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Counselors’ Role in Mental Disorders

**Prevalence and difference in treatment of mental disorders in rural areas**

It is clear that resources designed to assist those in need of care are underutilized. One factor thought to contribute to the underutilization of mental health services, especially among rural Americans, is the stigma attached to mental illness and the associated help-seeking process.

Five factors influence attitudes about mental illness: classroom instruction, age, contact with mental patients, fear reduction, and length of practicum in mental health. Adolescence is a prime time to influence attitudes related to mental illness and help seeking, especially since few adolescents perceive therapeutic methods as an option when faced with emotional problems. Changing attitudes is particularly important because behavioral problems have replaced infectious disease as the major cause of morbidity and mortality among adolescents. Several researchers have noted that depression, substance abuse, physical and sexual abuse, and teenage pregnancy are the "new morbidities of youth" Sub-populations, including gay, lesbian, and bisexual youth and ethnic/racial minority adolescents are at particular risk for developing depression.

**Counselors’ role in depression and suicide**

*Symptoms*

Changes not only in mood, sleep appetite, energy, and general health

Interference with the ability to concentrate and think quickly, decrease in school performance

Stress in family relationships, moodiness and emotional outbursts.

Withdrawn and isolated and more aggressive and argumentative.

Depressed adolescents have increasing difficulty in school, possibly dropping out altogether. Many depressed teenagers also abuse drugs and alcohol. Finally, depression increases the risk of suicide, a leading cause of death among older adolescents in this country

Profound sadness, listlessness, inability to concentrate, dejection, pessimism, and low self-esteem

Feelings of worthless and discouraged; they have trouble finding any sense of joy

Masked depression: acting-out behaviors

As compared with adults, adolescents with depression demonstrate a more variable course, exhibit more interpersonal difficulties, are more likely to over-eat and under-sleep, and are more apt to demonstrate suicidal ideation

*Types of Prevention: Primary, Secondary, and Tertiary*

Primary Prevention
Primary prevention targets the entire population of adolescents in schools and focuses on normative events (e.g., puberty, school transitions). The school counselor can organize school efforts to provide all students with information about how to cope with the stresses of normal growth and development.

Secondary prevention focuses on adolescents already exhibiting some signs of problems as well as those exposed to known risk factors (e.g., a parent with a depressive disorder; School counselors can conduct small group counseling with these at-risk adolescents, focusing the group sessions on the specific problem (e.g., low self-esteem, social isolation) or the particular risk factor.

Tertiary prevention activities are designed to promote optimal functioning in students who have already developed some depressive symptoms and include initial assessment and referral. The school counselor can conduct assessments by interviewing students individually, consulting with teachers who have considerable day-to-day contact with students, and/or by soliciting parent input.

**Using CBT strategies in primary, secondary, and tertiary prevention**

In problem solving, adolescents are taught to confront problems using the following steps: (a) identify the problem, (b) identify the aim, (c) think of alternate solutions, (d) consider possible outcomes for each solution, (e) choose and enact the best solution, (f) evaluate the outcome, and (g) self-reinforce the positive outcome and reconsider the negative

For adolescents who are already experiencing some difficulties, a typical CBT session structure can be used in group counseling to address any number of problems experienced by teenagers. CBT sessions are ordered to provide safe boundaries for adolescents, who may find less structured approaches threatening.

With the therapist's approval and with appropriate consent, the school counselor may want to use activity scheduling and relaxation training with the depressed student. Activity scheduling is a CBT strategy that involves planning daily pleasurable and goal-directed activities to reduce boredom, passivity, and brooding.

**Warning signs of suicide**

* A sudden deterioration in academic performance.
* Self-mutilation.
* A fixation with death or violence.
* Unhealthy peer relationships.
* Volatile mood swings or a sudden change in personality.
* Indications that the student is in an unhealthy, destructive, or abusive relationship.
* Risk-taking behaviors. .
* Bullying. Children and adolescents who are bullied, as well as those who bully, are at increased of depression and suicidal ideation
* Clinical depression.
* Signs that demand immediate action
	+ Talking or writing about suicide or death
	+ Giving direct verbal cues, such as "I wish I were dead" and "I'm going to end it”
	+ Giving less direct verbal cues, such as "You will be better off without me," "What's the point of living?", "Soon you won't have to worry about me," and "Who cares if I'm dead, anyway?"
	+ Expressing the belief that life is meaningless
	+ Giving away prized possessions
	+ Exhibiting a sudden and unexplained improvement in mood after being depressed
	+ Neglecting his or her appearance and hygiene
	+ Obtaining a weapon or another means of hurting him- or herself

**Prevention of Suicide**

Ask the Tough Questions
Be Persistent
Be Prepared to Act
Do Not Leave a Student at Imminent Risk of Suicide Alone
Get Help When Needed
Use Your School's Support System
Connect with Parents or Guardians
**Overall Role of Counselors**

Many people hold the misperception that individual counseling in the school setting is a therapeutic process. However, individual counseling services offered in the school setting allow counselors to assess the emotional state of a student and make appropriate referrals to mental health agencies, if necessary.