Early identification of students with support needs in mental health

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Abstract

In Australia 14 percent of adolescents will have mental health problems, but unfortunately, only a quarter of these adolescents will be identified and therefore will be able to access help. It is for this reason that schools must strive to identify mental health problems in their students, while at the same time offer appropriate treatment, or referral to other agencies which can provide appropriate treatment.

If these students are not identified, they are not referred and therefore are left untreated, often with compounding problems. Commitment to identification of student mental health needs must be a priority to ensure that young people have the access to support which is needed to improve their mental health and subsequent quality of life.

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While most Australians enjoy good mental health, with eighty six percent of the adolescent population of Australia having sound mental health at any given time (Sawyer et al, 2001), educators and school support staff need to be skilled in the identification of adolescents with mental health problems. Teachers can easily identify students with learning problems, behaviour problems or who have ADHD, but they are not always aware of the students who might internalise their symptoms of depression, anxiety and other mental health disorders.

It is the young people in Australia who have the highest prevalence of symptoms of mental health problems, compared to other age groups, and this is the stage at which symptoms of adult mental health problems emerge. In Australia, of the almost two million (1,917,145) adolescents aged between twelve and eighteen, (Australian Bureau of Statistics 2006), fourteen percent will have mental health problems (Sawyer et al, 2001). This equates to a little over two and a half hundred thousand (268,400) adolescents experiencing mental health problems in any one year. Alarmingly, if only a quarter of these adolescents are identified, and therefore able to access the help they need to recover from their mental health problems, then there are another 201,300 adolescents who are not identified and therefore not treated. Of those with mental health problems, many have other problems in their lives (poverty, family problems, relationship problems) and are at increased risk of suicidal behaviour (Sawyer et al, 2001).

This is the reason why schools must strive to identify mental health problems in their students.

Similar rates of poor mental health are found internationally. Canadian research indicates that one in five young children and youth suffer from diagnosable mental illness (Coyle et al, 2003). Identification rates are similar
internationally too with studies in the US and UK estimating that up to seventy five percent of children and adolescents with a mood disorder remain undetected, and therefore untreated (Coyle et al, 2003)

Adolescence and early adulthood are crucial transition points in terms of social, educational, physical, family relationship and vocational change. Failure to identify and treat mental illness during these times can compound mental health problems and have adverse effects into adult life. The ages of onset for most disorders likely to persist into adult life emerge between twelve and twenty four years of age (Patel, Flisher, Hetrick, & McGorry, 2007)

As well as the paucity of identification of mental health needs in adolescents, there is also a reluctance in young people to seek help for mental health issues. There is evidence that young people do not readily access services to support their mental health needs and that those who do may encounter barriers to ongoing contact. (Mental Health Branch, 1999).

For those who have been identified, engaging them in treatment and support is not always straightforward, especially because of their complex disorders which often preclude self help.

A national telephone survey of mental health literacy in young people was conducted in 2006 by Orygen Youth Health. This survey covered knowledge of depression, alcohol misuse, social phobia and psychosis / schizophrenia. Participants were questioned on recognition of the disorder, knowledge of how to seek help, knowledge of treatment options, awareness of stigmatising attitudes and information sources about mental disorders. Postal surveys were also carried out for health professionals. Results indicate that young people prefer to seek help from informal sources including family and friends, rather than seeking professional support from health professionals.

Most mental health care for adolescents is delivered in community and outpatient settings, sometimes in adult settings, (Patel, Flisher, Hetrick, & McGorry, 2007) and this must contribute to the reluctance of adolescents to seek these services out. Therefore, prevention and early intervention aimed at educating young people about mental health, including mental health literacy and self help skills, will give young people more confidence and opportunity to access the help they need, when they need it.

Although there is a high prevalence of symptoms of mental health disorders during adolescence there is not a correspondingly high level of service delivery. For many adolescents, this is a time of significant change, where previous supports may no longer be available, and new supports have yet to be established. Schools are well placed to equip adolescents with the self-help seeking skills they will require in the future, while at the same time, identify current mental health needs and address them promptly. Because many adolescents do not seek help in clinical settings, schools are well placed to provide support for adolescents with mental health problems. Most schools employ school psychologists, guidance officers and counsellors who are trained in identifying and treating adolescent mental health conditions. They are part of the school staff, have positive relationships with teachers, parents and students and are therefore best placed to support adolescents.

Early identification of students who may develop emotional and behavioural disorders is essential if negative outcomes are to be prevented. Teachers can use commercially produced scales to assist in the identification process. The Systematic Screening for Behaviour Disorders is considered the gold standard for screening for emotional and behavioural problems in children and adolescents (Lane, et al 2009) and offers a three stage screening conducted initially by teachers and then by other school-based professionals (Caldarella et al, 2008). Other scales of student wellbeing and mental health are available free from the internet.

1. Identification of Students with Mental Health Support Needs

The Australian Guidance and Counselling Association provides a suite of mental health and wellbeing resources, programs and research. The information below is based on one of these programs, namely Early Identification. This program contains a ten minute DVD entitled Who Knows?, a powerpoint presentation for support staff to use with school staff, and a downloadable booklet entitled Who Knows: A guide for secondary school support teams to identify students with high needs in the area of mental health (Campbell et al 2003).

Schools are well placed to identify students with high support needs in mental health as teachers have frequent contact with students and are able to monitor changes in their mental health.
Ideally, this identification is best carried out by multiple informants including parents, teachers, peers and the students themselves, and in multimodal settings, including home, playground and classroom, using a variety of methods such as teacher nomination and interview, rating scales, observation, self-reports. Before the identification process commences, a multi-disciplinary team (support team) is formed and would typically include, although not be restricted to, school psychologist, guidance officer, social worker, grade supervisors and a senior staff member.

![Tripartite model of Data Collection](Campbell et al, 2003)

1.2 Teacher Observations and interviews
Teachers who have a sound understanding of their students’ strengths and weaknesses are invaluable in nominating students for further consideration by the panel. Teachers are encouraged by support staff to raise any concerns they have about students when they meet individually with the team. To help them focus, they may be asked open ended questions such as:
- Are there any students in your class that you are worried about?
- Is there anyone who seems very withdrawn or quiet?
- Is there anyone who you sense is having difficulties outside school?

1.3 School Support Team
The support team, or panel, meets soon after teachers have had an opportunity to discuss any students about whom they are concerned and the information is collated for each student identified. The support team adds names of students for whom they have concerns. The list of students is categorized so differentiations can be made between students with learning problems, behaviour problems and emotional difficulties.

1.4 Self Report
The next phase of the process is for students to complete questionnaires which have been selected by the panel and made into a student booklet. Steps can be taken to ensure student confidentiality so that only students of concern
are identified (school student numbers, for instance). To avoid order effects, booklets can be made up with the measures in different orders.

Examples of self-report measures which are available free from the internet are:

- Spence Children’s Anxiety Scale (SCAS)
- The Strengths and Difficulties Questionnaire (SDQ)
- The Centre for Epidemiologic Studies Depression Scale (CES-D)
- The Rosenberg Self-Esteem Scale (SES)

A commercially produced scale, which must be purchased is:

Systematic Screening for Behaviour Disorders, Second Edition

(Parental consent is needed before any questionnaires are administered)

1.5 Intervention Phase

Once the support team has considered the needs of each identified student, decisions are made regarding providing support. Students already receiving support are monitored; others can be referred to specialists within the school or to outside agencies and still others can be placed in programs at school, according to their needs.

Conclusion

Currently in Australia, fourteen percent of adolescents experience mental health problems during a twelve month period. However, only a quarter of these young people are identified and referred to the appropriate clinician for support and treatment. Young people themselves have indicated that they are reluctant to seek help for mental health problems. This means that in any given year in Australia, over two hundred and thirty five thousand adolescents do not receive the support and treatment they require to overcome their mental health difficulties.

Schools deal with adolescents every day, and staff are well placed to monitor students to identify those who may require intervention to deal with mental health problems. As well as supporting students with high mental health needs, schools provide ideal settings for promotion of mental health for all students, focusing on strengthening protective factors and reducing risk factors.

The Australian Guidance and Counselling Association has produced resources on its website to assist schools to identify the students with mental health needs, so that they can be given the support they need. By engaging in this process, schools can do much to reduce the number of adolescents who have high mental health needs. When adolescent mental health interventions are an integral part of school programs, schools will contribute to the mental wellbeing of their students.

References


