



PRESBYTERIAN YOUTH WORKERS' ASSOCIATION

Top Ten Mental Health Issues for All Youth Workers to Be Aware Of

The following list of ten essential mental health issues for youth workers to be aware of is in no particular order. They should be viewed on a parallel as to not give greater importance or understanding to one over another. We, as the adults in the lives of young people, must be willing to understand what it is like to be a teenager in 2020. Some aspects of teenage life/ growth are tried and true and are a part of our development, no matter how old we are. (We can all attest to the challenges of adolescence all by itself.) Other aspects are unique to this generation, so we must do our work to understand that uniqueness and the mental health problems that can arise from these unfamiliar but powerful new forces.

Just as we work to know as much as we can, and gain a deep understanding of adolescents today, we also must know our limitations. Most of us, as youth workers, are not mental health professionals. We should not be administering treatment, though we can be a part of the initial intervention. We need to know the mental health resources in our community so that we can point families toward the help they are looking for. We need to know therapists so we can make personal referrals, not just quick internet searches. Finally, there must be an ongoing conversation about the realities of these issues. Youth and families must see us as willing and able to meet them in the realities of adolescence and offer help outside of ourselves.

10. Your Own Mental Health

Working with young people has amazing power. It can trigger that part of our brain that brings us right back to our adolescence. It is a great blessing; it allows us to connect with, understand, and anticipate the needs of young people. It also can touch things in us that we have not dealt with in a long time, or thought we would never have to deal with again. Youth Workers also experience [the unrealistic expectations of an excited community](#), which can take a toll. So often, these are the two aspects of the work that lead to burnout. So, we have to be willing to take care of ourselves to better tend to the needs around us. See a therapist or spiritual director. Have a group of colleagues and trusted peers who help you process, troubleshoot, and grow. Find a trusted mentor who can help guide you through the inevitable challenging times that will come in Youth Ministry. Finally, learn that it is okay to take a break and take care of yourself.

9. The Isolation Connection

We are a society of lonely people. A recent study found that 43% (about 2 in 5) of Americans felt isolated from others or had less than meaningful relationships. [It seems Gen Z is the loneliest in a country of lonely.](#) We know that loneliness leads to many mental health issues such as depression, anxiety, and thoughts of suicide. One of the challenges for the

adults in the lives of young people is we can get tricked into thinking they are anything but isolated because they have their phones and on their phones are (seemingly) a million ways to connect to people. Unfortunately, what is missing in the lives of young people (and all people) are meaningful, authentic, non-screen related relationships.

8. Communicating Feelings

Related to number 9, our young people are not learning to express themselves in the same way as the adults in their lives express themselves. Even compared to their millennial counterparts, [Gen Z is communicating in short form and pictures/imagery](#) that is new. “I try to speak but nobody can hear so I wait around for an answer to appear” is a repeating lyric in the musical *Dear Evan Hansen*. Young people can believe they are asking for help or trying to express the trouble they are in, but we don’t hear it that way. They also can share their need for help with the masses causing us to fall victim to the thinking, “someone else will take care of it.” As adults in the lives of young people, we have to teach them how to express themselves in relationships and how to move past the screen to get help. At the same time, we have to be willing to put aside the idea that they are going to share with us in the way we are used to and be aware of the way they express themselves and be willing to meet them there.

7. The Joy and Sorrow of Adolescence

Adolescence could be seen as a mental health issue all by itself. All young people are going to experience the [natural influx of emotion and lack of logic and reasoning](#) to make sense of what is happening in the brain. All adolescents are going to have the experience of the firsts and the fear that comes with them. All young people will struggle with where they fit in and whom they are, finding it, losing it, and finding it again. We have to be willing to have those, sometimes uncomfortable, conversations with the young people because they are desperately seeking answers and feel like the resources are limited. [Lisa Miller, in her book *The Spiritual Child*](#), talks about the importance of “spiritual individuation” as a way for teens to have a lens to view their development. The response to their natural teenage ups and downs and a lens with which to understand them is essential to long term resiliency and desire to seek help in the future.

6. An Addictive Brain

The adolescent brain is an addictive brain. In her book *The Teenage Brain: A Neuroscientist’s Survival Guide To Raising Adolescents and Young Adults* Frances Jensen, MD writes, “...because teenage brains are more plastic and primed for learning, they are, unfortunately, also more prone to addictions.” It appears that addiction formed in adolescents is longer lasting and harder to break. When we talk about addiction, we are talking about everything from [tobacco to opioids](#) to [pornography and other dangerous behaviors](#). Teens, more than adults, are likely to have elevated dopamine levels in the brain associated with new experiences. According to Daniel Siegel, MD in *Brainstorm: The Power and Purpose of The Teenage Brain* the release of dopamine is a key part of the addictive cycle. The linked articles above have valuable information about what to look for in young people who are dealing with addiction.

5. Self-Harm/ Self-Injury/ Eating Disorders

About 17% of adolescents admit to harming themselves. We know that not everyone who self-injures reports it, so this percentage is likely higher. Young people self-harm for several reasons. Often it is related to either attempting to feel something when they are feeling numb or feeling pain to elevate other pain they are experiencing. It is a means of coping with something else going on in their life but can take on addiction-like qualities. ([Click here for more information and warning signs of self-harm.](#)) [Equally, about half of adolescent females and a third of boys use unhealthy means of losing weight.](#) Even though Eating Disorders tend to have different roots than other self-harming behavior, we need to be aware of its presence in teens and that we can do something about it.

4. Bullying

Even though bullying does not get the headlines it did 5-10 years ago, it remains a serious issue in the lives of our young people. [Dosomething.org reports that 1 in 5 youth \(ages 12-19\) has been bullied during the school year.](#) Bullying reaches its peak in 6th grade, typically when young people are entering youth ministry. As teenagers age, they are less likely to report being bullied. We know that bullying can have long term effects on the mental health and wellbeing of teenagers. It can play a significant role in the other mental health struggles on this list and be a mental health struggle of its own. We know that supportive adults and peers play a huge role in the prevention and reporting of bullying. We also know that the bully needs our support as well. People are not born bullies; they bully for a reason. [Although appropriate consequences are necessary, there is further work and support that must be offered to the bully.](#)

3. Suicide

The rates of adolescent suicide have been on [a steady increase since the early 2000s](#) and are now at their highest recorded level. In [Soul Shop](#) (shameless plug), we teach that about 1 in 4 young people are affected by suicide. Either they are thinking about suicide, have thought, or attempted in the past, are worried about someone close to them thinking about suicide, or are a suicide survivor (meaning someone close to them died by suicide). We have to be aware that suicide is in our churches, our youth groups, and our communities and is affecting the young people we are working with. We have to be willing to ask the question, “Are you thinking about suicide?” to any young person we are concerned about.

2. Desperation

This is different from depression. [Desperation can come from depression or other mental illnesses but is not dependent on it.](#) Desperation occurs when three experiences are present in our lives; the experiences of being trapped, alone, and in pain. These can be physical, emotional, spiritual, or mental experiences. They can be some combination of all the above, but the key is that there is a perception of being trapped, alone, and in pain. This is not unique to adolescence, it is a human condition, but adolescents tend to come at it from a more emotional perspective (see #7), and because of that, adults can miss it. Desperation is what often leads to impulsive destructive behaviors, suicide, violence, drug use, or sexually acting out. When we are desperate, we are going to do whatever we think is going to relieve the feeling of being trapped, alone, and pain. I wonder if we have become an increasingly desperate society?

1. Anxiety and Depression

[Gen Z is the most anxious generation recorded.](#) The possible reasons for this can be debated, but what is most important here is to say, [“We know it is happening!”](#) Many of the signs of anxiety and depression appear in what we have listed above, and we can say without a doubt that it is in our churches and youth groups. We must be willing to address it and address the root causes of it. We must be willing to have these important conversations in our churches and our society. We must share information with parents, help them talk to their children, and give the young people the words they need to explain what is going on inside of them. We need to be able to take a wide view of what we may be doing to add to the anxiety and depression in our young people. [What do we need to be teaching our young people that we are leaving them to learn on their own?](#)

Anxiety and depression are often partners in our mental health struggle. Although anxiety has overtaken depression as the number one diagnosed mental health issue in adolescents [depression remains something that we have to be aware of](#), because it is in our churches and our youth groups.

It can be easy to dismiss depression and anxiety as teenage “phases” that will pass with time. The truth is even the slightest bit of depression and anxiety can be entirely overwhelming for all of us, especially our young people who have no frame of reference for the possibility of recovery. As the adults in the lives of young people, we must be willing to

engage our young people, talk to parents, and create relationships where help and healing is something everyone is working toward no matter how “big” the issue is.

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