



headspace

headspace

Adolescence Development

Acknowledgement of Country

We would like to acknowledge the traditional custodians of the Gold Coast and surrounding areas - the Yugembeh, Yuggera and Bundjalung peoples and pay respects to their elders past, present and emerging.

What is headspace

- **headspace** is a national youth mental health service
- We see young people ages 12-25 who are experiencing a wide variety of mental health issues
- Our office is located in Southport

Our team

- **headspace** operates in a multilayered approach to meet the needs of all young people
- Our team consists of social workers, psychologists, nurses, occupational therapists, psychiatrists, GP, group facilitators, Animal Assisted Therapist, dietician, vocational specialist, drug and alcohol counsellor and therapy animals.
- We offer group therapy and activity programs



headspace



Normal teenage behaviour and development

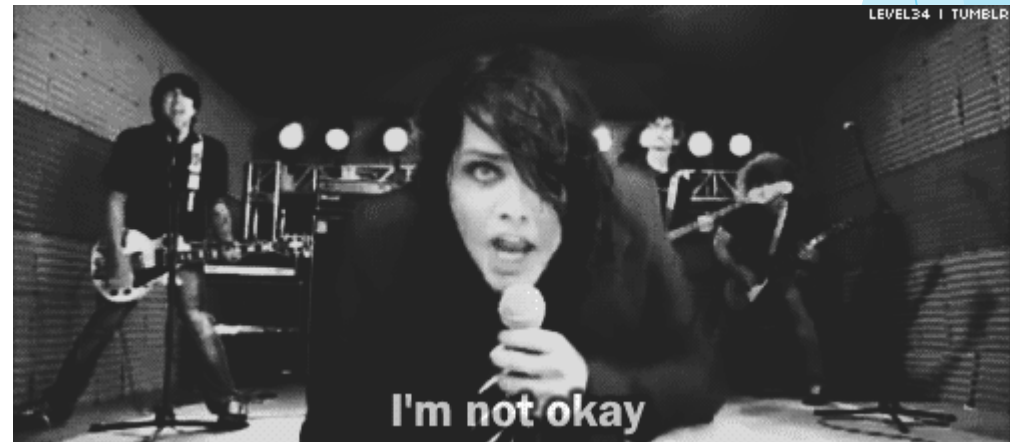


Normal teenage behaviour and development

- ▶ The brain goes through a drastic remodelling and upgrades in teenage years
- ▶ Starting at the limbic system around age 12-13 and finishing at the prefrontal cortex at age 25
- ▶ This mean young people are often relying on their emotional brain to make decisions, reactions are intense to things that seem small, we see erratic behaviour

Normal teenage behaviour and development

- ▶ These feelings and reactions may seem trivial or unexplainable to us but they are real for young people and should be taken seriously, not dismissed
- ▶ “my friend didn’t text me back” “relationship break ups”
- ▶ Often young people also don’t know why they react the way they do and it can be just as confusing for them



Normal teenage behaviour and development

“Normal” Teenage Behaviour	Signs to be concerned
Spending more time alone, wanting to spend more time with peers than family, shutting the bedroom door, beginning to individuate	Not wanting to spend time with either friends or family, never opening up to anyone, shunning all social activity
Reluctance to go to school, not wanting to get up for school	Absolute school refusal- especially if this happens suddenly
Wanting to sleep longer and some changes in appetite	Sleeping abnormally long, not sleeping at all, consistent over eating or undereating, quick fluctuations in weight.
Some risk taking behaviour- experimenting with drugs and alcohol, sex, behaviours such as self-harm	Extreme risk taking behaviours: disregard for laws, society, parents, consistent trouble with the law. Using self-harm consistently as a coping mechanism
Concerns with body image, trying to fit in, experimenting with “subcultures”	Sudden and significant changes in eating or exercise behaviours.

What to do if you are concerned?

- ▶ Open and honest communication- asking how they are feeling, focus on listening, letting them know that you are there for them fully and unconditionally
- ▶ Acknowledge their feelings, even if issues seem silly or irrational
- ▶ Trust your instinct- if you feel like something is wrong, nobody is a better judge than a loved one or close family member
- ▶ Seek professional advice or help, if possible with the input of the young person

Substance use



What are substances?

- ▶ Most commonly used by young people
 - ▶ Alcohol
 - ▶ Cannabis
 - ▶ Tobacco
- ▶ Other substances
 - ▶ Prescription medication (Ritalin, Codeine, Paracetamol and Benzos)
 - ▶ Amphetamines (speed, ICE, MDMA, cocaine)
 - ▶ Hallucinogens (mushrooms, LSD, PCP)
 - ▶ Inhalants (aerosol sprays, glue, paint)

When does substance use become an issue?

- ▶ Substances taken in large quantities or for longer periods than intended
- ▶ Finding it difficult to cut down on usage
- ▶ A lot of time spent obtaining the substance, using it, or recovering from it's effects
- ▶ Craving
- ▶ Repeated use which affects daily living or responsibilities
- ▶ Repeated use despite this causing on-going problems with others (ie: fighting)
- ▶ Neglect of other important activities
- ▶ Repeated use in situations where it is physically hazardous (ie: driving)

(Mental Health First Aid Manual)

Short and Long Term effects

▶ Physical injuries

Short term

- ▶ Aggression and anti-social behaviour
- ▶ Sexual risk taking
- ▶ Suicide and self-injury

Long Term

- ▶ Alcohol use disorders
- ▶ Other substance use disorders
- ▶ Depression and anxiety
- ▶ Social Problems
- ▶ Physical health problems

Risk factors for substance use disorders

- ▶ Availability and tolerance of substances
- ▶ Substance use in the family
- ▶ Social factors
- ▶ Genetic predisposition
- ▶ Alcohol sensitivity
- ▶ Enjoyment from using
- ▶ Other mental illness

(Mental Health First Aid Manual)

Prevalence of substance use

▶ Alcohol use

- ▶ 43% of year 11 students have never tried alcohol, this decreased to 24% in year 12 students
- ▶ Around 40% of year 11 and 12 students consume alcohol once a month or less
- ▶ 4% of year 11 and 12 students consume alcohol more than once a week

▶ Tobacco

- ▶ 80% of year 11 and 12 students have never smoked tobacco
- ▶ Around 15-18% of year 11 and 12 students report occasional use and under 5% report regular use

▶ Marijuana

- ▶ 83% of year 10 -12 students report never trying marijuana
- ▶ 15% report occasional use and 3% report regular use

Harm Minimisation

- ▶ Facilitate open communication with young people
- ▶ Discuss a pre-determined plan of action so young people are prepared if issues arise
- ▶ Using in safe places
- ▶ Using with people you trust to look after you and look after your friends
- ▶ Drug safety
 - ▶ High potency in drugs currently
 - ▶ Don't mix substances
 - ▶ Being aware of what you are taking and where it is from
- ▶ Alcohol safety
 - ▶ Don't accept drinks from people you don't know, don't leave drinks unattended
 - ▶ Pace yourself, eat when drinking, have a break, know your limits, don't drink in rounds
- ▶ Call the ambulance for assistance when required
 - ▶ If you cannot get them to wake up, they are behaving unusually or collapse call an ambulance immediately
 - ▶ Being under the influence of substances vs. possessing substances

Sexuality and sexual behaviour



Brooks Sexual Behaviours Traffic Lights

Behaviours: age 13 to 17

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- Displayed between children or young people of similar age or developmental ability.
- Reflective of natural curiosity, experimentation, consensual activities and positive choices.

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- Solitary masturbation.
- Sexually explicit conversations with peers.
- Obscenities and jokes within the current cultural norm.
- Interest in erotica/pornography.
- Use of internet/e-media to chat online.
- Having sexual or non-sexual relationships.
- Sexual activity including hugging, kissing, holding hands.
- Consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability.
- Choosing not to be sexually active.

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- Of potential concern due to age, or developmental differences.
- Of potential concern due to activity type, frequency, duration or context in which they occur.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- Accessing exploitative or violent pornography.
- Uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing.
- Concern about body image.
- Taking and sending naked or sexually provocative images of self or others.
- Single occurrence of peeping, exposing, mooning or obscene gestures.
- Giving out contact details online.
- Joining adult- only social networking sites and giving false personal information.
- Arranging a face to face meeting with an online contact alone.

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- Excessive, secretive, compulsive, coercive, degrading or threatening.
- Involving significant age, developmental, or power differences.
- Of concern due to the activity type, frequency, duration or the context in which they occur.

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- Exposing genitals or masturbating in public.
- Preoccupation with sex, which interferes with daily function.
- Sexual degradation/humiliation of self or others.
- Attempting/forcing others to expose genitals.
- Sexually aggressive/exploitative behaviour.
- Sexually explicit talk with younger children.
- Sexual harassment.
- Non-consensual sexual activity.
- Use of/acceptance of power and control in sexual relationships.
- Genital injury to self or others.
- Sexual contact with others where there is a big difference in age or ability.
- Sexual activity with someone in authority and in a position of trust.
- Sexual activity with family members.
- Involvement in sexual exploitation and/or trafficking.
- Sexual contact with animals.
- Receipt of gifts or money in exchange for sex.

Latrobe University Sexual Health Study,

Key findings:

- ▶ The majority of students (69%) have experienced some form of sexual activity.
- ▶ Almost one quarter of Year 10 students (23%), one third of Year 11 students (34%) and one half of Year 12 students (50%) had experienced sexual intercourse
- ▶ Most sexually active students report positive feelings after having sex.
- ▶ Amongst sexually active students the most commonly used form of contraception was the condom (58%) and / or the contraceptive pill (39%).
- ▶ 13% of sexually active students reported using no contraception the last time they had sex; while 15% used withdrawal.
- ▶ Around one half of non-sexually active students reported that they did not feel ready to have sex; that they were proud to say no and mean it, and that they thought it important to be in love the first time they had sex.
- ▶ The majority of the sample reported sexual attraction only to people of the opposite sex (83% of young men and 76% of young women).
- ▶ Eight per cent of young men and 4% of young women reported sexual attraction only to people of the same sex. Five per cent of young men and 15% of young women were attracted to people of both sexes. Around 4% of young men and 5% of young women were unsure about their sexual attraction

Sex and technology

- ▶ Findings show 'sexting' and sending explicit photos via smartphone is now a common part of teenage sexual behaviour and courtship.
- ▶ Over half of all students reported having received a sexually explicit text message.
- ▶ Just over a quarter of all students reported that they had sent a sexually explicit photo of themselves
- ▶ Most sexually active students reported receiving (84%) and sending (72%) sexually explicit text messages
- ▶ Half of all sexually active students reported sending a sexually explicit nude or nearly nude photo or video of themselves, while 70% reported receiving such a photo or video.

What can I do as a parent?

- ▶ If you don't already, get to know the Internet. It's important to familiarise yourself with what is available to your child online.
- ▶ Talk to your children about the importance of safety online & show them how to implement this.
- ▶ Connect to a family-friendly internet service provider & use a family-friendly search engine.
- ▶ Set up the computer in a public area in the home - making supervision easier.
- ▶ Install safety software (anti-virus, filter and spyware software).
- ▶ Reassure your children that you are there if they need help.
- ▶ Create a contract or online rules with your children.
- ▶ Take your child seriously if they report anything unsafe on the Internet and forward your concerns on. These can be sent to your Internet Service Provider as well as to the relevant authority (see "Internet Safety Contacts" below).

Lets talk about sex...

- ▶ Learning about sex and sexual behaviour is a normal part of a child's development. It will help them as they grow up, and as they start to make decisions about relationships.
- ▶ By knowing what's 'normal' at each particular stage you can be ready for what to expect, even though it might seem a little uncomfortable at times!
- ▶ The way you respond is important
- ▶ If you're too disapproving or imply that sex shouldn't be spoken about then your child may be less likely to come to you with any questions or worries they might have.

Domestic Violence



Domestic Violence

“...the biggest risk factor for becoming a victim of sexual assault and/or domestic and family violence is being a woman” - National Council to Reduce Violence Against Women and Children

“Domestic violence (DV) is a leading preventable contributor to death, disability and illness for women aged 15-44”. (Australian Institute of Health and Welfare, 2015)

What is domestic violence?

Category	Description/ Examples
1. <i>Physical</i>	Direct assault on the body, (strangulation, shaking, pushing slapping, punching, kicking, spitting), actions leading to disablement or murder, use of weapons, smashing things, denying medical support or medications...
2. <i>Sexual</i>	Rape, unwanted sex or sexual acts, made to watch pornography
3. <i>Emotional/ Psychological</i>	Denying a person's reality, manipulation, humiliation, undermining the victim's self-esteem through comparisons with others, threaten to 'out' someone to family/friends/employers
4. <i>Cultural/ Spiritual</i>	Not letting follow own beliefs, forcing them to participate in spiritual or religious practice that they do not want to be involved with, misusing religious or spiritual traditions to justify physical violence/abuse
5. <i>Financial/ Economic</i>	Controlling money and decisions around its use, taking or limiting money, preventing the victim from seeking or holding employment
6. <i>Verbal</i>	Threats, put-downs, insults, shouting
7. <i>Social</i>	Systematic isolation from family and friends; monitoring where they are, reading messages on phone, smashing phones...
8. <i>Stalking</i>	Driving past, watching from parked cars, unwanted gifts, cyber stalking

Warning Signs of Abuse

Are you with someone who...

- ▶ Is jealous and possessive toward you, won't let you have friends, checks up on you, won't accept breaking up?
- ▶ Tries to control you by being very bossy, giving orders, making all the decisions; doesn't take your opinion seriously?
- ▶ Is scary? You worry about how they will react to things you say or do? Threatens you, uses or owns weapons?
- ▶ Is violent: has a history of fighting, loses their temper quickly, brags about mistreating others?
- ▶ Pressures you for sex, is forceful or scary around sex? Thinks of you as a sex object?
- ▶ Attempts to manipulate or guilt-trip you by saying "If you really loved me you would...?"
- ▶ Gets too serious about the relationship too fast?
- ▶ Abuses drugs or alcohol and pressures you to take them?
- ▶ Blames you when they mistreat you? Says you provoked them, pressed their buttons, made them do it, led them on?
- ▶ Has a history of bad relationships and blames the other person for all the problems?
- ▶ Believes that men should be in control and powerful and that women should be passive and submissive?
- ▶ Has hit, pushed, choked, restrained, kicked, or physically abused you?
- ▶ Your family and friends have warned you about or told you they were worried for your safety?
- ▶ If you are gay, lesbian, bisexual, or transgender, has threatened to "out" you to family, friends, or co-workers if you don't comply with certain demands?
- ▶ If you are an immigrant, has threatened or tried to turn you in to authorities and get you deported?

Cycle of violence



Adolescent relationships and DV

- ▶ Girls and young women between the ages of 16 and 24 experience the highest rate of intimate partner violence (almost triple the national average).
- ▶ Violent behaviour often begins between the ages of 12 and 18
- ▶ The severity of intimate partner violence is often greatest in cases where the pattern of abuse was established in adolescence
- ▶ Nearly 1.5million high school students in the US experience physical abuse from a dating partner in a single year
- ▶ Reports indicate in Australia approximately 1 in 3 girls is a victim of physical, emotional or verbal abuse from a dating partner

Knowledge about Adolescent relationships and DV

- ▶ 57% of college students reported it was difficult to identify dating abuse and 58% said they didn't know how to help someone who's experiencing it
- ▶ 81% of parents believe teen dating violence is not an issue or admit they don't know it is an issue
- ▶ Though 82% of parents feel confident that they could recognise the signs if their child was experiencing dating abuse, a majority of parents (58%) could not correctly identify all the warning signs of abuse

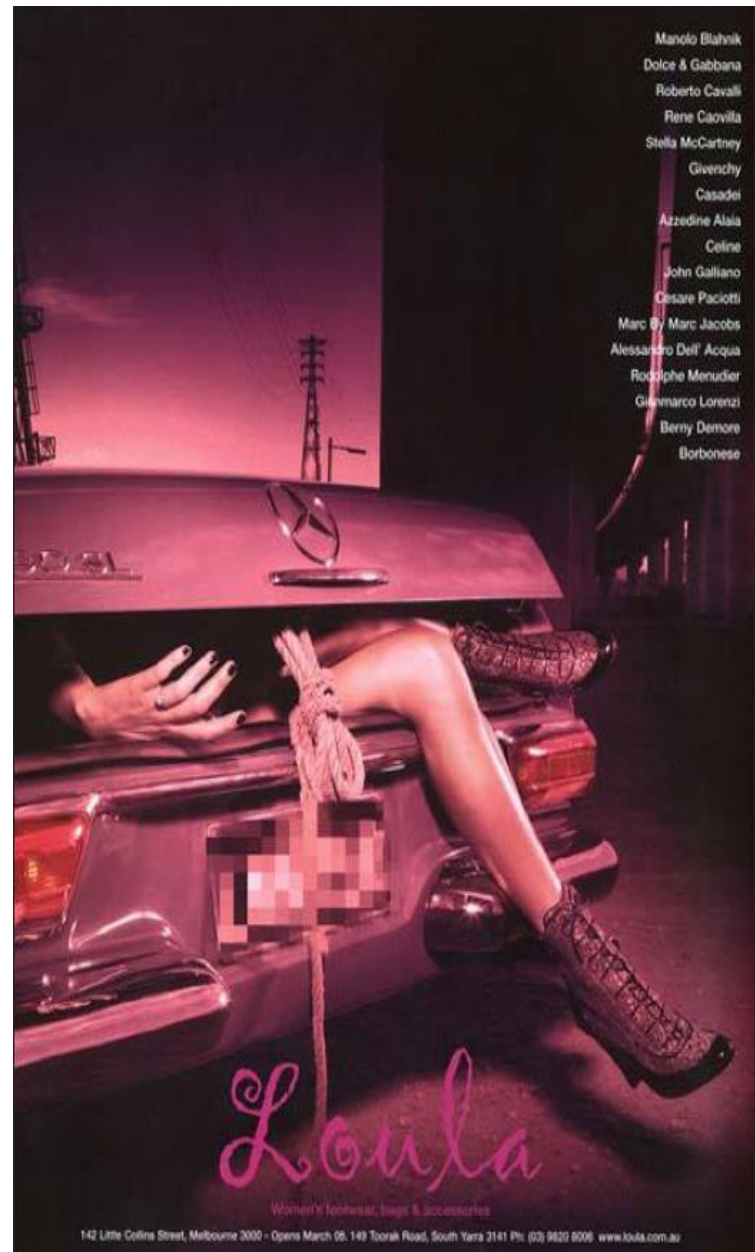
Why are young women more at risk?

- ▶ Young people's vulnerability to intimate partner violence is increased by:
 - ▶ sexist and traditional gender role attitudes,
 - ▶ peer culture,
 - ▶ inexperience and age differences in relationships
 - ▶ attitudes supportive of violence that can be shaped by the media, pornography
 - ▶ early exposure to aggressive behaviour by parents or role models
 - ▶ Lack of access to services
- ▶ Research shows that men are more likely to engage in violence against women if they hold negative attitudes towards women and hold traditional gender role attitudes that legitimise violence as a method of resolving conflict or as a private matter
- ▶ Violence-supporting attitudes are also more common among males who exhibit low levels of support for gender equality. Similarly, women with traditional gender role attitudes are less likely to report violence.
- ▶ While the majority of people do not believe that physical violence against women is justified under any circumstances, around one in five respondents to a national survey were prepared to excuse physical and sexual violence where they believed that perpetrators had temporarily lost control or truly regretted what they had done

Why?



Why?



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Why?



Risk Factors for increased violence

Stalking, perpetrator has ever harmed or threatened to harm/kill victim, family or pets, escalation in severity and/or frequency of violence, use of / access to a weapon, sexual assault of victim, perpetrator substance abuse or mental health issues, obsession/jealous behaviour towards victim by the perpetrator

- **Strangulation**

- Strangulation is now established as a predictive risk factor for future severe domestic violence and for homicide

- **Pregnancy**

- Family and domestic violence often commences or intensifies during pregnancy
- The risk of DV has been found to be higher in pregnant women and in the period following birth, posing serious health risks to both pregnant women and their babies.

- **Leaving or trying to end the relationship**

- The time of leaving and separation is the most dangerous time. It is the time when the partner may become more desperate and injure or possibly kill the woman and/or children
- For women who are experiencing family and domestic violence, the high risk periods include immediately prior to taking action, and during the initial stages of or immediately after separation

What can you do?

- ▶ The most important way to help someone in a domestic violence situation is to listen to them and believe them, without judging
- ▶ If you suspect someone is experiencing DFV, ask them about it. They may not be ready to talk, but showing your concern, believing them and continuing to be there may be the first step towards increasing their safety
- ▶ Do not underestimate the situation. The abusive partner has deliberately tried to breakdown the victims confidence and they may feel stupid, hopeless and responsible for the abuse
- ▶ Build their confidence, respect their decision and tell them about the services available
- ▶ If the victim chooses not to leave the abusive relationship, it is very important to stay connected and continue offering support
- ▶ Changing and shaping attitudes and behaviours of young people is critical to preventing domestic violence and sexual assault in the future
- ▶ Seeing adults exhibiting respectful behaviours - between partners, friends, parents and their children - is also important for young people. Positive parenting practices and violence-free home environments are crucial to the development of healthy social behaviour skills and healthy relationships

Self-injury

STORMS
DON'T
LAST
FOREVER.

What is Self-injury

- ▶ Self-harm or self injury refers to people deliberately hurting their bodies and is often done in secret without anyone else knowing
- ▶ The most common type of self-harm among young people is cutting, but there are many other types of self-harm including burning or punching the body, or picking skin or sores. People who deliberately injure themselves are not trying to kill themselves, they are trying to find a way to cope with difficulties and distress.
- ▶ Self-injury is a behaviour, not a mental illness.
- ▶ People use self-injury as a coping mechanism to continue living, rather than to end their life.

Reasons for self-injury:

- ▶ Alleviate intense emotional pain or distress, overwhelming negative feelings, thoughts of memories
- ▶ Self-punishment
- ▶ To end experiences of dissociation or numbness
- ▶ A means to show others that they feel bad
- ▶ **Self-injury is not “attention seeking”, it is a way for young people to demonstrate a need for support and connection.**

Self-injury facts and statistics

- ▶ One in seven children and young people experienced a mental health issue in the previous 12 months - the equivalent of 560,000 young Australians.
- ▶ One in ten teenagers (approx. 186,000) has engaged in some form of self-harming behaviour in their life, including a quarter of teenage girls aged 16-17.
- ▶ For some young people, self-injury is a one-off event, but for others it can become a repeated behaviour that can be hard to change.
- ▶ **There is an overlap between self-harm and thinking about suicide, however not everyone who self-harms is suicidal.**

Warning Signs of Self-injury

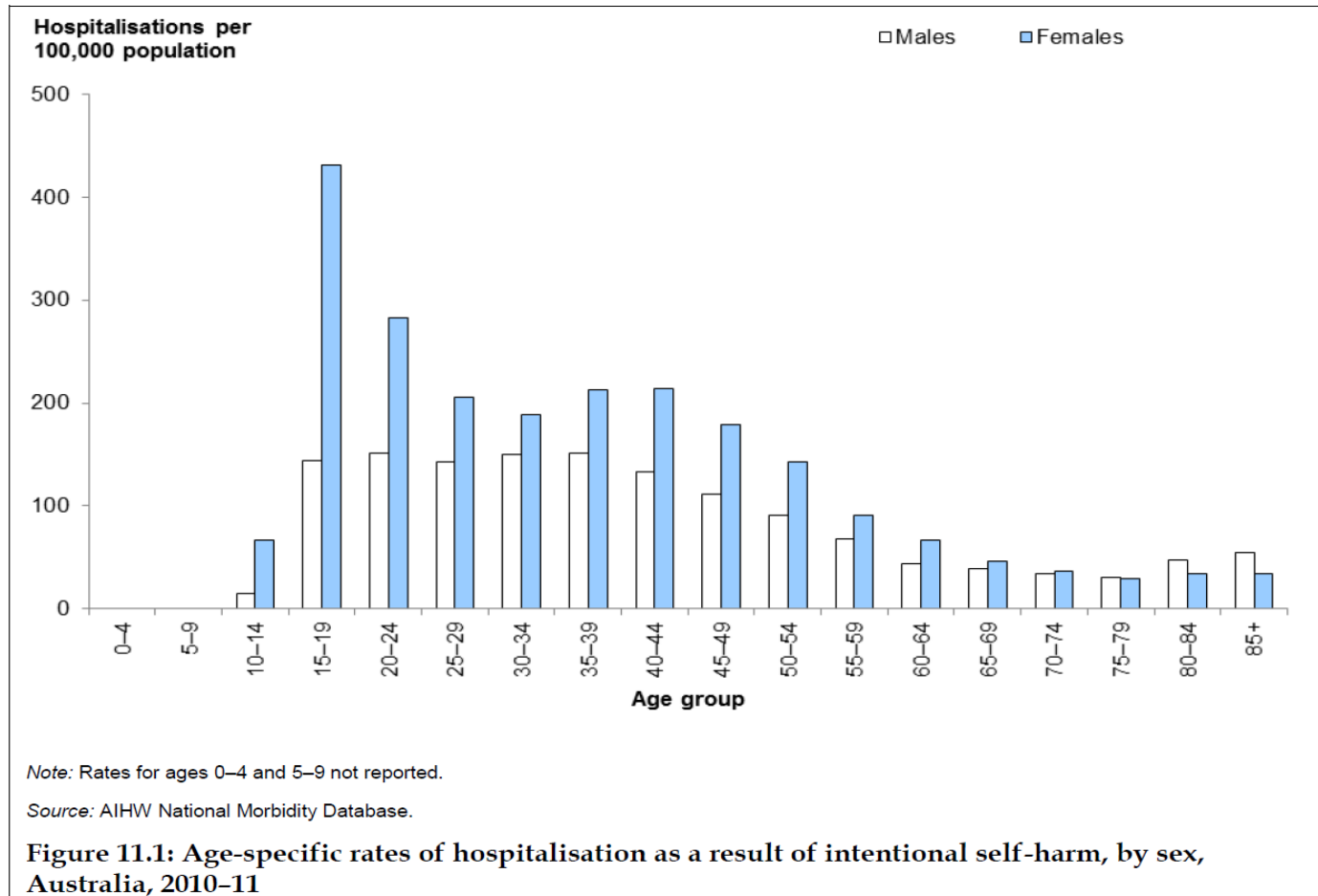
Psychological signs:

- ▶ Dramatic changes in mood
- ▶ Changes in sleeping and eating patterns
- ▶ Losing interest and pleasure in activities that were once enjoyed
- ▶ Social withdrawal - decreased participation and poor communication with friends and family
- ▶ Hiding or washing their own clothes separately
- ▶ Avoiding situations where their arms or legs are exposed
- ▶ Dramatic drop in performances and interactions at school, work or home
- ▶ Strange excuses provided for injuries

Physical signs:

- ▶ Unexplained injuries, such as scratches or cigarette burns
- ▶ Unexplained physical complaints such as headaches or stomach pains
- ▶ Wearing clothes that are inappropriate to weather conditions
- ▶ Hiding objects such as razor blades or lighters in unusual places

Prevalence of self-injury



(Suicide and hospitalised self-harm in Australia: Trends and analysis. Australian Institute of Health and Welfare)

How can I help?

- ▶ Assess the situation, call 000 for urgent medical attention if required
- ▶ Remain calm, as the young person may feel ashamed of their actions and worry about judgements.
- ▶ Facilitate conversation and create a safe environment to discuss their feelings
- ▶ Do not try to make ultimatums or force the person to stop, this could make things worse
- ▶ Develop a safety plan with the young person

Safety Planning

- ▶ Safety Plan:
 - ▶ Warning signs
 - ▶ Physical signs and psychological signs
 - ▶ Internal coping strategies
 - ▶ urge surfing
 - ▶ External coping strategies
 - ▶ Holding ice cubes, drawing patterns instead, exercise
 - ▶ Social supports for assistance
 - ▶ Talking to someone
 - ▶ Professional support for assistance
 - ▶ Headspace, calling hotlines, online support
 - ▶ Remove access to means of self-injury
 - ▶ Keeping sharp objects away
 - ▶ Follow-up agreement
 - ▶ Checking in the next day

Resources

- ▶ Acute Care Team 1300 642 255 - 24/7 hour mental health support
- ▶ headspace Southport 5509 5900 - office hours
- ▶ Child and Youth Mental Health Service- 5635 6392
- ▶ Domestic Violence Connect- 1800 811 811- 24/7 support
- ▶ Lifeline- 13 11 14 - 24/7 support
- ▶ Youth Other Drug and Alcohol Service (YODA)- 1300 727 957
- ▶ Bravehearts- 1800 272 831

Questions?

