment that nurtures development
- Whole school approach
- Mana aki – strong for tomorrow
- Teachers + Pastoral Care + Counsellors + Youth workers + Social Workers + School Nurses + GPs + Youth One Stop Shops
- National school health service ECE to NCEA level 3
- Zero tolerance for school exclusions
Community

• Address Poverty
• Living wage
• Support parents to commit to children
• Create stable employment/ Decrease casual labour
• Change the drinking culture
• Challenge institutional racism
• Challenge the concept of masculinity
Health and Education Service Provision

• Use a service model
• Remove cost barriers
• Remove individual barriers
• Increase availability
• Invest $$$
Imagine

- Transition housing
- Health and support Services
- A youth centre with a café,
- Catch up education and Employment
- An Arts and Activities Centre
- Research and Training
- Community Garden
Thanks to Anglican Care The Reality
What can Adults Do to Prevent Youth Mental Illness?

- Be Authoritative
- Get involved
- Be Consistent
- Be a role model
- Be a cheer leader
- Encourage activities — reading, sport, dance, music, join a group
- Believe in young people

LISTEN
To Understand

Be a Good Listener

- Eyes are on the speaker
- Brain is thinking about what is being said
- Mouth is quiet
- Ears listen carefully
- Hands are still
- Feet are still