

Depression in young people

Information for parents, carers and anyone who works with young people

This is one in a series of factsheets for parents, tutors and anyone who works with young people with practical up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect young people.

This factsheet gives some basic information about the symptoms and effects of depression in young people and gives practical advice on how to get help for this problem

How common is depression?

Depression is thought to occur in around 1-3% of children and young people. Anybody can have depression and it happens in people of all ages, races, income levels and educational levels. Teenage girls are twice as likely as teenage boys to be depressed.

What is depression?

Feeling sad or fed up is a normal reaction to experiences that are difficult or stressful. Sometimes these feelings of sadness can go on for some time and can start to interfere with everyday life. At these times the low moods become part of an illness we call 'depression'.

What causes depression?

There is no specific cause for depression. It can be caused by a mixture of things, rather than any one thing alone. It may be triggered by stressful life events, for example bullying at school, parental separation or divorce, bereavement or conflicts with family members or friends. It can also run in families especially if a parent has depression or a mood disorder such as bipolar disorder (also called 'manic depression').

What are the symptoms of depression?

When a child or young person is depressed many changes can be seen. They may:

- lose interest in activities that they enjoyed before
- lose their appetite or start overeating
- have problems with concentration, remembering things or making decisions
- self-harm or have thought of suicide
- have disturbed sleep or sleep far too much
- feel tired all the time, exhausted
- complain of aches and pains for example headaches or stomach pains
- have little self-confidence
- express feelings of guilt for no reason.

In children especially teenagers being irritable and grumpy all the time can also be a symptom of depression not just being in a 'bad mood'.

At the extreme end of depression, some young people can develop 'psychotic symptoms' – they start to have very unusual and sometimes unpleasant thoughts and experiences.

Some people also have periods of high mood (also called 'mania') along with periods of low mood. This may mean they have bipolar mood disorder.

What effects can depression have on young people?

A young person with depression can have major problems in not only how they feel but also how they behave. This may cause difficulties at home, at college as well as with relationships with family and friends. Some young people may try to cope with their problems by engaging in risky behaviours such as self-harming (eg cutting), misusing drugs or alcohol, having inappropriate sexual relationships (leading to teen pregnancy in girls), dropping out of college and at the extreme end, suicide.

The longer the illness continues without understanding, help or treatment, the more harmful it is likely to be to the life of the young person and to their family.

Where can I get help?

Depression is a treatable illness. The first step towards getting help is to recognise that there might be a problem. It might help to talk to others who know the person. For instance, contact the college to find out how they are doing.

If you suspect that a young person is depressed, seeking medical advice early on is very important. As a first step you should contact your GP. If necessary they can make a referral to your local child and adolescent mental health service (CAMHS) which can offer more specialist help.

How is depression treated?

The goal of treatment is to improve the symptoms, prevent the illness from returning and help the young person lead a normal life. Families play an important role in recognising the illness, supporting the young person through treatment and also preventing the illness from coming back. It is therefore very important that you understand the condition.

Depending on how depression is affecting the person and how severe it is, they may need different treatments. When they have severe symptoms or have difficulties such as serious suicidal thoughts or other risky behaviours they may need medication and sometimes admission to hospital.

Psychological ('talking') treatments and medication both may have an important role in the treatment of depression.

Talking treatments (also known as 'psychotherapies')

Psychological therapies such as cognitive-behavioural therapy (CBT) or 'interpersonal therapy' may be tried before considering other possibilities such as medication. This will depend on the individual's illness and their personal circumstances.

Medication

Certain antidepressant medications known as selective serotonin reuptake inhibitors (SSRIs) have been shown to be beneficial to children and adolescents with severe depression.

It is important that once started, medication should not be stopped suddenly. It may be needed for months or even years. Some people may, under medical supervision, be able to stop their medication when they have recovered and have felt well for a while.

Before starting the treatment or while on medication, a young person may need physical examinations and tests (eg blood tests). It is important that if the young person is prescribed medication, they are seen regularly by their doctor or psychiatrist.

There are side-effects to antidepressant medication some of which can be quite serious. The psychiatrist will be able to advise you about what they are and what can be done to help. The risk of side-effects needs to be balanced against the risk of the damaging effects of the illness on a person's life.

No young person should be taking medication unless they are reviewed regularly by a health professional. This is to monitor the dose of the drug and to check for side-effects.

How else can I help?

Recognising and understanding the person's illness is a huge step in knowing how you can help. When the young person becomes irritable or even does something risky, it is common for you to feel angry or upset. It is important that you try to remain calm and be honest about letting the young person know what you feel and seek help.

Some young people may be reluctant to talk to you about their problems although they might talk to someone at college, a friend or their GP or a professional for young people at a health centre or CAMHS. It is important to encourage them to talk to someone they can trust as well as seeking professional help.

Having little chats, spending time with the young person watching TV, cooking and doing physical activities such as walking can help to lift their mood even if they say they do not want to do it. A healthy diet and physical exercise can help improve their mood.

Useful websites

- **Young Minds:** www.youngminds.org.uk; free advice and support for parents worried about their children's behaviour, emotional problems and mental health. Parents' Helpline: 0808 802 5544.
- **Depression Alliance:** www.depressionalliance.org; help and information about depression, depression symptoms and self-help groups. Information line: 0845 123 23 20.
- **National Institute of Mental Health:** www.nimh.nih.gov; comprehensive information on mental health treatments and conditions across all ages.

Recommended reading

Worries and anxieties: helping young people to cope

Information for parents, carers and anyone who works with young people

This is one in a series of factsheets for parents, tutors and anyone who works with young people with practical up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people.

This factsheet describes the different types of anxieties that young people might feel and some of the reasons behind these. It also offers practical advice on how to deal with worries and anxieties.

How common is anxiety in young people?

Anxiety is one of the common mental health problems. Nearly 300 000 young people in Britain have an anxiety disorder. Lots of people however, suffer in silence. It is important to recognise their problems and seek help especially when anxiety starts affecting their everyday life.

Why do young people worry?

Young people like adults have all sorts of strong feelings about what is happening to them. It's natural for them to feel fearful or worried from time to time. However a small group of young people have severe anxiety which causes a lot of distress and can seriously affect their everyday lives.

Growing up: different types of anxiety

Anxieties are grouped based on what the fear or worry is about. These groups are helpful in understanding what the difficulties are and how to treat them.

Fears and phobias

Young people often develop fears for example of animals or of the dark. A phobia is an extreme fear which causes a lot of distress and affects the person's life significantly. For example a fear of dogs is called a phobia if it means that it restricts the young person's ability to go anywhere where there may be dogs eg the park. Most young people either grow out of their fears or learn to manage them with support and encouragement but it is much more difficult to cope with a phobia without some extra help.

General anxiety

Some young people feel anxious most of the time for no apparent reason. It may be part of their temperament or it may be part of a pattern of behaviour that is shared with other members of the family. If the anxiety becomes very severe it can mean that the young person will not want to go to college, cannot concentrate or revise and is not confident with other people.

Separation anxiety

Worry about not being with a young person's regular caregiver is a common experience for most young adults. It normally develops at 6 months and can go on in some form during the pre-school years. It can make going to sleep, parents leaving for work, or settling in at college very difficult at times. It is extreme

and affects the young person's development, education and family life, it may be useful to get some additional help.

Social anxiety

It may be helpful to think of this as an extreme, sometimes disabling, type of shyness. It means that although young people are not affected in the company of family and people they know, they find it very worrying to be in other social situations. This means that they will usually avoid them. This causes problems for the young person in making new friends or dealing with situations at college. It can be described as a fear of humiliation or embarrassment which leads to them avoiding social situations.

A small minority of young people may develop other specific types of anxiety such as post-traumatic stress disorder (PTSD) or obsessive-compulsive disorder (OCD). Unlike young people and adults, it is extremely rare for children to have panic attacks.

What are the signs of anxiety?

Anxiety can cause both physical and emotional symptoms. This means it can affect how a person feels in their body and their health. Some of the symptoms are:

- feeling fearful or panicky
- feeling breathless, sweaty or complaining of 'butterflies' or pains in the chest or stomach
- feeling tense, fidgety, using the toilet often.

These symptoms may come and go. It may cause the person to become irritable and tearful and have interrupted sleep. Anxiety can even cause headaches, stomach aches and nausea.

What causes these worries and anxieties?

We do not really know what causes this condition. However several things can contribute to anxiety in young people such as genes, where they live or having upsetting or traumatic experiences.

- Anxiety tends to run in families so if someone in your family is known to worry a lot, their children may be more likely to worry as well. Some of this will be passed on in the genes but young people may also learn anxious behaviour from being around anxious people.
- A young person who is being bullied, lacks friends or has trouble with their college work often worry a lot.
- A young person who has experienced a household fire or a burglary, a car accident or some other frightening or traumatic event, might suffer from anxiety afterwards. They might also develop PTSD.
- Young people who have to cope with stressful situations such as bereavement, parental illness or divorce often become anxious and insecure. They may be able to manage one event but may struggle to cope if several difficult things happen together such as parents divorcing, moving home or starting college.
- Children need parents or caregivers to sooth them effectively. Young people can feel worried or anxious if they hear or see their parents arguing or fighting. If children sense their family or friends are anxious or harsh, it can make them feel more anxious. This leaves them feeling unsupported, insecure and lacking in confidence and can also be linked to separation anxiety.

Do children grow out of it?

Most children grow out of it but a few continue being anxious and can sometimes become depressed as adults. Even if they do not become anxious adults, anxiety can limit a young person's activities which can affect their development in the long term. Not going to college for example means missing out on education and making friends. Loneliness and lack of confidence can be long-term problems. The emotional effects of a traumatic experience can also be long-lasting.

What can I do to help?

A lot can be done to stop children being anxious. Parents and tutors can help by remembering that children, like adults, may get anxious about sudden change.

- It helps if you can prepare children in advance and explain what is going to happen and why
- Regular routines around bedtime and getting ready for school or college can help young children and adolescents with separation anxiety
- There may be books or games that can help children to understand upsetting things such as serious illness, separation or bereavement
- Children over the age of 5 often find it helpful to talk about their worries to an understanding adult which could be someone outside the immediate family
- Children may need comfort, reassurance and practical help with how to cope.

If your child is showing signs of anxiety, it is important that you can show them that you care and want to understand the reason why.

- Is there something going on in the family that could be causing worry?
- Are they picking up on your own worry?

All families have times when they have to deal with a lot of stress and worry. At times like these, you or your child might need extra help and support from friends, family members or others.

Where can I get help?

If the young person is so anxious that they can't cope with ordinary day-to-day life, more specialist help is needed. Your GP will be able to advise you and may suggest referral to the local child and adolescent mental health service (CAMHS). The type of specialist help offered here will depend on what is causing the anxiety. Basically, it will involve finding ways of overcoming the worries and building confidence step by step.

How is anxiety treated?

The type of specialist help offered will depend on what is causing the anxiety. Usually it will be a form of talking therapy such as cognitive-behavioural therapy (CBT). Cognitive-behavioural therapy can help the young person understand what causes their anxiety and to find strategies for coping. Parents are encouraged to be actively involved in helping their children manage their anxiety and are advised how to do this effectively.

Occasionally a young person might also be given a medicine to help if their anxiety problem has not got much better. A type of antidepressant called an SSRI (selective serotonin reuptake inhibitor) is usually used. Anxiety can be really difficult to live with for both the young person and family, but it is treatable.

Useful websites

- **Anxiety UK:** www.anxiety.org.uk; a charity providing information and support for people with anxiety problems.
- **TheSite.org:** www.thesite.org/healthandwellbeing; website by YouthNet UK, a charity that provides factsheets and articles on all the key issues facing young people
- **Young Minds:** www.youngminds.org.uk; for any adult concerned about the emotions and behaviour of a child or young person. Parents' helpline: 0808 802 5544.
- **The Child Anxiety Network:** www.childanxiety.net; thorough, user-friendly information about child anxiety.
- **Website on social anxiety disorder:** www.social-anxiety.org
- **Youth Access:** <http://youthaccess.org.uk>; information, advice and counselling for young people in the UK. Has information on local services.

Recommended reading

Death in the family: helping children to cope

Information for parents, carers and anyone who works with young people

This is one in a series of factsheets for parents, tutors and anyone who works with young people with practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people.

The factsheet looks at how a death in the family may affect a young person and offers advice on how to cope with this situation.

How does a young person respond to death?

How children and young adults react to death depends on a number of factors:

- How close the person who died was to the child or young person, and the family is important and how involved that person was in their lives.
- Whether the death was sudden or expected (a relief from suffering or a crushing blow). How traumatic it was can have an impact on how young people cope with it.
- The circumstances of the death also affect the impact it has on the young person. Each family responds in its own way to death. Religion and culture will have an important influence on what happens.

Other factors that can make a big difference from the young person's point of view are:

- the effect of grief on other family members especially if they are not able to cope with giving the young person the care they need
- how much practical support is available to help the family cope.

Children and bereavement

Everyone can experience grief when they lose someone close to them. They may need to spend a period of time in bereavement coming to terms with the grief. Death in the family affects everyone. Children and young people in particular need to be thought about even if it is a difficult time for the whole family

How do young people of different ages understand death?

The child's age and level of understanding can affect how the death affects their life. Infants may feel the loss because it affects the way in which they are looked after and their daily routine. They are very sensitive to the unhappy feelings of those around them and may become more anxious, difficult to settle and more needy of attention.

Pre-school children usually see death as temporary and reversible, a belief reinforced by cartoon characters that 'die' and 'come to life' again.

Children from about the age of 5 are able to understand basic facts about death:

- it happens to all living things
- it has a cause
- it involves permanent separation.

They can also understand that dead people do not need to eat or drink and do not see, hear, speak or feel. Most children get angry or worried as well as sad about death. Anger is a natural reaction to the loss of someone who was essential to the young person's sense of stability and safety. A child may show this anger in boisterous play, by being irritable or by having nightmares. Anxiety is shown in 'babyish' talk and behaviours that can include demanding food, comfort and cuddles.

Young people can believe mistakenly that they have caused the death by being troublesome or [fr](#) difficult.

Teenagers are able to understand death more like adults and are very aware of the feelings of others. They may find it difficult to put their feelings into words and may not show their feelings openly for fear of upsetting others.

How do I help a child or young person cope with death?

Being aware of how children and young people normally respond to death makes it easier for an adult to help. It also makes it easier to notice if someone is struggling.

Help in early stages after death

Adults sometimes try to protect children and young people from pain by not telling them what has happened. Experience shows that they benefit from knowing the **truth** at an early stage. They may even want to see the dead relative. The closer the relationship, the more important this is.

Adults can help children and young people to cope by **listening** to their experience of the death, answering their questions and reassuring them. They often worry that they will [be](#) abandoned by loved ones or fear that they are to blame for the death. If they can talk about this and express themselves, they can cope better and are less likely to have emotional disturbances later in life.

Young people often find it difficult to recall **memories** of a dead person without first being reminded of them. They can be very upset by not having these memories. A photograph can be a great source of comfort.

Also the young person usually finds it helpful to be included in discussing and attending the **funeral**. Thought should be given as to how to support and prepare the young person for this. If they are frightened about attending the funeral they should not be forced to go. However, except for very young children, it is usually important to find a way to enable them to say goodbye. For example, they can light a candle, say a prayer or visit the grave.

Helping later on

Once children and young people accept the death, they are likely to display their feelings of sadness, anger and anxiety on and off sometimes over a long period of time and often at unexpected moments. The surviving relatives should spend as much time as possible with them, making it clear that they can show their feelings openly without fear of upsetting others.

Sometimes a child or young person may 'forget' that the family member has died or persist in the belief that they are still alive. This is normal in the first few weeks following a death but may cause problems if it continues.

What are the signs that a child or young person is not coping?

Some of the warning signs that the child or young person may need more help include:

- a long period of sadness or depression with a reduced interest in daily activities
- withdrawing from friends
- inability to sleep, loss of appetite, prolonged fear of being alone
- a sharp drop in college performance or refusal to attend college
- acting like a much younger child for a long time
- denying that the family member has died
- imitating the dead person all the time
- talking repeatedly about wanting to join the dead person.

These warning signs mean that professional help may be needed. Your GP will be able to offer you help and advice and can refer you and your child to specialists who can provide bereavement counselling or to your local child and adolescent mental health serviced (CAMHS). They can help the child or young person to accept the death and also assist the family to find ways of helping them through this mourning process.

Useful websites

- **Cruse Bereavement Care:** www.crusebereavementcare.org.uk; promotes the well-being of bereaved people and helps them to understand their grief and cope with their loss. It also has a website, helpline and email specifically for young people experiencing bereavement: www.r4u.org.uk, email: info@rd4u.org.uk, helpline 0808 808 1677.
- **Winston's Wish:** www.winstonswish.org.uk; supports bereaved children, young people and families. Helpline: 08452 03 04 05.
- **Child Bereavement Charity:** www.childbereavement.org.uk; a national charity which works to help bereaved families where a baby or child has dies or where children and young people are bereaved of someone important in their lives.

Recommended reading

Drugs and alcohol: what parents need to know

Information for parents, carers and anyone who works with young people

This is one in a series of factsheets for parents, tutors and anyone who works with young people with practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people.

The factsheet offers practical advice for parents, tutors and carers who are worried that a young person is misusing drugs or alcohol.

What are the different types of drugs which cause problems?

The most commonly used, readily available and strongly addictive drugs are **tobacco** and **alcohol**. There are numerous others that can be addictive. Alcohol and **cannabis** are sometimes seen as 'gateway' drugs that lead to the world of other drugs like cocaine and heroin.

Drugs are also classed as 'legal' and 'illegal'. The obviously illegal drugs include cannabis (hash), speed (amphetamines), ecstasy ('E'), cocaine and heroin. Using 'legal' drugs eg cigarettes, alcohol, petrol, glue, does not mean they are safe or allowed to be misused. It just means they may be bought or sold for specific purposes and are limited to use by specific age groups.

There are clear laws regarding alcohol and young people. For more detailed information on various drugs, their side-effects and the law, see 'Useful Websites' at the end of this factsheet.

Why do I need to know about a young person using drugs or alcohol?

Many young people smoke, drink alcohol and may try drugs. It is important you are aware of this and do not ignore it as a time when they are just having fun or experimenting. It does not take much for a young person to lose control and to need help to recover from this problem. By the age of 16, up to half of young people have tried an illegal drug. Young people are trying drugs earlier and more are drinking alcohol.

Why do young people use drugs or alcohol?

Young people may try or use drugs or alcohol for various reasons. They may do it for fun, because they are curious or to be like their friends. Some are experimenting with the feeling of intoxication. Sometimes they use it to cope with difficult situations or feelings of worry and low mood. A young person is more likely to try or use drugs or alcohol if they hang out or stay with friends or family who use them.

What can be the problems relating to using drugs and alcohol?

Drugs and alcohol can have different effects on different people. In young people especially the effects can be **unpredictable** and potentially **dangerous**. Even medications for sleep or painkillers can be addictive and harmful if not used the way they are prescribed by a doctor.

Drugs and alcohol can **damage health**. Sharing needles or equipment can cause serious infections such as **HIV** and **hepatitis**. Accidents, arguments and **fight**s are more likely after drinking and drug use. Young people are more likely to engage in **unprotected sex** when using drugs.

Using drugs can lead to **serious mental illnesses** such as psychosis and depression.

When does it become a problem or addiction?

It is very difficult to know when exactly using drugs or alcohol is more than just 'casual'. Addiction becomes more obvious when the young person spends most of their time thinking about, looking for or using drugs. Drugs or alcohol then become the focus of the young person's life. They ignore their usual work, for example college work or stop doing their usual hobbies/sports such as dancing or football.

How do I know if it becomes a problem or addiction?

Occasional use can be very difficult to detect. If the young person is using a drug on a regular basis, their behaviour often changes. Look for signs such as:

- unexplained moodiness
- behaviour that is 'out of character'
- loss of interest in college or friends
- unexplained loss of clothes or money
- unusual smells and items like silver foil or needle covers.

Remember, the above changes can also mean other problems such as depression rather than using drugs.

What do I do if I am worried?

If you suspect a young person is using drugs, remember some general rules.

- Pay attention to what the young person is doing, including college work, friends and leisure time
- Learn about the effects of alcohol and drugs (websites listed at the end of this factsheet contain some useful information)
- Listen to what the young person says about alcohol and drugs and talk about it with them
- Encourage the young person to be informed and responsible about drugs and alcohol
- Talk to other parents, friends and tutors about drugs, the facts and your fears and **seek help**.

If someone in the family or a close friend is using drugs or alcohol, it is important that they seek help too. It may be hard to expect the young person to give up especially if a parent or carer is using too.

My child is abusing drugs. What do I do?

- If your child is using drugs or alcohol, seek help
- Stay calm and make sure of the facts
- Don't give up on them and don't get into long debates or arguments when they are drunk, stoned or high
- Don't be angry or blame them – they need your help and trust to recover.

Where can I get help?

You can talk in confidence to a professional such as your GP or practice nurse, a local drug project or your local child and adolescent mental health service (CAMHS). They can refer your child to relevant services and they will be able to offer you advice and support.

You may also be able to seek help through a college counsellor, tutor or social worker. You can find this information from your local area telephone book or council website or ask for the address from your health

centre. You may also look at the websites listed at the end of this factsheet. Most offer telephone advice and email contact.

Useful websites

- **Alcohol Concern:** www.alcoholconcern.org.uk; national agency campaigning for effective policy and improved services for young people whose lives are affected by alcohol-related problems
- **NHS Choices:** www.nhs.uk; website with health information and a section on alcohol and drugs
- **Drink Sense:** www.drinksense.org; counselling, information and support for people with alcohol-related problems, their carers and families. Has information for young people under the age of 25
- **Patient UK:** www.patient.co.uk; information on health issues including alcohol and drug misuse and links to various useful books and websites
- **NHS Direct:** www.nhsdirect.nhs.uk; help and advice on any aspect of drug and alcohol use. Tel: 0845 4647
- **Smokefree:** <http://smokefree.nhs.uk>; NHS smoking helpline: 0800 022 4 332
- **Talk to Frank:** www.talktofrank.com; free confidential drugs information and advice line. Tel. 0800 77 66 00
- **Addaction:** www.addaction.org.uk; specialist drug and alcohol treatment charity in England and Scotland.

Recommended reading

Self-harm in young people

Information for parents, carers and anyone who works with young people

This is one in a series of factsheets for parents, tutors and anyone who works with young people with practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people.

The factsheet looks at the reasons behind why young people self-harm and offers advice about what to do to help

Why do young people harm themselves?

Some young people use self-harm as a way of trying to deal with very difficult feelings that build up inside them. This is clearly very serious and can be life-threatening. People say different things about why they do it.

- Some say that they have been feeling desperate about a problem and don't know where to turn for help. They feel trapped and helpless. Self-injury helps them **feel more in control**.
- Some people talk of feelings of anger or tension that get bottled up inside until they feel like exploding. Self-injury helps to **relieve the tension** they feel.
- Feelings of guilt or shame may also become unbearable. Self-harm is a way of **punishing oneself**.
- Some people try to cope with very upsetting experiences such as trauma or abuse, by convincing themselves that the upsetting event(s) never happened. These people sometimes feel 'numb' or 'dead'. They say that they feel detached from the world and their bodies and that self-injury is a way of **feeling more connected and alive**.
- A proportion of young people who self-harm do so because they feel so upset and overwhelmed that they wish to end their lives by **dying** by suicide. At the time, many people just want their problems to disappear and have no idea how to get help. They feel as if the only way out is to kill themselves.

What is self-harm?

Self-harm is a term used when someone injures or harms themselves on purpose rather than by accident. Common examples include overdosing (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. Self-harm is always a sign of something being seriously wrong.

Who is at risk?

An episode of self-harm is most commonly triggered by an argument with a parent or close friend. When family life involves a lot of abuse, neglect or rejection, people are more likely to harm themselves. Young people who are depressed or have an eating disorder, or another serious mental health problem, are more likely to self-harm. So are people who take illegal drugs or drink too much alcohol.

Many young people who self-harm with a wish to die by suicide also have mental health or personality difficulties; often the suicide attempt follows a stressful event in the young person's life but in other cases, the young person may not have shown any previous signs of difficulty.

Sometimes the young person is known to have long-standing difficulties at college, home or with the police. Some will already be seeing a counsellor, psychiatrist or social worker. There has been an increase in the suicide rate of young men over recent years.

The risk of suicide is higher if the young person:

- is depressed or has a serious mental illness
- is using drugs or alcohol when they are upset
- has previously tried to kill themselves or has planned for a while about how to die without being saved
- has a relative or friend who tried to kill themselves.

How can I help?

- **Notice** when the young person seems upset, withdrawn or irritable. Self-injury is often kept secret but there may be clues such as refusing to wear short sleeves or to take off clothing for sports
- **Encourage** them to talk about their worries and take them seriously. Show them you care by listening, offer sympathy and understanding and help them to solve any problems
- **Buy blister packs of medicine in small amounts.** This helps prevent impulsive overdoses. Getting pills out of a blister pack takes longer than swallowing them straight from a bottle. It may be long enough to make someone stop and think about what they are doing
- **Keep medicines locked away**
- **Get help** if family problems or arguments keep upsetting you or the young person
- If a young person has injured themselves you can **help practically** by checking to see whether injuries (cuts or burns for example) need hospital treatment and if not, by providing them with clean dressings to cover their wounds.

As a parent it is really hard to cope with a child/young person with self-harming behaviour or who attempts suicide. It is natural to feel angry, frightened or guilty. It may also be difficult to take it seriously or know what to do for the best. Try to keep calm and caring even if you feel cross or frightened; this will show your child you can manage their distress and they can come to you for help and support.

This may be difficult if there are a lot of problems or arguments at home. Or you may simply feel too upset, angry or overwhelmed to effectively help your child/young person. If so you should see advice from your GP.

If you are a teacher it is important to encourage students to let you know if one of their friends is in trouble, upset or show signs of harming themselves. Friends often worry about betraying a confidence and you may need to explain that self-harm is very serious and can be life-threatening. For this reason it should never be kept secret.

Where do I get specialist help?

Everyone who has taken an overdose or tried to kill themselves needs an urgent assessment by a doctor as soon as possible even if they look OK. Usually this means an examination at the nearest emergency department (also known as A&E). If you are unsure whether the young person was suicidal or not it is best to act cautiously and take them to hospital. With an overdose the harmful effects can sometimes be delayed and treatment with medication may be needed. Paracetamol is the most common medicine taken as an overdose in Britain. It can cause serious liver damage and each year this leads to many deaths. Even small overdoses can sometimes be fatal.

If the young person is self-harming by cutting themselves or in other ways, it is still important that they have help. Speak to your GP who can refer you to your local child and adolescent mental health services (CAMHS).

How is self-harm treated?

- **Assessment**

All young people who attend hospital following attempted suicide or harming themselves should also have a specialist mental health assessment before leaving.

It is often difficult to work out what prompted the young person to self-harm or whether they actually wished to die by suicide or not; mental health professionals have the expertise to make sense of these complicated situations.

- **Parental involvement**

It is usual for parents or carers to be involved in the assessment and any treatment. This makes it easier to understand the background to what has happened and to work out together whether more help is needed.

Assessments in emergency departments (A&E) which include a short 'talking therapy' session have shown to help young people come back for ongoing help and support. A lot of young people self-harm or make another suicide attempt if they do not receive the help they need.

- **Therapy**

Usually treatment for self-harm and attempted suicide, other than any immediate physical treatment, will involve individual or family 'talking therapy' work for a small number of sessions. They will need help with how to cope with the very difficult feelings that cause self-harm.

- **Treatment plan**

Clear plans on how to help and how to keep the young person safe will also be made. Some people who find it difficult to stop self-harming behaviour in the short term will need help to think of less harmful ways of managing their distress.

Families often need help in working out how to make sure that the dangerous behaviour does not happen again and how to give the support that is needed. This is something your local CAMHS should have an offer.

- **Long-term specialist help**

If depression or another serious mental health problem is part of the problem, it will need treatment. Some young people who self-harm may have suffered particularly damaging and traumatic experiences in their past. A very small number of young people who try to kill themselves really do want to die. These two groups may need specialist help over a longer period of time.

Useful websites

- **National Self Harm Network:** www.nshn.co.uk; UK charity offering support, advice and advocacy services to people affected by self-harm directly or in a care role.
- **Childline:** www.childline.org.uk; provides a free and confidential telephone service for children. Helpline: 0800 1111
- **Young Minds:** www.youngminds.org.uk; provides information and advice on child mental health issues and a parents' helpline: 0808 802 5544
- **Samaritans:** www.samaritans.org; a 24-hour service offering confidential and emotional support to anyone who is in crisis. Helpline: 08457 909090 (UK), 1850 609090 (Ireland), email: jo@samaritans.org
- **Life Signs:** www.lifesigns.org.uk; an online, user-led voluntary organisation to raise awareness about self-injury and provide information and support to people of all ages affected by self-injury.
- **NHS Direct:** www.nhsdirect.nhs.uk; health advice and information service. Tel: 0845 4647

Recommended reading

Obsessive-compulsive disorder in children and young people

Information for parents, carers and anyone who works with young people

This is one in a series of factsheets for parents, carers and anyone who works with young people with practical up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people.

This factsheet describes what obsessive-compulsive disorder is, who it affects and what can be done to help.

What are the symptoms of OCD?

Some people have thoughts, ideas or pictures that come into their mind over and over again. They are difficult to get rid of and can feel silly or unpleasant. These are called **obsessions**. Some examples of obsessions include:

- 'I must count to 20 or something bad will happen'
- worrying about germs and disease
- worrying about things being tidy

Some people feel they have to do something repeatedly even if they don't want to or it doesn't make sense. These are called **compulsions**. Some examples of compulsions include:

- repeatedly checking that the light is switched off
- washing hands again and again
- counting or repeating words in your head.

Often people try to stop themselves from doing these things but feel frustrated or worried unless they can finish them. Problems with obsessions and compulsions can cause distress and worry and can begin to affect young people at home with their families or at college with friends.

Many young people have mild obsessions and compulsions at some time, for example having to organise their things in a special way, or saying good night a certain number of times. This is normal and may be the result of worry due to stress or change.

What is obsessive-compulsive disorder (OCD)?

The word 'obsessive' gets used commonly. This can mean different things to different people.

Obsessive-compulsive disorder is a type of anxiety disorder. In this condition the young person has obsessions and/or compulsions that affect their everyday life, for example getting to college on time, finishing homework or socialising with friends.

How do I know this is OCD?

If you are worried that a young person may have OCD you need to first think about these questions:

- Do the compulsions upset the young person?
- Do they interfere with their everyday life (eg college, friends)?

If the answer to these questions is 'yes' it may be that the young person has OCD. If this is the case you should seek professional help.

How common is it?

Obsessive-compulsive disorder can affect people of all ages irrespective of their gender, religion or class. It usually starts in childhood. It is thought that 1-2% of the population have OCD which means that at least 130 000 young people have it.

What causes OCD?

We do not know the cause of OCD for certain. Research suggests that it may be due to an imbalance in a brain chemical called serotonin. It may also run in families and in people with tics (jerky movements). Very occasionally OCD can start after an illness. It can also occur after a difficult time in a person's life, for example after having an accident.

How is OCD treated?

There are two treatments that are helpful for OCD: behaviour therapy and medication. These can be given on their own or together. If possible a young person should have access to both forms of treatment.

- **Behaviour therapy**

It starts with an assessment of the problem. This can include the young person and family keeping a diary of the obsessions and compulsions. The aim of the treatment is to teach the young person how to be in control of the problem, by tackling it a little bit at a time. The young person designs the treatment programme with the therapist as it is important to be actively involved in planning. Unless the condition is very severe, the most commonly used type of therapy is cognitive-behavioural therapy (CBT).

- **Exposure and response prevention (ERP)**

This is when the therapist helps the child or young person to face the things that they fear and have been avoiding. They are taught a wide range of skills to manage the anxiety that OCD creates. Often parents or other family members get very involved in the OCD rituals. Families need to learn about OCD and also about how to help the young person combat it. This can involve parents working with the young person and the therapist to find ways of helping them to resist the rituals and to be able to say 'no'.

- **Medication**

Medication can be helpful in controlling the OCD. Unfortunately many people who improve on medication become unwell again when the medication is stopped. Some people who need medication may have to continue taking it for a long time.

Where can I get help?

Obsessive-compulsive disorder is a common problem and your GP will be able to help and advise you as to what you need to do. If the young person needs more specialist assessment and treatment, the GP may suggest a referral to a child and adolescent mental health service (CAMHS).

If the young person has been unwell for a long time, or their life has become severely affected by OCD, other professionals may need to help too; for example teachers or educational social workers may be able to help the young person get back to ordinary life at college.

Useful websites

- ➔ **OCD Action:** www.ocdaction.org.uk; national charity for people with OCD and related disorders such as body dysmorphic disorder, compulsive skin picking and trichotillomania. Helpline: 0845 390 6232.
- ➔ **International OCD Foundation:** www.ocfoundation.org; an international not-for-profit organisation made up of people who have OCD and related disorders as well as their families, friends, professionals and others
- ➔ **OCD-UK:** www.ocduk.org; a national charity working with and for people with OCD.

Recommended reading

Eating disorders in young people

Information for parents, carers and anyone who works with young people

This is one in a series of factsheets for parents, tutors and anyone who works with young people with practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people.

The factsheet discusses the causes of eating disorders and how to recognise them as well as giving advice on how to cope with a young person who has an eating disorder.

What are the signs of anorexia or bulimia?

You may notice some or most of these signs:

- weight loss or unusual weight changes
- periods being irregular or stopping
- missing meals, eating very little and avoiding 'fattening' foods
- avoiding eating in public, secret eating
- large amounts of food disappearing from the cupboards
- the person believing they are fat when in fact they are underweight
- exercising excessively, often in secret
- becoming preoccupied with food, cooking for other people, calorie counting and setting target weights
- going to the bathroom or toilet immediately after meals
- using laxatives and vomiting to control weight or sometimes using other medications/herbal remedies to lose weight.

It may be difficult for parents or teachers to tell the difference between ordinary dieting in young people and a more serious problem. If you are concerned about your child's weight and how they are eating, consult your GP. You can also seek help and advice from other agencies.

What is an eating disorder?

Worries about weight, shape and eating are common, especially among young girls. A lot of young people many of whom are not overweight in the first place, want to be thinner. They often try to lose weight by dieting or skipping meals. For some, worries about weight become an obsession. This can turn into a serious eating disorder. This fact sheet is about the most common eating disorders, anorexia nervosa and bulimia nervosa.

- Someone with anorexia nervosa worries all the time about being fat even if they are skinny and eats very little. They lose a lot of weight and in girls their periods become irregular or stop.
- Someone with bulimia nervosa also worries a lot about weight. They alternate between eating next to nothing and then having binges when they gorge themselves. They vomit or take laxatives to control their weight.

Both of these eating disorders are more common in girls but do occur in boys. They can happen in young people of all backgrounds and cultures.

What effects can eating disorders have?

A person with an eating disorder can have physical and emotional problems. Some of these include:

- feeling excessively cold
- headaches and dizziness
- changes in hair and skin
- tiredness and difficulty with normal activities
- damage to health, including stunting of growth and damage to bones and internal organs
- loss of periods and risk of infertility
- anxiety and depression
- poor concentration, missing college or work
- lack of confidence, withdrawal from friends
- dependency or over involvement with parents instead of developing independence.

It is important to remember that, if allowed to continue unchecked, both anorexia and bulimia can be life-threatening conditions. Over time, they are harder to treat and the effects become more serious.

What causes eating disorders?

Eating disorders are caused by a number of different things.

- Worry or stress may lead to comfort eating. This may cause worries about getting fat
- Dieting and missing meals leads to craving for food, loss of control and overeating
- Anorexia or bulimia can develop as a complication of more extreme dieting perhaps triggered by an upsetting event such as family break-down, death or separation in the family, bullying at school or college or abuse
- Sometimes anorexia and bulimia may be a way of trying to feel in control if life feels stressful
- More ordinary events such as the loss of a friendship, a teasing remark or college exams may also be the trigger in a vulnerable person.

Who can develop an eating disorder?

Some of the factors which increase the likelihood of having an eating disorder include:

- being female
- being previously overweight
- lacking self-esteem
- being a perfectionist.

Young people with eating disorders often show obsessional behaviour.

Some people are more at risk than others. Sensitive or anxious individuals who are having difficulty becoming independent from their families are also more at risk. Eating disorders can also run in families. The families of young people with eating disorders often find change or conflict particularly difficult and may be unusually close or overprotective.

Where can I get help?

If you think a young person may be developing an eating disorder, don't be afraid to ask them whether they are worried about themselves. Quite often young people with eating disorders are unable to acknowledge

that there may be a problem, will not want you to interfere and may become angry or upset when you do. However, you may still be worried and you can seek advice from professionals in different agencies such as your GP or a paediatrician. It is important that you feel supported and not alone.

What can I do to help?

These simple suggestions are useful to help young people to maintain a healthy weight and avoid eating disorders.

- Ensure your child eats **regular meals**. The British Dietetic Association (www.bda.uk.com) recommends eating regularly throughout the day which usually means three main meals and three nutritious snacks in between such as fruit, yoghurt or nuts. Too many sugary or high fat snacks should be avoided
- Try to give '**balanced diet**', one that contains all the types of food your body needs, including carbohydrate foods such as bread, rice, pasta or cereals with every meal
- **Don't let them miss meals** – long gaps encourage overeating
- Encourage regular **exercise**
- **Educate** your child not to be influenced by other people skipping meals or commenting on weight.

When is professional help needed?

When eating problems make family meals stressful, it is important to seek professional advice. Your GP will be able to advise you about what specialist help is available locally and arrange a referral. Help may be available through the paediatrician, dietitian or your local child and adolescent mental health service (CAMHS).

If the eating disorder causes physical ill health, it is essential to get medical help quickly. If untreated, there is a risk of infertility, thin bones (osteoporosis), stunted growth and even death, but if treated, most young people get better.

Useful websites

- ➔ **B-eat (beating eating disorders):** www.b-eat.co.uk; helpline for parents: 0845 634 1414
- ➔ **YoungMinds:** www.youngminds.org.uk; for any adult concerned about the emotions and behaviour of a child or young person. Parents' helpline: 0808 802 5544
- ➔ **King's College London:** www.kcl.ac.uk/iop/depts/pm/research/eatingdisorders/index.aspx; website with up-to-date information on eating disorders and various other disorders.

Recommended reading

Parental mental illness: the problems for children and young people

Information for parents, carers and anyone who works with young people

This is one in a series of factsheets for parents, tutors and anyone who works with young people with practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people.

The factsheet provides information on the difficulties faced by children and young people who have a parent with a mental illness and give some practical advice as to how to deal with those.

How many children and young people have a parent with mental illness?

Many children and young people will grow up or live with, a parent who at some point will have some degree of mental illness. Most of these parents will have mild or short-lived illnesses and will usually be treated by their GP.

A few children or young people live with a parent who has a severe mental illness such as schizophrenia or bipolar disorder. In fact 68% of women and 57% of men with a mental illness are parents. In addition, many children and young people live with a parent who has long-term mental health problems as well as alcohol or drug problems and personality disorders.

What is mental illness?

Mental illness is an illness of the mind in which a person to some degree loses control over aspects of their thoughts and/or their feelings. It can be very mild, such as mild depression when things look much worse than they are, or very severe, for example when a person's life is totally dominated by an illness such as schizophrenia and they cannot live independently.

It is estimated that mental illness will affect one in four of us at some time in our lives. When a person is mentally healthy they feel good about themselves; they can do everyday things easily such as going to college or work and enjoying their hobbies and friends. Even when things go wrong, they can usually sort it out themselves although this may not be easy.

When someone has a mental illness, they may find everyday things very difficult to do and they may feel confused and upset a lot of the time. They may do things that seem normal to them, but to other people watching they may seem strange.

Why do children or young people living with a parent with mental illness have difficulties?

Children and young people can often cope well with all sorts of life upsets especially if:

- the problem is short lived and does not keep repeating
- they can understand what is happening and, as much as possible, understand why it is happening

Parents cannot control the fact that some illnesses, especially mental illnesses, can last a long time and may come back. Some parents may try to protect their children from their illness by keeping it a secret or treating it as something which cannot be asked about or explained. Although this is often done for good

reasons, it is a mistake and can make it more difficult for the child or young person to cope with or manage their own feelings. Such a situation may create a number of problems for children and young people.

- They may worry that they are to blame for their parent's illness and they may feel depressed
- They may develop the same illness. Although for some conditions the risk of having a similar illness can be higher within families, this can be reduced if the child or young person is helped to see that they are not part of the illness and they are able to have a good relationship with their parents, peers or any other adults who can be trusted and help them. Understanding the illness helps the child or young person to achieve this.

For some children or young people it may be more difficult to cope when they:

- are separated again and again from a parent who needs to go into hospital for treatment
- are living with a parent who is very unwell and treated at home
- feel unsure of their relationship with the parent with a mental illness
- are not being looked after properly
- are being hit or mistreated (this is more likely if the parent has alcohol or drug problems or personality difficulties)
- are having to look after an ill parent or are taking care of brothers and sisters and missing college
- are being teased or bullied by others
- hear unkind things being said about their ill parent.

Even when children or young people have all the right support and explanation, they may still at times feel upset, frightened, worried by or ashamed of their parent's illness or behaviour.

What problems can children or young people develop?

Some children and young people withdraw into themselves, become anxious and find it hard to concentrate on their college work. They may find it difficult to talk about their parent's illness or their problems especially when they have no explanation of their illness. This may stop them from getting help. Children and young people are often ashamed of their parent's illness and worry about becoming ill themselves. They can be preoccupied with fears of 'catching' the illness and some children and young people can show signs of a similar illness or severe emotional problems.

Children and young people can have physical health problems and struggle with college and their education especially when they live with parents in poverty, poor housing or have an unstable life.

What can I do to help?

There are some steps that can be taken to help avoid these problems and to make the young person's life easier. For example:

- having a reliable, consistent and caring parent or other adult they can talk to
- being given information and an explanation about their parent's illness
- encouraging and supporting the young person in their everyday routine such as attending college, socialising and doing things like their peers do.

If you are a parent with a mental health problem, it is important that you make sure you have the right help. You can discuss your child's needs for care and support especially when you are unwell, with your doctor or the professional treating you. All mental health professionals involved in the care of an ill parent should ask

about the needs of any young people in the household and whether any further help is required even if the parent is not being treated in hospital.

A young person may really value the chance to talk about their parent's illness and their own fears with a professional who is familiar with these things.

It is important for parents and tutors to be aware of the possible stresses on the young person with an ill parent and to recognise that their difficult behaviour may be a cry for help.

- The GP or a social worker can organise support and practical help for the family in caring for the young person and give advice and work with other professionals if there are problems that are harming the young person's health or development
- The young person could join a local group (sometimes also called 'young carers') specifically for the young people who care for their parents or siblings
- Some young people may be offered therapy and counselling. A lot of young people will not be very happy about this as they assume it means that they are either the 'problem' or that they will develop the illness. Young carers' groups avoid this problem as the young person is respected as helping their parent
- If the young person has severe emotional or behavioural problems that interfere with their life and that don't seem to be improving, more specialist help may be needed. Their GP will be able to advise about local services and to refer a young person, if necessary, to the local child and adolescent mental health service (CAMHS). This service usually includes child and adolescent psychiatrists, psychologists, nurses and social workers.

Useful websites

- ➔ **Bipolar UK:** www.bipolaruk.org.uk; supports people with a diagnosis of bipolar disorder and their families
- ➔ **Carers Trust:** www.carers.org; information and support about being a carer and a young carer including information about local groups. There is also a website for young carers: www.youngcarers.net
- ➔ **Rethink Mental Illness:** www.rethink.org; information and advice to people with severe mental illness and their carers.

Recommended reading