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20 Is The New 15

Adolescence in Historical Periods

- Hunter Gather
- Agricultural
- Industrialized
- Post industrial
- Digital Age

The period of adolescence has increased over time
Adolescent Brain Development
How is the teen brain different from adults?

• There are differences in risk and reward systems (immediacy of reward, evaluation of outcome related to risk)

• There are differences in motivation (peers, affirmation)

• Primacy of emotion over cognition (if it feels good it must be good)

• Change in chronobiology (sleep wake cycle) more sleep time, phase shift (late to sleep late to wake)
Semantic Confusion

mental illness
mental health
mental health issue
mental health condition
mental health problem
mental health illness
mental and social well-being
mental disorder
mental wholeness
mental wellness
mental wellness illness
mental well-being
mental happiness and well-being
What do these words mean?

- No Distress, Problem or Disorder
- Mental Distress
- Mental Problem
- Mental Disorder/Illness
Clarity is essential: “Depression”

- Mental Distress
  - Mental Problem
    - Depressed
      - Demoralized, Disengaged, Disenfranchised
        - Unhappy, Disappointed, Disgruntled

- Mental Disorder/ Illness
Pathway to Mental Health Care for Youth & Families

- Treatments & Care
- Health Promotion
- Prevention
- Mental Health Literacy
Age of Onset of Major Mental Disorders

The window of onset for 70% of all mental disorders
If in Alberta and you hear hoof beats, don't look for Zebras

Prevalence in general population
- Depression (4-6%)
- Psychosis (0.5-1.0%)
- Anxiety Disorders (6-10%)
- ADHD (2-4%)
- Anorexia Nervosa (0.1-.2%)
- Total (15-20%)
- SUICIDE: RARE (4-5/100,000)

Translation to the “average” classroom
- Depression (1 - 2)
- Psychosis (rare)
- Anxiety Disorders (1 - 3)
- ADHD (1 - 2)
- Anorexia Nervosa (rare)
- Total (3 – 5)
- SUICIDE: RARE (4-5/100,000)
Mental disorders

Symptom Expression

Perturbations in Usual Brain Functions

Environmental Influences

Interaction, Correlation, Epigenetic Effects

Genetics

Prenatal
Perinatal
Birth
Postnatal
Infancy
Childhood
Adolescence
Adult

No Disease

Some Signs & Symptoms but No Disease

Mental disorders

Symptom Expression

Cultural Factors
# Mental Illnesses Myth Busters!

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most with mental illness don't get better</td>
<td>Most go on to be successful with proper treatment</td>
</tr>
<tr>
<td>Poverty is a cause of mental illness</td>
<td>Mental Illness doesn't respect boundaries of class or geography</td>
</tr>
<tr>
<td>It is just a phase</td>
<td>Early identification and provision of best evidence treatments can improve the outcomes</td>
</tr>
<tr>
<td>People with mental disorders are violent</td>
<td>Young people with mental illness are more likely to be the victims not perpetrators of violence</td>
</tr>
</tbody>
</table>
How Can I Tell It’s a Mental Disorder?

- Does mental illness run in your family?
- When did it start?
- How long has this been present?
- Is it compromising functioning in different parts of life (at home and at school)?
- Compared to others their age?
- Have they changed friends? (Peer group slide)
- Has there been a recent head injury?
Brain Injury Resources

- Brain Injury Guide for Youth
- Understanding Brain Injury in Adolescence

What gets in the way of knowing

• Your child won't share what is happening (fear and stigma)

• You may not have all the information you need from other sources

• If drugs are involved it may be difficult to tell

• If you don't know what to look for you may miss the signs
Mental Disorders Are Brain Disorders

Mental Disorders are Associated with Disturbances in 6 Primary Domains of Brain Function:

- Thinking
- Perception
- Emotion
- Signaling
- Physical
- Behavior

- Psychosis
- Depression
- Panic Disorder
- ADHD
- Substance Use
Emotions and Moods – what am I feeling inside?
Normal Mood Graph

Transient shift toward (+) pole consequent of (+) life events

Transient shift toward (-) pole consequent of (-) life events

Normal Range & Intensity of Mood

Normal Baseline Mood
A Baseline Shift To The Negative Pole - Depression

Normal Baseline Mood

Normal Range & Intensity of Mood
Depression: What to look for

- Difficult to explain frequent and persistent physical complaints (headaches; stomach aches; fatigue; etc)
- Loss of interest in usual life activities
- Loss of pleasure in those things usually found to be pleasurable – hopelessness
- Decreased functioning at home at work/school with family or with peers/friends – withdrawal and concentration
- Thoughts of death/suicide or preparation for death
Treatment For Depression

• Depression is highly treatable (medications and evidence based psychological therapies): referral to health provider as soon as possible KNOWLEDGE

• All treatments decrease risk for suicide and decrease suicide rates.

• Academic expectations may need to be modified due to Depression effects on motivation and cognition.

• Be aware of the risk of suicide – discuss with health providers what should be done

• Encourage health behaviours like exercise, nutrition and avoiding drugs/alcohol
What is Signaling?

DANGER!!!!

Sensory Perception + Internal Signals

Brain Registers Danger!

Initiation of physiologic cascade increased: heart rate, alertness, perception, tension

Prepared to FIGHT or FLEE!
What is Anxiety?

No Danger

Sensory Perception + Internal Signals

Brain Registers Danger!

Initiation of physiologic cascade increased: heart rate, alertness, perception, tension

ANXIETY
What is Normal Anxiety?

**Situation or Trigger**
- first date
- preparing for exam
- performing at a concert
- giving a speech
- moving from home
- climbing a tall ladder

**Anxiety**
- Apprehension
- Nervousness
- Tension
- Edginess
- Nausea
- Sweating
- Trembling

**Outcome**
- Transient
- Doesn't significantly interfere with a person's well-being
- Does not prevent a person from achieving their goals
What is Anxiety?

**Situation or Trigger**
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**Anxiety**
- Apprehension
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- Tension
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- Sweating
- Trembling

**Outcome**
- Persistent, excessive & inappropriate
- Causes impairment
- High intensity
- Leads to dysfunctional coping
  - withdrawal
  - avoidance
The Success Zone

Dealing with Exam Anxiety

• Do not pathologize normal as abnormal. Anxiety around exams is NORMAL!

• Prepare teens from the beginning of the year – praise hard work not being “smart”

• Usual stress response interventions (exercise, healthy eating, box breathing, mindfulness, muscle relaxation, no drugs, etc.)

• Effective study: sufficient; avoid binge and all-nighters; review; make notes; voice learning; key review points

• Get a good nights sleep – review keys in AM

• Preparation: location; details; no gossip

• Psychological: realistic perceptions

• Failure can be adaptive – some people need to have this experience to work harder

• Be supportive but not protective
Common Anxiety Disorders in Teens

- Panic Disorders
- Social Anxiety Disorders
- Generalized Anxiety Disorder
Anxiety Disorders: What to Know about Treatment

• Psychological treatments such as talk therapies are effective and considered to be first line treatments

• Medications such as SSRI’s can be helpful, used if talk therapy by itself is not sufficient

• Allowing young people to avoid the situations that make them anxious make things worse

• Anxious kids often have anxious parents
Attention Deficit Hyperactivity Disorder

- Starts before age seven

- Three Major Area:
  - Inattention
  - Hyperactivity
  - Impulsivity

- Functional Impairment in MULTIPLE domains.
ADHD: What to look for

*Compared to others his/her age is the person persistently and much more:

- Hyperactive (on the go; can not stay still; etc.)
- Impulsive (does things without thinking; gets into trouble often because of not considering possible outcomes of his/her actions, etc.)
- Problems with sustained attention (often does not finish tasks; forgets easily; etc/)
- Girls may have substantial problems with sustained attention and not exhibit symptoms of hyperactivity and impulsivity
- Many of these symptoms may diminish in intensity with age (BRAIN MATURATION) but may not completely disappear.
- Always assess for learning disorder(s) and be aware of substance misuse.
- Self-esteem and demoralization (this is not an ego-dystonic problem)!
ADHD: What to know about treatment

- It is important to understand how the teen experiences living with ADHD
- Medication is an option but often not sufficient treatment by itself
- Encourage a strength based framework – find the things that he/she does well or suggest activities that do not depend on sustained attention (run track don’t play goalie in soccer)
- Get an educational assessment for the presence of a learning disability
Substance Use

- It has been a part of human behaviour since before recorded history
- It is a spectrum ranging from experimentation to addiction
- Cultural, religious, and personal beliefs colour our discussions about substance use
Addiction

Essential Criteria For Drug Addiction: The ABC’s of Addiction

A = Abuse of Intended Use: Use for non-therapeutic purposes

B = Dysfunctional Behaviour: Presence of typical drug seeking behaviours / neglect of responsibilities / Use despite negative personal, vocational, legal consequences

C = Craving induced by the substance
Drugs: What to look for

- Participant in “drug sub-culture”
- Teachers are reporting the signs of intoxication
- Declining grades and “dropping out” of previously involved social or other school activities
- Excessive pre-occupation with substances of abuse
Drugs: What to know about treatment for drug abuse

• Usually requires specialty mental health treatment – inpatient or outpatient

• Relapse is common

• Talk therapies are most commonly used BUT... if a mental disorder is present it must be treated at the same time

• Do not confuse “DRUGS” with “MEDICATIONS”

• Family therapy may be helpful
Persistent Self-Harm

- Behaviour that can occur by itself or as part of a mental disorder
- Often secretive or “shared” in sub-groups
- Has complex “causes” – do not agree to keep it “secret”
- Often can be an unhelpful coping strategy
- Usually requires specialty mental health treatment
Helping – Get Well, Stay Well, Keep Well

All helping interventions act on the brain – and assist in one or more of the functions of the brain

- Talk therapy
- Somatic (medications; others)
- Social (groups; communities; etc.)

- Learn how to ask about your treatment: evidence based medicine – www.teenmentalhealth.org
What are Treatments Expected to Do?

- Improve the symptoms that the person is suffering from
- Improve the person’s ability to function at home; at work; with friends; etc.
- Stop the disorder from coming back
- Always demand best evidence treatments
More About Treatments

• All treatments work by changing how the brain functions

• Some treatments work better than others for some people

• For many treatments there may be a period of “trial and error”- because of the individual variability factor

• Treatments should be decided upon in collaboration between recipient and provider

• Recipients of care should be empowered to ask the right questions about their care: teenmentalhealth.org (what every parent/student should ask)
Promoting Wellness

- Exercise
- Good diet
- Proper sleep hygiene
- Positive Relationships (family and peers)
Parenting Your Teen

http://teenmentalhealth.org/toolbox/teen-parentparent-teen/
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