



## Definition

*Caller concerned with their own mental health or that of another. Ranges from anxiety, feeling down or depressed to self harm to clinically diagnosed mental health problems and medication for same.*

Mental health is a state of emotional and social wellbeing in which the individual can realise their own abilities, can cope with normal stresses of life, can work productively or fruitfully and is able to make a contribution to his or her community (WHO, 2001). Mental health for children and young people means a capacity to enjoy and benefit from satisfying family life, relationships, educational opportunities and to contribute to society in a number of age-appropriate ways. It also includes freedom from problems with emotions, thoughts, behaviours or social relationships that are sufficiently marked or prolonged to lead to suffering or risk to optimal development (Raphael, 2000).

## **Incidence of Mental Health Concerns**

Only recently has comprehensive information on the prevalence of mental health problems among Australian children and young people become available. The National Survey of Mental Health and Wellbeing was the first study to investigate the incidence of mental health problems among children and adolescents at a national level in Australia. The study found that 14% of children and young people in Australia have mental health problems that are comparable in severity to problems seen in children actually attending mental health clinics (Raphael, 2000; Sawyer et al., 2000).

Hospitalisations are a further indication of the prevalence and impact of mental disorders on children and young people. Between 2000 and 2001, there were over 10,700 hospitalisations of Australian children under 15 years with a mental health related concern of which 4,543 (42%) required specialised psychiatric care (AIHW, 2003).

## **Development of Mental Health Concerns**

Mental health problems develop through complex interactions between biological, environmental, psychological and social factors. It is seldom possible to identify a single principal cause of any one mental health problem. While a number of risk factors have been associated with a higher likelihood of developing mental health problems this does not mean that these factors cause mental illness (AIHW, 2002; CDHAC, 2000).

Family factors such as conflict, violence, separation, single parenting and poor parenting are some of the most commonly identified risk factors for mental health problems among children and young people. Physical, sexual, and emotional abuse and neglect of children are also viewed as major contributors. Poverty, bullying, poor school attachment and unemployment have also been identified as risk factors (CDHAC, 2000).

Other risk factors associated with the development of mental health problems include custody in a juvenile detention centre, living in care outside the home and being of indigenous, refugee or immigrant background (AIHW, 1999).

Homelessness has also been identified as a key mental health risk factor with recent studies finding that more than 75% of homeless young people experience at least one significant mental health disorder (AHURI, 2003).

## **KHL Contacts About Mental Health**

The proportion of calls to KHL's telephone counselling service about mental health concerns has been steadily increasing over the past ten years from 1.3% of calls in 1993 to 3.5% of calls in 2002. Counsellors now respond to nearly 3,500 phone, web and email contacts about this issue each year. Furthermore, mental health issues are subsumed under other problem types including eating behaviours, substance use, emotional and behavioural management and suicide. The following information is based on combined phone, web and email counselling data collected between July 2001 and June 2003.

Females make 81% of contacts regarding mental health concerns and males make 19%. This is 30% lower than the proportion of contacts made by males about all other concerns (27%).

Adolescence and young adulthood is a critical time for the social and emotional development of young people. Most mental health conditions including depression, substance abuse, anxiety disorders and psychoses have their peak onset during adolescence. The disruptive effects of mental health problems during adolescence can lead to social, emotional, physical and cognitive difficulties throughout adulthood (CDHAC, 2000).

Not surprisingly, the majority (74%) of those young people who contact KHL about mental health issues are aged between 15 and 18 years - 70% higher than the representation for this age group across all other calls (see table below).

| AGE         | MENTAL HEALTH | OTHER ISSUES |
|-------------|---------------|--------------|
| 5-9 years   | 1.4%          | 5.8%         |
| 10-14 years | 24.2%         | 50.5%        |
| 15-18 years | 74.4%         | 43.7%        |

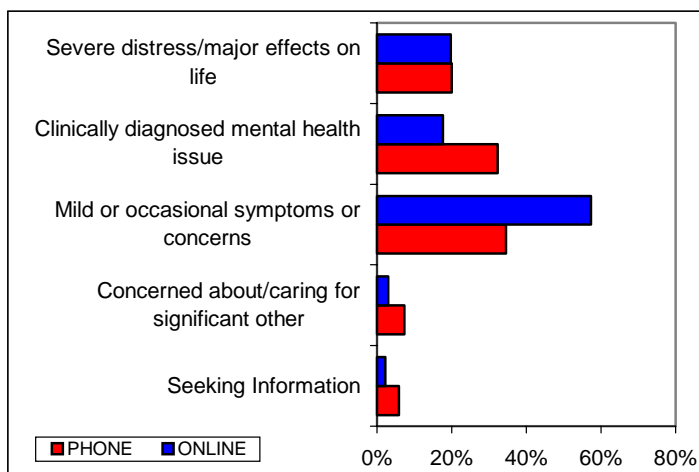
Counsellors record the young person's ethnic background for 12% of mental health contacts. The majority are Anglo-Australian (84%) with 10% from non-English speaking backgrounds. The remaining young people are from Indigenous backgrounds (2%) or other English speaking backgrounds (4%). (See Infosheets 23 and 24 for information on callers from Indigenous and non-English speaking backgrounds).

Calls from children and young people with mental health issues are mostly made from metropolitan areas (69%) with the remaining 31% from rural and remote areas. This proportion of contacts is 18% lower than that made from regional areas about all other concerns (38%)

### ***Nature of Mental Health Issues***

The vast majority of young people (89%) contact KHL about their own mental health concerns. Forty percent report mild or occasional symptoms, while 29% state that they have a clinically diagnosed mental health problem. A further 20% report severe distress which is having a major impact on their life. In addition, a small proportion of young people are either seeking information (5%) or concerned about someone else who has a mental health problem (6%) (most often a parent or other family member).

Young people who contact KHL via its online services about mental health concerns are more likely to report experiencing mild or occasional mental health concerns but less likely to contact about a significant other, seek information or report having a clinically diagnosed mental health problem, than those who contact via the phone (see figure below).



The severity of mental health problems increases substantially with age. Although discussing symptoms and behaviours is the most common type of contact from all age groups, younger callers are more likely to be seeking information or have concerns about a significant other. Older callers contact more often about having a mental health diagnosis or are severely distressed due to a mental health problem.

### ***Young People with Clinically Diagnosed Mental Health Concerns***

Despite recent reports indicating that behavioural and anxiety disorders are the most common mental health diagnoses among young people, over half (53%) of the young people who contact KHL about a clinically diagnosed mental health condition report having been diagnosed with depression. Mood disorders in general account for 60% of diagnoses. Anxiety disorders account for a further 21% while schizophrenia and other psychotic disorders are identified by 16% of KHL clients. The remaining young people are diagnosed with childhood disorders (10% - primarily attention deficit disorders), personality disorders (5%), eating disorders (4%) (also see Infosheet 19: Eating Behaviours) or dissociative disorder (1%)\*. Sixteen percent of young people report having multiple diagnoses with anxiety and depression the most frequently reported comorbidity.

There are significant age and gender differences in the types of mental health concerns about which young people contact KHL. Males are ten times more likely to have a diagnosis of attention deficit disorder compared with females who are more likely to have a diagnosis of depression or disordered eating behaviours.

There is little difference in the reported incidence of anxiety and depression between KHL clients aged under 15 and those aged 15 or over. However, those under 15 years are three times more likely to have a diagnosis of attention deficit disorder compared to older adolescents who are more likely to be diagnosed with a personality disorder, schizophrenia or other psychotic disorder.

\*adds up to more than 100% as a number of young people had multiple diagnoses.

### ***Mental Health, Self Harm and Suicide***

The links between mental health problems, self-harm and suicide are becoming increasingly well recognised by mental health professionals. The psychological pain experienced by some young people can be so intense that they resort to deliberate self-harm as a way of managing their feelings of fear, emptiness, hurt, anger, loneliness and sadness. Young people who receive poor or limited social support are considered to be particularly at risk (Vivekananda, 2000). Thoughts or acts of deliberate self-harm are reported by one-quarter of young people who contact KHL about mental health concerns. This proportion is considerably higher via online counselling (45%) compared with telephone counselling (21%).

*Female (17): Caller spoke about her self-harm. She cut herself today for the second time because of the pain that she is going through. She was raped a couple of weeks ago and was previously sexually abused by her adoptive father. Caller said that she cut herself mainly because she wanted to get her frustration out, but it didn't really help her do that.*

Distinct from those young people who engage in self-harm in response to intense emotional pain is another group of young people who report suicidal thoughts or behaviours. Eighteen percent of young people who contact KHL about mental health concerns mention suicidal ideation or attempts. This rate of suicidal ideation is second only to those young people who contact KHL specifically about suicide and is again much higher via online counselling (24%) than telephone counselling (16%). (Also see Infosheet 11: Suicide).

The overrepresentation of contacts involving self-harm and suicidal ideation via online counselling reinforces previous KHL findings suggesting that some young people prefer disclosing deeply personal issues and significant emotional pain through text rather than over the phone or face to face (see Infosheet 27: Online Counselling). These findings not only point to the important role KHL counsellors play in the intervention of mental health concerns among young people but also to the value of providing a variety of mediums through which young people can choose to seek help.

*Female (15): Caller has been accessing KHL through web and email. This is her first contact via phone. She is seeing a general practitioner and is on anti-depressants but wanting to do something about her self-harming behaviour.*

### **Depression and Young People**

The World Health Organisation has identified depression as the second leading cause of disability globally among younger people (WHO, 2001). A number of Australian studies have highlighted the incidence of depression among young people with approximately one-third of adolescents and young adults experiencing moderate depressive symptoms while over half report feeling sad, blue or depressed for an extended period of time (Donald, Dower, Lucke and Raphael, 2000).

Depression can impact on almost every aspect of young peoples' lives. For example, young people who contact KHL about depression often report relationship difficulties, self-harm, problems with their medication, drug use and difficulties with schooling.

Conflict with parents, friends or partners and the breakdown of these relationships are frequent themes in contacts from young people with depression. Many young people diagnosed with depression feel isolated, alone, misunderstood, rejected and unable to talk to people about their illness or its effects. Conflict between parents and parental separation are also major concerns for these young people.

*Male (16): Caller diagnosed with depression in the past and feeling very depressed tonight. He was feeling rejected by a girl he liked, feels his mum doesn't appreciate how hard things are for him and is anxious about his plans to do year 12 next year.*

Deliberate self-harm and suicidal ideation are significant concerns for young people diagnosed with depression. Almost 36% of the young people who contact KHL about depression state they had thought about self-harm or harmed themselves at some stage.

*Female (16): Called because she just had a fight with her mother. She has been diagnosed with depression which she has experienced for 3 years. She is feeling overwhelmed by her problems and has been self-harming and has suicidal thoughts. She feels others don't understand what it is like for her and that she is trying. She feels no-one listens.*

Young people diagnosed with depression also report using prescribed or illicit drugs to self-medicate; difficulties with school work; past child abuse or sexual assault; grief over the death of a parent or significant other; side-effects of medication; homelessness and insomnia.

*Female (17): Caller is noticing that her depression is coming back. All she wants to do is hide in her room and not see anyone. Her depression is linked to her dad dying, incest by uncle and being raped. She has support from a counsellor and family.*

### **Supporting Young People with Mental Health Concerns**

Kids Help Line's operational principles are such that young people do not need to have a specific problem to contact the service. Further, young people who contact the service are connected directly with a counsellor - there is no gate keeping. Consequently, KHL is an important entry point for primary prevention providing young people with access to professional ongoing counselling for almost any issue. Furthermore, young people are encouraged to reconnect with their counsellor again at their discretion.

Seventy-five percent of young people who connect with KHL counsellors about mental health concerns have contacted the service previously compared with 62% of all other clients. Further, 20% of young people with mental health concerns who contact via the phone or web agree to reconnect with their counsellor again on a specific date or time - almost 30% higher than for all other concerns (15%). These figures point to the importance of ongoing support and the development of safe and trusting counselling relationships for young people with mental health concerns. Through these relationships counsellors assist young people to strengthen important protective factors against mental health problems by helping them:

- build on their sense of self-worth and self-efficacy;
- develop problem solving skills and coping strategies; and
- strengthen their relationships with the significant others in their lives.

Not surprisingly, counsellors spend more time responding to young people about mental health concerns than any other issue with each contact lasting an average of 32 minutes compared with 19 minutes for all other concerns. This duration is similar to that for suicide related contacts and highlights the complexity of counselling young people with mental health concerns.

For those clients with possible mental health concerns, KHL counsellors fulfil a vital early intervention role in helping young people access appropriate support. Kids Help Line can also play a part in reducing young people's exposure to potential risk factors such as child abuse and neglect by connecting them with statutory child protection authorities. The importance of establishing these links has recently been highlighted by studies showing that only 25% of young people with mental health concerns receive any professional help (Sawyer, et al., 2000).

Ten percent of those young people who contact KHL with mental health concerns are referred to other support services. The majority of these referrals are to Child and Youth Mental Health, Community Mental Health, face-to-face counselling services and Community Health Centres. A further 17% are given non-specific referrals to their local doctor, school/guidance counsellor or mental health worker.

*Female (18): Caller was suffering from depression and had recently gone on medication. She was very motivated to call the mental health services we discussed regarding how she could learn to better cope with her emotions.*

Two-thirds of young people who make contact regarding mental health concerns are not referred to other services. This reflects both the number of clients who are already in contact with a mental health professional and young peoples' reluctance to accept a referral to a mental health service. The remaining 7% are unable to be referred due to there being no appropriate service in the young person's area or the client finishing the interaction before a referral could be given.

For those young people already accessing mental health services, counsellors help young people make the most of the available support by helping them to:

- maintain contact with support services;
- be open and honest with those who are trying to help;
- explore difficult issues when they are ready to do so;
- go back over issues they want to do more work on;
- provide feedback to services about how they are going;
- connect more often if they feel the need to do so; and
- have a safety plan with the service if they are ever in crisis.

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A number of young people who contact KHL with mental health concerns do so as part of an agreement or safety plan they have with an existing support service. This demonstrates KHL's ability to play a key role in providing comprehensive support and care for young people with mental health concerns.

*Female (14): Caller checking us out as KHL is part of her safety-plan set out by her psychologist. She agreed to keep in touch to talk about feelings and the pain she has been going through and also to get in contact with KHL before she self-harms as part of her safety plan.*

Duty of care actions, such as contacting emergency services or external liaison with case workers are required in 6% of mental health contacts via phone and web counselling compared with 4% for all other issues.

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## For more information

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