

Module B6: Mental Health

Entry scenario: *The entry scenario addresses a variety of issues and problems associated with the module topic. It may be used in class to identify the needs and interests of the students, which then may be incorporated into training objectives.*

A divorced mother comes to consultation with her son Bill, a 16 year-old only child, complaining about the fact that he is withdrawn and has hardly talked to her for two months. The boy himself denies any problem, despite the fact that he is skipping school often and his grades are dropping. The boy sees his father every two weeks, and the father, according to the mother, doesn't seem to be troubled by his son's situation. Until the age of 14, Bill was a bright, talkative, active kid. After his father left home two years ago to live with another woman, Bill's situation has gradually worsened, according to the mother, with a lot of conflicts around the issue of social outings and school duties, and a deterioration of his behaviour at school. Over the three last months, Bill skipped school several times because of headaches and stayed alone in his room, playing his guitar. He quit his football club 4 months ago, and has not seen his friends for two months. The consultation was prompted by the fact that the mother discovered an entire package of sleeping pills in her son's desk

General goals for learners. By completing the module the participant is able to:

- I Define mental health, mental ill-health and emotional well-being during adolescence, review the epidemiology of mental health problems & disorders
- II. Identify factors that promote or impair mental health in adolescents
- III List and recognize the main symptoms of mental health problems/disorders in adolescence
- IV Build a therapeutic alliance and engage the adolescent and the family (see also module A3)
- V. Interpret and evaluate symptoms of mental health problems, within the family/environmental context
- VI. Initiate support therapy or referral to mental health professionals
- VII. Recognize the risk of adolescent self-harm, and manage crisis situations including suicide attempts and self-harm

GOAL I: DEFINE MENTAL HEALTH, MENTAL ILL-HEALTH AND EMOTIONAL WELL-BEING DURING ADOLESCENCE, REVIEW THE EPIDEMIOLOGY OF MENTAL HEALTH PROBLEMS & DISORDERS

Training objectives Key topics to be covered	Educational Methodology	Activities, Issues, and Questions
Define well being, health and mental health	Short interactive presentation on a few definitions	Discuss WHO definition of health and how psychological health and well-being fit into this
Define mental health burden & problems and mental disorders	Group discussion	Discuss differences between well-being and mental health What is specific for adolescents in terms of mental health
List the main mental health problems and disorders which affect adolescents and review related epidemiological data	Group discussion & minilecture on the epidemiology of mental health problems & disorders	Ask the group what the prevalence of diseases is in their region/country Look at data available from websites (HBSC, WHO, UNICEF, World Bank, etc.)

GOAL II: IDENTIFY FACTORS THAT PROMOTE OR IMPAIR MENTAL HEALTH IN ADOLESCENTS

Training objectives Key topics to be covered	Educational Methodology	Activities, Issues, and Questions
List a series of risk and protective factors which affect adolescent mental health <ul style="list-style-type: none"> - Individual - Family - Environmental - societal 	Short interactive presentation on a few definitions Group discussion Role play	Present some data on risk & protective factors, with a focus on resilience (see annex on this module) including the following resources: <ul style="list-style-type: none"> - Relationships with others (connectedness with parents, peers) - Coping skills/styles - Beliefs, self-efficacy - Responsibilities in life - Involvement in social activity How do you concretely elicit these risk & protective factors in an encounter with an adolescent?

<p>Understand how adolescent psychosocial development may precipitate mental health problems, and how certain resources may be protective</p>	<p>Group work Inter-active lecture</p>	<p>Display examples of literature and films that illustrate the occurrence of mental health problems during adolescence. Cite adolescent characteristics which may precipitate mental health problems: - Biological factors e.g. rapid brain development during adolescence, role of hormones, etc. - Environmental factors</p>
<p>Recognise interactions between physical and mental health</p>	<p>Group discussion</p>	<p>Examples Physical activity linked with better mental health Higher prevalence of mental health problems in many chronic conditions</p>

GOAL III: LIST AND RECOGNIZE THE MAIN SYMPTOMS OF MENTAL HEALTH PROBLEMS/DISORDERS IN ADOLESCENCE

<p>Training objectives Key topics to be covered</p>	<p>Educational Methodology</p>	<p>Activities, Issues, and Questions</p>
<p>List and characterize the main symptoms and manifestations of mental health problems and disorders Elicit hidden or overt symptoms in any consultation for any complaint</p>	<p>Short interactive presentation on a few definitions Group discussion Ask participants to present experiences with own patients</p>	<p>Using the entry scenario, discuss with the group: <u>Mood:</u> - Functional symptoms - Depression - Anxiety - Sleep problems, fatigue - Withdraw, runaway - Delirium <u>Behaviour and cognition</u> - Conflicts - School problems/refusal - Delinquency - Acting out - Questions around gender identity and sexual orientation Trainer asks participants to describe how these symptoms could be elicited in</p>

		a history taking, and how most adolescents would describe them. Address the implications of “functional symptoms” in adolescence such as headache, stomach-ache, and back pain. Incorporate into the discussion how “hidden agendas” and masked symptoms may be recognized in adolescents.
Identify DSM-V and ICD-10 classifications as a resource to assist professional in the diagnose mental disorders	Short interactive presentation	Discuss the extent to which the DSM V and ICD-10 criteria apply to young adolescents

GOAL IV: BUILD A THERAPEUTIC ALLIANCE AND ENGAGE THE ADOLESCENT AND THE FAMILY (SEE MODULE A3)

Training objectives Key topics to be covered	Educational Methodology	Activities, Issues, and Questions
Explore the role of the attitude and beliefs of the health professionals around mental health	Group discussion	In groups, participants discuss personal reactions to the entry scenario, if given that Bill would be one’s own son. Compare beliefs and personal definitions of acceptable behaviour and mental ill-health. Discuss the meaning of mental health problems and disorders in the participants’ own culture / community. Elucidate the ways in which stigmatisation (real and perceived) can operate to disadvantage an adolescent with problems. What attitude on the part of the professional can decrease the potential effects of labelling and stigmatisation?
Evaluate the participants’ willingness to engage in a problematic situation	Group discussion	Trainer elicits some examples of stressful patient cases that the participants have been confronted with, and discuss emotions arising from such encounters
Exhibit skill in establishing a trustful relationship with a distressed adolescent who is initially reluctant to discuss his situation	Group exercise Role play	<u>Case study</u> : Rolf is brought to your consultation by his mother. Although he is reluctant to meet with you, his mother insists because Rolf cut his arm in front of her the day before. She thinks he is suicidal although Rolf says that everything is OK. Eventually he says that he just got mad because his he mother was trying to control him again.

GOAL V: INTERPRET AND EVALUATE SYMPTOMS OF MENTAL HEALTH PROBLEMS, WITHIN THE FAMILY/ENVIRONMENTAL CONTEXT

Training objectives Key topics to be covered	Educational Methodology	Activities, Issues, and Questions
Utilize criteria that differentiate adolescents with temporary dysfunction from those who need mental health evaluation or/and referral	Group discussion and Role play	Discuss criteria of normal behavior and how you distinguish between transient psychological burden from more severe mental health problem or disorder Use entry scenario to qualify the nature and severity of the situation - Severity of situation - Warning signs - Risks and resources - urgency of the situation
Assess family functioning for elements that contribute to the adolescent's distress	Group discussion and Role play	Assess congruence of the discourse: to what extent do father and mother have the same interpretation of the situation? Does the adolescent have the same interpretation as his parent(s)? If time permits, practice in role play an assessment of family structure and mode of functioning

GOAL VI: INITIATE SUPPORT THERAPY OR REFERRAL TO MENTAL HEALTH PROFESSIONALS

Training objectives Key topics to be covered	Educational Methodology	Activities, Issues, and Questions
Review the organisation of mental care in the participants' countries and reflect on the extent the various caregivers can deal with more or less serious mental health problems	Group discussion	Discuss issues such as: - Who is the first line professional that deals with mental health problems (GP, paediatrician, school doctor/nurse, psychologist) ? - What are the main barriers to access to mental health care? - How can one facilitate access to mental health care on the individual, environmental and policy levels
List approaches that are useful in clinical practice of non	Interactive lecture Group discussion	Trainer provides guidelines and, where possible, examples of common approaches:

specialized practitioners.	Role play	<ul style="list-style-type: none"> - Brief interventions (see motivational interviewing, module A3) - support therapy - medication - Relaxation, hypnosis, yoga, mindfulness, acupuncture etc. <p>Use entry scenario to role play an encounter with Bill & mother and then Bill alone</p>
Briefly review psychotropic medications which have been shown to be effective and safe during adolescence; list potential harmful effects and how to safely prescribe	Interactive lecture	<p>Issues of medication to be covered in class discussion may include,</p> <ul style="list-style-type: none"> - Considerations re.doses (e.g. rapid changes in weight) - Paradoxical effects, side effects - Risk of addiction - Risk of suicide - Patient's information on drug interactions - Asking about non prescription drugs (e.g. analgesics)
Identify situations which need referral to a mental health professional	Group work with role play	<p><u>Case study:</u> Helena has been repeatedly seeing her doctor for stomach-aches and has missed a lot of school classes. Her parents are currently engaged in a divorce process and Helena's school grades have dropped. Despite several consultations that she has had with her general practitioner and a prescription for antidepressants, she is still very depressed and stays home most of the time not doing anything.</p> <p>Discuss how to organize referral to mental health professional, including joint work or supervised work with mental health professional</p>
Provide support for the maintenance of psychotherapy when needed:		<p><u>Case study:</u> Helena comes to you after having seen a psychologist. She is not interested to see him again, as she thinks she is not mad, and has the impression that he looks at her in a bizarre way... She rather wants to see you in the future as she thinks you are the best doctor...</p> <p>Using this scenario, discuss:</p> <ul style="list-style-type: none"> - Dealing with resistance, fear, denial - Supportive actions/support therapy - Reassessment of situation

GOAL VII: RECOGNIZE THE RISK OF ADOLESCENT SELF-HARM, AND MANAGE CRISIS SITUATIONS INCLUDING SUICIDE ATTEMPTS AND SELF-HARM (SEE ALSO MODULE B9)

<p>Recognize the importance & meaning of suicidal conducts and self-harm during adolescence</p> <p>Analyze and compare some international epidemiological data in the field of sel-harm and suicidal conducts</p>	<p>Short interactive review of a few definitions</p> <p>Group discussion</p>	<p>Review includes distinguishing features of self-harm, suicidal conducts, including ideation, plans and attempts.</p> <p>Discuss the limits of epidemiological data on suicidal conducts and some explanations of differences found across countries</p>
<p>Identify the signs, symptoms and risk factors of suicide and self-harm</p>	<p>Interactive presentation</p> <p>Group discussion</p>	<p>Talk focuses on risk and protective factors</p> <p>Use entry scenario to list risk and protective factors/symptoms in Bill's situation</p>
<p>Successfully manage suicide crisis situations</p>	<p>Interactive lecture on the assessment of risk of suicide</p> <p>Group work</p>	<p>See slides: approach to assessment as proposed by Seguin & Terra, focusing on three main issues:</p> <ul style="list-style-type: none"> - Review of the risk in a given situation - Availability of means to commit suicide - Urgency of the situation <p>Discussion or role play: how to assess suicidal risk in Bill's situation?</p> <ul style="list-style-type: none"> - what would be the criteria for hospitalization, or what would be the alternatives? - what resources would you use if the patient is followed-up in an ambulatory setting ? How would you involve the mother/parents or friends?
<p>Demonstrate skills in responding to a suicide attempt at an individual and collective level</p>	<p>Interactive lecture</p>	<p>Discuss: how to avoid denial from the adolescent and his family/caregivers? What kind of follow-up can be proposed? After a suicide: grieving process (see annex)</p>

		If a suicide occurs in a school or a community, what can be done?
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General Guidelines



All requests should prompt a proper answer. The goal is not only to assess whether the adolescent is “normal” or not, but to what extent he is suffering from the situation or to what extent his behaviour unbalances his family and socio professional environment.

All situations should be assessed in at least 3 to 4 consultations (goal 3) before any definite decision is made about the need for medication, support counselling or referral to a mental health professional (exception: life threatening crises).

The main aim of the first encounter is to establish a therapeutic alliance with the adolescent, not necessarily to review all his lifestyles

Whenever possible, it is important to include parents, guardians and significant others in the management of the situation

RESOURCES AND FURTHER READING

National Institute of Mental Health (of NIH): Child and Adolescent Mental Health Resources

<http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml>

MedLine Plus: Teen Mental Health

<http://www.nlm.nih.gov/medlineplus/teenmentalhealth.html>

Child and Adolescent Mental Health: Resources for Professionals, Young People and Parents

<http://www.camh.org.uk/>

References on resilience;

http://www.childtrends.org/wp-content/uploads/2013/03/Child_Trends-2013_11_01_AHH_Resilience.pdf

<http://www.hhs.gov/ash/oah/adolescent-health-topics/mental-health/positive-health.html#>

References in the area of adolescent suicide

<http://www.apa.org/research/action/suicide.aspx>

http://lifeguard.tripod.com/Teen_Suicide_Loss_Book.pdf

<http://pediatrics.aappublications.org/content/105/4/871>