



# CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID TO AN ADOLESCENT

## WHAT IS ADOLESCENCE?

Although there are a number of definitions of adolescence, here it is defined as those aged between 12 and 18, or the years that a young person generally attends high school. However, adolescence can start earlier than 12 years and can continue through to the early 20s, so these guidelines could be relevant when helping people who are a little younger or older.

## WHAT IS A MENTAL HEALTH PROBLEM?

**Mental health problem** is a broad term that includes developing mental illness, symptoms of a diagnosable illness, substance misuse, and adverse life events which are having an impact on functioning.

## PLANNING YOUR APPROACH

Sometimes an adolescent may approach you about a sensitive topic, but at other times you will need to take the initiative. When you are making the approach, plan to talk to the adolescent privately about your concerns, at a time and place that is convenient for both of you and free of distractions. You could try asking where they feel most comfortable or safe to talk. Be aware that the adolescent may not wish to open up to you until they feel that you care enough, are trustworthy and willing to listen. The adolescent may hide or downplay their problem if they feel guilty about upsetting or disappointing you. Some adolescents (especially boys) may fear opening up about their problems in case their vulnerability is perceived as weakness.

Consider whether you are the best person to approach the adolescent. For example, adolescents from a different cultural background may prefer confiding in adults from the same background. However, don't assume that this is always the case - ask what they would prefer.

## ENGAGING WITH THE ADOLESCENT

In order to engage with the adolescent, be honest by 'being yourself', as adolescents can be particularly tuned in to anyone who is 'faking it'. Try to set aside your own concerns and focus on those of the adolescent, giving them your full attention. Remember that each adolescent's situation and needs are unique. You should be nonjudgmental and treat them with respect and fairness at all times.

Be caring and show warmth toward the adolescent and try to be reliable and consistent in your behaviour with them. Take the time to build rapport and trust – this could be done by expressing an interest in and curiosity about the adolescent. If the adolescent has disengaged from others, it is important that you allow additional time to build trust.

Convey a message of hope to the adolescent by assuring them that help is available and things can get better. However, do not make any promises to the adolescent that cannot be kept. Be careful not to communicate a stigmatizing attitude about the adolescent's sensitive issue and be careful in applying labels to the adolescent that they may find stigmatizing, e.g.



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'mentally ill', 'drug addict' or 'gay'. Be aware that the adolescent may hold a stigmatizing attitude towards their own sensitive issue. Choose your words carefully so as to not offend the adolescent.

### WHAT TO SAY AND HOW

Tell the adolescent that you want to help. Talk 'with', not 'at', the adolescent. Do not do all of the talking. As far as possible, it is preferable to let the adolescent set the pace and style of the interaction. After speaking, be patient and allow plenty of time for the adolescent to collect their thoughts, reflect on their feelings and decide what to say next. Although you should encourage the adolescent to lead the conversation, don't be afraid to ask open, honest questions during the course of discussion. Ask the adolescent about their experiences and how they feel about them, rather than make your own interpretation.

Don't only think about what you are saying, but how you are saying it. For example, consider the volume and the tone of your voice - this includes the vocal pitch and the attitudes that are conveyed. Stay calm, use a calm voice and steady tone, and never raise your voice if you can help it.

If the adolescent does not wish to discuss the problem with you, reassure them that they don't have to talk about or reveal anything until they are ready to do so. Let the adolescent know that when they want to talk, you will listen to them.

If the adolescent appears distressed by what they are experiencing, explain to them that help is available. If the adolescent is in a potentially harmful situation (e.g. experiencing abuse or bullying), let them know that you want to keep them safe. You should also explain the limits of confidentiality. For example, anything that affects the safety of the adolescent or others (such as abuse or suicidal thoughts or behaviour) may need to be discussed with someone who can act to keep the adolescent (or others) safe. For more information, please see the other guidelines in this series: [Suicidal thoughts and behaviours: first aid guidelines](#) and [Traumatic Events \(Children\): MHFA Guidelines](#)

There may be times when you are having a private discussion with the adolescent and other people arrive. In these situations, you should take a moment to ask the adolescent in private, what they would like to do (e.g. continue the discussion in front of others, ask others to leave or schedule another time to continue your discussion).

When communicating with an adolescent, there are a number of things that are best avoided. These include trivialising the adolescent's feelings by using statements such as, "When you're older..." or "Back in my day..." as this may appear dismissive of the adolescent and their experiences. Similarly, phrases such as "snap out of it" or "stop thinking that way" should be avoided. When talking with the adolescent, scare tactics or threats should not be used, e.g. "If you keep thinking like this, you'll end up in big trouble." Also, avoid sounding condescending or patronising and avoid stereotyping adolescents. For example, "Why are people your age always difficult and argumentative?" Be careful not to disagree or minimize the adolescent's thoughts and feelings as this may appear dismissive of their experience, e.g. "You're not depressed, you're just bored."



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Finally, if you find that you have said something in error, be upfront and address the error as soon as you can.

### **COMMUNICATION TIPS**

Communication is a two-way process – how well you listen is just as important as how well the adolescent is expressing themselves.

The following listening skills can help:

- Listen to the adolescent without interruption and allow them to talk about their experiences and beliefs if they want to
- Make a conscious effort to listen, to hear the feelings and meaning behind the adolescent's words and respond to this. For example, when the adolescent says, "Why can't I use the car? Others are allowed!" It could mean, "I feel like you don't trust me. I want you to treat me as a responsible person"
- Actively listen and use questions to check your understanding and acknowledge that you have heard what the adolescent has said.

### **BODY LANGUAGE**

Be aware of the adolescent's body language, as this can provide clues as to how they are feeling or how comfortable they feel about talking with you. Try to notice how much personal space the adolescent feels comfortable with and do not intrude beyond that.

Be aware of your own body language and what this conveys when communicating with the adolescent (e.g. posture, facial expressions and gestures). Use cues such as nodding to keep a conversation going with the adolescent. Be aware that different cultures use and interpret body language in different ways, e.g. the amount of eye contact or personal space may vary.

Avoid negative body language such as crossing your arms, hands on hips or looking uninterested. Also, avoid distracting gestures, such as fidgeting with a pen, glancing at other things or tapping your feet or fingers, as these could be interpreted as a lack of interest.

### **DISCUSSING OPTIONS**

Before discussing possible courses of action, you need to listen attentively and sensitively to the adolescent and give them a chance to fully express and explore their issue. This is so you can avoid offering ill-considered or inappropriate advice, or minimising or dismissing the problem, based on only 'half the picture'.

When giving advice, try not to judge a situation on what you would do yourself, but have a discussion with the adolescent about what they think would be helpful. Discuss with and help



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the adolescent to assess different courses of action and to understand the consequences of each.

Sometimes outside help is needed. Recommend that the adolescent contact the relevant professional (e.g. teacher, doctor or counsellor) as early as possible to talk about what they have been experiencing. If the adolescent resists seeing someone about their problem, give them helpline phone numbers or websites that offer assistance to adolescents, as these are anonymous and may be less confronting.

### **HANDLING DIFFICULTIES IN THE CONVERSATION**

Be aware of any barriers to the adolescent's communication, e.g. language difficulties, finding the right words or an inability to express emotion. Some adolescents do not communicate well verbally, and it is important to adapt to their needs and abilities.

If the adolescent doesn't feel comfortable talking to you, encourage them to discuss how they are feeling with someone else and help them find a suitable person to talk to. If the adolescent asks you for help but you do not know much about the problem, you should still try to support the adolescent and assist them to get other help.

If the adolescent's initial reaction to you is negative, you should not presume that they do not want your help. Be aware that sometimes adolescents struggle to ask for assistance, or reject help when offered, even if they feel that a situation is out of control. Try not to put pressure on the adolescent to open up to you, if they do not wish to talk right away. Let the adolescent know that you are available for them to talk to you, when they are ready.

If the adolescent appears to have stopped listening to you, try to change the way you say or do things. If the adolescent makes negative comments or does not want to talk about their problem, you should not take it personally. If the adolescent is being antagonistic or argumentative, you should not respond in a hostile, disciplinary or challenging manner.

If you are left feeling bewildered or distressed following a discussion with the adolescent, confide your feelings to a trusted friend or health professional, while maintaining the adolescent's privacy.



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## PURPOSE OF THESE GUIDELINES

These guidelines are designed to provide practical tips for adults in the general community, such as family members, teachers, sports coaches, employers, nurses or chaplains, to communicate effectively with adolescents about mental health problems and other sensitive topics. Other sensitive topics may include: substance misuse, same sex attraction, bullying and abuse, body dissatisfaction, relationship problems, physical development or illness.

## DEVELOPMENT OF THESE GUIDELINES

These guidelines are based on the expert opinions of young mental health consumer advocates from beyondblue and Reach Out (Inspire), and currently practising Youth Mental Health First Aid Instructors within Australia.

Details of the methodology can be found in: Fischer, J. A., Kelly, C. M., Kitchener, B. A., & Jorm, A. F. (2013). Development of guidelines for adults on how to communicate with adolescents about mental health problems and other sensitive topics: A Delphi study. *SAGE Open*, 3(4). <https://doi.org/10.1177/2158244013515687>

## HOW TO USE THESE GUIDELINES

It is important to tailor your support to the needs of the person you are helping. These guidelines are a general set of recommendations only, and most suitable for providing mental health first aid in high-income countries with developed health systems.

When using these guidelines, please do not apply them prescriptively. The guidelines tend to be general whereas each adolescent and their situation is unique. Consider the following:

- Each adolescent's needs are different and decisions should be made according to what is believed to be in the best interests of the adolescent.
- Adapt your approach and style of the interaction appropriately, according to your role or type of relationship that you have with the adolescent, e.g. as a parent, teacher, friend, coach, nurse or employer.

In situations where the adult has an organisational responsibility, any relevant organisational policy needs to take precedence to these communication guidelines.

These guidelines have been developed as part of a suite of guidelines about how to best assist a person with mental health problems. These other guidelines can be downloaded from:

<https://mhfainternational.org/guidelines/>

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