

# RESEARCH



## Mental Illness and Mental Health in Adolescence

*by Janis Whitlock and Karen Schantz*

As any parent, youth worker, or young adult can verify, mental health in adolescence may be characterized by a roller coaster of emotional and psychological highs and lows. Intense feelings are a normal and healthy part of the psychological landscape of youth, but it is also true that many mental health disorders of adulthood begin in childhood or adolescence. While the mental health field offers essential options for treating disorders, the profession is only beginning to explore ways to build optimum health. This fact sheet provides a very brief introduction to mental health with a focus on definition, assessment, and mental health disorders, then offers perspective on the role youth development approaches may play in promoting positive mental health and protecting against mental health disorders.

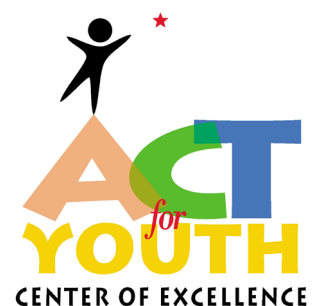
### Defining and Assessing Adolescent Mental Health

The term “mental health” generally refers to a psychological and emotional state. Like the states of mind and being it reflects, the term is fluid and is used to discuss a) a positive state of psychological and emotional well-being and the conditions that foster it, b) the absence of mental illness, or c) the presence of mental imbalances that affect overall psychological well-being.

Assessing mental health may be equally ambiguous and context-dependent. How do we know if an individual is psychologically and emotionally thriving, thus enjoying positive “mental health”? How do we know if a person is struggling with a mental health disorder? The task of evaluating whether a young person is experiencing chronically negative trends in psychological and emotional well-being is complicated by the fact that fluctuations in mood and behavior are normal in adolescence. Because of this, and because of the need to ensure that youth at risk for mental illness or disorders receive the attention they need, it is most common to assess mental health as either the absence or presence of mental illness rather than through a more positive lens.

### Mental Health Disorders

Mental health problems affect one in every five young people at any given time (U.S. Department of Health and Human Services, 1999) although severity varies greatly. Individuals are regarded as possessing a “serious emotional disturbance”



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when a mental disorder disrupts daily functioning in home, school, or community. If a child or adolescent is able to function well in at least two of those three areas, it is unlikely that he or she has a serious mental health disorder. It is estimated that one in ten young people in the United States experiences a serious emotional disturbance at some point in their childhood or adolescence.

Recognition of the signs and symptoms of mental health disorders is important because early intervention may be critical to restoring health. Mental health disorders are typically marked by disruption of emotional, social, and cognitive functioning. Those disorders that most commonly affect adolescence are anxiety disorders, which manifest through phobias, excessive worry and fear, and nervous conditions; and depression disorders, characterized by states of hopelessness or helplessness that are disruptive to day-to-day life. Other mental health conditions affecting youth include bipolar disorder, conduct disorder, attention-deficit/hyperactivity disorder, learning disorders, eating disorders, autism, and childhood-onset schizophrenia.

### ***Causes of Mental Illness***

Although it is often possible to identify triggers for particular episodes of mental illness, identifying the underlying etiology is often more difficult. In many cases, mental illness emerges as a consequence of biological and environmental interactions. For example, the predisposition for disorders such as schizophrenia, bipolar disorder, and depression are genetically heritable and may be activated by particular environments (Pickler, 2005). Environmental factors that lead to chemical imbalances in the body or damage to the central nervous system may also create biological vulnerabilities. When these vulnerabilities are coupled with environmental conditions high in chaos and low in security and safety (such as exposure to violence, including witnessing or being the victim of abuse; stress related to chronic poverty, discrimination, or other serious hardship; and the loss of important people through death, divorce, or broken relationships), mental disorders may result (Perry, 2002).

However, it is important to note that while research on the etiology of mental illness has been fruitful, not all individuals at risk for mental illness develop it and many individuals with no apparent risk do. Also, having a genetic predisposition does not mean that developing a mental illness is predetermined or that parents with a similar condition are to blame. Much remains to be learned in this area.

### ***Signs of Disorder***

Mental health disorders seldom simply appear in full bloom. Instead, they are often preceded by symptoms of deteriorating health and functioning. The primary differences between developmentally common behavior and nascent mental health disorders are in

## ***Resources: Coping with Mental Health Disorders***

### **American Academy of Child & Adolescent Psychiatry: Facts for Families**

Extensive series of briefs on a wide variety of behaviors and issues affecting families.

[http://www.aacap.org/cs/root/facts\\_for\\_families/facts\\_for\\_families](http://www.aacap.org/cs/root/facts_for_families/facts_for_families)

### **School Mental Health Project**

Clearinghouse for resources on mental health in schools, including systemic, programmatic, and psychosocial/mental health concerns.

<http://smhp.psych.ucla.edu/>

### **Surgeon General's Report on Mental Health**

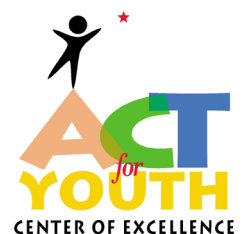
Includes a chapter on children and mental health.

<http://www.surgeongeneral.gov/library/mentalhealth/home.html>

### **Youth Involvement in Systems of Care**

Blueprints for local systems of care that are seeking to increase youth involvement.

<http://www.tapartnership.org/youth/youthguide.asp>



symptom severity and duration, and the extent to which the behavior causes disruption to daily life. Early onset mental disorders may be episodic at first, but tend to increase in severity, duration, and level of disruption over time. Family members and friends are often the first to notice early symptoms.

It is important to recognize that perceptions of what constitutes good or poor mental health will vary from culture to culture. Such variation may affect how serious disorders are expressed, detected, and interpreted. Sensitivity to cultural difference is critical to effective detection, intervention, prevention, and treatment.

### **Treatment**

Psychotherapeutic interventions such as cognitive behavior therapy and family systems therapy are currently the most widely used and effective treatments for most mental illnesses. While they may be added to these interventions, medications typically should not be used as the sole treatment; however, selective serotonin reuptake inhibitors (SSRIs) are widely used and generally considered safe. Fortunately, widespread and growing awareness of the prevalence of mental health disorders in children and adolescents has spurred the search for therapeutic and pharmacological approaches that are safe and effective for youth. Internet resources such as those offered by the American Academy of Child and Adolescent Psychiatry (see [http://www.aacap.org/cs/root/facts\\_for\\_families/facts\\_for\\_families](http://www.aacap.org/cs/root/facts_for_families/facts_for_families)) provide valuable resources for families and others seeking updated information on mental health disorders and treatment.

### **Youth Voice in Systems of Care**

Increasingly, youth and family engagement is recognized as an essential element of mental health interventions. As Matarese, McGinnis, and Mora point out (2005), just as families have advocated for and achieved critical roles in their children's mental health care, young people and their allies are gaining ground in the movement to involve youth at every level of the mental health care system. Youth participation in the transformation of mental health care systems will help to combat stigma and isolation, and will create opportunities for young people to develop a stronger sense of belonging, purpose, and self-esteem. Benefits reach beyond the individual: the entire system profits when youth are given opportunities to make authentic contributions to quality of care. For an excellent resource offering the history and rationale behind the youth movement, as well as blueprints for local systems of care that are seeking to increase youth involvement, see **Youth Involvement in Systems of Care: A Guide to Empowerment**. <http://www.tapartnership.org/youth/youthguide.asp>

### **Beyond Mental Illness: Promoting Mental Health and Well-Being**

Understanding signs and symptoms of mental health disorders is important for early detection and intervention. It is also important, however, to define and research mental health in positive terms (rather than merely the absence of illness) and to promote well-being through affirming, strength-based approaches.

### **Positive Psychology: Developing Mental Health in Young People**

With so much emphasis on disorder, we might well wonder if freedom from illness is the best we can hope for. The emerging field of positive psychology seeks to bring balance to mental health research through the study and promotion of psychological strengths. Linking youth development to the positive psychology framework, the Commission on



Positive Youth Development (2006) summarizes positive psychological characteristics in five broad categories:

- Positive emotions, including joy, contentment, and love
- “Flow,” defined as “the psychological state that accompanies highly engaging activities”
- Life satisfaction; the sense that one’s own life is good, which correlates with characteristics such as self-esteem, resiliency, optimism, self-reliance, healthy habits, and prosocial behavior
- Character strengths such as curiosity, kindness, gratitude, humor, and optimism
- Competencies in the social, emotional, cognitive, behavioral, and moral realms

### ***Resources: Social and Emotional Competencies***

#### **Collaborative for Academic, Social, and Emotional Learning**

Works to establish social and emotional learning as an essential part of education. Research and information for schools and families.  
<http://www.casel.org/>

#### **EQ Directory**

Clearinghouse for web-based information about emotional competence.  
<http://www.eq.org/>

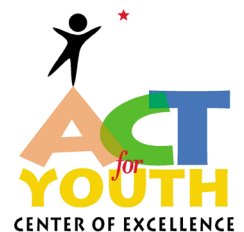
These characteristics gesture toward a much more vibrant vision of mental health, and are suggestive of ways concerned communities might create supports, opportunities, and services to promote optimum health. Along these same lines, positive psychology inquires into the role institutions play in facilitating the development of positive traits: how organizations, naturally occurring socializing systems, and communities help young people produce positive outcomes (Commission on Positive Youth Development, 2006).

#### ***Youth Development and Community***

In calling for a focus on strengths over deficits, and community responsibility in balance with individual responsibility, positive psychologists join the growing movement toward youth development as a

public health strategy. As part of the national public health initiative Healthy People 2010, the National Initiative to Improve Adolescent Health by 2010 (NIIAH) has identified 21 Critical Health Objectives for adolescents and young adults, including objectives within the category of mental health and substance abuse. NIIAH recommendations move away from a categorical focus on specific problems toward an ecological, positive youth development approach that involves community collaboration—including young people themselves—to create solutions (Centers for Disease Control and Prevention et al., 2004).

Relying on research that demonstrates the protective effects of youth development approaches, NIIAH explicitly endorses youth development strategies that involve all community sectors to address health and safety. Rather than saying to a young person “the problem is with you,” this approach engages youth together with families, schools, health care providers, youth-



serving agencies, faith communities, media, colleges and universities, employers, and government agencies to build strengths and reduce risks at the environmental as well as individual level. Emphasis falls on community responsibility, community solutions, and community connectedness: the problem is with us; the answers are with all of us.

This commitment to supporting health through community-level change grew out of research that demonstrates the importance of social context to individual health. Although some individuals are physiologically vulnerable to development of mental illness and disorders, studies consistently show that environment matters a great deal in mental health functioning. Relationships with caring adults, development of positive life goals, and belief in a positive future have all been consistently linked to healthy social and emotional functioning in youth and adults (Eccles and Gootman, 2002). Similarly, history of trauma and abuse as well as high environmental instability is consistently linked with poor mental function (Perry, 2002; Karr-Morse & Wiley, 1997). This suggests that environments that foster connection with others and provide opportunities for meaning and mastery serve as buffers against mental disorders and promote positive mental health.

Environments that cultivate both positive emotional relationships and the ability to understand and articulate emotional states may prove particularly useful in supporting positive mental functioning. Initiatives such as those promoted by the Collaborative for Academic, Social, and Emotional Learning and by proponents of emotional literacy are examples of such environmentally-focused frameworks.

A commitment to making a difference for mental health in youth also requires us to reduce the major risk factors that lead to health crises. As Bernat and Resnick propose (2006), promoting strengths is critical to health, but this effort “does not negate the urgency of addressing fundamental threats to health, such as poverty.” Poverty is one such threat; entrenched, negative adult attitudes toward youth is another. Building healthy communities for youth means partnering with youth to take on the attitudes, policies, and practices that exclude young people from making a meaningful contribution to social change. ★

## ***Resources: Positive Youth Development and Health***

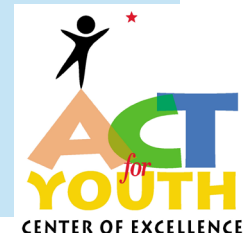
### **Improving the Health of Adolescents and Young Adults: A Guide for States and Communities**

Guidance and resources for national, state, and local adolescent health leaders to undertake the initiatives related to the Centers for Disease Control and Prevention *21 Critical Health Objectives*.  
<http://nahic.ucsf.edu/index.php/companion/index/>

**Journal of Public Health Management and Practice**, November 2006 Supplement  
Articles focus on improving public health through youth development.  
[http://www.health.state.ny.us/community/youth/development/journal\\_supplement.htm](http://www.health.state.ny.us/community/youth/development/journal_supplement.htm)

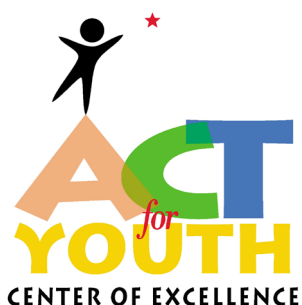
### **Treating and Preventing Adolescent Mental Health Disorders**

A research agenda for improving the mental health of young people. See chapter 26, *The Positive Perspective on Youth Development*.  
<http://amhi-treatingpreventing.oup.com/anbrg/public/index.html>



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Family Life Development Center  
Beebe Hall  
Cornell University  
Ithaca, New York 14853  
t. 607.255.7736  
f. 607.255.8562

[www.actforyouth.net](http://www.actforyouth.net)

### *More from ACT for Youth Center of Excellence*

The ACT for Youth Center of Excellence connects youth development research to practice in New York State and beyond. Areas of focus include the principles of positive youth development (YD), YD and health, YD in communities, YD in organizations, YD in programs, youth engagement, and evaluation.

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