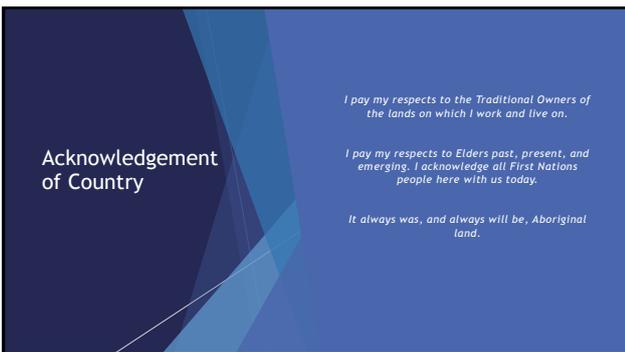


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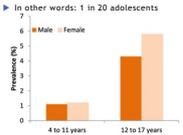
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3

Mental health problems in youth

- ▶ **Highly prevalent**
 - ▶ Approximately 19% adolescents experience **mental health disorders** (Sawyer et al., 2000; ABS, 2007).
 - ▶ In other words: Almost 1 in 5 adolescents
 - ▶ 4-6% of adolescents experience **depression**.
 - ▶ In other words: 1 in 20 adolescents



Age Group	Male (%)	Female (%)
4 to 11 years	~1.0	~1.0
12 to 17 years	~4.5	~5.5

Prevalence of major depressive disorder in the past 12 months in 4 to 17 year olds

4

Mental health problems in youth

- ▶ **Predictive of later problems**
 - ▶ Any childhood diagnosis increases the risk of adolescent and adult mental health problems (Kessler et al., 2005).
 - ▶ Kim-Cohen et al. (2003) found that 73.9% of adult mental health problems had emerged at a diagnosable level by 18-years-old, with 50% emerging before 15-years-old.
 - ▶ Most adult mental health disorders should be reframed as extensions of childhood disorders.
 - ▶ Childhood disorders should be priority prevention targets for improving wellbeing in the adult population.
 - ▶ Mental health problems in youth also impact developmental trajectories and functioning throughout the lifespan, including academic achievement.

5

Yet... only 10-56% of young people access clinical services

- ▶ According to the 2015 Report on the 2nd Australian Child and Adolescent Survey of Mental Health and Wellbeing
 - ▶ Of those aged 4-17 years, 1 in 6 (17%) had used services for emotional or behavioural problems in the past 12 months.
 - ▶ Of those aged 4-17 years with mental health disorders, 56% had used services in the past 12 months.
- ▶ The Mission Australian Youth Survey Report (2017) asked about help-seeking behaviours:
 - ▶ Most commonly cited sources of help:
 - ▶ Friends, Parents, Relatives or Family Friends, Siblings
 - ▶ One third of young people indicated their School Counsellor as a source of help.

6

Schools have the opportunity to:

- ▶ Observe young people in a more naturalized setting
 - ▶ In a way that caregivers and other professionals may not be privy to
 - ▶ E.g., in the classroom
 - ▶ E.g., with peers
- ▶ Optimize developmental trajectories for children and adolescents by indicating that assessment and intervention are needed
- ▶ Collate information from various sources to more accurately inform assessments and treatments
 - ▶ Including from teachers / year coordinators to share with young people, caregivers, and other professionals (e.g., private/public-sector psychologists and psychiatrists)

7

Quick activity

- ▶ How many young people in your school? _____
- ▶ For your school, how many young people would you expect to have a mental health disorder:
 - ▶ $0.19 \times$ _____ (number of young people in the school)
 - ▶ = _____
- ▶ How many young people in a grade? _____
- ▶ In each grade, how many young people would you expect to have a mental health disorder:
 - ▶ $0.19 \times$ _____ (number of young people in the grade)
 - ▶ = _____



8



Anxiety and Depressive Disorders

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Developmentally-Typical Worries



- ▶ 6-12 months: Separation, strangers
- ▶ 2-4 years: Imaginary creatures, burglars, the dark
- ▶ 5-7 years: Natural disasters, injury, animals, media-based
- ▶ 8-11 years: Poor academic / sport performance
- ▶ 12-18 years: Peer rejection

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Separation Anxiety Disorder



Key symptoms

- Fears separating from home or major attachment figures
- Worry about potential harm to attachment figures
- Avoidance: Reluctance or refusal to go out away from home
- Fear of being alone
- Repeated nightmares
- Physical distress symptoms (eg headaches, stomach-aches, nausea)

Other

Symptoms must last at least 4 weeks in youth

- Prevalence: Adolescents: 1.6%

- Most common anxiety disorder in children under 12 years of age

- **Onset peaks** at several points of development including with entry into kindergarten, between ages 7-9, and again with entry into high school.

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Social Anxiety Disorder



Key symptoms

Excessive fear or anxiety about social situations in which the individual is exposed to possible scrutiny by others

Fear of Negative Evaluation: Belief situation will be humiliating or embarrassing, lead to rejection, or that individual will offend others

Avoidance

Other

- Often take years to get help
- May need more targeted interventions as do not respond as well to treatment

Prevalence: Estimated 8.7%

The prevalence in children & adolescents is comparable to adults

- 75% of individuals have age of onset between 8 and 15 years

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Specific Phobias

Key symptoms
Paralyzing fear of a specific event, situation or object

Avoidance and distress caused when confronted by phobic stimuli

- * Animals (e.g., spiders, insects, dogs)
- * Natural environment (e.g., heights, storms, water)
- * Situational (e.g., airplanes, elevators, enclosed places)
- * Blood-injection-injury (e.g., needles, medical procedures, fear of blood, fear of injury)
- * Other (e.g., clowns, vomit)

Other
Typically lasting 6 months or more

Prevalence: **Adolescents: 8%**
Greater prevalence in girls

Onset is usually between 7 and 11 years

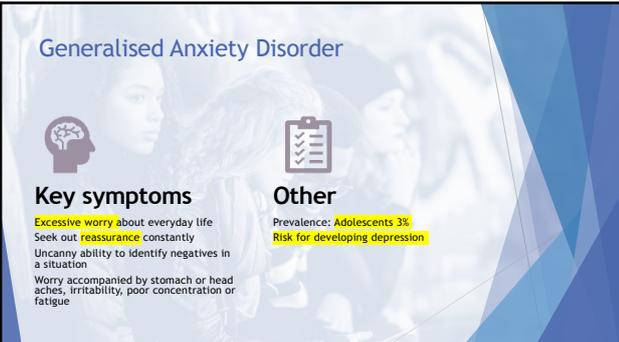


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Generalised Anxiety Disorder

Key symptoms
Excessive worry about everyday life
Seek out reassurance constantly
Uncanny ability to identify negatives in a situation
Worry accompanied by stomach or head aches, irritability, poor concentration or fatigue

Other
Prevalence: **Adolescents 3%**
Risk for developing depression



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Panic Disorder

Key symptoms
Regular panic attacks for no apparent reason
Worry that an attack will happen again
Avoidance of places or activities for fear of having a panic attack
Heightened awareness and/or concern about feelings in their body

Other
Prevalence: **Adolescents: 2.3%**
More prevalent in females than males from adolescence.



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Obsessive Compulsive Disorder



Key symptoms
Recurrent, persistent and intrusive thoughts
Repetitive behaviours aimed at reducing or preventing a dreaded event
e.g., washing hands, counting to a certain number, symmetry

Other
1.2% prevalence
Males are more commonly affected in childhood than females.
25% of cases start by 14-years-old

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Body Focused Repetitive Behaviours



Key symptoms
BFRBs include: hair-pulling (trichotillomania), skin picking, nail biting, lip chewing, thumb sucking.
Can be to reduce anxiety, can also have become habitual

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Major Depressive Disorder



Key symptoms	Other
<ul style="list-style-type: none">Low mood (or irritability, such as low frustration tolerance)Loss of interest and pleasure in usual activitiesSleep disturbancesGuiltLow Energy/fatigueConcentration/attentionAppetiteMoving slowly or quicklySuicidal Thoughts/Self-harm	<ul style="list-style-type: none">Some young people feel irritable, while others feel sad and really stressed most of the timeSymptoms interfere with all areas of a person's life, including school and social relationshipsSymptoms are experienced most days and last for at least two weeks

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Persistent Depressive Disorder (formerly, dysthymia)

Key symptoms
 Presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect child's capacity to function

Other
 - Occurs in 1.6 - 8.0% of adolescents
 - Symptoms still interfere with all areas of life, including school and social relationships, though level of severity is less than MDD
 - Has long-term disabling consequences on social skill learning, psychosocial functioning and consequent professional life
 - Higher risk of relapse or development of MDD

Different in duration and timing than Major Depression (MDD)
 - Symptoms last longer than in depression - for children and adolescents this is 1 year and must not be without symptoms for more than 2 months at a time during that period



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What about things like...

- ▶ Perfectionism
 - ▶ Unrelenting high standards
 - ▶ Not a diagnosis in itself
 - ▶ Often a maintaining factor for unhelpful cognitions
 - ▶ Can play a part in Generalised Anxiety Disorder; Social Anxiety; Depression; Eating Disorders
- ▶ Gaming / YouTube / TikTok use
 - ▶ Be careful that we are not having unrealistic expectations of young people
 - ▶ Can be reasonable leisure activities
 - ▶ When is it getting in the way?
- ▶ High Functioning Autism
 - ▶ Comorbid with Anxiety Disorders



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Socio-emotional development for gifted students



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Perspective 1

- ▶ Gifted students have unique characteristics
 - ▶ Such as a heightened level of sensitivity, perfectionism, tendencies towards introversion, independence, and a comfort with solitary activities, which may be seen as risk factors for socio-emotional difficulties (Blaas, 2014; La Praik & Wyver, 2007; Robinson, 2008).
 - ▶ Highly gifted students may also exhibit a tendency to question rules, be overly judgmental, rebel against a perceived lack of fairness, and be intolerant of hypocrisy (Gross, 2004).
 - ▶ The expression of many of these characteristics may become a source of ridicule or criticism from age peers (Robinson, 2008; Wolf & Chessor, 2011).



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Perspective 2

- ▶ Gifted students are not inherently more socially vulnerable than non-gifted peers (Robinson, 2008; Robinson & Clinkenbeard, 2008).
 - ▶ Have similar social needs
 - ▶ But... Social-emotional issues for gifted students may arise due to a poor match between the anti-intellectual and unsupportive environments faced by many gifted students, and the abilities, interests, and needs of this group



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Socio-emotional difficulties

- ▶ Some of the socio-emotional difficulties faced by gifted students include:
 - ▶ Social isolation (Blaas, 2014; Gross, 2004),
 - ▶ difficulties in making friends (Blaas, 2014; La Praik & Wyver, 2007; Wolf & Chessor, 2011),
 - ▶ loneliness (Robinson, 2008),
 - ▶ a high level of victimisation by peers (Wolf & Chessor, 2011),
 - ▶ depression (Gross, 2004; Robinson, 2008),
 - ▶ hopelessness about the future (Robinson, 2008) and
 - ▶ general unhappiness (Gross, 2004)



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Forced choice dilemma

- ▶ The belief that a choice needs to be made between achieving academic success and gaining the acceptance of peers
- ▶ Due to a perception that the peers of gifted students may be hostile towards academic success.
- ▶ (Jung, Barnett, Gross, & McCormick, 2011; Jung, McCormick, & Gross, 2012).

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Parental / Caregiver pressure

- ▶ Coaching programs
- ▶ High level of expectations
- ▶ Hear of phenomenons like 'Tiger Parenting'

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It's not all bad news

- ▶ Selective schools seem to be a protective environment in comparison to gifted students being in mainstream schools.
- ▶ By the upper grades of high school, same-age peers tend to be more tolerant of those who are different.
 - ▶ It is also during this time that gifted students may have a greater number of options for finding better academic and social matches outside of their schools (Robinson, 2008).
- ▶ Many gifted students who go to university after high school appear to thrive in the new environment (Robinson, 2008).

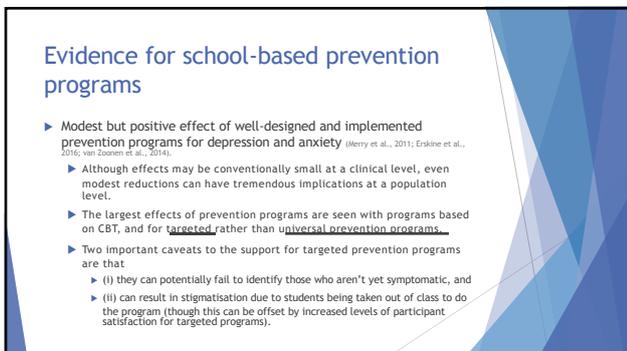
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Embedding in teaching programs

- ▶ Sleeping
 - ▶ Hours required
 - ▶ Sleep hygiene
- ▶ <https://youtu.be/dCyn7679Dc>
- ▶ <https://youtu.be/QbkujdtS16Q>



31

Embedding in teaching programs

- ▶ Eating
 - ▶ Eat the rainbow
- ▶ Understanding the impact of what we put into our bodies, including alcohol and drugs



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Embedding in teaching programs

- ▶ Movement
 - ▶ Movement is for everyone
 - ▶ Don't have to be "excellent" at it
 - ▶ Creating routines prior to stressful times
- ▶ Relaxation
- ▶ Doing things for enjoyment / pleasure not just achievement
 - ▶ Hobbies
 - ▶ Technology use
 - ▶ Social Interactions



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Embedding in teaching programs

- ▶ Promoting broadening interests
 - ▶ E.g., not just watching YouTube or TikTok on a topic
 - ▶ But also seeking out:
 - ▶ podcasts on interest areas,
 - ▶ books/reading
 - ▶ Connecting with others on interest areas
- ▶ Part of technology literacy and how we engage with it

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Embedding in teaching programs

- ▶ Improving mental health literacy
 - ▶ E.g., What is Anxiety?
<https://www.youtube.com/watch?v=...>
 - ▶ Talks:
 - ▶ <https://www.blackinstitute.org.au/...>
 - ▶ BITE BACK is the very first online positive psychology program designed to improve the overall wellbeing and resilience of young Australians aged 13 - 16 years old
 - ▶ <https://www.blackinstitute.org.au/...>

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At the school-level

- ▶ Celebrating things people have enjoyed, i.e., not simply where the outcome is achievement
 - ▶ Other things that can be enjoyed:
 - ▶ Social connection
 - ▶ Giving back to the community
 - ▶ Fun
- ▶ Promoting social interactions
 - ▶ Including understanding how to manage challenges and changes with friendships
 - ▶ Normalise managing conflict and respecting different opinions
 - ▶ E.g., hobby groups, school bands, group sports, choirs, group work
 - ▶ Understanding that romantic relationships may be emerging
- ▶ Managing increasing adolescent independence
 - ▶ And helping parents and carers manage this
 - ▶ Programs like: Tuning Into Teens

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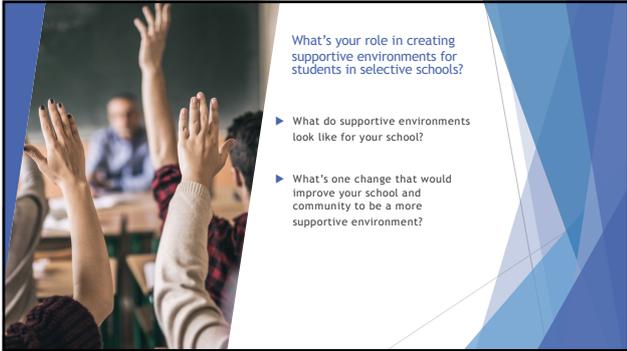
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What's your role in creating supportive environments for students in selective schools?

- ▶ What do supportive environments look like for your school?
- ▶ What's one change that would improve your school and community to be a more supportive environment?
