Mental Health and Well-Being in Boys

OUR BOYS
THEIR FUTURE
LEARNING TO LEAD
2018 IBSC ANNUAL CONFERENCE

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Learning Objectives

❶ Overview of children's mental health

❷ Moderating role of gender

❸ Role of educators

## What makes a teacher, a great teacher?
Coe et el., 2014

❶ Content knowledge ☑
 – Not just about understanding the material, but also understanding "the ways students think about the content"
❷ Quality of instruction ☑
❸ Classroom climate ☑
❹ Classroom management ☑
❺ Teacher beliefs ☑
❻ Professional behaviour ☑

☑ Strong evidence | ☑ Moderate evidence | ☑ Some evidence

DSM 5 Definition of MD

• A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual
 – includes present distress or disability, or
 – a significantly increased risk of suffering death, pain, disability, or an important loss of freedom

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Continuum of MH

Mental Illness

Emotional Problems/ Concerns

Well-Being
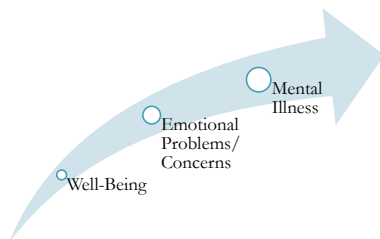
Distress and/or disability differentiates youth across this continuum

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Students do not 'code switch' out of a mental illness
 – MH problems exists across a variety of contexts
 – MH are entrenched but with early identification they are easier to treat (and can be prevented)

Youth Mental Health

Externalizing Problem
- ADHD
- Oppositional Defiant Disorder
- Conduct Disorder
- Disruptive Mood Dysregulation Disorder

♂

Internalizing Problems
- Anxiety Disorders
  - Generalized Anxiety Disorder
  - Separation Anxiety Disorder
  - Social Anxiety Disorder
  - Panic Disorder
  - Specific Phobia
  - Obsessive Compulsive Disorder
- Mood Disorders
  - Depression
  - Bipolar Disorder

♀

- Eating Disorders
- Schizrenia
- Personality Disorders

Comorbidity

- Rule rather than the exception in MH.
  - 40% of youth with one psychiatric disorder met diagnostic criteria for another psychiatric disorder.

National Comorbidity Survey Replication–Adolescent Supplement (NCS-A); Merikangas et al., 2010

Prevalence of MH Disorders in Children and Adolescents

☑ 13.4% = Worldwide
  - Polanczyk et al., 2015

☑ 15-20% = Economically advanced countries
  - Vaillancourt & Boylan, 2018

National Comorbidity Survey

- 10,123 13 to 18 year-olds
  - Anxiety disorders = 31.9%
  - Behaviour disorders = 19.1%
  - Mood disorders = 14.3%
  - Substance use disorders = 11.4%

  - With severe impairment &/or distress = 22.2%

Merikangas et al., 2010

☑ Suicide is the leading cause of death among youth in high income countries
  - 17.6% of all deaths
  - Particular problem for boys

Homotypic and Heterotypic continuity

☑ 50-75% of adult MH disorders began in childhood
  - Typically before age 15
    - Kim-Cohen et al., 2003; Kessler et al., 2001; 2007; Weisz, 1998

☑ MH problems in childhood and adolescence are the <u>leading</u> cause of health-related burden
- In adults, depression is the <u>leading</u> cause of disability worldwide
  - UNICEF, 2008; Whiteford et al., 2013
- 14.3% of deaths world wide are attributable to mental disorders
  - Copeland et al., 2015

☑ Most youth with MH problems do not receive services
- Only 20% of youth receive Tx they require
  - Mental Health Commission of Canada (2017)

☑ Youth with severely impairing mental disorders received Tx at ↑ rate
- ADHD and behavioural disorders
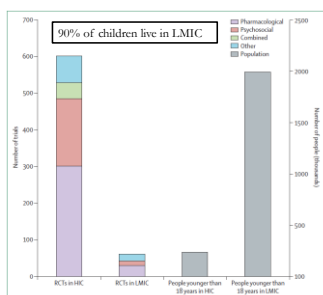- Merikangas et al., 2011

☑ Evidence-Practice Gap

Figure 2: The 10-90% divide in research into treatment for childhood and adolescence mental health disorders
RCTs=randomised controlled trials (between 2001 and 2010). HIC=high-income countries. LMIC=low-income and middle-income countries.

Kieling et al., 2011

Risk is not equally shared

- Socioeconomically disadvantaged children and adolescents are 2 to 3 times more likely to develop mental health problems.
  - Reiss, 2013

- Girls are more affected by:
  - Mood disorders
  - Anxiety disorders   ♀
  - Eating Disorders
- Boys are more affected by:
  - Behavior disorders
  - Substance use disorders   ♂
  - ASD

Vaillancourt & Boylan, 2018

Mean Age of Onset

- Anxiety Disorders 6
- Behavioural Disorders 11
- Mood Disorders 13
- Substance Abuse Disorders 15
- Eating Disorders—AN 14-18 and BN late adolescence or early adulthood

Merikangas et al., 2010

Developmental Trajectory

- Developmental chronology of childhood disorders is one that typically begins with
  - anxiety in early childhood ➲
  - behavioural issues in middle childhood ➲
  - depressive disorders in late childhood/early adolescence

Vaillancourt & Boylan, 2018
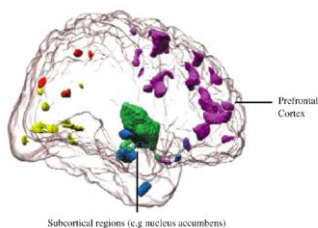
Diagnostic Challenges

Greatest Structural Changes

Fig. 3. Illustration of the brain regions showing the greatest structural changes over early and late adolescence (from Sowell et al., 1999).
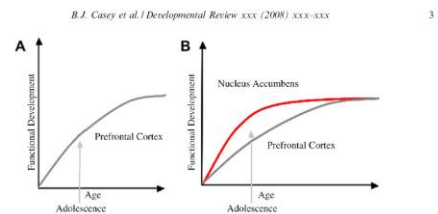
PFC and Nucleus Accumbens

Fig. 1. The traditional explanation of adolescent behavior has been suggested to be due to the protracted development of the prefrontal cortex (A). Our model takes into consideration the development of the prefrontal cortex together with subcortical limbic regions (e.g., nucleus accumbens) that have been implicated in risky choices and actions (B).

Boys lag behind girls by about 2 years

- **Implication:** To get teens motivated they need ↑ excitement or ↓ effort or both
  - Adolescence is a period of low motivation
  - Depression is a disorder of motivation

Self-Esteem

- Consists of several hierarchically organized self-evaluations
- High in most children
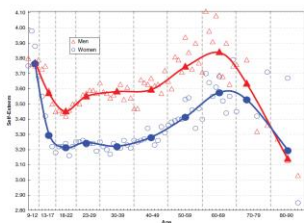 - ↓ as children age
    - make social comparisons

Fig. 1. Mean level of self-esteem for males and females across the lifespan. Also plotted are year-by-year means, separately for males (open triangles) and females (open circles). From "Global Self-Esteem Across the Lifespan," by R. W. Robins, K. H. Trzesniewski, J. L. Tracy, S. D. Gosling, and J. Potter, 2002, *Psychology and Aging*, 17, p. 428. Copyright 2002 by the American Psychological Association. Reprinted with permission.

The age of entitlement

Narcissistic Personality Disorder

Pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy:

1. Grandiose sense of self-importance

2. Preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.

3. Believes that he/she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).

4. Requires excessive admiration.

5. Has a sense of entitlement

6. Is interpersonally exploitative

7. Lacks empathy

8. Often envious of others or believes that others are envious of him/her.

9. Shows arrogant, haughty behaviors or attitudes.

Egos Inflating Over Time: A Cross-Temporal Meta-Analysis of the Narcissistic Personality Inventory
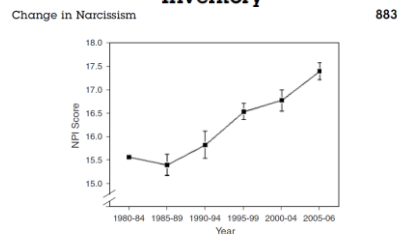
Change in Narcissism   883

Figure 2
College students' Narcissistic Personality Inventory scores by time period. Capped vertical bars denote ± 1 *SE*.

Birth Cohort Increases in Narcissistic Personality Traits Among American College Students, 1982–2009

Jean M. Twenge[1] and Joshua D. Foster[2]

Abstract
Previous research produced conflicting results on whether narcissistic personality traits have increased among American college students over the generations. Confounding by campus may explain the discrepancy. Study 1 updates a nationwide meta-analysis of college students' scores on the Narcissistic Personality Inventory (NPI) and controls for campus (k = 107; N = 49,818). In Study 2, the authors examine NPI scores among the students on one university campus, the University of South Alabama, between 1994 and 2009 (N = 4,152). Both studies demonstrate significant increases in narcissism over time (Study 1 d = .37, 1982–2008, when campus is controlled; Study 2 d = .37, 1994–2009). These results support a generational differences model of individual personality traits reflecting changes in culture.
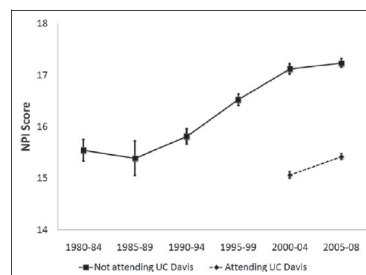
Keywords
narcissism, personality, culture

Figure 1. Mean Narcissistic Personality Inventory (NPI) scores across five time periods for students either attending University of California (UC) Davis or not
Note: Capped vertical bars denote ± 1 *SE*.

Schizophrenia

Positive Symptoms
- Excesses or distortions
  - Disorganized speech (thought disorder)
    - problems in organizing ideas and in speaking so that a listener can understand
    - loose associations
    - derailment

- Delusions

- Hallucinations

Negative Symptoms
- Behavioural deficits
  - avolition: lack of energy
  - alogia: poverty of speech, amount of speech, poverty of content of speech etc.
  - anhedonia: lack of interest in recreational activities, relationships with others and sex
  - flat affect
  - asociality: few friends, poor social skills, and little interest in being with others
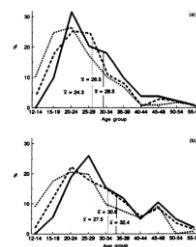
Prodrome ➲ negative symptoms

Fig. 1 Distribution of age at onset (as % of whole sample) of schizophrenia (broad definition, ICD-9 295, 297, 298.3, 298.4). (a) Males (···· earliest sign of mental disturbance, n = 117; —— first psychotic symptom, n = 125; —— index admission, n = 133). (b) Females (···· earliest sign of mental disturbance, n = 131; —— first psychotic symptom, n = 139; —— index admission, n = 143). Source: Häfner et al (1991b).

Heterogeneity

- Some youth will have the same diagnostic label but will look very different from each other.

Case Study:15-year-old boys

- **Case A:** has run away from home at least twice, and from age 12 has been truant from school and often stays out at night despite parental prohibitions
- **Case B:** often initiates physical fights with peers, uses a knife to intimidate peers, and forces girls into sexual activity
- **Case C:** deliberately sets fires, vandalizes schools, and is cruel to animals
- **Case D:** breaks into homes, shoplifts, and uses stolen credit cards

Improving the mental health and well-being of boys: The role of schools

- Detrimental impact of MH problems on education-related outcomes is well documented
  - ☒ lower academic achievement
  - ☒ less school engagement and participation and more likely to drop out of school
  - ☒ poorer peer relationships

Whitley, Smith, & Vaillancourt, 2018; Vaillancourt & Boylan, 2017

School-wide efforts

☑ improving school climate
☑ creating safe schools
☑ addressing the whole child
☑ character education
☑ social-emotional learning
☑ bullying prevention

Durlak et al., 2015; Kull et al., 2015; Whitley & Gooderham, 2015; Whitley, Smith, & Vaillancourt, 2017

Promoting Positive Youth Development Through School-Based Social and Emotional Learning Interventions: A Meta-Analysis of Follow-Up Effects

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Collaborative for Academic, Social, and Emotional Learning (CASEL)

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The University of British Columbia

Joseph A. Durlak
Loyola University Chicago

Roger P. Weissberg
Collaborative for Academic, Social, and Emotional Learning (CASEL) and The University of Illinois at Chicago

This meta-analysis reviewed 82 school-based, universal social and emotional learning (SEL) interventions involving 97,406 kindergarten to high school students (M_{age} = 11.09 years; mean percent low socioeconomic status = 41.1; mean percent students of color = 45.9). Thirty-eight interventions took place outside the United States. Follow-up outcomes (collected 6 months to 18 years postintervention) demonstrate SEL's enhancement of positive youth development. Participants fared significantly better than controls in social-emotional skills, attitudes, and indicators of well-being. Benefits were similar regardless of students' race, socioeconomic background, or school location. Postintervention social-emotional skill development was the strongest predictor of well-being at follow-up. Infrequently assessed but notable outcomes (e.g., graduation and safe sexual behaviors) illustrate SEL's improvement of critical aspects of students' developmental trajectories.

Promoting positive MH at school

- Make curriculum connections to build capacity among students
- Use programs developed for teaching social and emotional skills and strategies that enhance resilience
- Reduce stigma ☑
- Create a positive classroom environment ☑☑

Ministry of Education, Supporting Minds, 2013

Reduce Stigma

- Consistently shown that boys compared to girls
  - Have less knowledge about mental health
  - Experience higher mental health stigma
  - Less willing to use mental health services

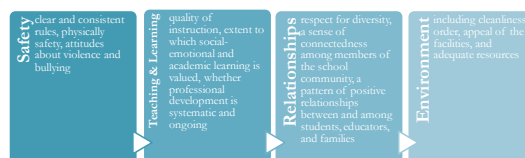Chandra & Minkovitz, 2006; see meta-analysis by Kaushik et al., 2016

Create a positive classroom environment ☑


School Climate

- Refers to the quality and character of school life
  - Cohen, McCabe, Michelli, & Pickeral, 2009
- **The collective beliefs, values, and attitudes that prevail at school.**
  - Cohen, 2009; Koth, Bradshaw, & Leaf, 2008; Modin & Östberg, 2009

School Climate cont.

Cohen et al., 2009

+ SC ⬆ Academic Achievement

- ⬆ in mathematics
  - Bryan et al., 2012
- ⬆ school support associated with ⬆ GPA
  - Niehaus et al., 2012
- School bonding associated with ⬆ academic achievement
  - Catalano et al., 2004

★ In a HS intervention designed to improve SC, positive changes in SC were related to ⬆ in statewide achievement test scores
  - reading, writing, and mathematics

Osher & Kendziora, 2010

Poor perceptions of SC related to ⬇ GPA
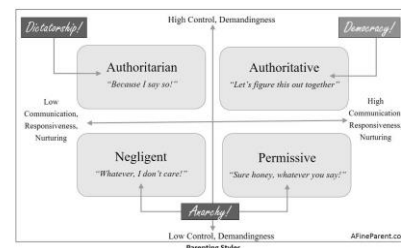
- What can teachers do to improve student MH?

☑ Improve school climate

Assess levels of structure and support

- Do not have to choose between strict discipline and being supportive
  - ☑ Aim for high structure and high support
  - ☑ Authoritative teaching style

Contrasting groups of parenting (Baumrind, 1966)

Authoritative School Discipline:
High School Practices Associated With Lower Bullying and Victimization

Anne Gregory, Dewey Cornell, Xitao Fan, Peter Sheras, Tse-Hua Shih, and Francis Huang
University of Virginia

Multilevel Multi-Informant Structure of the Authoritative School
Climate Survey

Timothy Konold, Dewey Cornell, Francis Huang, Patrick Meyer, Anna Lacey,
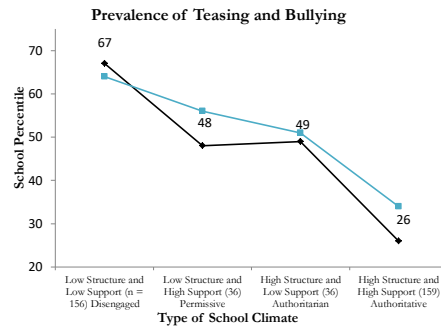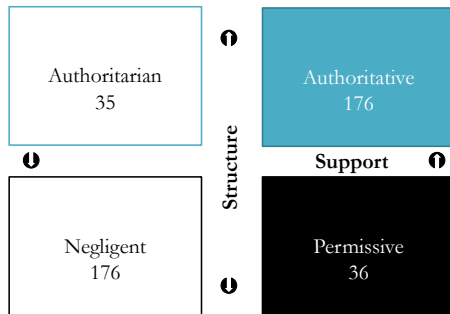Erin Nekvasil, Anna Heilbrun, and Kathan Shukla
University of Virginia

Virginia Secondary School Climate Study

Schools – 423 (98.4%)
Teachers – 9,134 (79%)
7-8th Students – 43,805 (84.8%)

Virginia Middle Schools

Authoritarian 35	Authoritative 176	
Negligent 176	Permissive 36	

Structure / Support

Prevalence of Teasing and Bullying

- Improving school climate improves students' behaviour <u>and MH</u>.

School Climate and Mental Health

- <u>Strong</u> links between positive school climate and better mental health
- Suldo et al. (2012)
  - psychopathology predicted by perceptions of peer relations, equal sharing of school resources, and physical appearance of school building
  - teacher–student relations associated with wellness

Longitudinal Studies

◐ classroom climate ◑ in emotional and behavioural problems
– Somersalo et al., 2002

◐ school connectedness ⊃ depressive symptoms 1 year later (boys and girls), anxiety symptoms for girls, and general functioning for boys
– controlling for prior symptoms

★Prior MH symptoms did not ⊃ school connectedness 1 year later
– controlling for prior school connectedness
– Dadds et al., 2006

What is your teaching style?
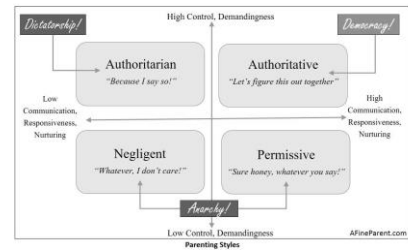
Relationships matter

• Most consistent asset of resilient children…
– Strong bond with competent adult (usually a teacher)
• Luthar et al., 2000; Meichenbaum, 2005
– Strong bond with peers
• Vaillancourt et al., 2010, 2011, 2013, 2018