Helping Adolescents Achieve Positive Mental Health: Implications for Social Marketing

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ABSTRACT

This study sought to explore barriers to achieving positive mental health in adolescence from the perspectives of adolescents and their carers. In-depth interviews with male and female adolescents aged 15-17 years and school psychologists practicing in government and private schools provided insight into the mental health problems experienced by adolescents and the most effective ways to resolve these problems. The study found that current levels of community knowledge about mental health problems, the need to maintain a positive self-image, and the use of non-ideal coping skills may be the primary reasons for a reluctance among adolescents to seek help when afflicted with a mental health problem. The findings from this study provide insight for public policy makers and health promotion organisations by suggesting specific social marketing recommendations. In addition, practical information and recommendations are directed towards educators, parents, and adolescents.

ARTICLE

Introduction

The objective of this study was to identify ways in which adolescents and those caring for them can assist in coping with the mental health problems that can occur in the difficult transition years to adulthood. This involved exploring the barriers encountered by adolescents in developing and achieving positive mental health. In this context, mental health problems are defined as those relating to stress, anxiety, and depression that cause "reduced emotional, social, cognitive ability or well being but not to the
The reported prevalence of mental health problems experienced by Australian adolescents has increased significantly in the last century. Recent national surveys indicate that 40 per cent of all youth experience depression at some time during adolescence. Psychologist Margot Prior (1997) suggested the declining mental health among Australian youth can be attributed to the overwhelming challenges adolescents face at an earlier age than previous generations. Research has indicated that mental health problems experienced during adolescence differ between males and females. Ill-mental health for males appears to be predominantly related to anxiety and stress over issues related to accomplishment, while female mental health problems stem primarily from difficulties in interpersonal relationships.

**Methodology**

In-depth interviews were conducted with six school psychologists and six secondary school students. In addition, projective instruments were administered to the adolescent sample members. The small sample size is justified by the exploratory nature of the study and the need for highly personal and detailed information from interviewees. The aim was to generate insights into the factors that inhibit the attainment of positive mental health among adolescents rather than to assess the extent to which such factors are experienced by adolescents in general. Work to quantify the incidence of such experiences and the strategies employed to deal with them should follow from the findings generated by smaller-scale qualitative studies such as the present study.

Selection of interviewees was based on purposive sampling to compare divergent and convergent perspectives between the two groups. Adolescent interviewees fulfilled the requirements of being willing to discuss the sensitive topic of mental health and receiving parental permission to do so. Three male and three female adolescents were selected to enable the identification of gender differences in coping strategies. All adolescents were aged 15-17 years and were from private coeducational schools, some of which were coeducational schools and some single sex schools. Interviews with adolescents were conducted in their homes. It was hoped that conducting interviews in private and familiar locations would encourage greater levels of disclosure by the adolescents interviewed. The school psychologists included in the study were approached on the basis of their experience with adolescent behavioural psychology and selected from those willing to divulge their experiences. Three were employed in private single-sex...
schools and three in public coeducational schools. Interviews with school psychologists were conducted in their offices on school campuses during school hours. All interviewees resided in Perth, Western Australia at the time of interviewing.

The projective techniques administered to adolescent interviewees involved association and construction activities. The first projective technique used was a series of word associations. Mental health terms such as "depression", "stress", and "anxiety" were verbally presented and interviewees were asked to note down their first ideas or images in response to hearing the words. The second technique required the adolescent interviewees to design a promotional campaign on what they viewed to be the most pertinent mental health issue for adolescents. This included drawing a picture that would be used in the campaign and nominating the medium they considered would be most effective in conveying the message to the desired target audience.

**Findings**

The initial theme surfacing from the data was the importance of receiving correct knowledge relating to the nature of mental health problems and their appropriate treatment. Education in both formal and informal contexts is required to assist in this process. It is hoped that normalising mental health problems through education will allow greater awareness and knowledge that will in turn motivate positive health behaviours.

The second theme to emerge was the importance of maintaining a positive self image. Ideas central to this theme were image dissonance and socialised expression. Image dissonance relates to the internal conflict experienced by adolescents when attempting to come to terms with the lack of congruency between the happy, positive self image they would like to portray to others and the feelings of anxiety and/or depression they are experiencing. The need to maintain an idealised version of self represents a barrier to achieving mental health as it is likely to result in the discounting of the less desirable real self that is experiencing a mental health problem. The term 'socialised expression', as used in this article, refers to beliefs and behaviours relating to communicativeness and expression as influenced by the individual's socialising agents. Internalised attitudes regarding appropriate forms of communication and expression can act as barriers to positive mental health when they prevent adolescents from considering confiding in others an acceptable coping strategy.

The third theme of relevance to the data generated in the interviews was the importance of the perceived empathy and
trustworthiness of help sources. It is important for adolescents experiencing mental health problems to be able to identify available and appropriate help sources to provide the option of obtaining assistance should they be unable to cope on their own. Simply communicating a problem can relieve some of the pressure and confusion felt by the afflicted individual, and by being aware of and comfortable with help providers adolescents may be able to alleviate their problems by externalising them through discussion.

Recommendations

The findings of this study provide insights of use to public policy makers in their attempts to address the deteriorating statistics relating to adolescent depression and suicide as well as the society-wide problem of managing mental health problems. In addition, the thoughts and feelings of our interviewees provide insights of direct relevance to adolescents and their carers. Such insights are useful given "the mandate for mental health services to take on a 'whole of population' approach through the engagement of the whole community in promotion and prevention activities" (Smith, McCavanagh, Williams, and Liscombe 1996).

The following section outlines implications and suggestions for social marketers, teachers, and parents in their efforts to assist young people cope with the common stresses associated with the transition from childhood to adulthood. In addition, adolescents are provided with coping strategies that may assist both themselves and their peers. It is important to note that these recommendations are based on the results of a small qualitative study, and therefore are only suggestive. Further research is required to validate these findings and assess their generalisability to other adolescent samples.

Suggestions for teachers/educators

1. Placing mental health issues in the curriculum prior to children reaching their adolescent years. Normalising mental health problems requires acceptance of the existence and prevalence of such problems prior to adolescents experiencing them for themselves.

2. Teaching materials relating to mental health could include information relating to the various coping strategies available. Such strategies should include ways in which adolescents can attempt to deal with their problems on their own as well as information on why, how, and where to access appropriate help sources.
3. Educators can keep abreast of mental health research and the various strategies used in Australia and internationally in the education of primary and secondary students. For a list of books and websites offering such strategies see the academic version of this article on the JRC website.

4. It appears very important for adolescents to perceive potential help sources as trustworthy. In order for teachers to be considered viable help sources by adolescents, they will need to assure them of confidentiality. Schools could assist this process by ensuring adolescents can consult their teachers without being witnessed by other students.

5. As empathy is another important factor in a help source, teachers may need to consider their approaches to adolescents they suspect are experiencing mental health difficulties. These adolescents will need to feel the teacher is capable of understanding their problems and will take their concerns seriously.

6. Using guest speakers may be an effective way of encouraging adolescents to perceive mental health problems as normal and treatable.

7. Schools can also play a role in educating parents about the prevalence of mental health problems among adolescents and effective ways to treat such problems.

**Suggestions for parents**

1. Explicitly state a family commitment to open communication and assisting each other in times of need.

2. Parents lead by example by sharing with their children when they are feeling stressed or depressed about particular issues.

3. Pro-actively approach children when they appear to be unhappy and offer a non-judgemental, empathetic ear.

4. Ensure children are aware of the various help-sources available to them (e.g., family members, friends, teachers, school psychologists, doctors, help lines, etc.).

5. Becoming educated in the risk factors and symptoms of mental health problems in order to detect the signs of ill-mental health in adolescents and initiate preventive intervention if required. For a list of resources see the academic version of this article on the JRC website.
Suggestions for adolescents

First and foremost, it is important for adolescents to understand that they are not alone in their feelings of stress, anxiety, and depression. In fact, almost half of their peers will be experiencing similar negative emotions at some stage of their transition to adulthood. Also of great importance is the adolescent's ability to recognise a mental health problem when they or someone close to them is afflicted. Addressing a mental health problem relies on diagnosis, and there are numerous symptoms that adolescents can learn to recognise in order to acknowledge that they are experiencing a mental health problem. These include physical symptoms such as chronic headaches, fatigue, insomnia, and possible weight gain or weight loss. Symptoms may also be evident in emotional reactions or mental functioning, such as depression, irritability, mood swings, over-sensitivity, poor concentration, and indifference. Finally, adolescents may also recognise signs of a mental health problem if they detect changes in their behaviour, such as becoming isolated or withdrawing from family and friends, acting promiscuously, or turning to illegal drugs and alcohol to escape or for comfort.

Once a mental health problem is recognised and accepted, there are various strategies adolescents can employ to cope with feelings of stress, anxiety, and depression. Not all will suit all adolescents, but it is important for young people to be aware of the full range of options available to them to improve the prospect of finding an effective strategy for them. Some of the strategies suggested by the literature and the results of this study include:

1. Ensuring social contact is maintained with peers, such as through social outings and sporting activities.

2. Learning about mental health problems and how they are manifested.

3. Accessing familiar help sources such as family members, friends, sporting coaches, religious leaders and groups, and/or teachers. As adolescents typically seek out friends as sources of support, it may be very beneficial to encourage young people to let their peers know they are open to discussions about feelings.

4. Adolescents can also access formal help sources capable of providing problem-specific information and treatment. Such formal sources include school psychologists, doctors, and mental health clinics.

Conclusion
This study was designed to explore possible barriers encountered by adolescents in developing and achieving positive mental health. Adolescents and psychologists were consulted in an attempt to provide insight into the motivating and inhibiting factors influencing the utilisation of effective coping strategies. The significant barrier encountered by adolescents, as perceived by both adolescent and psychologist interviewees, is their lack of mental health literacy. In other words, the adolescents and psychologists felt there is a need for adolescents to be made more aware of mental health issues and informed of ways to manage them. Addressing this lack of mental health literacy will require education at multiple levels to: (1) normalise mental health problems in an effort to encourage acceptance of those experiencing mental problems and eradicate the stigma associated with ill-mental health; (2) enable the recognition of symptoms of mental health problems in self and others; and (3) provide information about the range of effective coping strategies available to sufferers.

The recommendations provided in this article are based on discussions with a small number of adolescents and school psychologists in a geographically-limited area. As such they are tentative and require further analysis through larger, more representative studies. However, the findings support the results of previous studies and the recommendations may thus be of use to adolescents and their carers in their attempts to ease the negative feelings associated with the mental health problems experienced by many adolescents.

**References**


Smith, G., D. McCavanagh, T. Williams, and P. Liscombe (1996), *Making a Commitment: The Mental Health Plan for Western Australia*. Perth, Western Australia: Health Department of Western Australia.

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