Mental Health and Well-Being in Boys

Dr. Tracy Vaillancourt
Professor and Tier 1 Canada Research Chair, School-Based Mental Health and Violence Prevention
Elected Member of the Royal Society of Canada
Counselling Psychology, Faculty of Education
School of Psychology, Faculty of Social Sciences
Brain and Mind Research Institute, Faculty of Medicine

Learning Objectives
1. Overview of children’s mental health
2. Moderating role of gender
3. Role of educators

What makes a teacher, a great teacher?
Coe et al., 2014

1. Content knowledge ✓
   - Not just about understanding the material, but also understanding “the ways students think about the content”
2. Quality of instruction ✓
3. Classroom climate ✓
4. Classroom management ✓
5. Teacher beliefs ✓
6. Professional behaviour ✓

Strong evidence | Moderate evidence | Some evidence

Continuum of MH

Emotional Problems/Concerns
Mental Illness
Well-Being

Distress and/or disability differentiates youth across this continuum

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

Students do not ‘code switch’ out of a mental illness
  - MH problems exist 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 Problems
- 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
- Schizophrenia
- 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

- 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

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
MH problems in childhood and adolescence are the leading cause of health-related burden
- In adults, depression is the leading cause of disability worldwide
  • UNICEF, 2008; Whiteford et al., 2013
- 14.3% of deaths worldwide 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

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

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

Vaillancourt & Boylan, 2018

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 & Bodfan, 2018

Diagnostic Challenges

Greatest Structural Changes

PFC and Nucleus Accumbens

Boys lag behind girls by about 2 years

Self-Esteem

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

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
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.
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

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; Koll et al., 2015; Whitley & Gooderham, 2015; Whitley, Smith, & Vaillancourt, 2017
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 ✓✓


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 & Minkovits, 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, Michell, & Pickeral, 2009
- The collective beliefs, values, and attitudes that prevail at school.
  - Cohen, 2009; Koth, Bradshaw, & Leaf, 2008; Modin & Önberg, 2009

School Climate cont.
Academic Achievement

- Positive changes in SC were related to increases in statewide achievement test scores.
- Improving school climate can help enhance academic achievement.

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)

Peer perceptions of SC related to GPA

What can teachers do to improve student MH?

- Improve school climate.

Osher & Kendzia, 2010
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

Prevalence of Teasing and Bullying

School Climate and Mental Health

- Strong 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

• Improving school climate improves students' behaviour and MH.
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?

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

Relationships matter

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  - Luthar et al., 2000; Meichenbaum, 2005
- Strong bond with peers
  - Vaillancourt et al., 2010, 2011, 2013, 2018