Ms Sue Bagshaw

Christchurch

RN Gayle Lauder

Registered Nurse
Residence Youth Health Service

Brief Interventions for Youth Mental Health Issues - Concurrent Workshop

Saturday, 17 August 2013 Start 4:30pm Duration: 60mins Van Gogh

Mental Health related to Adolescent Development

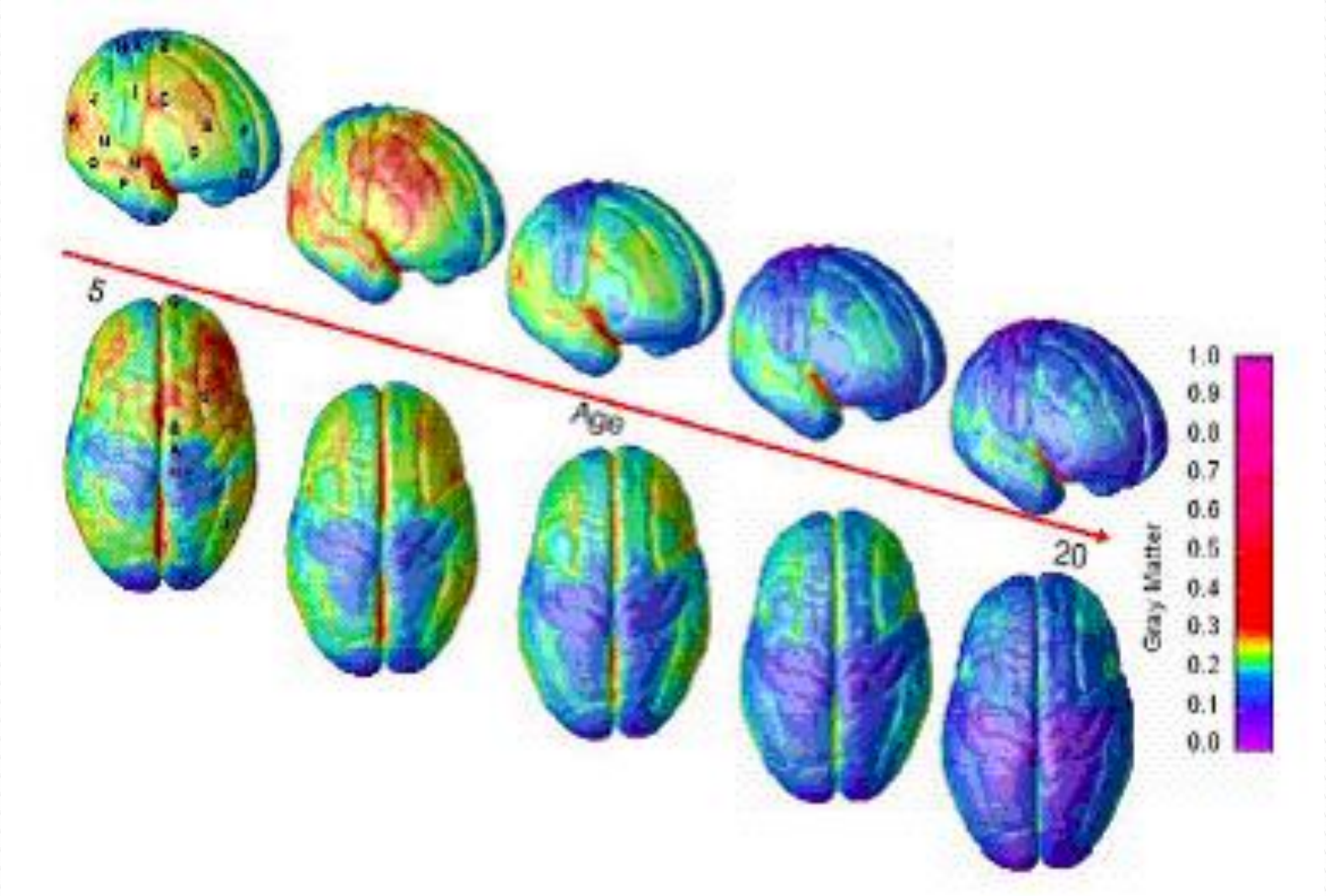
Dr Sue Bagshaw Gayle Lauder (RN)

Collaborative for Research and Training in Youth Health and Development
Christchurch

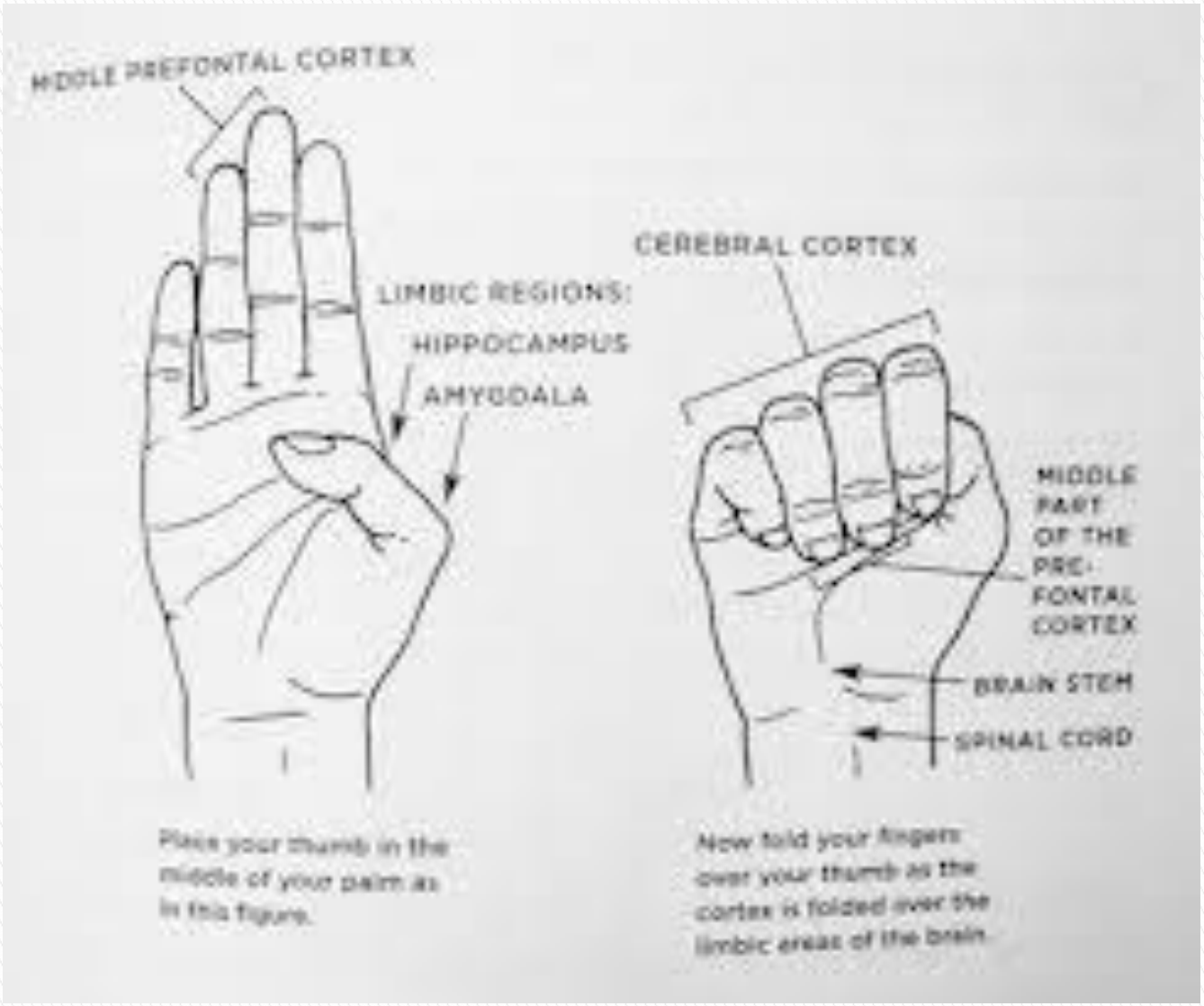
Child? Youth? Adult?

What do you find Challenging?

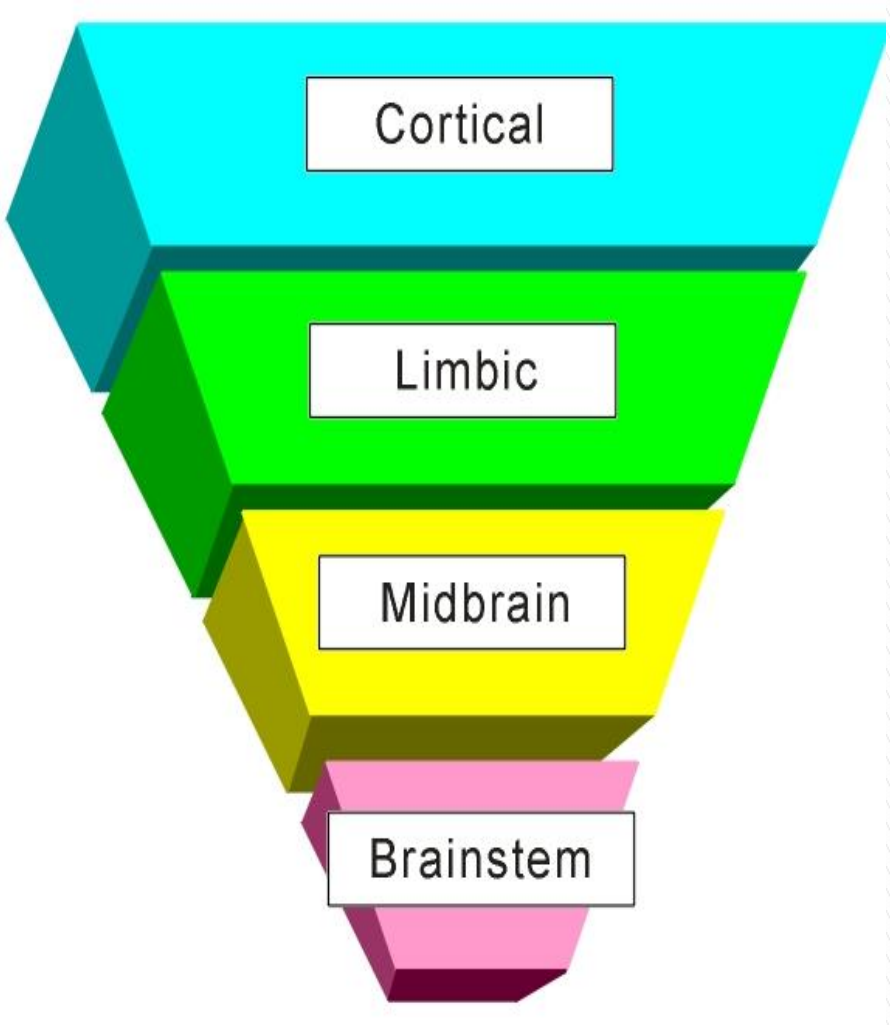
Red = Grey matter



Mindsight by Daniel Siegel



Perry's Neurosequential Model



Empathy

Controlling yourself

Literacy

Emotional response

Coordination

Movement

Heart rate

Fight, flight, freeze

Perry, B.D. (2002). *Brain Structure and Function I: Basics of Organisation. Adapted in part from "Maltreated Children: Experience, Brain Development and the Next Generation (W.W. Norton & Company).*

Challenges in Brain Development

- Dopamine
- Frontal lobe Connection
- GABA
- Overload of Oxytocin
- Sex Hormones
- Mismatch of different bits developing at different times

Teens thinks with their Amygdala

- Sensing emotions
- Fear
- Threat
- Danger

Cognitive Development

- Future
- Abstract
- complexity

Self harming and Suicidal Behaviours in Young People at School in NZ

	Description	Frequency in young people at NZ secondary schools *2012 (2007)	Frequency in young people at NZ alternative education 2009
Self Harm	Cutting, scratching, burning Often function is to manage difficult emotions and seek support with no intent to die	Male 18% (29%) Female 16% (26%)	Male 28% Female 56%
Suicidal Ideation	Thoughts about suicide and wanting to die–will vary in detail, frequency and intensity	Male 10% (9%) Female 21% (19%)	Male 13% Female 44%
Suicide Attempt	Actions taken towards suicide Will vary in intent and lethality	Male 2% (3%) Female 6% (11%)	Male 11% Female 34%

*from Youth2000 Survey Series, Adolescent Health Research Group www.youth2000.ac.nz

Difference between Self Harming and Suicidal acts

Suicidal Acts	Self Harming Acts
To end unbearable pain To die	To relieve emotional distress To live and feel better
Low frequency, single method Thought by the person to be lethal	Chronic, high frequency of occurrence and multiple methods Thought by person to be low lethality (cutting, burning etc)
Attempts elicit reactions of care, compassion and concern	Self injury often elicits disgust, fear and hostility

Taken from Self Harm and Suicidal Behaviour Workshop 2013 , CASA

Clinical Advisory Services Aotearoa

Why self harm?

when a young person self harms their intent or purpose is not to die

Intent, purpose or function.....

- to manage difficult emotions such as tension, anger, anxiety and sadness
- to help feel calm and get a sense of release or relief
- to punish themselves/manage self directed anger
- to feel something when they otherwise feel numb
- to access support, seek help or attention
- for excitement/exhilaration-to be part of a peer group

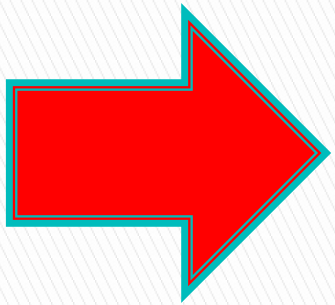
COPING strategy

Taken from Self harm and Suicidal behaviour workshop, CASA 2013

Why suicidal behaviours?

Emotional pain that they:

- can't stand
- can't see ending
- can't see a way to solve



Suicidal behaviour becomes a **problem solving** strategy

*a **'permanent'** solution to a **'temporary'** problem*

Taken from Self Harm and Suicidal behaviour workshop, CASA 2013

Clinical Advisory Services Aotearoa

Red Flags for Suicide

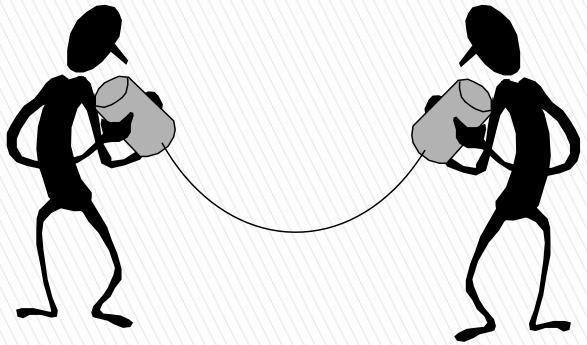
Risk Factors

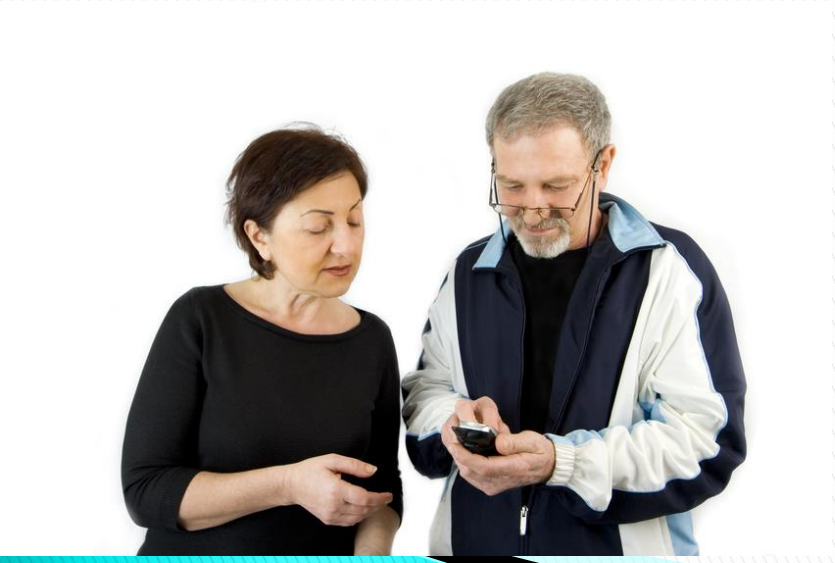
- Previous Suicide Attempt
- History of a Prior or Ongoing Psychiatric Disorder
- History of Sexual or Physical Abuse
- History or Exposure to Violent Behaviour
- Family History of Suicidal Behaviour or Mood Disorders
- Biological Factors, Including Male Sex and Gay or Lesbian Sexual Orientation

Precipitating Factors

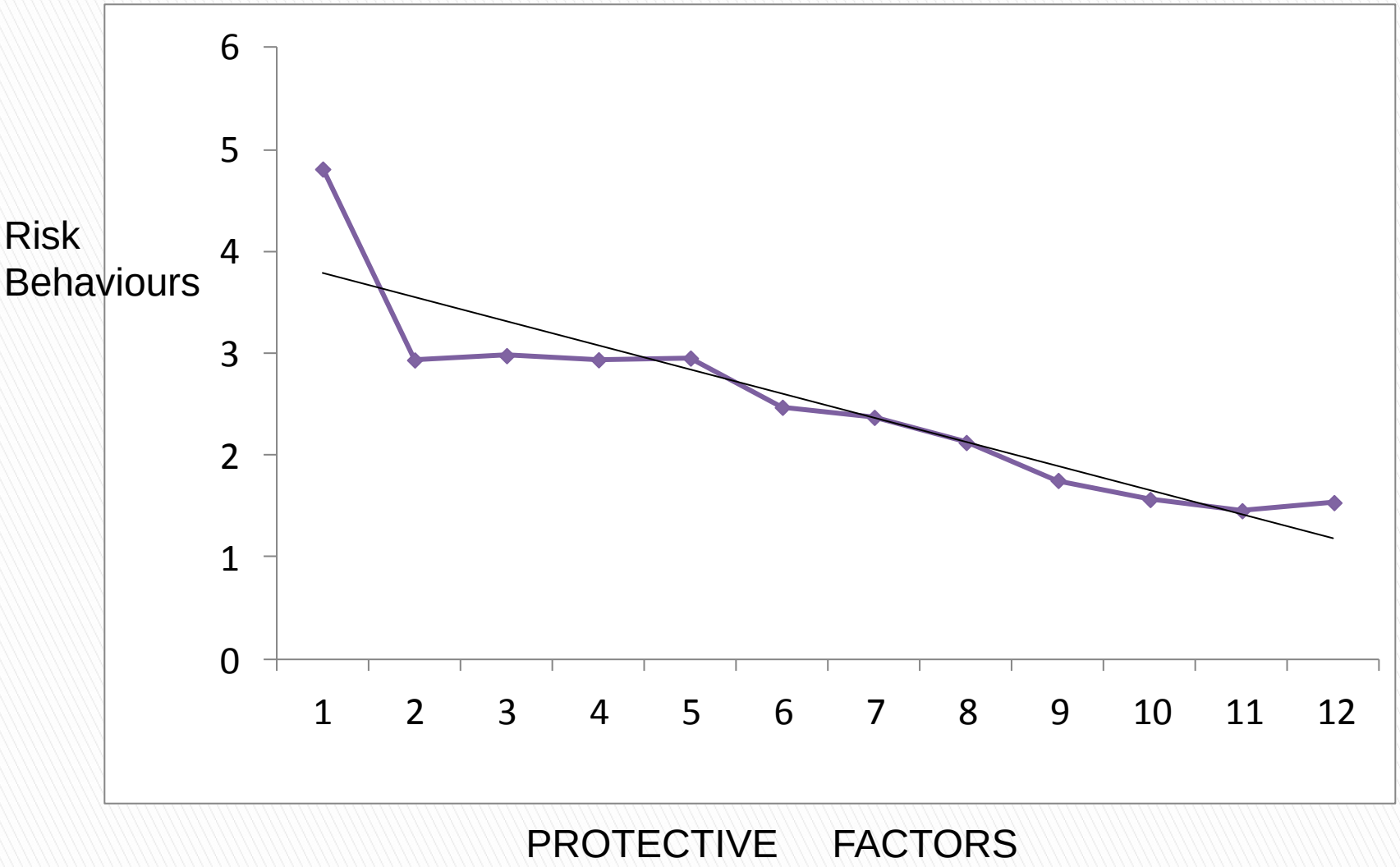
- Substance abuse
- Access to firearms or other means
- Social stress, such as interpersonal conflicts with friends, family, or law enforcement
- Emotional factors, such as feelings of despair or hopelessness

What approach helps?





Protective factors are associated with fewer health risk behaviours



Prediction of suicide attempt

males

- 3 risk, 0 protective: 20%
- 3 risk, 3 protective: 4%
- 0 risk, 3 protective: <1%

females

- 3 risk, 0 protective: 30%
- 3 risk, 3 protective: 8%
- 0 risk, 3protective: <1%


Look through the mask
Be all ears
Give it time

How does knowing about brain development impact on your consultation

Communication Skills

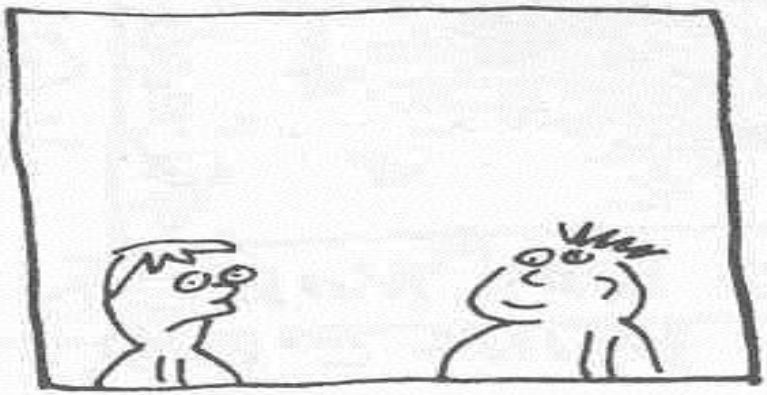
- Listen
- Avoid the glazed look
- Ask for descriptions rather than opinions
- Look for strengths/protective factors to grow
- Risk behaviours
- At risk/vulnerability factors
- Support whanau

List from young people

- Speak English,
- Explain – pictures and diagrams
- don't assume
- Remember agreement doesn't mean understanding

- Confidentiality
- Acceptance
- Knowing about context
- Development
- Parental influence
- Risk (vulnerability), Protection (resilience)

BEFORE THE PARTY...



Brief interventions for Youth Mental Health Issues

Dr Sue Bagshaw

Gayle Lauder (RN)

Collaborative for Research and Training in Youth Health and Development
Christchurch

What do you find Challenging?

Common Issues

- Depression
- Mood control
- Anxiety
- Sexual behaviour
- Substance use/abuse

The 4 E's

Expression

Eating

Exercise

Energy

A Useful Tool

HEADSS

- Home
- Education
- Employment
- Eating
- Exercise
- Activities
- Drugs
- Sexuality
- Suicide/ Mental Health
- Spirituality/Culture
- Safety
- Strengths

Berman, Goldenring and Cohen

CBT for Idiots

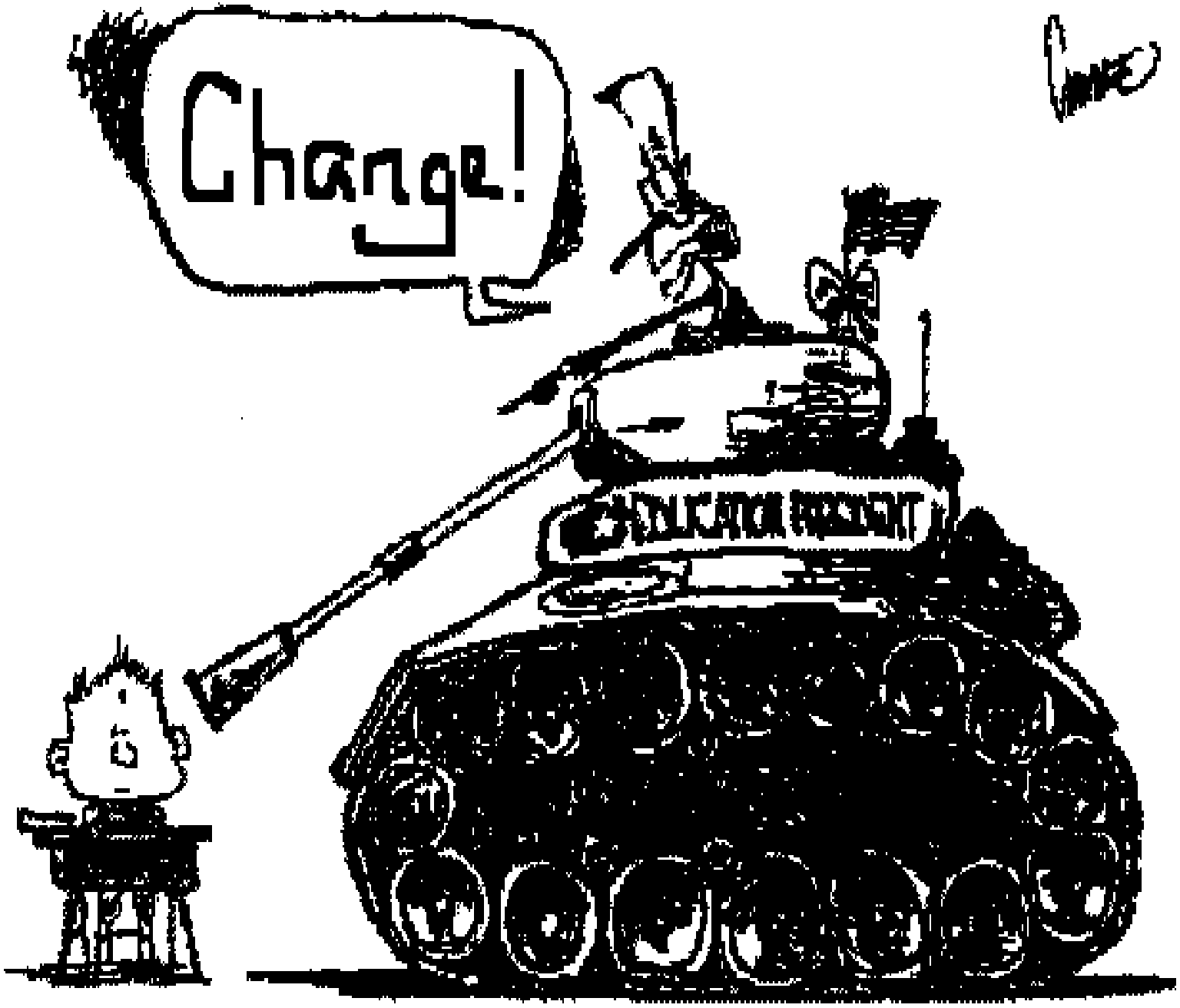
- Vicious Circle

- Thoughts
- Feelings
- Doing
- Other People

- Victorious Circle

Anxiety

- Flight Fight or Freeze – cavemen
- Narrative style
- Charlie
- Solution focus


Change!

"So…. I don't give a stuff"

- The problem (in the clinician's eyes) may be a solution for the young person
- What is important to the young person
- Motivational interviewing strategies
  - Precontemplation
  - Contemplation


NEWS: SURVEY REVEALS 27% OF TEENAGERS CLAIM TO HAVE RIDDEN WITH A DRUNK DRIVER IN THE LAST 4 WEEKS.
SO WHY DIDN'T YOU GET OUT OF HIS CAR?
COS HE MIGHT'VE STOPPED ME GOING TO THE SCHOOL BALL AND CUT OFF MY ALLOWANCE!
TREMAIN

MI Theory (Rollnick and Miller)

- Carol Rogers – Person Centred
- Ambivalence
- Change talk
- Strength of Desire
- Resistance
- Accurate empathy
- Reflection

Desire
Ability
Reasons
Need

↓

Commitment

↓

Change

Motivational Interviewing

- **BEARDS**
- Bite your tongue
- Express Empathy
- Avoid argumentation
- Roll with resistance
- Deploy discrepancy
- Support self efficacy

Resistance

- Is a communication!
- – not on the right track… so ask another Question, or go back to problem-free talk
- Learn to roll with it
- May be specific to one particular thing
- Reflection and non-resistance responses required
- Externalise (the problem is THE problem, not YP)

Practice

- Present –
- 15 year old girl with Mum
- Tired all the time
- Nausea

- Discover–
- Pressures
- Self harm

- Present –
- 22 year old boy wants WINZ certificate

- Discover–
- Down
- using cannabis

Take-aways.....

- Know it doesn't have to take *alot* of time
- Know what's in your area to support youth
- Use of E-therapies?

www.moodgym.anu.edu.au
www.lowdown.co.nz
SPARX

Alcohol and Other Drugs

CRAFFTS

- Car – driven with driver drunk or high
- Relax – use to relax, fit in, feel better
- Alone – use by yourself
- Forget – forget what you did when using
- Family and Friends– tell you to cut down use
- Trouble – gotten in to trouble while using
- Stagger

A score of 2 is considered a positive screen