

# Research-to-Results <sup>Brief</sup>

Child **TRENDS.**

*...information for program practitioners on mental health issues and outcome measures.*

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## **ASSESSING THE MENTAL HEALTH OF ADOLESCENTS: A GUIDE FOR OUT-OF-SCHOOL TIME PROGRAM PRACTITIONERS**

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### **BACKGROUND**

Mental health problems can develop at any point in life and may be influenced by a variety of factors, including genetics or family history of a disorder, chemical imbalances in the brain, or stressors in the environment. Adolescence is a time of great change and transition, when youth are starting to make decisions about career paths, further schooling, and living on their own. These stressors, coupled with changing peer and family interactions, may lead in some cases to mental health problems, such as depression, suicidal thoughts, and anxiety disorders, particularly if the adolescent has a family history of mental illness. It is important for out-of-school time programs to be aware of these problems and to recognize their symptoms since mental health problems during adolescence can lead to other difficulties including substance use, school dropout, and antisocial behavior.<sup>1</sup> This brief summarizes the signs and symptoms of depression, suicide risk, and anxiety disorders, and suggests research questions that can help screen or monitor mental health issues. It also provides resources for out-of-school time program practitioners on these topics.

### **WHAT IS DEPRESSION?**

Depression can be defined as feeling sad, hopeless, and/or unmotivated for at least two weeks or more. Being able to recognize depression is important because it can lead to suicidal thoughts or attempts, and because it is treatable.

- Overall, the proportion of individuals who experience major depression at some point during adolescence ranges from 15 to 20 percent.<sup>2</sup>
- A large number of adolescents also report high levels of sadness, even though they do not have major depression. In 2005, 29 percent of all students in grades nine through 12 reported feeling sad or hopeless almost every day for two or more weeks in a row in the last year.<sup>2</sup>
- Females are twice as likely as males to experience sadness or depressive symptoms.<sup>3</sup>
- Adolescents who experience a stressful or traumatic event at home or at school, who have low self-esteem, or who have family members who are depressed, are most at risk for depression.

### **SYMPTOMS OF DEPRESSION**

Adolescents may not show all the symptoms of depression, but some of the more common symptoms include:<sup>4</sup>

- Feeling sad, anxious, or irritable.
- Feeling hopeless or worthless.
- A loss of interest in activities or hobbies.

- A loss of energy and concentration.
- Changes in eating and sleeping patterns.
- Suicidal thoughts or attempts.

### WHAT TO DO IF YOU THINK THAT AN ADOLESCENT IN YOUR PROGRAM IS DEPRESSED

Adolescents who are experiencing depressive symptoms can't just "snap out of it" on their own. They should be referred to mental health professionals for help if:

- You have noticed the appearance of several depressive symptoms that have lasted for two weeks or more, and/or
- They have suicidal thoughts or have attempted suicide.

### DEPRESSION AND SUICIDE

Some people who are severely depressed may have suicidal thoughts or may even create a plan to commit suicide. Others will follow through with their plan.

- Suicide is the third leading cause of death among children and youth, five to 24 years old.<sup>5</sup>
- Although females are more likely to be depressed and attempt suicide, males are much more likely to commit suicide.

### SYMPTOMS OF SUICIDE RISK

- Depressive symptoms (listed above).
- Giving or throwing away favorite belongings.
- Mentioning the fact that one may want to commit suicide.
- Exposure to someone who has committed or attempted suicide (friends or family).
- Issues with sexuality.
- Life stressors, such as abuse.<sup>6</sup>

### WHAT TO DO IF YOU THINK AN ADOLESCENT IN YOUR PROGRAM IS CONTEMPLATING SUICIDE

The National Alliance on Mental Illness (NAMI) suggests the following:<sup>7</sup>

- First, if you suspect an adolescent is ***contemplating suicide***, you should seek professional care for that adolescent right away. The NAMI Helpline, 1-800-950-NAMI, can refer you to mental health services in your area.
- ***If the threat is immediate***, take the adolescent to the nearest emergency room or call 911.
- Don't assume that adolescents who talk about killing themselves won't go through with it. Approximately 80 percent of all those who commit suicide give some type of warning or message to others.<sup>7</sup>
- Never assume that someone who is suicidal cannot be helped.
- Don't be afraid to talk to the adolescent about his or her suicidal thoughts – mentioning the act of suicide will not cause suicide. Open and supportive discussion actually can help someone contemplating suicide know he or she is being taken seriously and listened to.

### WHAT IS ANXIETY?

Anxiety is defined as having excessive and uncontrollable feelings of fear or nervousness about a future event or an actual situation. While a small amount of anxiety or stress can be beneficial for development, it becomes a problem if the anxiety is developmentally inappropriate or prevents or limits appropriate behavior. Anxiety disorders are the most common mental health problem among children and adolescents. About 13 percent of children and adolescents between the ages of nine and 17 experience some kind of anxiety disorder. In general, females are more affected than males.<sup>8</sup>

## SYMPTOMS OF ANXIETY DISORDERS

- Extreme, unrealistic worry about everyday activities, such as academics, sports, or social situations.
- Extreme feelings of self-consciousness, tenseness, and a strong need for reassurance.
- Physical ailments, such as stomachaches or other discomforts.
- Panic attacks – periods of intense fear that usually involve a pounding heartbeat, sweating, dizziness, nausea, or a feeling of imminent death.

## ASSESSING THE MENTAL HEALTH OF ADOLESCENTS IN YOUR OUT-OF-SCHOOL TIME PROGRAM

The following questions can help you to assess the mental health of adolescents in your program. While these questions are a helpful tool for evaluating your program, they should be used with caution. ***Only a mental health professional can make a diagnosis of depression or excessive anxiety.*** It is important to remember that an adolescent's response to these questions should remain confidential. It is a good idea to involve a researcher or research organization to help you learn how best to ask sensitive questions like these, which may upset some youth in your program. These organizations can also help you work with your local Institutional Review Board (often called an IRB) which will look over the questions you want to ask and the way you are going to obtain the information (e.g., paper and pencil survey, or in-person interviews). They will also make sure the adolescents in your program have permission and have agreed to participate and will help you determine whether you should notify the youth's parents of their responses. Certain states may also have requirements for mandatory reporting of those who tell you that they are planning on hurting themselves or others.

### Measuring Mental Health

Below we list potential questions you might use in an evaluation or outcomes study to assess the overall mental health of children and/or adolescents in your program. As shown, the first question can be used if you want the youth to report on his or her own mental health, and the second can be used in a parent survey.

1. How would you rate your mental health?<sup>9</sup>
  - A. Excellent
  - B. Very good
  - C. Good
  - D. Fair
  - E. Poor
2. Overall, do you think that your child has difficulties with one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?<sup>10</sup>
  - A. Yes
  - B. No

### Measuring Suicide Ideation and Behavior<sup>11</sup>

The following quote should precede administration of the questions to help frame and clarify the questions for the youth responding to the survey. *“The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.”*

1. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped some usual activities?
  - A. Yes
  - B. No
  
2. During the past 12 months, did you ever seriously consider attempting suicide?
  - A. Yes
  - B. No
  
3. During the past 12 months, did you make a plan about how you would attempt suicide?
  - A. Yes
  - B. No
  
4. During the past 12 months, how many times did you actually attempt suicide?
  - A. 0 times
  - B. 1 time
  - C. 2-3 times
  - D. 4 or 5 times
  - E. 6 or more times

#### **ADDITIONAL RESOURCES ON MENTAL HEALTH FOR YOUR PROGRAM**

The sources listed below are national resources. It is a good idea to also identify local resources near you that will be able to help in case you need to refer a youth in your program for a mental health problem.

- **National Institute of Mental Health**  
Find additional information on depression and anxiety by going to [www.nimh.nih.gov](http://www.nimh.nih.gov) or emailing [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov). You can also use the Web site to find local treatment options for depression and anxiety.
- **National Alliance on Mental Illness**  
Find local treatment and program options by calling 1-800-950-NAMI or going to [www.nami.org](http://www.nami.org). There are also online discussion groups sponsored by the Web site as sources of support for teens, parents, and providers.
- **National Mental Health Association**  
For additional information on mental health issues, available in both English and Spanish call 1-800-969-6642/ TTY: 1-800-433-5959 or go to [www.nmha.org](http://www.nmha.org).
- **Suicide “Hot-lines”**  
This Web site provides local resources and “hot-lines” for each state. Call 1-800-SUICIDE (784-2433) or visit [www.suicidehotlines.com](http://www.suicidehotlines.com).
- **Anxiety Disorders Association of America**  
For information on specific forms of anxiety disorders such as generalized anxiety disorder and obsessive compulsive disorder, visit [www.adaa.org](http://www.adaa.org).

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<sup>1</sup> Fleming, J.E. & Offord, D.R. (1990). Epidemiology of childhood depressive disorders: A review. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29:571-580.

<sup>2</sup> Child Trends Databank. (2006). Adolescents who feel sad or hopeless.

<sup>3</sup> Compas, B.E., Oppedisano, G., Connor, J.K., Gerhardt, C.A., Hinden, B.R., & Achenbach, T.M. (1997). Gender differences in depressive symptoms in adolescence: Comparison of national samples of clinically referred and nonreferred youths. *Journal of Consulting and Counseling Psychology*, 65(4):617-626.

<sup>4</sup> National Institute of Mental Health. (2006). Depression.

<sup>5</sup> National Center for Injury Prevention and Control. (2001). Suicide in the United States: Fact sheet.

<sup>6</sup> O'Carroll, P.W. & Potter, L.B. (1994). Suicide contagion and the reporting of suicide: Recommendations from a National Workshop. *Morbidity and Mortality Weekly Report*, 43(RR-6):9-18.

<sup>7</sup> National Alliance on Mental Illness. (1999). Teenage Suicide.

<sup>8</sup> National Mental Health Information Center. (2006). Children and adolescents with anxiety disorders.

<sup>9</sup> Centers for Disease Control and Prevention. (2005). Behavioral risk factor surveillance system. Section 2-healthy days.

<sup>10</sup> National Center for Health Statistics. (2003). National Survey of Children's Health; Question S2Q59.

<sup>11</sup> Centers for Disease Control and Prevention. (2001). Youth Risk Behavior Survey: Suicide Ideation and Behavior Measure.