

Understanding Child and Adolescent Development

UNDERSTANDING CHILD AND ADOLESCENT DEVELOPMENT

A Guide for Educators

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Brisbane, Queensland



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TITLE PAGE

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ACKNOWLEDGMENT OF COUNTRY

We acknowledge the Traditional Owners and their custodianship of the lands on which this project originated. We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country. We recognise their valuable contributions to Australian and global society.



A Guidance
Through Time by
Casey Coolwell
and Kyra
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About the artwork

Quandamooka artists Casey Coolwell and Kyra Mancktelow have produced an artwork that recognises the three major campuses, while also championing the creation of a strong sense of belonging and truth-telling about Aboriginal and Torres Strait Islander histories, and ongoing connections with Country, knowledges, culture and kin. Although created as a single artwork, the piece can be read in three sections, starting with the blue/greys of the Herston campus, the purple of St Lucia and the orange/golds of Gatton.

The graphic elements overlaying the coloured background symbolise the five UQ values:

- The Brisbane River and its patterns represent our Pursuit of excellence. Within the River are tools used by Aboriginal people to teach, gather, hunt, and protect.
- Creativity and independent thinking is depicted through the spirit guardian, Jarjum (Child in Yugambeh language), and the kangaroo
- The jacaranda tree, bora ring, animal prints, footprints and stars collectively represent honesty and accountability, mutual respect and diversity and supporting our people.

Learn more about [The University of Queensland's Reconciliation Action Plan](#).

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1.

EARLY LIFE DEVELOPMENT

Elizabeth Edwards

Learning intentions

In this chapter, we will explore:

- the biological, psychological, and social factors that influence early development
- the key theories related to early development, including attachment theory and parenting styles
- the impact of early nurturing experiences, including responsive caregiving and cultural perspectives.

Early childhood is a critical period of development that lays the foundation for future learning, emotional well-being, and social relationships. Research from developmental neuroscience and psychology highlights that early life experiences—including prenatal influences, early attachment, and parenting styles—play a vital role in shaping cognitive, emotional, and social outcomes. This chapter explores the biological, environmental, and socio-cultural influences on early childhood development, emphasising the role of caregivers, families and educators in fostering healthy growth.

Early development is a dynamic and complex process shaped by genetic predispositions, prenatal conditions, and the quality of postnatal care. A child's development is influenced by a combination of biological factors—such as brain maturation and sensory development—and environmental conditions, including nutrition, caregiving practices, and exposure to stress or adversity.

Psychological factors, including temperament and emotional regulation, interact with these early experiences, highlighting the importance of secure attachments and responsive caregiving in shaping a child's cognitive, emotional, and social competencies. Theories such as attachment theory and models of parenting styles provide valuable frameworks for understanding how early relationships impact long-term development.

In addition to biological and psychological aspects, early development is profoundly shaped by socio-

cultural influences. Families and communities play a pivotal role in transmitting values, norms, and caregiving practices that guide a child's sense of identity and belonging (see also [Chapter 6](#)). Cultural perspectives on parenting, education, and socialisation contribute to diverse developmental pathways, underscoring the need for inclusive and culturally responsive approaches in early childhood education (see also [Chapter 9](#)). By examining the bio-psycho-social factors, this chapter provides an understanding of early life development, highlighting the significance of nurturing relationships, supportive environments, and informed educational practices provides the building blocks for lifelong well-being.

Healthy development in the early years

Healthy early development is marked by reaching important developmental milestones in areas such as language, motor skills, emotional regulation, and social interaction. The concept of *nurturing care* (Britto et al., 2017) highlights the role of responsive caregiving, adequate nutrition, and safe environments for optimal development. Children typically reach developmental milestones (see Table 1.1) at predictable ages, but variability exists due to genetic and environmental factors. Educators play a crucial role in identifying delays and providing early intervention.

Table 1.1 Key Developmental Milestones in Early Childhood

Age	Cognitive Development	Social-emotional Development	Physical Development
< 1 year	Recognises caregivers, responds to name	Forms attachments, expresses basic emotions	Begins sitting, crawling
1-3 years	Develops early language, engages in pretend play	Displays stranger anxiety, seeks comfort	Walks, climbs stairs
3-5 years	Expands vocabulary, understands simple instructions	Forms friendships, shows empathy	Runs, jumps, fine motor skills develop

Biological influences on early development

From the moment of conception, a child's developmental trajectory is influenced by a combination of biological factors. The intrauterine environment, shaped by factors such as maternal nutrition, stress, substance use, and environmental exposures, play a significant role in fetal brain development (WHO, 2020). These influences extend beyond birth, affecting a child's cognitive and emotional capabilities.

Epigenetics is a growing field of research highlighting how environmental factors can influence gene expression without altering DNA sequences (Bale, 2015). For instance, children born to mothers who experience high levels of stress during pregnancy may develop heightened sensitivity to stress due to epigenetic modifications (Nowak et al., 2020). Similarly, prenatal exposure to alcohol, nicotine, or drugs

can have long-term consequences on a child's ability to learn and regulate emotions (Bond & Buckley, 2024).

Fetal Alcohol Spectrum Disorder (FASD) is one such condition where prenatal alcohol exposure results in lifelong cognitive, behavioural, and social challenges (Popova et al., 2023). In the following case study, Liam, diagnosed with FASD, struggles with attention, impulse control, and memory. His condition highlights the challenges of early development and schooling.

Case study: Liam

Liam is a five-year-old boy who was diagnosed with Fetal Alcohol Spectrum Disorder (FASD) after prenatal alcohol exposure. He struggles with attention, impulse control, and memory. He often finds it difficult to transition between tasks, requiring extra support to stay engaged in structured learning activities. His difficulty with executive functioning means he may act impulsively, without fully considering consequences, which can lead to frustration or disruptive behaviours. Liam also has challenges with sensory processing, making him more sensitive to noise, touch, or environmental changes, which can increase his anxiety or distractibility. Socially, Liam sometimes misinterprets social cues and struggles with peer relationships, finding it hard to engage in reciprocal conversations or manage his frustrations appropriately. His emotional regulation difficulties may lead to meltdowns or withdrawal when he feels overwhelmed.

1.1 Pause and reflect

What strategies could educators use to support Liam to navigate his environment, build resilience and maximise his success at school?

Children with unique challenges in early development need educators to be aware of the diverse biological factors influencing needs and adapt their teaching approaches accordingly. Understanding the impact of prenatal and early life conditions enables them to create supportive, inclusive learning spaces that cater to children with a range of developmental needs.

Early nurturing experiences and attachment

Attachment theory, first proposed by Bowlby (1969), emphasizes the importance of secure relationships between children and caregivers. Secure attachment fosters confidence, emotional regulation, and positive social interactions, all of which contribute to academic success and well-being (Delgado et al., 2022). Conversely, insecure attachment—whether avoidant, ambivalent, or disorganised (see Table 1)—can lead to trust issues, emotional dysregulation, and difficulties in peer relationships. Recent research indicates that children with secure attachments are more likely to develop emotional intelligence, good social skills, and robust mental health. In contrast, insecure attachments have been linked to negative social behaviours and challenges in adaptive functioning.

Table 1.2 Three main types of insecure attachment

Types	Description
Avoidant	Children learn to be self-reliant and emotionally distant, avoiding dependence on others due to past experiences of caregivers being unresponsive.
Ambivalent	Children display clinginess and heightened emotional distress because of inconsistent caregiving, leading to uncertainty about whether their needs will be met.
Disorganised	Children show conflicting behaviours, often oscillating between seeking comfort and withdrawing, typically resulting from exposure to unpredictable or frightening caregiving.

Case study: Mia

Mia is a four-year-old girl who was placed into foster care at aged three, due to instability in her early home environment. In her Kindergarten class, she hesitates to seek help from adults and avoids eye contact. Recognising an avoidant attachment style, her teachers implement a nurturing approach, gradually building trust and encouraging engagement in classroom activities. Mia's teacher noticed that when asked direct questions, Mia would often respond with a nod or a brief word, but she rarely initiated conversation. Over time, the educators implemented small but consistent interventions to help Mia feel more secure. Her teacher made a point of greeting her warmly each morning and pairing her with a consistent buddy. Additionally, teachers reinforced positive interactions by praising Mia's efforts when she participated in group work or asked for assistance. Gradually, she became more comfortable seeking help and engaging with others.

1.2 Pause and reflect

How does insecure attachment impact learning in the classroom?

Educators play a crucial role in fostering secure attachment by creating predictable routines, offering consistent emotional support, and encouraging positive peer interactions. By doing so, they help children develop confidence, emotional resilience, and a strong sense of belonging.

Parenting styles

Parenting styles play a crucial role in shaping a child's behaviour, self-regulation, and long-term well-being (Kuppens & Ceulemans, 2019). The framework originally developed by Baumrind (1967) categorises parenting into four key styles: authoritative, authoritarian, permissive, and disengaged. Each of these styles is associated with different developmental outcomes, impacting emotional security, academic performance, and social adaptation.

Parenting styles interact with cultural expectations and socio-economic factors, shaping children's development in nuanced ways. While authoritative parenting is often associated with the most positive outcomes, different cultures may emphasise alternative approaches to child-rearing. In some cultures, for instance, authoritarian parenting may not have the same negative consequences observed in Western contexts (Novianti et al., 2023).

Table 1.3 Parenting Styles, Characteristics, and Child Outcomes

Parenting Styles	Characteristics	Child Outcomes
Authoritative	Warm, responsive, sets clear expectations	High self-esteem, strong social skills, academic success
Authoritarian	Strict, high expectations, little warmth	Obedient but may struggle with anxiety or low self-esteem
Permissive	High warmth, few boundaries	Impulsive, struggles with self-regulation
Disengaged	Low warmth, little involvement	Higher risk of behavioural and academic problems

1.3 Pause and reflect

Take a moment to reflect on your own experiences of parenting as a child. What style of parenting did your parents/caregiver use? If you are a parent; what is your parenting approach?

Educators can bridge the gap between home and school environments. By understanding diverse parenting styles, teachers can adapt their approaches to provide consistent, supportive structures that enhance a child's sense of security and belonging in the classroom.

The [Australian parenting website](#) provides a wealth of information and resources that teachers can use to assist parents to raise healthy children. The articles, videos and apps are tailored to children of different ages and stages, are free, reliable and developed by experts.

1.4 Pause and reflect

How might educators adapt their teaching approaches to support children from diverse family backgrounds?

Trauma and early development

Children who experience trauma in early life may face significant challenges in their emotional, cognitive, and social development. Trauma can result from ongoing and repeated traumatic experience, such as, neglect, physical or sexual abuse, exposure to domestic violence, or separation from primary caregivers (Wamser-Nanney & Vandenberg, 2013). The stress associated with trauma can alter brain development, particularly in areas responsible for emotional regulation, learning, and social behaviour (Shonkoff et al., 2012). Chronic stress can lead to difficulties with impulse control, heightened anxiety, and difficulty forming secure relationships.

The impact of trauma can manifest in different ways, including difficulty concentrating in school,

aggressive behaviours, withdrawal from social interactions, and heightened sensitivity to perceived threats (Perry & Szalavitz, 2017). Trauma-informed care in educational settings focuses on providing consistent support, fostering positive relationships, and creating structured environments that promote feelings of safety (Howard, 2019; Thomas et al., 2019). Research suggests that a trauma-informed approach to schooling helps children build resilience and navigate the long-term effects of trauma. We look at trauma in more detail in Chapter 2.

Australian Indigenous perspectives on early development

Indigenous cultures emphasise the interconnectedness of family, community, and land in raising children. For Australian Indigenous communities, early development is deeply linked to relationships with Country, elders, and cultural traditions (Lohar et al., 2014). Historical disruptions, including forced removals during the Stolen Generations, have had lasting effects on families, contributing to intergenerational trauma (Menzies, 2019; see also [Chapter 2](#)).

Many Indigenous families advocate for the inclusion of cultural knowledge and traditional practices in early childhood education. Connection to language, storytelling, and extended family networks supports identity formation and emotional well-being. Culturally responsive education that prioritises Indigenous ways of knowing and values community input is essential in supporting Indigenous children's holistic development (SNAICC, 2021). Programs that integrate Indigenous perspectives into early childhood education foster a sense of belonging and promote positive developmental outcomes. The article by McGaw et al. (2022; see Case study) highlights the ongoing systemic challenges in policies concerning the welfare of Indigenous Australian children.

Case study: Whose place?

Whose place? Lessons from a case study of a guardianship determination for an Australian Indigenous child (McGaw et al., 2022)

The article presents a case of a seven-year-old Aboriginal girl who resides with her foster mother in a metropolitan Australian city, whose guardianship is being contested by her biological mother from a remote Aboriginal community.

1.5 Pause and reflect

How do differing cultural perspectives on child well-being and development influence decisions about guardianship and placement?

Conclusion

Early childhood development is influenced by an intricate interplay of biological, psychological, and social factors. Secure attachments, nurturing caregiving, and stable environments contribute to positive developmental outcomes, while adversity and trauma present challenges that require intervention. Educators, caregivers, and policymakers play a crucial role in fostering inclusive, supportive environments that promote resilience and well-being in all children. Recognising and respecting diverse cultural perspectives, particularly those of Indigenous communities, is essential in creating educational environments that accommodate children's unique developmental needs.

Reflection questions

Educators must understand the factors that contribute to a child's healthy and successful transition through early childhood, as these foundational experiences shape their cognitive, emotional, and social development. Considering the literature in this chapter, reflect on the following questions:

1. How do genetic and environmental factors interact in early childhood development?
2. How can educators support children with insecure attachment?
3. What role do cultural perspectives play in early childhood education?
4. How can schools implement trauma-informed practices to support children with adverse early experiences?
5. How can educators ensure that Indigenous children's cultural identities and connections to Country are preserved?

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2.

ADVERSE CHILDHOOD EXPERIENCES

Elizabeth Edwards

Learning intentions

In this chapter, we will explore:

- the impact of trauma on child development, including cognitive, emotional, and social domains
- the role of adverse childhood experiences (ACEs) in shaping long-term outcomes
- the neurobiological effects of trauma on brain development
- trauma-informed approaches in education and strategies for supporting affected children
- the intersection of trauma, culture, and Indigenous perspectives

Trauma, particularly in early childhood, has a profound effect on development, influencing brain function, behaviour, and learning outcomes. Children who experience trauma, such as abuse, neglect, or household dysfunction, may struggle with emotional regulation, cognitive processing, and forming healthy relationships. The effects of trauma can be long-lasting, shaping an individual's social, emotional, and academic trajectory well into adulthood.

This chapter extends [Chapter 1](#) in taking a closer look at how trauma affects the developing brain, the implications of adverse childhood experiences and the importance of trauma-informed approaches in education. The chapter also discusses the impact of intergenerational trauma, particularly in Indigenous Australian communities, and highlights culturally responsive strategies to support children affected by trauma.

Understanding trauma and adverse childhood experiences

Trauma has been defined as an emotional response to a distressing or life-threatening event. Trauma can be

acute, chronic, or complex, with complex trauma referring to repeated exposure to traumatic events, often within caregiving relationships (Straussner & Calnan, 2014).

Adverse childhood experiences refer to a set of potentially traumatic events occurring before the age of 18, including physical and emotional abuse, neglect, parental substance abuse, and domestic violence. Studies have linked high adverse childhood experiences scores to increased risks of mental health issues, substance use disorders, and chronic diseases (Howard, 2019). Children with multiple adverse experiences may struggle with school engagement, emotional regulation, and trust in authority figures (Miller & Berger, 2020).

Neurobiological impact of trauma on development

Early trauma can significantly alter brain development, particularly in structures associated with stress regulation, learning, and memory. The brain's survival mechanisms, involving the amygdala, hippocampus, and prefrontal cortex, become overactive in children exposed to chronic stress (see Figure 1). Repeated exposure to trauma rewires the brain to prioritise detecting threats, which inhibits cognitive and emotional regulation (Shonkoff et al., 2012).

When a child perceives danger, their sympathetic nervous system activates a fight, flight, freeze, or fawn response. While this response is adaptive in immediate danger, prolonged exposure to stress results in excessive cortisol production, impairing memory, emotional processing, and self-regulation. Over time, these changes contribute to heightened emotional reactivity, impulsivity, and difficulties with attention and learning (Perry & Szalavitz, 2017).

Children with trauma histories may have:

- Difficulty concentrating in class due to hypervigilance
- Emotional outbursts resulting from dysregulated stress responses
- Reduced ability to form positive relationships with peers and educators

2.1 Pause and reflect

Think about a student you have previously taught or known who exhibited signs of trauma; such as trouble concentrating, emotional outbursts, or difficult forming relationships. What strategies did/could you have implemented to support their learning and well-being?

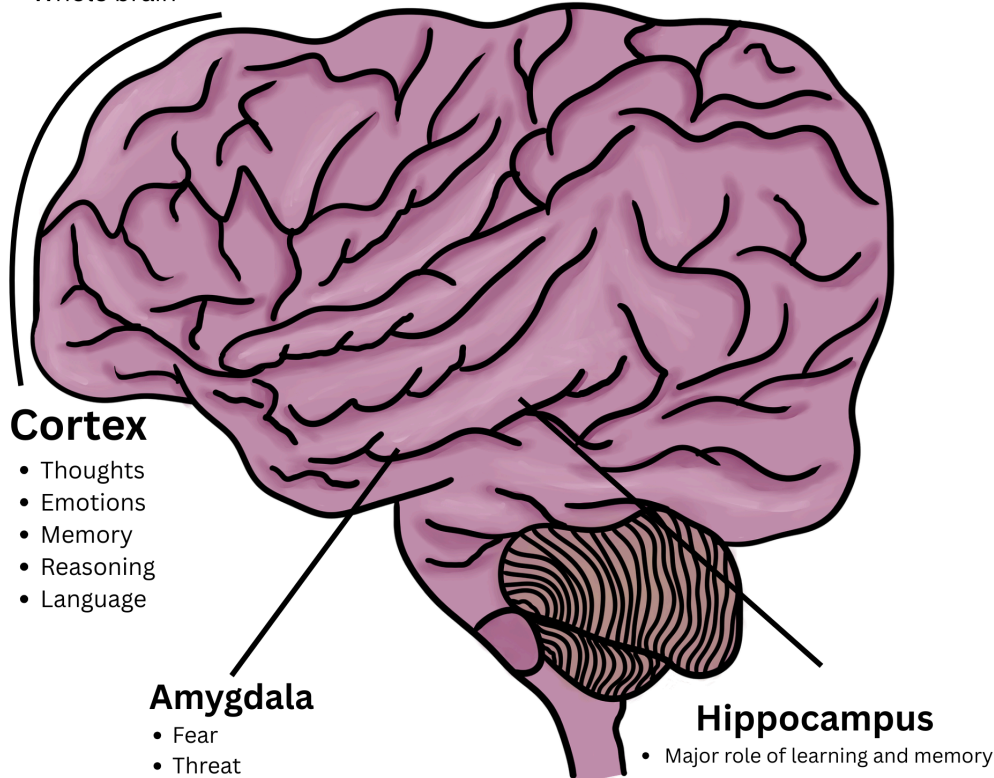
Figure 1. *Parts of the Brain Effected by Traumatic Stress***Limbic System**

- Whole brain

Sympathetic Nervous System

- Produce localised adjustments

Figure created by
the author.



Trauma-informed approaches in education

Trauma-informed education recognises the widespread impact of trauma and implements strategies to create a safe, supportive learning environment. Schools adopting trauma-informed practices prioritize predictability, emotional safety, and relationship-building to foster resilience in affected children (Cavanaugh, 2016).

Strategies for supporting students with trauma include:

- Establishing predictable routines: Consistent classroom structures help reduce anxiety for students who have experienced unpredictability in their home environments.
- Creating a safe and inclusive classroom environment: Teachers can foster trust by using calm, supportive interactions and avoiding punitive disciplinary measures.
- Building positive relationships: A caring, attuned educator can serve as a stabilising force for students, helping them develop healthy attachments and self-regulation skills.
- Teaching emotional regulation skills: Mindfulness, breathing exercises, and self-regulation techniques empower students to manage emotions effectively.

Case studies have demonstrated the effectiveness of trauma-sensitive teaching approaches in improving

student engagement, attendance, and academic outcomes (Maynard et al., 2019). Miller & Berger (2020) reviewed trauma-informed school practices for Aboriginal and Torres Strait Islander children, highlighting the disproportionate exposure to trauma within these communities due to historical and ongoing disadvantage. The authors emphasised the need for culturally relevant trauma interventions in schools, noting that while trauma-informed practices are growing, they often fail to incorporate Indigenous cultural perspectives. They call for policy improvements, greater teacher training, and the inclusion of Indigenous knowledge in trauma-responsive education.

Indigenous perspectives on trauma and healing

The trauma experienced by Aboriginal and Torres Strait Islander communities is uniquely shaped by historical dispossession, forced removals, and intergenerational trauma. The policies of the Stolen Generations (AIATSIS, 2022) disrupted family structures, leading to long-term social and emotional distress in Indigenous populations (Basu & Isaacs, 2019).

Intergenerational trauma persists when the pain of past generations is transferred to younger ones through disrupted family relationships, socio-economic disadvantage, and systemic discrimination. Many Indigenous children face additional challenges in education, including disengagement, mistrust of institutions, and lack of culturally safe support systems.

Healing from trauma within Indigenous communities requires culturally grounded interventions that prioritise connection to Country, community, and culture. Programs that integrate storytelling, traditional healing practices, and elder mentorship foster resilience and restore identity among Indigenous youth (McKendrick et al., 2013).

Educators working with Indigenous students should adopt strength-based approaches that celebrate cultural knowledge and traditions while ensuring culturally safe learning environments. Strengths-based approaches in Indigenous education, emphasise the importance of recognising and valuing the cultural strengths, knowledge, and resilience of Indigenous youth and highlight their capabilities, fostering a sense of identity, belonging, and empowerment. Research suggests that when Indigenous students see their cultures reflected in the curriculum and experience supportive learning environments, they are more likely to engage in school and achieve positive educational outcomes (Shay & Oliver, 2021).

Case study: Tyson

Tyson, a 10-year-old Aboriginal boy has struggled with school engagement and emotional regulation. He often avoids eye contact with teachers, refuses to participate in group

activities, and reacts aggressively to perceived criticism. His history reveals exposure to family violence and displacement from his community.

2.2 Pause and reflect

What culturally responsive strategies could educators implement to support Tyson's development?

Conclusion

Trauma, particularly when experienced in early childhood, has profound effects on a child's emotional, cognitive, and social development. The neurobiological impact of trauma can result in heightened stress responses, emotional dysregulation, and difficulties in learning and relationships. Schools play a crucial role in mitigating the effects of trauma by fostering safe, supportive environments through trauma-informed practices. Furthermore, culturally responsive approaches are essential in addressing intergenerational trauma among Indigenous children, ensuring that educational settings provide healing opportunities rather than reinforcing historical harm.

Reflection questions

Understanding the impact of trauma on child development is crucial for educators, who can play a key role in fostering resilience by creating trauma-informed, supportive, and culturally responsive learning environments that promote healing, emotional regulation, and positive social connections. Considering the literature in this chapter, reflect on the following questions:

1. How does trauma impact a child's ability to engage in learning and social relationships?
2. What are the key principles of trauma-informed education, and how can teachers

implement them effectively?

3. How does intergenerational trauma affect Indigenous communities, and what strategies support healing and resilience in education?

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3.

THEORETICAL PERSPECTIVES

Elizabeth Edwards

Learning intentions

In this chapter, we will explore:

- key theoretical frameworks that explain child and adolescent development
- How different theoretical perspectives provide insights into cognitive, emotional, and social growth
- the role of context in shaping adolescent experiences
- strength-based approaches, including Positive Youth Development (PYD).

The study of child and adolescent development is informed by multiple theoretical perspectives, each offering unique insights into how young people grow and change over time. While early theories often focused on biological or internal psychological processes, contemporary models recognise the context-dependent nature of development. This chapter explores key theoretical frameworks, including classical perspectives (e.g., Freud, Erikson, Piaget, Kohlberg) and ecological and strength-based approaches, which emphasise the interaction between the individual and their environment.

Early theories of development

Deficit approach

G. Stanley Hall is often credited with pioneering the scientific study of adolescence. His '*storm and stress*' model characterises adolescence as an inherently turbulent period marked by conflict, mood swings, and risk-taking behaviours (Arnett, 2006). Although this perspective has been criticised for its universalist and deficit-oriented view, it influenced later theories on adolescent psychological development.

Freud's psychosexual theory

Sigmund Freud's psychosexual theory of development proposed that adolescence is a stage of heightened sexual energy, anxiety, and identity formation. He viewed puberty as the culmination of childhood developmental conflicts, with the transition into adulthood requiring the resolution of earlier psychosexual struggles. Freud described adolescence as a process of separation-individuation, where the young person must emotionally detach from parental figures to develop an independent adult identity (Sowden, 2011). Although Freud's ideas remain influential, contemporary researchers critique his overemphasis on sexuality (or sexual drives) controlling adolescent behaviour.

Erikson's psychosocial development

Erik Erikson (1959) proposed a lifespan approach to development. His theory identifies adolescence as a critical stage for the formation of a stable identity versus role confusion (see Table 3.1). Adolescents must navigate personal, social, and cultural factors to develop a coherent identity and sense of self (see Dunkel & Sefcek, 2009). Erikson's work highlights the role of social influences and remains widely applied in education and counselling.

Table 3.1 Erikson's psychosocial stages

Stage	Basic conflict	Virtue	Description
Infancy 0-1 year	Trust vs. mistrust	Hope	Developing confidence that caregivers and the environment are reliable and responsive, or experiencing uncertainty and insecurity
Early childhood 1-3 years	Autonomy vs. shame/doubt	Will	Gaining a sense of personal control and independence, or feeling self-doubt and embarrassment when autonomy is discouraged
Play 3-6 years	Initiative vs. guilt	Purpose	Taking initiative through exploration and goal-directed behaviour, or feeling guilt about desires and actions
School age 7-11 year	Industry vs. inferiority	Competence	Building competence through learning and skill development, or developing feelings of inadequacy when efforts are unsuccessful
Adolescence 12-18 years	Identity vs. role confusion	Fidelity	Exploring values, beliefs, and future roles to form a coherent sense of self, or experiencing confusion about identity and direction
Early adulthood 19-29	Intimacy vs. isolation	Love	Forming close, committed relationships while maintaining identity, or feeling socially disconnected
Middle age 30-64 years	Generativity vs. stagnation	Care	Contributing to the next generation through work, caregiving, or community involvement, or experiencing a sense of unproductiveness
Old age 65 onwards	Integrity vs. despair	Wisdom	Reflecting on life with acceptance and meaning, or experiencing regret and dissatisfaction

Piaget's cognitive development theory

Jean Piaget (1952) outlined a stage-based model of cognitive development. He proposed that adolescence is characterised by the emergence of formal operational thinking (see Table 3.2). At this stage, adolescents develop abstract reasoning, hypothetical-deductive thinking, and metacognition. Piaget's framework remains foundational, though contemporary research suggests cognitive development is variable and impacted by cultural and environmental factors (Babakr et al., 2019).

Table 3.2 Piaget's stages of cognitive development

Stage	Age range	What happens at this age?
Sensorimotor	0-2 years old	Infants learn about the world through direct sensory experiences and physical actions, gradually understanding that objects and people continue to exist even when out of sight
Preoperational	2-7 years old	Children begin to use language, symbols, and imagination but their thinking is intuitive and egocentric, with difficulty understanding perspectives other than their own
Concrete Operational	7-11 years old	Thinking becomes more logical and organised when dealing with tangible information; children can understand conservation, classification, and cause-effect relationships in concrete situations
Formal Operational	11 years old and older	Adolescents develop the capacity for abstract, hypothetical, and systematic thinking, allowing them to reason about possibilities, moral issues, and future-oriented problems

Read the case study about Jake, keeping in mind the theories covered in the chapter so far.

Case study: Jake

Jake, a 16-year-old high school student, is navigating a period of rapid change in his life. He has begun questioning long-held beliefs, forming his own views on complex social and moral issues. At the same time, he often feels uncertain about his future, fluctuating between different career aspirations and struggling to define his sense of self. His parents have noticed that he has become more emotionally independent, often challenging their authority and withdrawing from family interactions. His teachers observe that he enjoys engaging in abstract discussions and debates, demonstrating an ability to think critically and hypothetically. These shifts in Jake's thoughts, emotions, and behaviours illustrate how multiple aspects of adolescent development interact and shape his experiences.

3.1 Pause and reflect

What developmental processes are influencing Jake's experiences? How might Freud, Erikson, and Piaget's theories help explain different aspects of his journey?

Kohlberg's theory of moral development

Lawrence Kohlberg suggested that moral reasoning evolves through adolescence (Kohlberg & Hersh, 1977). Kohlberg's six-stage model is divided into three levels: pre-conventional, conventional, and post-conventional morality (see Figure 3.1). Adolescents typically transition from externally driven morality (seeking approval and avoiding punishment) to more complex ethical reasoning based on principles of justice and human rights.

Figure 3.1 Kohlberg's stages of moral development

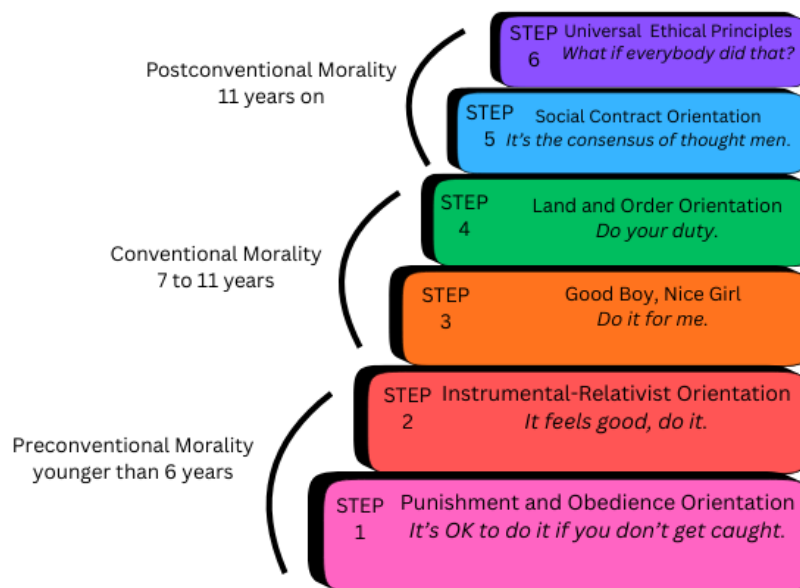


Figure adapted from Kohlberg's model of moral development by Em Griffin, licensed under [CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/).

Text version

A diagram illustrating Lawrence Kohlberg's three levels of moral development, each containing two stages. The levels are arranged vertically from bottom to top, with colour-coded rounded rectangles representing the six stages.

Level 1: Preconventional Morality (younger than 6 years)

Stage 1: Punishment and Obedience Orientation — Caption: "It's OK to do it if you don't get caught."

Stage 2: Instrumental-Relativist Orientation — Caption: "It feels good, do it."

Level 2: Conventional Morality (7 to 11 years)

Stage 3: Good Boy, Nice Girl — Caption: "Do it for me."

Stage 4: Law and Order Orientation — Caption: "Do your duty."

Level 3: Postconventional Morality (11 years on)

Stage 5: Social Contract Orientation — Caption: "It's the consensus of thoughtful men."

Stage 6: Universal Ethical Principles — Caption: "What if everybody did that?"



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/understanding-child-adolescent-development/?p=62#h5p-1>

In the following case study, Sophie is faced with making a moral judgement. Read her story and identify the various levels of moral development proposed by Kohlberg.

Case study: Sophie

Sophie, a 15-year-old high school student, finds a wallet on the ground containing cash and the owner's identification. Initially, she considers keeping the money, as she has been saving up for a new phone. However, she then thinks about what her parents and teachers would say and decides that returning the wallet is the right thing to do. Later, she reflects on how she would feel if she had lost her own wallet and concludes that honesty and fairness are fundamental values regardless of external opinions.

3.2 Pause and reflect

How does Sophie's decision-making process reflect the stages of Kohlberg's moral development? Can you think of a similar situation in which an adolescent might demonstrate different levels of moral reasoning?

Contemporary models

Bronfenbrenner's ecological systems theory

Urie Bronfenbrenner (1979) challenged the notion that development occurs in isolation. His Ecological Systems Theory underscores the interplay between individuals and their surrounding environments. He proposed five nested levels of influence (see Figure 3.2), as follows:

- **Microsystem:** Immediate environments (family, school, peers).
- **Mesosystem:** Interactions between microsystems (e.g., parent-teacher relationships).
- **Exosystem:** Indirect influences (e.g., parental workplace policies, local media).
- **Macrosystem:** Cultural, political, and economic systems shaping development.
- **Chronosystem:** The impact of time and historical changes on development.

Consider the case of an adolescent who is experiencing academic struggles and emotional stress. Their microsystem includes their interactions with parents, teachers, and peers, all of whom influence their daily experiences. If their parents are actively engaged in their schooling and communicate regularly with teachers (mesosystem), they may receive more consistent support. However, if their parents work long hours (exosystem) and cannot attend school meetings, this lack of engagement may negatively impact their progress. Broader social norms and educational expectations (macrosystem) may also shape their experiences, influencing the pressure they feel to succeed. Additionally, if they are transitioning into high school (chronosystem), this life change may further contribute to their stress. This example illustrates how Bronfenbrenner's ecological model provides a framework for understanding how various layers of influence shape adolescent development.

A limitation of Bronfenbrenner's ecological model is that it places heavy emphasis on environmental influences while underestimating the role of biological factors in development. Critics argue that genetic predispositions and individual psychological traits are not sufficiently accounted for within this framework

(Lerner & Lerner, 2019). Additionally, the model does not clearly explain how individuals actively shape their own environments rather than simply being influenced by them. Nonetheless, the model remains highly influential in educational and social policy, advocating for context-sensitive approaches to working with adolescents.

Figure 3.2 Bronfenbrenner's ecological systems theory

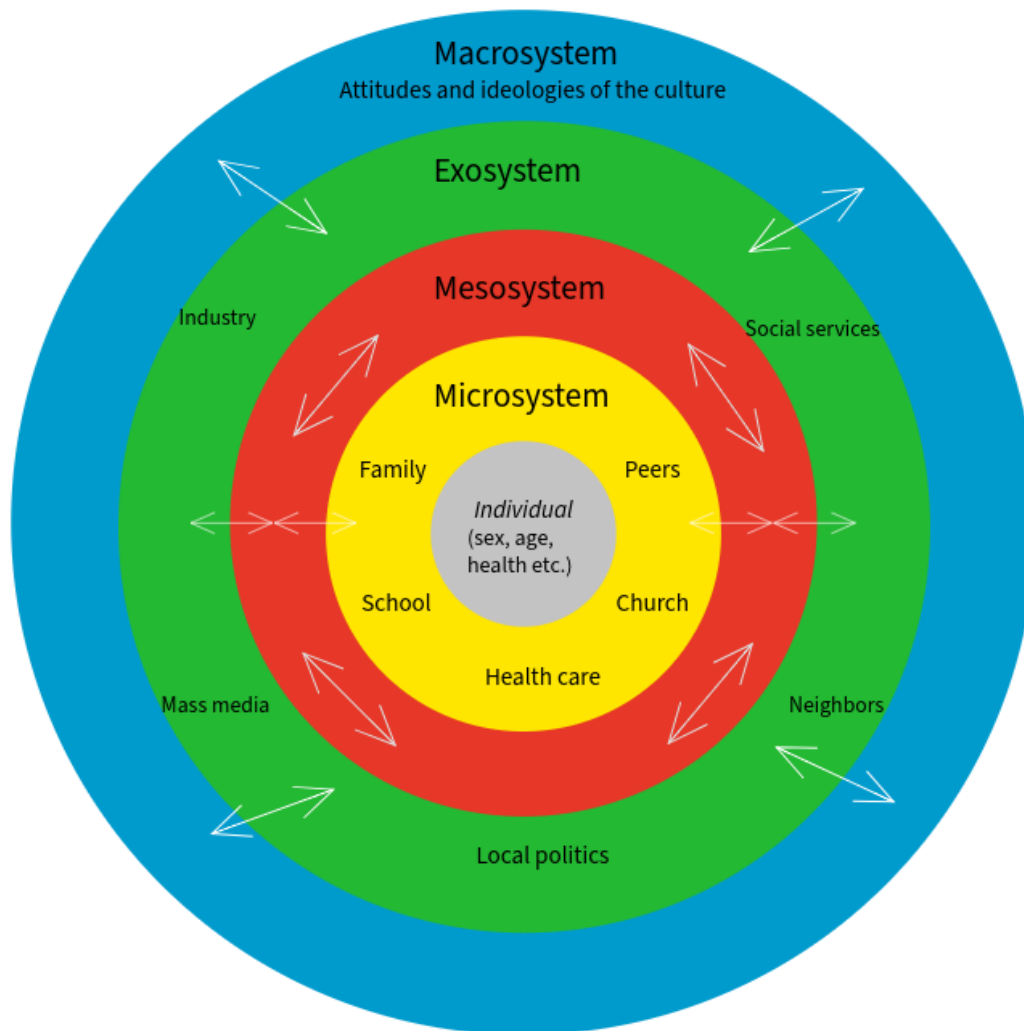


Figure adapted from Bronfenbrenner's Ecological Theory of Development by Hchokr, licensed under [Creative Commons Attribution-Share Alike 3.0 Unported](#).

Strength-based approaches to adolescent development

In contrast to deficit-focused models, strength-based approaches view adolescents as capable, resilient, and resourceful. These frameworks focus on protective factors that support well-being rather than risks that contribute to negative outcomes.

'Strengths-based approaches consider positive mental health not only as an absence of illness or disease, but also as the presence of a person's ability to develop and maintain mental health.' (Kilcullen et al., 2018, p17)

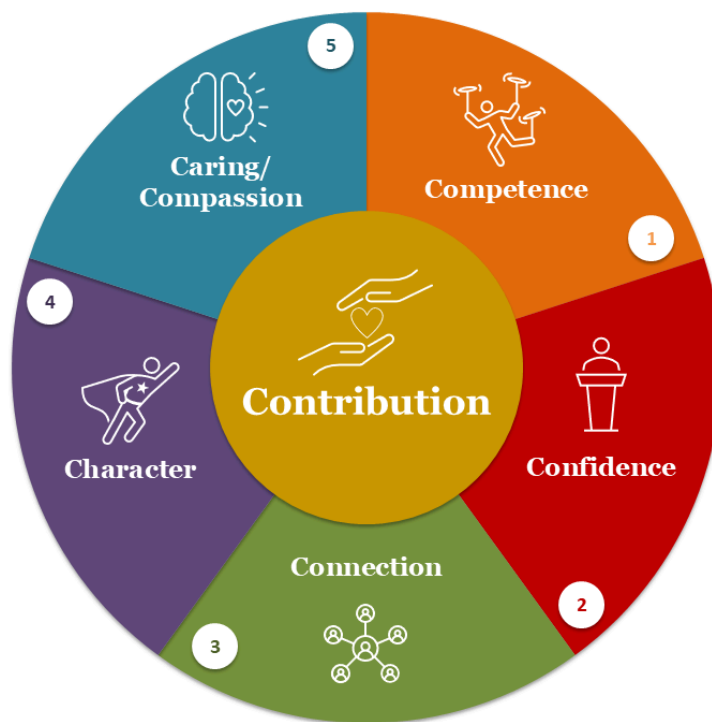
Research has shown there are significant advantages of using a strengths-based approach to working with Australian Aboriginal and Torres Strait Islander youth (Dudgeon et al., 2020). Two major strength-based perspectives are explored below.

Positive youth development

Positive youth development (PYD) is a holistic framework that emphasises the strengths, assets, and potential of young people. Lerner (2009) proposed five key attributes that contribute to thriving adolescence (see Figure 3.3):

1. Competence: Mastery in academic, social, and vocational domains.
2. Confidence: Positive self-identity and self-worth.
3. Connection: Strong relationships with peers, family, and community.
4. Character: Integrity, responsibility, and ethical decision-making.
5. Caring: Empathy and prosocial behaviour.

Figure 3.3 The 5Cs of positive youth development



The 5Cs of positive youth development adapted from Lerner, R. M. (2009). "The positive youth development perspective: theoretical and empirical bases of a strengths-based approach to adolescent development," in *The Oxford Handbook of Positive Psychology*, S. J. Lopez and C. R. Snyder (Oxford: Oxford University Press), 149–163.

PYD suggests that when Competence, Confidence, Connection, Character and Caring are nurtured, adolescents are more likely to contribute positively to their communities and engage in civic life. PYD principles are widely applied in education, youth programs, and mental health interventions (see Dimitrova & Wiium, 2021).

3.3 Pause and reflect

Think of an adolescent you have known who faced challenges in their development. How could PYD principles have been applied to support their growth? What assets and resources might have helped them thrive despite difficulties?

Resiliency theory

Resiliency theory offers a strengths-based perspective on child and adolescent development, focusing on how promotive factors enable young people to overcome adversity. According to Zimmerman (2013), resilience is not merely the absence of risk but the presence of protective assets and resources that support healthy development. These promotive factors can be internal, such as self-efficacy and self-esteem, or external, such as supportive relationships with parents, mentors, and community programs. Resiliency theory emphasises that positive social and contextual variables can counteract developmental risks, redirecting youth from negative trajectories toward positive outcomes. By applying this framework, educators and practitioners can design interventions that enhance strengths rather than solely addressing deficits.

3.4 Pause and reflect

Consider a time when you observed an adolescent facing adversity. What promotive factors, such as internal assets (e.g., self-efficacy) or external resources (e.g., family or community support), helped them navigate their challenges? How might the application of resiliency theory have influenced their developmental outcomes?

Conclusion

Theoretical perspectives provide valuable insights into adolescent development, with early theories

emphasising psychological and cognitive processes, while contemporary approaches highlight the role of context and strengths-based development. Understanding these frameworks enables educators to apply evidence-based strategies that support young people in navigating the complexities of adolescence.

Reflection questions

This chapter explores key theoretical perspectives for child and adolescent development, highlighting classical theories, ecological frameworks, and strength-based approaches to emphasise the dynamic interplay between individual growth, social context, and resilience. Considering the literature in this chapter, reflect on the following questions:

1. How do classical theories differ from contemporary models in explaining adolescent development?
2. Why is context important in understanding adolescent growth and behaviour?
3. How can educators implement strength-based approaches in their practice?

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4.

INTRODUCTION TO ADOLESCENTS

Elizabeth Edwards

Learning intentions

In this chapter, we will explore:

- definitions of adolescence and how it has changed over time
- the boundaries of adolescence and discuss the factors influencing its limits
- the diversity of Australian adolescence.

Adolescence is a unique and dynamic period of human development that varies across individuals, cultures, and contexts. This chapter provides educators with a broad exploration of adolescence, focusing on its evolving definitions, the factors influencing its boundaries, and the diverse experiences of adolescents in Australia.

We begin by defining adolescence and examining how the concept has been shaped by cultural, societal, and biological changes over time. We then explore the boundaries of adolescence, addressing the factors that define its start and end and how these limits differ globally and within Australia. Finally, we examine the diversity of adolescence in the Australian context, highlighting the influence of cultural, socio-economic, and geographic factors on young people's experiences.

It is important to consider that educators play a critical role in supporting young people during a period of significant growth and change. A nuanced understanding of adolescents allows educators to address their diverse needs, influenced by culture, socio-economic background, and individual differences. Recognising adolescents' developing cognitive and social-emotional abilities and quest for independence enables educators to foster critical thinking, self-directed learning, and a positive sense of identity. In the following case study, Emma is experiencing struggles with her personal and academic life.

Case study: Emma

Emma is a 15-year-old girl living in suburban Brisbane, balancing academic pressures, exploring her personal identity, and experiencing some social challenges. She is a high-achieving student, yet feels the weight of expectations from her family, who value higher education. While Emma is focused on her future, including attending university, she often struggles with thoughts that she is 'not good enough' and feels peer pressure, especially concerning body image and social media. Emma's diverse group of friends provides a sense of belonging, her school offers a mentoring program to help manage academic-related stress, and her family provides a stable, supportive environment. Despite these efforts, Emma is withdrawing and is no longer enjoying the things she used to enjoy.

4.1 Pause and reflect

What else can educators do to support adolescents like Emma in managing academic and social challenges? What role can families play?

The way that educators and families support young people depends on many factors, such as the existing relationship with the young person, the type of young person they are and individual differences in teachers and family members. There is no 'one size fits all' approach, but what is known is that building strong, empathic relationships with adolescents enhances their engagement and motivation and creates a supportive environment where students can thrive academically, socially, and emotionally. Many of these factors are discussed in greater detail in later chapters.

Defining adolescence

The word 'adolescence' originates from the Latin *adolescere*, meaning 'to grow up' or 'to grow into maturity'. Historically, adolescence has been viewed as a period marked by a lack of maturity, with individuals in this stage sometimes perceived as deficient in fully developed adult qualities (Bahr &

Pendergast, 2007). This conceptualisation frames adolescence as a transitional phase where individuals are still ‘becoming’ rather than fully realised adults.

During adolescence, individuals undergo significant changes across multiple domains – biological, cognitive, social, and emotional – as they transition into adulthood (Steinberg, 2020). Adolescence is marked by biological or physical transformations, including puberty, which leads to the development of secondary sexual characteristics and reproductive maturity. Secondary sexual characteristics refer to the physical features that develop during puberty, distinguishing males from females but not directly related to reproduction. These characteristics are triggered by hormonal changes and become more pronounced during adolescence. For example, for males, these features include deepening of the voice, growth of facial and body hair, and an increase in muscle mass. For females, these include the development of breasts, widening of the hips, and the start of menstruation. These changes are part of the overall maturation process from childhood to adulthood (Arnett et al., 2019). Cognitively, adolescents develop the ability to think and reason more complexly and make decisions that consider longer-term consequences. Socially, adolescents are influenced by cultural, familial, and societal expectations, with differences in experiences varying widely across individuals and societies. In sum, research shows that adolescence is critical for the development of future roles, including the capacity to think abstractly, develop autonomy, and form deeper peer relationships (Steinberg, 2020). We will explore adolescent biology and neurology in more detail in Chapter 5 and explore aspects of adolescent social and emotional development in Chapters 6 through 10.

Boundaries of adolescence

The World Health Organisation (WHO) defines ‘adolescents’ as individuals aged from 10 to 19 years (World Health Organization, 2025). WHO uses the terms ‘youth’ for those aged 15-24 years and ‘young people’ as those aged 10-24 years. However, the boundaries of adolescence – its beginning and end – and the factors influencing these limits are not universal. Research suggests that puberty, cultural norms, and societal expectations play significant roles in determining when adolescence starts and concludes (Sawyer et al., 2018).

While the age range for adolescence remains somewhat consistent, the nature of the developmental changes, risks, and opportunities faced by adolescents can differ greatly (Bertram, 2020). In some cultures, adolescence is marked by formal rites of passage, such as the Jewish Bar and Bat Mitzvah or the Mexican Quinceañera, which celebrate the transition from childhood to adulthood (Arnett et al., 2019). In Indigenous Australian cultures, the transition to adulthood may be marked by spiritual and community-based ceremonies, often signifying a deeper connection to cultural traditions (Tomyn et al., 2015). In many Western cultures, adolescence is defined by age and legal milestones, such as the onset and completion of high school, or turning 18 or 21. In industrialised societies like the US, Canada and for many non-Indigenous Australians, adolescents may face the pressure of academic achievement and career choices as key markers of maturity. These variations highlight how cultural factors influence the experience and boundaries of adolescence, with each culture providing unique frameworks for defining this stage of life.

4.2 Pause and reflect

Reflect on your own experience of adolescence. To what extent did biological, cognitive, social, cultural and emotional factors influence your development? Perhaps you saw yourself transitioning more quickly from childhood to adulthood or more slowly.

Historical views of youth

Historically, adolescence was viewed through a deficit lens, where this period of development was seen as a time of instability, rebellion, and immaturity. Scholars such as G. Stanley Hall framed adolescence as a time of ‘storm and stress’ focusing on the turmoil and challenges associated with this stage (see Arnett, 2006). This deficit view emphasised emotional volatility and conflict, suggesting that adolescents were inherently troubled and in need of guidance.

Contemporary approaches to adolescence recognise it as a critical period of growth, exploration, and identity formation. While challenges remain, such as navigating peer relationships and academic pressures, modern research emphasises the potential for positive development during this stage. Adolescents are now seen as capable of making thoughtful decisions, developing abstract thinking, and engaging in meaningful relationships. Developmental theories, such as those of Erik Erikson and Jean Piaget, highlight adolescence as a time for autonomy and self-discovery rather than a phase marked by deficits (see Lerner, 2018).

In the last two decades, adolescence has become increasingly viewed as a time for growth, opportunity, and the formation of adult roles, rather than a period to endure. This shift is supported by strength-based approaches that focus on adolescents’ potential for positive development. Rather than emphasising deficits, these frameworks highlight adolescents’ resilience, adaptability, and emerging capabilities (Roth & Brooks-Gunn, 2016). Strength-based approaches encourage young people to leverage their strengths, such as creativity and emotional intelligence, to navigate challenges and build a positive sense of identity and resilience (Darbani & Parsakia, 2023). In other work, advances in cognitive neuroscience recognised that the brain development occurring in adolescence is not inherently problematic, but rather creates a ‘sensitive period’ for increased opportunities for sociocultural processing (Blakemore & Mills, 2014; Steinberg, 2014).

Diversity of Australian adolescents

Australian adolescents are a diverse group. Table 4.1 provides facts about the diversity of Australian adolescents taken from a variety of government sources (e.g., Australian Human Rights Commission, 2025; Australian Bureau of Statistics, 2020; Australian Institute of Health and Welfare, 2023).

Table 4.1 Cultural diversity of Australian adolescents

Characteristics	Statistics
Young Australians	<ul style="list-style-type: none"> • There are 3,200,000 young Australians aged 15-24 years (2020). • 51% were male and 49% were female (2020).
Indigenous status	<ul style="list-style-type: none"> • 5.1% of young Australians identify as Aboriginal and Torres Strait (2019). • Aboriginal and Torres Strait Islander population rose 25% between 2016-2021.
Identity	<ul style="list-style-type: none"> • 6.1% of young people identified as gay, lesbian or 'other' sexual orientation (2019). • 9.3% of young people have disability; 4.7% males, 4.6% females (2019).
Ancestry and country of birth	<ul style="list-style-type: none"> • Australians comprise over 300 different ancestries. • 25% of Australian adolescents were born overseas (2019).
Language or refugee background	<ul style="list-style-type: none"> • 1 in 5 Australians speak a language other than English at home. • 3,700 young people settled in Australia as refugees (2019-20).
Rural Australia	<ul style="list-style-type: none"> • Young people living in rural Australia have limited access to mental health services. • Young people living in rural Australia are almost three times more likely to suicide.
Religious affiliation and beliefs	<ul style="list-style-type: none"> • 45% young people identify as Christian, 37% non-religious, 3.3% Islam (2016). • 60% of people believe racism is a significant problem in Australia.

Adolescents from diverse backgrounds are differentiated by factors such as ethnicity, socio-economic background, and geographic location. As such, their development needs vary. For example, young people

from Indigenous Australian communities, may experience unique cultural expectations and challenges that influence their development and identity (Neville et al., 2014). Adolescents from immigrant backgrounds living in Australia may face challenges and demands adapting to a new culture while maintaining aspects of their original cultural identity (Ziaian et al., 2021). Socio-economic disparities also play a significant role in shaping the experiences of adolescents, with those from disadvantaged backgrounds often facing barriers in education and mental health (Perry, 2018). Understanding factors associated with diversity is crucial for supporting all adolescents' well-being and development.

Conclusion

Adolescence is a complex and formative stage of life, characterised by significant growth, exploration, and diversity. This chapter has explored the changing definitions of adolescence, the boundaries that shape this developmental period, and the diverse backgrounds of young Australians. Recognising the interplay of biological, social, and cultural factors is essential to understanding the unique needs of adolescents. For educators, appreciating this diversity and adopting strength-based approaches can foster positive development, resilience, and identity formation. In the following Chapters we continue to explore adolescence thus it is critical to value its opportunities, challenges, and individuality, ensuring all young people are supported during this transformative stage.

Reflection questions

It is essential for educators to understand the factors influencing a healthy and successful transition from childhood to adulthood, namely adolescence. Considering the material in this chapter, reflect on the following questions:

1. What can I do as an educator to support adolescents at the critical transition?
2. Consider the diversity of Australian adolescents described in Table 4.1. How might these influence the expectations placed on young people?
3. How can I address cultural, racial and socio-economic and other diverse differences in my practice?
4. What qualities and values do I want to communicate to the young people I work with?

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5.

ADOLESCENT COGNITIVE AND NEUROLOGICAL DEVELOPMENT

Linh Chu

Learning intentions

In this chapter, we will explore:

- the key cognitive changes that occur during adolescence
- historical theories of adolescent cognitive development
- how brain maturation influences adolescent behaviour and decision-making
- the paradoxes of adolescent cognitive development and their implications.

Adolescence is a period of profound cognitive and neurological transformation. The transition from childhood to adulthood involves an increasing ability to think abstractly, evaluate risks, and regulate emotions. However, these cognitive advancements do not always translate to mature decision-making, as adolescents are still developing key executive functions. The balance between heightened cognitive abilities and emotional impulsivity often leads to paradoxical behaviours, such as increased problem-solving skills yet poor impulse control.

For example, imagine a group of high school friends planning their weekend. Alex, one of the more adventurous members, suggests sneaking into a movie without paying. Some friends hesitate, recognising the risk, while others see it as harmless fun. The way each individual responds to this situation depends on their level of cognitive maturity and impulse control. Those with a more developed prefrontal cortex might consider the long-term consequences and opt out, whereas others, driven by social influence and sensation-seeking, may go along with the plan. This example highlights the variability in adolescent decision-making, which stems from the ongoing cognitive and neurological development occurring during this period.

This chapter provides educators with a comprehensive understanding of how cognitive and neurological changes impact adolescent behaviour and its implications on adolescents themselves, family, and school. We will first explore the key cognitive transformations that occur during adolescence, followed by major

theories that explain these developments. Then, we will examine how brain maturation influences decision-making and impulse control. Finally, we will discuss the paradoxes of adolescent cognitive development and their real-world implications.

It is important to recognise that each adolescent experiences unique cognitive and neurological transitions that significantly shape their perspectives, interactions, and decision-making. While these changes present challenges, they also create valuable opportunities for learning and identity formation which has lasting impacts into adulthood. By understanding these transformations, educators can better support adolescents in navigating this critical stage—maximising opportunities for growth while mitigating potential risks. Let's begin with Mia, a teenager who is experiencing firsthand the changes in her thinking and behaviour as she moves through adolescence.

Case study: Mia

Mia, a 15-year-old high school student in Sydney, has recently noticed changes in her thinking and decision-making abilities. As a naturally curious and high-achieving student, she excels in problem-solving and critical thinking, often engaging in debates with peers and reflecting on her future career aspirations. However, as Mia's independence grows, she questions authority figures more frequently. Debating with teachers and parents about rules and expectations sometimes becomes overly argumentative as she struggles to see different perspectives.

Recently, Mia found herself in a dilemma: she had planned to study for important exams but impulsively chose to spend the evening with friends or playing games on her iPad instead. In the moment, she justified her decision, telling herself that she needed a break and that she would have time to study later. However, when she received disappointing exam results, she regretted her choices. Her frustration deepened when her parents criticised her, calling her "lazy" and "undisciplined." Mia felt self-disappointed and lost as she genuinely wanted to do well but found it difficult to balance long-term goals with immediate temptations. Mia wants to be more self-disciplined and make better choices in the future, but she feels uncertain about how to change.

5.1 Pause and reflect

As an educator, how have you observed students like Mia struggling with impulse control and decision-making? Reflecting on your own adolescence, can you recall a time when you faced a similar dilemma? How did your decision impact you, and what would you tell your younger self about navigating such challenges?

Cognitive changes during adolescence

Adolescence is marked by significant cognitive and neurological changes that shape an individual's ability to think, reason, and process information. There is a broad consensus that cognitive development during this period involves enhanced abstract thinking, improved information processing, and greater executive function capabilities (Steinberg, 2005). Adolescents exhibit an increased ability to engage in hypothetical-deductive reasoning, introspection, and metacognition, allowing them to think beyond immediate experiences (Luna et al., 2004; Steinberg, 2014). For example, they may begin to analyse different political perspectives, reflect on their own personal growth, or anticipate how various actions could influence future outcomes.

As adolescents gain more life experiences, they become better at solving complex problems, making quicker decisions in social situations, and retaining information relevant to their interests and academics. However, cognitive development is not uniform for all individuals; it varies based on factors such as family environment, education, childhood experiences, upbringing, and neural maturation, making each adolescent's developmental trajectory unique.

5.2 Pause and reflect

How did your thinking change?

Consider how your own cognitive abilities evolved during adolescence. Did you notice a shift in

your ability to think critically and solve problems? Reflect on specific experiences that illustrate this transition.

Historical theories of adolescent cognitive development

Piaget's cognitive stages theory

Jean Piaget (1896-1980), a widely recognised Swiss psychologist by his systematic study of adolescent cognitive development, proposed a stage-based model of cognitive development through birth to the end of adolescence. In childhood, **concrete operational thinking** enables reasoning about tangible, present experiences. In contrast, adolescence marks the transition to the **formal operational stage**.

During this stage, individuals develop:

- abstract and logical thinking – the ability to manipulate ideas and concepts without direct physical experience.
- hypothetical-deductive reasoning – the capacity to formulate hypotheses, systematically test them, and draw logical conclusions
- introspection and metacognition – the ability to reflect on one's own thoughts and reasoning processes.

Especially, the development of **hypothetical-deductive reasoning ability** is important for learning since it allows adolescents to think beyond immediate reality. This shift supports:

- scientific reasoning – Adolescents can engage in systematic experimentation. For example, in physics, they might test different variables to determine how force affects motion.
- abstract problem-solving – In algebra, they can manipulate symbolic equations and understand mathematical proofs.
- social cognition and moral reasoning – Adolescents can anticipate emotional responses and evaluate ethical dilemmas using principles rather than personal consequences.

While Piaget proposed that most individuals reach full formal operational reasoning by age 15, research suggests significant variability in its development and application (Crain, 2005). Studies indicate that formal operational thought is not universally achieved, and its use often depends on context, education, and domain-specific experience (Keating, 2004). For instance, individuals with extensive exposure to mathematics and science are more likely to engage in formal operational reasoning.

Additionally, modern developmental research challenges the idea of strict cognitive stages, instead

supporting a more flexible, experience-dependent model of cognitive growth (Kuhn, 2009). Factors such as culture, education, and social interaction play significant roles in shaping cognitive abilities, suggesting that formal operational reasoning emerges gradually rather than at a fixed age.

Reasoning, information processing and expertise

Adolescent cognitive development can also be understood through advancements in reasoning, information processing, and expertise, akin to improvements in a computer system—enhanced software, faster processing, and expanded storage. Research indicates that adolescents experience significant growth in selective and divided attention (Casteel, 1993; Higgins & Turnure, 1984), working memory (Hale et al., 1997), and processing speed due to neural maturation (Hale, 1990; Kail, 1991; Kail & Hall, 1994). These changes enhance problem-solving, academic performance, and critical thinking.

Additionally, adolescents develop three key types of knowledge that support learning: **declarative knowledge**, which refers to factual information they can consciously recall (e.g., historical dates or scientific concepts); **procedural knowledge**, which involves knowing how to perform tasks and actions (e.g., solving math equations or playing an instrument); and **strategic knowledge**, which helps them determine when and how to apply different learning strategies effectively (Byrnes, 2001). As these knowledge types expand, adolescents become better at reasoning and judgment, strengthening their ability to think critically and solve complex problems (Keating, 2004, 2012, 2016). Mastery in any domain also requires extensive practice, aligning with the “10,000-Hours Rule,” which suggests expertise develops through approximately 10,000 hours of dedicated effort (Ericsson & Charness, 1999).

Vygotsky's sociocultural theory

Lev Vygotsky (1978) emphasised the importance of social interaction and cultural context in cognitive development. Unlike Piaget, he argued that cognitive growth is not a solitary process but is facilitated through:

- the Zone of Proximal Development (ZPD): The gap between what an adolescent can do independently and what they can achieve with guidance.
- Scaffolding: Support from teachers, peers, and parents that helps adolescents develop advanced reasoning skills.
- Social and Cultural Tools: Language, symbols, and artifacts that shape cognitive processes and reasoning abilities.

Vygotsky believed that learning precedes development, meaning that adolescents acquire cognitive skills through engagement with more knowledgeable individuals. For example, a student struggling with algebra might grasp complex mathematical reasoning through guided instruction and peer discussions, eventually internalising these skills.

Additionally, Vygotsky emphasised the role of **private speech**—adolescents' internal dialogue used to guide their thinking and problem-solving. This self-directed speech gradually becomes internalised as complex reasoning abilities mature. Vygotsky's work highlights the role of collaborative learning and social relationships in shaping adolescent cognitive abilities, underscoring the influence of culture, education, and social interactions in cognitive development.

Bronfenbrenner's ecological theory of development

Building on Vygotsky's idea that cognitive development is shaped by social interactions, Urie Bronfenbrenner (1979) expanded this perspective by examining the broader ecological systems that influence development. According to Bronfenbrenner, development takes place within nested, interdependent systems: the Microsystem, Mesosystem, Exosystem, and Macrosystem (see Chapter 3 for further discussion). These systems interact simultaneously and reciprocally, meaning adolescents shape their environments just as much as they are shaped by them. By emphasising the interplay between individuals and their environments, Bronfenbrenner's model reinforces Vygotsky's view that cognitive development is deeply embedded in cultural and social contexts.

Brain maturation during adolescence

The neuroscientific model of adolescent development is still evolving, yet it offers a groundbreaking perspective on how the adolescent brain matures. As the first 'grand theory' of adolescence proposed in the last 50 years (Steinberg, 2010), this model provides a framework to understand both normative and atypical adolescent development (Steinberg, 2010).

Historically, research on brain development relied on post-mortem studies, which provided limited insight into the ongoing processes of maturation. However, advancements in MRI imaging have revolutionised our understanding, revealing that brain development continues well into the mid-20s. This maturation follows a structured sequence, progressing from inferior to superior and posterior to anterior—from the bottom up and from the back towards the front (Giedd, 2004; Gogtay et al., 2004).

One of the most significant findings in this area is the delayed maturation of the prefrontal cortex, which is the last brain region to fully develop (Barnea-Goraly et al., 2005; Toga et al., 2006; Yakovlev & Lecours, 1967). This region governs executive functions (EF), a collection of cognitive abilities including goal setting, planning, reasoning, problem-solving, attentional control, and self-monitoring. The gradual refinement of the frontal lobes and their neural networks is central to the development of a more self-directed and self-regulated mind (Keating, 2004). However, the mismatch between the early maturation of emotion-related brain structures (such as the limbic system) and the slower development of regulatory regions (like the prefrontal cortex) helps explain some of the characteristic behaviours of adolescence, including heightened emotional responses and risk-taking.

5.3 Pause and reflect

What can we as educators learn from the neuroscientific model of adolescent development?
How much do teachers need to know about how the brain works?

One of the most consistent findings from neuroimaging studies is the steady age-related increase in working memory volume and density from childhood through adolescence and into early adulthood (Barnea-Goraly et al., 2005; Giedd et al., 1999; Paus et al., 1999). While the brain reaches its adult size by approximately age 10 (Paus, 2009), critical aspects of its structure and function continue to develop, particularly in two key ways: **structural changes** and **functional changes**.

Structural changes

The change in working memory is attributed to increased **myelination** of neurons during adolescence. Myelin, composed of fats and proteins, forms an insulating sheath around axons, allowing for faster and more efficient neural transmission (Paus, 2010). Myelination is closely linked to improvements in cognitive efficiency and information processing (Keating, 2004). Concurrently, synaptic pruning eliminates unused neural connections leading to reduced synaptic density, streamlining neural networks and enhancing processing efficiency. The most significant pruning occurs in the prefrontal cortex, refining the brain's capacity for executive functioning.

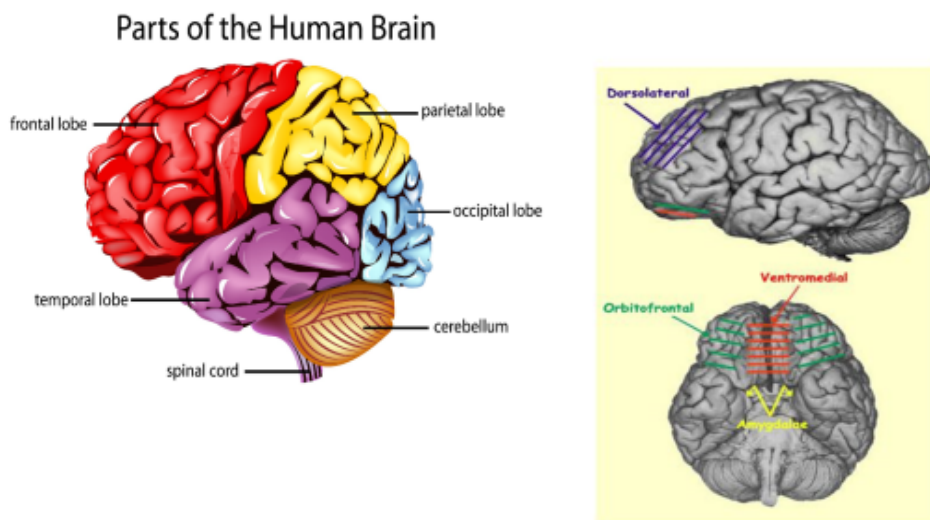
Both myelination and **synaptic pruning** are influenced by pubertal hormone production. Notably, these changes tend to occur earlier in girls than in boys, contributing to differences in cognitive and emotional development during adolescence. Research suggests that adolescents with higher intelligence exhibit a prolonged period of synapse production before puberty, followed by a more dramatic pruning phase afterward. This pattern may contribute to more refined cognitive abilities over time (Shaw et al., 2006, as cited in Steinberg, 2014).

While these processes occur in both childhood, adolescence and adulthood – it is the areas in the brain in which they occur during adolescence that is important. Changes in brain structure can be found in the:

- **Prefrontal Cortex:** Responsible for high-level cognitive functions, including planning, impulse control, and risk assessment.
- **Parietal Cortex:** Supports working memory and spatial processing.
- **Temporal Cortex:** Essential for memory consolidation and social cognition.

- **Dorsolateral Prefrontal Cortex:** Critical for logical reasoning, strategic thinking, and decision-making.
- **Ventromedial Prefrontal Cortex:** Supports intuitive decision-making and is strongly connected to emotional regulation systems.
- **Orbitofrontal Cortex:** Plays a role in evaluating rewards and social feedback.
- **Limbic System:** Governs emotional processing, reward perception, social interactions, and motivation.

Figure 5.1 Parts of Human Brain



Left: Human brain by ErMED14 is licensed under CC BY-SA 4.0. Right: Anatomic areas in morality network from Mendez MF. CNS Spectr. Vol 14, No 11. 2009. Originally published Thebrain.mcgill.ca, "copyleft" permission

Functional changes

During adolescence, the brain undergoes functional changes that improve efficiency and connectivity. One key development is the increasing of the prefrontal cortex. Studies show that as adolescents grow, they rely on fewer but more essential regions of the prefrontal cortex for cognitive tasks (Andrews-Hanna et al., 2011). This refinement allows for more focused neural activity, leading to better problem-solving and decision-making skills.

Another major functional change is the strengthening of connections between different brain regions, particularly between the prefrontal cortex and the limbic system. This improved functional connectivity enhances self-regulation and emotional control. However, because the limbic system matures earlier than the prefrontal cortex, adolescents may still experience intense emotions and impulsivity before they develop full regulatory control.

Changes in limbic system defines how adolescent brain is affected by certain neurotransmitters such as dopamine and serotonin. Increased dopamine activity enhances reward sensitivity, making adolescents more motivated to seek novel experiences and take risks. At the same time, fluctuations in serotonin levels

contribute to heightened emotional reactivity and sensitivity to social influences. These neurochemical shifts help explain why adolescents are more prone to sensation-seeking and why peer approval becomes increasingly important during this stage of development.

Risk and reward sensitivity are further influenced by elevated dopamine activity, which drives anticipation of rewards and encourages exploratory behaviours (Wahlstrom et al., 2010). While this can be beneficial for learning and adapting to new situations, it also increases the likelihood of risk-taking behaviours, particularly in emotionally charged or peer-influenced situations.

5.4 Pause and reflect

In [The Remodeling Brain: Pruning and Myelination \(YouTube, 3m 37s\)](#) video, Dr Jay Giedd discusses the 'Use it or Lose it' principle. What are the implications of this for adolescents today?



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://uq.pressbooks.pub/understanding-child-adolescent-development/?p=69>

Paradoxes of adolescent cognitive development and their implications

Adolescence is a period of striking cognitive and neurological transformation, marked by both enhanced capabilities and increased vulnerabilities. This developmental phase presents paradoxes that have profound implications for education, mental health, and societal interventions.

Neural plasticity and sensitive periods

During adolescence, the brain undergoes significant synaptic pruning, a process that refines neural circuits and optimises cognitive functions. The peak synaptic density in various brain regions corresponds to heightened plasticity, creating a critical window for learning and adaptation (Huttenlocher, 2009; Johnson,

2005). This plasticity underlies adolescents' capacity for acquiring new skills and knowledge efficiently but also means that experiences—both positive and negative—can have a lasting impact.

For example, language acquisition research demonstrates that while young children can effortlessly learn a second language, proficiency in a new language declines with age (Birdsong, 2018; Flege et al., 1995; Johnson & Newport, 1989; Weber-Fox & Neville, 1996). This decline reflects the reduction in neural plasticity as synaptic pruning progresses, reinforcing the notion that early intervention and exposure to learning opportunities are crucial during adolescence.

Strength and resilience vs. risk-taking and vulnerability

Adolescents are, in many ways, at a peak of physical and cognitive strength. They exhibit superior reaction times, reasoning abilities, and resilience to physical stressors compared to younger children (Dahl, 2004). Yet, paradoxically, this developmental period is also characterised by heightened sensation-seeking behaviors, impulsivity, and difficulties with self-regulation, leading to suboptimal decision-making (Casey et al., 2008). This juxtaposition of enhanced capabilities and risky behaviors underscores the need for structured support systems that encourage positive decision-making while mitigating potential harm.

Mental health risks and the challenge of early intervention

One of the most concerning paradoxes of adolescent development is the high prevalence of emerging mental health disorders. Seventy-five percent of psychological disorders, including depression, anxiety, and eating disorders, manifest during adolescence. However, distinguishing between normal adolescent behavior and emerging pathology can be challenging, delaying intervention (Carr-Gregg, 2010). The longer these conditions go untreated, the more entrenched they become due to neural 'fossilisation'—a term reflecting the reduced plasticity that occurs as neural pathways solidify. Alarming, the average delay between onset and treatment ranges from five to fifteen years, reinforcing the urgent need for early identification and support.

The adolescent brain and substance sensitivity

Adolescents exhibit a diminished sensitivity to early warning signs of intoxication but an increased sensitivity to the effects of alcohol and drugs. This combination can lead to greater risk-taking in substance use and more pronounced consequences. These vulnerabilities highlight the importance of targeted education and prevention strategies that align with the unique cognitive and emotional landscape of adolescence.

The age of opportunities

Despite these vulnerabilities, adolescence remains a period of immense potential. Many adolescents

navigate this stage successfully, with up to 80% passing through without significant difficulties (Arnett, 2006). The perception of adolescence as a time when ‘all things seem possible’ (Luciana, 2010) speaks to the optimism and motivation that can be harnessed for positive development.

Understanding these paradoxes has critical implications for education and policy. Schools play a crucial role in supporting adolescent development by implementing evidence-based mental health programs to identify and address psychological distress early, creating environments that balance independence with structured guidance to reduce risky behaviors, and incorporating adaptive learning strategies that align with the brain’s developmental trajectory, capitalising on heightened plasticity while recognising cognitive constraints.

Recognising the paradoxes of adolescent cognitive development allows for a more nuanced approach to fostering well-being, resilience, and academic success. By addressing both the strengths and vulnerabilities of adolescence, we can optimise support systems that help young people navigate this complex yet formative stage of life.

Conclusion

Adolescent cognitive and neurological development is a dynamic process shaped by historical theories, brain maturation, and social influences. While adolescents gain sophisticated reasoning abilities, they also face challenges due to the delayed development of executive functions. Understanding these paradoxes provides valuable insights for educators, policymakers, and caregivers in fostering environments that support adolescent growth while mitigating risks.

Reflection questions

This chapter explores the cognitive and neurological transformations that define adolescence, highlighting both the opportunities and challenges that arise during this period. Considering the literature in this chapter, reflect on the following questions:

1. How does the interplay between neural plasticity and synaptic pruning influence adolescent learning and decision-making?
2. In what ways do the delayed maturation of the prefrontal cortex and the heightened activity of the limbic system contribute to risk-taking behaviours in adolescents?
3. How can schools create learning environments that harness adolescent strengths while mitigating risks associated with cognitive and neurological development?

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6.

ADOLESCENT IDENTITY

Brooke Avery-Overduin

Learning intentions

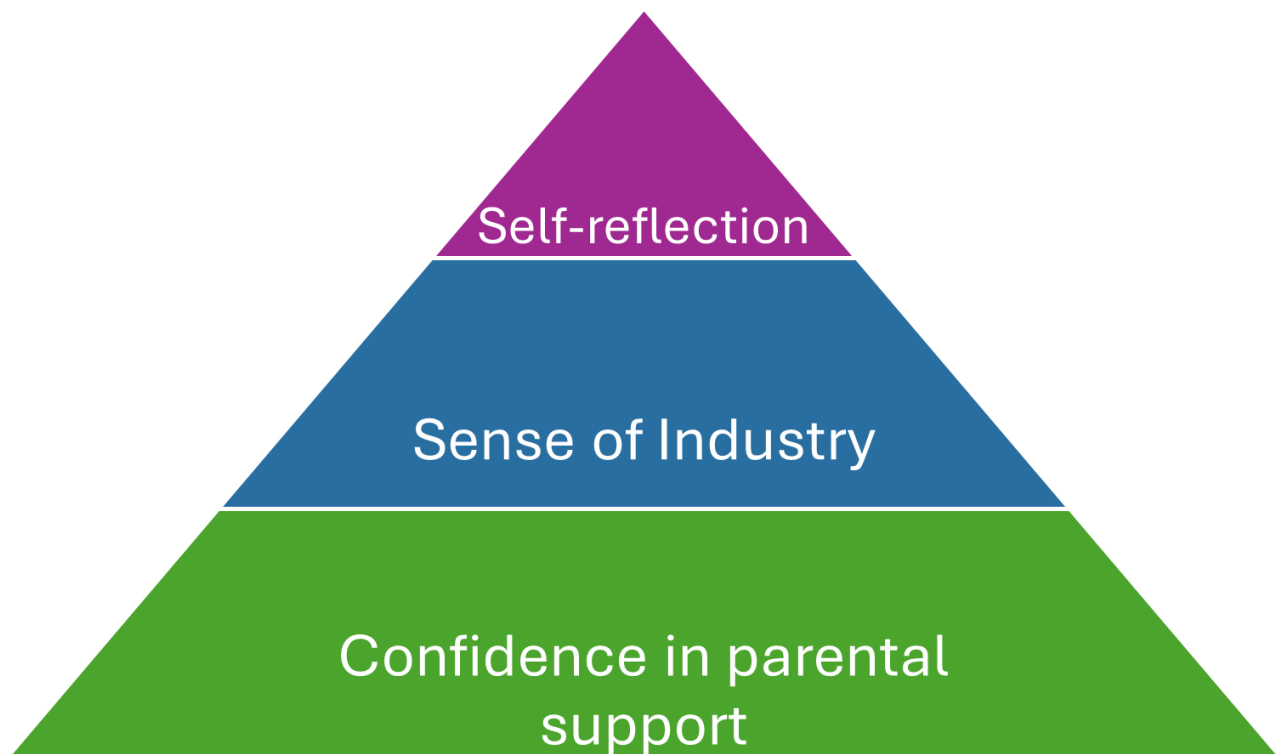
In this chapter, we will explore:

- identity formation
- the importance of self-esteem and self-concept to adolescent identity
- the role of peers in identity formation
- how social media influences adolescent identity formation
- Indigenous identities and well-being.

Identity is defined as the sense of self that an individual has that is influenced by a set of characteristics (physical, psychological and interpersonal) unique to that individual, as well as a range of intersecting affiliations (e.g. gender, race or ethnicity) and social roles (American Psychological Association, 2018). Personal identity has a sense of consistency that the individual is the same now as they were last week or last year, regardless of other changes.

Marcia (1983) proposed the *Identity Status Theory*, currently the longest lasting operational model of identity formation. He proposed that adolescent identity is formed through a process of exploration and commitment. Exploration involves trying different ideas, being open to new possibilities with respect to goals, skills, values and beliefs, and examining new roles and how they apply to the individual. Commitment refers to choices and actions that are made based on an individual's understanding of who they are. The key driver is that choices are made based on the individual's definition of self, rather than by the values, goals or expectations of others. This marks a clear distinction between childhood and adolescence, where early adolescents adapt to changing needs by experimentation with new behaviour patterns that separate them from relying on parental approval and disapproval to other sources of affirmation – a key aspect of identity formation. Important precursors in early adolescence that lead to positive identity formation in late adolescence are based around three distinct principles (Figure 6.1).

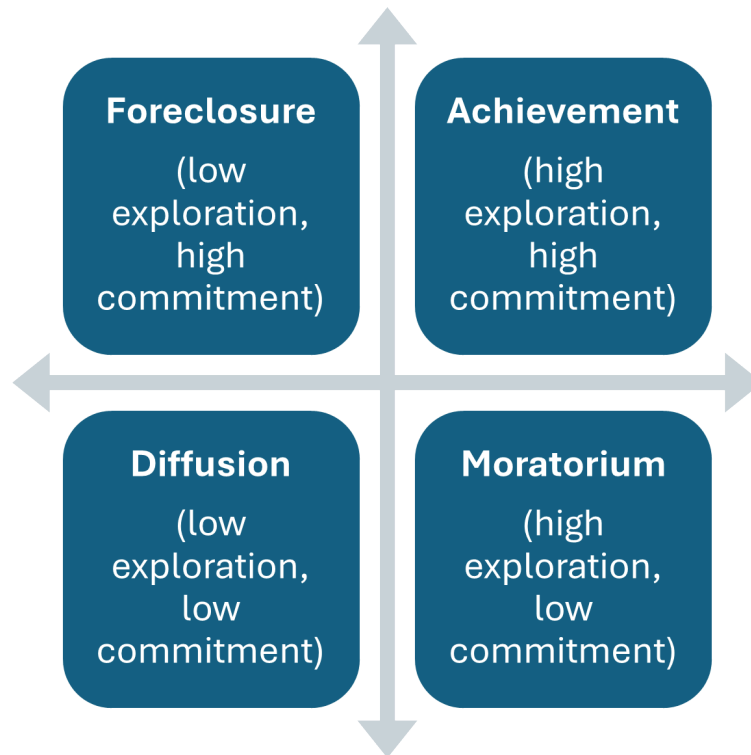
Figure 6.1 Three precursors to positive identity formation



Three precursors to positive identity formation. Figure created by the author.

Confidence in parental support is the baseline with which positive identity formation is situated. The relationship between the three principles is hierarchical in nature and led Marcia to develop four distinct identity statuses (Figure 6.2). The first status is **diffusion**, where adolescents neither engage in exploration of, or commitment to their identity formation. This identity status occurs when confidence in parental support is low, thus negating the impact of the higher principles. The second status is identity **foreclosure**, where exploration is low but commitment to a chosen identity is high. This can result in rigid, set attitudes that differ very little from those of their primary caregivers (e.g. high commitment to a religious identity as a result of being raised in a particular religious group without exploring alternative beliefs). This identity status occurs when confidence in parental support is high but sense of industry is low. Identity **moratorium** is an important third status as it reflects the notion that students do not have a high commitment to any given identity but are actively exploring their identity. This moratorium usually occurs during adolescence when confidence in parental support is high, individuals have a sense of industry and have developed the ability to self-reflect. Finally, identity **achievement** occurs following an extensive stage of exploration followed by a firm commitment to their chosen identity. This usually occurs in late adolescence or later. Life events, personal experiences and transitions between life stages all affect identity development. Stressful life events can cause adolescents to reconsider their identity and refocus more on exploration than commitment which can lead to identity diffusion (Branje, 2022). Furthermore, individuals who experience challenges in adolescence may be prompted to develop negative identities leading to deviant behaviour, supporting the notion that adolescents need the support of family and peers to safely explore aspects of their identity formation and achieve positive identities (Branje, 2022; Brittan, 2012).

Figure 6.2 The four identity states (Marcia, 1983)



The four identity states. Figure created by the author.

During adolescence, young people begin to question their place in the family, the community and wider society. Identity formation focuses on the stability of self and social roles, with the perception of themselves within those roles at the forefront. Identity formation for adolescents is key to their wellbeing and development, with the most enduring theory being developed by Erik Erikson in the 1950s (Arnold, 2017). Identity formation has since been the subject of extensive research as the changes that occur in an individual's second decade are considered increasingly important, particularly changes associated with social, emotional, cognitive and physical aspects of a person (Arnold, 2017). Erikson proposed eight stages of development from birth to death, each focussing on a different cognitive aspect; adolescence is primarily focussed on identity formation, with this fifth stage of development ranging from 12-18 years (Jayanthi & Reddy, 2012). This period of adolescence involves confusion and uncertainty about roles in society, and is applicable not just in western contexts, but more widely around the world (Jayanthi & Reddy, 2012).

In 1956, Erikson discussed the idea that identity formation in adolescence was necessary in order to reach healthy maturity in adulthood. As we progress from infancy to old age, individuals are faced with crises in development. Erikson's psychosocial theory of development is built on this idea of crisis points that must be resolved positively in order to move to the next developmental stage successfully. He stated that the primary task of adolescence is to develop a sense of identity and when an individual demonstrates flexibility with respect to their commitment to a given identity, this results in higher self-actualisation than rigidly held identities.

The importance of self-esteem and self-concept

The ideas of self-esteem and self-concept in adolescence, whilst similar, have some distinct differences. Self-concept is defined as a person's own attitudes towards their perceived competencies in multiple contexts whereas self-esteem is unidimensional and not divided into specific areas (Alves Martins & Peixoto, 2020; Corsano et al., 2022). Despite these differences, an individual's self-esteem can be affected by areas of self-concept that the individual values.

Self-concept is built on two sources of information: direct appraisals of self and reflective appraisals of the opinion of others (Sebastian et al., 2008). Developmental changes in an adolescent's self-concept are influenced by physiological changes to the parts of the brain responsible for self-processing and neuroanatomical development. It has been shown that adolescents use different parts of the brain to adults when thinking about self-concept, thus it is useful to consider when discussing the importance of self-concept. Global self-concept is made up of four low-order self-concepts arranged hierarchically: academic, social, emotional and physical self-concepts. The higher these are within an individual, the higher global self-concept will be. In childhood, these four low-order domains are strongly dependent on each other, but as individuals move from childhood to adolescence, they become increasingly independent. That is, academic and social self-concepts become less dependent on each other. An adolescent can excel academically but still have issues socially. There are additional low-order domains related to global self-concept including physical ability, appearance, interpersonal relationships, mathematics ability, reading and academic competence.

As children develop into adolescents, the importance of the way others perceive them increasingly influences an individual's self-concept. Parent and teacher beliefs and perceptions regarding student competence predicts student academic self-concept, which is the way an individual views their academic ability and is a motivating factor for engagement with school (Bouchey & Harter, 2005; Christner & Bosacki, 2025). An emphasis within a school environment on performance (e.g. through ability grouping) can lead to changes in academic self-concept depending on the group that the individual is placed in. Academic self-concept is also formed through social interactions and comparisons between students of differing abilities, with it being affected by student hierarchical position, i.e. high ability groups have significantly higher academic self-concept and are more inclined to pursue higher education in the future (Ireson & Hallam, 2009).

Another domain that impacts global self-concept in adolescents is physical self-concept. Typically, physical self-concept scores are higher in adolescent boys than girls, with appearance satisfaction in girls tending to decrease in adolescence whereas boys stays fairly consistent and higher than their female counterparts (Barker & Bornstein, 2010; Hagger et al., 2005). High physical self-concept is strongly related to participation in physical activity, which is a possible explanation for decreasing rates of girls' participation in organised sports as they reach adolescence.

Negative self-concept in adolescence is associated with both internalising and externalising behaviours

including mental health concerns, delinquency and aggression (Sebastian et al., 2008). This is related to low self-esteem being a risk factor for depression (Shahar & Henrich, 2010). Self-esteem stability is lower in early adolescence, meaning that this age is more susceptible to experiencing depressive symptoms. Self-esteem, defined as an individual's perception of their own overall worth, is considered to be a value judgement (Bailey, 2003). An individual's self-esteem is a predictor for a wide variety of outcomes for young people later in life but has been shown to decline in adolescence (Hoffman & Schacter, 2024). Self-esteem is typically lower in adolescence than any other life period, and the transition to high school during early adolescence is identified as a trigger for declining self-esteem, one of Erikson's 'crises' that adolescents need to find ways to cope with to build a positive identity. Individuals who have positive self-esteem are more likely to have a realistic view of themselves, although an overly enhanced level of self-esteem can lead to narcissism.

Global self-esteem can impact on an adolescent's functioning in severe ways. It has been linked to appearance satisfaction, patterns of disordered eating, social interactions and peer acceptance. Peer acceptance and positive interpersonal relationships typically result in higher levels of self-esteem in adolescents. Academic achievement is less important to self-esteem than self-concept; low achieving students have been found to have high self-esteem, similar to high achieving students, although their academic self-concept was lower. Low achieving students had a higher self-concept around physical appearance and valued school less, which is a possible explanation for their self-esteem remaining high as they ascribed less value to school. Poor school performance leads to a decrease in academic self-concept so to maintain self-esteem, it is thought that adolescents devalue academic self-concept and increase the importance of other areas to compensate (Alves Martins & Peixoto, 2020).

It is important to remember that whilst there is a relationship between self-concept and self-esteem in adolescents, they are two distinct psychological entities and should not be confused.

Case study: Emma

Emma is a 13-year-old student who struggles with low self-esteem, affecting her self-concept at school. She often compares herself to her peers and believes she is not as smart or talented as others. In class, Emma hesitates to answer questions, fearing she will be wrong. Even when she performs well on assignments, she downplays her success and attributes it to luck rather than ability. Emma's low self-esteem impacts her social interactions. She avoids group activities, worrying that others will judge her. This isolation has made it difficult for her to form close friendships, reinforcing her negative self-perception. Teachers have noticed that she rarely makes eye contact and tends to apologise excessively.

6.1 Pause and reflect

What are some strategies that the school could use to raise Emma's self-esteem?

How might this impact her self-concept?

The role of peers

Adolescent identity formation is strongly influenced by the perceptions of those around them, known as the 'looking-glass self' (DeLay et al., 2018). The importance of peer relationships to identity development increases dramatically as individuals move from childhood to adolescence, and the quality of the support received from peers has a greater impact than parental support during this time, demonstrating the increasing important function of strong peer relationships on identity formation (Letkiewicz et al., 2023). Peers have been found to play a significant role in the formation of adolescent identity related to a wide variety of domains, from attitudes towards illicit substance use to their views of their ethnic/racial identity, socialisation, gender identity and sexuality (Bilgri et al., 2022; DeLay et al., 2018; Douglass et al., 2017; Kornienko et al., 2016). Strong peer relationships in adolescence are associated with better psychological wellbeing and positive identity formation (Rageliené, 2016). A strong sense of belonging is protective against anxiety and depression, with neural analyses supporting the importance of peers for the development of adolescent self-concept over the importance of teacher and parent relationships (Romund et al., 2017). Low social identification in adolescence is associated with higher rates of bullying victimisation, with low familial identification associated with higher rates of bullying perpetration (Wei et al., 2024).

Early adolescent attitudes towards illicit substances are typically reflective of parental/adult voices and are often found to be negative with respect to substance use, whereas later adolescent views reflect peer attitudes, demonstrating how identity can change and develop through adolescence (Bilgri et al., 2022).

When adolescents associate with peers from the same ethnic/racial backgrounds, their ethnic/racial identity more strongly contributes to their sense of self and self-concept. This is especially true when an adolescent is in a minority, where the effect of peers on ethnic/racial identity is strongest (Douglass et al., 2017). During adolescence, there is a strong desire to belong to a group and experience the validation of their peers; this is vital for adolescent identity formation (Main et al., 2025). Lack of social support and a weak peer network is a significant risk factor for mental health concerns in adolescence as peers influence adolescent socioemotional and behavioural development (Kornienko et al., 2016; Letkiewicz et al., 2023).

Finally, experiences with peers have a significant effect on adolescent gender identity, gendered behaviour, and sexuality expression. Gender typical adolescents are more likely to be accepted and popular, resulting in adolescents often suppressing their gender identity (Kornienko et al., 2016). Belonging to the popular peer group has a positive association with strong adolescent adaptation and identity development, meaning individuals who identify as gender or sexually diverse can have difficulties with negative identity development (Rageliené, 2016). Peer feedback around gender identity and sexuality expression is incorporated into the individual's self-concept, an idea explored earlier in this chapter. Gender identity is associated with aspects of peer relationships including peer acceptance, popularity and likelihood of becoming victims of bullying. If an adolescent is subject to homophobic victimisation or name-calling, they have a tendency to internalise those messages leading to a change in their own view of their gender identity, where they had a lower identification with same-gender peers and an increased identification with other-gender peers (DeLay et al., 2018).

Case study: Alex

Alex is a 14-year-old who has recently identified as gender diverse. Assigned female at birth, Alex never felt fully comfortable with traditional gender roles. Over the past year, they have explored their identity and now identify as non-binary, using they/them pronouns. At school, Alex has faced both support and challenges. While some friends and teachers respect their pronouns, others struggle to adjust, leading to feelings of isolation. The school uniform policy, which enforces gender-specific clothing, has also been a source of stress. Despite this, Alex has found comfort in online communities where they connect with other gender-diverse adolescents. At home, reactions have been mixed. Alex's mother is supportive and has started using their correct pronouns, while their father finds it difficult to understand. This has led to some tension, making Alex feel anxious about expressing themselves freely.

6.2 Pause and reflect

What are some adjustments that the school support team could put in place to support Alex's exploration of their gender identity?

The role of social media

Social media refers to online spaces that people share, and for adolescents these spaces tend to have little adult interference and allow individuals to practice important socialisation skills and develop a sense of identity (van Eldik et al., 2019). Adolescents are among the major users of social media worldwide, and its use plays a significant role in identity development, with both positive and negative effects possible (Imperato et al., 2022; Knezevic & Erceg, 2024; Torrijos-Fincias et al., 2021; Yang et al., 2018). Social media supports adolescent identity development as it allows individuals to self-disclose and activate social comparison mechanisms where they compare themselves to others, which could be positive or negative; however, it also provides a safe space for them to explore aspects of their identity which is important when considering Marcia's *identity statuses theory*, previously discussed in this chapter (Imperato et al., 2022).

Social media can have significant positive effects for some adolescents with respect to their identity formation. It can connect adolescents to like-minded individuals, strengthen friendships and allow self-discovery (Knežević & Erceg, 2024). Today's adolescents are the first generation to have grown up entirely with social media in their lives, and it has been shown to create connection between them and their peers (Parent, 2022). Fulfilment of basic psychological needs is vital to adolescent identity development and *relatedness* is one of three basic psychological needs, alongside *competence* and *autonomy*. Social media engagement can fulfil the *relatedness* domain. Social media can also enhance identity formation through helping adolescents to improve their communication skills (Torrijos-Fincias et al., 2021). Identity construction in shared online spaces creates a sense of belonging and improved self-esteem and is especially useful for migrant adolescents to create a sense of identity in a place where they may be in the minority (van Eldik et al., 2019). Furthermore, social media provides gender and sexuality-diverse adolescents with access to supportive communities that shape identity development (Bates et al., 2020). These spaces frequently counter the heteronormative environments that they usually inhabit, supporting mental health and overall wellbeing, so social media access may be especially important for queer youth (Berger et al., 2022). Social media has been shown to help queer adolescents to have healthy identity development through peer connection, and to explore aspects of their identity in ways that were previously unavailable. Sexual attraction and development of romantic relationships are of emerging importance in adolescent identity formation, with social media playing an increasingly important role in facilitating those connections (Bates et al., 2020). Thus, social media access and the connections with like-minded peers that it provides are important for individuals who belong to marginalised groups as it allows connections to form that previously would not have occurred.

On the flipside, social media has a number of negative outcomes for adolescents that use it. Links between extensive social media exposure and mental health concerns including anxiety, depression, increased feelings of loneliness, behavioural addiction, increased levels of body dysmorphia, self-harm, emotional disturbance and suicidal ideation amongst adolescents have been established in many studies (Alyas et al., 2025; Azimi et al., 2024; Imperato et al., 2022; Knežević & Erceg, 2024; Mafa & Chigwedere, 2025; Yang et al., 2018). Social media platforms have been linked to increased feelings of isolation and loneliness when

they lead to disconnection from real-life peer relationships. They can create a negative social comparison leading to low self-esteem, where an adolescent's social identity is particularly affected by social media with a strong link being established between social identity and frequency of social media use (Imperato et al., 2022). Individuals who more frequently use social media are more susceptible to increased anxiety and depression and lowered self-esteem due to comparisons and feelings of inferiority, since adolescents use social comparisons and feedback more frequently in identity formation. This can lead to feelings of envy as people tend to post only positive content and positive aspects of their lives (Knežević & Erceg, 2024; Yang et al., 2018). Furthermore, social media use by adolescents is linked to an increase in superficial and individualist attitudes in adolescents alongside an increase in mental health concerns. Adolescents frequently have multiple social media profiles, both public and private, with carefully curated lists of followers, reflecting the personas they wish to display and the identity they wish to present to the world (Torrijos-Fincias et al., 2021).

6.3 Pause and reflect

What are some of the online spaces that adolescents inhabit? How can adults encourage safe exploration of these spaces whilst protecting against some of the negative effects of social media use?

Indigenous identities and wellbeing

Indigenous youth (under 25) in Australia make up over 50% of the total Indigenous population (Shay et al., 2024). Therefore, there is an increasing need to consider the role of identity formation on the wellbeing of Indigenous adolescents. In adolescence, wellbeing is strongly influenced by cultural identity, family and kinship, and connection to Country for Indigenous youth (Durmush et al., 2021; MacLean et al., 2017; Shay et al., 2024). Culture includes beliefs, customs, values, relationships, languages and practices, with traditional languages being a key component of Indigenous identity, a vital factor in wellbeing. When a language is reclaimed, there is an improved connection to spirituality and ancestors, Country, culture, mind and emotions, leading to improvements in Indigenous wellbeing (MacLean et al., 2017; Sivak et al., 2019). Country refers to land and spaces that Indigenous people have a spiritual and cultural connection with, where caring for Country and improve all aspects of health and wellbeing (MacLean et al., 2017). Furthermore, for Indigenous Australians, mental health is explicitly tied to social and emotional wellbeing, which is influenced by the previously discussed connection to land, culture, spirituality, ancestry, family

and community. For many Indigenous Australians, this is collectively known as ‘Country’ (Nasir et al., 2021).

Policies of child removal in Australia, whether through official policy such as the White Australia Policy of the 20th century, or unofficial methods such as Indigenous children and adolescents being disproportionately placed in out-of-home care have led to the interruption of cultural identity development for many Indigenous youth (Krakouer et al., 2018; McGaw et al., 2022). Additionally, an ‘impenetrable Whiteness’ exists in Australian schools, impacting identity construction; identity formation is social and built through relationships with others – no relationships with other Indigenous people impacts cultural identity for youth and adolescents (Reid & Santoro, 2006). Understanding Indigenous identity means recognising the diversity of Aboriginal and Torres Strait Islander peoples in Australia, with the experiences of Torres Strait Islanders being distinct from mainland Aboriginal people who were steadily dispossessed of land, a phenomenon that did not occur in the Torres Strait. As such, present Indigenous identity in Australia is a product of colonial experience (Robertson, 2010).

Identity affirmation is seen as particularly important for Indigenous adolescents as they are frequently positioned within a deficit discourse, both in health and education (Shay et al., 2024). Loss of opportunity to practise culture amongst Indigenous adolescents has been shown to lead to increases in ill health, with a strong sense of cultural identity leading to improvements in the wellbeing of Indigenous adolescents (Dockery, 2020; MacLean et al., 2017). Relationships with Country are at the forefront of health, wellbeing and identity development for all Indigenous people, not just adolescents, and the impact of this connection cannot be understated (Arnold et al., 2021).

Case study: Jake

Jake is a 15-year-old Indigenous Australian who struggles with his cultural identity. Growing up in a predominantly non-Indigenous community, he often feels disconnected from his heritage. At school, he rarely sees Indigenous culture represented in the curriculum, making it difficult for him to feel a sense of belonging. Some classmates have made ignorant comments about Aboriginal culture, leaving Jake feeling embarrassed and unsure of how to respond. At home, Jake’s family values their cultural traditions, but he sometimes feels caught between two worlds. He wants to embrace his heritage but worries about being judged by his peers. This internal conflict affects his confidence and sense of identity.

6.4 Pause and reflect

How can educators support Jake to connect with his culture to form a healthy identity related to his Indigeneity? What are some ways that schools can create meaningful cultural connection for Jake?

Conclusion

Healthy adolescent identity formation is crucial for the development of well-adjusted adults. Positive identity formation is strongly associated with both a positive self-concept and healthy levels of self-esteem in adolescents, with peer relationships and social media becoming increasingly important for the formation of a healthy identity. Parents and educators become increasingly less important for adolescents with respect to their identity development, with the focus shifting to peers and peer relationships. Social media has a distinct role to play in the formation of identities, with potential positive and negative outcomes for youth, depending on how they engage with it. Finally, spiritual and cultural connections to Country provide Indigenous adolescents with a healthy view of their identity, which is critical when discussing wellbeing and positive outcomes for Indigenous adults.

Reflection questions

Educators must understand and acknowledge the changing influences that affect adolescents with respect to their identity, as this shapes the way they interact with the world as they move into adulthood. Considering the literature in this chapter, reflect on the following questions:

1. What are the four distinct identity statuses and how do they relate to identity formation?
2. How do self-concept and self-esteem differ with respect to adolescent identity development?
3. How do peers shape the formation of identity in adolescence?

4. What are the positives and negatives of social media use related to adolescent identity formation?
5. How do Indigenous adolescents' experiences differ from their non-Indigenous peers with regards to their view of their identity?

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7.

ADOLESCENT ENGAGEMENT

Linh Chu

Learning intentions

In this chapter, we will explore:

- theories underpinning adolescent engagement in education
- influence of school and social contexts on adolescent perceptions
- strategies to support adolescent engagement.

Adolescent engagement refers to the psychological commitment to learning—being alert, attentive, and pursuing tasks with the intent to truly understand content (Guthrie, 2008; Arnett, 2013). Despite its importance, engagement is often the exception rather than the norm, with many adolescents being “physically present but psychologically absent” in classrooms (Steinberg, 1996).

The transition to secondary school brings increased academic demands and less personalised instruction, contributing to reduced intrinsic motivation and declining self-ability judgements (Meece & Daniels, 2008). Understanding how engagement works—and how it can be nurtured—is crucial for those working with adolescents, particularly in behaviour support contexts.

Theories underpinning adolescent engagement in education

Adolescent engagement is a multifaceted construct influenced by developmental, psychological, and motivational processes. The following theoretical perspectives provide insights into the internal mechanisms that underlie engagement and help explain the variability in adolescents’ commitment to learning.

Maslow's hierarchy of needs

Abraham Maslow's (1943) theory presents a five-tier model of human motivation, structured as a pyramid. At its base are *physiological needs* (e.g., food, sleep), followed by *safety needs* (e.g., secure environments), *love and belonging*, *esteem*, and finally *self-actualisation*—the fulfilment of one's potential.

Maslow's theory posits that individuals must sufficiently satisfy lower-order needs before they can fully pursue higher-order goals. In adolescence, when emotional and social volatility is common, disruptions at any foundational level—such as instability at home, social rejection, or unmet health needs—can impede engagement with academic or personal development goals. Importantly, Maslow later acknowledged that these needs are not strictly hierarchical; rather, individuals may oscillate between levels depending on context. In educational settings, this flexibility is particularly relevant, as adolescents may seek esteem or belonging even when foundational needs are only partially met. Engagement, therefore, is not just a matter of cognition or motivation, but of broader human need fulfilment.

Erikson's psychosocial development: Identity vs role confusion

Erik Erikson (1946) identified adolescence as the psychosocial stage of *identity versus role confusion*, a critical period during which individuals seek to establish a coherent sense of self. This developmental task involves exploring various roles, values, and beliefs to form a personal identity that provides a sense of continuity and direction.

Erikson emphasised the importance of social context in shaping identity, particularly through interactions with peers, teachers, and other authority figures. Feedback—both explicit and implicit—about an adolescent's abilities and behaviour becomes internalised and contributes to their emerging self-concept. When young people receive consistent and affirming messages, they are more likely to view themselves as capable, leading to stronger engagement. Conversely, when they experience repeated criticism, exclusion, or labelling, they may internalise negative identities and withdraw from school-related tasks.

Erikson also introduced the concept of a *psychosocial moratorium*, a period during which adolescents are granted the freedom to explore different identities without the pressure of immediate commitment. Educational settings that provide such opportunities—through varied curricular, extracurricular, and relational experiences—can support this critical process of identity development.

Bruner's theory of intrinsic motivation

Jerome Bruner (1960) argued that motivation is not a by-product of learning, but a prerequisite for it. His theory foregrounds *intrinsic motivation*—the internal drive to explore, understand, and make meaning—as the most powerful form of engagement. Bruner's concept of discovery learning is rooted in the idea that learners should be active participants in constructing their knowledge, rather than passive recipients.

He believed that students are naturally curious and will engage deeply when they are allowed to ask questions, investigate topics of personal relevance, and exercise autonomy in how they learn. Importantly, Bruner cautioned against overreliance on *extrinsic motivators*, such as grades or rewards, which he believed could undermine genuine interest in learning.

Bruner's views remain highly influential in contemporary discussions of student-centred pedagogy, inquiry-based learning, and personalised education. His work contributes to an understanding of engagement that goes beyond compliance or participation, instead viewing it as an internally sustained commitment to making meaning.

Bandura's theory of self-efficacy

Albert Bandura (1977, 1997) developed the concept of *self-efficacy*, defined as an individual's belief in their capacity to organise and execute actions required to manage prospective situations. Self-efficacy is central to motivation and engagement because it influences whether individuals initiate tasks, how much effort they invest, and how resilient they are in the face of setbacks.

Bandura identified four primary sources of self-efficacy:

- **Mastery experiences** – personal successes reinforce one's belief in their capabilities.
- **Vicarious experiences** – observing others, especially peers, succeed can enhance beliefs in one's own ability.
- **Verbal persuasion** – encouragement from significant others, such as teachers, can boost confidence.
- **Physiological and emotional states** – anxiety, fatigue, or stress can negatively impact self-efficacy.

In adolescence, when peer comparison and academic evaluation are common, self-efficacy becomes a critical determinant of whether a student feels equipped to engage with school. Adolescents with high self-efficacy tend to approach challenges with confidence and resilience, which directly enhances their engagement in learning contexts.

Gagné's theory of motivation and competence

Gagné's theory of motivation (2005) centres on the idea that individuals are driven by the desire to become more competent. Rather than being motivated by external incentives, learners strive for mastery because it provides a sense of personal efficacy and accomplishment. For Gagné, motivation is inextricably tied to perceived growth—when individuals can see evidence of their own learning, their motivation deepens.

A central tenet of her view is that learners are more engaged when they are clear about what they are working toward. Gagné emphasised the importance of clearly stated objectives, as these allow learners to chart their own progress and develop a sense of agency. This focus on clarity and personal progress aligns with many of the core concepts in formative assessment and goal-setting theory.

Dweck's growth mindset theory

Carol Dweck's (2006) mindset theory makes a crucial distinction between two belief systems about intelligence and ability:

- A **fixed mindset** assumes that abilities are static and unchangeable.
- A **growth mindset** assumes that abilities can be developed through effort and learning.

Adolescents with a growth mindset are more likely to embrace challenges, persist through difficulties, and learn from criticism—behaviours that are strongly linked to academic engagement. In contrast, adolescents with a fixed mindset may avoid tasks that carry the risk of failure, disengage when faced with obstacles, and attribute setbacks to inherent inability.

Dweck's research underscores the importance of language and feedback in shaping these mindsets. For instance, praise that emphasizes effort and strategies (e.g., "You worked really hard on this problem") fosters a growth mindset, whereas feedback focused on innate ability (e.g., "You're so smart") can reinforce a fixed mindset.

School culture plays a critical role in fostering either mindset. A school environment that encourages learning from mistakes, embraces challenges, and provides constructive feedback helps adolescents develop a growth mindset. When adolescents feel supported and understand that learning is a process, they are more likely to stay motivated and engaged in their studies over time.

Overall, Dweck's work highlights that beliefs about learning are not just abstract ideas—they directly influence how adolescents approach their work, cope with challenges, and ultimately, how successful they are in their educational journey. Cultivating a growth mindset in adolescents leads to greater resilience, persistence, and deeper engagement with learning, all of which contribute to long-term success.

Goal setting theory

Developed by Locke and Latham (1990), goal setting theory argues that specific, challenging goals lead to higher levels of performance than vague or easy goals. Their research also highlights the importance of goal commitment—the degree to which an individual is attached to and intends to achieve a goal.

Adolescents are more motivated to mobilise effort and control their behaviour to attain goals when those goals are both desirable and perceived as attainable. During this period, as adolescents begin to form their own aspirations and gain greater independence, goal setting becomes more personal and future oriented. When adolescents are committed to a goal, they are more likely to regulate their behaviour, persist through challenges, and adapt strategies to improve outcomes. The clarity and difficulty of a goal can influence the amount of effort an adolescent invests, which, in turn, affects both achievement and engagement.

7.1 Pause and reflect

How might a teacher's belief in a student's potential influence that student's engagement?

Which motivational theory do you most connect with and why? How can we support students who are disengaged due to unmet basic psychological or social needs?

The changing landscape of schooling and its impact on adolescent engagement

Contemporary adolescents are growing up in a rapidly evolving educational and social landscape. Schools have undergone significant changes over the past several decades, and these changes have fundamentally reshaped how young people experience learning, relate to their teachers, and perceive their future.

Schools are changing

Retention rates have increased markedly, with most students now completing Year 12—a sharp contrast to earlier generations (Australian Bureau of Statistics [ABS], 2024). Schooling is no longer a privilege for a few but an expected norm for many. This shift has brought with it a diversification of student needs and abilities, prompting schools to adopt more inclusive practices. Programs like school-based apprenticeships and vocational education pathways reflect a growing recognition that success in education can look different for different students (Australian Government Department of Employment and Workplace Relations, 2023)

The push toward inclusive education and the integration of digital technologies (ICTs) in classrooms have further expanded the expectations placed on schools. At the same time, national reforms—such as the Australian Curriculum, NAPLAN, and the MySchool website—have increased accountability while also raising concerns about the narrowing of curriculum and the perceived ‘dumbing down’ of academic standards (Thompson & Murdoch, 2014; Rumberger & Pallardy, 2005; Wyn et al., 2014).

Adolescents are changing

Adolescents today are digital natives (Prensky, 2001), growing up in families with more diverse structures and often experiencing time-poor parenting. Many come to school with highly developed digital skills

but varying levels of academic readiness, and an increasing number have diagnosed learning difficulties or mental health needs (Australian Psychological Society, n.d.; Nationally Consistent Collection of Data on School Students with Disability [NCCCD], n.d.).

Some adolescents thrive in this environment with minimal support, while others require tailored assistance. The rise of inclusive education and differentiated instruction is a response to this diversity. By embracing varied learning profiles and technologies, schools aim to ensure all students—from the gifted to those requiring support—can access meaningful and appropriately challenging learning (Australian Institute for Teaching and School Leadership [AITSL], n.d.; NSW Department of Education, n.d.). Yet, the presence of technology alone is no guarantee of improved engagement. As Preece and Davies (1992) cautioned, without sound pedagogical grounding, ICT can become a distraction rather than a learning aid. Effective use of digital tools must be purposeful, linked to clear learning goals, and supported by skilled teachers who can guide students through surface learning (i.e. rote learning) and deep learning (i.e., learning with understanding) phases (Hattie, 2015).

Adolescents' perceptions of school

Engagement is shaped not only by the structure of schooling but also by how adolescents perceive their experience. Do they see school as enjoyable or something to be endured? Relevant or disconnected from their lives? Do they feel a sense of belonging, recognition, and challenge, or repeated failure and alienation?

These perceptions matter. According to attribution theory (Weiner, 1985), students' beliefs about the causes of their successes and failures influence their future motivation and behaviour. Self-determination theory (Deci & Ryan, 1985, 2000) similarly emphasizes the importance of context: when schools support adolescents' basic psychological needs for autonomy, competence, and relatedness, students are more likely to be engaged and motivated.

Teaching practices and adolescent engagement

Teaching practices play a crucial role in influencing adolescent engagement. Traditional teacher-centered methods, often described as the “sage on the stage,” can induce high stress among students (McWilliam, 2009). Conversely, overly unstructured student-centered approaches may fail to provide adequate challenges. An effective alternative is the “meddler in the middle” model, where teachers actively collaborate with students, balancing guidance with independence to create high-challenge, low-stress learning environments.

Innovative pedagogical strategies, such as flipped classrooms and the principles of visible learning, underscore the importance of transparent learning objectives, strategic feedback, and fostering learner autonomy (Hattie, 2009). Feedback, when effectively implemented, enhances motivation and academic development. However, in practice, feedback is frequently underutilized or misdirected. For feedback to be effective, it should address three key components: clarifying the learning goals (“feed up”), providing

information on current performance (“feed back”), and offering guidance for future improvement (“feed forward”) (Hattie & Timperley, 2007).

Career aspirations and future orientation

As adolescents mature, they become increasingly oriented toward the future. Career-related expectations begin to take shape, influenced by personal aspirations, social supports, and school experiences. Research by Patton and Creed (2007) shows that mismatches between occupational aspirations and expectations can result in increased career indecision and reduced confidence.

Supporting adolescents in career preparation involves more than simply offering pathways; it requires intentional interventions. These may include career education, mentoring, peer counselling, and structured opportunities to explore interests and strengths. This aligns with findings from systematic reviews that emphasize the effectiveness of comprehensive career guidance models incorporating curriculum, group counselling, and individual support (Zhang et al., 2024). Steiner et al. (2019) highlight that individual motivation, academic achievement, and family support all play important roles in shaping students’ sense of career preparedness. Additionally, parental involvement—particularly during the middle school years—has been shown to positively influence adolescents’ academic and career success (Hill & Tyson, 2009).

Case study: Leila

Leila is a 15-year-old digital-native student navigating a busy, academically focused secondary school. Although she attends regularly, her teachers observe signs of disengagement: minimal class participation, limited effort on assessments, and emotional detachment. Leila shares that school feels disconnected from her interests and that her parents’ expectations for a health career add pressure. Aware of the need to personalise learning in today’s diverse classrooms, her school introduces her to a career taster program in digital media and assigns her a peer mentor. Leila is also supported in creating a digital portfolio that showcases her interests and aligns with school tasks. As the curriculum becomes more personally relevant and future-oriented, Leila begins participating more actively in class, sets clearer goals, and expresses renewed confidence. Her experience highlights how adaptive practices can re-engage students by connecting learning to identity and aspiration.

7.2 Pause and reflect

What can this case teach us about the role of relevance and identity in adolescent engagement? What aspects of Leila's experience illustrate the link between future orientation and present-day school engagement? In what ways might educators support students who are disengaged because they don't see the relevance of school to their personal aspirations?

Conclusion

Adolescent engagement is a dynamic and multifaceted process, shaped by developmental needs, individual motivation, school structures, and broader societal changes. As this chapter has explored, effective engagement requires more than compliance—it demands a sense of purpose, relevance, and connection. Theories of motivation and identity highlight the importance of supporting autonomy, competence, and belonging, while practical strategies emphasise the role of responsive teaching, personalised pathways, and supportive relationships. In an evolving educational landscape, where students face complex futures and diverse challenges, educators must remain attuned to the individual stories behind disengagement. When schools adapt to meet these needs—through thoughtful pedagogy, inclusive practices, and future-oriented guidance—they not only foster engagement but empower adolescents to see themselves as capable, valued, and ready to contribute.

Reflection questions

Adolescent engagement is shaped by complex interactions between individual development, school structures, and social influences. Considering the literature in this chapter, reflect on the following questions:

1. How do the theories presented help explain why some adolescents disengage from school while others thrive?

2. In what ways can educators tailor their teaching practices to support both autonomy and structure in adolescent learning?
3. What role do relationships—with teachers, peers, and family—play in fostering or hindering adolescent motivation?
4. How might a student’s perception of future opportunities impact their current engagement in school?
5. Reflect on a student you’ve worked with or observed: how might their disengagement be better understood or supported through the lens of this chapter?

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8.

ADOLESCENT MENTAL HEALTH

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Learning intentions

In this chapter, we will explore some common mental health challenges for young people:

- Anxiety and depression
- Body image and eating disorders
- Digital media use (e.g., problem smartphone and social media use, internet and gaming addiction)
- Substance use
- Self-harm
- Suicidality.

Adolescence is often accompanied by emotional turbulence and vulnerability. In Australia, recent studies have showed a rise in the prevalence and complexity of adolescent mental health challenges. According to the Young Minds Matter survey (2023), approximately one in seven (13.9%) Australians aged 4–17 years were reported as having experienced a mental disorder in the previous 12 months, with higher rates observed among older adolescents. In 2023, the Australian Psychological Society (APS) called for urgent, sustained investment in youth mental health, highlighting that current service provision is insufficient to meet the growing demand with increased barriers to accessing timely, affordable psychological support (APS, 2023).

In 2024, data from the Australian Institute of Health and Welfare (AIHW) indicated that mental health disorders, self-harm, and suicide are among the leading causes of disease burden and death for those aged 15–24 (AIHW, 2024). Beyond Blue notes that over 75% of mental health issues emerge before the age of 25 (Beyond Blue, n.d.). Alarming, other studies have suggested more than 50% develop before adolescence (see Kessler et al., 2007), which emphasise the need for early intervention. Consequently, educators play an important role in early identification and support for referral of adolescent mental health.

Anxiety

Anxiety is a natural and adaptive response to stress, helping individuals prepare for challenges by heightening alertness and mobilizing resources. However, when anxiety becomes excessive, persistent, and disruptive, it can significantly impact mental health and daily functioning. The American Psychological Association (2023) describes anxiety as a multidimensional experience, involving emotional distress (e.g., excessive worry or fear), cognitive disruptions (e.g., difficulty concentrating), and physiological responses (e.g., increased heart rate, muscle tension). Adolescence, a developmental period marked by significant neurobiological and psychosocial changes, is a critical time when anxiety disorders often emerge.

Anxiety disorders in adolescents encompass a spectrum of conditions, including generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, and specific phobias. While obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) were previously categorized under anxiety disorders, the DSM-5 now classifies them separately due to their distinct diagnostic features. The Australian Bureau of Statistics' (ABS) National Study of Mental Health and Wellbeing (2020–2022) reported that 31.5% of Australians aged 16–24 experienced an anxiety disorder in the preceding 12 months, making it the most prevalent mental health condition among young people (ABS, 2023). A more recent longitudinal study conducted by the Murdoch Children's Research Institute (MCRI) found that nearly 75% of Australian adolescents experienced clinically significant symptoms of anxiety or depression at least once during their teenage years (Robson et al., 2024). Alarming, 64% of adolescents reported experiencing these symptoms on three or more occasions, suggesting a chronic course of mental health challenges.

Anxiety symptoms in adolescents often manifest through persistent worry that interferes with academic performance, social interactions, and daily life. Many adolescents experience avoidance behaviours, excessive reassurance-seeking, and physical complaints such as stomach-aches, headaches, or nausea, often linked to the body's fight-or-flight response. A student who frequently experiences nausea before school, for instance, may be exhibiting anxiety symptoms rather than a physical illness. If left untreated, chronic anxiety can lead to functional impairments, including social withdrawal, academic difficulties, and increased emotional distress. Moreover, long-term anxiety is a known risk factor for the development of depression (Wittchen et al., 2000).

Effective interventions for adolescent anxiety involve a combination of behavioural, cognitive, and lifestyle strategies. Cognitive behaviour therapy (CBT) remains the gold standard for treatment, equipping adolescents with coping mechanisms to manage anxious thoughts and behaviours. Other strategies include improving sleep quality (McMakin & Alfano, 2016), reducing caffeine and substance use (Gan et al., 2014; Gorka et al., 2017), engaging in regular physical activity, and practicing mindfulness techniques (McKeering & Hwang, 2019; Odgers et al., 2020), all of which have been shown to alleviate symptoms. Additionally, school-based interventions and digital mental health tools (e.g., mobile apps for anxiety management) are gaining traction as accessible and scalable solutions for adolescents (Wright et al., 2023). Early identification and support—whether from parents, teachers, or mental health professionals—are crucial in preventing long-term impairments associated with adolescent anxiety.

Depression

Depression is a serious and pervasive mental health condition that affects an individual's mood, cognition, and behaviour. While feelings of sadness and emotional fluctuations are common in adolescence, clinical depression involves persistent feelings of sadness, hopelessness, and a loss of interest in previously enjoyed activities that interfere with daily life. The American Psychiatric Association (2023) identifies major depressive disorder (MDD) as a condition characterized by at least two weeks of persistent low mood, alongside symptoms such as fatigue, difficulty concentrating, sleep disturbances, appetite changes, and suicidal thoughts. Adolescence represents a particularly vulnerable period for the onset of depression, as young people undergo significant biological, cognitive, and social changes that can heighten emotional distress.

According to the Australian Bureau of Statistics (ABS, 2023), 14.2% of Australians aged 16–24 experienced a depressive disorder in the past 12 months, with young women being disproportionately affected. Depression often coexists with anxiety, further exacerbating functional impairments in academic performance, relationships, and overall well-being (McKnight et al., 2016). Adolescents with depression may withdraw socially, struggle with motivation, and experience self-critical thoughts or feelings of worthlessness. In some cases, depression manifests as irritability or agitation, making it difficult to recognise in younger adolescents.

Depression in adolescence is linked to a range of risk factors, including genetic predisposition, childhood adversity, academic stress, social isolation, and excessive social media use (Twenge et al., 2019). Additionally, poor sleep quality, lack of physical activity, and substance use are associated with increased depressive symptoms in young people (Ogawa et al., 2019; Mason et al., 2019). The consequences of untreated depression can be severe, with an increased risk of self-harm, suicidal ideation, and long-term mental health difficulties extending into adulthood, highlighting the urgency of early identification and intervention (Greden, 2001).

Effective treatment for adolescent depression involves a combination of psychological, medical, and lifestyle interventions. CBT and interpersonal therapy are among the most evidence-based approaches, helping adolescents develop coping skills, improve emotional regulation, and address negative thinking patterns (Spirito et al., 2011). In moderate to severe cases, antidepressant medications, such as selective serotonin reuptake inhibitors (SSRIs), may be prescribed, though they require careful monitoring due to the potential risk of increased suicidal thoughts in some adolescents (Boaden et al., 2020).

Beyond clinical treatment, school-based mental health programs, peer support initiatives, and digital mental health resources have shown promise in increasing accessibility to care (Manson et al., 2019; Wright et al., 2023). Encouraging healthy sleep patterns (Murphy & Peterson, 2014), regular physical activity (Chen et al., 2024), and mindfulness practices (McKeering et al., 2019) can also play a crucial role in managing depressive symptoms. Furthermore, family involvement and strong social support are essential in fostering resilience and aiding recovery (Yu et al., 2022). Given the high prevalence and potential long-

term consequences of adolescent depression, early intervention, destigmatization, and greater investment in youth mental health services remain key priorities in addressing this growing public health concern.

Body image

Body image is a multifaceted psychological construct encompassing how individuals perceive, think, and feel about their physical appearance. During adolescence, a developmental period marked by physical, cognitive, and social change, body image becomes especially salient. Numerous Australian and international studies show that dissatisfaction with appearance begins in early adolescence and peaks during the middle to late teen years (Prabhu & D’Cunha, 2019). Influences include peer comparison, media exposure, family expectations, and increasingly, social media platforms that emphasise visual content and quantifiable feedback (likes, shares, comments; Choukas-Bradley et al., 2022).

Research shows that body dissatisfaction affects both boys and girls, although it may manifest differently: girls often desire thinness, while boys may strive for muscularity. However, adolescents across all gender identities are susceptible to body image concerns when their physical appearance is closely tied to self-worth. Body dissatisfaction is linked to low self-esteem, depressive symptoms, and social withdrawal, and is a recognised risk factor for the development of eating disorders (Rodgers et al., 2023).

Globalisation and exposure to unrealistic beauty standards have contributed to the rise of what scholars call a ‘globalised appearance ideal’—typically thin, toned, and Eurocentric (Rodgers et al., 2023). Adolescents who internalise these ideals may experience increased self-monitoring, body shame, and unhealthy weight control behaviours. Social media compounds these risks by fostering constant comparison and self-objectification, particularly among adolescent girls (Choukas-Bradley et al., 2022).

It is crucial for educators to understand the cultural and social pressures that contribute to poor body image and to foster a school environment that promotes body acceptance, diversity, and media literacy. Positive body image education can protect against appearance-related distress and encourage adolescents to value their bodies for their function, not just form.

Eating disorders

Eating disorders are complex mental illnesses involving disordered eating behaviours and preoccupations with food, weight, and body shape. The most well-known include anorexia nervosa, bulimia nervosa, and binge eating disorder. In Australia, eating disorders affect around 16% of the population, with increasing prevalence among adolescents, particularly girls (Hay et al., 2023). Boys and gender-diverse youth are often underdiagnosed due to persistent stereotypes. Eating disorders often co-occur with depression, anxiety, and low self-esteem (Suarez-Albor et al., 2022). In one systematic review, depressive symptoms were present in 23% of adolescents with eating disorders, and anxiety in 10%. Adolescents with poor body image, perfectionistic tendencies, or a history of trauma are at heightened risk. While anorexia nervosa

is more commonly diagnosed in clinical settings, binge eating disorder is more prevalent in the general population—affecting approximately 1.3% of adolescents, with a further 3% experiencing subclinical symptoms (Kjeldbjerg & Clausen, 2023).

Early identification and intervention are key. Educators may observe warning signs such as food avoidance, excessive exercise, rapid weight changes, fatigue, and social withdrawal. Yet many adolescents with eating disorders do not disclose their symptoms due to shame or fear. The National Eating Disorders Collaboration ([NEDC](#)) recommends whole-school approaches that include staff training, curriculum integration, and referral pathways. Schools that foster body diversity, challenge appearance-based bullying, and promote media literacy can play a protective role in students' wellbeing. As noted by Clinical Psychologist, Dr Amy Bannatyne, eating disorders often present with overlapping symptoms across diagnoses, and are about much more than food: *'They are deeply connected to control, identity, and distress. What's seen on the surface is often the tip of the iceberg.'* Read more from Dr Bannatyne in the Clinical's Insights.

Clinical's insights: Understanding eating disorders with Dr Amy Bannatyne

'Although diagnostic distinctions between eating disorders are made, there is often a transdiagnostic overlap. That means symptoms like body dissatisfaction, dietary restriction, and binge eating are commonly shared across diagnoses. These aren't just about food—they're about control, self-worth, and distress. And while disordered eating can sometimes seem transient or linked to life stages, it's critical that we don't minimise early warning signs. Teachers are in a unique position to notice changes and gently support students toward help.'

Dr Amy Bannatyne, Clinical Psychologist.

8.1 Pause and reflect

What signs might indicate a student is developing disordered eating behaviours, and how can you respond in a way that supports rather than stigmatises them? How can schools create a learning environment that fosters positive body image and disrupts harmful appearance-based norms?

Digital media use

Adolescents' engagement with digital technologies is shaped by multiple developmental, social, and psychological factors. The Social Development Model (Catalano & Hawkins, 1996) offers a useful framework for understanding how online behaviours develop through interactions with peers, institutions, and social norms. The Compensatory Internet Use Theory (Kardefelt-Winther, 2014) posits that young people may turn to digital media to cope with offline stressors, while Self-Determination Theory suggests that unmet needs for competence, autonomy, and relatedness can drive problematic use (Ryan & Deci, 2000). Adolescents may also be especially vulnerable to persuasive design features and intermittent rewards embedded in social media and gaming platforms, which exploit developing self-regulation systems (Favini et al., 2024). These theoretical models help explain why digital media can both support and undermine wellbeing, depending on context, content, and the individual adolescent's needs and vulnerabilities.

Problem smartphone use

Smartphone use is ubiquitous among adolescents, with many reporting daily use exceeding five hours (Favini et al., 2024). While these devices provide immediate access to information, connection, and entertainment, they also present risks when use becomes excessive or compulsive. This behaviour, known as problem smartphone use (PSU), is associated with mental health concerns including sleep disturbances, emotional dysregulation, anxiety, and depression (Benvenuti et al., 2023; Campbell et al., 2024; Moreno et al., 2022).

Recent research highlights individual psychological factors that predict PSU. Edwards and colleagues (2022) found that adolescents with lower self-esteem and higher social anxiety are particularly vulnerable. These young people may rely on smartphones as a coping mechanism to avoid difficult face-to-face interactions or to seek reassurance, potentially leading to dependency. The concept of nomophobia—the fear of being without access to a smartphone—is also linked with both social anxiety and low self-worth. The study found that even after accounting for depression, lower self-esteem was a consistent predictor of both PSU and nomophobia, especially for adolescents with low social anxiety. These findings align with compensatory internet use theory (Kardefelt-Winther, 2014), which suggests that digital media can temporarily alleviate negative emotions but may contribute to long-term dependence. From a uses and gratifications perspective (Leung & Wei, 2000), smartphones offer adolescents the ability to fulfil social, emotional, and entertainment needs—but for some, this gratification becomes maladaptive. Importantly, school-based interventions that build self-regulatory self-efficacy—a belief in one's ability to control personal behaviour—can reduce problematic use (Favini et al., 2024). Educators and school psychologists are therefore well-placed to support students through targeted psychoeducation, digital wellbeing programs, and strategies that foster offline connection and resilience.

Social media use

Social media platforms are deeply embedded in adolescent social life, offering opportunities for connection but also increasing exposure to comparison, exclusion, and cyberbullying. High social media use has been linked to increased symptoms of depression and anxiety, particularly among adolescents with low self-esteem or poor offline social supports (Favini et al., 2024; Moreno et al., 2022). The quality of social media interactions appears more predictive of mental health outcomes than quantity alone. While positive interactions on social media can promote identity development and belonging, negative experiences may contribute to social anxiety and rumination (Benvenuti et al., 2023). Educators and parents play a key role in guiding young people to critically reflect on their online behaviour, manage their emotional responses, and foster a balanced digital life.

In November 2024, the Australian government proposed a social media ban for all children under 16 years of age. The social media ban aims to protect young Australians from online harms and the negative impact social media is having on their well-being. The social media ban came into effect on 10 December 2025.

Internet and gaming addiction

Internet and gaming addiction are increasingly recognised as behavioural disorders, with Internet Gaming Disorder now included in the DSM-5 for further study (APA, 2013). Meta-analyses show that up to 4.6% of adolescents meet criteria for problematic gaming, with higher rates in boys (Fam, 2018; Stevens et al., 2021). Excessive gaming is associated with disrupted sleep, reduced academic engagement, and impaired social functioning. Adolescents may use games to escape from stress or unmet psychological needs, which can create a cycle of avoidance and emotional dependency (Chau et al., 2024).

Importantly, not all gaming is harmful; the context, content, and motivation for gaming all matter. Preventive strategies include promoting digital balance, encouraging other forms of achievement and connection, and offering alternative coping strategies. In the following case study, Charli's teachers and parents have noticed downsides to their excessive screen time. Their story highlights the complexities of excessive digital use and mental health.

Case study: Charli

Charli is a 14-year-old student who spends most of their free time online, primarily on multiplayer games and social media. Their teachers have noticed that they are often tired in class and struggles to concentrate. Charli reports that gaming helps them '*forget about everything*', especially when they are feeling anxious. However, Charli's parents are

concerned about their increasing irritability and withdrawal from family activities. Despite several attempts to limit screen time, Charli becomes agitated when asked to stop gaming or put down their phone. A school psychologist's assessment suggests possible internet addiction and co-occurring anxiety.

8.2 Pause and reflect

What strategies could educators use to support Charli's wellbeing while respecting their developmental need for autonomy and connection? How might school-wide digital wellbeing programs address the needs of students like Charli?

Substance use

The use of substances, both legal and illicit, has been shown to be associated with a number of comorbid psychiatric disorders that impact adolescent mental health (Anderson & Gittler, 2005; Esmaeelzadeh et al., 2018; Fernández-Artamendi et al., 2021; Halladay et al., 2024; Profe & Wilde, 2017; Villanti et al., 2022; Welsh et al., 2017). Upwards of 65% of adolescents with substance use issues also have a mental health disorder, with comorbidity linked to increased family dysfunction, parental problematic substance use, poor school outcomes and contact with juvenile justice (Brewer et al., 2017). Substances used most commonly by adolescents include alcohol, cannabis and tobacco, with a systematic review finding that there is a significant positive association between adolescents who present with depression and anxiety and the use of those three substances (Esmaeelzadeh et al., 2018). They found that there is a bidirectional relationship between the use of tobacco and depression, meaning that it is not possible to determine whether depression is predictive for, or predicted by, tobacco use. However, there is a unidirectional relationship between the use of cannabis and depression, where cannabis use was a significant predictor of depression in adolescence. Further research demonstrated that the presence of anxiety in adolescence predicted a higher risk of alcohol use and misuse, and that overall substance use is significantly higher in female adolescents (Fernández-Artamendi et al., 2021).

When an adolescent presents with mental health concerns, interventions to address these problems have been shown to reduce the risk of the adolescent developing substance use issues and subsequent substance

use disorder (SUD). When adolescents present with comorbid disorders (e.g. mental health concerns and substance use), it is critical that they are treated for both rather than just addressing the mental health issues (Anderson & Gittler, 2005; Conway et al., 2025). Comorbid diagnoses are associated with an increase in the severity of symptoms and poorer prognosis than those experiencing mental health problems alone (Halladay et al., 2024).

It is interesting to note the differences in substance use and mental health issues between genders. For adolescent girls, internalising mental health concerns such as anxiety and depression predict substance use, whereas for boys, externalising mental health concerns such as ADHD or conduct disorder predict substance use. Female adolescents are also more likely to report comorbidity of mental health problems and substance use.

When addressing substance use in adolescents, they are more likely to turn to peers for support around mental health, with some evidence existing to support the idea that online apps and platforms can help peers who receive these interventions decrease rates of substance use and experience improved mental health outcomes (Birrell et al., 2023). Interventions aimed at improving social skills, social problem-solving and challenging unhelpful thoughts (a key driver of mental health) show decreased levels of alcohol and tobacco use in adolescents; thus, mental health promotion programs in schools are a viable option when addressing adolescent mental health and substance use issues (Roberts et al., 2011).

Self-harm

Self-harm (SH), also referred to in the literature as non-suicidal self-injury (NSSI), deliberate self-harm (DSH), and self-injurious behaviour (SIB) is any deliberate and voluntary physical self-injury that does not pose a threat to life (Laye-Gindhu & Schonert-Reichl, 2005; Townsend et al., 2023). It involves behaviours including cutting, poisoning, burning, biting, hair pulling and self-battery that cause harm without suicidal intent (Bjureberg et al., 2019; Townsend et al., 2023). According to the Australian Institute of Family Studies (2021), approximately 18% of Australian adolescents have engaged in self-harming behaviours, with female and same-sex attracted youth being at increased risk of SH. This is reflective of greater trends across the western world, with findings demonstrating that between 15-17% of adolescents have engaged in SH behaviours.

Adolescents who self-harm have a higher chance of mental ill-health and adverse outcomes, with SH and suicidality occurring in tandem producing more severe outcomes. Individuals who engage in SH demonstrate significantly more mental health problems, social and familial problems and often physical abuse. SH behaviours that occur without suicidality or suicidal intent tend to have lower levels of depression and anxiety than those with suicidal intent, although SH is a significant risk factor for future suicide, substance use disorder, and violent behaviour (Bjureberg et al., 2019). SH behaviours tend to peak in mid-adolescence, between 14-16 years, although the rates of SH have been increasing dramatically among youth, while the age of first instances of SH amongst adolescents has been decreasing (Townsend et al., 2023).

SH is associated with increased antisocial behaviours, emotional distress, anger issues, health risk behaviours and lowered self-esteem, affecting adolescent identity formation referred to in earlier chapters. SH also predicts maladjustment and suicidality, so it is crucial that it is addressed. Adolescent motivations for SH behaviour include to express, reduce or distract from feelings of loneliness and depression, to reduce anger or tension, or to punish themselves (Laye-Gindhu & Schonert-Reichl, 2005). Adolescent SH that requires medical attention is associated with increased suicidality and repeated instances of SH. A link has been made between the increase in rates of SH behaviour and increased time spent online and smartphone use (Gardner, 2020). Accessibility of mental health care has been shown to significantly decrease rates of SH, demonstrating the need to develop school-based mental health initiatives including increased education and screening (Gardner, 2020; Hawton et al., 2002).

Suicidality

Suicidality refers to suicidal thoughts, plans, actions, attempts and completions and is an all-encompassing term (Becker & Correll, 2020). Suicide is among the leading causes of death for adolescents, and adolescents with a mental illness are up to twelve times more likely to complete suicide than adolescents without a mental illness (Becker & Correll, 2020; Lee et al., 2012). There is a spectrum of suicidal thoughts ranging from occasionally thinking that life is not worth living to making active plans, with suicide attempt referring to any self-initiated behaviour designed to cause death. Suicidality is distinct from self-harm behaviour as those actions are not designed to result in death. Suicidality in adolescence is associated with a sense of isolation or loneliness, hopelessness, and the perception that the adolescent is a burden on those around them (Becker & Correll, 2020; Cantor et al., 2023). The risk of suicidality for adolescents is impacted by psychosocial factors such as mental illness, stressful life events and personality traits such as impulsivity. An ADHD diagnosis by age 10 (considered by some to be the beginning of early adolescence) is associated with an increased risk of suicidality, with boys being disproportionately impacted (Carballo et al., 2020; Lin et al., 2024).

Adolescent suicidal ideation is linked to suicide attempts in early adulthood, as well as later instances of depression and anxiety. Adolescent suicide attempts are also linked to early adulthood suicide attempts and anxiety, although not depression. Furthermore, adolescents experiencing suicidality are more likely to experience future suicidality and mental illness in early adulthood. Suicidality is associated with substance use disorders, self-harm and mental illness. Strong social support and networks are protective against suicidality (Cantor et al., 2023), with frequent bullying exposure (both as a victim and as a perpetrator) has been linked with increases in suicidality for adolescents, especially amongst girls (Brunstein Klomek et al., 2007). Social media and internet use pose additional risks for adolescents, as was made clear following the 2016 advent of the Blue Whale Challenge, a social media challenge where participants completed increasingly intense activities that culminated in the final challenge of completing suicide (Becker & Correll, 2020).

In Australia, female adolescents are more likely to experience suicidal ideation than males (>18% vs

approximately 15% respectively), however males are more likely to die by suicide, and in more violent ways (e.g. hanging vs poisoning). In 2023, the adolescent male rate of suicide completion for males between the age of 15-19 was 11.1 per 100,000 individuals (92 in total), whereas the comparative rate for females was 6.6 per 100,000 individuals (51 in total). (AIHW, 2025). Early gender-based interventions and preventative strategies can help to reduce those risks (Lin et al., 2024). These prevention programs, as well as online platforms for adolescents experiencing a suicidal crisis, and the concept of suicidality will be further explored in Chapter 11.

Case study: Aisha's struggle with suicidality

Aisha, a 15-year-old Indigenous high school student, has been struggling with depression and suicidal thoughts for the past year. She used to be an outgoing and high-achieving student, but after experiencing racist bullying at school and the pressure of balancing her cultural identity with Australian norms, her mental health deteriorated. She began isolating herself, losing interest in her favourite activities, and expressing feelings of hopelessness. Her teachers noticed a decline in her grades, while her parents observed mood swings and frequent tearfulness. Concerned, her mother took her to a psychologist, who diagnosed her with major depressive disorder and suicidal ideation. Aisha admitted to self-harming and having thoughts of ending her life.

8.3 Pause and reflect

How can schools better support students facing similar challenges? How might early intervention from teachers, family, or peers have changed Aisha's experience? What strategies could be used to identify warning signs earlier?

Conclusion

Adolescent mental health is a pressing and complex issue, with implications that extend well beyond the school gates. As this chapter has shown, challenges such as anxiety, depression, body dissatisfaction, disordered eating, problematic digital media use, substance use, self-harm, and suicidality are increasingly

prevalent among young people. These issues are rarely isolated and often intersect with broader developmental, social, and systemic factors. For educators, this means cultivating not only awareness of warning signs but also fostering environments that prioritise connection, safety, inclusion, and early support. Schools are uniquely placed to promote mental wellbeing through everyday interactions, curriculum design, and whole-school initiatives. While educators are not expected to act as clinicians, their role in promoting help-seeking, challenging stigma, and supporting early intervention is invaluable. This chapter has emphasised the importance of gender-sensitive approaches, culturally responsive practices, and collaboration between school staff, families, and mental health professionals. By understanding the key drivers of adolescent distress and the protective factors that promote resilience, educators can help shape a school culture where all students feel seen, valued, and supported. Mental health promotion in schools is not just an educational issue—it's a matter of equity, inclusion, and lifelong wellbeing.

Reflection questions

As you consider the mental health challenges explored in this chapter—including anxiety, depression, body image concerns, digital media use, substance use, self-harm, and suicidality—reflect on your role as an educator in supporting young people's wellbeing. Use the questions below to guide your thinking and professional practice:

1. How can family and school support adolescents with anxiety and/or depression?
2. How can educators create a school environment that promotes body acceptance and early identification of eating disorders—while avoiding reinforcing harmful appearance-based norms or inadvertently stigmatising students?
3. How might educators identify the early signs of problem smartphone or gaming use in a student, and what proactive steps could they take to support positive digital habits?
4. In what ways can schools balance the benefits of digital technology with the need to protect students' mental health and wellbeing?
5. How can schools and mental health professionals develop effective interventions that address both adolescent substance use and mental health concerns, considering the different predictors of substance use for boys and girls?
6. How can schools and communities create effective early intervention strategies to address adolescent self-harm, considering its links to mental health, social factors, and increased online engagement?
7. How can gender-specific prevention and intervention strategies be designed to effectively reduce adolescent suicidality, considering the differences in suicidal ideation,

attempts, and completion rates between male and female adolescents?

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9.

ADOLESCENTS AT RISK

Linh Chu

Learning intentions

In this chapter, we will explore:

- concept of at-risk adolescent and its relationship with marginalisation.
- social determinants of mental health in adolescence.
- social identity theory in understanding adolescent development of self and social group dynamics.
- challenges faced by marginalised youth in Australia.
- strategies for supporting inclusive adolescent development.

Adolescence represents a crucial transitional period between childhood and adulthood, encompassing rapid physical, emotional, cognitive, and social changes. While many adolescents navigate this phase successfully, a significant proportion face conditions that place them at heightened risk for poor outcomes. These adolescents are commonly referred to as “at-risk youth” (Kiele, 2006).

In Australia, risk among adolescents is shaped by systemic inequalities, limited access to support services, and socio-environmental factors. Those deemed “at-risk” may experience educational disengagement, mental health challenges, social isolation, or involvement with the justice system. Historically marginalised groups—including Aboriginal and Torres Strait Islander adolescents, youth with disabilities, and young people from culturally and linguistically diverse (CALD) backgrounds—are overrepresented among those at risk. Recognising the multi-layered nature of risk is crucial to developing responsive policies and interventions.

Marginalised youth

Marginalisation refers to the processes through which certain individuals or groups are systematically disadvantaged in their interactions with dominant political, social, and economic institutions (United

Nations, 2023). These processes push people to the edges of society, depriving them of voice, identity, and participation.

For adolescents, marginalisation manifests both directly (e.g., exclusionary policies such as the historical disenfranchisement of Indigenous Australians) and indirectly (e.g., systemic fear among women walking alone at night, or inaccessible public services for those with disabilities) (United Nations, 2023). Marginalisation intersects with class, gender, race, disability, political affiliation, and age, contributing to layers of exclusion (Robards et al., 2020).

Young people may face marginalisation due to geography (rural/remote living), socio-economic status, cultural or religious background, or personal characteristics (Kiele, 2006; Robards et al., 2020). The outcomes include reduced opportunities, mental health strain, and disconnection from education, healthcare, and community life.

9.1 Pause and reflect

How do systemic and subtle forms of marginalisation differently affect adolescent development? In what ways might marginalisation compound for adolescents with multiple minority identities (e.g., gender, culture, disability)? What steps could educators take to reduce social exclusion for young people?

Social determinants of mental health

Recent studies show alarming trends: 1 in 5 Australians experience mental health problems annually (ABS, 2023), with nearly 19% of young Australians aged 15–24 reporting anxiety and 14% reporting depression (AIWH, 2021). Despite this, nearly half of adolescents who need help do not receive it, due to cost, availability, or lack of awareness (Clark et al., 2025).

Adolescent mental health is influenced not only by biological and psychological factors but also by broader social determinants (see Figure 9.1; Compton & Shim, 2015). These include access to education, employment, stable housing, nutritious food, social inclusion, and culturally competent healthcare. Such factors interact within the adolescent's broader environment, as conceptualised by Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979), where risk can be traced across microsystem (family, school), mesosystem (peer relationships), exosystem (media, neighbourhoods), and macrosystem (societal

values, policy frameworks) levels. For marginalised youth, these determinants are not simply background conditions—they are often the very mechanisms through which exclusion and disadvantage are sustained.

Figure 9.1 Reconceptualisation of Social Determinants of Mental Health Model (Compton & Shim, 2015)

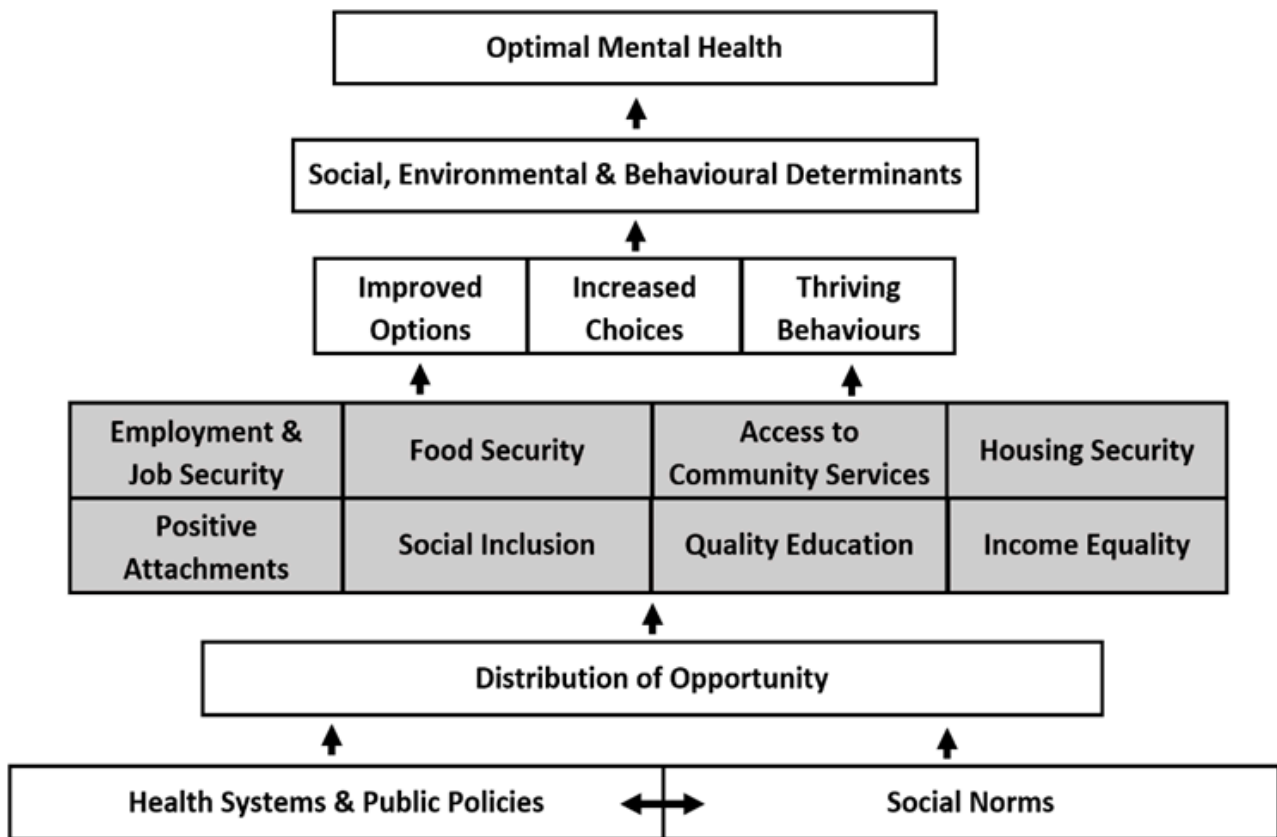


Figure created by the author.

Marginalised adolescents—such as those from low-income households, Indigenous communities, refugee backgrounds, or with disabilities—are more likely to live in environments where these social determinants are compromised (Kiele, 2006). For example, financial insecurity is a pressing concern for many families across Australia, but particularly in under-resourced communities. In Queensland, 61% of parents and carers report struggling with daily expenses, rising to 76% among First Nations families (Queensland Family & Child Commission (QFCC), 2023). These pressures are reflected in youth experiences, with over 47,000 adolescents in Queensland deeply concerned about financial stability and over 9,000 experiencing food insecurity. When essential needs are unmet, mental health becomes more difficult to sustain.

Housing instability also exacerbates risk. In 2023, 13,600 Queensland youth aged 15–19 reported that they or their families could not afford rent or mortgage payments (QFCC, 2023). Young people experiencing homelessness or frequent moves—common among those in out-of-home care or fleeing unsafe homes—face disruptions to schooling, relationships, and mental health care access. These disruptions are magnified in regional and remote areas where services are scarce, and social stigma can be heightened.

Access to timely and appropriate mental health support also varies. Despite increasing needs, only 55.2%

of young people in Queensland who required mental health care actually received it, and just over 10% accessed Medicare-funded psychological services in 2021–22—slightly below the national average (QFCC, 2023). For many marginalised youths, barriers to care include cost, distance, cultural inappropriateness, and the stigma associated with seeking help.

Parental wellbeing and family environment also reflect structural inequalities and are closely tied to child mental health. In Queensland, only 38% of single-parent families rated their health as excellent or good. rates of substance use, and psychological distress are high—especially among those facing poverty or systemic disadvantage (QFCC, 2023). These patterns are mirrored nationally and are strongly linked to child protection notifications, with many children entering care due to environments shaped by intergenerational trauma, social isolation, or lack of support.

Together, these examples demonstrate how marginalisation interacts with social determinants to compound the risks young people face. It is not merely the presence of poverty or discrimination that affects adolescent mental health, but the systemic barriers that prevent access to protection, opportunity, and care. Addressing youth mental health, then, requires addressing the root causes of marginalisation—not only through individual interventions but through broader systems reform, inclusive practice, and equity-driven policy.

9.2 Pause and reflect

In what ways might service systems (e.g. education, health, housing) unintentionally reinforce mental health inequalities for marginalised youth? What changes at the community, institutional, or policy level might help address the structural barriers faced by adolescents from marginalised backgrounds?

Social identity theory

Social identity theory (Tajfal, 1978) helps explain how individuals form their sense of self through group memberships. The theory posits that identity formation involves three key processes: social categorization, social identification, and social comparison. These processes can generate both positive self-esteem and intergroup prejudice.

For adolescents, group identity—based on ethnicity, gender, disability, or other characteristics—plays a central role in shaping experiences and wellbeing (Martin et al., 2025; Rivas-Drake et al., 2014; Umaña-

Taylor & Rivas-Drake, 2022). When a young person's social group is devalued by society, they may internalise negative stereotypes, experience identity conflict, or disengage from social participation. This shared identity can foster resilience, but in contexts of discrimination, it can also lead to intergroup hostility, especially where youth feel compelled to compete for recognition, respect, or resources.

Marginalised adolescents in Australia

Marginalisation impacts a diverse range of adolescent groups in Australia. While each group faces unique challenges, commonalities include limited access to resources, systemic discrimination, and exclusion from full societal participation. The following sections explore three particularly vulnerable groups: youth with disabilities, youth from other cultures, and Australian Indigenous youth.

Youth with disabilities

A person is considered to have a disability if they have a long-term impairment or restriction that affects daily activities such as communication, mobility, or self-care. For adolescents with disabilities, school is often the primary site of social participation and development, yet access and inclusion remain uneven (Price & Slee, 2021; Teather & Hillman, 2017; Vlachou & Papananou, 2015).

Students with disabilities frequently report challenges in learning, fitting in socially, and communicating. Discrimination remains pervasive (ABS, 2024). In 2022, 9.9% of people with disability aged 15 and over reported discrimination. Such experiences impact not only academic achievement but also emotional wellbeing and identity formation.

Addressing these disparities requires a systemic commitment to inclusive education, staff training in cultural and ability awareness, and the provision of individualised support (Giangreco et al., 2010; Williams et al., 2017). Schools can foster inclusive environments by recognising the capabilities of students with disabilities and supporting their social participation.

Case study: Ibelin

Ibelin is a 13-year-old student with cerebral palsy attending a mainstream middle school in Southeast Queensland. He uses a wheelchair and communicates using a speech-generating device. While Ibelin is academically capable and enjoys subjects like English and art, he often feels isolated during group activities and lunchtime. His classmates are unsure how to engage with him, and some teachers overlook his contributions during class discussions due

to time pressures. Last year, Ibelin was excluded from a school camp because the venue was not wheelchair accessible. Though unintentional, the exclusion deeply affected his sense of belonging. He later shared that he often feels more like a “guest” than a full member of his school community. With the support of a committed teacher aide and the implementation of an individual learning plan, Ibelin’s engagement has improved. He recently led a classroom presentation on assistive technology, which sparked interest and empathy among his peers.

9.3 Pause and reflect

What physical and attitudinal barriers might prevent students like Ibelin from fully participating in school life, and how can these be addressed? How can inclusive practices and peer education help create a stronger sense of belonging for students with disabilities?

Youth from other cultures

Young people from culturally and linguistically diverse (CALD) backgrounds often face challenges navigating dual cultural identities while adjusting to new social environments (Shepherd & Masuka, 2021). This experience can be shaped by language barriers, racism, cultural misunderstanding, and institutional bias.

Australia is one of the most culturally diverse countries in the world, yet its teaching workforce remains predominantly Anglo-Australian and middle class (Rice et al., 2023). This cultural mismatch between educators and students can have significant implications for learning, identity affirmation, and educational outcomes. Common assumptions—such as beliefs that students from certain backgrounds lack academic potential or that poor writing equates to poor thinking—undermine equity and inclusion. Additionally, cultural norms may discourage students from seeking help, while some educators may expect students from specific backgrounds to represent the views of their entire group.

Culturally responsive practice requires self-awareness, openness to difference, and a commitment to social justice. It involves recognising and valuing the diverse cultural backgrounds, experiences, and communication styles of young people to create more inclusive and effective systems. In schools, this means

drawing on students' cultural identities and learning preferences to foster engagement, achievement, and a sense of belonging (Schweitzer et al., 2021). In mental health settings, it involves understanding how cultural factors shape experiences of distress and access to care, ensuring services are respectful, relevant, and accessible (Joshi & Gartoulla, 2023). When educators and support systems adopt culturally responsive approaches, such as inclusive curricula, diverse staff representation, language-appropriate services, and trauma-informed care, they help create culturally safe spaces for learning and promote emotional wellbeing (Beason et al., 2024).

Case study: Amira

Amira, a 15-year-old girl from a Syrian refugee background, attends a public high school in regional New South Wales. She speaks Arabic at home and learned English after arriving in Australia five years ago. Although academically strong—especially in science and mathematics—Amira often feels excluded at school. She experiences subtle racism, such as assumptions about her ability and comments about her accent. While she enjoys learning, she avoids class discussions out of fear of judgment. Amira also faces logistical barriers. Her family struggles financially, and limited public transport makes it difficult for her to access after-school programs or external services. When referred to a youth mental health service by a school guidance officer, her family missed the appointment due to confusion with the referral process. Amira's experience reflects how intersecting factors—language, culture, socioeconomic status, and geography—can marginalise young people. These factors align with the social determinants of mental health and can undermine educational engagement and wellbeing. Schools that adopt culturally responsive approaches and foster inclusivity can play a key role in supporting students like Amira.

9.4 Pause and reflect

What assumptions might educators unconsciously make about students like Amira, and how might these shape classroom dynamics? In what ways do socioeconomic and geographic factors compound the challenges faced by CALD youth in regional and remote areas? How can schools work in partnership with families from refugee or migrant backgrounds to support student wellbeing and engagement?

Australian Indigenous youth

Aboriginal and Torres Strait Islander adolescents continue to face some of the deepest and most persistent inequalities across Australia (Miller & Berger, 2022). These are rooted in colonisation, intergenerational trauma, and systemic racism, and are evident across health, education, housing, and justice systems.

In Queensland, only 33.8% of Indigenous children are developmentally on track in their first year of school, well below national targets of 55% (QFCC, 2023). School attendance and retention rates are also lower, and Indigenous students are nearly twice as likely to be suspended or excluded from school. In 2022, nearly a quarter of students in out-of-home care experienced disciplinary absences, many of whom were Indigenous. These patterns contribute to a cycle of disengagement that limits future opportunities.

Cultural disconnection is another critical issue. Only 20% of Indigenous children in out-of-home care in Queensland are actively involved in developing their cultural support plans, and many report limited opportunities to practice cultural traditions (QFCC, 2023). Additionally, Indigenous youth in regional and remote areas—such as North and Far North Queensland—face higher crime rates and reduced access to support services, further amplifying their vulnerability.

Despite these challenges, Indigenous youth also demonstrate extraordinary resilience, drawing strength from family, community, Country, and culture. Any effective response must support self-determination, ensure cultural safety, and embed Indigenous voices at all levels of system design and delivery.

Case study: Jayden

Jayden is a 14-year-old Aboriginal boy living in a remote community in Far North Queensland. He has been in and out of school since Year 6, with multiple suspensions related to behavioural incidents. Jayden was placed in out-of-home care at age 11 and has since moved between three different foster placements. Although he has a cultural support plan, he has had little involvement in its development and rarely sees extended family or visits Country. Jayden enjoys storytelling, music, and playing football with his cousins. However, he often feels disconnected at school, where few teachers reflect his cultural background or understand his community context. He's been referred to youth justice services following a shoplifting incident, and despite wanting to stay out of trouble, he finds it hard to access consistent support.

9.5 Pause and reflect

How do Jayden's experiences reflect the impact of systemic barriers—such as cultural disconnection, school exclusion, and limited local services on Indigenous adolescents? How can educators, practitioners, and systems better recognise and nurture the cultural strengths and creative capacities of Indigenous adolescents like Jayden, rather than focusing solely on risk and deficit?

Conclusion

Adolescents in Australia today face a range of developmental dilemmas, especially those arising from marginalisation. Risk is not distributed equally; it is shaped by systemic forces that limit access, opportunity, and recognition. Understanding the experiences of marginalised youth through frameworks like social identity theory and the social determinants of mental health allows educators, policymakers, and practitioners to address the root causes of exclusion.

By foregrounding the voices and experiences of marginalised groups—youth with disabilities, CALD adolescents, and Indigenous youth—this chapter underscores the need for inclusive systems, culturally responsive practices, and social justice in adolescent development.

Reflection questions

This chapter explored how adolescence can be shaped by marginalisation, particularly through the lens of social determinants, identity, and systemic inequity. Considering the literature in this chapter, reflect on the following questions:

1. How might marginalisation influence adolescent identity development?
2. What role can schools play in reducing risks for vulnerable adolescents?
3. What strategies could you implement in your future practice to support inclusion and

equity?

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10.

SCHOOL-BASED SUICIDE PREVENTION

Brooke Avery-Overduin

Learning intentions

In this chapter, we will explore:

- suicidal ideation and suicidality
- suicide prevention programs
- helpful resources.

Schools are seen as ideal places to enact suicide prevention programs due to the fact that adolescents spend a significant amount of their waking hours at school (Walsh et al., 2022), making schools ideal because they provide a cost-effective and convenient pathway to young people accessing mental health support (Calear et al., 2016). This chapter will briefly explore concepts of suicidal ideation and suicidality before providing practical, specific advice as to the requirements for a successful suicide prevention program in schools and some helpful resources.

Suicidal ideation and suicidality

Approximately 3000 Australians die by suicide each year, with it being the leading cause of death in Australia for 15–44-year-olds (Bandara et al., 2024). Young people between the ages of 15-24, particularly marginalised youth, are at significant risk of suicidality (Ayer & Colpe, 2023). Suicidal ideation is strongly linked to being female, Indigenous, a member of a sexual minority and depression (McGillivray et al., 2022). Marginalised groups in Australia include Indigenous youth, queer youth, and youth from culturally and linguistically diverse backgrounds. This intersectionality of identities significantly increases the risk of suicidal ideation (Marraccini et al., 2023). LGBTQ Indigenous adolescents are more likely to die by suicide than any other cause, with the incidence of suicidality following a typical pattern of there being a ‘crisis’ (often something later revealed to be relatively minor) followed by excessive alcohol or cannabis use, resulting in an impulsive decision to end their life (Bridge et al., 2007). Indigenous people experience disproportionately high rates of suicidality, 2-3 times higher than the general population. This is often

attributed to embedded marginalisation factors including loss of land and culture, intergenerational trauma, grief and loss, racism and social marginalisation (Clifford et al., 2013). Since we know that cultural minorities are at significantly greater risk of suicidality and suicidal ideation than other adolescents, this reflects a need for increased cultural responsiveness in suicide prevention training that addresses cultural identity and intersectionality (Brown & Edwin, 2024). Trauma-informed and a justice, equity, diversity and inclusion-informed approach to suicide prevention can help address suicidality in marginalised adolescents, especially individuals of colour (Marraccini et al., 2023).

Risk and protective factors for youth suicide will often significantly predate the onset of serious suicidality, with most deaths by suicide occurring in individuals who have had a diagnosed mental health condition (e.g. depression or severe anxiety) for at least one year (Burns & Patton, 2000; Joshi et al., 2015). Risk factors are commonly clustered, for example substance use, risky sexual behaviours and non-suicidal self-injury. The main risk factors for suicidality in adolescents are mental health disorders, stressful life events and substance use (Clifford et al., 2013). It has been found that most often, adolescents will seek support from peers for issues around mental health, but approximately 75% of the time, peers keep this information secret meaning that adolescents will often not access the help needed to address their mental illness (Wright-Berryman et al., 2018). Psychiatric disorders are a large contributor to the risk of suicidality and non-suicidal self-injury, particularly in high income countries such as Australia (Bandara et al., 2024). The monetised burden of youth suicide in Australia related to direct costs (coronial inquiry, police, emergency services, funeral expenses), indirect costs (lost economic productivity) and intangible costs (bereavement) per youth is just under \$3mil, with costs amounting to a total of \$22b per year (Kinchin & Doran, 2018).

The COVID-19 pandemic has shown to have created a youth mental health crisis, parents often not having the whole picture of their child's suicidal thoughts and behaviours. In one study, over 88% of parents of adolescents who had made a suicide attempt were unaware of their child's suicidality (Ayer & Colpe, 2023). Young people often do not seek help due to negative attitudes about professional help, shame and stigma, and feelings of needing to be self-reliant (Calear et al., 2022). Suicidal ideation has been shown to be related to two factors: perceived burdensomeness and failed belongingness. According to Joiner's (2009) Interpersonal-Psychological Theory of Suicidal Behaviour, humans innately act in self-preserving ways and suicide is associated with a significant amount of fear and/or pain, which is why comparatively few people attempt it. Habituation or exposure to negative experiences allows an individual to overcome the fear/pain and attempt/complete suicide. Three factors are seen to cause people to die by suicide: those who can (habituation) and those who want to (burden and lack of belonging). If one factor is reduced (e.g. reducing habituation), the risk of suicidality also decreases. By targeting and enhancing a sense of belonging amongst adolescents, risk of suicidality can be reduced. This is easiest to target at school (Joiner, 2009).

10.1 Pause and reflect

How might cultural identity and intersectionality influence the mental health and suicidality of marginalised youth in Australia? Considering the barriers to help-seeking behaviour among youth, what strategies could be implemented to reduce stigma and increase access to culturally responsive mental health services?

Suicide prevention programs

Evidence around suicide prevention programs in schools and their effectiveness has long been misrepresented and has led to educators being wary of discussing suicidality (Bridge et al., 2007). Some parents and community members have shown concern about the appropriateness of implementing suicide prevention programs in schools vs other settings, which has largely been driven by several misconceptions (Ayer & Colpe, 2023). There is no evidence to suggest that talking about suicidality with adolescents increases risk, with the use of validated screening tools not demonstrating harm when asking about suicidal thoughts and behaviours (Ayer & Colpe, 2023; Joiner, 2009). This makes schools play a key role in youth suicide prevention as there is a distinct lack of evidence that talking directly about suicide increases the number of adolescents completing suicide. Programs have historically focused on empowerment and building resilience but not actually using the language of suicide. Furthermore, it has been shown to be beneficial to discuss suicide with adolescents as it has previously led to a decreased risk of suicide attempts in high-risk populations (Bridge et al., 2007). Schools are logical contexts for youth suicide prevention because adolescents spend a significant amount of time there (Walsh et al., 2022). Suicide prevention programs also have the potential to improve other health outcomes, such as those associated with substance use or risky sexual behaviour (Burns & Patton, 2000). Historically, there has been a lack of research into the effectiveness of suicide prevention programs on reducing suicide attempts, although many have been shown to be effective in decreasing suicidal ideation (Katz et al., 2013).

There are a number of available suicide prevention programs in schools. They relate to various aspects of suicide prevention, including awareness/education curricula, screening, gatekeeper training, skills training, and peer leadership. Suicide contagion is especially high in adolescence, demonstrating an important need to address suicide as part of a wholistic approach (Joshi et al., 2015). Awareness/education curricula educate students on recognising the signs and symptoms of suicidal ideation in themselves and their peers, with successful approaches being direct and challenging the secrecy around suicide (Bridge et al., 2007; Joshi et al., 2015). Screening is a technique aimed at detecting high-risk individuals. Problems with this

approach include the need for parental consent, which may dissuade those most at-risk from allowing screening to occur (Joshi et al., 2015). However, they still play an important role in suicide prevention in schools as school-based interventions are more accessible and equitable than clinical settings, especially following the COVID-19 pandemic (Ayer & Cole, 2023).

Gatekeeper training trains individuals (both adults and peers) to recognise signs and symptoms of suicidality to enhance identification of suicidal youth and refer them for treatment (Brown & Edwin, 2024; Joshi et al., 2015). Suicide gatekeeper training equips educators with the skills and knowledge to identify and address suicidality in adolescents. It helps to reduce incidences of suicidality if the gatekeeper roles are formalised and pathways to treatment are available, with youth being more likely to access mental health treatment at school (Brown & Edwin, 2024). Gatekeeper training cannot exist in isolation, it must be combined with other wraparound services both within and outside of the school. Furthermore, a wraparound approach is necessary as addressing suicidality is not just the responsibility of school counsellors or guidance officers; collaborative care should involve families and the community to treat mental health disorders and decrease incidences of suicidality (Dari & Gay, 2022).

Peer-led interventions aimed at improved social connectedness have been shown to lead to increased help-seeking behaviours and decreasing suicidality. Programs can be either universal or targeted, with universal programs having a focus on social connectedness to improve help-seeking by building socioecological protective influences across the whole school being particularly successful (Calear et al., 2016). A strength of these types of programs is that they are conducted by peer leaders; based on Social Learning Theory, the importance of modelling and strong social networks is emphasised (Calear et al., 2022). Successful school-based prevention programs enhance peer connections, offer students ways to seek help and partner with mental health providers (Wright-Berryman et al., 2018).

Most suicide prevention programs in Australian schools are universal and focus on prevention and early intervention. They allow for delivery in a critical developmental period of adolescence, with the efficacy of school-based universal programs increasing over the years leading to a decrease in suicidality in places where these programs are delivered with fidelity (McGillivray et al., 2020). Whole-of-school universal approaches that ensure compassion and care can aid the development of coping skills, leading to a decrease in suicidality. However, it is important to note that young people need a voice in the development of interventions, and they must involve meaningful partnerships with adolescents that involve true power sharing to ensure better outcomes. The interventions should involve all staff in creating a safe environment that reflects adults scaffolding the socioemotional skills to cope with distress and promoting co-regulation (Hetrick & Sharma, 2025). There are three key components to successful prevention programs: they reinforce that friends seek help for friends expressing suicidality, they engage trusted adults to improve communication between youth and adults, and they use interpersonal resources to promote healthy coping strategies (Calear et al., 2016).

Case Study: Liam

Liam, a 16-year-old student at a public high school in regional Queensland, had been struggling silently with depression and anxiety for over a year. A quiet and academically capable student, Liam withdrew socially and showed signs of fatigue and disengagement. His teachers noticed the changes but were unsure how to approach him. The school recently implemented a culturally responsive suicide prevention program called *Safe Minds*, which provided staff training on mental health literacy and included workshops for students focused on destigmatising help-seeking and recognising warning signs. During a peer-led activity, Liam confided in a classmate about his feelings of hopelessness. His peer, equipped with training from the program, encouraged him to speak to the school guidance officer. With ongoing support from mental health professionals and his teachers, Liam began receiving therapy and was connected with a local youth mental health service. Over time, he re-engaged with school and joined a student well-being group. The *Safe Minds* program not only helped Liam access support but also fostered a more open and supportive school environment.

10.1 Pause and reflect

What aspects of the *Safe Minds* program contributed to Liam receiving the help he needed? How can schools create environments where students feel safe discussing mental health? What role do peers play in suicide prevention efforts among adolescents?

Conclusion

Suicidality in adolescence is of critical importance, and schools present a logical location for interventions to address these behaviours due to the amount of time adolescents spend there. Suicide prevention programs have been shown to decrease incidence of suicidal ideation and suicide attempts in this vulnerable population. When applied across a multi-tiered system of support and where the intersectionality of identities is addressed, schools and educators have a tangible opportunity to reduce the incidence of adolescent suicide, the leading cause of death amongst this age group. Programs should be universal and

include strategies to enhance peer connectedness and a sense of belonging, both crucial when examining risk factors for adolescent suicidality. Efforts to prevent suicidal behaviour need to be integrated across many domains, with school being an important part of that. Effective professional development on suicide for staff must focus on changing and shifting attitudes around adolescent suicidality and reducing the stigma of receiving mental health support.

Helpful resources

- [Lifeline](#)
- [Suicide and intentional self-harm hospitalisations among young people](#) – Australian Institute of Health and Welfare
- [About Teen Suicide](#) – KidsHealth
- [SANE Australia](#)
- [Mental Health Australia](#)
- [MindSpot](#)
- [myCompass](#)
- [headspace](#)
- [Beyond Blue](#)

Reflection questions

Considering the literature in this chapter, reflect on the following questions:

1. Why are schools considered a critical setting for suicide prevention efforts, and how can this setting be maximised to support at-risk students?
2. How does intersectionality (e.g., being Indigenous, LGBTQ, or culturally diverse) compound the risk of suicidality in adolescents, and what can school programs do to address this?
3. What misconceptions about suicide prevention programs in schools may hinder their implementation, and how can these be effectively addressed?
4. Why is it important to include students in the development of suicide prevention

programs, and what might meaningful student involvement look like?

5. In what ways do universal, peer-led, and wraparound approaches contribute to the effectiveness of school-based suicide prevention programs?

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