



GUIDELINE	
Mental health in adolescence	
Scope (Staff):	School health staff
Scope (Area):	CACH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

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Aim

To describe the primary health care role of nurses working in schools relating to identification, support and referral for mental health problems in adolescents.

Risk

Mental health issues which are not identified or do not receive timely intervention are likely to lead to poor outcomes, and may precipitate suicide.

Background

Mental health problems are common in young Australians with the most recent national epidemiological survey giving a prevalence of one in seven.¹

Adolescence is the peak period for the onset of psychiatric disorders² with up to 50% of lifetime mental disorders emerging before 14 years of age, and 75% before 25 years of age.³ Young people with mental health problems are not always easily identified. Stigma, poor mental health literacy and a belief that problems should be solved at the individual level are key reasons why young people may not seek help.⁴ The identification of mental health problems is complicated by the fact that young people are still developing. Changes in disposition and behaviour can be common in this age group; however significant changes in *mood* and *functioning* are key indicators that a young person may need further evaluation and/or support.⁵

Early intervention is critical: both transient and enduring mental health problems can have a significant impact on wellbeing, school attainment, school completion and suicide risk, with potentially devastating impacts for the life course.⁶

It is important to note that young people with emerging mental health problems often present with a range of non-specific symptoms that may be indicative of a range of possible problems.⁵ While symptoms may have a significant impact on the individual, they may be present at a sub-clinical level and not reach the level necessary for any given diagnosis. The lack of a diagnosis does not necessarily mean that the young person is doing well.⁵

Nurses working in schools play an important role in identifying and supporting young people with mental health problems. Whether problems are transient or enduring, adolescents are vulnerable to a range of poor short-term and long-term outcomes.⁷ Appropriate referral is one aspect of optimising mental health outcomes. In addition, young people are vulnerable to sub-optimal developmental outcomes, poor physical health and low school attendance, all of which are amenable to intervention. School attendance may be protective for young people with mental health problems. Young people often want to remain engaged at school,⁷ but many require individualised school-based support to achieve this. Continued engagement and assertive follow-up at a school level are key interventions that support these young people to optimise their health and wellbeing over time.⁷

Nurses must be mindful of the scope of their individual competence and experience in dealing with young people's mental health issues. Where a nurse has indication of a complex case being beyond her/his level of competence, a referral to an alternative, suitably qualified health professional should be made.

Key Points

- Nurses must work within their scope of practice.
- Collaborate with the Student Services Team to implement systems of case identification and support for all students at risk or experiencing a mental health problem.
- Mental health problems are often not evident. Nurses should routinely enquire how a young person is feeling, no matter the presenting issue.
- Young people are unlikely to disclose mental health concerns unless time has been taken to develop a therapeutic relationship.
- Appropriate referral is an important aspect of supporting young people with mental health concerns. Ongoing support is equally important.
- If the young person is at risk of suicide, immediate action must be taken to ensure their safety. Refer to the Suicide risk response protocol and action accordingly.
- Staff should be aware of young people's risky behaviour or situations and ensure personal safety.
- Nurses working in secondary schools need to be competent in undertaking a HEADSS assessment. This document should be used in conjunction with the HEADSS adolescent psychosocial assessment procedure and the HEADSS Assessment: Handbook for nurses working in secondary schools.

- Refer to: Working with Youth- A legal resource for community based health workers for information about legal matters including duty of care, sharing information with third parties, consent and mature minors.

The steps in the following Process table below are illustrated in a flowchart in Appendix A. Refer to Self-injury guideline and Suicide risk response protocol for information on these issues.

Process

Steps	Additional Information
<p>1. Be approachable</p> <ul style="list-style-type: none"> • Raise issues gently. • Reassure the young person that they are not alone and support is available. 	<ul style="list-style-type: none"> • Ensure privacy for conversation. • Community health staff should aim to provide calm and reassuring support that contains the young person and assists them to feel in control of their feelings. • The ability of health professionals to establish rapport is pivotal in addressing the psychosocial and mental health needs of young people.
<p>2. Discuss confidentiality</p> <ul style="list-style-type: none"> • Early in the consultation explain confidentiality, privacy and the limits of confidentiality. Check understanding by the individual. 	<ul style="list-style-type: none"> • Clearly document that confidentiality has been discussed.
<p>3. Assessment</p> <ul style="list-style-type: none"> • Assess for mental health risk, including depression, anxiety, self-injury and suicidal risk using HEADSS. psychological assessment if appropriate. • If suicidal, immediate action must be taken: <ul style="list-style-type: none"> ○ Keep student safe and contained. ○ Inform the Principal and/or the nominated school staff member at first available opportunity. ○ Plan care with the young person, their parent or guardian and the appropriate Student Services Team member (i.e. Year coordinator, School Psychologist, Deputy Principal). 	<ul style="list-style-type: none"> • Plan to conduct a HEADSS psychosocial assessment in the near future if not appropriate to conduct at initial contact. If a previous HEADSS assessment has been conducted, ascertain if the young person's situation has changed. • Information related to an immediate risk of suicide needs to be shared to keep the young person (and others) safe. Other information can remain confidential. • Act in accordance with a Risk Management Plan if available. • Follow the CACH Suicide risk response protocol and the Department of Education School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury as required.

Steps	Additional Information
<p>4. Health counselling</p> <ul style="list-style-type: none"> • Respond to the issue the young person presents with. • If not a crisis, help the young person to think constructively about possible approaches to their situation. Acknowledge the strategies the young person has already tried. • Explore the level of support the young person may have from family, friends and Student Services Team. • Consider information, literature, websites and support services, as appropriate. • Provide young people with information about various services and sources of support: <ul style="list-style-type: none"> ○ Access websites with student to identify key information. 	<ul style="list-style-type: none"> • Empower the young person to make decisions, set goals and adapt behaviour/communication to achieve their desired outcomes. Ask questions that help the young person to come up with their own solutions. • Listen carefully to the young person's experience, thoughts and feelings. It can be highly therapeutic for a young person to explain their life to an interested, supportive, non-judgemental adult. • Seek consent of young person to contact parent to discuss issue, if necessary. • Provide practical, non-judgmental and reassuring support to parents. • headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. • Orygen Youth Health (OYH) provides a specialised youth mental health clinical service.
<p>5. Consider referral</p> <ul style="list-style-type: none"> • If no immediate risk, seek consent for referral to other school services or health professionals as required. 	<ul style="list-style-type: none"> • headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. Centres are located across metropolitan, regional and rural areas of Australia. • eheadspace is an online and telephone service that supports young people and their families who may need mental health support. Register on 1800 650 890. • Refer to GP. Consider the availability of youth friendly doctors in the area. The Australian Medical Association provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training by the AMA, and headspace also offers GP services in some centres, though they may not be available in all areas. • Aboriginal Community Controlled

Steps	Additional Information
	Health Services (ACCHS) – there are 22 ACCHS in WA run by local Aboriginal people and their communities to manage their own health and well-being.
<p>6. Follow-up</p> <ul style="list-style-type: none"> • Make an appointment to see the young person again to assess social and emotional wellbeing and discuss outcomes of initial assessment. • Ensure <i>at risk</i> young people are known to the Student Services Team, and a member maintains contact with the individual and family, as required. 	<ul style="list-style-type: none"> • Even when engaged with a specialist mental health service, an individual may require ongoing support by the nurse (or other member of the Student Services Team). • Nurses can be instrumental in supporting the young person with their personal recovery in the context of their (school) life.
<p>7. Nurse support</p> <ul style="list-style-type: none"> • Ensure adequate debriefing and support processes following crisis situations. • Be familiar with the <i>Critical and Clinical Event Debrief Policy</i>. 	<ul style="list-style-type: none"> • The <i>Critical and Clinical Event Debrief</i> policy provides strategies for dealing with critical events. Critical events are any events which have the potential to interfere with a person's ability to function either during the event or later.

Documentation

Nurses will document according to local processes.

Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual via the HealthPoint link or Internet link
Confidentiality and adolescents
HEADSS Adolescent Psychosocial Assessment
Self-injury (Non-suicidal self-injury)
Suicide risk response protocol

The following documents can be accessed in School Health Resources: HealthPoint link
HEADSS Assessment: Handbook for nurses working in secondary schools
Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning + (young people)
Medicare for young people Department of Human Services, Government of Western

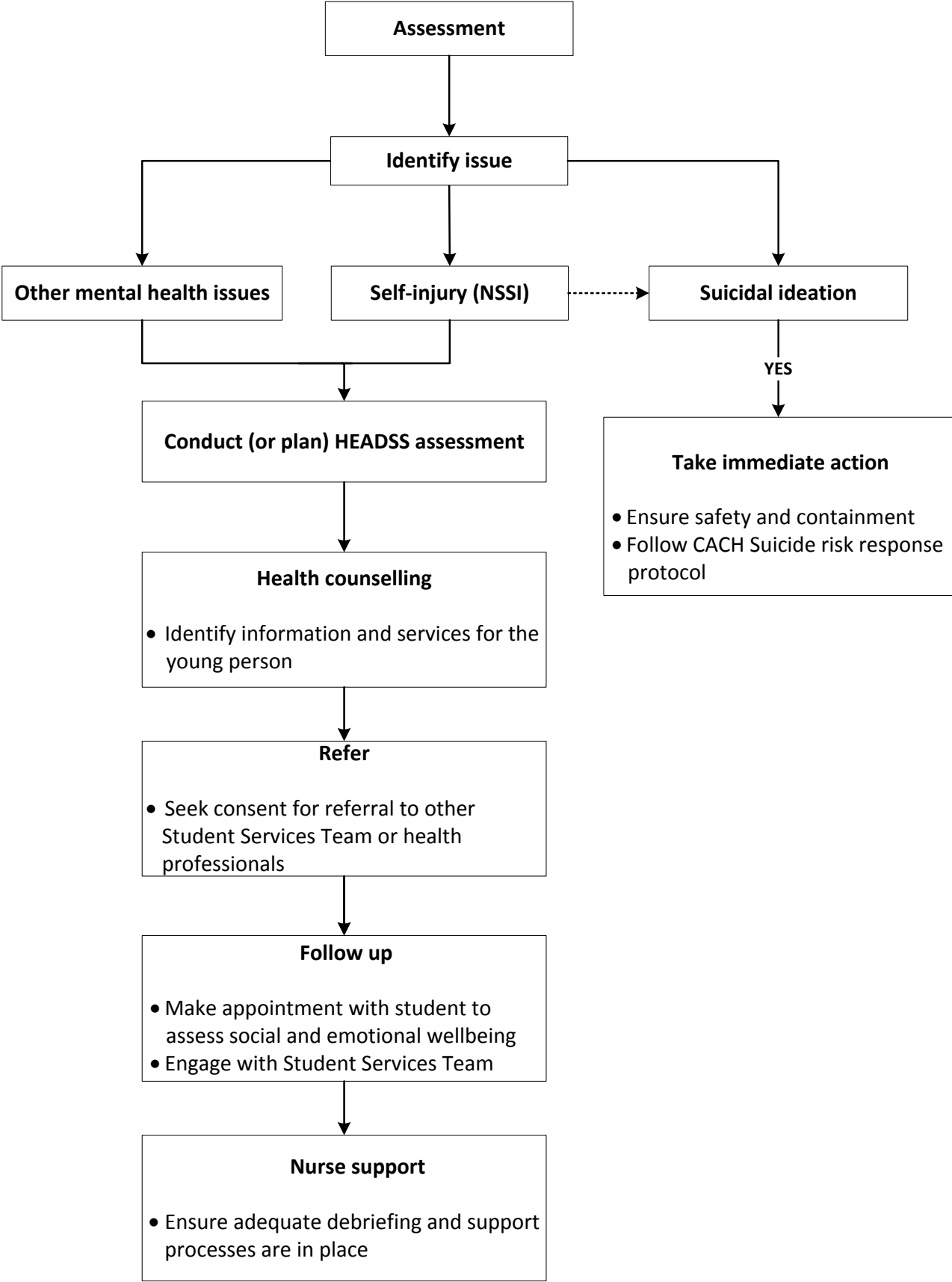
Australia
Mental health and resilience – Health Promotion in Schools resource
Relationships and sexuality – Health Promotion in Schools resource
Working with Youth– A legal resource for community-based health workers. Perth: Department of Health Western Australia; 2007. (Revised 2013.)

Additional Department of Health, Government of Western Australia resources or policies
Australian Health Practitioner Regulation Agency (AHPRA) – scope of practice
Consent to treatment Perth: Department of Health Western Australia;2016
Critical and Clinical Event Debrief
Guidelines for Protecting Children 2015 Department of Health, Government of Western Australia
School Response and planning guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury – WA Department of Education guideline

Useful resources
For Community Health Staff
Beyondblue mental health in education program - National Mental Health in Education program with support from headspace and Early Childhood Australia which builds on initiatives such as MindMatters, KidsMatter
Gatekeepers Suicide Prevention training – Ministerial Council for Suicide Prevention
headspace – Search the ‘ <i>schools and health professionals</i> ’ tab for research, statistics, information and guidelines and clinical toolkit to support recognising and treating common mental health issues in young people.
ReachOut for Health Professionals – Includes a range of information and support, for example: Teaching and learning resources and ideas, professional development strategies to help you, self-care for health professionals
Interviewing Adolescents – A training video covering generic concepts relevant for any health professional working with adolescents. It is a self-paced teaching tool for taking a complete psychosocial history from an adolescent. <i>Video available online via The PARTY project, Melbourne University or complete DVD available for loan from CACH Learning and Development</i>

Mental Health Commission – Information on mental health, alcohol or other drug issues
The Youth Mental Health First Aid Course
For Adolescents
Australian Medical Association - Provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training
Beyond Blue – Provides information on a range of mental health issues for all ages and different cultural backgrounds
headspace - The National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. Centres are located across metropolitan, regional and rural areas of Australia. headspace also offers GP services in some centres, though they may not be available in all areas
Kids Helpline – Available for support 24 hours, every day of the year
Medicare Better Access Initiative – GP Mental Health Care Plan
ReachOut – An online mental health organisation for young people
Yarn Safe – Online resources for young Aboriginal people (12-25years) experiencing mental health difficulties.
For Parents
<p>Raising Children's Network – information, videos and resources for parents, examples include:</p> <ul style="list-style-type: none"> • Alcohol and other drugs, binge drinking • Mental health and services • Stress in teenagers • Teenage mental health issues • Promoting happy teens <p><u>Help/Information Lines</u></p> <ul style="list-style-type: none"> • Mental Health Emergency Response Line – 24hr 1300 555 788 (Metro); 1800 676 822 (Peel) • RuralLink – 1800 552 002 8:30am -4.30pm Monday to Friday and 24 hours Saturday, Sunday and public holidays. During business hours callers will be connected to a local community mental health clinic.

Appendix A – Mental health flow chart



Appendix B – Anxiety and stress

Anxiety is a term which describes a normal feeling people experience when faced with threat or danger, or when stressed. Feeling anxious is appropriate in certain situations and usually anxiety is felt for only a limited time.⁸

Most young people will experience some level of non-clinical stress and anxiety during their school years. Feelings of stress and anxiety can be caused by external situations such as exams, or internal thoughts and feelings.⁹ All young people are different; some will become highly stressed about situations which do not worry others. Stress can also be cumulative.¹

Most young people are able to learn skills to cope with a certain amount of stress and anxiety. Stress is a normal part of everyday life, and can help to improve performance or keep us from danger.¹⁰ High levels of stress, however, can be harmful, for example, if the young person is experiencing a situation which is too significant to manage or if there are too many smaller stresses happening all at once.¹¹ The experience of stressful life events can be a risk factor for the development of clinical anxiety or depressive symptoms in young people.¹¹ Nurses working in schools regularly encounter young people with stress and anxiety symptoms, especially around certain times of the school year such as exams and when students start school. There is evidence that nurses can have a positive impact on how young people adjust to the high school experience and development of coping skills or resilience through the use of brief interventions.¹

In contrast to stress, anxiety can be a clinical condition which may be determined by biological or psychosocial factors.¹⁰ Anxiety can lead to an inability to attend school, difficulty with academic work, skin rashes, sleep disturbances, headaches and high blood pressure.^{1, 8} Table 1 provides a list of symptoms of anxiety in young people.

People are diagnosed with a clinical anxiety disorder when their level of anxiety and feelings of panic are so extreme that it significantly interferes with daily life and stops them from doing what they want to do. There are different anxiety disorders which affect the way a person thinks, feels and behaves⁸ and includes:

- *Agoraphobia* - Significant and excessive avoidance of, and fear or anxiety about being in situations that might cause panic, helplessness, or embarrassment.
- *Generalised anxiety disorder* - Significant and excessive anxiety and worry about a number of events or activities that the person finds difficult to control.
- *Panic disorder* - Recurrent, unexpected panic attacks (a sudden, intense fear or discomfort that peaks within minutes. Includes symptoms like heart palpitations, trembling and fear of losing control, followed by at least 1 month of persistent worry about additional panic attacks and/or significant maladaptive behaviour changes related to panic attacks.
- *Separation anxiety disorder* - developmentally inappropriate and excessive fear or anxiety regarding separation from an attachment figure.
- *Social anxiety disorder (social phobia)* - Significant and excessive avoidance of, and fear or anxiety about social situation(s) where there is possible scrutiny and negative evaluation by others.
- *Specific phobia* - Significant and excessive fear or anxiety about a specific object or situation that when faced, provokes intense fear, anxiety, or avoidance¹

- The most recent national epidemiological survey found the prevalence of anxiety disorders in children and young people was comparable, with 6.9% of 4-11 year old children and 7% of 12-17 year olds having at least one anxiety disorder.¹

Anxiety disorders are a common mental health issue experienced by young people¹, with symptoms being experienced as early as 11 years of age.³ See Table 1 below. Anxiety disorders, if not managed, cause considerable distress.⁸ For those young people who have a suspected anxiety disorder, prompt referral and treatment by a mental health professional is needed.

Table 1: Symptoms of anxiety in young people¹⁰

<p>Mood</p> <ul style="list-style-type: none"> • persistent worrying and excessive fears • increased irritability • overwhelmed • fear • worried about physical symptoms (such as fearing there is an undiagnosed medical problem) • dread (that something bad is going to happen) • constantly tense, nervous or on edge • uncontrollable or overwhelming panic 	<p>Physical changes</p> <ul style="list-style-type: none"> • poor sleep • muscle tension • heart racing • butterflies in the stomach • shaky hands • feeling nauseous • shortness of breath • vomiting • feeling detached from your physical self or surroundings • sweating • shaking • dizzy, lightheaded or faint • numbness or tingling • hot or cold flushes
<p>Behavioural changes</p> <ul style="list-style-type: none"> • avoidance of feared situations • social isolation or being withdrawn • excessive shyness • inability to relax • problems with work, social or family life • withdrawing from, avoiding, or enduring with fear objects or situations which cause anxiety • urges to perform certain rituals in a bid to relieve anxiety • not being assertive (i.e. avoiding eye contact) • difficulty making decisions • being startled easily 	<p>Cognitive changes</p> <ul style="list-style-type: none"> • difficulty concentrating and paying attention • easily distracted • intense and sometimes overwhelming thoughts

Appendix C - Depression

Depression is a condition that is more severe than sadness or low mood, lasts longer than two weeks and interferes with other areas of life such as relationships, school or work.¹² There are various types of depression, each having their own symptoms causes and treatments¹³ and include:

- Major depression – Involves low moods and/or loss of interest in usual activities. May include changes in appetite and weight, sleep, energy and activity, thoughts of suicide and feelings of worthlessness.^{3, 14}
- Bipolar disorder – Mood swings cycle between depression and mania (happiness), with both states varying in intensity and duration. More time is spent in the depressive stage rather than the manic stage.³
- Seasonal affective disorder (SAD) – SAD is a seasonal mood disorder, characterised by mood disturbances beginning and ending in a particular season. Symptoms include a lack of energy, increase in sleep periods, weight gain due to overeating and cravings for carbohydrates.³

Depression is very common with over 110,000 young people in Australia living with depression each year, with prevalence rates increasing from 2.1% in 1998 to 3.2% in 2013-14.¹⁵ Onset of depression tends to occur between adolescence and young adulthood¹⁶, with most developing depression before the age of 20.³ Depression is increasingly recognised as a significant problem for young people at school.¹⁵ Table 2 provides a list of clinical indicators of depression in young people.

There are a number of factors that place young people at increased risk for depression. A combination of these factors is usually present in those experiencing depression. These factors include:

- Biological factors – genetics, hormones and/or biochemical imbalance
- Major life stress events – trauma, death of family member or friend
- Relationship difficulties – includes interpersonal and family difficulties
- Bullying
- Unhelpful thinking styles¹⁴

Depression in young people is associated with several negative outcomes, inversely affecting growth and development including school performance, peer and family relationships and sometimes is accompanied by thoughts of suicide.^{14, 17, 18} Young people who are depressed have a negative view of the world, and the future, which clearly has an impact on their ability to deal with stress and loss.¹⁶ Alcohol and other drugs combined with a depressed mood may result in marked impairment of social functioning in young people, with a rise in suicidal behaviour.¹⁶

Current research suggests that in young people, depressive symptoms are important precursors to psychopathology, and that once children have experienced depressive symptoms, they are at risk for developing another depressive episode within the next five years.¹⁹ It is, therefore, imperative that depressive symptoms are identified and treated early. There are different treatments available for depression including cognitive behavioural therapy, counselling and medication. For those young people who have suspected depression, prompt referral and treatment by a mental health professional is needed.

Nurses working in schools are valuable in the identification and support of young people with depression. In addition, staff can assist young people in the management of their mental health through brief interventions, for example learning skills in problem solving,

relaxation, scheduling pleasant activities, managing feelings, thoughts and behaviours.¹⁵ Changes in an individual which have lasted for more than two weeks should be explored.


Table 2: Clinical Indicators of Depression^{11, 14}

<p>Mood Changes</p> <ul style="list-style-type: none"> • Feeling sad, hopeless, numb, empty, anxious or guilty • Feeling worried or frightened, or having nightmares • Unable to feel good or enjoy things • Moodiness that is out of character • Increased irritability and frustration 	<p>Physical Changes</p> <ul style="list-style-type: none"> • Loss of appetite, overeating, changes in sleep patterns, headaches, stomach-aches, feeling physically sick, lack of interest in sex • Increased physical health complaints like fatigue or pain • Slowing down of thoughts and actions
<p>Behaviour Changes</p> <ul style="list-style-type: none"> • Lack of motivation and energy • Crying a lot • Losing interest in activities usually enjoyed • Withdrawing from friends and family or being overly dependent on friends and family • Increased use of alcohol or other drugs • Losing his/her temper more than usual • Staying home from work or school • Being reckless or taking unnecessary risks (e.g. driving fast or dangerously) • Being awake throughout the night • Flat affect • Truancy • Declining grades • Social/peer problems e.g. fighting • Increased behavioural issues in class 	<p>Cognitive Changes</p> <ul style="list-style-type: none"> • Being overly self-critical • Believing he/she can't cope and that things are out of his/her control • Difficulty making decisions and thinking clearly • Poor concentrating and memory • Thinking about suicide or ending his/her life • Finding it hard to take minor personal criticisms

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