Developmental, Epidemiological, & Clinical Aspects of Adolescence and Emerging Adulthood:

A Selected Bibliography

The Evidence Base for:

The Mental Health Needs of Young People
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In this opening chapter I provide some historical background on the rise of emerging adulthood and describe the period’s distinctive features. I also explain why the term emerging adulthood is preferable to other possible terms.


This paper uses an ecological perspective to explore the risk factors associated with bullying behaviors among a representative sample of adolescents aged 11–14 (n=9816, X=12.88, s=.9814). Data derived from the Health Behavior in School Children: WHO Cross-National Survey were used to model the relationship between bullying and media effects, peer and family support systems, self-efficacy, and school environment. Overall, the results of this study suggest that bullying increases among children who watch television frequently, lack teacher support, have themselves been bullied, attend schools with unfavorable environments, have emotional support from their peers, and have teachers and parents who do not place high expectations on their school performance. In addition, we found an inverse relationship between being Asian or African American, feeling left out of school activities and bullying. Our results lend support to the contention that bullying arises out of deficits in social climate, but that social support systems mediate bullying behavior irrespective of the student’s racial/ethnic characteristics, parental income levels or media influences. Because the number of friends and the ability to talk to these friends increases the likelihood of bullying, we suggest that bullying is not simply an individual response to a particular environment but is a peer-group behavior. We conclude that limiting television viewing hours, improving student’s abilities to access family support systems and improving school atmospheres are potentially useful interventions to limit bullying behavior.


Search Institute’s integrated program of research on the linkages among community, developmental assets, and health outcomes is discussed. Recommendations are made for building a science that is dedicated to exploring pathways to developmental success.


Introduction Nurse practitioners have the power to detect suicide risk and prevent suicide, a problem plaguing rural areas of the United States. Suicide risk assessment can be completed using the HEADSS (Home, Education, Activities, Drug use and abuse, Sexual behavior, and Suicidality and depression) interview instrument. The purpose of this study was to determine if HEADSS is appropriate for guiding suicide risk assessment of rural adolescents. Method High school students in Southwestern Pennsylvania completed qualitative questions from the Child Behavior Checklist and Coping Response Inventory as part of the Intervention to Promote Mental Health in Rural Youth. Qualitative content analysis was performed. Results Prominent themes identified by participants included academic performance, relationships, dislikes about school, friends, death, mental health, and the future. Several minor themes concerned safety. Most known risk factors for suicide were concerns of participants. Discussion The expansion of HEADSS to include death and safety should be considered. The modified version—HEADDSSS—can be used to guide suicide risk assessment of youth in rural Pennsylvania, ensuring both thoroughness of assessment and safety.


Objective. In 1997, suicide was the third leading cause of death among 10- to 19-year-olds in the United States, with
the greatest increases in suicide rates in the previous decade experienced by black and other minority youth. The purpose of this study was to identify risk and protective factors for suicide attempts among black, Hispanic, and white male and female adolescents. Methods. We used data from the National Longitudinal Study of Adolescent Health, conducted in 1995 and 1996. A nationally representative sample of 13,110 students in grades 7 through 12 completed 2 in-home interviews, an average of 11 months apart. We examined Time 1 factors at the individual, family, and community level that predicted or protected against Time 2 suicide attempts. Results. Perceived parent and family connectedness was protective against suicide attempts for black, Hispanic, and white girls and boys, with odds ratios ranging from 0.06 to 0.32. For girls, emotional well-being was also protective for all of the racial/ethnic groups studied, while a high grade point average was an additional protective factor for all of the boys. Cross-cutting risk factors included previous suicide attempt, violence victimization, violence perpetration, alcohol use, marijuana use, and school problems. Additionally, somatic symptoms, friend suicide attempt or completion, other illicit drug use, and a history of mental health treatment predicted suicide attempts among black, Hispanic, and white females. Weapon-carrying at school and same-sex romantic attraction were predictive for all groups of boys. Calculating the estimated probabilities of attempting suicide for adolescents with increasing numbers of risk and protective factors revealed that the presence of 3 protective factors reduced the risk of a suicide attempt by 70% to 85% for each of the gender and racial/ethnic groups, including those with and without identified risk factors. Conclusions. In these national samples of black, Hispanic, and white youth, unique and cross-cutting factors derived from a resiliency framework predicted or protected against attempting suicide. In addition to risk reduction, promotion of protective factors may offer an effective approach to primary as well as secondary prevention of adolescent suicidal behavior.


Objective
To identify the predictors of suicidal events and attempts in depressed adolescent suicide attempters treated in an open treatment trial.

Method
Adolescents who had made a recent suicide attempt and had unipolar depression (n=124) were either randomized (n=22) or given a choice (n=102) among three conditions. Two participants withdrew prior to treatment assignment. The remaining 124 youth received either: a specialized psychotherapy for suicide attempting adolescents (n=17), a medication algorithm (n=14), or the combination (n=93). The participants were followed up 6 months after intake with respect to rate, timing, and predictors of a suicidal event (attempt or acute suicidal ideation necessitating emergency referral).

Results
The morbid risks of suicidal events and attempts upon 6-month follow-up were 0.19 and 0.12, respectively, with a median time to event of 44 days. Higher self-rated depression, suicidal ideation, family income, greater number of previous suicide attempts, lower maximum lethality of previous attempt, history of sexual abuse, and lower family cohesion predicted the occurrence, and earlier time to event, with similar findings for the outcome of attempts. A slower decline in suicidal ideation was associated with the occurrence of a suicidal event.

Conclusions
In this open trial, the 6-month morbid risks for suicidal events and for re-attempts were lower than in other comparable samples, suggesting that this intervention should be studied further. Important treatment targets include suicidal ideation, family cohesion, and sequelae of previous abuse. Because 40% of events occurred with 4 weeks of intake, an emphasis on safety planning and increased therapeutic contact early in treatment may be warranted.


This review focuses on psychopathologic risk factors for adolescent suicide and suicidal behavior, namely, affective, disruptive, substance abuse, psychotic, and personality disorders. The interaction of psychopathology with age and gender is discussed. The role of family environmental risk factors and stress events in suicide and suicidal behavior, both alone, and in interaction with psychopathology are reviewed. Research reviewed will include psychological; autopsy studies, longitudinal studies examining predictors of suicide, and epidemiologic studies of suicide attempts.


This review examines the descriptive epidemiology, and risk and protective factors for youth suicide and suicidal behavior. A model of youth suicidal behavior is articulated, whereby suicidal behavior ensues as a result of an interaction of socio-cultural, developmental, psychiatric, psychological, and family-environmental factors. On the basis of this review, clinical and public health approaches to the reduction in youth suicide and recommendations for
This paper will focus on a selected set of topics that are included in the definition of emotional well-being presented above. These are a) generalized mood/affective states, b) emotion regulation and coping, and c) feelings about self, including self-esteem, feelings of self-efficacy, and perceptions of control (locus of control). We will begin with brief definitions of the constructs just delineated, along with some evidence from the research literature indicating the importance of each construct as an element of well-being in adolescence. Next, we will summarize the empirical literature exploring the antecedents and correlates of emotional wellbeing in adolescence. Finally, we will discuss some of the implications of this literature for policies, programs, and interventions designed to promote adolescent well-being.


This case study from Ireland includes an exploration of the relationships between engaging in physical activity and perceptions of local area among children, highlighting the importance of local facilities, and the perceptions of children of such facilities in promoting physical activity. It sets this exploration in the context of recent policy and strategy development for children in Ireland, particularly that which focuses on the provision of appropriate play and leisure opportunities. The focus of the case study is the involvement of children in developing indicators of well-being for children. During the process of indicator development, children provided clear indications that having “good places to go” was important to their well-being. Subsequently, this was adopted as an indicator of child well-being and will be reported on every two years, employing data taken from the HBSC surveys in Ireland. Given the relationships between having good places to go and physical activity, future initiatives designed to improve access to recreational environments may also have a positive impact on physical activity levels. Social inequalities in physical activity and having good places to go will continue to be monitored and tackled as part of these initiatives.


The primary purpose of this report is to provide logic models and measurable outcomes for youth in transition to adulthood programs funded by the DC Children and Youth Investment Trust Corporation (DCCYIT). In addition, the report describes the factors associated with the emergence of the life cycle stage considered the transition to adulthood, the developmental domains associated with this stage, and the contexts shaping the transition to adulthood. We also describe the outcomes that are most likely to be affected by experimental intervention programs that serve young adults. This theoretical review provides a basis for the creation of logic models and the identification of outcomes for programs serving youth in the transition to adulthood that can be tracked and monitored over time by the DC Trust. The proposed outcomes cover a range of domains. This report can be used as a tool by individual programs to determine which outcomes and measures are most pertinent. Logic models are created using the framework and terminology developed by the United Way Foundation of America.


This study aimed to look at rates of repetition in children presenting with Deliberate Self-Harm (DSH) to a paediatric A&E department. Children presenting with DSH to a paediatric A&E between 2000 and 2005 were invited to participate in the study. Telephone interviews collected information on demographic details and mental health functioning, including repetition of DSH. Data was obtained from 39 parents and 10 children (31 girls and 8 boys, mean age 15) 1 in 5 females (20%) had made a repeat attempt of DSH and 1 in 10 (10%) had repeated more than once. No males repeated self-harm. On going parental concern rather than clinician risk assessment at index episode predicted subsequent DSH. Given the poor predictive value of clinician risk assessment, all attempts of DSH must be taken seriously, especially those associated with ongoing parental concern.


Developmental psychopathology offers an integrative framework for conceptualizing the course of development...
during adolescence, with particular relevance for understanding continuity and the emergence of psychopathology during this and subsequent developmental periods. In this article, the utility of a developmental psychopathology perspective for informing the design of research, prevention, and intervention is highlighted. Interdisciplinary, organizational models of development, emphasizing the dynamic relations between the developing individual and internal and external contexts, are discussed. Examination of boundaries between abnormal and normal development during adolescence offers important vantage points for articulating diversity in the developmental course during this period. Conceptualizing divergence and convergence in developmental pathways, continuity and discontinuity in development, and the transactions of risk and protective processes leading to maladaptation, psychopathology, and resilience are highlighted.


Background: There are few longitudinal studies of Irish children and, to date, no studies reporting long-term outcome for those with behavioural disorder in childhood. This paper describes psychological and educational outcomes for a group of Irish children initially assessed at age 11 years and re-examined 10 years later. The period during which the research was conducted coincided with a time of increasing wealth in Ireland and the consequent development of psychological and educational services.

Aims: To follow up and assess psychological and educational outcomes for a group of young people aged 21 years, half of whom had high levels of behavioural problems at age 11.

Method: Data were gathered at two time points for 97 children and their families. Childhood measures included psychological and behavioural functioning, IQ, family background and economic circumstances. Outcome measures assessed in young adulthood included psychological functioning, educational attainment and trouble with the law.

Results: Behavioural deviance at age 11 was found to be highly predictive of negative outcomes in early adulthood including a greater likelihood of involvement in criminal activity and less educational success. The likelihood of educational failure increased with the accumulation of risk factors including economic disadvantage and low IQ.

Conclusions: These findings, supported in other international studies, underline the importance of behavioural difficulties in childhood for adult outcome, even in an environment of greater service and educational opportunities and access.


In this article, we present data obtained with the psychosocial interview instrument, HEADSS (Home, Education, Activities, Drug use and abuse, Sexual behavior, Suicidality and depression) that was administered to High Risk Youth Clinic clients at their initial visits during a 1-year period. Of the 1,015 new patients, 63% were homeless/runaway youths and 37% were living with their families. Utilizing the HEADSS interview instrument, we compared homeless/runaway youths to nonhomeless youths in a number of areas, including risks for human immunodeficiency virus (HIV) infection. Our results showed that homeless teens tended to be younger, female, and white compared to their nonhomeless counterparts. They were more likely to have dropped out of school and were far more likely to be depressed and actively suicidal. They demonstrated all forms of drug abuse. They engaged in first sexual intercourse at an earlier age, and experienced a higher incidence of sexual abuse and prostitution. They were 6 times more likely to be at risk for HIV infection.


Background: Suicidal behaviour has increasingly become recognized as a major public health problem. This study aimed to establish the extent of hospital-treated attempted suicide in South-west Ireland. Methods: Between 1995 and 1997, routine data collection, based on the standardized methodology of the WHO/Euro Multicentre Study on Suicidal Behaviour, took place in all general and psychiatric hospitals and prisons in the Southern and Mid-western Health Boards covering one-quarter (863,709) of the Irish population. Results: The annual person-based (aged over 15 years) male and female European age-standardized attempted suicide rates were 163 and 190 per 100,000, respectively. Female rates far exceeded male rates in under 20-year-olds. The peak rates for men and women were in the age range 20–24 (374 per 100,000) and 15–19 (433 per 100,000) years, respectively. One in six (16%) made a repeat attempt within the study period. Adjusting for age, repetition was marginally less common in women. Multivariate analysis investigating the risk of repetition associated with age, method and previous attempts found no age effect for women but an increased risk of repetition among men in their thirties (OR=1.7, 95% CI: 1.2–2.4). An
attempt in the preceding 12 months greatly elevated the risk of repetition, particularly for women (female OR=13.7, 95% CI: 9.3–20.4; male OR=5.6, 95% CI: 4.1–7.8). Conclusion: Attempted suicide is a significant public health problem in Ireland. Rates are higher in women and highest among the young. An attempt in the past year greatly increases the risk of repetition, especially in women.


Background: Adolescents and young adults have a high incidence and prevalence of mental disorders, which can be disabling, chronic and lead to the development of further mental health problems. Yet their needs are not being adequately met by existing health structures. We set out to examine the extent of met and unmet need in young people by assessing referrals to a public mental health service for 15–24 year olds. We sought to identify differences between young people who were accepted into the service and those who were not with respect to psychiatric diagnosis, subthreshold symptoms, and psychosocial functioning.

Method: All young people aged 15–24 years who were referred to the service from April to September 2003 for assistance with non-psychotic disorders were approached for assessment.

Results: 204 individuals were referred to the service with non-psychotic problems over the data collection period, and 150 consented to participate in the study. Fifty-nine percent of participants (n = 88) were accepted into the service (the RA group). They were more likely to have a current diagnosis than those not accepted into the service (the RNA group; n = 62). The RA group had higher levels of depression and anxiety, and lower psychosocial functioning, compared to the RNA group. The RNA group were also unwell: nearly 63% had at least one diagnosis at the time of referral. Both the RA and RNA groups showed functional impairment.

Conclusions: Limited services are denying assistance to young people with significant morbidity and associated functional impairment. We suggest a range of reforms that would benefit the mental health of society by focussing on those most in need and those most likely to respond to early intervention: our young people.


This study used semi-parametric group-based modeling to explore unconditional and conditional trajectories of self-reported depressed mood from ages 12 to 25 years. Drawing on data from the National Longitudinal Study of Adolescent Health (N = 11,559), 4 distinct trajectories were identified: no depressed mood, stable low depressed mood, early high declining depressed mood, and late escalating depressed mood. Baseline risk factors associated with greater likelihood of membership in depressed mood trajectory groups compared with the no depressed mood group included being female, Black or African American, Hispanic or Latino American, or Pacific Islander or Asian American; having lower socioeconomic status; using alcohol, tobacco, or other drugs on a weekly basis; and engaging in delinquent behavior. Baseline protective factors associated with greater likelihood of membership in the no depressed mood group compared with the depressed mood trajectory groups included 2-parent family structure; feeling connected to parents, peers, or school; and self-esteem. With the exception of delinquent behavior, risk and protective factors also distinguished the likelihood of membership among several of the 3 depressed mood groups. The results add to basic etiologic research regarding developmental pathways of depressed mood in adolescence and young adulthood.


Background: Little is known about changes in the prevalence of psychiatric disorders between childhood and adolescence, and adolescence and adulthood.

Methods: We reviewed papers reporting prevalence rates of psychiatric disorders separately for childhood, adolescence, and early adulthood. Both longitudinal and cross-sectional papers published in the past 15 years were included.

Results: About one adolescent in five has a psychiatric disorder. From childhood to adolescence there is an increase in rates of depression, panic disorder, agoraphobia, and substance use disorders (SUD), and a decrease in separation anxiety disorder (SAD) and attention-deficit hyperactivity disorder (ADHD). From adolescence to early adulthood there is a further increase in panic disorder, agoraphobia, and SUD, and a further decrease in SAD and ADHD. Other phobias and disruptive behavior disorders also fall.

Conclusions: Further study of changes in rates of disorder across developmental stages could inform etiological research and guide interventions.

The socioeconomic stratification of American society profoundly influences how the life course unfolds by shaping various developmental pathways as well as the connections among these pathways. Drawing on a nationally representative sample of American adolescents, this study charted trajectories of personal control and parental consultation from middle school to the end of high school and then examined how various combinations of these trajectories were associated with math/science course taking in high school across socioeconomic strata. Results indicated that low and/or decreasing levels of personal control were associated with the accumulation of fewer math/science credits, as were declining levels of parental consultation no matter what the initial level. Mismatches between control and consultation trajectories (e.g., high, stable control with low, stable consultation) were also associated with fewer math/science credits. These patterns tended to be less predictive of math/science credit accumulation at the highest and lowest ends of the socioeconomic spectrum.


This paper examines the results of single-equation regression models of the determinants of alcohol consumption patterns among college students modelling a rich variety of covariates including gender, family and peer drinking, tenure, personality, risk perception, time preferences and age of drinking onset. The results demonstrate very weak income effects and very strong effects of personality, peer drinking (in particular closest friend), time preferences and other substance use. The task of future research is to verify these results and assess causality using more detailed methods.


Victims and perpetrators of bullying experience a variety of psychological problems. The aim of the current pilot study was to explore the bullying experiences of Child and Adolescent Mental Health (CAMHS) service-users. The investigation was conducted as a cross-sectional survey at a community-based specialist CAMH service. A modified version of the Revised Olweus Bully/Victim Questionnaire was used to assess bullying experiences. Participants comprised an opportunity sample of 26 adolescent male and female CAMH service-users. Results indicated that 61.5% of participants reported being bullied. Clear links were made between being bullied and the mental health of participants, with 62.5% of bullied participants reporting that being bullied was a “moderately important–very important” reason for their attendance at the CAMH service. Therapists at the CAMH service made appropriate enquiries about young people being victims of bullying, but more enquiries could be made about young peoples’ experiences as perpetrators. Service-users favoured therapist-led bullying interventions such as assertiveness training, therapy and/or psychological coping strategies, and social skills training. These findings underline the need for ecological approaches to dealing with bullying, and suggest that CAMH services could play an important role in establishing and supporting such interventions.


Cyberbullying is a growing and significant problem in the technological societies of today which has significant effects on adolescent victims, such as increased anxiety, depression and suicide ideation. The importance of bystander intervention is recognised as playing a significant role in reducing levels of cyberbullying due to the public nature of some forms of cyberbullying. The current research project examined factors affecting bystander intervention to cyberbullying. Three hypotheses were directly tested: (1) Female bystanders to cyberbullying will be more likely to report or intervene in the cyberbullying than males. (2) Bystanders with higher levels of self-esteem will be more likely to report or intervene in the cyberbullying than bystanders with lower levels of self-esteem and (3) Bystanders with higher levels of altruism will be more likely to report or intervene in the cyberbullying than bystanders with lower levels of altruism. All three hypotheses were accepted. This study focuses on understanding factors affecting bystander intervention, as by increasing reporting levels, cyberbullying levels can ultimately be reduced. School and family support was recognised as playing a role in increasing bystander intervention.


Objective To test whether frequent bullying victimisation in childhood increases the likelihood of self harming in early adolescence, and to identify which bullied children are at highest risk of self harm.
Research on adolescent development commonly highlights social relationships and their influences on individual or group behaviors, particularly those associated with negotiating the developmental transition from dependence to autonomy. Increasingly, elements and influences of the social web or spheres of relationships receive explicit attention, which potentially promote prosocial or problem behaviors and related outcomes. These include adolescent ties to, and interactions with, parents, teachers, neighbors, co-workers, siblings, and peers. These relationships serve as potential sources of influence, both positive and negative, experienced in the socializing contexts or institutions of homes, schools, neighborhoods, workplaces, and social networks. In the past, theoretical and empirical challenges or limitations made problematic the study of multiple social contexts and social processes operating in adolescents’ lives. Recent advances in theory, data, and methods create the potential for studying the complexity of multilevel, multi-context effects. This potential must be realized in order to understand better the socialization influences present in adolescents’ lives that shape developmental trajectories. Similarly, a growing avenue of research on adolescent development attends to the conceptualization and empirical study of various forms of capital, most intensely focused on social capital. This research highlights the potential of different types of resources to affect developmental trajectories and behavioral outcomes, doing so with effects within and across social contexts and stages of development. These studies identify and test theories based on multiple forms of capital, signaling an appreciation of the bundles of different resources that shape opportunity structures and affect adolescent outcomes. In addition, an appreciation of these resources begets a deeper understanding of stratification processes in adolescent lives, including those affected by capital investment decisions of both parents and adolescents. With the increased


attention on social contexts and social capital, however, too little research grapples with the theoretical, analytical, or empirical challenges of both multi-context and multi-capital approaches to studying adolescents. This remains a verdant field for research and carries the potential to provide new understandings of adolescent development or new interpretations of adolescent behaviors and outcomes. In contrast to this more holistic approach, many researchers (i) circumscribe the study of structures, processes, and outcomes to within one or two developmental contexts (Furstenberg 2000), (ii) focus too heavily on parental influences and decision-making to the neglect of adolescent agency (e.g. adolescent social investments), (iii) overlook the potential of a multi-capital perspective for better understanding individual life chances and outcomes, and (iv) struggle to account for peer influences.


In the 32 western countries that participated in the Health Behaviour in School-aged Children (HBSC-2002) survey conducted in schools by means of an anonymous self-administered questionnaire among 45,848 schoolchildren, about 20% of 15-year-olds declared that they had already used cannabis, which is consequently the third most frequently consumed psychoactive substance after alcohol and tobacco. Boys are heavier consumers than girls in every country. France is one of the ten countries with the highest cannabis use rates among 15-year-olds (29.8%). The majority of users surveyed belonged to groups of experimental use (once or twice during the previous year: 7.9% of children) or moderate use (3-39 times: 7.3%); these groups were less frequently represented in Eastern, Northern and Southern Europe, in favour of “discontinuation” (have tried cannabis, but no cannabis use during the previous year). Frequent use is rarer (2.7%). After adjustment for economic level and age, being a boy, smoking tobacco (especially frequently), drinking alcohol (especially frequently) and having been drunk (especially more than twice) significantly and independently increased the probability of having smoked cannabis at least once during the subject’s life. Finally, a correlation was observed between daily tobacco and alcohol consumption, frequent drunkenness and passage from experimental use to more frequent use. Psychoactive substance use is therefore rarely isolated among young people, and certain subgroups appear to be at greater risk and therefore warrant further research and prevention.


To understand the low utilization rates of child and adolescent mental health services, it is necessary to recognize the kinds of professional and institutional stigma that may produce barriers to care. We address the large literature on the stigmatization of mental illness, linkages between such literature and children’s mental health services use, and the kinds of professional and institutional attitudes and practices that communicate shame and low expectations to youth and their families. It will take recognition of such stigmatizing practices—including overcoming resistance to the messages presented herein—to make real progress in the effort to increase utilization of evidence-based practices. Multi-faceted, multi-level, and multi-disciplinary approaches to both research and intervention are recommended.


This study examined concurrent and longitudinal associations among peer victimization, peer status, and self-injurious thoughts and behaviors (i.e., suicidal ideation and nonsuicidal self-injury [NSSI]) over a 2-year period. A community sample of 493 adolescents (51% girls) in Grades 6–8 participated in the study. Participants completed
measures of suicidal ideation and NSSI at three time points. Measures of peer victimization (overt and relational) and peer status (preference-based and reputation-based popularity) were collected by using a standard sociometric procedure. The hypothesized model was examined by using a multiple group (by gender) latent growth curve analysis. Results suggested that high levels of overt victimization were associated with increases in suicidal ideation over time for girls. No effects were revealed for relational victimization in the prediction of concurrent or longitudinal associations with suicidal ideation for boys or girls. With respect to peer status, low levels of preference-based popularity were associated with increases in suicidal ideation over time. Implications for understanding the complex patterns of association among different forms of peer victimization, self-injurious thoughts and behaviors, and peer group status are discussed.


This study examined a developmental, cascade model that includes childhood risks of conduct problems and family adversity at age 10–12; conduct problems, risk taking, and internalizing during adolescence; and adult outcomes of conduct problems, poor health, health risks, depression, and service use at ages 27 and 30. Analyses showed that childhood conduct problems predicted adolescent conduct problems and risk taking, which in turn, predicted adult conduct problems, health risks, depression, and service use. Childhood family adversity predicted adolescent internalizing, a predictor itself of poor health, depression, and service use at age 27. There was considerable continuity in the same adult outcomes measured over a 3-year period, as well as some cross-domain prediction from variables at age 27 to measures at age 30. Developmental patterns found in these data offer implications for future research and prevention.


The development of evidence-based (“collaborative care”) mental health services in primary care for young people with anxiety, depression and alcohol or other substance misuse is a major challenge. Data from two clinical audits of selected Australian general practices (1998–1999 and 2000–2002) were analysed to explore actual experiences of care among people aged 16–25 years. Syndromal (1998–1999: 31.0% [n = 1849/5957]; 2000–2002: 37.8% [n = 148/392]) and subsyndromal (1998–1999: 27.4% [n = 1635/5957]; 2000–2002: 29.1% [114/392]) mental disorders are very common among young people presenting to general practitioners. However, a mental health diagnosis (1998–1999: 42.6% [n = 740/1736]; 2000–2002: 52.0% [n = 77/148]) or provision of formal treatment (1998–1999: 36.1% [n = 600/1661]; 2000–2002: 51.7% [n = 74/143]) occurs in only about half of the patients with syndromal conditions. While some active treatment was received by 19.4% (1998–1999 [n = 1018/5236]) and 35.9% (2000–2002 [n = 133/370]) of the young people, respectively, the most commonly reported interventions were non-pharmacological alone (1998–1999: 13.1% [n = 687/5236]; 2000–2002: 22.4% [n = 83/370]) or non-pharmacological and pharmacological combinations (1998–1999: 4.1% [n = 214/5236]; 2000–2002: 10.3% [n = 38/370]). Only rarely is pharmacological treatment alone provided (1998–1999: 2.2% [n = 117/5236]; 2000–2002: 3.2% [n = 12/370]). New systems of primary care for young people need to be based on proven collaborative care models and encourage presentations for care, increase detection rates, and promote access to information and effective e-health services. Improved access to specific psychological treatments should remain a priority.


Objectives This is a pilot study with the objective of investigating general practitioner (GP) perceptions and experiences in the referral of mentally ill and behaviourally disturbed children and adolescents. Design Quantitative analyses on patient databases were used to ascertain the source of referrals into Child and Adolescent Mental Health Services (CAMHS) and identify the relative contribution from GP practices. Qualitative semistructured interviews were then used to explore challenges faced by GPs in referring to CAMHS. Setting GPs were chosen from the five localities that deliver CAMHS within the local Trust (Peterborough City, Fenland, Huntingdon, Cambridge City and South Cambridgeshire). Participants For the quantitative portion, data involving 19 466 separate referrals were used. Seven GPs took part in the qualitative interviews. Results The likelihood of a referral from GPs being rejected by CAMHS was over three times higher compared to all other referral sources combined within the Cambridge and Peterborough NHS Foundation Trust. Interviews showed
that detecting the signs and symptoms of mental illness in young people is a challenge for GPs. Communication with referral agencies varies and depends on individual relationships. GPs determine whether to refer on a mixture of the presenting conditions and their perceived likelihood of acceptance by CAMHS; the criteria for the latter were poorly understood by the interviewed GPs.

Conclusions There are longstanding structural weaknesses in the services for children and young people in general, reflected in poor multiagency cooperation at the primary care level. GP-friendly guidelines and standards are required that will aid in decision-making and help with understanding the referrals process. We look to managers of both commissioning and providing organisations, as well as future research, to drive forward the development of tools, protocols, and health service structures to help aid the recognition and treatment of mental illness in young people.


Background: School absenteeism is a complex problem that includes risk factors associated with individual traits, socio-economic conditions, family structure, the school and society. The consequences of extensive school absenteeism can be detrimental for the youth.

Method: In this exploratory study we aimed to investigate the relative importance of different risk factors on school absenteeism. We assessed 865 Norwegian high school students testing a model of school absenteeism using Exploratory Structural Equation Modelling (ESEM).

Results: Analysis show that on the individual level most of the measured risk factors were significantly associated with absenteeism. School absenteeism was predicted by externalising behaviour, family work and health, and school environment directly.

Conclusion: The implications of the findings on school absenteeism are that it will be important to focus more on the context and co-occurrence of these problems in order to fully understand them.


This report provides an overview of the status of young adults ages 18 to 24, with particular attention to outcomes associated with the transition to adulthood including citizenship, educational achievement, disconnectedness, employment, and military service, as well as measures of family and household formation. We present national and state-specific estimates from the 2000 Census, including separate estimates at the national level for population subgroups defined by gender, race and Hispanic origin, age, and immigration status.


A new, interdisciplinary paradigm is emerging in developmental psychology. It includes contextual as well as individual variation and is more consonant with the complexity of adolescent behavior and development than traditional research paradigms. Social problems, such as poverty and racial discrimination, and the ways that young people negotiate adolescence successfully, are objects of research. A research program sponsored by the MacArthur Foundation, that embodies the new paradigm, is described.


Underage alcohol use continues to be an ongoing concern in Irish society. Staff at an Irish adolescent drug and alcohol service set out to determine the drinking patterns of clients accessing treatment. Clients aged 14 to 18 were invited to complete a brief questionnaire pertaining to their drinking habits. There were definite trends in the types of alcohol used by clients of the service, with beer and vodka being the preferred alcoholic beverages consumed. As evidence points to the idea that beer drinking in teenage years appears to be correlated to higher rates of alcohol dependence in early adulthood, it is perhaps not surprising that the drink of preference for our client group was lager. Brand loyalty was also evident. Budweiser lager and Smirnoff vodka were the most commonly used alcoholic drinks of our client group. Fifty percent of adolescents accessing treatment reported that they usually drink Budweiser, with 26.5% citing Smirnoff. These are interesting findings in the light of the fact that there are cheaper alternatives available.

When exploring levels of consumption, we saw that clients accessing treatment report high levels of alcohol use. Typical units consumed were 18.5 units by male clients and 17.5 by females. Most of the clients reported obtaining their alcohol in off licences, and frighteningly, despite that fact that respondents are currently attending treatment,
11% of clients informed us that it is their parents who buy the alcohol for them. Findings and future implications for research are discussed.


Background
Children and adolescents who report psychotic symptoms appear to be at increased risk for psychotic disorders in adulthood – a putative 'symptomatic' high-risk group. However, little research has investigated whether those in this high-risk population have increased rates of exposure to traumatic events in childhood, as seen in patients who have a psychotic illness.

Aims
To examine whether adolescents with psychotic symptoms have an increased rate of traumatic experiences.

Method
Psychiatric interviews were carried out with 211 adolescents aged between 12 and 15 years and their parents as part of a population-based study. The interview enquired about a number of early traumatic events including physical and sexual abuse, exposure to domestic violence and bullying.

Results
Fourteen adolescents (6.6% of those interviewed) reported experiencing at least one psychotic symptom. Adolescents who reported psychotic symptoms were significantly more likely to have been physically abused in childhood, to have been exposed to domestic violence and to be identified as a bully/victim (that is, both a perpetrator and victim of bullying) than those who did not report such symptoms. These findings were not confounded by comorbid psychiatric illness or family history of psychiatric history.

Conclusions
Our findings suggest that childhood trauma may increase the risk of psychotic experiences. The characteristics of bully/victims deserve further study.


This experimental study examined the effect of communication about type of screening follow-up (in-person follow-up vs. no in-person follow-up) on adolescents' responses to a self-report suicide risk screen. Participants were 245 adolescents (131 girls, 114 boys; ages 13–17; 80% White, 21.6% Black, 9.8% American Indian, 2.9% Asian) seeking medical emergency services. They were randomized to a screening follow-up condition. Screening measures assessed primary risk factors for suicidal behavior, including suicidal thoughts, depressive symptoms, alcohol use, and aggressive/delinquent behavior. There was no main effect of follow-up condition on adolescents' screening scores; however, significant interactions between follow-up condition and public assistance status were evident. Adolescents whose families received public assistance were less likely to report aggressive-delinquent behavior if assigned to in-person follow-up. Adolescents whose families did not receive public assistance reported significantly higher levels of suicidal ideation if assigned to in-person follow-up. Findings suggest that response biases impact some adolescents' responses to suicide risk screenings. Because national policy strongly recommends suicide risk screening in emergency settings, and because screening scores are used to make critical decisions regarding risk management and treatment recommendations, findings indicate the importance of improving the reliability and validity of suicide risk screening for adolescents.


This article reviews the empirical literature concerning social and interpersonal variables as risk factors for adolescent suicidality (suicidal ideation, suicidal behavior, death by suicide). It also describes major social constructs in theories of suicide and the extent to which studies support their importance to adolescent suicidality. PsychINFO and PubMed searches were conducted for empirical studies focused on family and friend support, social isolation, peer victimization, physical/sexual abuse, or emotional neglect as these relate to adolescent suicidality. Empirical findings converge in documenting the importance of multiple social and interpersonal factors to adolescent suicidality. Research support for the social constructs in several major theories of suicide is summarized and research challenges are discussed.
This study examined the concurrent validity and utility of an ED-based screening protocol for elevated risk of suicidal behavior and suicide among adolescents. Evidence-based psychosocial treatments for adolescent alcohol abuse19 and depression20–24 exist, and the newer antidepressants have demonstrated some benefit for adolescents.25 However, as noted above, many adolescents at elevated risk for suicide have never obtained any mental health services. The study aims to take a first step in addressing this problem by closely examining a screening protocol designed to identify adolescent males and females at elevated risk. Previous projects have demonstrated the feasibility of adolescent depression screening26,27 and suicide risk screening for youths with psychiatric complaints28 in pediatric emergency settings. In addition, the key issues relevant to screening for suicide risk in pediatric emergency settings were recently reviewed.29 This study builds upon these contributions by screening adolescents who present with psychiatric and nonpsychiatric complaints and by taking into account the heterogeneity that characterizes suicidal adolescents. In this study, we examine two sets of screen criteria, defining a positive screen as either 1) severe suicide ideation or recent attempt or 2) co-occurring depression and alcohol abuse. To our knowledge, this is the first adolescent suicide risk screening study implemented in the ED with adolescents who present for nonpsychiatric complaints.


This paper is set within the context of a growing interest in the gendered nature of rurality and of rural life, and in particular in the context of an emerging literature on rural masculinities. It focuses on rural men and in particular on the phenomenon of rising male rural suicide rates. The paper reviews existing research in order to ascertain the validity of popular claims of high and rising suicide rates among young men in rural Ireland, and explores possible explanations for this phenomenon. It draws on medical and psychological literature but sets this material in a wider geographical context, focusing on processes of contemporary rural restructuring and the oft-cited masculinity crisis. The paper concludes that in order to understand the processes behind rising male suicide rates, we need to understand the struggles for power and identity that are going on in places, and the movements of people in and out of places. Therefore geography and gender studies can contribute to a greater understanding of the phenomenon, suggesting that this is an area that merits further interdisciplinary research.


OBJECTIVE: This study examined rates of contact with primary care and mental health care professionals by individuals before they died by suicide. METHOD: The authors reviewed 40 studies for which there was information available on rates of health care contact and examined age and gender differences among the subjects. RESULTS: Contact with primary care providers in the time leading up to suicide is common. While three of four suicide victims had contact with primary care providers within the year of suicide, approximately one-third of the suicide victims had contact with mental health services. About one in five suicide victims had contact with mental health services within a month before their suicide. On average, 45% of suicide victims had contact with primary care providers within 1 month of suicide. Older adults had higher rates of contact with primary care providers within 1 month of suicide than younger adults. CONCLUSIONS: While it is not known to what degree contact with mental health care and primary care providers can prevent suicide, the majority of individuals who die by suicide do make contact with primary care providers, particularly older adults. Given that this pattern is consistent with overall health-service-seeking, alternate approaches to suicide-prevention efforts may be needed for those less likely to be seen in primary care or mental health specialty care, specifically young men.


Suicide rates in young Irish males have risen markedly in the past 10 years, and suicide is now the leading cause of death in young men in the 15–24-year-old age range.

This is the first large-scale study in Ireland that set out to identify young people at risk of psychiatric disorders, including depressive disorders, and suicidal ideation. Seven hundred and twenty three school-going adolescents aged 12–15 years were screened using the Children's Depression Inventory and the Strengths and Difficulties Questionnaire. 19.4% were identified as being ‘at risk’ of having a mental health disorder. Of this ‘at risk’ group, 12.1% expressed possible suicidal intent and 45.7% expressed suicidal ideation. Of the 583 adolescents identified as being ‘not at risk’, 13% expressed suicidal ideation while none expressed suicidal intent. Being ‘at risk’ was not related to gender or to socio-economic status. Those living with two parents were significantly more likely to be in
the ‘not at risk’ group. Girls attending co-educational schools were twice as likely to be in ‘at risk’ group compared with those attending all girls schools, while school type was not a risk factor for boys. This study shows that, as in other western countries, there are large numbers of young Irish people at risk of mental health disorders and suicidal ideation in the community, and raises the question of the importance of mental health promotion in our education system.


Purpose: Against a background of a lack of systematic epidemiological research in Ireland in the area, this study set out to determine prevalence rates of psychiatric disorders, suicidal ideation and intent, and parasuicide in a population of Irish adolescents aged 12–15 years in a defined geographical area.

Method: All 12–15-year-olds attending eight secondary schools were eligible for inclusion. A two-stage procedure was used involving a screening and an interview phase. Those scoring in the clinical range on the screening measures were interviewed, along with a comparison group matched for gender, school and school year.

Results: 19.4% of the 723 screened were identified as being ‘at risk’. This ‘at risk’ group was interviewed along with a comparison sample. 15.6% of the total study population met the criteria for a current psychiatric disorder, including 4.5% with an affective disorder, 3.7% with an anxiety disorder and 3.7% with ADHD. Significant past suicidal ideation was experienced by 1.9%, and 1.5% had a history of parasuicide. Binge drinking was associated with both affective and behaviour disorders.

Conclusions: Rates of psychiatric disorders and suicidal behaviours are similar in young Irish adolescents to those in other Western cultures. Mental health promotion should be given priority in schools.


**Background:** Deliberate self-harm among young people is an important focus of policy and practice internationally. Nonetheless, there is little reliable comparative international information on its extent or characteristics. We have conducted a seven-country comparative community study of deliberate self-harm among young people.

**Method:** Over 30,000 mainly 15- and 16-year-olds completed anonymous questionnaires at school in Australia, Belgium, England, Hungary, Ireland, the Netherlands and Norway. Study criteria were developed to identify episodes of self-harm; the prevalence of self-harm acts and thoughts, methods used, repetition, reasons given, premeditation, setting for the act, associations with alcohol and drugs, hospitalisation, and whether other people knew, were examined.

**Results:** Self-harm was more than twice as common among females as males and, in four of the seven countries, at least one in ten females had harmed herself in the previous year. Additional young people had thought of harming themselves without doing so. More males and females in all countries except Hungary cut themselves than used any other method, most acts took place at home, and alcohol and illegal drugs were not usually involved. The most common reasons given were ‘to get relief from a terrible state of mind’ followed by ‘to die’, although there were differences between those cutting themselves and those taking overdoses. About half the young people decided to harm themselves in the hour before doing so, and many did not attend hospital or tell anyone else. Just over half those who had harmed themselves during the previous year reported more than one episode over their lifetime.

**Conclusions:** Deliberate self-harm is a widespread yet often hidden problem in adolescents, especially females, which shows both similarities and differences internationally.


There is evidence to suggest that both psychological characteristics and stressful life events are contributory factors in deliberate self-harm among young people. These links, and the possibility of a dose–response relationship between self-harm and both psychological health and life events, were investigated in the context of a seven-country school-based study. Over 30,000, mainly 15 and 16 year olds, completed anonymous questionnaires at secondary schools in Belgium, England, Hungary, Ireland, the Netherlands, Norway and Australia. Pupils were asked to report on thoughts and episodes of self-harm, complete scales on depression and anxiety symptoms, impulsivity and self-esteem and indicate stressful events in their lives. Level and frequency of self-harm was judged according to whether they had thought about harming themselves or reported single or multiple self-harm episodes. Multinomial logistic regression assessed the extent to which psychological characteristics and stressful life events distinguished
between adolescents with different self-harm histories. Increased severity of self-harm history was associated with greater depression, anxiety and impulsivity and lower self-esteem and an increased prevalence of all ten life event categories. Female gender, higher impulsivity and experiencing the suicide or self-harm of others, physical or sexual abuse and worries about sexual orientation independently differentiated single-episode self-harmers from adolescents with self-harm thoughts only. Female gender, higher depression, lower self-esteem, experiencing the suicide or self-harm of others, and trouble with the police independently distinguished multiple- from single-episode self-harmers. The findings reinforce the importance of psychological characteristics and stressful life events in adolescent self-harm but nonetheless suggest that some factors are more likely than others to be implicated.


The prevalence of mental disorders (DSM-III-R Axes I and II) among adolescent suicide victims (n = 53) was investigated in a nationwide psychological autopsy study in Finland. The data were collected comprehensively through interviews of the victims' relatives and attending health care personnel and from official records. Following independent assessment by two psychiatrists, the DSM-III-R diagnoses were assigned in consensus meetings. A large majority of the victims (94%) suffered from a mental disorder. The most prevalent disorders were depressive disorders (51%) and alcohol abuse or dependence (26%). The prevalence of adjustment disorders (21%) was higher than in most studies from other countries. Personality disorder was diagnosed in 32% of the cases. Comorbidity was found in 51% of the victims. The results indicate a strong relatedness between adolescent suicide and the presence of depression, antisocial behavior, and alcohol abuse.


Adolescents are medically, developmentally and psychologically distinct from children and adults. Although we all have patients in this age group who are communicative, adherent and capable, many of us have been faced with young people who are difficult to work with, for a variety of reasons. The aim of this article is to consider which young people are most challenging to rheumatology professionals, why they appear challenging and to offer some practical solutions to addressing such behaviours in clinical rheumatology practice.


The purpose of this research was to examine the extent to which social support and wider community perceptions/engagements among adolescents are connected with well-being. We compared adolescents in two different societal contexts, Florida in the United States and County Offaly, in Ireland, and posed the questions: What are the key predictors of subjective well-being from the various sources of support, and to what extent does the impact of social support on well-being vary across these two societies? Questionnaires were completed and returned for 607 respondents (322 in the Irish study and 285 in the Florida study). A variety of scales were adopted and designed to operationalize our key concepts of: Adolescent well-being, social support, school satisfaction, neighbourhood quality of life and community/voluntary participation. Our results indicate that informal social support and school satisfaction were the strongest predictors of youth well-being in both locations, despite some differences in terms of individual influencing variables. From informal sources, emotional support from friends and advice/concrete/esteem support from parents emerged as important predictive dimensions. Liking school, perceptions of doing well in school were the main predictors of school satisfaction in Ireland while, in Florida, student camaraderie and the experience of bullying emerged as significant.


Some features of contemporary Irish life, such as the fast pace of (sub)urbanisation and the proliferation of scattered housing in the countryside (e.g. Corcoran, 2005; Peillon, 2005; Crowley, 2006) suggest that the socio-spatial context of children's and adolescents' lives in Ireland is changing considerably. The quest for a decent quality of life in modern times has altered the shape and significance of place in people's lives, as families weigh up the implications of ever increasing house prices, child care costs, commuting times and general changes in work patterns. As community and family life alters significantly, the implications
are far-reaching for the way children and adolescents experience social interactions and relationships they can encounter, particularly with friends, within and beyond those places.


In this paper, we report findings from a national survey of 8,316 Irish young people in 2002, which reveals the ways in which socio-spatial context impacts on young people's perceptions of the places in which they live and their views about the nature of certain 'social capital' aspects of their local communities, such as safety, friendliness, potential support from others, opportunities for recreation, and physical environment. It is clear from the evidence presented that perceptions of place are coloured by key contexts such as age, gender and social background. Our evidence also points to the striking significance that socio-spatial location implies for young people's perceptions of their communities. Differences are apparent between rural and urban young people, particularly the strength of positive perceptions among rural youth, while simultaneously reflecting the influence of gender, age and occupational status of parents. Within the rural environment, farm young people also show distinct patterns in the kinds of perceptions they are likely to hold. Our findings raise several conceptual considerations and implications for further inquiry.


Prior research on the association of mental health and behavior problems with academic achievement is limited because it does not consider multiple problems simultaneously, take co-occurring problems into account, and control for academic aptitude. We addressed these limitations using data from the National Longitudinal Study of Adolescent Health (N = 6,315). We estimated the associations of depression, attention problems, delinquency, and substance use with two indicators of academic achievement (high school GPA and highest degree received) with controls for academic aptitude. Attention problems, delinquency, and substance use were significantly associated with diminished achievement, but depression was not. Combinations of problems involving substance use were especially consequential. Our results demonstrate that the social consequences of mental health problems are not the inevitable result of diminished functional ability but, rather, reflect negative social responses. These results also encourage a broader perspective on mental health by demonstrating that behavior problems heighten the negative consequences of more traditional forms of distress.


Background Deliberate self-harm (DSH) is a major public health problem, with young people most at risk. Lifetime prevalence of DSH in Irish adolescents is between 8% and 12%, and it is three times more prevalent among girls than boys. The aim of the study was to identify the psychological, life-style and life event factors associated with self-harm in Irish adolescents.

Method A cross-sectional study was conducted, with 3881 adolescents in 39 schools completing an anonymous questionnaire as part of the Child and Adolescent Self-harm in Europe (CASE) study. There was an equal gender balance and 53.1% of students were 16 years old. Information was obtained on history of self-harm, life events, and demographic, psychological and life-style factors.

Results Based on multivariate analyses, important factors associated with DSH among both genders were drug use and knowing a friend who had engaged in self-harm. Among girls, poor self-esteem, forced sexual activity, self-harm of a family member, fights with parents and problems with friendships also remained in the final model. For boys, experiencing bullying, problems with schoolwork, impulsivity and anxiety remained.

Conclusions Distinct profiles of boys and girls who engage in self-harm were identified. Associations between DSH and some life-style and life event factors suggest that mental health factors are not the sole indicators of risk of self-harm. The importance of school-related risk factors underlines the need to develop gender-specific initiatives in schools to reduce the prevalence of self-harm.


Background: Deliberate self-harm (DSH) is common among adolescents in Ireland and internationally. Psychological factors, negative life events and lifestyle factors have been found to be associated with self-harm in this group. However, large scale population-based studies of adolescent self-harm and its correlates have been lacking, and internationally a standardised methodology was needed to facilitate comparative studies. The focus on vulnerability which has been prevalent in this field has meant that research has failed to examine resilient adaptation among at-risk adolescents. Method: Data were obtained from a cross-sectional school-based study conducted in Ireland and in each of the six other centres which participated in the Child and Adolescent Self-harm in Europe.

Objective
EPICA is the first large-scale Irish study of a school-going population examining the impact of media influences on eating attitudes.

Method
Students were screened using the EAT-26, EDI-III and a study-specific questionnaire. A sub-sample of parents' views was included.

Results
Three thousand and thirty-one students (mean age 14.74) and 56 parents enrolled. The majority (71.4%) of adolescents felt adversely affected by media portrayal of body weight and shape, with more than a quarter (25.6%) believing it to be 'far too thin'. A significant correlation between media impact and high EAT scores ($\chi^2 = 450.78$, df = 2, $p < 0.05$) and EDI-III scores ($\chi^2 = 387.51$, df = 4, $p < 0.05$) was demonstrated. Parents also view media portrayal as too thin (94.7%), less than half are adversely affected by it (49.2%) but the majority (71.9%) believe their children to be.

Conclusion
Media portrayal of body weight and shape is correlated with eating psychopathology and may affect adolescents more than adults. School psycho-educational programmes and media policies are urgently needed to minimise any detrimental effect. Copyright © 2009 John Wiley & Sons, Ltd and Eating Disorders Association.


We conducted an analysis of data from the 2002 Irish Health Behaviour in School-Aged Children Study (HBSC); a cross-sectional survey of 8,424 Irish schoolchildren aged 10-18. 36.0% and 63.4% of the students reported lack of emotional and physical symptoms respectively, 56.1% reported high life satisfaction, 46.9% scored highly on positive life index and 44.2% reported that they are very happy with their life. Parent, sibling and friend relationships were independent predictors of positive health, with higher odds ratios for parents than those for siblings or friends. A greater number of supportive relationships was strongly associated with positive health. Gender and age variations are also reported. The data suggest that there are gains to be made in terms of adolescent health from assisting adolescents to build and maintain their interpersonal relationships, and independently to support parents in their relationships with their children.

Background
Deliberate self-harm is a major public health problem, in particular among young people. Although several studies have addressed the prevalence of deliberate self-harm among young people in the community, little is known about the extent to which deliberate self-harm comes to the attention of medical services, the self-harm methods used and the underlying motives. The aim of this study was to determine the prevalence of deliberate self-harm in adolescents and the methods, motives and help seeking behaviour associated with this behaviour.

Methods
A cross-sectional survey using an anonymous self-report questionnaire was administered in 39 schools in the Southern area of the Health Service Executive, Ireland. Of the 4,583 adolescents aged 15–17 years who were invited to participate in the survey, 3,881 adolescents took part (response: 85%).

Results
A lifetime history of DSH was reported by 9.1% (n = 333) of the adolescents. DSH was more common among females (13.9%) than males (4.3%). Self-cutting (66.0%) and overdose (35.2%) were the most common DSH methods. A minority of participants accessed medical services after engaging in DSH (15.3%).

Conclusion
DSH is a significant problem in Irish adolescents and the vast majority do not come to the attention of health services. Innovative solutions for prevention and intervention are required to tackle DSH in adolescents.


Background: The behaviours of non-suicidal self-injury (NSSI) and deliberate self-harm (DSH) are prevalent among adolescents, and an increase of rates in recent years has been postulated. There is a lack of studies to support this postulation, and comparing prevalence across studies and nations is complicated due to substantial differences in the methodology and nomenclature of existing research.

Methods: We conducted a systematic review of current (2005 - 2011) empirical studies reporting on the prevalence of NSSI and DSH in adolescent samples across the globe.

Results: Fifty-two studies fulfilling the inclusion criteria were obtained for analysis. No statistically significant differences were found between NSSI (18.0% SD = 7.3) and DSH (16.1% SD = 11.6) studies. Assessment using single item questions led to lower prevalence rates than assessment with specific behaviour checklists. Mean prevalence rates have not increased in the past five years, suggesting stabilization.

Conclusion: NSSI and DSH have a comparable prevalence in studies with adolescents from different countries. The field would benefit from adopting a common approach to assessment to aid cross-cultural study and comparisons.


A connection between preferences for heavy metal, rap, reggae, electronic dance music, and substance use has previously been established. However, evidence as to the gender-specific links between substance use and a wider range of music genres in a nationally representative sample of adolescents has to date been missing. In 2003, the Dutch government funded the Dutch National School Survey on Substance Use (DNSSSU), a self-report questionnaire among a representative school-based sample of 7,324 adolescents aged 12 to 16 years, assessed music preference, tobacco, and alcohol use and a set of relevant covariates related to both substance use and music preference. Overall, when all other factors were controlled, punk/hardcore, techno/hardhouse, and reggae were associated with more substance use, while pop and classical music marked less substance use. While prior research showed that liking heavy metal and rap predicts substance use, in this study a preference for rap/hip-hop only indicated elevated smoking among girls, whereas heavy metal was associated with less smoking among boys and less drinking among girls. The types of music that mark increased substance use may vary historically and cross-culturally, but, in general, preferences for nonmainstream music are associated positively with substance use, and preferences for mainstream pop and types of music preferred by adults (classical music) mark less substance use among adolescents. As this is a correlational study no valid conclusions in the direction of causation of the music–substance use link can be drawn.

Murphy, D. and H. Jenkinson (2012). The Mutual Benefits of Listening to Young People in Care, with a Particular Focus on Grief and Loss: An Irish Foster Carer's Perspective.
This article explores the mutual benefits for social workers and young people of active listening within a collaborative partnership incorporating foster carers, allowing the possibility to create a virtuous circle. The benefits for young people of increased self-esteem, positive identity and resilience among others are explored. The benefits for social workers include creating an effective, accountable, holistic and better-informed practice, leading to an increase in overall job satisfaction. One of the authors has drawn on her personal experience as a foster carer, with a particular focus on loss and grief as experienced by young people within the care system and foster families themselves. An argument is presented outlining the need for an expert knowledge of grief and loss and attachment theories on the part of social workers working with young people, along with excellent communication and engagement skills to facilitate an understanding of life as experienced by a young person in care. All too often, care plans are created “for” young people, or delivered “to” young people, by well-intentioned but under-resourced social-work departments; the author argues for care plans to be created and implemented “with” young people, thereby maximising positive outcomes. Listening, advocating and befriending do not require huge additional resources, but are dependent on all professionals actively engaging with young people, on their level and at their pace.


Background
Cigarette smoking has been shown to act as a ‘gateway’ to cannabis use and further risk taking behaviours. This study aims to (1) establish the prevalence of cigarette smoking and cannabis use in Irish teenagers, (2) to quantify the strength and significance of the association of cigarette smoking and cannabis use and other high risk behaviours and (3) examine whether the above associations are independent of the extent of social networking.

Methods
Adolescent students across five urban, non-fee paying schools completed an abridged European schools survey project on alcohol and other drugs (ESPAD) questionnaire.

Results
370/417 (88.7%) students completed the questionnaire. 228 (61.6%) were female, 349 (94.3%) were aged 15 –16 years. 48.4% of those surveyed had smoked tobacco at some stage in their lifetime, 18.1% in the last 30 days. 15.1% have used cannabis with 5.7% using it in the last 30 days. 29.6% of cigarette smokers have used cannabis in comparison to 1.6% of non-smokers. On multivariate analysis lifetime cigarette smoking status was independently associated with hard drug use, adjusted OR = 6.0, p < 0.01; soft drug use, adjusted OR = 4.6, p < 0.01 and high risk sex practises, adjusted OR = 10.6, p < 0.05.

Conclusions
Cigarette smoking prevalence remains high in Irish teenagers and is significantly associated with drug use and other risk taking behaviours. Specific teenage smoking cessation strategies need to be developed targeting these combined high risk health behaviours.


Purpose – The shared language of youth includes understandings of concepts that can be different from those of adults. Researchers, in their efforts to explore and illuminate the health behaviours and decision-making processes of young people, use generic terms in their data collecting protocols. This study aims to explore what adolescents understand by the words “healthy” and “happy”.

Design/methodology/approach – Semi-structured interviews were conducted in three post-primary schools with 31 students aged 12 and 13 years. Drawing on a grounded theory approach, interviews were transcribed and subjected to thematic content analysis.

Findings – The students provided a description and explanation of what health and happiness meant to them and how they intended to maintain both as they grew older. Perceptions of these two concepts were found to contain gendered nuances. This was clear in relation to descriptions of how friends were part of well-being; the girls were more likely to talk about feeling restricted and resentment at being treated like children and only the boys talked of looking forward to things.

Originality/value – In order to gain an understanding of young people's perspectives about what matters and what influences their health behaviour, a clearer view of the different perspectives held by researcher and researched needs to be established so that more accurate conclusions can be drawn from data generated by young people.

AIM: To examine the prevalence and nature of critical incident reports at a generic child and adolescent mental health service. METHODOLOGY: This is a retrospective survey of all critical incident reports completed at a community-based child and adolescent mental health service between 2008 and 2011. Information was obtained about the nature of incidents and actions taken. RESULTS: In a three-year period, only eighteen incident report forms were completed. Staff were most frequently the victims of the incidents (50%, n = 9), followed by clients (38.8%, n = 7) and parents of clients (11.1%, n = 2). Falls were the most common incident reports (44.4%, n = 8). Two incidents were related to physical aggression and threatening behaviour by clients. CONCLUSION: Critical incident reporting was found to be uncommon overall. Most of the recorded incidents involved staff members and were of minor significance. Specific training for staff regarding incident reporting should be provided to ensure an acceptable standard of investigation is consistently carried out for all significant incidents.


Mood disorders are a leading cause of the burden of disease in youth. Three critical lessons emerge from the reviews in this issue that are relevant to our understanding of these common mental disorders: first, that the brain is in a highly dynamic stage of its development during youth; second, that environmental factors interact with genetic factors to influence the probability of risk behaviors and dysphoric states; and third, that shared developmental and genetic factors may account for the bulk of emotional and behavioral outcomes in youth, and that environmental influences may affect the specific expression of the phenotypes associated with these pathways. Although this evidence does not immediately indicate the potential for new interventions, it is consistent with current policy and practice recommendations. Interventions should focus on both improving the early detection and management of depressive disorders as well as preventive strategies that aim to train children and youth to improve cognitive control and manage stress more effectively. Limiting access to harmful risk-taking situations and providing opportunities to engage are less harmful, but equally exciting, alternatives in a pragmatic universal prevention policy option. Key research priorities and paradigms emerge from this evidence, particularly in the context of the grand challenges in global mental health.


All too often young people are excluded in practice from the general policy and professional consensus that partnership and participation should underpin work with children, young people and their families. If working with troubled and troublesome young people is to be based on family support, it will require not only the clear statement of that policy but also demonstration that it can be applied in practice. Achieving that involves setting out a plausible theory of change that can be rigorously evaluated. This paper suggests a conceptual model that draws on social support theory to harness the ideas of social capital and resilience in a way that can link formal family support interventions to adolescent coping. Research with young people attending three community-based projects for marginalized youth is used to illustrate how validated tools can be used to measure and document the detail of support, resilience, social capital and coping in young people’s lives. It is also suggested that there is sufficient fit between the findings emerging from the study and the model to justify the model being more rigorously tested.


Crime, smoking, drug use, alcoholism, reckless driving, and many other unhealthy patterns of behavior that play out over a lifetime often debut during adolescence. Avoiding risks or buying time can set a different lifetime pattern. Changing unhealthy behaviors in adolescence would have a broad impact on society, reducing the burdens of disease, injury, human suffering, and associated economic costs. Any program designed to prevent or change such risky behaviors should be founded on a clear idea of what is normative (what behaviors, ideally, should the program foster?), descriptive (how are adolescents making decisions in the absence of the program?), and prescriptive (which practices can realistically move adolescent decisions closer to the normative ideal?). Normatively, decision processes should be evaluated for coherence (is the thinking process nonsensical, illogical, or self-contradictory?) and correspondence (are the outcomes of the decisions positive?). Behaviors that promote positive physical and mental health outcomes in modern society can be at odds with those selected for by evolution (e.g., early procreation). Healthy behaviors may also conflict with a decision maker’s goals. Adolescents’ goals are more likely
to maximize immediate pleasure, and strict decision analysis implies that many kinds of unhealthy behavior, such as drinking and drug use, could be deemed rational. However, based on data showing developmental changes in goals, it is important for policy to promote positive long-term outcomes rather than adolescents’ short-term goals. Developmental data also suggest that greater risk aversion is generally adaptive, and that decision processes that support this aversion are more advanced than those that support risk taking. A key question is whether adolescents are developmentally competent to make decisions about risks. In principle, barring temptations with high rewards and individual differences that reduce self-control (i.e., under ideal conditions), adolescents are capable of rational decision making to achieve their goals. In practice, much depends on the particular situation in which a decision is made. In the heat of passion, in the presence of peers, on the spur of the moment, in unfamiliar situations, when trading off risks and benefits favors bad long-term outcomes, and when behavioral inhibition is required for good outcomes, adolescents are likely to reason more poorly than adults do. Brain maturation in adolescence is incomplete. Impulsivity, sensation seeking, thrill seeking, depression, and other individual differences also contribute to risk taking that resists standard risk-reduction interventions, although some conditions such as depression can be effectively treated with other approaches. Major explanatory models of risky decision making can be roughly divided into (a) those, including health-belief models and the theory of planned behavior, that adhere to a ‘‘rational’’ behavioral decision-making framework that stresses deliberate, quantitative trading off of risks and benefits; and (b) those that emphasize nondeliberative reaction to the perceived gists or prototypes in the immediate decision environment. (A gist is a fuzzy mental representation of the general meaning of information or experience; a prototype is a mental representation of a standard or typical example of a category.) Although perceived risks and especially benefits predict behavioral intentions and risk-taking behavior, behavioral willingness is an even better predictor of susceptibility to risk taking—and has unique explanatory power—because adolescents are willing to do riskier things than they expect to do. Dual-process models, such as the prototype/willingness model and fuzzy-trace theory, identify two divergent paths to risk taking: a reasoned and a reactive route. Such models explain apparent contradictions in the literature, including different causes of risk taking for different individuals. Interventions to reduce risk taking must take into account the different causes of such behavior if they are to be effective. Longitudinal and experimental research are needed to disentangle opposing causal processes—particularly, those that produce positive versus negative relations between risk perceptions and behaviors. Counterintuitive findings that must be accommodated by any adequate theory of risk taking include the following: (a) Despite conventional wisdom, adolescents do not perceive themselves to be invulnerable, and perceived vulnerability declines with increasing age; (b) although the object of many interventions is to enhance the accuracy of risk perceptions, adolescents typically overestimate important risks, such as HIV and lung cancer; (c) despite increasing competence in reasoning, some biases in judgment and decision making grow with age, producing more ‘‘irrational’’ violations of coherence among adults than among adolescents and younger children. The latter occurs because of a known developmental increase in gist processing with age. One implication of these findings is that traditional interventions stressing accurate risk perceptions are apt to be ineffective or backfire because young people already feel vulnerable and overestimate their risk. In addition, research shows that experience in the absence of negative consequences may increase feelings of invulnerability and thus explain the decrease in risk perceptions from early to late adolescence, as exploration increases. Finally, novel interventions that discourage deliberate weighing of risks and benefits by adolescents may ultimately prove more effective and enduring. Mature adults apparently resist taking risks not out of any conscious deliberation or choice, but because they intuitively grasp the gists of risky situations, retrieve appropriate risk-avoidant values, and never proceed down the slippery slope of actually contemplating tradeoffs between risks and benefits.

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This paper summarises an ambitious research agenda aiming to uncover the factors that affect help-seeking among young people for mental health problems. The research set out to consider why young people, and particularly young males, do not seek help when they are in psychological distress or suicidal; how professional services can be made more accessible and attractive to young people; the factors that inhibit and facilitate help-seeking; and how community gatekeepers can support young people to access services to help with personal and emotional problems. A range of studies was undertaken in New South Wales, Queensland and the ACT, using both qualitative and quantitative approaches. Data from a total of 2721 young people aged 14-24 years were gathered, as well as information from some of the community gatekeepers to young people’s mental health care. Help-seeking was measured in all the studies using the General Help Seeking Questionnaire (Wilson, Deane, Ciarrochi & Rickwood, 2005), which measures future help-seeking intentions and, through supplementary questions, can also assess prior help-seeking experience. Many of the studies also measured recent help-seeking behaviour using the Actual Help Seeking Questionnaire. The types of mental health problems examined varied across the studies and included depressive symptoms, personal-emotional problems, and suicidal thoughts. The help-seeking process was conceptualised using a framework developed during the research program. This framework maintains that help-seeking is a process of translating the very personal domain of psychological distress to the interpersonal domain of seeking help. Factors that were expected to facilitate or inhibit this translation process were investigated. These included factors that determine awareness of the personal domain of psychological distress and that affect the ability to articulate or
express this personal domain to others, as well as willingness to disclose mental health issues to other people. The results are reported in terms of: patterns of help-seeking across adolescence and young adulthood; the relationship of help-seeking intentions to behaviour; barriers to seeking help—lack of emotional competence, the help-negation effect related to suicidal thoughts, negative attitudes and beliefs about help-seeking and fear of stigma; and facilitators of seeking help—emotional competence, positive past experience, mental health literacy, and supportive social influences. The paper considers the implications of the findings for the development of interventions to encourage young people to seek help for their mental health problems, and concludes by identifying gaps in the help-seeking research and literature and suggesting future directions.


**Background:** Behavioral factors such as (excessive) alcohol consumption play a major role in the explanation of social inequalities in health. The unequal distribution of health risk behaviors among socioeconomic groups has important consequences for both the current and future health status of the younger generation. However, little is known about socio-economic differences in unhealthy lifestyles during adolescence. The purpose of the present study is to investigate socio-economic differences in adolescent drinking behaviour among 11–15 year old adolescents in Europe and North America.

**Methods:** Data was obtained from the Health Behaviour in School-aged Children (HBSC) study 2001/02, a cross-national survey conducted in collaboration with the World Health Organization. The present analysis is based on 69249 male and 73619 female students from 28 countries. The effect of parental occupation and family affluence on episodes of drunkenness was assessed using separate logistic regression models controlling for age.

**Results:** Socio-economic circumstances of the family had only a limited effect on repeated drunkenness in adolescence. For girls only in one out of 28 countries a significant association between family affluence and repeated drunkenness was observed, while boys from low and/or medium affluent families in nine countries faced a lower risk of drunkenness than boys from more affluent families. Regarding parental occupation, significant differences in episodes of drunkenness were found in nine countries for boys and in six countries for girls. Compared to family affluence, which was positively related to risk of drunkenness, a decreasing occupational status predicted an increasing risk of drunkenness. This pattern was identified within a number of countries, most noticeably for boys.

**Conclusion:** Parental socio-economic status is only of limited importance for episodes of drunkenness in early adolescence, and this very limited role seems to apply for girls more than for boys and for parental occupation more than family affluence. For future studies it might be important to look at the effects of socio-economic status within the context of other peer, family and school related factors in order to assess to what extent those factors might mediate the effects of social class background.


Depression, suicidal ideation and self-harm are common in adolescents; however, such difficulties often remain undetected. The aim of this study is to combine a school-based depression education program with a case-detection system in order to improve the recognition of depression; increase help-seeking; reduce stigma; and identify people at risk. The study employed a pre-test, post-test design with a wait-list control group. Participants were 343 14- to 16-year-old boys attending an Australian secondary school. The intervention comprised a one-off, 2-h workshop. Participants were assessed via questionnaire at three time points; the case-detection tool was embedded in the questionnaire. Participation led to an increased likelihood of seeking help; an increased likelihood of rating a relevant professional as helpful and improved attitudes. The screening led to the detection of 20 at-risk students. The program led to short-term improvements in mental health literacy and to the identification of several at-risk students.


Australia’s National Suicide Prevention Strategy (NSPS) is about to move into a new funding phase. In this context this paper considers the emphasis of the NSPS since its inception in 1999. Certain high-risk groups (particularly people with mental illness and people who have selfharmed) have been relatively neglected, and some promising approaches (particularly selective and indicated interventions) have been under-emphasised. This balance should be redressed and the opportunity should be taken to build the evidence-base regarding suicide prevention. Such steps have the potential to maximise the impact of suicide prevention activities in Australia.

Individual differences in impulsivity underlie a good deal of the risk taking that is observed during adolescence, and some of the most hazardous forms of this behavior are linked to impulsivity traits that are evident early in development. However, early interventions appear able to reduce the severity and impact of these traits by increasing control over behavior and persistence toward valued goals, such as educational achievement. One form of impulsivity, sensation seeking, rises dramatically during adolescence and increases risks to healthy development. However, a review of the evidence for the hypothesis that limitations in brain development during adolescence restrict the ability to control impulsivity suggests that any such limitations are subtle at best. Instead, it is argued that lack of experience with novel adult behavior poses a much greater risk to adolescents than structural deficits in brain maturation. Continued translational research will help to identify strategies that protect youth as they transition to adulthood.


The present study examines reasons for adolescent deliberate self-harm. A cross-sectional survey using an anonymous self-report questionnaire was carried out in seven countries (Australia, Belgium, England, Hungary, Ireland, the Netherlands and Norway). Data on 30,477 school pupils between the ages of 14–17 were analysed. Past year and lifetime deliberate self-harm were assessed, along with the self-reported reasons for deliberate self-harm. The results showed that ‘wanted to get relief from a terrible state of mind’ and ‘wanted to die’ were most commonly reported. Principal component analysis indicated two underlying dimensions in the reasons for deliberate self-harm, i.e. a cry of pain motive and/or a cry for help motive. The majority of self-harmers reported at least one cry of pain motive (‘to die’, ‘to punish myself’, and ‘to get relief from a terrible state of mind’) and an additional cry for help motive (‘to show how desperate I was feeling’, to frighten someone’, ‘to get my own back on someone’, ‘to find out whether someone really loved me’, and ‘to get some attention’). Females reported more reasons than males. Only females showed an age difference, with girls aged 16–17 more frequently reporting a cry for help motive. There was considerable consistency in choice of motives across countries and genders. Systematic assessment of the reasons for deliberate self-harm can help clinicians to better understand the meaning of self-harming behaviour, select appropriate treatment, suggest alternative coping strategies, and hopefully prevent future suicidal behaviour.


Adolescent suicide is a major public health problem. In this review, the authors discuss different aspects of the relation between alcohol abuse and suicidal behavior in adolescents, including epidemiology, role of family history, comorbidity, gender differences, neurobiology, treatment, and prevention. In the general population, about 2,000 adolescents in the United States die by suicide each year. Suicide continually ranks as the second or third leading cause of death of persons between the ages of 15 and 34 years old. The suicide rate in young people has more than doubled during the period from 1956 to 1993. This increasing suicide rate has been blamed on the increase of adolescent alcohol abuse. Availability of alcohol and guns at home may contribute to suicide risk in adolescents. Comorbid psychopathology, which is common among adolescent alcohol abusers, substantially increases risk for suicide completions and attempts. Depressed adolescents may use alcohol to self-medicate depressive symptoms. Alcohol abuse and suicidal behavior in adolescents and in adults has been found to have biochemical, genetic, and psychological correlates. Ideally, treatment of adolescents who receive a diagnosis of an alcohol use disorder and co-occurring suicidality should follow an integrated protocol that addresses both conditions. Future studies of psychological and neurobiological mechanisms of suicidality in adolescents with alcohol and/or substance abuse are merited.


Ethnically, Ireland has diversified greatly over the past few years. According to the 2006 census, 419733 foreign nationals live in Ireland. Immigration is one of the one of the most stressful events a child can undergo; it involves profound changes, including a disruption of well-established relationships and acculturation. Since the long-established and dominant pattern for years had been emigration, Ireland is poorly equipped to meet mental health needs of immigrant children.

Background
Ethnically, Ireland has diversified greatly over the last twelve years changing from a country of emigration to one of immigration. Blanchardstown, a western suburb of Dublin, is one of the most ethnically diverse areas, with the youngest population in Ireland.

Aims and methods
The study aimed to examine any differences in referrals, clinical diagnoses and administrative outcomes of immigrants and Irish children referred to Blanchardstown Child and Adolescent Mental Health Service (CAMHS) over the period of one calendar year.

Results
Blanchardstown CAMHS received 202 referrals in 2007. There were 132 (65.5%) Irish and 65 (32.2%) immigrant children referred to the service. Nigerians accounted for more than a half of all immigrant children. Family doctors referred the majority of Irish children (58.4%; 77); non-Irish children were referred mainly by teachers (51%; 33) (p < 0.05). In 2007 Blanchardstown CAMHS offered appointments to 116 families. Non-attendance rates at first appointments were similar in both groups (22.4% vs. 22.6%; p > 0.05); more immigrant children, however, dropped out following an initial appointment (16.1% vs. 2.4% p < 0.05). More non-Irish than Irish children were diagnosed with Axis-1 diagnosis (66.7% vs. 53.4%; p < 0.05). The two most common Axis-1 diagnoses among both non-Irish and Irish children were Attention Deficit Hyperactivity Disorder and Pervasive developmental disorders.

Conclusions
Immigrant children accounted for a substantial minority of children referred to Blanchardstown CAMHS. The psychiatric problems of immigrant children most often came to light through schools. More non-Irish children compare with Irish had an Axis-1 disorder.


Background
Violent behavior among adolescents is a significant problem worldwide, and a cross-national comparison of adolescent violent behaviors can provide information about the development and pattern of physical violence in young adolescents.

Objectives
To determine and compare frequencies of adolescent violence-related behaviors in 5 countries and to examine associations between violence-related behaviors and potential explanatory characteristics.

Design, Setting, and Participants
Cross-sectional, school-based nationally representative survey at ages 11.5, 13.5, and 15.5 years in 5 countries (Ireland, Israel, Portugal, Sweden, and the United States).

Main Outcome Measures
Frequency of physical fighting, bullying, weapon carrying, and fighting injuries in relation to other risk behaviors and characteristics in home and school settings.

Results
Fighting frequency among US youth was similar to that of all 5 countries (nonfighters: US, 60.2%; mean frequency of 5 countries, 60.2%), as were the frequencies of weapon carrying (noncarriers: US, 89.6%; mean frequency of 5 countries, 89.6%) and fighting injury (noninjured: US, 84.5%; mean frequency of 5 countries, 84.6%). Bullying frequency varied widely cross-nationally (nonbullies: from 57.0% for Israel to 85.2% for Sweden). Fighting was most highly associated with smoking, drinking, feeling irritable or bad tempered, and having been bullied.

Conclusions
Adolescents in 5 countries behaved similarly in their expression of violence-related behaviors. Occasional fighting and bullying were common, whereas frequent fighting, frequent bullying, any weapon carrying, or any fighting injury were infrequent behaviors. These findings were consistent across countries, with little cross-national variation except for bullying rates. Traditional risk-taking behaviors (smoking and drinking) and being bullied were highly associated with the expression of violence-related behavior.


Trying to understand why adolescents and young adults take more risks than younger or older individuals do has challenged psychologists for decades. Adolescents’ inclination to engage in risky behavior does not appear to be due to irrationality, delusions of invulnerability, or ignorance. This paper presents a perspective on adolescent risk taking grounded in developmental neuroscience. According to this view, the temporal gap between puberty, which impels adolescents toward thrill seeking, and the slow maturation of the cognitive-control system, which regulates these
impulses, makes adolescence a time of heightened vulnerability for risky behavior. This view of adolescent risk taking helps to explain why educational interventions designed to change adolescents’ knowledge, beliefs, or attitudes have been largely ineffective, and suggests that changing the contexts in which risky behavior occurs may be more successful than changing the way adolescents think about risk.


This article proposes a framework for theory and research on risk-taking that is informed by developmental neuroscience. Two fundamental questions motivate this review. First, why does risk-taking increase between childhood and adolescence? Second, why does risk-taking decline between adolescence and adulthood? Risk-taking increases between childhood and adolescence as a result of changes around the time of puberty in the brain’s socio-emotional system leading to increased reward-seeking, especially in the presence of peers, fueled mainly by a dramatic remodeling of the brain’s dopaminergic system. Risk-taking declines between adolescence and adulthood because of changes in the brain’s cognitive control system—changes which improve individuals’ capacity for self-regulation. These changes occur across adolescence and young adulthood and are seen in structural and functional changes within the prefrontal cortex and its connections to other brain regions. The differing timetables of these changes make mid-adolescence a time of heightened vulnerability to risky and reckless behavior.


It has been hypothesized that reward-seeking and impulsivity develop along different timetables and have different neural underpinnings, and that the difference in their timetables helps account for heightened risk-taking during adolescence. In order to test these propositions, age differences in reward-seeking and impulsivity were examined in a socioeconomically and ethnically diverse sample of 935 individuals between the ages of 10 and 30, using self-report and behavioral measures of each construct. Consistent with predictions, age differences in reward-seeking follow a curvilinear pattern, increasing between preadolescence and mid-adolescence, and declining thereafter. In contrast, age differences in impulsivity follow a linear pattern, with impulsivity declining steadily from age 10 on. Heightened vulnerability to risk-taking in middle adolescence may be due to the combination of relatively higher inclinations to seek rewards and still maturing capacities for self-control.


A typology of music listeners was constructed on the basis of importance attributed to music and four types of music use: mood enhancement; coping with problems; defining personal identity; and marking social identity. Three Listener Groups were identified through Latent Class Analysis of internet survey data of 997 Dutch respondents, aged 12—29. High-Involved listeners (19.7%) experienced music as a very important medium and used music most often for mood enhancement, coping with distress, identity construction and social identity formation. Medium- (74.2%) and Low- Involved (6.1%) listeners formed two distinct groups with less intense importance/use patterns. Furthermore, High-Involved listeners reported that they liked a broad range of genres (Pop, Rock, High Brow, Urban and Dance) and experienced the most intense positive affect when listening. However, both High- and Medium-Involved listeners also reported more negative affects (anger and sadness) when listening, compared to the Low-Involved group. Even the Low-Involved group listened frequently to music and used music as a mood enhancer. Generally, people who are ‘moved by music’, either positively or negatively, use it for mood enhancement and coping more often. Therefore, the High-Involved group seems to benefit most from music’s capacity to enliven and enlighten life.


Semi-structured interviews were undertaken with a random sample of 220 students from schools and youth training centres within a rural area of the south eastern region of Ireland. The results show that against the backdrop of rising drug use prevalence, the attitudes towards drug use of both adolescent users and abstainers have become more liberal and ‘normalised’.


Research Aim: This research aimed to provide an anecdotal perception of student substance use according to the
This study examined whether the impact of contextual-level socioeconomic disadvantage on adolescent mental health is contingent upon individual-level perceptions of social support. Data are from the National Longitudinal Study of Adolescent Health (Add Health), a panel survey of a nationally representative United States sample (analytic N=18,417) of students in 7th through 12th grade. Effects of social support and social context on both internalizing problems (depressive symptoms) and externalizing problems (minor delinquency and violent behavior) are analyzed. Contextual-level socioeconomic disadvantage is positively associated with depressive symptoms, negatively associated with minor delinquency, and not directly associated with violent behavior. High perceived support from family, friends, and other adults offsets poor mental health, but is most protective in areas of low socioeconomic disadvantage. The mental health benefits of perceived social support are dampened in socioeconomically disadvantaged areas, compared to advantaged areas. Results suggest that interventions targeting only individual- or family-level processes within disadvantaged contexts may be inadequate at stemming psychological distress among adolescents.


defines a person's personal experience in the Irish secondary level educational setting. Methodology: Sampling Interviews were conducted with teachers (n=95) at 10 randomly selected schools in County Carlow in the South East of Ireland, as part of a doctoral research programme assessing youth substance use in the South Eastern Region. The school type included vocational, secondary in disadvantaged area, secondary in non-disadvantaged area, youth training centre, private school and both mixed/single sex schools. A letter from the researcher and a follow up phone call to each research site initiated contact with the school principal and explained briefly the nature and purpose of the research. Teachers from all grades were randomly sampled at each school after informed consent was gained. Research Design: The research emphasis was to access the views, perspectives and concerns of teachers and their experience of substance use and its impact in the classroom. Ethical approval of the interview basis was granted by the Ethics and Research Sub Group of Waterford Institute of Technology. The interview schema was piloted on a small sample of teachers in another region not partaking in this study. The interview contained questions regarding experience of substance abuse within the school setting, knowledge and recognition of substance use in students, awareness of school drug and alcohol policy, attitude toward substance misuse and drug education, awareness of drug availability in the area and knowledge of drug related services in their area. All interviews were coded to ensure confidentiality and participants gave permission for audio recording. The interviews took place in open plan areas and in the presence of an independent colleague. All interviews were transcribed. The themes analysis of interviews reported on the issues surrounding student substance use that arose for teachers, but also aimed to identify areas of similar and contrasting opinions. As such themes arose, the interviewee was encouraged to expand in a: “lengthy conversation piece” (Simons, 1982, p. 37). Data Analysis: Zemke and Kramlinger's (1985) thematic analysis procedures were adopted and consisted of generating “a list of key ideas, words, phrases, and verbamit quotes; using ideas to formulate categories and placing ideas and quotes in appropriate categories; and examining the contents of each category for subtopics and selecting the most frequent and most useful illustrations for the various categories” (Anderson, 2003). Conclusion: It was reported that the drug education in schools was "haphazard, dissimilar and rather hit and miss" with not every class receiving drug education, others as part of religious education and Social Personal Health Education and the remainder being visited by the local drug education officer, a former addict or juvenile liaison officer. Teachers highlighted the need for information and teacher specific training in order to recognize the warning signs of adolescent problematic substance use, as many felt this social problem was impacting on their classroom and the academic performance of some students. Some teachers also reported not feeling comfortable with the delivery of drug educational material within their class time due to lack of appropriate training and lack of available time in their curriculum, in addition to feeling that this was not compatible with their role as educator.


Background
The possible benefits or harms of using psychiatric labels in the community have been a focus of debate for many decades. The aim of this study was to examine associations between the accuracy of labelling of depression or psychosis by young people aged 12-25 and their help-seeking, treatment and self-help preferences, whilst controlling for a range of potential confounding factors.

Methods
A randomly selected population sample of 1,207 young people aged 12-25 years from several regions of Victoria, Australia, was interviewed via a telephone survey. The structured interviews used vignettes of a young person with either depression or psychosis followed by a series of questions related to recognition of disorder and recommended forms of help and treatment. Multiple logistic regression analyses were used to measure the association between a range of help-seeking, treatment and self-help preferences and the predictor variables of accuracy of recognition,
socio-demographic background and exposure to mental health problems.

Results
Correct labelling of the disorder was the predictor variable most frequently associated with choice of appropriate help and treatment for both the depression and psychosis vignettes. In regard to self-help preferences, correct labelling of the depression vignette was only associated with being less likely to recommend smoking marijuana to relax. Correct labelling of the psychosis vignette, or labelling it as depression, was associated with being less likely to recommend dealing with the problem alone.

Conclusion
These findings support the view that improving the use of psychiatric labels by young people is beneficial, because it facilitates appropriate help-seeking and treatment choice. The label may be the cue to activating a schema about appropriate action to take.