

Adolescents and Mental Illness: A Common Thread (by Michael Kinzer, JD, MA, LMFT)¹

When a teenager suffers from a mental health issue, we cannot always count on them to tell us what they need. They may not know who they can trust enough to talk about what they are feeling. If a teen is not talking about how they are doing, parents, teachers, and school counselors may not know how to respond when a teen begins to show symptoms that suggest the need for intervention of some kind. These issues have become even more crucial with State budget cuts to school districts, which have dramatically increased the workload of teachers and school counselors. Minnesota now ranks 49th (second last) in the ratio of school counselors to children in our schools.²

When does a teenager need us to intervene with mental health care? There are signs and symptoms to look for—red flags that indicate trouble and signal a need to find help. Red flags for mental health concerns can include the following (this is only a partial list of possible troubling symptoms):

- suffering grades
- truancy
- withdrawal
- sudden change in friends
- attendance problems
- failure to stay on task
- aggression and threatening behavior
- inappropriate defiance
- increased emotional reactivity
- sullenness
- hyperactivity
- fidgeting, jitteriness or agitation
- “spaced out”
- cutting
- expressions of depressed mood
- threats of intent to harm themselves
- sudden weight loss or weight gain
- sudden changes in personality styles
- signs of fatigue or sleeplessness
- distractibility

Many of these “symptoms,” if they occur alone, may be typical growing pains of adolescence. When you see a teen display a problematic symptom at a severe level, believe the teen is in danger of self-harm or harming another, or shows several symptoms at the same time, it’s time to consider taking action to intervene.

A common thread: when teens do not tell us what is wrong

When I first see a teen, I make a “differential diagnosis” of a possible “mental disorder.” I do this by identifying the symptoms and their likely causes, and then checking to see if the pattern is accurately described as a disorder, such as anxiety, depression, or ADHD. This can be difficult because many “mental disorders” share common features. For instance, difficulty concentrating or focusing, agitation, failure to stay on task, sleeplessness, irritability and fatigue could be signs of anxiety or depression or Post-traumatic Stress Disorder (PTSD), which may also be shared with issues surrounding ADHD. If there is also a threat of self-harm (suicide), it

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² For a full report on the current dire state for school counselors in Minnesota, go to:
<http://www.scribd.com/doc/10267047/Minnesota-School-Counseling-Crunch>

looks like depression. If there is a report of past trauma, it might be PTSD. What is *the common thread*? In each of these cases, signs or symptoms can be very difficult to read if the adolescent is unable or unwilling to talk about subjective experiences (depressed mood) or an objective but unknown experience (past or current trauma). Even if it seems clear there is a mental health issue, what it is and what can be done about it can be very frustrating if the adolescent will not or cannot talk about it.

Much of the difficulty in addressing adolescent mental illness stems from a teenager's inability or unwillingness to tell us how they feel or what is going on in their lives or within themselves to cause the problem. They may not know how to talk about their feelings. They may not trust anyone enough to talk about it. They may not even realize there is anything to talk about. Even when the relationship between a teen and their parents, teachers and school counselors are very good, the teenager may not be able to communicate their subjective experiences. There might not even be a good reason for this. It doesn't really matter. If the child isn't talking, there is often little we can do to help them, or the help we do provide does not effectively improve the teenager's well-being.

An effective solution: create space for them to talk freely

Teens may not believe they can trust anyone in their "regular" life, including parents, teachers, school counselors, or their family doctor. Psychotherapists are in a special position to gain their trust. We are not part of their "regular" life. A teen may be introduced to therapist about a particular issue they are having, knowing that their relationship with us will end when that issue is resolved. If approached carefully, with a full explanation of confidentiality, teens can and do trust that we will not discuss their issues with the other adults that are normally part of their lives (with some mandated reporting exceptions including immediate danger or abuse). Therapists come into the lives of teens specifically and only for the purpose of creating a relationship and a space in which they can feel safe enough to talk with us. The teens I work with understand this pretty quickly, which allows them to begin talking freely about their issues. Once a teen begins talking, understanding their own issues, and helping us understand them, we can work together to help them solve the issue. We can begin to help them learn ways to talk about these issues with their parents, their friends, or the other people who are in their regular lives—adolescents often give us permission to talk to their parents, doctors, and school officials, after they have begun to trust us.

Identifying the mental health needs of our adolescent children requires us to first recognize the signs of trouble so we can intervene on their behalf (tell their parents, the school social worker, or suggest they see a medical professional or a therapist). For many of us, that may be all we can do for them. But it may be exactly what they need, so they can find a place to begin to describe their subjective experiences to someone they can trust. Hopefully, they can then begin to share more about themselves with their parents, teachers, school counselors and friends, and in that process find what they need to cope with and overcome their particular struggles. Next time, they may not need the assistance of a doctor or therapist, but they will have learned that they can trust their parents, teachers, school counselors, and others to help them in times of need.