

Building Healthy Minds

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Jane is a 13-year-old girl whose father brought her along to a children's clinic to see a psychologist for help with the many problems she was having. At home she was difficult to live with, with frequent outbursts of anger and misery, and refusal to cooperate with family routines. At school she was not getting on with the other children, had trouble concentrating and finishing her schoolwork, and felt sad, lonely and misunderstood much of the time. Her teacher described Jane as a lovely girl who was usually not hard to get along with, but who seemed preoccupied with worries and was struggling to manage all the demands of the classroom as well as the playground. Jane told the psychologist that she felt very anxious about her parents, both of whom suffered from illness and periods of feeling depressed, and that she was afraid that they might not be able to look after her if they kept getting ill, and that they might even die. Jane sometimes had to stay with relatives at times when her mother was in hospital. She felt very depressed about her life, and although she knew she had plenty of ability her worries interfered with everything she tried to do. She did not know how she could improve her situation, and her days seemed to be passed in a gloomy fog, even when there were interesting things to do. She constantly worried about her family and her future.

Jane is an example of a child struggling with mental and emotional distress that interferes with her life and her school-

work and causes her much sadness. In clinical terms she might be said to have a mental-health problem of anxiety and depression. Going along with this comes a severe loss of the feelings of wellbeing that are characteristic of most children most of the time.

Aidan is in Grade 4 at his local primary school. His mother was very concerned about her son's behaviour, which involved quarreling, yelling and aggressive fighting with his brothers and sister. She is a single mother with four children who often feels overwhelmed by the task of caring for her children. Aidan sees his father each fortnight, and the family receive some help with respite care to give the children some change of environment and the mother breathing space. Aidan has attended three schools so far, and although he has few difficulties with his work, his teachers are concerned with his disruptive behaviour. Aidan is on the go all the time, and is constantly demanding attention. His mother has tried many techniques to manage him.

Aidan is also reported to push the limits at school, and to be a poor listener, but he has a calm teacher who has developed strategic ways of coping with his oppositional and hyperactive behaviour. There are also reports of his bullying and bossy behaviour at school. He does not take responsibility for his own difficulties and claims he is being picked on. Aidan is restless and fidgety, speaks very loudly and assertively, and is unhappy about getting into trouble and fights at school. In a busy classroom situation, Aidan's active, impulsive and uninhibited behaviour limits his ability to listen, and to do what is required of him, and he does not achieve as well as he and his family would like.

Aidan's uncontrolled behaviours and problems with rules of home and school routines cause distress for him and those around him in all areas of his life; his future is at risk if he is unable to learn how to manage himself and to consider the needs of others.

There are many ways of considering these kinds of problems. The medical approach gives categories and names to problems if they are severe, calling them 'disorders' or mental illnesses. A more general term like 'problems with mental health' is often used by the general population. Descriptions such as 'emotional and behavioural problems', which refer to troubling thoughts and feelings, are also used, and are not so focused on a 'medical model'. Many other terms are commonly used in the general population such as nervous breakdown, nervous exhaustion, stressed out, and even 'psycho'. In part the use of various terms relates to the severity of the condition, with medical/psychiatric labels usually reserved for mental-health disorders that seriously interfere with a person's intellectual, psychological and social functioning, and cause notable changes in a person's thinking and behaviour. A diagnosable mental disorder usually reduces a person's ability to study, work, and to manage their personal relationships. Some disorders like anxiety and depression are common (around 10 to 15% of the population); others such as bipolar disorder and schizophrenia are less common (around 1%). The latter two severe disorders are very rarely seen in children, but more often begin in the late adolescent or early adult period. Levels of disability can vary from the severe disorder end noted here, through to the less problematic end of mental distress or disturbance, where we sometimes use the term 'worried well'. This is a term for people who are feeling distressed and wanting to change their life for the better, but still generally being able to cope reasonably well on a day-to-day basis.

Mental-health problems are said to be increasing among children and young people in Western societies at least; that is, in the populations for whom we have been able to collect reliable information on their health. Around 15 to 20% of young people suffer from a variety of adjustment problems, which include anxiety, depression, Attention Deficit Disorder with Hyperactivity (ADHD), antisocial behaviour or conduct problems and delinquency, psychoses, eating disorders and psychosomatic problems (these involve feeling constantly unwell for psychological reasons). It is very often the case that

learning difficulties and poor school adjustment are seen together with psychological problems in troubled children. And physical and mental health are closely linked, with young people with social and emotional difficulties reporting poorer physical health. Mental-health problems across the lifespan often have their origins in childhood, although they may not come to notice until adolescence or adulthood.

Prevalence and types of mental-health problems.

Anyone can be vulnerable to mental-health problems, and statistics show that at any one time around one-fifth of the population will have recognisable difficulties that need help. Thus a substantial number of young people across the world have disabling mental illness, and for adolescents, that most serious example, suicide, is the third leading cause of death. It is important to note that up to 50% of mental disorders in adults have their beginnings during adolescence. The five leading causes of the national 'burden of disease' (based on estimates of that part of the population who are ill and unable to be fully productive in society) in Australia include depression, bipolar disorder, alcohol and substance abuse, eating disorders; and road traffic accidents, suicide and self-harm (for men). There are some sex differences across development, with boys more likely to have problems up until adolescence, at which time problems in girls/young women become more common. The resources for dealing with child mental-health concerns across the world are generally inadequate and especially so for young people in low-income countries.

In spite of the fact that such problems are common in the population, that is, part of 'normal life', there are some very negative and prejudiced community attitudes to mental illness, with many people seeing this as somehow embarrassing or shaming. By contrast, this sense of shame is not seen with physical illnesses, which are considered more 'normal' and acceptable. And just as one mostly recovers from physical illness with good treatment, so also do those suffering problems with their mental health mostly recover, especially if they get help and support. There are many good treatments

used by skilled health professionals covering the whole range of mental-health problems.

Having a mental-health problem is not a life sentence

The World Health Organization has stressed that people with mental-health problems need respect and help, the same as those with physical problems do. Unfortunately, community prejudice often makes young people who need help with distressing thoughts and feelings reluctant to seek help, and they may not get the attention they need until there is a crisis.

Mental health problems in young people can be categorized into two classes or types:

- *internalising* problems (see the example of Jane above) — anxiety, phobias, depression, psychosomatic, are those problems experienced by a child or young person that are internalised; that is, the distress is kept inside themselves. They do not so much affect the lives of people around them, but their own inner thoughts and feelings.
- *externalising* problems (see example of Aidan above) are those where the distressed or disturbed child ‘acts out’; the problems are evident outside themselves, and cause trouble in the child’s environment via aggression and violence, antisocial, disruptive and delinquent behaviour, which also brings harm to others as well as to the young person. Externalising kinds of problems are more commonly seen in boys, although they do also occur in girls.

In extreme cases when young people become seriously anxious and depressed and unable to cope, self-harming behaviours, including suicide, may result. A survey of Australian adolescents reported in 2000 (Sawyer et al) found that 12 % of adolescents reported thinking about suicide, 9% had thought of a plan for suicide, and 4% had made an attempt at suicide. This is clearly a major concern for those caring for adolescents in Australia, particularly for males, who have higher rates than females (although it must be noted that more females make suicide *attempts*). It is thought that rates of actual suicide in Australia have decreased, perhaps because programs to help

young people and to recognise risk and to prevent suicide have become more readily available over the past few years. Nevertheless, recent studies suggest that other forms of self-harm among adolescents (such as cutting oneself, or self-poisoning with drugs) have increased, and that young women are at greatest risk for this behaviour. Self harming seems to occur as a way for young people to try to deal with unbearable emotional stress by distracting themselves from those feelings that they cannot manage in other ways.

The externalising problems exemplified in Aidan's story put a child at risk of alienation from society, being drawn into delinquent or illegal behaviours as he grows older, and not surprisingly also make the child prone to depression, since life can become a long series of bad events. Hence recognition and treatment is very important for everyone involved in the situation.

Other problems of great social concern that appear to be prominent in adolescents are substance use and abuse (smoking, marijuana, heroin, ice, etc), and particularly in our society, excessive use of alcohol from a relatively young age. These increasingly prevalent 'health risk behaviours' increase vulnerability in young people for a whole range of health problems that can seriously affect their lives in the short term and the long term. Dangerous levels of alcohol and substance abuse are related to mental-health problems such as depression, suicide and antisocial behaviour; together they make up a very destructive cocktail in a young life.

Less than one in four young people with social and emotional difficulties access the medical or professional assistance they need. This is due to many factors, including failure to recognise the signs of distress and disturbance in oneself or a family member and to look for help; not knowing where to go or what to do if a problem is identified; and lack of easily accessible, affordable and well-known services available in the community. Further, adolescents themselves are very reluctant to seek help when they are suffering, because they feel they will be seen as a strange or bad person, and others will reject or look down upon them. When children and their families do look for professional help, the most common people they seek

out are family doctors, school counsellors or paediatricians, rather than mental-health experts (Sawyer et al., 2000).

Social factors

There are strong social and cultural influences on health and wellbeing. Young people from poor and disadvantaged backgrounds; Indigenous young people; those who have suffered traumatic childhoods, with physical or sexual abuse, loss of close family members, out of home care (which often involves multiple placements), bullying and social exclusion are at higher risk for mental-health problems. Up to a quarter of Australian young people are in such situations of risk and disadvantage, despite the fact that we believe we have very good social and economic conditions in this country. It is often argued, however, that we have created a very unequal society where most young people are well off, but a substantial proportion are deprived and disadvantaged, and feel excluded from the 'good things of life'. There is reason to be concerned that we have created a modern society in which a pervasive culture of materialism, consumerism and individualism contributes to feelings of inequality, low levels of wellbeing, and little belief in the possibility of a good future among a proportion of young people. However, it is true that money and possessions do not make for happiness, but their absence can produce a sense of deprivation and low self-esteem for young people in a competitive and individualistic society.

The particular culture in which one grows up affects developmental pathways, and beliefs and values about just about everything in life, including what is healthy and what is not. The goals of development also have cultural overtones, since different cultures and communities impose their own values on what is important to achieve. Some groups and cultures stress obedience and conformity in children, while others encourage adventurousness, competitiveness and even aggressiveness in pursuit of goals. Some societies have very different goals and expectations according to the gender of the child, which soon become clear to the child as s/he learns about the social values of the group or culture. Hence there are

many cultures that have different attitudes about mental health, about what is normal or abnormal, how problems should be managed (consulting the local witch doctor about strange behaviour in primitive societies, for example), and how tolerant a community is about people who are ill and not able to work normally. In Western societies we can be intolerant of children and young people who are different from the mainstream and who do not conform to the expected behaviours for our culture.

Most children and adolescents are leading healthy and happy lives

While mental ill-health is of great concern, we should not forget that the majority of children and adolescents are healthy in mind and body, and readily report feelings of wellbeing and optimism about their lives. In large population surveys, most young people will say they feel happy and well supported by family, friends and school, and that they are satisfied with their quality of life.

Wellbeing is harder to measure than ill-being, and has not been studied as much as mental ill-health, hence we do not have such a clear understanding of exactly how to describe and measure it. But it refers to feelings that one is well and contented, confident and competent, successfully managing life's challenges, and that the world is a safe, secure and nurturing place with trusted family, friends and teachers, people one can talk to about thoughts and feelings. Feelings of wellbeing are linked to being comfortably attached to family or primary carers, doing well at school and feeling connected to school, being liked and accepted by peers, feeling competent, having good self-esteem, optimism and strong curiosity and interest in life. When mental-health problems develop, these good feelings diminish. We know a lot about mental problems, be they cognitive, social or emotional, but we traditionally less often discuss ways to promote positive child and adolescent development and to create the conditions for feelings of wellbeing in young people.

What are some of the important influences on mental health and wellbeing?

Physical and mental attributes of children and young people are influenced by the genes they inherit to some extent, and for most problems there will be complex biological as well as social factors at play. We know that a child's early experience with parents and other carers sets the scene for healthy development, and that good-quality, early nurturing care and stimulation make for optimal brain growth, and positive personal development that are likely to last across the lifetime. Children learn good and poor health behaviours early in life.

Positive experiences early in life help children to fulfil their basic needs as they grow up, that is, to develop a sense of belonging, of feeling competent, and of being an independent being.

- *Belonging* is about feeling securely and closely attached to one's parents, siblings, extended family, school, friends, and feeling trust and connectedness to one's wider social community.
- *Competence* and self-worth are about a sense of pride and confidence in one's capacities which builds up throughout life as the child and young person achieves his/her chosen goals, ranging from very simple basic ones such as walking, talking, riding a tricycle, to the more complex aims, achievements and ambitions of adolescence and adulthood.
- *Independence* is about developing a sense of self-reliance, having control over one's life, a sense of one's own identity and role in the world, and thinking for oneself. This, too, like belonging and competence, grows with time, from the toddler practising saying 'No' to indicate an independent attitude, to the adolescent making up her own mind about principles and values that are important to her.

Building on this solid foundation of feelings of belonging, competence and independence, the interests and needs of young people change as they grow older. They differ for children and adolescents. For example 15- to 17-year-olds will tell you that their three greatest concerns are problems with

friends, problems with parents and anxiety about school and their future careers. Younger children, too, put family issues at the top of their list, but are much less likely to be worrying about their future careers, and are more anchored in everyday activities in the present.

Fulfilling the basic needs described above builds confidence and self-esteem, a sense of control over one's environment, recognition by others, and a sense of pride, wellbeing and satisfaction with life. This creates a healthy mental platform from which to go forward.

Resilience

In the search for important influences on healthy adjustment, scientists have studied the life pathways of children who have done well despite being brought up in adverse or high-risk situations. How is it that children and adolescents become motivated, compassionate, socially competent and responsible and psychologically healthy young people and adults who are in charge of their own lives?

This kind of research has allowed us to understand the concept of resilience. By resilience we mean the capacity to adjust to the inevitable challenges in life, to recover or bounce back, develop well, to form good relationships, to play, learn, love and live well, and to become confident, socially responsible, self-regulating and self-respecting adults despite experiencing very stressful circumstances. And many children and adults do succeed in being resilient despite adversity in their lives. Who can you think of in your life who has demonstrated resilience?

There are a number of factors which are protective of a child's wellbeing and help to build resilience, even when they have risk factors in their lives, such as poverty and disadvantage, family breakup, disability, mental ill-health, exposure to violence and abuse and poor schooling. Protective factors include individual factors such as a positive and likeable temperament; the ability to engage positively with other people, that is, to be socially competent; the ability to cope with challenge and to solve problems as they arise, and to

think and plan thoughtfully in coping with life tasks; good self-regulation and self control skills; and a sense of purpose in life. Michael Rutter, a world -famous child psychiatrist, has summed up some of these protective factors as ‘planful competence’. Other protective factors include being well connected to school and to broader community agencies such as church, youth group, sports team, music, drama and artistic activities.

Many important protective factors are found within the environment, including good parenting, quality schools and teachers, and supportive networks of friends and relatives. Friendly community resources such as health services, sporting clubs and access to positive leisure activities also help children living in poor circumstances to be resilient by providing experience that takes them out of stressful situations and gives opportunities to do well.

Sensitive parenting is highly important throughout life in its influence on mental health and wellbeing. Parental disciplinary styles can contribute to risk for mental-health problems; for example, inconsistent parenting and harsh and coercive management practices put a child at risk for psychological difficulties. On the other hand, parents can protect their children from stress and social and emotional problems in supporting their adjustment and their transitions through new experiences and life stages such as experience of child care, pre-school, primary and secondary school, and further education. Protective family environments have low levels of family conflict, high levels of parent–child attachment, good family communication, parental supervision focused on the child’s safety, security and wellbeing, and expectations of helpfulness and responsible behaviour in children and young people.

Feeling valued and well connected to school is a key protective influence for young people. Young people who are happy at school are less likely to engage in truancy, drug taking or antisocial behaviour such as aggression; or to feel depressed, an academic failure and lacking in competence and confidence. Young people report feeling positive and motivated for teachers who provide plenty of positive

feedback for good performance AND for effort. Such teachers respond to mistakes with help and encouragement, and they emphasise the importance of exploration, fun and personal development rather than focusing on winning.

I will say more about the special role of schools in concluding this chapter.

We should not forget the biological underpinnings of behaviour. Health and wellbeing and a positive view of life are individual characteristics that are present from early in life; they are an important part of what we inherit through our genes. People's views of life tend to be stable, giving each individual a characteristic outlook that colours their view of life and its challenges, and influences the tendencies for good versus poor health in both mind and body. Some people seem to carry an apparently permanent sense of wellbeing, while others find life rather hard. Most of us, of course, are swinging around somewhere in the middle of this spectrum.

Future directions

How should we as a society approach mental health, mental ill-health, and the goal of maintaining well-being so that all young people can have satisfying and meaningful lives? How do we build healthy minds in children?

Every individual needs acceptance for what they are; they need affection and respect, and they need individual and collective roles and identities. We now have useful knowledge about how to foster healthy development, and we have choices in ways to develop healthy minds.

The most effective approaches for sustained and positive mental health are warmth, security, attachment and mental stimulation across the developmental stages. We also need prevention and early intervention strategies early in a child's life, to forestall any difficulties. This is the best approach for reducing risk of mental-health problems and for building wellbeing in children. So many highly important biological and social developments take place in the first few years of life that it is essential to focus on a good start in life.

Early intervention is also the best approach from a social and economic perspective, since forestalling any problems saves money and reduces burdens of personal distress in the longer term. Parents are the primary agents here in preparing children for social and emotional good health and in fostering their wellbeing. If parents are aware of and knowledgeable about healthy development of children and adolescents, and are skilled and competent, they can maximise their children's potential across all areas of development. They should know what works best for their child, where they need special help or protection, and how to provide a rich set of healthy experiences to maximise their life chances. So parents are highly significant in preventing problems by giving their children a healthy start, and also in helping to deal effectively with difficulties if they arise.

Not only parents, but all citizens *need to increase their knowledge and understanding of their 'mental health literacy'* (see, for example, Kitchener and Jorm (2007) Youth Mental Health First Aid; www.mhfa.com.au). That is, all of society needs to understand more about health and ill-health, how to recognise warning signs of problems, and where to find help. This goes along with a less-critical attitude towards young people who suffer a mental illness and greater readiness to be sympathetic and helpful.

We know that too few distressed and disturbed children are provided with professional help and that many families do not know where to go for help. The two children described in the beginning of this chapter illustrate the need for expert psychological help to enable those suffering serious difficulties to cope with their distress, and to find lasting solutions to the challenges of their lives, which will enable them to take control and to regain a sense of competence, confidence and wellbeing. There may never be enough public hospital and clinical services to meet the levels of need in the community, even though our society deserves and can afford higher levels of mental-health services. We do not have enough qualified health professionals such as psychologists to meet the demand for services and we need to educate and train a bigger

workforce. And as a society we have to look more broadly for solutions to prevent and reduce the burden of suffering.

For children and young people it is especially important to deal with the link between school success and mental health and wellbeing. Children who are failing at school are very vulnerable to social and emotional problems, and vice versa, children with social and emotional problems are prone to learning problems and early school drop-out. Doing well at school is a strong protective factor for young people at risk for mental-health difficulties. Hence schools have a highly significant role in prevention and early intervention for children with learning difficulties.

Traditionally, mental health has been under the umbrella of government health departments. They have never been able to provide for more than a small proportion of the more seriously ill cases, so we need to consider a range of strategies that take account of the daily reality of children's lives at home and at school. We can help and support families and schools to provide the best possible early environment for children so that protective factors are in place and risks are minimised.

Especially for that 10 to 20% of Australian families who are socially and economically disadvantaged, special care and support are necessary so that their children do not grow up to perpetuate the disadvantage they have suffered. In supporting families with very young children we will reduce the burden of mental illness and distress in the community.

Roles for schools

Schools are universal settings in our society. Almost everyone attends school. They are thus key sources of life chances for young people, and they have a big role in providing safe, healthy and supportive environments for their students. Education and health expertise need to come together to better manage to task of improving health and wellbeing in young people. Social and emotional competence is just as, if not more, important than academic learning.

Schools and teachers can create the kind of environments that build health and wellbeing for their students. They are

key resources for children *and* parents and particularly so when things go wrong. The quality of the relationships that teachers have with their students is critically important; every teacher has the potential to make a difference to the lives of the children they teach.

Schools have become more and more sensitive to the many roles they fulfil for young people, not just in their formal teaching, but in noticing and caring when children are troubled or struggling, in listening to their concerns, and providing or finding the help they need. This is not universal in all schools and all teachers yet, but knowledge and awareness has grown in recent years and most schools will have strategies, programs, and resources to enhance wellbeing and to deal with problems like bullying, social exclusion and social emotional difficulties.

Every school needs a well-trained person on staff who has mental-health expertise and who is able to be a trusted resource person for a child in distress, as well as a support for teachers. They can then deal with problems themselves if they are mild and temporary, and can refer to appropriate expert professional services if these are needed. Schools need more government and community backing to continue to provide and enhance their programs designed to increase the wellbeing as well as the academic competence of their students.

Attention to social and psychological wellbeing at school should be closely tied in with strategies to make sure that ALL children achieve their academic potential, especially when their family and social situations are suffering from some form of disadvantage and where schools may be such a protective, reliable and beneficial influence in their daily lives. Attending to just one of the learning and behavioural problem areas in children who are struggling is unlikely to be enough to increase their chances for a happy and fulfilling life. Children failing to manage the demands of school are an extremely vulnerable group and require more expert resources to assist them with their learning difficulties. Without a sense of competence and confidence in the classroom, efforts to enhance wellbeing will be limited in their effectiveness.

Community settings

Many people are recommending that mental-health services should be placed in the context of broad-based community health centres, and sited together with other community services like maternal and child health, child care, financial counselling and social services in a ‘one-stop shop’. In this community-based model, families can find most of their needs met in one place that is local and familiar and readily accessible. This can also reduce the feelings of discomfort people may suffer when they go looking for help for mental-health issues, because clinical service is integrated in a normal health and community services setting.

Tips for taking care of your own health and wellbeing

- Take care of your physical self with a healthy diet, plenty of sleep and exercise.
- Look after your personal relationships with friends and family.
- Make sure you have positive, enjoyable activities for fun and relaxation that help to keep your life in balance; a mixture of work and play is important and healthy.
- Join a club or local group that works to help your community, such as for improving the environment, planting trees, visiting and supporting elderly or lonely people. Young and old people report that helping to improve the world is interesting and satisfying and increases wellbeing and feelings of self-worth.
- If you feel stressed, pay attention to those feelings, talk to yourself rationally about any problems, consider how they could be managed in a workable way, and draw on your coping skills.
- If you feel things are getting on top of you don’t wait for a crisis, make sure you look for communication and support from people you trust, including health professionals in your community.

These days most young people are familiar and comfortable with using the Internet for all kinds of purposes: entertainment, communicating with friends and colleagues, finding information about almost anything they can think of, accessing study material, and getting help. There are a number of Internet sites which offer information about and even treatment for mental health problems in situations which are private and anonymous. Some examples are: www.reachout.com.au; www.blackdoginstitute.org.au; (<http://moodgym.anu.edu.au>).

Telephone call-in centres such as Australia's Kids Help Line, Parent HelpLine and Lifeline are frequently used and deal with thousands of calls every year. They provide supportive and sympathetic listening and can refer callers to professional sources of assistance. These avenues too can be resources for supporting mental health.

References

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