MILLENNIAL MENTAL HEALTH:
EXAMINING CURRENT APPROACHES AND EXPLORING
CHALLENGES TO THE MEASUREMENT AND PROMOTION
OF MENTAL HEALTH IN YOUNG AUSTRALIANS

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## Key to Abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACT</td>
<td>Acceptance and Commitment Therapy</td>
</tr>
<tr>
<td>ARC</td>
<td>Australian Research Council</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive Behavioural Therapy</td>
</tr>
<tr>
<td>CESD</td>
<td>Center for Epidemiological Studies</td>
</tr>
<tr>
<td>CSM</td>
<td>The Complete State Model of Mental Health</td>
</tr>
<tr>
<td>DASS-21</td>
<td>The Depression Anxiety Stress Scale</td>
</tr>
<tr>
<td>DECD</td>
<td>The Department of Education and Child Development</td>
</tr>
<tr>
<td>DoHA</td>
<td>Australian Department of Health and Aging</td>
</tr>
<tr>
<td>DSM-5</td>
<td>Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition</td>
</tr>
<tr>
<td>F</td>
<td>Female</td>
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<tr>
<td>GHQ</td>
<td>The General Health Questionnaire</td>
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<tr>
<td>HBM</td>
<td>Health Belief Model</td>
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<tr>
<td>HPS</td>
<td>Health-Promoting Schools</td>
</tr>
<tr>
<td>HREC</td>
<td>The University of Adelaide Human Research Ethics Committee</td>
</tr>
<tr>
<td>KT</td>
<td>The Knowledge Test</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender and/or Intersex People</td>
</tr>
<tr>
<td>M</td>
<td>Male</td>
</tr>
<tr>
<td>MHP</td>
<td>Mental Health Promotion</td>
</tr>
<tr>
<td>N</td>
<td>Total Number in Sample</td>
</tr>
<tr>
<td>PWBS</td>
<td>The Psychological Well-being Scale</td>
</tr>
<tr>
<td>r-AQ</td>
<td>The Revised Attribution Questionnaire</td>
</tr>
<tr>
<td>SD</td>
<td>Standard Deviation</td>
</tr>
<tr>
<td>SES</td>
<td>Socio-economic Status</td>
</tr>
<tr>
<td>SWBS</td>
<td>The Social Well-being Scale</td>
</tr>
<tr>
<td>SWLS</td>
<td>The Satisfaction With Life Scale</td>
</tr>
<tr>
<td>TPB</td>
<td>Theory of Planned Behaviour</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>YEP</td>
<td>Youth Empowerment Process</td>
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Millennials, the current generation of young people (born 1982-2004), now comprise more than a quarter of the world’s population – the largest proportion in history. Mental disorders are a key cause of disease burden among young people (aged 12-24 years) who face unique challenges to building and maintaining mental health. Good mental health in adolescence decreases the likelihood of developing mental health problems across the lifespan, but young people are the least likely group to seek help and receive treatment for mental disorders compared to older populations. With this in mind, and knowing that lack of mental disorders does not necessarily equate to good mental health, the present thesis sought to investigate current approaches and explore new challenges to the measurement and promotion of mental health in young people, encompassing children, adolescents and young adults.

*Paper One* reports a preliminary exploration into the differences between three measurement approaches to mental health and illness in an Australian sample of emerging adults (aged 23-27 years; N=117): an exclusive mental illness approach, an exclusive mental wellbeing approach and a dual continua approach. The results illustrated discrepancies between the three approaches, which resulted in vastly different depictions of the collective mental health of a group of young people. A significant proportion of cases fell outside of a single dimension model, and moderate mental health categories were identified as a challenge to gaining a comprehensive and informative picture of groups of emerging adults when using single dimension measures, suggesting that adopting a dual continua approach to measurement can provide a more comprehensive picture of mental health.
Paper Two reports the results of a cross-sectional, qualitative study aimed to explore how a non-clinical sample of adolescents (aged 12-18 years; N=16) speak about mental health and illness and to gain insight into their perceptions and experiences. When discussing mental health concepts and appropriate behaviours towards sufferers of mental illness, adolescents conveyed a sense of acceptance and understanding of the potential complexity and severity of mental illness. In contrast, when discussing mental health in the context of their own lives, a stronger sense of scepticism was conveyed. Students expressed difficulty with the lack of visible markers of mental health and confusion determining authenticity in the mental health states conveyed by their peers. Interestingly, adolescents commonly expressed the notion that young people may exaggerate or ‘fake’ a mental illness for personal gain.

Paper Three involved further analysis of the same sample to explore the topic of help-seeking for mental health specifically from the perspectives of young people. Findings highlighted that even among a non-clinical sample of adolescents who had participated in a school mental health promotion program, there was a strong reluctance to seek help due to complex and interrelated personal, social and institutional influences. Students conveyed that they would strongly avoid seeking help for their mental health, referencing themes including self-reliance, positive thinking, doubt about significance of problems, peer acceptance, burdening others, informal help-seeking, concerns about confidentiality and negative perceptions of mental health services and professionals. Students spoke about the concept of “first world problems”, and described their personal problems as minor or trivial in comparison to large-scale or global issues.
Paper Four reports the results of a cross-sectional quantitative study utilising survey methodology to test the traditional assumption that knowledge influences behaviour by exploring whether knowledge about mental illness was related to stigmatising attitudes towards mental illness and intentions to seek help, within a sample (aged 13-17 years; N=327) of adolescent girls. Results indicated that a weak negative relationship existed between knowledge about mental health and stigmatising attitudes about mental illness, but no relationship between knowledge about mental health and intentions to seek help for mental health problems was found. When mental health was categorised (e.g., optimal vs. poorer mental health), a significant relationship between knowledge about, and attitudes toward, mental health was shown in those with poor mental health, but not for adolescents categorised as having moderate or good mental health.

The series of studies presented in this thesis add to understandings of youth mental health knowledge, attitudes and behaviour in Australia. Practical implications include the usefulness of conceptualisation that includes both positive and negative aspects of mental health, the need to consider adolescent mental health within the broader sociocultural context, the potential for a knowledge-behaviour gap related to mental health among young people and insights about mental health in the context of Millennials (and subsequent generations) as “digital natives”. The results draw attention to several key areas of focus for future research, policy and practice to explore, including the predictive power of mental health states according to a dual continua model, further consideration of current practice (including universal programs and individual approaches applied to populations), reshaping the role of education in mental health promotion and broadening focus to include a socioecological model of mental health emphasising community and interconnectedness, while prioritising youth participatory approaches. Taken together, the
four journal articles (1 published, 1 accepted with minor revisions, 2 submitted) that make up this PhD thesis draw attention to the complexity of youth mental health, including aspects that are salient to young people, within a developmental and social context.
DECLARATION

I, Emmelin Teng, certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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Chapter Three: *Paper One*


Emmelin Teng

Signed:  Date: 25/11/2016
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As I reflect on the highs and lows of this journey, I am overwhelmed with the number of people who have helped me get this far. Nelson Mandela said “Do not judge me by my successes, judge me by how many times I fell down and got back up again.” I would not have gotten back up in the face of the many challenges, uncertainties and pressures that characterise any PhD process without the help of some important people. Whether dealing with a computer virus disaster or an existential crisis, I owe my gratitude to the many people who supported me and encouraged me along the way.

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the way. Most of all, thanks to Stacey – my office buddy and partner in crime – for being a rock to rely on with my problems both inside and outside the realms of study.

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OVERVIEW

Outline of thesis

This thesis sought to investigate the mental health of young Australians in order to contribute to future development of mental health promotion initiatives. In this thesis, the term young person encompasses children, adolescents and young adults. More specifically, this thesis aimed to examine current approaches to mental health measurement and promotion in young people, with the aim of uncovering factors that are salient to young people in the 21st century. Chapter One of the thesis provides an introduction to the field of youth mental health and a review of the current literature. Chapter Two provides an exegesis, which aims to contextualise the research and present a rationale for the decisions made throughout the research process. Chapters Three, Four, Five and Six contain the four independent but related journal articles that address the overarching aim of this thesis. Chapter Seven provides a critical discussion of the research findings, their implications for approaches to youth mental health, future directions and a concluding statement. References and appendices used throughout this research are presented in Chapter Eight and Chapter Nine.
Outline of candidature

The current thesis was undertaken to fulfil the requirements of the degree of Combined Doctor of Philosophy / Master of Psychology (Clinical) undertaken at the University of Adelaide, South Australia. This program combines a Master of Psychology (Clinical) course load (equivalent to two years of full time study), and a Doctor of Philosophy research program (equivalent to three years of full time study) into one program (equivalent to four years of full time study), and specifies that the research must adopt a clinical psychology focus. The four papers from this work, along with nine Masters subjects and three clinical placements (a total of 1359.5 placement hours) were completed within this period of study. A total of $4400 in funding was received over and above the standard support provided to Doctor of Philosophy students from the School of Psychology, including a publication incentive award and funding for conference travel. All subject and practical requirements of the Master of Psychology (Clinical) program have been fulfilled. The following thesis is submitted for the requirements of the Doctor of Philosophy program.