

help me if you can I'm feeling down

...the impact of adolescent
distress contagion



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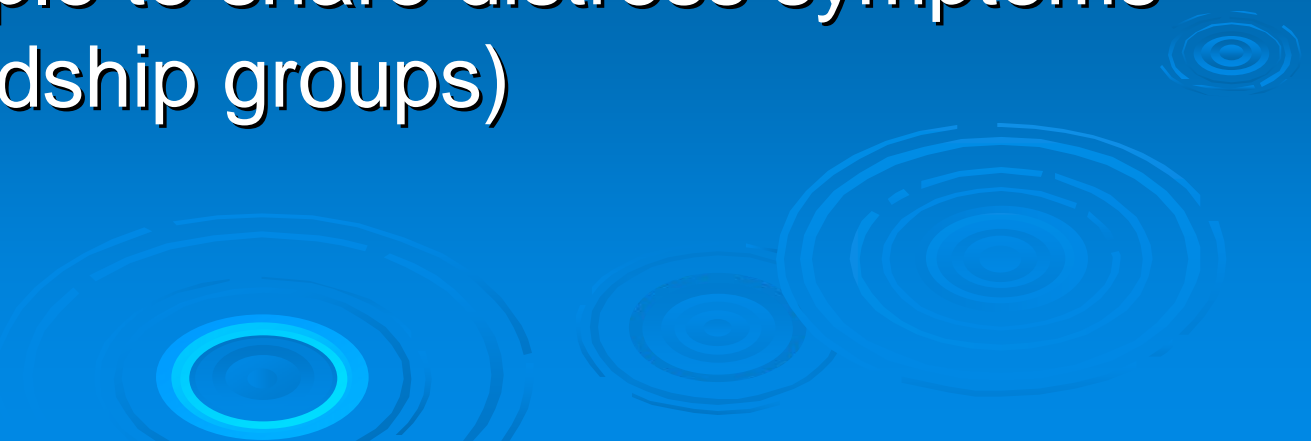
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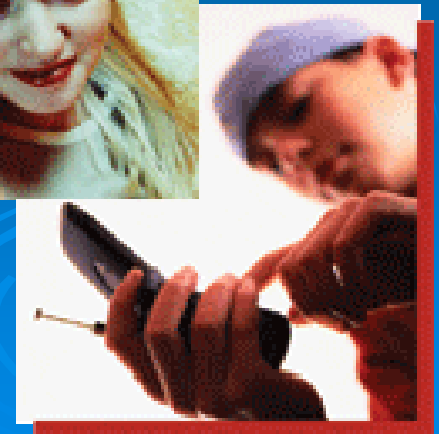
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Two inter-related fields of inquiry

- Changes in communication patterns of young people
 - Distress contagion (the tendency for young people to share distress symptoms within friendship groups)
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Changing communication patterns

Do teenagers take advantage of the outreach capabilities offered by new communication technologies to expand their horizons and strengthen their sense of identity or are they spending countless hours intensely exploring current relationships and dilemmas in the disembodied, disconnected and possibly dangerous maze of cyberspace?



Recent changes in how teenagers communicate with each other

- ❑ Communication is instant & often occurs simultaneously with many others
- ❑ 'Close' relationships are often formed with people who have never been met in person
- ❑ Most parents have little clue about what is happening or how to monitor it
- ❑ Expectations of immediate availability (especially if the other person is distressed)

Text on the increase??

- Evidence that SMS communication is markedly on the rise (Bryant et al, 2006)
- 65% of teens say they use instant messaging; about half 32% use it daily (Pew, 2005)
- 11% teens IM for more than 2 hours on a typical day (Pew, 2005)
- Most common function = planning and arranging common activities
- Gender differences: Girls also spend considerable time discussing mutual states of well-being/ distress

Poor awareness of possible pitfalls

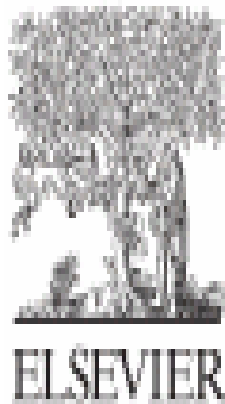
- 21% of online teens say they have sent an email, msn or text message that was meant to be private, but it was forwarded on to others by the recipient (more likely to be experienced by those you go online daily) (Pew, 2005)
- Privacy of written modes of digital communication (email/ IM/ blogs) not headed
- Potential legal ramifications not fully understood

The evidence....It's not all bad news

- Most young people report positive outcomes as a result of access to communication technology (McMillan and Morrison, 2006; Pew, 2005; Pelling, 2004; Bryant et al, 2006)
- An average young person (12 – 17 years) reports spending 10.3 hours a week face to face with friends doing social activities outside of School (Pew, 2005)

Communication patterns and vulnerability to mental health problems

- (1) Do young people who are experiencing mental health problems access communication technologies differently to asymptomatic young people?
- (2) Are there any negative consequences for young people who are accessing communications technologies in an effort to address their mental health concerns?



Original article

Depressive symptomatology, youth Internet use,
and online interactions: a national survey

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Manuscript received May 1, 2003; manuscript accepted October 7, 2003

Ybarra et al (2005): Findings

n = 1500 10 – 17 y. olds

- Self-report of depressive symptoms was not related to most measures of Internet use
- Talking to strangers online, using the Internet mostly for emailing others & intensity of Internet use differentiated those reporting depressive symptoms from asymptomatic peers
- Personal disclosure was significantly more likely by young people reporting major depressive symptoms v's mild or no symptoms (girls posted pictures; males posted identifiable information)

The Virtual Cutting Edge: The Internet and Adolescent Self-Injury

Janis L. Whitlock, Jane L. Powers, and John Eckenrode
Cornell University

Whitlock et al (2006): DSH message boards 3,219 posts over 2 months; 80% 14 -20 y. old

- The majority of online interactions provide essential support for otherwise isolated teenagers
- A small amount of online information may normalize & even encourage DSH
- A minority of messages discouraged self-injurers to seek professional help and shared details re: specific harming techniques & ways to keep the practice a secret
- 31% stated they were females aged 15 - 16 y.

Summary: communication technology

Positive

- New communication technologies increase access to appropriate help-seeking
- Increasingly utilized in treatment programs
- Facilitates stronger social networks
- Especially important for marginalized youth

Negative

- Intrusive; disturbing; may impact on normal psycho-social functioning
- Dissociation from reality: may limit social functioning
- Disconnection from family/ heightens parental anxiety
- Increases risk of contagion; exposure to unknown risks

Distress Contagion

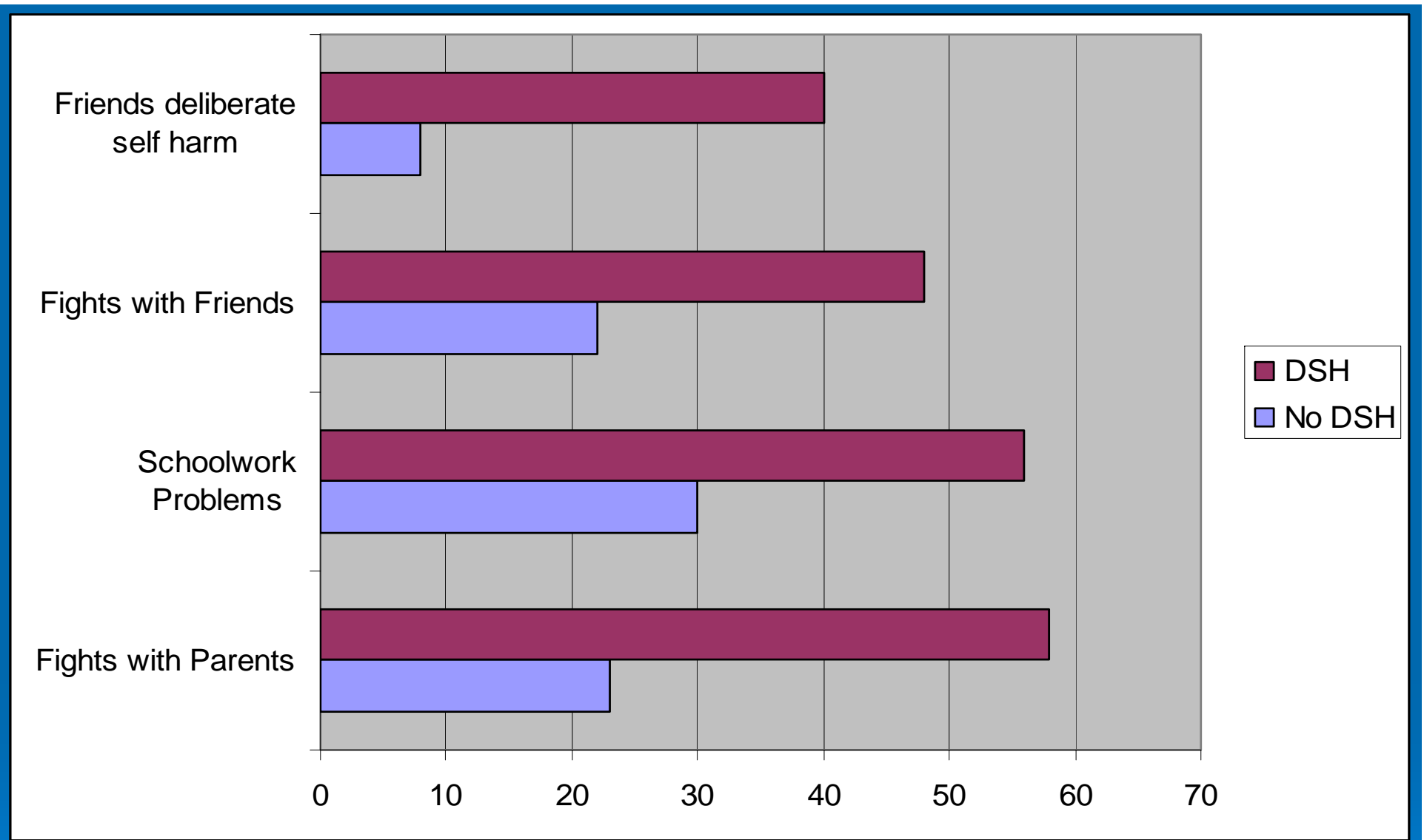
- **Mitchell Prinstein** : found significant correlations between adolescent crowd affiliation and an adolescent's level of internalized distress
- **Characteristics of individual teenagers in dyadic situations and group characteristics moderate contagion effects (Hartup, 2005)**
- **No simple (linear) relationship accounts for observed patterns of contagion**



The CASE study (2004)

n= 30,437 youth under 20y., across 7 countries

- Particularly for females -
 - Having a family member or friend who had attempted suicide or deliberately harmed themselves strongly predicted deliberate self-harm of the young person in the previous 12 months (in all 7 countries)



PERCENTAGE OF LIFE EVENTS & PROBLEMS IN PREVIOUS YEAR

SOURCE: Keely, H. (2005) Irish component of the CASE study

[Total n = 3,900 (15 – 17 y. olds); DSH n = 333] [females > males all categories]

Communication of teens who self-harm (Evans et al, 2005)

n = 6,012 (15 – 16 y. olds)

Adolescents with DSH:

- ❑ Most likely to feel the need for help but NOT try to get any
- ❑ Less able to talk to family/ teachers
- ❑ Fewer categories of people to talk to
- ❑ More likely to seek and receive help from friends
- ❑ Poorer coping strategies; more avoidant

Adolescents supporting each other

POSSIBLE ADVANTAGES

- ❑ Direct emotional support
- ❑ Act as gatekeepers (?? facilitate help-seeking)
- ❑ Build connectedness within School/ community
- ❑ Protective buffer against family-based stressors/ conflicts

POSSIBLE DISADVANTAGES

- ❑ Overly burdened by emotional demands of support role
- ❑ Adverse reactions/ concerns of parents
- ❑ Expectations of 24/7 availability:
 - possible mental (and physical) health implications

A local look at the problem....

- Discussions with relevant Education colleagues (School-link, Dept. Ed., Private schools)
- Focus groups with School Counsellors
- Distress Contagion Questionnaire for Counsellors/ Head Teachers/ Co-ordinators
- Interviews with (volunteer) parents
- Interviews with (volunteer) young people

School/ TAFE staff comments

Questionnaires & Focus groups

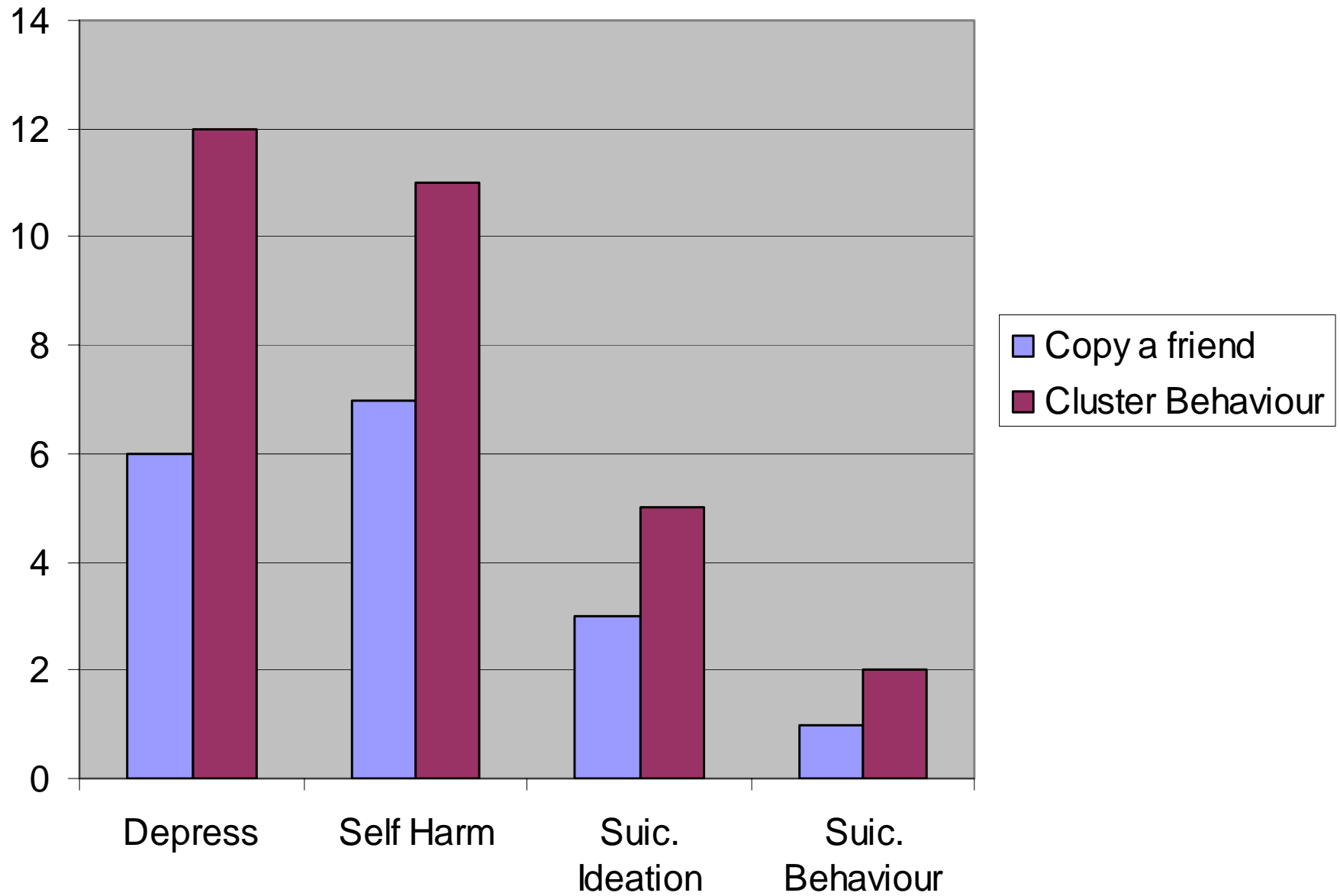
Universal Comments:

- Communication technology seen to *significantly* contribute to distress contagion (especially text, msn, message boards, blogs)
- Increasing incidence of distress contagion over all; trends toward younger children (incl. Grades 5 -6)
- Problems more common amongst females
- Concerns ++ re: problematic (inciting) websites
- For some young people symptoms tend to become integral to own identity & currency of peer group membership

Additional school staff concerns

- Of most concern re: contagion are DSH, low mood & suicidal ideation
- Distress contagion also associated with anxiety, truancy, school refusal, intrusive thoughts & somatic complaints
- Parents often unaware at first. When informed are often *very* concerned
- School staff reactions are critical to outcome
- Differences in 1:1 contagion v's group/cluster behaviour

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Nominations by School staff re: patterns of contagion (n = 16)

DISTRESS CONTAGION RESPONSES

School/ TAFE staff observations n = 16

* > 2 prioritized

No. nominating

Worry re: friend's welfare/ safety	16*
Being too available (communic. tech.)	16*
Over-burdened	14*
Developing own low mood	11
Impaired concentr./drop in school work	11
Somatic symptoms (physical, sleep, appetite)	8

PARENTAL EXPERIENCES (n = 3)

Universal Comments:

- ❑ Secrecy/ changed communication in family
- ❑ Somatic reactions (sleep, appetite)
- ❑ Disruption to normal routine & concentration (School attendance, activities, other friendships)
- ❑ Teenager's own low mood/ self-harm
- ❑ Parent's own mental health symptoms (anxiety, sleep, appetite, concentration)

ADOLESCENT EXPERIENCES

(supports: $n = 2$)

Universal Comments:

- ❑ Beliefs around exclusivity/ uniqueness in the relationship (others viewed as less helpful)
- ❑ Consequences of unavailability/ reducing support seen as extreme
- ❑ Suspicion of adults; commitment to secrecy
- ❑ Negative impacts +++ on sleep, appetite, concentration, own mood, activities, etc.

Adolescent dilemmas

- ❑ Competing anxieties (safety v's betrayal)
v's overwhelming fear +++
- ❑ Competing demands (duty/ privilege)
v's (burden/ irritation)

Possible issues for concern....

- Could the advice of mental health professionals advocating that friends support each other compromise the psychological well-being of some (vulnerable) adolescents?
- What if accessing certain (? self-help) websites heightens distress & onset/ maintenance of mental health problems?
- What role do parents, health staff and educational staff play in addressing these issues?

Practical implications for clinicians

- Need to strengthen collaborative practices (i.e. between young people, parents, Schools, Health, G.P.s, N.G.O.s, private sector, etc.)
- Directly exploring these issues during assessment and treatment (? and relapse)
- Caution re: website advice
- **PSYCHOEDUCATION (young people and parents):**
 - Emphasis on maintaining boundaries when supporting distressed friends
 - Greater awareness & critical evaluation of communication technologies (+ve and -ve)

Thnx, Gtg now. U've bin g8!
4 more info, email me ur ?s.

