

Youth Mental Health and the "Real World"
Trends, Risk Factors, and Effects

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Motivation for Presentation

- To bring awareness of the mental health challenges youth encounter today
- To provide a Social Work view incorporating a biopsychosocial approach to understanding mental health
- Provide a better understanding of this period of development
- Understanding risk factors and behaviors on overall mental health
- Listen to the voices of our youth in terms of their life experience and challenges in the "Real World"

Learning Objectives

- Attendees will:
- Gain a better understanding of Mental Health challenges our youth face in today's society
- Identify youth Mental Health from a Biopsychosocial lens
- Identify the implication of technology on youth Mental Health
- Identify the potential risk and protective factors in regards to youth Mental Health

Mental Health

◦ What is your understanding of Mental Health?



Introduction to Mental Health

◦ World Health Organization Definition of Mental Health

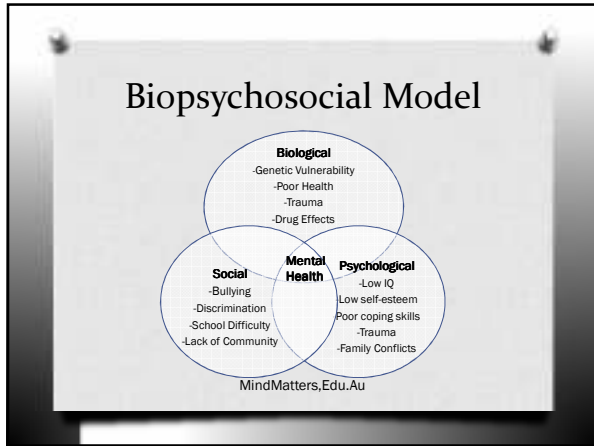
- "Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders."

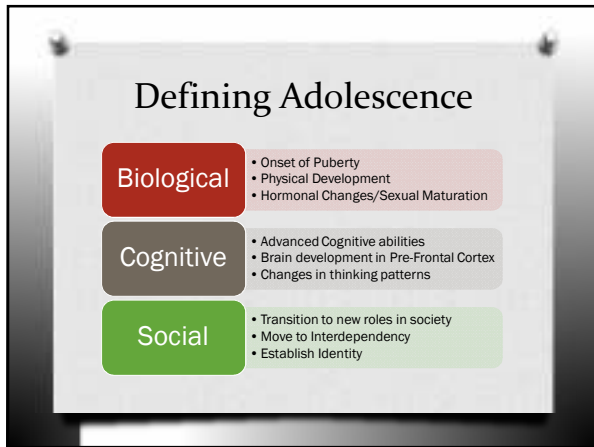
◦ MentalHealth.Gov

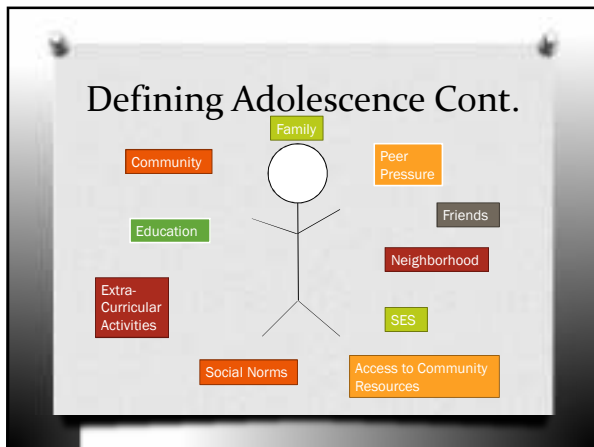
- "Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood."

Conceptualization of Mental Health

Think Feel Act	Choices	Emotional Physical Psychological Well-Being
Stress	Interpersonal Relationships	
Children Adolescents Adults		
MentalHealth.Gov		







Mental Health & Youth Statistics

- The challenges facing youth today are expansive and pervasive. We would be remiss in any attempt to claim to know all of mental health obstacles youth encounter today, however, in examining the literature and engaging with youth the following appear to be a collection of some of the major youth mental health challenges ...



Impact of Stress

- As a direct result from stress:
 - 40% of teens report feeling irritable or angry
 - 36% nervous or anxious
 - 30% sad or depressed
 - 31% overwhelmed
 - 36% fatigue/sleepiness
 - 25% skipped a meal
 - 39% of these teens report doing this once a week or more
 - 32% experience headaches
 - 21% neglected work or school
 - 26% report snapping or being short with a classmate due to stress
- Teen girls report being more stressed than teen boys*



Coping with Stress


- In response to feeling stressed:
 - 37% of teens use exercise or walking to manage stress
 - 28% used sports
 - 46% Video games*
 - 43% Online*
- Highly stressed youth reported an average of 3.5 hours online while lower stressed youth reported an average of 2 hours.



*Not believed to be positive coping mechanisms because their sedentary nature allows the tensions to remain in body. However, recent research has indicated playing violent video games (I.E. Call of Duty) can help to improve mood and reduce stress, but is also shown to increase aggressiveness and aggressive behaviors.

Anxiety

- It is estimated that 50% of children who experience anxiety in their youth will go on to develop an anxiety disorder.
- NSCH (National Survey for Children's Health) report indicated %5 of youth (3-17) had experienced anxiety, while around 3% were currently experiencing anxiety symptoms
- A study by NSCH & NIMH found that anxiety problems were highest among older youth and those living at or below the poverty line
- 1 in 6 college students have been diagnosed with or treated for anxiety



ADHD

11% of youth (4-17) have been diagnosed with ADHD

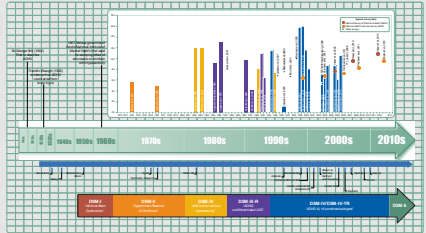
- On the rise 7.8% (2003), 9.6% (2007), 11% (2011)
- Boys are more likely to have ADHD than girls (13% v. 5%)
- 12% of youth in the state of Michigan have ADHD
- Youth with ADHD are 3 times as likely to have peer problems than those without
- 10 times more likely to have difficulties that interfere with friendships (According to parents)
- CDC

11% of youth (4-17) have been diagnosed with ADHD

- Being withdrawn
- Low self-esteem
- Peer rejection and isolation
- Inattention or distractibility
- School suspension, truancy, or dropping out
- History of depression, anxiety, learning or handwriting

ADHD


Average age of diagnosis- 7
Average age of first symptom appearances: 3-6



Youth & Eating Behaviors

- o Around 3% of youth are affected by an eating disorder (NIMH).
- o 50% of teen girls & 30% of teen boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives to control their weight.
- o 1% of adolescent girls suffer from Anorexia Nervosa
 - o Anorexia is the most common cause of death among girls 15-24 (up to 12 x's higher than all other leading causes of death)
 - o Teens and young adults (12-26) make up 96% of those who suffer from Anorexia
- o A recent study on teenagers (13-18) found that .3% are affected by anorexia, .9% by bulimia, and 1.5% by binge-eating disorder (NIMH).

Youth & Eating Behaviors



- o 34% of youth (12-19) are considered overweight while 19% are considered obese - **National Institute of Health (NIH)**
 - o Among this age range, Hispanic and African-Americans are more likely to be overweight
- o Overweight boys and girls are at an increased risk of being verbally bullied
- o Underweight boys are more likely to be physically bullied, while underweight girls tend to be relationally bullied (socially excluded/ rumor spreading) - **National Institute of Mental Health (NIMH)**


Trauma

- o 36% of American youth witness or experience a traumatic event before the age of 4
- o 13+% of children reported being physically bullied, while 1/3 reported being emotionally bullied
- o 1 in 5 children witnessed violence in their family or the neighborhood during the previous year
- o 10% of children suffer from child maltreatment, were injured in an assault or witnessed a family member assault another family member
- o Young children exposed to 5+ significant adverse experiences in the first three years of childhood face a 75% likelihood of having 1 or more delays in language, emotional, or brain development.
 - o The more exposure to trauma the increased risk of developing the following problems in adulthood*:
 - o Depression
 - o Alcoholism
 - o Drug Abuse
 - o Suicide attempts
 - o Heart/Liver disease
 - o Uncontrollable anger
 - o Family, financial, and job problems
 - o *not just occurring in adulthood also prevalent in childhood and adolescence

Trauma

- Acute
 - Car Crash
 - Shootings (school)
 - Act of violence
 - Bullying
 - Death of a loved one
- Chronic-
 - Repeated abuse
 - Physical, Sexual, & Emotional
 - Poverty
 - Combat Vets
 - Exposure to multiple traumatic events


Trauma



- People who experience trauma are (Recognizetrauma.org)
 - 15 times more likely to attempt suicide
 - 4 times more likely to become an alcoholic
 - 4 times more likely to develop STD
 - 4 times more likely to inject drugs
 - 3 times more likely to be absent from work
 - 3 times more likely to experience depression

Trauma and the Brain

- Plasticity: How experiences change the structure of the brain.
- Video
 - [Trauma and the Brain](#)



Technology & Youth Mental Health

- 11-18 Year Olds spend over 11 hours a day exposed to electronic media (Kaiser Family Foundation, 2010).
- Social Networks are influential in identity development (social identity) as youth are more likely to integrate aspects of themselves that others respond positively to (Steinberg, 2010).
- Over 2/3rds of U.S. Facebook users admit to visiting the site at least once per day and have an average of 330+ friends (Pew Research Center, 2014).
 - 60% of children will use a Social Networking Site before the age of 10 (Lange, 2010).

Technology & Youth Mental Health

- Creating and maintaining social relationships often act as a buffer against mental health by providing an outlet and emotional support (Chu, Saucier, and Hafner, 2013).
- The size of, and frequency of contact with social support/social networks is correlated with individuals well being (Rafnsson, Shankar, and Steptoe, 2015).
- [Social Media and Mental Health](#)

Technology & Youth Mental Health

- SNS use has been linked with Sleep Disturbances, lower Academic Achievement, & Internet Addictions among vulnerable populations (ADHD & Depressive symptoms) (Spies Shapiro & Margolin, 2014).
- Use of Computers before bed relates to sleep disruption in adolescents
- Academics may be inhibited as teens try to multitask SNS/Internet with homework, electronic use takes away from time spent studying, and students indicate using electronic media in class, while studying, and while doing homework.
 - Time spent talking on the phone was associated with lower reading proficiencies while texting was positively correlated to reading comprehension and family factors (educational attainment, parent-child interaction time) were found to be more predictive of reading literacy than time spent on phone (Hofferth & Moon, 2012).

Social Networking Sites & Youth Mental Health

- As time spent on Facebook increased, rated quality of life decreased (Bevan, Gomez, & Sparks, 2014)
- Lead people to believe that others are living happier more fulfilling lives [downward social comparison] (Chou & Edge, 2012)
 - Women views of body after viewing other women
 - Mens views of successfulness after viewing successful Men's profiles
- Act as a conduit for cyber-bullying, harassment, and stalking
- Source of relational conflict (Fox, Osborn, & Warber, 2014)
 - Unhealthy monitoring of previous relationship
 - Promote jealousy in romantic relationships
- FOMO-Fear of Missing out= more addictive behaviors (Fox & Moreland, 2014).
- "Distraction Addiction" (Fox & Moreland, 2014)

Technology & Youth Mental Health

- Social Networking Sites have been found to interfere with family activities such as, parent-child interaction (Subrahmanyam & Greenfield, 2013).
- Connecting with other via Social Networking Sites has been shown to lead to avoidance problems in the "Real World" (offline) and lead to a lack of connections offline, which increase the risk for depression and feelings of social isolation (Kim, Larose, & Peng, 2010; O'Keefe & Clarke-Pearson, 2011).
- Encourages self-harm ideation with the belief that posting about harming oneself will improve previously low-mood (coping strategy) (Singleton et al., 2016)

Technology & Youth Mental Health

- In assessing both the physical and mental health outcomes related to technology use in youth, Smahel, Wright, & Cernikova (2015) found:
 - Children displayed aggression against objects such as hitting a keyboard or computer screen or swearing because of issues with games or internet issues.
 - Children noted poor eating habits with one participant admitting they had gone more than 24 hours without eating because of playing online videogames
 - Having strained eyes, headaches, and tiredness (poor sleeping patterns)
 - Cognitive Sallience- vivid memory images that stay in one's mind after online experiences
 - "Stuck" or "remained"
 - Contributed to sleep disturbances

Technology & Youth Mental Health

- It is estimated that around 25% of adolescents fall prey to cyber-bullying (Hamm et al., 2015)
 - These experiences are associated with higher rates of depression, anxiety, isolation, and suicidal ideation (Hamm et al., 2015).
- The communication style of the internet increases the risk for cyber bullying through disinhibition and deindividuation because perpetrator cannot witness victim's response (Cassidy, Faucher, & Jackson, 2013).
 - The Disinhibition Effect (Suler, 2004)

[Social Media: Bringing Us Together](#)

Technology & Youth Mental Health

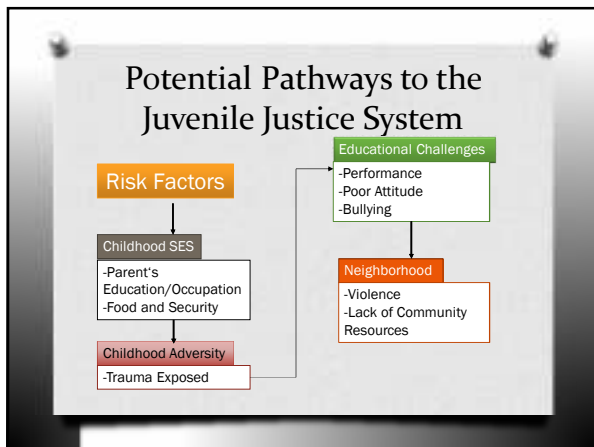
- Creates opportunity to engage in previously inaccessible groups, such as support groups, or interest groups that may enhance well being or improve coping strategies (Spies, Shapiro, & Margolin, 2013; Singleton et al., 2016).
- Connect with family and close friends (Singleton et al., 2016)

Technology & Youth Mental Health

- Creating and maintaining social relationships often act as a buffer against mental health by providing an outlet and emotional support (Chu, Saucier, and Hañner, 2013).
- The size of, and frequency of contact with social support/ social networks is correlated with individuals well being (Rafnsson, Shankar, and Steptoe, 2015).
- Research out of ECU has conducted brainwave studies suggesting that Casual Video Game playing improves mood and decreases stress while also suggesting that type/style of game may reduce stress in different ways:
 - Depression/Withdrawal
 - Excitement/Euphoric
 - Stability

Technology & Youth Mental Health

- Promotes group identity, increased social capital, increased social support, & connection to minority groups (Fox & Moreland, 2014)
- Has been found to boost self-esteem from interacting with or modifying Facebook profile (Gentile, Twenge, Freeman, & Campbell, 2012)




Protective Factors to Youth Mental Health

- **Individual:**
 - Positive physical development
 - Academic development & Success
 - + Coping and Problem-Solving skills
 - Negative attitudes towards substance use & abuse
 - Making future plans
 - Involvement in extracurricular activities (Sports, church, volunteer, music etc.)
 - Self-esteem/ positive view of self




Protective Factors to Youth Mental Health



- Familial:
 - Family closeness
 - Consistency in parenting practices
 - Value education and educational involvement
 - Clear expectations & limits regarding drug and alcohol use
 - Encourages positive relationships with supportive adults outside the family (Mentor, coach, pastor etc.)
 - Division of labor in family

Protective Factors to Youth Mental Health

- Community:
 - Physical and psychological safety
 - Opportunities for engagement with school and community
 - Presence of mentors and support for development of skills and interests
 - Comprehensive risk focused programs available
 - Programs for parents, children, and adolescents
 - Early childhood and family support programs
 - Widely supported community prevention efforts exist



Youth Mental Health & Systems of Care

- Promoting equal access to systems of care
 - Acknowledging that disparities exist in youth mental health and addressing them.
- Collaboration between Systems of Care
 - Developing the communication between systems and utilizing all available resources of systems of care
- Moving Forward
 - Comprehensive Mental Health Action Plan (World Health Organization to Local)
 - Creating and integrating a holistic & humanistic approach with systems of care.
