

A Guide to

## Adolescent Mental Health

for Parents and Professionals  
Advising Young People

*by Geraldine Baker*



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# Introduction

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If we are to work with and support young people, it is crucial that we understand the complex stage of adolescence through which they must pass before they reach adulthood.

How young people manage and cope with their everyday life during adolescence can have lifelong repercussions. Understanding the role of emotions, the stage of adolescence, behaviours, ways of coping and the concept of mental health [as opposed to mental illness] is therefore key to recognising, understanding and responding to young people's needs.

The following booklet was written as an example of good practice in mental health promotion, to raise awareness of factors and issues relating to young people and mental health, for the benefit of parents and professionals who advise young people on the 'front line' in Lewisham. It does not represent the views of South London & Maudsley NHS Trust.

# Acknowledgements

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Note:

*Lewisham Child and Adolescent Mental Health Services are part of South London and Maudsley NHS Trust. For further information you can visit our website at: [www.slam.nhs.uk](http://www.slam.nhs.uk)*

# Understanding Emotions

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**Emotions** [Latin: e-movere - "to transfer from one place to another"]

Emotions are a central feature of all human life<sup>1</sup>. Not only do they guide people's basic survival instincts, help them cope with their environment and resolve conflict<sup>2</sup>, they also form the basis of their mental health.

Everyone, regardless of age, sex, ethnicity and culture, experience the same range of negative and positive emotions:

- *People experience negative emotions when they believe an experience could threaten or have a negative impact on their well-being or aspirations.*
- *People experience positive emotions when they believe an experience could enhance or promote their well-being or aspirations.*

A person's age, sex, ethnicity and culture, both familial and social, play a major role in influencing when they experience emotions and the degree to which they experience them. These factors also influence and determine a person's individual concept of 'well-being' and 'aspirations'.

The examples of negative emotions detailed below, demonstrate how individual differences of 'well-being' and 'aspirations' influence *when* and the *degree* to which people experience an emotion:

- *Everyone feels **anger** because of "deliberate, negligent or avoidable wrongdoing that causes...personal offence"<sup>3</sup>. But what is regarded as a 'personal offence', 'wrong' or 'offensive' may differ from one individual to another.*
- *Everyone feels **anxious** because of "the presence of a perceived threat or danger"<sup>4</sup>. But what is considered a 'threat' or 'danger' may differ from person to person.*
- *Everyone feels **sad** as a "result of loss or failure"<sup>5</sup>, but the concept of 'loss' and 'failure' may differ from one person to another person.*

Families, cultures and societies have rules and values determining what behaviours are acceptable or unacceptable. Adhering to these rules and values can shape how and when a young person experiences and expresses an emotion, for example:

- *If a family places an emphasis on the importance of academic achievement and a young person accepted this value, it is likely that they would feel sad at failing to pass an exam. However, the young person may not experience such sadness, if any at all, if they do not adhere to the value of academic achievement, or if their family placed little or no emphasis on such a concept.*
- *If a young person's culture places an emphasis on avoiding certain foodstuffs and they accept this custom, it is likely that they would feel angry if someone knowingly served them such food. However, they may not experience such anger, if any at all, if the young person did not adhere to the value of avoiding culturally specific foodstuffs or if their culture placed little or no emphasis on such a concept.*
- *If a society placed an emphasis on adhering to the rules of law, a young person may feel guilty for committing an illegal offence. However they may not experience such guilt, if any at all, if they placed little or no emphasis on adhering to such socially proscribed rules.*

A young person's emotional development continues right through adolescence, by which time they would have learned a range of different values and concepts of 'well-being' and 'aspirations' from their family members, early care-givers, peer groups, wider-community and society. They would also have learned the familial, cultural and social rules of acceptable and unacceptable behaviour.

However, during adolescence young people often challenge such early learning experiences by testing out the worth of adhering to these learned rules and values. This process can impact on their individual concept of 'well-being' and 'aspirations' and can influence a young person's perception of acceptable and unacceptable behaviour. This is why adolescence is such a crucial stage of development and one that is renowned to be a very challenging time, both for young people and their parents and/or care-givers.

## References:

1. Harré, R & Gerrod Parrott, W., "The Emotions: Social, Cultural and Biological Dimensions", 1996, Sage Publications, London.
2. Power, M & Dagleish, T., "Cognition and Emotion: From Order to Disorder", 1997, Psychology Press, East Sussex.
3. *ibid.*, pp. 304
4. *ibid.*, pp. 212
5. *ibid.*, pp. 258

# The Stage of Adolescence

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**Adolescence** [Latin: *adolescere* - "to grow into maturity"]

Before presenting details of the adolescent stage of development, it is worth giving attention to the parental experience of adolescence.

Parents can have a really tough time watching their child experience the adolescent phase of the life-cycle. After all, having spent eleven or twelve years establishing boundaries of appropriate and inappropriate behaviour and instilling values and beliefs in their child, one day it will seem that all they have taught them has gone completely 'out of the window!' The child that the parent has come to know just suddenly changes - almost at the flick-of-a-switch.

The child may start to:

- *become aloof and withdrawn*
- *become antagonistic and rude*
- *be susceptible to outbursts of temper*
- *break rules that were previously adhered to*
- *be reluctant to listen to or actively seek support and guidance*
- *be demanding of and seek to preserve privacy*
- *be reluctant to talk about his/her day-to-day life*
- *make, change and lose friends overnight*
- *lose interest in previous hobbies and find quite different sources of interest*
- *become sexually alert and take great interest in those of the same or opposite sex*
- *have completely different musical interests*
- *have different dress and hair-styles*

- it is almost as if the adolescent child has an internal light-switch that is turned 'on' and 'off' for no apparent reason. The most difficult part for parents is that it is just as unpredictable to work out when or why their

child's switch is flicked into 'on' [adolescent] mode, as it is to know when or why the switch is flicked back into 'off' [child] mode.

Parents may feel as if they have absolutely no control and are losing the child that they once knew. This is not an uncommon experience, given that all adolescents have to separate from their 'child' if they are to become 'adult'. Unfortunately for parents and adolescents, this does not happen overnight!

### **The Stage of Adolescence**

Human development is a life-long process of growth, maturation and change that unfolds most quickly during childhood and adolescence. The period of adolescence is one where young people are suspended between childhood and adulthood, immaturity and maturity. This stage of development is well known as the 'period of storm and stress'<sup>1</sup>, as in a very short space of time young people would:

- have reached physical and sexual maturity
- be close to developing their own identity
- have a more concrete concept of who they are and how they would like to be
- have a clearer idea of what life-goals they would like to achieve, and
- have a clearer concept of what social, familial and cultural rules and values they are prepared to choose to adhere to.

In short, adolescence is a time of rapid biological, psychological and social change.

### **Biological Changes**

Physical and sexual maturity are the most significant biological changes to occur during adolescence. Young people's child-like bodies begin to change; hair begins to grow in places it's never appeared before, body-parts also grow or start to do things they have never done before!

As the adolescent body begins to take on a new shape, the forming image may not be an expected one, or one that they particularly like - this may initially feel very uncomfortable. Typically adolescents will compare their body image to that of their peers. Such comparisons may give them self-confidence, but others may feel pressurised to conform to an ideal body image with which they feel more comfortable.

As if this wasn't enough, young people also reach sexual maturation during adolescence. This means that, like it or not, they will become aware of their sexual identity and preference, begin to have a sexual attraction and response to people of the same or opposite sex and will also be fertile and therefore able to conceive.

Such rapid biological changes are a lot to contend with at such a young age, but adolescence does not stop here!

### **Psychological Changes**

Adolescents are often referred to as 'rebellious' or 'out of control'. However, it is well known that the psychological changes that occur during this phase of the life-cycle are marked by a state of flux and uncertainty. Nevertheless, such change is crucial if young people are to become independently functioning adults.

When they reach adolescence, young people will typically move towards independence and away from depending on others. This is often triggered by an awareness of alternative rules, values and norms, to those laid-down by their parents and early care-givers.

As they become aware of these alternative rules and values, adolescents will often start to re-examine what they have learned and experienced from their past. As they begin to do this, they will slowly begin to integrate their feelings and thoughts about past experiences. Such integration can be an anxiety provoking time, especially if childhood experiences or learned concepts of 'right' and 'wrong' markedly differ to those of the adolescent's peer group and wider society.

This process of reflection and integration encourages a young person to adopt his/her own choice of rules, values and norms - be it those learnt from their family, peer group, society or learned through individual experiences. This can enable young people to form their own identity, gain a sense of how they would like to be and what goals, rules, values and norms they choose to adhere to. However, it also requires the young person to make decisions and take risks.

Some adolescents may avoid making any decisions, as they could be reluctant to take risks, however others may expose themselves to high degrees of risk. Whatever risks the adolescent is prepared to take, choices and decisions can have life-long repercussions and any subsequent crisis has to be managed by them.

Such psychological change can be a daunting experience, yet there are also social changes with which the adolescent has to contend.

### **Social Changes**

Although adolescents are still legally dependent on adults until they are 16 years old, they are often expected to behave like adults by making choices in an independent and responsible way.

What makes this process so difficult is that adolescents have to make decisions about life-choices and life-goals, when social norms and values they learned as children have either transformed or no longer apply. Still they must make such decisions using the information they have available at the time, knowing that their choices could have life-long repercussions.

Some of the most significant social changes to take place over recent years include:

- the 'lone-parent family' replacing the 'nuclear family'
- the 'house husband' replacing the 'stay at home mother'
- the 'working mother' replacing the 'bread-winning father'
- the 'relaxation of drugs' replacing the 'evil of drugs'
- 'street violence' replacing 'safe streets'

Given the biological, psychological and social changes that so mark adolescence, it is, without exception, a crucial stage of development where "at no other phase of the life cycle are the pressures of finding oneself and the threat of losing oneself so closely allied"<sup>2</sup>. It is no wonder that around one in ten young people experience mental health problems severe enough to require professional help<sup>3</sup>.

## References:

1. Gross, R.D., "Psychology: The Science of Mind and Behaviour", 1990, Hodder and Stoughton, London, p.593.
2. Erikson, E.H., "Identity: Youth and Crisis", 1968, Norton, New York.
3. Scott, S., [Minutes of Evidence - 24th October 1996], Memorandum submitted to the House of Commons Select Committee, Department of Health.

# Understanding Behaviour

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Families, cultures and societies all have their own rules and values determining what behaviours are deemed acceptable or unacceptable. They also have their own set of rules and values governing what life events may pose a 'threat' or 'risk' to a person's well-being or aspirations.

The thoughts and feelings experienced by adolescents when they reflect on the impact of these 'risks' or 'threats', can often influence the choice of rules, values and norms they adhere to, and those they disregard. This accounts for the risks some young people are prepared to take, why they experience and express emotions at different times and in different ways, and why they can behave and cope so differently from one another in any given situation. For example;

- As a child, an adolescent may have witnessed a parent or care-giver expressing and coping with anger by being violent towards others. The impact of this may be such that the young person may believe it to be less risky to cope with their feelings of anger by reacting in the same way - being violent towards others when angry. However, some may believe it to be too risky to respond in this way when angry, and instead choose to cope with their anger very differently.
- As a child, an adolescent may have experienced family members expressing and coping with feelings of grief, following the death of a family member, by wailing openly for prolonged periods in the presence of others. The impact of this experience may be such that the young person also expresses their grief in the same way. However, others may find this behaviour too threatening, and so choose an alternative way to express such feelings.

Although families, cultures and societies influence how young people behave and cope with a particular situation, what else can account for such a wide-range of different responses?

## **Coping Mechanisms**

Everyone aims to reach a comfortable balance with regards their thoughts and feelings. Therefore, each time a person experiences an event that threatens or puts their well-being or aspirations at risk, they instinctively respond by finding ways to reduce the tension caused by the difficult or negative feelings that arise.

Just as people learn *when* to experience and *how* to express emotion as children, they also learn to use problem solving and coping strategies during childhood and adolescence - what works for them then, will often influence the way they continue to cope with difficult experiences throughout their adult life.

Some coping strategies may help people to reduce tension in the short-term, but can have a negative impact on their ability to cope in the long term, for example:

- *At times when a person feels criticised or hurt by another, they may have found that by eating their favourite foods, such as chocolate, cakes and crisps, they are able to reduce the tension caused by these difficult feelings.*

*This method of coping may make the person feel better initially. However, over-time they may begin to put on weight, which could draw negative attention and further criticism from other people.*

*Such attention and criticism could cause the person further hurt, and so he/she again seeks to minimise this tension by turning to the coping mechanism that works in the short-term - food!*

Other people can use certain problem-solving strategies that do very little to reduce tension in the short-term, but can have a positive long-term impact, for example:

- *When people are confronted with a problem, they may feel anxious if they find they are unable to resolve it on their own. For them, this may indicate that they are a 'failure' or 'not good enough'.*

*Although seeking help from others may do little to alleviate the person's anxiety in the short term, in the long-term their anxiety may be alleviated as they come to realise that some problems they sought to solve alone were virtually impossible to do so.*

There are many ways in which people can behave and cope with difficult feelings; some may cry or talk about how they feel, or hide-away and be very quiet. Others may binge on food when they are distressed, limit the food they eat, or not eat at all. Some people may drink alcohol or take drugs to escape painful feelings, others may hurt people, or hurt themselves by cutting or picking at certain body parts.

Some people may try and cope with difficult feelings by spending money - be it through gambling or buying clothes. These are just some examples of how people can behave in response to painful or difficult feelings.

Below are a range of common coping and problem solving strategies that people can either consciously or unconsciously use to manage difficult feelings. Some strategies may be used frequently and others less so. Some may work to a person's advantage in some situations, but not so in others - and vice versa. Some strategies may work in the short term, but not bring any long-term benefits - and vice versa. Some people can also use just one or many of these strategies, to help them manage a particular difficult situation<sup>1</sup>.

### 1. Redefining Reality

Accepting the reality of a situation and responding to the impact of it can sometimes leave people feeling overwhelmed with difficult feelings. However, if they are able to redefine a negative experience into a positive thought, some people may be able to embrace rather than avoid their difficult feelings.

- *A young person may feel devastated at failing all but one of their exams. However, they may redefine their failure by saying; 'at least I passed one exam', or 'things could be worse, I could have failed all my exams', or 'just because I didn't do well this time, doesn't mean I can't do well in the future'.*

### 2. Submitting to Reality

There are certain difficult situations that a person may cope with by concluding that 'there is nothing more that can be done to change things', and thereby accept certain fate and withdraw from making any attempt to change the outcome of their situation.

- *A young person who has failed their exams may resign themselves to the fact that they have failed, and make no attempt to re-sit any of their exams.*

### 3. Denying Reality

When difficult events or experiences take place, some people may deny or minimise the seriousness of the impact. Such denial can help a person avoid being overwhelmed by difficult feelings in the short-term, although it does little to limit the impact of the event in the long-term.

- *A young person diagnosed with Dyslexia may avoid confronting the impact such a diagnosis may have on their level of self-confidence. Such*

*a response may result in them refusing all offers of learning support, which could then negatively impact on future educational attainment.*

#### 4. Accessing Support

When confronted with a difficult situation, people can access support from friends, family members or others that may be able to help. This can give them reassurance and help them to feel less isolated in managing the impact of a difficult experience.

- *A child who feels scared to go home as a direct result of their father's physical abuse towards his mother may seek support from friends, other family members, their school or even social services. Such support may enable the young person to seek safe-refuge at times when he feels afraid.*

#### 5. Seeking Information

Some people can often feel more in control of a difficult situation by gaining access to information relating to that particular event. Such information may help a person to explore available options and possible action points they can take.

- *A young person living with a family member with a life-long illness may find it useful to have access to information about the long-term impact of the illness. This could help give the young person a realistic idea of what may happen to their family member in the future, and avoid them creating a fantasy of the imagined impact of the illness - which can often be far worse than the reality. [However, the information they access could also give them a very unrealistic idea of the actual impact of the illness ].*

#### 6. Taking Action

Some people may cope with difficult experiences by re-directing their energies into an activity that creates a sense of satisfaction. This can help them to replace or suppress negative feelings by preoccupying them with gains that bring positive ones.

- *An adolescent whose parents have separated may decide to find a part-time weekend job, to generate some income of his or her own. This may help them to redirect their feelings of insecurity at home, into an activity that gives them renewed confidence.*

### 7. Taking One Step at a Time

When faced with a difficult situation, some people may seek to cope with it by paying attention to one aspect of the problem at a time, breaking it down into small manageable bits and reminding themselves of past successful attempts at coping with difficult situations. This strategy can help a person prepare for unfamiliar events with confidence and preparation.

- *A young person sitting a series of exams for the first time may feel overwhelmed with anxiety at the prospect of revising such an enormous amount of information. However, managing this difficulty by revising small bite-sized chunks each day, may help them to manage their anxiety and enable them to feel more confident in sitting exams in the future.*

### 8. Regulating Emotions

Some people may attempt to cope with difficult experiences by controlling their emotions. This may help them to avoid reacting on impulse and instead, allow them to experience and work through their feelings before taking action. However, young people often find this difficult, as they are usually just beginning to make the conscious link between 'thought' and 'action'.

- *A person may feel completely rejected and want to hurl abuse at an ex-partner for 'dumping' them. However, by taking time to work through their feelings of rejection, they may avoid being abusive towards their partner and instead be able to resume some cordial level of friendship.*

### 9. Discharging Emotions

Some people may seek to find a 'quick-fix' to reducing the distress caused by a particularly difficult experience by releasing their emotions as quickly as possible, rather than take time to work through them.

- *A young person who feels frustrated and embarrassed at failing to complete a worksheet set by their teacher, may immediately vent their frustration by screwing-up their work or knocking over their desk.*

Everyone must experience and learn to cope with events that threatens or puts at risk their well-being or aspirations, if they are to independently manage their everyday life. Although such experiences will cause difficult or negative feelings, each person must learn how much emotional tension they can individually manage at any one time, and find their own way to best cope with it. Unfortunately, a person's emotional or mental health can sometimes suffer when they struggle to reduce the emotional tension that arises.

### References:

1. Moos, R.H. & Schaefer, J.A., *Life Transition and Crises: A Conceptual Overview*, from Moos, R.H. [Ed.], 1990, *Coping with Life Crisis: An Integrated Approach*, Plenum Press. New York. pp. 13-18.

# Mental Health v Mental Illness

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Everyone, regardless of age, sex, ethnicity and culture, has different levels of physical health and mental health. Just as a person's physical health can change over their lifetime, so too can their mental health, but what is 'mental health'?

## **Mental Health**

'Mental health' relates to a person's ability to manage and cope with feelings that may arise as a result of their understanding or experience of social, physical or psychological events.

How a person understands or experiences an event can sometimes trigger difficult thoughts and feelings, regardless of whether that experience is real or imagined.

Knowing how to manage the thoughts and feelings an event has triggered is key to maintaining good mental health, as effective management can help to *promote* rather than *risk* a person's ability to manage everyday life.

However, certain experiences or events could trigger thoughts and feelings that leave some people struggling to cope. This can mildly, moderately, significantly or acutely cause changes in their behaviour, ways of thinking and display of emotions. In short, this can affect how they manage everyday life. The affect may last just a few hours, but in some cases it could last for many years.

The key to understanding the difference between mental health and mental illness specifically relates to both the *length of time* and *severity* of the changes to a person's behaviour, thought patterns and display of emotions. The more severe and lengthy the impact of these changes, the more a person may struggle to manage their everyday life and the greater the chances of them developing a mental illness.

Depression, for example, is a common mental illness. However, just because a person may feel depressed, does not mean they can be diagnosed with depression by a psychiatrist. In order to be diagnosed with depression, a person must display five or more of the following symptoms for at least a two-week period:

- *Low mood; loss of interest or pleasure; feeling sad or empty; experiencing a marked decrease or increase in appetite; difficulty in sleeping or oversleeping; loss of energy or tiredness; feelings of worthlessness or guilt; difficulties in concentrating or thinking; recurrent thoughts of death or suicide<sup>1</sup>.*

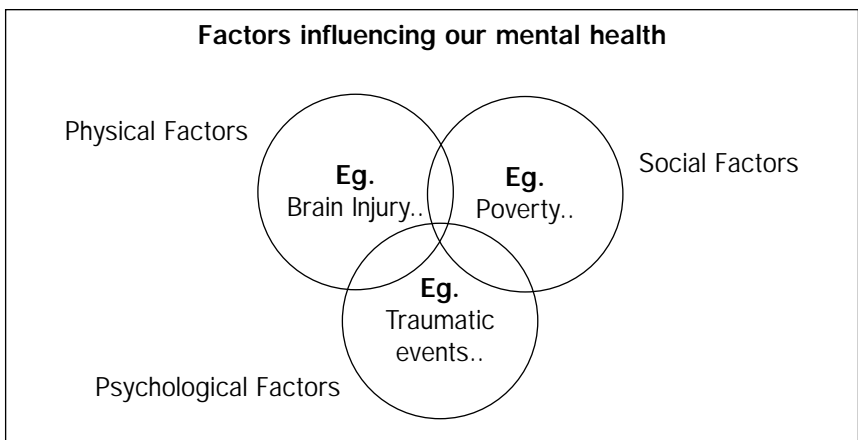
Feeling low, fed-up or tearful, bad, miserable or even guilty for the odd day or two - with little energy to do anything other than spend all day in bed, can seem pretty hopeless. However, this does not mean a person has depression, or any other type of mental illness - they may just be 'down in the dumps' or having an 'off-day'.

Even if a person experienced *all* the symptoms of depression for a few days or a week, this still does not mean they have depression. It is *only* when they experience five or more of the symptoms and have done so for weeks or even months, that they can be safely diagnosed with depression. The 'length of time' and 'severity of symptoms' are the distinguishing features that separate 'mental health' from 'mental illness'.

As with symptoms of certain physical disorders and illnesses, which can disappear never to return again or recur with varying degrees of severity and frequency, exactly the same applies with mental illnesses and disorders.

### **Causes of Mental Ill Health**

A range of different physical, social and psychological events, to which anyone can be exposed, can cause a mental illness or disorder.



## Physical Factors

Physical conditions, brought on by an illness, brain injury or trauma, accident, birth injury or developmental disorder, can affect a person's mental health as it can often impact on their *emotional or social capacity* to manage everyday life. The impact may be mild, moderate, significant or acute, depending on the nature of their condition.

Autistic Spectrum Disorder, which is caused by abnormalities in the development and functioning of the brain, is one such physical factor that can *indirectly* impact on a person's emotional well-being. Although it is not a mental disorder, the way it impacts on a person's emotional and social functioning can indirectly cause mental health problems.

- *Young people with Asperger's Syndrome, which is at the 'lower-end' of the Autistic Spectrum Disorder, can often have normal or above-average intelligence, but struggle with their schoolwork. They may often find it difficult to make eye contact, adapt to changing social situations, fail to pick-up and adopt social rules and are usually withdrawn. This can create relationship difficulties not only with their peers, but also with family members and teachers, resulting in the person feeling incredibly isolated and lacking in self-esteem.*
- *Higher-up the Autistic Spectrum, symptoms can be more severe. A young person with Autism may insist on repeating certain routines that serve no real function or purpose, struggle to engage with others on either a social or emotional level or be preoccupied with the detail of inanimate objects. They often have an amazing ability to recall very specific information and detail that involves the use of their long-term memory, however what they recall may serve little purpose or be of little value in helping them to manage and cope with everyday life.*

There are some physical conditions that can affect a person's *physical capacity* to manage everyday life. The person may mildly, moderately, significantly or acutely struggle to adapt to such limitations. This can then impact on their emotional well-being. For example, a person may have lost a limb in an accident, or have lost their sight or hearing as result of an illness and become increasingly frustrated or depressed as a result.

A person's mental health status can also be directly affected by the impact of long term substance misuse of alcohol and drugs [both prescribed and non-prescribed], both of which are known to cause either brain injury or trauma.

## **Social Factors**

Social problems, especially those that cause stress, are recognised as a cause of mental ill health<sup>2</sup>. Racism, discrimination, poverty, poor housing, violence, unemployment, crime, abuse, relationship problems and noise pollution are among just a few of the social problems that can negatively affect people's emotional well-being.

If a person experienced one or two social problems over the course of a few weeks, they may find ways to manage the impact. However, many people may well struggle to cope if they experienced a wide range of social problems over many months or years, and this could lead to a deterioration in their mental health. It may therefore come as no surprise that depression is a mental illness often found in people who experience adverse social problems.

## **Psychological Factors**

Some people may experience difficult life events that leave them feeling less resilient, with poor self-esteem or little self-confidence. Other more traumatic events may negatively affect a person's previous ability to maintain self-control or involvement. The consequences of both can lead to sustained emotional distress, or may cause a negative effect on a person's thought patterns, emotions or behaviour, long after the initial 'trigger' event.

A person can also be left with distressing thoughts and feelings as a result of having distorted beliefs and views about a particular experience. Having such thoughts and feelings can sometimes put the person at greater risk or danger, than the situation itself, for example;

- *A young person may feel intense fear at the thought of gaining weight or becoming fat. They may also hold a distorted belief that weight gain is indicative of unacceptable failure or lack of self control while 'weight-loss' is indicative of impressive achievement.*

*Such distorted thoughts can increasingly impact on the young person's relationship with food, so much so that they may avoid eating and eventually lose so much weight, that they become dangerously thin.*

*Although others may be able to recognise that the young person is not fat, the young person's experience may be such that their body image is only acceptable to them if they do not gain, but rather lose weight. Moreover, not adhering to such distorted thoughts may leave the young person with distressing feelings.*

*These distorted beliefs and thoughts are common amongst people with the eating disorder known as Anorexia Nervosa, a mental disorder that claims the life of 1 in 10 sufferers.*

Each person's ability to manage distressing thoughts and feelings aroused by physical, social and psychological factors, can therefore influence their mental health status, even at times when their distress arises as a result of distorted interpretations or beliefs of an event or experience.

### **References:**

1. American Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorders [4th Ed]", 2000, p.356, Washington DC.
2. Bowers, L. "The Social Nature of Mental Illness", 1998, Routledge.

# Mental Health Difficulties, Illnesses & Disorders in Young People

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Young people often experience a range of physical, social and psychological events that are new and unexpected. They may find some of these events distressing and struggle to cope with the impact. Moreover, the duration and severity of these events and the distress caused could mildly, moderately, significantly or acutely affect their mental health, and give rise to a mental health difficulty, illness or disorder.

The stigma of mental health problems and difficulties is not helped by the media reporting that the mentally ill or disordered 'kill people'. Although this can happen, there are comparatively larger numbers of people who murder who do not have a mental illness - so who should we fear the most?

Mental health difficulties, illnesses and disorders can often have a disabling impact on those who struggle to cope with them. They can often cause a person a great deal of stress, anguish and even absolute fear.

Although it is common for young people to experience mental health difficulties that require professional help, it is quite rare for adolescents to be affected by a serious mental disorder. However, the stigma of having a mental health difficulty, illness or disorder can often leave a person frightened to talk about their problem and reluctant to access support.

The following examples may help to bring a more realistic perspective of the mental health difficulties, illnesses and disorders young people can sometimes experience, for which the symptoms and impact can vary in severity and duration.

## **Anxiety and Stress**

Although many people will experience stress and anxiety to varying degrees, between 5%-10% of young people will have anxiety problems that are bad enough to affect their ability to live a normal life<sup>1</sup>.

Signs of anxiety and stress can manifest in young people in different ways; some may feel low or sad, may lose their appetite or find it difficult to sleep. Others may become so fearful, tense or panicky, they experience strong *physical* feelings, which give rise to panic attacks. These can cause

a young person to shake, sweat or have palpitations that can leave them feeling breathless.

Anxiety and stress can also leave a young person with thoughts that life is not worth living. Others can become so desperate they may think about running away, feel unable to go out or go to school, may consider taking an overdose or of harming themselves in some other way.

There are times when young people may have thoughts about real or imagined experiences, often triggered by traumatic events, that may leave them with overwhelming feelings of fear, causing anxiety or stress. This can result in them developing phobias, which can sometimes impact on their day-to-day life.

Bullying, bereavement, physical, emotional or sexual abuse, neglect, domestic violence, parental ill health, exams, relationship difficulties with peers and parental separation, can all leave a young person feeling anxious and stressed.

Therapeutic support is recommended when anxiety and stress is affecting a young person's everyday life. It is important they have the opportunity to gain support from someone who will listen to and understand them, and who can also enable them to find alternative ways of coping with their feelings.

## **Depression**

It is very common for adolescents to feel depressed, although only 2%-3% will experience symptoms for long enough to be clinically diagnosed with depression<sup>2</sup>. For such a diagnosis to take place, a person must display *five or more* of the following symptoms for at least a two-week period:

- *Low mood; loss of interest or pleasure; feeling sad or empty; experiencing a marked decrease or increase in appetite; difficulty in sleeping or oversleeping; loss of energy or tiredness; feelings of worthlessness or guilt; difficulties in concentrating or thinking; recurrent thoughts of death or suicide<sup>3</sup>.*

Depression can leave a young person lacking in confidence, struggling to wake-up in the morning or with difficulties in facing the day ahead. These feelings may leave them turning to food for comfort or going off their food, they may lose friends or have difficulties getting on with friends and family

members. When depression is acute, young people may start to have thoughts of killing themselves or deliberately self-harming. When these thoughts are put into action, it can often lead to suicide.

Depression can set in after a stressful experience or event, often associated with loss. The young person may struggle to keep hold of positive thoughts, and instead only see the negative aspects of the world and themselves. They may feel as though no one will ever understand them if they were to talk about their feelings, and so keep these bottled-up inside - this does little to help the problem.

Therapeutic support can often be useful for young people experiencing moderate, significant or acute symptoms of depression. For the more severe cases, anti-depressant medication could be recommended in conjunction with therapy.

It may help adolescents to feel less alone if they knew that 1 in 4 people will experience depression at some point in their life - it is the most commonly diagnosed mental health problem in the UK.

### **Deliberate Self-Harm**

Some young people can have difficult experiences that leave them with feelings that they may struggle manage. They may not know how to reduce the tension these feelings cause and believe there is no one from whom they can access support.

Young people who are at risk of deliberate self-harm may struggle to cope with experiences that have left them feeling ashamed, guilty or bad. They may feel sad or lonely, or believe that no one likes them or would care if they were dead. These young people, along with those who experience depression, often have relationship problems, may be stressed or have suffered a bereavement or loss of some kind. Many may have thoughts of harming themselves, while others may act on these thoughts and deliberately self-harm.

Young people can self-harm in various ways and to varying degrees of severity. Some may use drugs or alcohol with the intention of inducing a mild state of toxicity, while others may accidentally or intentionally overdose or poison themselves, which can result in permanent injury or even death. Some young people may pick, cut, slash or burn their skin, while others may find alternative ways to inflict deliberate self-harm, to

varying degrees of severity. The intention may be to cause slight scarring, while others may accidentally or intentionally cause a permanent injury or even death.

Although many young people may have thoughts of deliberately self-harming, more than 10% will act on these thoughts and actually self-harm<sup>4</sup>. Such behaviour can put a young person at great risk, especially if they continue to struggle to find alternative ways to manage their difficult feelings. Such behaviour can also result in young people intentionally or, in some cases, unintentionally killing themselves.

It is important that young people who deliberately self-harm gain access to therapeutic support, as not doing so could result in them deliberately self-harming as a strategy for coping with difficult feelings in the future, which could increase their risk of causing intentional or accidental injury or death.

## **Eating Disorders**

During the adolescent stage of development, a young person's body-shape dramatically changes in a relatively short space of time. Worries about weight, body-shape and eating are therefore very common in teenage girls and boys.

Being underweight or overweight may result in unwanted attention or bullying. To avoid receiving such negative attention and to feel more confident with their body image, adolescents may try and lose weight by skipping meals or dieting. Equally they may try to gain weight by gorging or compulsively eating. Food can therefore become a 'tool' that adolescents use to gain control. They may use it to control their body image, levels of unwanted attention or self confidence, however, this process can become obsessive.

Eating disorders, such as Anorexia Nervosa or Bulimia Nervosa, are very serious conditions. Both can cause an adolescent girl to lose so much weight that her periods stop. More concerning of all is that such disorders cause the death of one in every ten sufferers<sup>5</sup>.

A person with Anorexia Nervosa will worry about being fat, even when they are painfully thin. They may eat very little or not at all, may miss meals, avoid eating in public, exercise excessively, take laxatives or make themselves vomit to control their weight.

A person with Bulimia Nervosa can show the same signs as someone with Anorexia Nervosa, although the main difference is that they will alternate between eating next to nothing, to bingeing or gorging on food, which is then expelled from the body by inducing vomiting.

Young people with eating disorders often require specialist therapeutic support. Their relationship with food and family members' is often explored during therapy, which often takes place over many months.

Family therapy is usually offered to those with eating disorders, in recognition of the importance of the family working together to support the young person with the disorder. However, those young people who become dangerously underweight may be admitted to hospital for more immediate treatment.

### **Obsessive Compulsive Disorder [OCD]**

Some people can have thoughts and ideas that keep coming into their mind, which can either feel silly or even scary - these are known as obsessions.

Sometimes these thoughts and ideas can leave a person feeling compelled to do something in response, which can help to relieve the distress or anxiety these thoughts and ideas caused in the first place. The problem is, these compulsive acts can interfere with the person's everyday life and leave them feeling distressed.

A person with obsessive thoughts, who responds to these with the 'ritual' of carrying out specific compulsive acts, could be suffering from an Obsessive Compulsive Disorder, or 'OCD' for short. It is believed that 1% of young people have an OCD<sup>6</sup>, examples include excessive hand washing, turning light switches on-and-off a certain number of times, and checking and re-checking that doors and windows are locked.

Psychologists tend to work with people who have an OCD. They often explore what triggers the person's intrusive thoughts, the change in the person's differing emotional state at each stage of these thought processes, and the point at which their emotions become so unbearable as to leave the person feeling compelled to act.

Once these triggers and changes in emotional states are identified, the psychologist can then begin to explore with the person alternative ways in

which they can manage their feelings at each stage of their thought process. This may then enable the person to limit their compulsive actions.

## **Psychosis**

To best describe what can happen to people with psychosis, imagine a person talking to you or having a conversation with you. The clarity with which you can hear that person's voice is exactly what people with psychosis can often experience, except no one is actually talking to them - the voices are in their head. Such a symptom is known as an 'auditory hallucination'. Psychosis can cause other symptoms, such as 'visual' hallucinations. This can result in people 'seeing' things that are not really there. These hallucinations can lead to a person responding to the voices they hear or visual images they see. Unsurprisingly, psychosis can leave a person feeling confused, anxious or suspicious of those around them, agitated and restless.

People often use terms such as 'psycho' or 'split personality' to describe a person with psychosis, however not only are such terms inaccurate, they are also unhelpful.

The symptoms of psychosis occur in episodes and can last a few hours, days or weeks at a time. Those who develop this illness may initially start to neglect themselves, lose motivation and display bizarre behaviour. They may have disordered or distorted beliefs and thoughts, for example a person may believe they have supernatural powers, that their television is sending them messages or that people are following them or wanting to hurt them.

The severity of symptoms, distress and duration of each psychotic episode or illness, differs from one person to another. What exactly causes psychosis is not yet known. However, what is clear is that an increasing number of professionals are concerned at the rise in reported psychotic episodes and illnesses experienced by young people with substance misuse problems - this includes cannabis misuse.

The most common form of psychosis is Schizophrenia, it affects 1% of the population and is most likely to start between the ages of 15-35 years<sup>7</sup>. It is often a disabling illness, not only for the sufferer, but for their relatives too. Young people who develop psychosis require specialist psychiatric support, which often involves them being prescribed anti-psychotic medication to help alleviate the most distressing symptoms of this illness.

The earlier psychotic episodes are recognised and the symptoms treated, the less distress the person must then endure.

The mental health of young people is a fundamental part of what makes them the adult they become. That given, it is important that people are aware of the support that is available when they develop mental health difficulties, as many will at some point in their life.

Encouraging young people to talk about their worries, showing them that there is someone there who cares about them and wants to support them, can often make a lot of difference. After all, it is important that young people know that experiencing and coping with difficult feelings and experiences is common, and that they do not necessarily have to manage these issues alone.

Understanding the mental health system, the function of counsellors, therapists, psychotherapists, psychologists and psychiatrists, and the different treatment approaches, is therefore important if people are to look after their mental health. This concept is as crucial as knowing when to go to a GP or dentist, or directly to hospital, in order to safeguard physical health.

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3. American Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorders [4th Ed.]", 2000, p. 356. Washington DC
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5. American Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorders [4th Ed.]", 2000, p. 588. Washington DC.
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# The Mental Health System

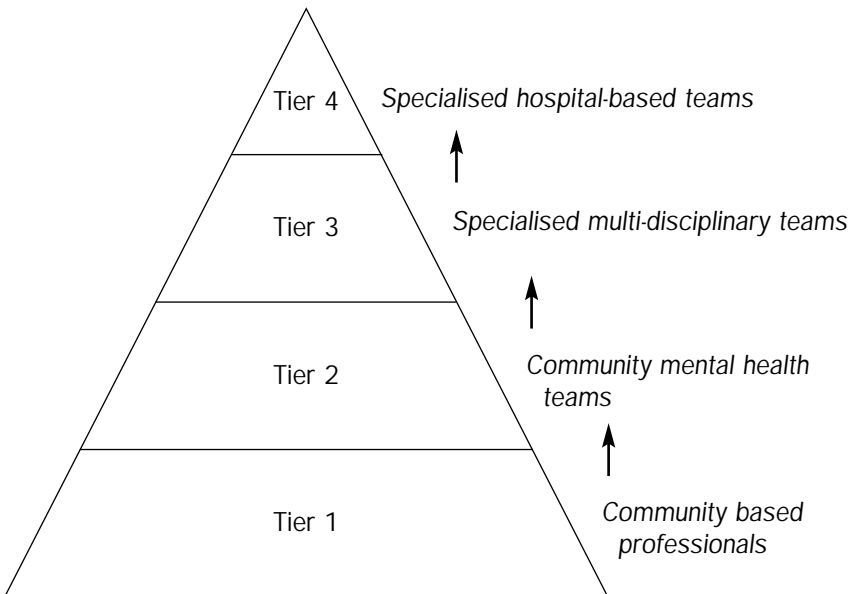
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## **The Mental Health System**

The mental health system provides a vast array of services for a wide range of mental health difficulties - from the very short-term conditions, through to the more severe and enduring.

For simplicity, it is best to explain the structure of the mental health system, by describing it in terms of tiers or levels - of which there are four. The higher the tier, the higher the risk of harm a particular mental health condition may pose, either to the sufferer or to others. There may exist, however, slight local variations to the range of services delivered within each tier.

### **Structure of the Mental Health System**



#### **Tier 1 Services**

All professionals working within the community, be they teachers, GPs or youth workers, form part of the mental health system, as they work with people who have very good mental health, through to those who have very poor mental health.

Although Tier 1 professionals are not necessarily trained in mental health, they play a key role both in promoting mental health and referring people with whom they work, to services available within the mental health system for support with any mental health difficulty they may be experiencing.

### Tier 2 Services

Counsellors, therapists and mental health specialists work individually in the Tier 2 level of the mental health system. These professionals are usually based within a community setting, such as a GP surgery or school, and often provide an early intervention service to prevent general emotional and behavioural difficulties from becoming worse.

People who access a Tier 2 service may lack self-esteem or self-confidence. They may experience anxiety or fears, which limit them in some way. They may be depressed or withdrawn, or engage in risk-taking or aggressive behaviours that subsequently impact on their relationships with peers, parents or family members.

If Tier 2 professionals believe that offending behaviour, substance misuse problems, or some form of enduring mental health difficulty is further complicating a person's emotional well-being, they may make a referral to more specialist mental health services.

### Tier 3 Services

Specialist clinics comprising multi-disciplinary teams of counsellors, therapists, social workers, nurses, psychologists and psychiatrists work within the Tier 3 level of the mental health system. These clinics often provide a service for those who may be causing harm or risk to themselves or others; they may have substance misuse difficulties, offending behaviour, phobias or emotional and behavioural disorders.

People who receive a Tier 3 service have often experienced mental health difficulties for quite a while. As a result, it is not uncommon for them to be known to, or have had some form of contact with social services, education services, probation services, the police or youth offending teams.

If specialist Tier 3 teams believe a person's mental ill health may put them at high risk of causing harm to themselves or others, they may refer them to a Tier 4 service. This only happens if the teams believe that a person's mental health needs are such that they require more specialist help or

interventions that cannot be contained by the therapeutic and occasional medical-based treatments offered within a Tier 3 setting.

#### Tier 4 Services

Community psychiatric nurses, social workers, psychiatrists, psychologists and therapists all work within specialist teams or clinics within Tier 4 services. These services are often hospital-based, and involve seeing people as outpatients or admitting them for treatment. These specialist teams work with people who have mental disorders that affect them in such a way as to risk putting themselves or others at serious risk of harm.

It is important to stress that children and young people are very rarely admitted to in-patient hospital based units, although if this is required they are often placed within units which are specifically designed for them.

### **Mental Health Professionals**

There are many different types of mental health professionals, they all aim to create a safe, private and confidential setting for the people they work with. By listening attentively and patiently, they endeavour to understand the problem of the person who has sought their support. By asking the person questions, they can also gain a clear and detailed picture of what is going on for them.

Detailed below is a very brief outline of the role of different mental health professionals.

#### Counsellors/Therapists/Mental Health Specialists

These professionals work across all tiers of the mental health system. They work with a wide range of emotional and behavioural difficulties, use a wide variety of different techniques and treatments, and often specialise in working with different age groups, or with particular issues, e.g. substance misuse, eating disorders or child abuse.

If a person were to see one of these professionals because of difficulties they were experiencing, they may be seen on their own, with family members or in a group - depending on the issues experienced by the person.

The person may be asked to explore feelings about aspects of their life, relationships and experiences, or issues about themselves, in ways they may not have thought of or felt able to before.

Depending on the person's age, the issues presented or difficulties experienced, the counsellor, therapist or mental health specialist may work with them for a few weeks or months. They may explore the person's difficulties and problems through talking, drawing, play or drama. These professionals aim to enable people to find different and more manageable ways of coping with their presenting issue.

### Psychologists

Psychologists often work with people who have behavioural and emotional difficulties that may be caused by a mental disorder or brain injury, limiting a person's ability or development.

The psychologist will assess how much a person's development or ability to manage their behaviour and emotions may be limited, using a variety of different techniques including tests, talking and play - it all depends on the person's age and the difficulties they are thought to be experiencing.

Most assessments involve answering simple questions, following basic instructions or performing specific tasks. An assessment enables the psychologist to assess if a person has a mental disorder or brain injury, and the extent that it may be limiting their ability or development.

Once psychologists have made their assessment, they either work with the person and key family members, to enable them to manage the impact of the mental disorder or brain injury, or work with other colleagues to ensure the person receives the support and treatment they require.

### Psychiatrists

Psychiatrists are medically trained professionals who assess and diagnose people who are believed to have a mental disorder. They make their diagnosis according to the symptoms the person experiences and the indicators they display.

Once psychiatrists have made their assessment and diagnosis, they will make a decision as to the medical or therapeutic based treatment that person requires.

Psychiatrists are able to prescribe medication to help limit the more debilitating symptoms of certain mental disorders, and have the power to detain a person under the Mental Health Act for assessment and treatment - but only in very exceptional circumstances.

### Mental Health Social Worker

These social workers are specially trained to support people with mental health difficulties. They can be found working both within the community and in hospital, supporting people with social and practical issues. Some of these social workers have the ability, alongside psychiatrists, to recommend that a person be sectioned for a Mental Health Assessment or treatment at a psychiatric hospital.

### Community Psychiatric Nurse

These nurses are specially trained to support people with mental health difficulties both in the community and in hospital. They often have both medical and therapeutic skills, which they use to support the people with whom they work.

They make regular visits to a person's home or hospital ward, to check their well-being, the efficacy and impact of any medication they may be taking to alleviate the more distressing aspects of their mental disorder, and look out for any changes to a person's mental health status. They also liaise with family members and carers, to inform them of the issues that may arise, as a result of the person for whom they care having a mental health problem.

## **Treatment**

There are a variety of ways in which a person with a mental health difficulty, illness or disorder can be treated. Some interventions work better for certain disorders, however when a particular treatment is offered, it is important that the young person or family is involved in the decision. It can be helpful to ask the following questions:

- *Why has this treatment been offered?*
- *What is the evidence to show that this treatment works?*
- *What other treatments might also be helpful?*
- *How long will the treatment last?*
- *Are there any problems or side-effects with the treatment?*

Any treatment should be provided in partnership with the worker, young person and their family.

The effectiveness of all types of therapy largely depends on the relationship

formed between the therapist and person that has sought their support. Although this does not mean that conflict or difficulties with the therapist may not arise, there must exist an agreement of the goals and tasks of the therapy and some commitment to the therapeutic relationship itself.

Listed below are some of the most commonly used therapeutic approaches used by workers in child and adolescent mental health services:

### *Creative Therapies*

Play, art, drama or music therapies are used to enable a person to express feelings they may not be able to in words. The use of such art forms as expressive tools, can also enable a person to work through issues that have given rise to their difficult feelings. These creative therapies can also be used in conjunction with other therapeutic approaches.

### *Psychodynamic Therapy*

Psychodynamic therapy explores the relationship - or dynamics - between a person's current difficulties, with issues of conflict that arise from past experiences. This form of therapy enables the client to identify how the 're-playing' of these dynamics may relate to their current difficulties. It also aims to enable the client to resolve these problems, through the relationship with the therapist.

### *Counselling*

There are many different kinds of counselling. The aim of counselling is to help a person find their own solutions to problems and develop a different view of the world. Support by the therapist is often a crucial component of such work.

### *Cognitive Behavioural Therapy [CBT]*

This form of therapy is concerned with a person's thought patterns [or cognitions] and their behaviour. It is a form of therapy that is often used when a person's negative or disrupted thought patterns give rise to problematic or difficult behaviour.

The therapist initially explores the relationship between the client's thoughts and feelings, and their behavior. They then support the client to explore and test-out alternative thoughts, which may help to limit these difficult behaviours.

### Systemic Family Therapy

Family therapy involves working with individuals, couples or families. It seeks to understand the problem of an individual by considering the relationships between the roles of family members. The aim of this therapeutic approach is to identify and explore where changes in family beliefs and behaviour patterns would be desirable, to enable the individual to establish new, more fulfilling and useful patterns within the family unit. Asking to see all family members together can be a powerful intervention in itself, as it gives everyone a chance to hear everyone else's point of view.

### Group Therapy

Group therapy can often help people feel that they are not alone with their difficulties. The group can provide support to a person, but also challenge their behaviours and views. Such a forum can be an opportunity for a person to learn through watching how others have come to understand their own difficulties, fears and anxieties. Groups are sometimes set-up for people with similar difficulties, e.g. people who have experienced trauma.

### Medication

Medication can often have an important role in the treatment of more severe disorders. Medication should only be considered after a thorough assessment, ideally by an experienced mental health professional. It is usually used alongside other therapeutic treatments.

There are many different types of medicines available for a range of different conditions, e.g. depression, Obsessive Compulsive Disorder [OCD], psychosis and Attention Deficit Hyperactivity Disorder [ADHD]. Medication should only be used after a detailed discussion with the young person and family. Medicine always needs to be kept in a safe place.

### **The Mental Health Act**

Although treatment for mental health conditions is usually only started with the permission of the young person and/or their parents/carers, in certain [usually quite worrying] circumstances, a young person can be admitted to hospital and given treatment without their permission.

Some doctors and social workers are trained to carry out assessments in line with The Mental Health Act. The Act allows certain doctors and social workers to detain a person in hospital, at times when the health and safety of that person, or others, is at risk of harm as a direct result of their mental disorder.

Detaining or 'sectioning' a person against their will is only permitted under very rigid and specific circumstances outlined in the Mental Health Act. There are many different types of 'sections', but any young person who is detained has a right to appeal against the decision. The family should also be closely involved with the care the young person receives.

It must be stressed that sectioning a person against their will is often the last resort taken by mental health professionals. It is far more common for people to be admitted to psychiatric hospitals as voluntary or informal patients, i.e. they have the same rights to refuse treatment and to leave hospital as patients on any normal hospital ward.

The mental health system is designed to safeguard our emotional well-being, in the same way that our national health system is also designed to meet the needs of our physical well-being.

Just as we can take steps to promote our physical health, there are many ways in which we can also positively promote not only our mental health, but that of others - including our dependants and those with whom we live and work. Such promotion often starts by ensuring that it is possible for people to receive help with mental health difficulties, without fear of stigma.

# How to Positively Promote Mental Health

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Just as we are all responsible for our physical health, we are equally as responsible for our emotional health. It is up to us when we access support and what type of support we access, to enable us to manage our feelings and behaviour.

Parents and professionals can play a major role in promoting positive mental health amongst young people. Such promotion starts with the basics of maintaining boundaries and follows by knowing how to communicate effectively.

## **Holding Boundaries**

All of us follow certain rules or boundaries that are laid-down by our society, culture, family and peer group. They enable us to have some idea of what others expect of us and allow us to function within certain defined limits.

As with most rules, they can be broken or even dismissed. But as long as we know the consequences and risks of doing this, we can make decisions and choices as to whether to adhere to these rules or boundaries.

Children and adolescents often break rules and boundaries. Sometimes they may simply be unaware that they are doing this. Others know they are breaking rules, but are merely 'testing-out' the limits of their behaviour. Some other young people may break rules and boundaries because they do not feel able to meet the expectations of others.

Parents and professionals can help to promote positive mental health in young people simply by communicating the limits of appropriate rules and boundaries and the risks of breaking them.

If a young person knows what risks they could be taking by breaking a boundary or rule, it is far easier for them to recognise that they are ultimately responsible for their actions, decisions and choices. This is a crucial learning tool for young people who are making their way into the 'adult world'.

Although it may sometimes feel difficult to maintain appropriate boundaries and rules when these are challenged by young people, 'bending' the rules

or 'overlooking' the boundaries, does little to empower young people and instil trust in either their abilities or those of others.

Inconsistent rules and boundaries can impact on or delay a young person from adapting or modifying their behaviour, and does little to discourage them from taking risks.

Maintaining consistent rules and boundaries therefore enables young people to be aware of what others expect of them and encourages them to be responsible for their own behaviour.

### **The Power of Communication**

There are many ways we communicate to each other, talking or verbal communication is just one source and it only represents 7% of total communication.

55% of communication is non-verbal<sup>1</sup>, this means that our body language and behaviour is the major source of communicating *what* we are feeling without us ever having to speak or say how we feel.

*How* we say something - the tone of voice we use - accounts for 38% of communication<sup>2</sup>, so although we may not actually be telling someone 'I feel angry' or 'I feel excited', the anger and excitement can often be heard in the tone of voice we use when we do speak.

Body language, behaviour, tone of voice and what someone actually says and doesn't say, are primarily what mental health professionals, such as therapists and counsellors, listen and look out for - they use total communication.

Children and young people may find it difficult to let others know how they may be feeling - they may not have the words or feel able to express themselves verbally. This is why some therapists use art, play, drama and music when working with young people. However, parents and professionals can look at what a young person is communicating through their body language and behaviour, and listen to their tone of voice, to establish how they may be feeling at any given time.

### **Emotional Literacy**

Understanding why we feel the way we do can help us manage our everyday life. Often, young people know how they may be feeling, but they

may not always fully understand what has made them feel this way. This is often what causes young people to struggle with managing certain situations and difficulties when they arise.

By parents and professionals communicating how a young person appears to be feeling, as a result of what they communicate through their behaviour, body language and tone of voice, can often help that young person to feel understood and improve their emotional literacy.

For example, all the following responses can be made to a young person as a direct result of either observing their body language or listening to their tone of voice:

*Body Language & Tone of Voice:* "You seem really....[excited and happy]"

*Body Language:* "It looks as if....[you are really upset]"

*Tone of Voice:* "You sound....[really angry and frustrated]"

It can be so very easy not to let a young person know what they communicate to us through their behaviour and tone of voice. Some people can be reluctant to do this in case they might be 'wrong' or perhaps even say something 'wrong', or because they will feel responsible if the young person responds by disclosing a 'whole can of worms'.

It is important for parents and professionals to be aware that not only do young people often let us know if we get something wrong, they will also often disclose information about themselves that feels safe enough to share.

### **Asking Questions**

Once we have gained an accurate impression of what a young person may be feeling, we can go one step further and try to establish what has left them feeling this way by asking questions.

However, there is also an art to doing this. Asking 'closed' questions, which can be answered with either a 'yes' or 'no', are far less useful than asking 'open' questions, which can encourage a person to give a more detailed response.

#### Closed Questions

*"Do....[you like school?]"*

*"Did....[you want that to happen?]"*

#### Open Questions

*How....[do you like school?]"*

*What....[did you want to happen?]"*

### Closed Questions

*"Are...[you going to speak with someone?]"*

*"Have...[you thought about going elsewhere?]"*

*"Would...[you know if this is the right time?]"*

### Open Questions

*Who... [could you speak with?]"*

*Where...[else could you go?]"*

*When...[would you know if this is the right time?]"*

How a young person responds to questions, the tone of voice they use, their body language and what they say and don't say, can therefore give parents and professionals a clearer picture of how the young person may be feeling and what may be making them feel this way.

What is then so powerful about parents and professionals communicating back empathy to a young person, is that it can leave the young person feeling as if someone is seeking to understand them, it can also help them gain a greater understanding of how and why they feel the way they do, and feel supported in their attempts to resolve conflict or manage difficult situations.

The more empathy a person can have and share with young people, the easier it can be to 'walk in their shoes' and be beside them as they attempt to resolve conflict in their life.

### **Exploring Options v Giving Advice**

There may be times when young people ask others for advice on a certain matter, because they are stuck with what to do in a given situation.

Young people often assume that adults are 'experts' on life issues, that they have all the 'right' answers. How else are young people able to gain information about or find ways to manage difficulties they experience?

When young people have a problem, it can be so easy for adults to give them the advice they think the young person needs, based on what they would individually do in that particular situation. Although there is nothing particularly wrong with advice giving, care should always be taken not to assume that, just because a person resolved a problem in a way that worked for them, it will also work for others. If an adult were to give advice to a young person and it did not resolve their issues, it is likely that the young person would not seek support from them again.

Instead, try asking the young person what it is they think they could do to resolve the situation they are in. Talk through all the options that may be available to them - including the potential benefits and risks of each option, then allow the young person to make the final decision.

Exploring options can be a useful strategy, as young people may not be aware of the range of choices available to them to resolve or manage a particular situation.

### **Challenging**

There may be occasions when young people do or say something that lets people know that they have a fixed or limited view of themselves, others or a particular situation, which could either be counterproductive or restrict them in managing a particular situation.

Challenging a young person on their views or beliefs, using empathy and open questions, can enable them to have a clearer picture of a particular situation. An example of challenging a young person is as follows:

- *“You say you are stupid, which sounds as though you are being hard on yourself. What are the reasons for you thinking you are stupid?”*
- *“Although you say you have no choice but to fight back, it sounds as though you know the risks involved in doing this. When would you know if the risks are not worth taking?”*
- *“You don’t want to return to school because you don’t want to get into trouble with Miss Brook. How do you think skipping school may help you to avoid being told-off by your teacher?”*

### **Giving Constructive Criticism**

It can be easy to criticise young people for things they do and say that are wrong, however if young people receive more criticism than they do praise, they can be left knowing what they do wrong and remain unsure of what it is they do right!

Young people that are criticised and rarely praised can often have low self-esteem and little self-confidence. Giving constructive criticism is therefore important to help young people maintain an awareness of what they do well and what they don’t do so well.

Constructive criticism involves letting a person know what they do or say that is 'good', followed by that which they do or say that is 'bad'.

For example;

- *"It was great speaking with you yesterday, but I feel quite angry with the way you are talking to me today"*
- *"The work you did yesterday was brilliant, you concentrated really well and put so much effort in, I know you can perform a lot better than you are at the moment"*
- *"I don't mind it when you ask me to help you out, in fact I enjoy helping you, however the way you are behaving right now leaves me feeling reluctant to help you again".*

The key to giving constructive criticism is remembering to 'own' how we feel and to compare previous positive experiences with current negative ones.

### **Knowing Your Limitations**

Parents and professionals can promote mental health in young people, simply by remaining aware and communicating the limitations of the support they can give.

Some people may find it easier than others to recognise signs of emotional distress, just as some people may find it easier than others to promote or safeguard their own mental health - everyone has limitations. Knowing when to access support and training is therefore crucial if parents and professionals are to safeguard and promote the mental health of young people with whom they live and work.

### **References:**

1. Mehrabian, A., & Ferris, SR (1967). "Inference of attitudes from nonverbal communication in two channels" Journal of Consulting Psychology, 31, 248-252.
2. Ibid

# Useful Contacts

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## **South London & Maudsley NHS Trust**

[www.slam.nhs.uk](http://www.slam.nhs.uk)

South London & Maudsley provides mental health and substance misuse services to people from Croydon, Lambeth, Southwark and Lewisham, and substance misuse services in Bexley, Greenwich and Bromley. They also provide specialist services to people from across the UK.

## **YoungMinds:**

[www.youngminds.org.uk](http://www.youngminds.org.uk)

YoungMinds is a national charity committed to improving the mental health of all children and young people. They produce leaflets and booklets to help young people, parents and professionals to understand when a young person feels troubled and where to find help.

YoungMinds Parents' Information Service [Tel: 0800 018 2138] provides information and advice for anyone with concerns about the mental health of a child or young person.

## **Parentline Plus**

[www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

Parentline Plus [Tel: 0808 800 2222] is a national charity which offers support to anyone parenting a child - the child's parents, step-parents, grand parents and foster parents. Parentline Plus runs a freephone helpline, courses for parents, develops innovative projects and provides a range of information.

## **Royal College of Psychiatrists**

[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

The Royal College of Psychiatrists is the professional and educational body for psychiatrists in the United Kingdom. It has published a series of factsheets and leaflets, which are available free on their website, on mental health related topics.

