



Guest Editorial

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The Importance of Addressing Youth Mental Health

Christine Rollins

Suicide. It is not an easy topic to discuss, particularly with youth. So when Netflix recently released a series, *13 Reasons Why*, it could have been an opportunity to reach youth and help steer the conversation in a helpful direction.

The series portrays the main character, Hannah, who took her own life and left behind 13 audiotapes. In each tape, she addressed a different person that she felt contributed in some way to her suicide. The show also contains topics such as substance abuse, bullying, and rape. While all of these topics are important to pull out of the darkness and discuss with youth, this “revenge” fantasy show truly misses that opportunity.

The show also normalized teens’ lack of trust and willingness to reach out to adults for help. The parents and adults are on the peripheral of their world and not considered to be helpful. The one time that the main character Hannah did reach out to an adult, her school counselor, she was dismissed, and the adult ignored warning signs of distress.

Schools have responded to the show with emails to parents informing them of the series and the content (Strauss, 2017). Many schools have also included the National Association of School Psychologists’ (NASP) response with messages for schools, parents, and students (NASP, 2017).

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Editor’s Note: Youth mental health is an important and complex issue for pediatric nurses. Christine Rollins, a specialist in behavioral health, shares her insight and recommendations in light of the recently released Netflix series intended to generate conversation about the topic of teen suicide.



In the midst of the buzz of youth watching and talking about the show, a teen at my daughter’s high school took his own life. I do not want to suggest that the show was responsible for his actions or know if he even viewed the show. But the topic is real, and so is the opportunity to talk about what the show missed: mental health, particularly depression.

Youth Mental Health

Most common mental health disorders begin in youth and adolescence, and yet, are not diagnosed until later in life (Merikangas et al., 2010). Half of mental health disorders diagnosed in adults occurred before the age of 14, and three-quarters by age 24 (Kessler et al., 2005; Youth.gov, n.d.). Approximately one in four adolescents meet the criteria for a diagnosable mental disorder, with the most common being mood, anxiety,

behavior disorders, and substance abuse or dependence (Youth.gov, n.d.). The prevalence of mood disorders increases with age, almost doubling from age 13 or 14 to 17 or 18 years (Merikangas et al., 2010).

According to the Centers for Disease Control and Prevention’s (CDC) (n.d.) National Center for Health Statistics, in a 2015 survey, suicide is the third leading cause of death among 10- to 14-year-olds and the second leading cause of death for 15- to 19-year-olds.

Even more startling is the finding that the percentage increase in the female suicide rate was greatest for those aged 10 to 14 years (Curtin, Warner, & Hedegaard, 2016). Additionally, youth at greater risk are those of color, low socioeconomic status, or marginalized (Youth.gov, n.d.).

According to data from the CDC’s National Health and Nutrition Examination Survey, within the year

**Figure 1.
Resources**

American Foundation for Suicide Prevention
• https://afsp.org/
National Institute of Mental Health
• https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml
Suicide Prevention Resource Center
• http://www.sprc.org/
National Suicide Prevention Lifeline
• https://suicidepreventionlifeline.org/ • 1-800-273-TALK (1-800-273-8255) • Online Lifeline: http://chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx

surveyed, only half of youth with mental health disorders received treatment (National Institute of Mental Health, n.d.). Additionally, female youth ages 8 to 14 years were 50% less likely than males to use mental health services.

We know from research that youth's brains are not fully developed until their mid-to-late 20s. This includes the prefrontal cortex, the area of the brain responsible for impulse control (National Institutes of Health [NIH], n.d.). There are valid concerns for vulnerable youth and especially those with suicidal ideation to view *13 Reasons Why* because of the suicide revenge narrative used.

Many youth contemplating suicide will display warning signs. They can include:

- Suicidal talk direct ("I want to kill myself") or indirect ("I wish I could just disappear. The world would be better off without me") expressions of hopelessness.
- Planning of the suicide (giving possessions away), writing or recording a note. This includes posting on social media.
- Preoccupation of death.
- Changes in appearance, thoughts, feelings, and behavior (NASP, n.d.).

What Can We Do?

Mental health is a complex issue and is not solved through a singular solution. As adults, we can work to combat the stigma that surrounds mental health, guide youth through unhelpful narrative in media, be there for them as support, and know the signs of depression and suicidal behavior to make sure they receive help. Effectively identifying mental health issues and addressing them in

childhood and adolescence is one way we can work to make a difference.

For more information regarding suicide including the risk and protective factors, see Figure 1. ■■■

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