

**CACHE Level 2**

# Certificate in Understanding Children and Young People's Mental Health

DUTY OF CARE

RISK FACTORS

DISCRIMINATION

SAFEGUARDING

EARLY INTERVENTION

STRESS AND ANXIETY

## Workbook 1

## How to use your learning materials

This course is delivered on a flexible learning basis. This means that most of your study will take place away from your Assessor/Tutor. It helps to carefully plan your studying so that you get the most out of your course. We have put together some handy tips for you below.

### Study Guidance

- Try to plan an outline timetable of when and where you will study.
- Try to complete your work in a quiet environment where you are unlikely to be distracted.
- Set realistic goals and deadlines for the various elements of your course.
- Plan what you are going to study during each session, and try and achieve this each time.
- After each session, reflect on what you have achieved and plan what you hope to complete next time.
- Remember that not only do you have the support of your Assessor/Tutor, but it is likely that your family, friends and work colleagues will also be willing to help.

### Assessor/Tutor Support

Your Assessor/Tutor will be available to support and guide you through the programme. They are experts in your area of study and are experienced in helping many different types of learners.

They can help you to improve the standard of work you submit and will give you useful feedback on areas in which you have excelled, as well as where you can improve.

Remember to listen to, or read, their feedback carefully. Ask if you are unsure about any of the feedback you receive as your Assessor/Tutor is there to help.

Make note of any tips they give. Refer to the learning materials as they contain the information you need to complete the end-of-unit assessments.

Look out for areas in which you can improve, and set yourself an action plan to make sure you complete the required work.

Take positive feedback on board; this demonstrates you are doing things right and have a good understanding of the subject area.

Use the feedback to avoid repeating any mistakes you may have made.

### Enjoy your studies!

# CACHE Level 2 Certificate in Understanding Children and Young People's Mental Health

## Workbook 1

### Workbook Contents

This workbook will introduce you to Mental Health in Children and Young People. You will learn about the concept of mental health and about the context of children and young people's mental health. You will gain an awareness of the factors affecting mental health at different stages of development, and the impact that mental health concerns have on children, young people and others.

#### Contents

This workbook contains four sections:

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Each section has a corresponding assessment that must be completed in order to achieve this part of the programme.

The assessments for this workbook can be found in:

#### Assessment 1

When you have completed this workbook, you should attempt the assessment. Your Assessor/Tutor will then give you detailed written feedback on your progress.

**Remember that your assessment answers should be written in your own words. You should not copy answers directly from the workbooks.**

Upon successful completion of this qualification, learners will be awarded the NCFE CACHE Level 2 Certificate in Understanding Children and Young People's Mental Health: 603/2813/7. This CACHE branded qualification is certificated by the Awarding Organisation NCFE.

**CACHE Level 2 Certificate in Understanding Children and Young People's Mental Health**

**Assessment 1**

**Learner contact details**

Name: \_\_\_\_\_

Contact address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

**Learner declaration**

I confirm that the answers in Assessment 1 were completed by me, represent my own ideas and are my own work.

Learner signature: \_\_\_\_\_ Assessment date: \_\_\_\_\_

**If you need any help in completing these Assessments, refer to the relevant section within Workbook 1, or contact your Assessor/Tutor.**

Please tick one of the boxes below to show what your status will be when you complete this course.

EMP 1 In paid employment for 16 hours or more per week	EMP 2 Self-employed for less than 16 hours per week	EMP 3 Self-employed for 16 hours or more per week	EMP 4 Other FE* (Full-time)
EMP 5 In paid employment, looking for work and available to start work	EMP 6 Not in paid employment, not looking for work and/or not available to start work (including retired)	EMP 7 In paid employment for less than 16 hours per week	EMP 8 Other FE* (Part-time)
EMP 9 In paid employment for 16 hours or more per week	EMP 10 In paid employment for less than 16 hours per week	EMP 11 In paid employment for 16 hours or more per week	EMP 12 Other FE* (Part-time)
EMP 13 In paid employment for 16 hours or more per week	EMP 14 In paid employment for less than 16 hours per week	EMP 15 In paid employment for 16 hours or more per week	EMP 16 Other FE* (Part-time)
EMP 17 In paid employment for 16 hours or more per week	EMP 18 In paid employment for less than 16 hours per week	EMP 19 In paid employment for 16 hours or more per week	EMP 20 Other FE* (Part-time)
EMP 21 In paid employment for 16 hours or more per week	EMP 22 In paid employment for less than 16 hours per week	EMP 23 In paid employment for 16 hours or more per week	EMP 24 Other FE* (Part-time)
EMP 25 In paid employment for 16 hours or more per week	EMP 26 In paid employment for less than 16 hours per week	EMP 27 In paid employment for 16 hours or more per week	EMP 28 Other FE* (Part-time)
EMP 29 In paid employment for 16 hours or more per week	EMP 30 In paid employment for less than 16 hours per week	EMP 31 In paid employment for 16 hours or more per week	EMP 32 Other FE* (Part-time)
EMP 33 In paid employment for 16 hours or more per week	EMP 34 In paid employment for less than 16 hours per week	EMP 35 In paid employment for 16 hours or more per week	EMP 36 Other FE* (Part-time)
EMP 37 In paid employment for 16 hours or more per week	EMP 38 In paid employment for less than 16 hours per week	EMP 39 In paid employment for 16 hours or more per week	EMP 40 Other FE* (Part-time)
EMP 41 In paid employment for 16 hours or more per week	EMP 42 In paid employment for less than 16 hours per week	EMP 43 In paid employment for 16 hours or more per week	EMP 44 Other FE* (Part-time)
EMP 45 In paid employment for 16 hours or more per week	EMP 46 In paid employment for less than 16 hours per week	EMP 47 In paid employment for 16 hours or more per week	EMP 48 Other FE* (Part-time)
EMP 49 In paid employment for 16 hours or more per week	EMP 50 In paid employment for less than 16 hours per week	EMP 51 In paid employment for 16 hours or more per week	EMP 52 Other FE* (Part-time)
EMP 53 In paid employment for 16 hours or more per week	EMP 54 In paid employment for less than 16 hours per week	EMP 55 In paid employment for 16 hours or more per week	EMP 56 Other FE* (Part-time)
EMP 57 In paid employment for 16 hours or more per week	EMP 58 In paid employment for less than 16 hours per week	EMP 59 In paid employment for 16 hours or more per week	EMP 60 Other FE* (Part-time)
EMP 61 In paid employment for 16 hours or more per week	EMP 62 In paid employment for less than 16 hours per week	EMP 63 In paid employment for 16 hours or more per week	EMP 64 Other FE* (Part-time)
EMP 65 In paid employment for 16 hours or more per week	EMP 66 In paid employment for less than 16 hours per week	EMP 67 In paid employment for 16 hours or more per week	EMP 68 Other FE* (Part-time)
EMP 69 In paid employment for 16 hours or more per week	EMP 70 In paid employment for less than 16 hours per week	EMP 71 In paid employment for 16 hours or more per week	EMP 72 Other FE* (Part-time)
EMP 73 In paid employment for 16 hours or more per week	EMP 74 In paid employment for less than 16 hours per week	EMP 75 In paid employment for 16 hours or more per week	EMP 76 Other FE* (Part-time)
EMP 77 In paid employment for 16 hours or more per week	EMP 78 In paid employment for less than 16 hours per week	EMP 79 In paid employment for 16 hours or more per week	EMP 80 Other FE* (Part-time)
EMP 81 In paid employment for 16 hours or more per week	EMP 82 In paid employment for less than 16 hours per week	EMP 83 In paid employment for 16 hours or more per week	EMP 84 Other FE* (Part-time)
EMP 85 In paid employment for 16 hours or more per week	EMP 86 In paid employment for less than 16 hours per week	EMP 87 In paid employment for 16 hours or more per week	EMP 88 Other FE* (Part-time)
EMP 89 In paid employment for 16 hours or more per week	EMP 90 In paid employment for less than 16 hours per week	EMP 91 In paid employment for 16 hours or more per week	EMP 92 Other FE* (Part-time)
EMP 93 In paid employment for 16 hours or more per week	EMP 94 In paid employment for less than 16 hours per week	EMP 95 In paid employment for 16 hours or more per week	EMP 96 Other FE* (Part-time)
EMP 97 In paid employment for 16 hours or more per week	EMP 98 In paid employment for less than 16 hours per week	EMP 99 In paid employment for 16 hours or more per week	EMP 100 Other FE* (Part-time)

## Section 1: Understand children and young people's mental health in context

In this section, you will learn about the concept of mental health, what is meant by mental ill-health and the prevalence of mental health problems in children and young people. You will explore the legislation and guidance that is in place to support children and young people with mental health concerns and the duty of care that they are owed. You will look at society's attitudes to mental health concerns and how society's view of mental health has changed over time.

### Mental health terms

Please read the following as it will help you to answer question 1.

If you are learning about mental health, it is important to understand some of the terms that are used to describe mental health and aspects of it. Before you go on to look at aspects of mental health in children and young people, we will define some terms you may come across.

### Mental health

Everyone is different, and a person's mental health will be unique to them. This applies to children and young people as well as adults. Mental health is just as important as physical health. Being mentally healthy doesn't just mean that someone doesn't have a mental health problem; it means they have a positive state of mental well-being.

#### Did you know?

The World Health Organization defines mental health as "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

([http://www.who.int/features/factfiles/mental\\_health/en](http://www.who.int/features/factfiles/mental_health/en))



## Section 1: Understand children and young people's mental health in context

Everyone has 'mental health' and this can be thought of in terms of:

- How we feel about ourselves and the people around us
- Our ability to make and keep friends and relationships
- Our ability to learn from others and to develop psychologically and emotionally

Being mentally healthy is also about having the strength to overcome the difficulties and challenges we face during our lives – to have confidence and self-esteem, to be able to make decisions and to believe in ourselves. Mental health is concerned with feeling positive about yourself, being able to cope with everyday pressures and being able to realise your own abilities.

### Mental ill-health

The term 'mental ill-health' is generally used to refer to a group of conditions that affect a person's ability to think, interact with others and cope with the demands of everyday life. This can lead to significant changes in the person's thinking, feelings or behaviour. The term 'mental ill-health' covers a wide range of conditions, from the worries and grief we all experience as part of everyday life to severe depression or completely losing touch with everyday reality. Mental ill-health can affect anyone of any background at any time in their life and may also have an impact on the people around them, such as family and friends.

An individual's mental health will vary and may change. It is often seen as a spectrum or continuum, where mental health is at one end and mental ill-health at the other. In the middle, an individual may show some signs of mental vulnerability but may not have an identifiable mental illness or disorder.



## Section 1: Understand children and young people's mental health in context



### Amy and Beth's stories

Amy is seventeen and in her final year at school. She is doing well in her studies and is confident about her exams. She is happy at home and is looking forward to going to university to study history. She has a supportive group of friends and if she does feel a bit worried or unhappy sometimes, they are encouraging and help to cheer her up. She is also good at reminding herself that she can do it and seeking support if she has a problem.

Beth is in the same year as Amy. She is predicted similar grades in her exams, but her teachers are worried she won't achieve them because she is very anxious. She is having regular panic attacks and doesn't believe she can do well. She is particularly worried because she doesn't know what she wants to do at university, though her parents are keen for her to do law. She has become isolated from her friends and classmates and rarely asks for help from teachers.

Amy and Beth are similar in age and have similar ambitions, but are at different places on the mental health continuum. However, their mental health is not fixed. Amy's mental health could change; she could become more anxious. Beth could receive support to help her overcome her anxieties and face her coming exams with more confidence. This is why it is better to think of mental health as a continuum, rather than classifying individuals as having mental health or mental ill-health.

### Resilience

Resilience in mental health is how well individuals cope with problems, trauma, tragedies, threats and sources of stress in their lives. Individuals with resilience can adapt when faced with challenging circumstances and maintain their well-being, even when things don't go as planned.

Mind, the mental health charity, explain that resilience is made up of three key elements:

- Well-being – how a person feels; their mental state
- Social connections – how they connect with others
- Ways to cope – psychological strategies to cope with difficult times

## Section 1: Understand children and young people's mental health in context



**Knowledge Activity 1:** Look back at Amy and Beth's stories. Write down which of them is more resilient and explain why.


### Self-esteem

Self-esteem is how an individual feels about themselves – their opinion of themselves. For example, whether they think they are a nice person or not, if they like themselves and how much confidence they have in themselves and their abilities.

High self-esteem is where an individual values themselves and is confident about who they are and what they can do. Individuals with low self-esteem may dislike themselves and have little confidence. They don't value themselves and don't expect others to value them either.

Low self-esteem is not a mental illness – we all have times when we lose confidence – but it can lead to mental ill-health and mental health conditions if it is not addressed in the long-term.

## Section 1: Understand children and young people’s mental health in context

**Knowledge Activity 2:** Think of a time when your confidence was low. For example, something happened that knocked your confidence. Write down what you can remember about what it felt like.




### Jack’s story

Jack is twelve years old. He is the smallest boy in his class and he doesn’t like the way he looks. He thinks he is overweight and doesn’t like having to wear glasses. He’s often teased for being small and plays the fool at school because he thinks this will make people like him more. He hates it when people laugh at him though. He has become anxious about going to school and this is affecting his school work. His tutor at school feels he may be depressed as a result of low self-esteem.



Growing up, especially in the pre-teen and teenage years, can be a difficult time for children and if they develop self-esteem issues, these may lead to anxiety and depression.

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### The relationship between mental health and well-being

Please read the following as it will help you to answer question 2.

Well-being is used to describe general health and happiness of an individual. Well-being is actually made up of lots of different factors. Well-being doesn’t just depend on having healthy bodies and minds. For children and young people, well-being depends on factors such as:

- Being physically and mentally healthy
- Being able to learn and develop
- Being positive about themselves and their lives
- Having enough food, clothing and other things that matter, such as pocket money, toys, TV, mobile phones and other possessions
- Having a healthy and positive home environment
- Being able to take part in education and other activities
- Being able to look forward to the future

Being mentally healthy is part of well-being but it is also affected by the other elements of well-being. If children are living in poverty, don’t feel positive about themselves or are finding school difficult, this may affect their mental health. They may become anxious or depressed.

### Did you know?

Research carried out shows that children living in poverty are nearly three times more likely to experience mental health problems than their more affluent peers.

(Meltzer, H. et al. (2000) *The Mental Health of Children and Adolescents in Great Britain*. London: The Stationery Office)



## Section 1: Understand children and young people's mental health in context

### Millie's story

I'm eleven. My Mum has multiple sclerosis and there's just us two, so I look after her. I don't mind but it's hard fitting everything in. I don't have any friends at school because I can't go out on an evening or weekend like the others. There isn't the money and there isn't the time. I get very sad about it and sometimes I get really worried. I get so worried that I can't breathe properly. It happened at school today and they sent me to see the nurse. She said it's a panic attack and told me some things I can do to make it better.



### The prevalence of mental health problems in children and young people

Please read the following as it will help you to answer question 3.

In December 2016, the UK government produced a report about 'The mental health of children and young people in England'. This report identified how common mental illness is amongst children and young people. The report says that 10% of children aged 5 to 16 in Great Britain suffer from a clinically significant mental illness. This is 695,000 children. The table shows the prevalence of the most common mental health problems for Great Britain (which includes England, Wales and Scotland).

Similar data is not available for Northern Ireland but a report produced by the Mental Health Foundation says that "There is little epidemiological data for the mental health of children and young people living in Northern Ireland. However, it is estimated that the rates of mental health conditions are at least comparable to those reported for Britain; and may be higher, taking into account the higher levels of socio-economic deprivation, the legacy of the conflict and higher rates of psychiatric morbidity in the adult population in Northern Ireland."

(Mental Health in Northern Ireland: Fundamental Facts 2016 @ [www.mentalhealth.org.uk/sites/default/files/FF16%20Northern%20Ireland.pdf](http://www.mentalhealth.org.uk/sites/default/files/FF16%20Northern%20Ireland.pdf))

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<b>Anxiety disorder</b>	<ul style="list-style-type: none"> <li>2.2% of 5 to 10 year olds</li> <li>4.4% of 11 to 16 year olds</li> <li>Affects more girls than boys</li> </ul>
<b>Attention deficit hyperactivity disorder</b>	<ul style="list-style-type: none"> <li>1.5% of children 5 to 16 years</li> <li>Affects more boys than girls</li> </ul>
<b>Conduct disorders</b>	<ul style="list-style-type: none"> <li>5.8% of 5 to 16 year olds</li> <li>Affects more boys than girls</li> </ul>
<b>Depression</b>	<ul style="list-style-type: none"> <li>0.2% of 5 to 10 year olds</li> <li>1.4% of 11 to 16 year olds</li> <li>Affect more girls than boys</li> </ul>
<b>Eating disorders</b>	<ul style="list-style-type: none"> <li>Estimated 725,000 people in the UK with an eating disorder</li> <li>90% of those affected are female</li> <li>Average age of onset: anorexia nervosa 16 to 17 years; bulimia nervosa 18 to 19 years</li> </ul>
<b>Schizophrenia</b>	<ul style="list-style-type: none"> <li>Affects 1.6 to 1.9 children in every 100,000</li> <li>Rare in children and young people but prevalence increases after age 14</li> </ul>
<b>Self-harm and suicide</b>	<ul style="list-style-type: none"> <li>1 in 10 young people will self-harm</li> <li>It is more common in children and young people with other mental problems</li> </ul>

(Mental Health of Children in England, Public Health England December 2016 @ [www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people](http://www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people))



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There are not as many statistics about mental health in the 16 to 19 age group, but it is thought that 1 in 5 of this age group have a diagnosable mental health disorder (Young Minds [www.youngminds.org.uk](http://www.youngminds.org.uk)). Young Minds also say that suicide is the most common cause of death for boys in this age group and the second most common for girls. Statistics from other sources show that:

- The incidence of eating disorders for girls in the 15 to 19 age group was 164.5 per 100,000 in 2015, which is double that of any other age group ([http://www.youngpeopleshealth.org.uk/wp-content/uploads/2015/09/KeyData2015\\_Chapter6.pdf](http://www.youngpeopleshealth.org.uk/wp-content/uploads/2015/09/KeyData2015_Chapter6.pdf))
- The proportion of young people aged 16 to 24 showing symptoms of anxiety or depression was about 19% in 2015 and young women are more likely to report symptoms (Office for National Statistics, <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/youngpeopleswellbeingandpersonalfinance/2017>)
- Over half of all mental ill-health starts by age 14, and three quarters by age 18 (Public Health England, The mental health of children and young people in England, Dec 2016)



### Did you know?

Many people think that eating disorders only affect girls and young women, but boys and young men can be affected too.



### Alex's story

I was always a keen footballer so was over the moon when I was chosen, at 17 years old, for the local under 19s team. I played a couple of games for the first team, then they dropped me. I was still training with the squad, just not playing games. Things weren't going so well at home or school and I was feeling down anyway so this was like a final blow. I thought it was my fitness so started putting everything in to get fitter. That included losing weight and exercising a lot. It was the coach that spotted it and talked to me and my Mum. He was worried about my health and my weight. Mum took me to the doctor and he explained about anorexia and how it affects people. I'm doing better now, and the team have been really supportive.

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**Knowledge Activity 3:** With the realisation that so many young people are at risk from mental health issues, more research is being done into the mental health of children and young people. Do some research on the Internet to see if you can find up-to-date statistics or research. Note your main findings here. (You could try the Office for National Statistics – [www.ons.gov.uk](http://www.ons.gov.uk) – or one of the other websites we have referred to in the workbook.)




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### Key legislation and guidance related to children and young people's mental health

Please read the following as it will help you to answer question 4.

If you are working with children and young people who may have mental health problems, you should be aware of the latest legislation and guidance that relates to this. The following is correct at the end of 2017 but, especially given the current government focus on children and young people's mental health, there are likely to be new guidance documents and possibly changes in legislation. The activity at the end of this section should help you to make sure your knowledge is up-to-date.

You should also be aware that legislation and guidance can be different in Wales, Scotland and Northern Ireland than in England, and you should make sure that your knowledge is up-to-date for the country in which you are working or intend to work.

We will look at key points of legislation and guidance in the following areas:

- Mental ill-health
- Mental capacity
- Age of consent to treatment
- Parental responsibility
- Data protection and confidentiality
- Other legislation relating to children

#### Mental ill-health

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The Mental Health Acts 1983 and 2007 set out the provisions for detaining and treating people with mental health problems and the rights of individuals in relation to this. There is also a code of practice relating to the 1983 Act. The Acts apply to children and adults.

**Key points** from the legislation are:

- Acts are the Mental Health Acts 1983 and 2007.
- Parents or those with parental responsibility (which may include the local authority where a child is in their care) will usually be responsible for decisions about the treatment of a younger child.

## Section 1: Understand children and young people's mental health in context

- Where the parents' interests are seen to conflict with the child's and they may not make a decision in the child's best interests, professionals or the court may decide.
- Where older children and young people have sufficient understanding and intelligence to understand the implications of treatment, they may decide for themselves.
- There is a code of practice which sets out guidance for professionals as to how the Mental Health Acts should be applied.

([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/435512/MHA\\_Code\\_of\\_Practice.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF))

The Human Rights Act 1998 establishes the rights of children and helps to establish whether decisions to be made should be made by the parents, the child or young person or by professionals or advocates acting in the best interests of the child or young person.

The UK has also signed up to the United Nations Convention on the Rights of the Child, which specifically sets out children's rights. The Convention has not been made law throughout the UK, though they have an obligation to follow the Convention. Although they have an obligation to follow the Convention under international law, there is no mechanism to enforce this. Wales has passed legislation that ministers must have due regard to the Convention when considering the rights of children, which gives the Convention a stronger impact in Wales.

The government has produced a report on the mental health of children and young people in England, which looks at what works for children and young people in relation to treating mental health and is intended to inform local providers of services. The report 'The mental health of children and young people in England' (December 2016) was produced by Public Health England. Some of the figures and information also apply to Wales and Scotland.

**Key points** from this guidance are that there are actions that help to improve mental health and avoid the risks that can lead to mental ill-health. Some of these are identified in the report.



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**Knowledge Activity 4:** Look at the report by Public Health England and for one mental health problem, list the activities and actions that may help to avoid mental ill-health or support the child or young person. (<https://www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people>)


Another government report by the House of Commons Education and Health Committees, ‘Children and young people’s mental health – the role of education’ (April 2016), and the responses to it (October 2017) provide recommendations for professionals in education to support the mental health of children and young people.

**Key points** are that the government makes an understanding of mental health issues part of the curriculum for children and young people and part of the responsibility of the professionals in schools.

You can find the report and the responses to it here:

**Report:** <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/849/849.pdf>

**Responses:** <https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/451/451.pdf>

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This recognises that schools are well placed to identify mental health problems in children and young people and to build their resilience.

In June 2017, a parliamentary briefing on children and young people’s mental health proposed reforms to mental health services to ensure early intervention and appropriate provision for children and young people with mental health problems. It also included the requirement for schools and health services to work more closely together and provided funding for research on children and young people’s mental health and changes to the system. **Key points** here are the requirements for early intervention, appropriate treatments and for organisations to work together.



### Did you know?

CAMHS is used to describe all services that work with children and young people with mental health problems. It stands for Child and Adolescent Mental Health Services. The government is trying to improve services so that children and young people have mental health issues identified and treated earlier and are given appropriate treatments, e.g. not treated on adult wards.

### Other jurisdictions

The Mental Health Acts apply in England and Wales, though Wales has its own code of conduct. Scotland and Northern Ireland each have their own legislation and codes of practice making similar provision for mental health.

### Mental capacity

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Mental capacity means having sufficient understanding to be able to make decisions. In relation to health, this means making decisions about treatment and care. Mental capacity in this context means that the individual can understand the information they are given, remember it long enough to make a decision, assess the pros and cons of the decision and communicate that decision.

The Mental Capacity Act 2005 gives guidance as to when individuals are assumed to have capacity and what should happen if they don’t. The Act only applies in cases where the young person is over the age of 16. The Act assumes that people over the age of 16 will have the capacity to make decisions for themselves unless there is reason to think otherwise. Under the Act, if any person is thought not to have capacity, an assessment should be carried out to determine this. If they are considered not to have capacity, then the decision may usually be made by someone with parental responsibility.

## Section 1: Understand children and young people's mental health in context

**Key points** here are:

- Mental Capacity Act 2005.
- 16 and 17 year olds will be assumed to have capacity and may make decisions on their own behalf.
- 16 and 17 year olds who have been assessed as not having capacity will have decisions on treatment and care made by parents (in most cases) unless there is a conflict, in which case the decision will be made by professionals or an advocate in the best interests of the young person.

### Age of consent to treatment

The Mental Capacity Act does not apply to children who are under 16, but children are still assessed to see if they have capacity. This is known as Gillick competence after a famous legal case. If the child is competent, they can make their own decisions and parents cannot override them. If they are found not to be competent, others – usually parents – will make the decision on their behalf.

Note that where we use the term parents, this will refer to anyone who has parental responsibility for the child or young person and could include local authorities for individuals in care.

The Mental Capacity Act applies in England and Wales. Scotland has the Adults with Incapacity (Scotland) Act 2000 and Northern Ireland has the Mental Capacity Act (Northern Ireland) 2016; both cover similar provisions.

**Key points** here are:

- Under 16s are assessed for Gillick competence and if they are felt to have the appropriate level of understanding, they can make decisions on their own behalf. Parents cannot override these decisions.
- Under 16s who are not competent will have decisions made by parents or others in the best interests of the child.

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### Parental responsibility

In most cases, parents have the right and responsibility to make decisions about treatment for a child or young person where they do not have capacity, but where doctors believe decisions are not in the best interests of the child, they may seek a decision by the court.

Parental responsibility was established by the Children Act 1989 and is the legal responsibility to look after a child and the right to make decisions for them. The responsibility diminishes as the child becomes older until they are old enough to make their own decisions. The rights and responsibilities in the Act have subsequently been amended (Children Act 2004 being the latest amendments) to give powers and rights to local authorities or other bodies to intervene on behalf of the child, in order to ensure their best interests are met.

Parents are usually those people named on the birth certificate or other legal document, such as adoption papers or guardianship.

The Acts also promote the co-ordination of multiple agencies responsible for children's welfare. Whilst not directly related to mental health, this is intended to safeguard children and ensure their overall well-being.

The Children Acts apply in England and Wales. Scotland and Northern Ireland have their own legislation making similar provisions.

**Key points:**

- The Children Acts 1989 and 2004 cover parental rights and responsibilities.
- Parents will usually have the right to make decisions about treatment for mental health, taking account of capacity and age of consent as described.
- Where it is felt that parents won't make the right decisions, local authorities or courts may step in to ensure that decisions are made in the best interests of the child.



## Section 1: Understand children and young people's mental health in context

### Data protection and confidentiality

The General Data Protection Regulation (GDPR) 2018 covers the management of information held by organisations about individuals. It covers information about living people that is held on computer or in an organised paper filing system. One of the main provisions is that where organisations hold personal information, they should not share it with others without permission of the individual. This would cover medical and care records.

The GDPR sets out six main principles. These are that personal data is:

- Processed lawfully, fairly and in a transparent manner in relation to individuals.
- Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes.
- Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed.
- Accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay.
- Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed. Personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals.
- Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

(From Article 5 of the GDPR. Further information on GDPR can be found on the Information Commissioner's Office website at [www.ico.org.uk](http://www.ico.org.uk))

## Section 1: Understand children and young people's mental health in context

The organisation has to have a specific reason for keeping and using data and the Regulation sets out six bases:

- consent
- contract
- legal obligation
- vital interests
- public task
- legitimate interests

Two of the most relevant to health and social care are consent and vital interests. Consent means that the individual gives clear consent for data to be processed for a specific purpose. Where a person is not able to consent for themselves, a representative (e.g. Power of Attorney or Best Interests Advocate) may make the decision for them. Vital interests is where the processing and use of personal information is vital to the person's interests, e.g. saving their life.

Under the GDPR individuals have specific rights in relation to their personal data including information about how data is used, access to the data, rectification where data is incorrect and the 'right to be forgotten' which means all their data is erased from systems.

Organisations must have systems in place to record explicit consent regarding information and to make withdrawal of consent straightforward. There should also be policies and procedures in place for managing and using data.

Health data is considered to be 'special category data' under the Regulation (Article 9, GDPR) because it is very personal data. Whilst there is provision for this more sensitive data to be shared (with consent) for the provision of healthcare, organisations must be careful about sharing data for other reasons without a proper lawful basis (usually explicit consent or vital interests).

Consent for sharing medical and care records and requests to see them depends on the capacity of the individual (as discussed earlier in this section). A child or young person can access their records; however, the General Medical Council says they should not be given access to information which could cause them harm ([www.gmc-uk.org](http://www.gmc-uk.org)). Parents can access information about the child or young person only if the child or young person consents or does not have capacity, and as long as it is in the best interests of the child or young person.

## Section 1: Understand children and young people's mental health in context

The Information Commissioner's Office (ICO) can take criminal action against organisations that fail to comply with the GDPR.

For more information on the General Data Protection Regulation please visit the ICO website [www.ico.org.uk](http://www.ico.org.uk).



### Jessica's story

I'm fifteen and my doctor has diagnosed anxiety and depression. My Mum wanted to come along with me to talk to the doctor about it. I was OK with that but said to Mum that I'd see the doctor first just to tell him she was coming in with me. I'm taking contraceptive pills and I didn't want my Mum to know about it. The doctor explained that my medical records were confidential and she wouldn't share any information without me saying it was OK.

In common law, there is also a right of confidentiality. This means that any individuals have a right to expect information about them to be kept confidential. This right includes any information, whether written or verbal, that could damage an individual if it became common knowledge. Remember though, that the right covers information given to you. Concerns about well-being from observation can always be shared with other appropriate professionals.

In care, medical and educational situations, or any others involving children and young people, their information – however obtained or stored – should not normally be shared without consent.

## Section 1: Understand children and young people's mental health in context



**Knowledge Activity 5:** Write down situations where you think it would be important to share information about a child or young person.

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There are cases where it will be in the interests of the child or young person to share that information and in those cases, information may be shared without consent with people who need to know. This is usually in safeguarding situations where the child or young person has disclosed abuse.

Information about treatment and care of a child or young person will normally be shared amongst the professionals involved in caring for them, but this is usually done with their consent. Where this happens, information should be shared on a need-to-know basis. Organisations should have guidelines in place to ensure that information is shared where it is critical to keep a child or young person safe.



### Did you know?

Information that does not identify or relate to individuals is not covered by data protection legislation. If personal data is anonymised so that it cannot be identified with the individual, it can be shared. This is usually for research purposes, e.g. to look at the prevalence of illness.

## Section 1: Understand children and young people's mental health in context

The General Data Protection Regulation (GDPR) and common law duty of confidentiality apply to England, Wales, Scotland and Northern Ireland.

### Key points:

- The GDPR covers information held about individuals by organisations on computers and in manual filing systems.
- The common law duty of confidentiality covers other information.
- Information may not usually be shared without consent.
- Information should be shared where the child or young person could be at risk if the information is not shared.
- Consent will normally be gained to share records amongst professionals involved in caring for and protecting a child or young person.
- Information should be shared on a need-to-know basis.

### Other legislation relating to children

The main provisions of the Children and Families Act 2014 are to make adoption, the processes of taking a child into care and sorting out custody when parents split up more straightforward to ensure that the best interests of the child are met and that situations are resolved as quickly as possible.

The Act also sets up an overall assessment plan for children with special educational needs or disabilities. These children and young people will have an Education, Health and Care (EHC) plan covering all their educational, health and social care needs, and they and their parents will be involved in the planning process along with relevant professionals.

The Act gives more responsibilities to schools for supporting children with medical needs, giving them a duty to support children with medical needs such as asthma, diabetes, etc. and ensuring they can take full part in education.

Whilst not specifically related to mental health, there are responsibilities in the Act, such as the preparation of the EHC plan, which may affect children with mental health problems.

The Act relates to England and Wales. Scotland and Northern Ireland have their own legislation which covers similar provisions.

The Children Act 1989 (mentioned earlier) gives all those who care for children and young people a duty of care towards them. This means that they must do all that is reasonable to protect the well-being of children and young people and protect them from harm.

## Section 1: Understand children and young people's mental health in context

### Key points:

- The Children and Families Act 2014.
- This Act makes the adoption and care processes quicker and easier.
- Children with special educational needs and disabilities will have a co-ordinated care plan called an Education, Health and Care (EHC) plan.
- Schools have the responsibility to support the children with medical health needs to ensure full participation in education.
- The Children Act 1989 gives anyone who is involved with caring for children a duty of care towards them.

### Safeguarding

Please read the following as it will help you to answer question 5.

Safeguarding is a term that is used to describe the protection of vulnerable individuals from abuse, mistreatment and harm. It is particularly important for the provision of safe and effective care of children and young people, although it also applies to vulnerable adults.

Safeguarding is not just about protecting children and young people. The government guidance document 'Working together to safeguard children 2015' describes safeguarding as:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

(Working together to safeguard children 2015, [www.gov.uk/government/publications/working-together-to-safeguard-children--2](http://www.gov.uk/government/publications/working-together-to-safeguard-children--2))

A key provision of the guidance regarding safeguarding is that different organisations involved in providing care should work together. This is to ensure a complete picture of the child or young person's well-being.

### Using legislation and guidance to support mental health concerns

Please read the following as it will help you to answer question 6.

The legislation and guidance covering the health and care of children and young people is intended to improve the support they are given. One major issue is the requirement for organisations providing care to work together to ensure care is co-ordinated and complete. Another issue is early intervention in mental health. Some examples of how the legislation has been interpreted to support children and young people are:

- Education, Health and Care (EHC) plans
- Early Help Assessments (EHAs)
- Team Around the Child (TAC) and Team Around the Family (TAF) ways of working

#### Education, Health and Care (EHC) plans

EHC plans are plans for supporting children and young people with special educational needs and/or disabilities. The individual will have their needs assessed by the local authorities and they will decide whether a plan is required. At this point, if a plan is to be put in place, discussions will take place with the child or young person, their parents, school and any other care services involved. The plan should detail the health and educational support to be provided. EHC plans were established under the Children and Family Act 2014.

#### Early Help Assessments (EHAs)

Following government guidance about early intervention to promote the well-being of children and young people, local authorities have processes in place for Early Help Assessments. These are used to support children and young people from before birth to the age of 19, and up to the age of 24 with consent where the young person has a learning difficulty or a disability. Any family, child or young person experiencing problems can request an EHA. This will involve them talking to someone (usually a social worker) about any problems. This person will assess any needs and advise the individual of help that may be available.

**Knowledge Activity 6:** Look at your local authority website and note down the process to access an EHA.




#### Team Around the Child (TAC) and Team Around the Family (TAF) ways of working

Team Around the Child and Team Around the Family are ways of working that bring all organisations involved in the safeguarding or care of a child or young person together to discuss their needs. It is a way of identifying any additional care needs that may not have been identified by particular agencies. It can be particularly important for mental health needs as these can be missed amongst other needs a child or young person may have in terms of safeguarding and care.

## Section 1: Understand children and young people's mental health in context

## Section 1: Understand children and young people's mental health in context

### Kai's story

I'd been having problems at home because I didn't get on with my stepfather, and at school because I have dyslexia, which makes it hard for me to read and write. I had support from a social worker and, at school, from the special educational needs people which was great, but I was getting really anxious about everything and it was affecting my school work and my life. My social worker suggested getting everyone together, including me and my Mum, to talk about what was happening and whether there was further support they could give me. I mentioned my being worried about everything and now I've been referred to a counsellor. He's helping me cope with my anxiety and to be more positive about life. The help was there for me; it was just no one had realised I needed it!



### Duty of care

Please read the following as it will help you to answer question 7.

A duty of care is a moral or legal obligation to ensure the safety or well-being of others. Children and young people can be vulnerable and the professionals and organisations that come into contact with them have a duty of care to support the well-being of the child or young person and ensure they come to no harm as far as possible. This will include identifying mental health problems and supporting mental health. We will look at the duty of care and how it applies in different settings.

The duty of care arises from common law, from professionals being given a statutory duty of care under the Children Act 1989 and from contractual obligations placed on professional staff by their employers.

### Education

Schools and teachers owe a duty of care to pupils. They have a duty to do all that is reasonable to protect the health, safety and welfare of all children and young people in the school. Teachers are said to be in loco parentis, which means that they should do everything a parent would do to protect the child.

Part of this duty of care will be to identify difficulties a child or young person may have. Schools and teachers see children and young people every school day and are well placed to observe children and identify behaviour that may indicate mental health issues. Children and young people may then be offered support from within or outside the school setting.

### Care-provision

Providers of health and social care have a duty of care towards children and young people in their care. This duty ensures that they offer good quality and standards of care. They should always act within the best interests of individuals and ensure that they are protected from harm and abuse. They should also act in ways that meet the needs and choices of the individuals and protect their right to dignity and privacy.

### The criminal justice system

The criminal justice system includes the arrest and detention of children and young people, court hearings and longer-term custody. It will also include children and young people who are victims of crimes or witnesses to them.

Anyone who deals with a child or young person within the criminal justice system has a duty of care towards them. Their interests should be represented at all stages. This will include having a responsible adult and legal support in interviews and being supported to communicate their evidence in a court or formal interview. As victims or witnesses, they may need to be supported to give evidence by video link.

It is important that different organisations providing aspects of care and education work together to ensure that care is properly co-ordinated and the duty of care is properly met.

### Mohammed's story

It was my teacher that first noticed that something might be wrong because I hadn't said anything. She noticed me counting all my pencils in my pencil case every time I came to a lesson and before I left. She took me to one side and asked if anything was worrying me and said I could talk to her or the school counsellor if I wanted. I explained I was worried about my dad who was terminally ill. She thought the counsellor might be able to help and so I made an appointment. The counsellor was great. He helped me to understand my feelings and suggested lots of ways to help. To be honest, just talking about it helped.



## Section 1: Understand children and young people's mental health in context

### Terms related to prejudice and discrimination

Please read the following as it will help you to answer question 8.

You need to make sure you understand terminology used around prejudice and discrimination.

- Prejudice – is an opinion or belief that someone holds about other people that is not based on fact or experience and may cause them to be treated in a negative way – for example, believing all individuals with schizophrenia are violent.
- Discrimination – is unjust treatment of a person or group of people on the grounds of a characteristic – for example, not providing children with mental health needs with the same access to healthcare as other individuals.
- Stigma – something people think is shameful or disapprove of – for example, people may say there is stigma attached to having been in prison.
- Stereotyping – making assumptions about individuals based on an oversimplified image – for example, assuming all people with mental health problems cannot make decisions for themselves.

### How social and cultural attitudes towards mental health have changed over time

Please read the following as it will help you to answer question 9.

Attitudes to mental health vary according to social and cultural beliefs. What is seen as a mental health problem in one culture or section of society might not be considered to be a problem in others. In some cultures, or for some individuals, mental illness may be seen as something to be ashamed of or unacceptable. For example, in many Western cultures, eating disorders would be seen as affecting females but not males.

Mental illness has often been seen as something to be afraid of, and attitudes have meant that people with mental health problems were often separated from others in society. In the past, individuals were sent to live in mental asylums or hospitals. This meant that people with mental health problems were isolated from society and this actually encouraged more fear and misunderstanding. Mental illness was often seen as something to be ashamed of and would be kept secret by individuals and their families. People with mental health problems were not valued.

## Section 1: Understand children and young people's mental health in context

More recently, with the move to care in the community and a growing awareness of mental health issues in general, there has been less stigma attached to mental illness. People are less likely to experience negative treatment because of mental illness. The law prevents discrimination on the grounds of mental health, as with any other illness or disability, and more people recognise that anyone can have mental health problems in the same way that they can experience physical illness.

However, some people still make assumptions about mental illness and there is still some way to go in raising awareness.

### How social and cultural attitudes affect individual perceptions of mental health

Please read the following as it will help you to answer question 10.

Attitudes to mental health can affect a child or young person's perception of their own mental health. If mental health problems are considered a stigma, children and young people may feel ashamed for having a mental health problem. This, in turn, may make them try and hide the problem and make it worse.

If children and young people are encouraged to talk openly about mental health and see more positive attitudes, they are more likely to seek help for any problems at an earlier stage. They will have a better understanding of mental health issues and will not feel that it is something they need to hide or that makes them 'not normal' or 'different' from others. Feeling that they are valued, whatever their mental health, will support more positive mental health.

#### Dale's story

My Dad says we're a working class family with working class values and, even if we feel bad about stuff, we just have to get on with it. I was feeling really anxious about my exams at school but I knew Dad wouldn't understand and that he'd think I was weak for having panic attacks, so I daren't say anything.





## Section 1: Understand children and young people's mental health in context

### Ahnaf's story

I come from a very traditional Bangladeshi family. My father died when I was ten and we moved in with my grandparents. The counsellor at school felt that I was becoming depressed but my grandparents tried to pressurise my Mum not to do anything about it as they think depression is something to be ashamed of, especially in boys. Luckily, my Mum didn't listen to them. She understands what it is like to be depressed and so we went to talk to the doctor about it.



**Knowledge Activity 7:** Carry out some research and find out about one cultural or social attitude that may affect attitudes to mental health in your local area. Make notes about it here.



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## Section 1: Understand children and young people's mental health in context

### How the media can influence attitudes towards mental health

Please read the following as it will help you to answer question 11.

Television, magazines and newspapers can influence the way people think about different issues so it is important that issues such as mental health are represented in a realistic way, even in television drama. Negative representations, such as showing individuals behaving in ways that are challenging or violent, can make people afraid of individuals with mental illness. Treating mental illness as a 'life sentence' rather than as a condition that can be treated can promote stigma and prejudice.

Positive media representations, e.g. where individuals are supported with mental health issues or issues are properly explained, can help to increase understanding of mental health in general and improve attitudes towards people with mental health problems.

Media representations will also directly affect individuals with mental health problems. Negative representations can make people more reluctant to seek help, while positive representations may make individuals identify that they have a problem and seek help in dealing with it.

### Jacinda's story

I'm twelve and I suffer from an obsessive compulsive disorder (OCD) but I'm getting help for it. One day at school, everyone was talking about a programme they'd watched about people with OCD. They were laughing and saying how stupid it was to check things over and over again. I couldn't tell them about my OCD after that because I'm afraid they'd make fun of me.



The 2014 TV drama Sherlock was criticised for showing the villain Moriarty in a padded cell wearing a straitjacket. They represented the character as violent due to a mental illness, which was a very negative view.

**Did you know?**



In 2014, Time to Change – an organisation working to change the image of mental illness – produced a report about portrayal of mental health in the media. They found portrayals were becoming more positive but there was still some way to go in raising awareness and overcoming the negative views sometimes represented. You can find the report at: <https://www.time-to-change.org.uk/media-centre/responsible-reporting/soaps-dramas>

More recently, many celebrities have spoken out about their own mental health issues to try and raise awareness of mental ill-health. Will Young, the singer, spoke out about his problem with anxiety after pulling out of the show Strictly Come Dancing.

Some celebrities have used their celebrity status to raise awareness and try and change attitudes to mental illness. Celebrity Stephen Fry has spoken out about mental illness and is the president of Mind, the mental health charity. Singer Demi Lovato says that she wanted people to know that it’s ok to have a mental illness and has spoken at conferences in the US to raise awareness.

(You can find an article on celebrities speaking out about mental illness at: <http://www.glamourmagazine.co.uk/gallery/celebrities-talking-about-depression-anxiety-and-mental-health>)

**Knowledge Activity 8:** Describe one representation of mental illness that you have seen in the media and say whether it was positive or negative.




**How discrimination can affect the mental health of children and young people**

Please read the following as it will help you to answer question 12.

For a child or young person with a mental health problem, discrimination has the potential of making the problem worse. This can happen for a number of reasons:

- The child or young person may become reluctant to seek help if they feel they will be treated differently because of it.
- Discrimination may mean that they miss out on opportunities to become involved with peer groups and become isolated, which can lead to anxiety and depression. The fear of discrimination may also stop them from taking educational and social opportunities.
- Discrimination may affect the way children and young people see themselves. It may affect their self-esteem and mean they do not feel valued.
- Discrimination may lead to bullying, which will further affect mental and emotional well-being.

**Sally’s story**



Jane in my class was having a big party for her ninth birthday. Everyone in the class got an invitation except for me. She said she wasn’t having any ‘nutters’ at her party. She said that because I have panic attacks sometimes at school. She tells the other girls that I’m a ‘mental case’. I don’t like going to school anymore so I try and stay off when I can.



## Section 1: Understand children and young people's mental health in context

### Summary

In this section, you have learned about:

- What mental health and mental ill-health are and the terminology that is used.
- How mental health is linked to well-being
- How common mental health problems are in children and young people
- The legislation that applies to children and young people with mental health problems and how it can be used to support them
- What safeguarding is
- How duty of care applies in education, care and criminal justice
- How society views mental illness and how social and cultural attitudes have changed over time
- How the media can affect attitudes to mental health
- How attitudes and discrimination can affect the mental health of children and young people.

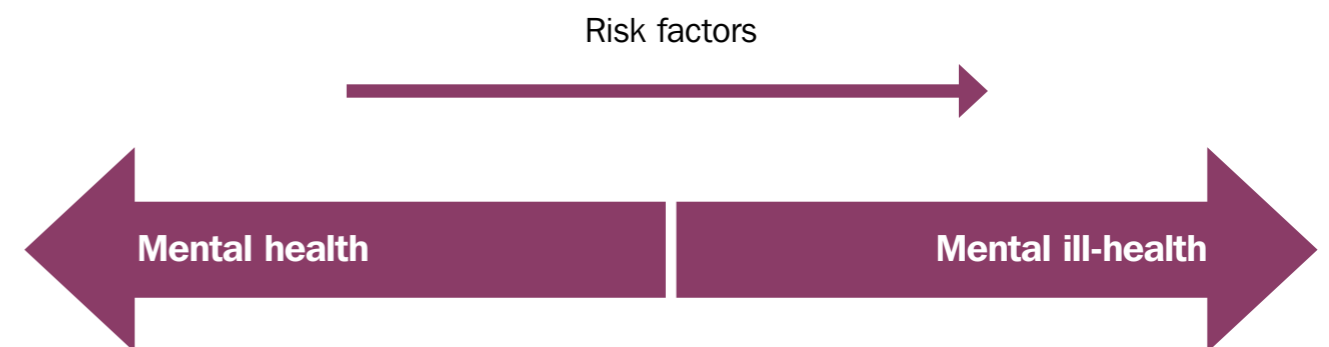
## Section 2: Understand factors which may affect children and young people's mental health

In this section, you will find out about the risk factors that may affect the mental health of children and young people and the protective factors that can limit the impact. You will look at how mental health is affected by developmental changes and at how abuse and bullying impact on mental health.

### Risk factors that can impact the mental health of children and young people

Please read the following as it will help you to answer question 13.

You have already seen in Section 1 that mental health is a continuum and individuals can be anywhere along the continuum. Mental health will change over an individual's lifetime, sometimes moving towards mental health and sometimes moving towards mental ill-health. But what makes an individual move along that continuum from mental health to mental ill-health? Risk factors are things that impact negatively on mental health. They are not direct causes of mental health problems but are factors that can make a child or young person more likely to develop mental health problems. Effectively, risk factors are the things that can move the individual to a different place on the mental health/mental ill-health continuum. The risk of mental health problems increases if the child or young person has more than one risk factor.



Risk factors can increase anxiety and stress and the chance of developing conduct disorders (where the child or young person has long-term behavioural issues), depression, eating disorders and related problems such as self-harm. Mental health problems will range from day-to-day concerns to long-term mental health conditions.

## Section 2: Understand factors which may affect children and young people's mental health

Factors can be divided into four main levels:

- Individual based – factors that arise from the child or young person, their physical health and ability.
- Family based – factors arising from the family situation and the child or young person's place within it.
- School or college based – factors arising from the way the child or young person fits in and is treated in school or college.
- Community and society based – factors arising from the child or young person's living situation, community and events in wider society.

Note that although research shows that there appears to be a link between the risk factors and the incidence of mental illness, there is no research that specifically links particular risk factors to mental illness. Risk factors generally reduce the individual's resilience to mental illness.

Risk factors for mental health problems in children and young people	
<p><b>Individual</b></p> <p>Individual factors may affect self-esteem and/or isolate the child or young person, reducing their well-being and resilience.</p>	<ul style="list-style-type: none"> <li>● Premature birth</li> <li>● Low birth weight, complications at birth or birth injury</li> <li>● Learning disabilities</li> <li>● Special educational needs</li> <li>● Poor social skills</li> <li>● Physical illness or disability</li> <li>● Low intelligence</li> <li>● Low self-esteem</li> <li>● Lesbian, Gay, Bisexual, Transgender (LGBT)</li> <li>● Young offenders</li> <li>● Not in Employment, Education or Training (NEET)</li> </ul>

## Section 2: Understand factors which may affect children and young people's mental health

<p><b>Family</b></p> <p>Family problems can leave children and young people feeling insecure or confused and without the support and role models they need. Abuse and neglect affect self-confidence and self-esteem.</p>	<ul style="list-style-type: none"> <li>● Single parent</li> <li>● Family discord or break-up of family</li> <li>● Large family</li> <li>● Long-term unemployed parent</li> <li>● Poor parenting skills, lack of affection or poor supervision</li> <li>● Parents with mental illness (including mother in pregnancy)</li> <li>● Parents with alcohol or substance abuse</li> <li>● Abuse – physical, sexual, emotional or neglect</li> <li>● Parent criminality and/or in prison</li> <li>● Death and loss in the family</li> <li>● Looked after children (children in care)</li> <li>● Young people in custody</li> <li>● Young carers</li> </ul>
<p><b>School or college</b></p> <p>Bullying, discrimination and failure at school affect the individual's self-esteem. Children and young people may become isolated if they are unable to make friends or may feel pressured by peers into inappropriate behaviour.</p>	<ul style="list-style-type: none"> <li>● Bullying</li> <li>● Discrimination</li> <li>● Breakdown in friendships</li> <li>● Lack of friendships</li> <li>● Bad peer influence</li> <li>● Peer pressure</li> <li>● Poor pupil-teacher relationship</li> <li>● Failure at school</li> </ul>
<p><b>Community and society</b></p> <p>Living in poor conditions or dangerous situations can lead to insecurity and a feeling of helplessness and hopelessness, which impact on mental health.</p>	<ul style="list-style-type: none"> <li>● Poverty</li> <li>● Homelessness (living in B&amp;B or hostel)</li> <li>● Disaster, war or overwhelming events</li> <li>● Discrimination</li> <li>● Lack of access to support services</li> </ul>

## Section 2: Understand factors which may affect children and young people’s mental health



**Knowledge Activity 9:** Think about a life event or situation which affected you emotionally. This could be an instance of bullying, the break-up of a relationship or a bereavement. Write down how you felt at the time and what helped you to cope.

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Most people experience distressing or traumatic events in their lives but manage to cope with them, often with the support of friends or family. Imagine how you might feel if there were more than one event or if you had no support to help you through. The stress and anxiety that could result from this would affect your mental well-being.

### Rosy’s story



I was six when Mum left. Dad couldn’t cope; he started drinking and lost his job. I missed a lot of school and never really caught up. I used to play around in class to hide the fact that I couldn’t do the schoolwork and I would never do what my Dad or my teachers asked me to. I just argued all the time. The social worker put Dad on a parenting programme and suggested he went to an alcoholic support group, and I got special support at school. I’m eleven now. Dad has a job again, and I’m going up to the big school in September. I don’t argue so much these days.

## Section 2: Understand factors which may affect children and young people’s mental health



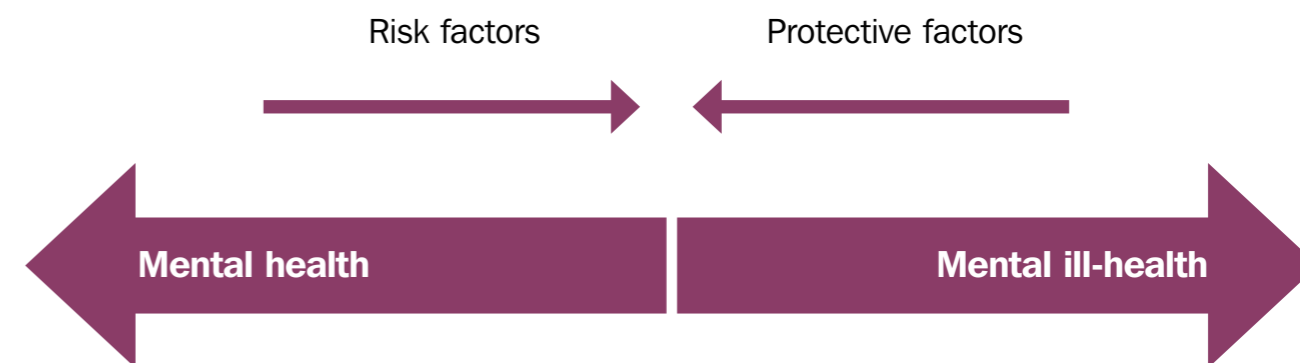
### Did you know?

Conduct disorders can cause younger children to argue and disobey parents and teachers. They are the most common reason for children to be referred to mental health services. (You will learn more about these in Workbook 2.)

### Protective factors

Please read the following as it will help you to answer question 14.

Protective factors are characteristics that reduce the likelihood of poor mental health or mental ill-health. Where risk factors can make the risk of mental health problems higher, protective factors lower the risk of mental health problems, or reduce the negative effects of any risk factors that may exist.



## Section 2: Understand factors which may affect children and young people's mental health

We can look at protective factors in the same categories as risk factors: individual, school or college, family, and community and society.

<b>Individual</b>	<ul style="list-style-type: none"> <li>■ Attachment to family</li> <li>■ Adequate nutrition, good health and exercise</li> <li>■ Self-control</li> <li>■ Positive attitude</li> <li>■ Success and achievement</li> <li>■ Ability to reflect</li> <li>■ Above average intelligence</li> <li>■ Sense of purpose</li> <li>■ Moral beliefs</li> <li>■ Good coping style</li> <li>■ Social skills</li> <li>■ Problem-solving skills</li> <li>■ Optimism</li> <li>■ Good self-esteem</li> </ul>
<b>Family</b>	<ul style="list-style-type: none"> <li>■ Family harmony</li> <li>■ Stable and secure family</li> <li>■ Responsibility within the family</li> <li>■ Supportive parenting</li> <li>■ Strong family values</li> <li>■ Affection</li> <li>■ Clear and consistent discipline</li> <li>■ Support for education</li> <li>■ Strong family norms and morals</li> <li>■ Trust within the family</li> <li>■ Being heard in the family</li> </ul>

## Section 2: Understand factors which may affect children and young people's mental health

<b>School or college</b>	<ul style="list-style-type: none"> <li>■ Positive school/college environment</li> <li>■ Sense of belonging and connectedness</li> <li>■ Positive social peer group</li> <li>■ Good friendship groups</li> <li>■ Good teacher/pupil relationships</li> <li>■ Encouragement of responsibility and helpfulness</li> <li>■ Opportunities for achievement and success</li> <li>■ Clear policies on behaviour and bullying</li> <li>■ Open door policies for raising problems</li> <li>■ Whole school approach to good mental health</li> </ul>
<b>Community and society</b>	<ul style="list-style-type: none"> <li>■ Supportive community/social network</li> <li>■ Good housing</li> <li>■ Good standard of living</li> <li>■ Opportunities for valued social roles</li> <li>■ Range of sport and leisure activities, and play opportunities</li> <li>■ Stable society</li> <li>■ Availability of health and social support services</li> <li>■ Strong cultural/ethnic identity</li> </ul>



## Section 2: Understand factors which may affect children and young people's mental health

**Knowledge Activity 10:** Identify your own protective factors. Write a list of factors that may protect you from experiencing mental health problems.




### Qabeel's story

Dad died when I was eight, leaving Mum with us four children. Mum didn't work so it meant we lost the main family income as well as all the love and support he gave us. Fortunately, we had strong family ties and a supportive community. They made sure we had everything we needed and helped the family get back on its feet. My grandparents looked after us so that Mum had time to grieve and helped us to celebrate Dad's life, as well as grieving ourselves. We still miss him even though it's been eleven years now. Mum has trained as a teacher, my elder sister has qualified as a nurse and I'm at university in my first year of a law course. My two younger sisters are still at school and doing well. It was a hard time when we lost Dad, but we came through it because of the help and support we had from the family and our community.



## Section 2: Understand factors which may affect children and young people's mental health

### Resilience

Please read the following as it will help you to answer question 15.

Resilience is an individual's ability to cope with difficulties in day-to-day life and to be able to recover quickly from stressful and negative experiences. Individuals who are resilient will be less likely to experience mental health problems or long-term mental ill-health.

Individual resilience is developed through behaviours, thoughts and actions that support well-being, as well as the individual having a strong support network. The protective factors that we looked at in the last section help to build and maintain an individual's resilience. Individuals who are resilient are more likely to develop coping strategies to deal with difficulties and more likely to recover quickly from situations that are negative. Individuals who are not resilient will find it difficult to overcome challenges in their lives.

### Kristina's story

I was having a bad time at school. I was bullied because of my weight and I started doing badly in lessons because I was unhappy. I'm lucky though. I have a supportive family and a small group of loyal friends. The teachers and school are supportive too. The school stopped the bullying – in fact, one of the worst bullies is now a sort of friend! Teachers helped me catch up and Mum put us all on a healthy diet and exercise programme – she said we all needed to be more healthy. I feel better about myself and about school, and I'm on target to get a good set of GCSE results next year!



### Jason's story

I was having a bad time at school. I was bullied because of the way I look (spotty and fat). Dad said I should stand up for myself more and not let them get to me. Mum didn't say anything (I think she's scared of Dad, especially when he's had a drink – not that we see much of Dad as he's away with work a lot of the time). You can't tell the teachers or the school because they say 'We don't have a bullying problem' and ignore it. I stopped going to school and started hanging around the shopping centre with some new mates. We get up to all sorts. I was caught shoplifting last week and I'm waiting to go to court. I'm sick of my life; there's nothing good in it.



## Section 2: Understand factors which may affect children and young people's mental health

**Knowledge Activity 11:** Look at the stories of Kristina and Jason. Write down which of them is likely to be more resilient. List the protective and risk factors for each of them that you can identify from their stories.




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## Section 2: Understand factors which may affect children and young people's mental health

### Supporting individuals to recognise risk factors and signs of distress

Please read the following as it will help you to answer question 16.

One of the problems that children and young people have when facing difficult challenges in their lives is inexperience. Many adults who begin to feel anxious or depressed will seek help at an early stage. Children and young people may not even recognise the signs of anxiety or distress so are not in a position to be able to do anything about them.

Children spend most time with their families and at school, so these may be the best places to raise awareness of risk factors for mental ill-health and of signs of distress.



#### Did you know?

The government is now promoting awareness of mental health in schools, along with a commitment to making personal, social and health education compulsory. This will mean that every school child receives some education on mental health issues, what they are, the risk factors and what they can do about them.

Research has shown that early intervention can prevent mental health problems for children and young people and help to build resilience. For this to happen, children and young people need to be able to recognise the risk factors and signs of distress in themselves.

Ways that family can help:

- Talking about feelings and how they affect you
- Encouraging children and young people to discuss problems relating to school and home
- Being aware and open about mental health problems
- Being positive about approaches to mental health

Ways that schools can help:

- Teaching children and young people about mental illness
- Making children and young people aware of risk factors



## Section 2: Understand factors which may affect children and young people's mental health

- Developing children and young people's awareness of what it means to be distressed, anxious, worried, upset, etc. – the physical and mental signs of this

Anyone working with children and young people can also do any of these things to help support the mental health of children and young people. The best way to support children and young people is to make sure they know when to ask for help and are not afraid to ask for it.

There are resources on the Internet to help understand and raise awareness of children and young people's mental health, such as:

- The Children's Society – [www.childrenssociety.org.uk/help-young-people-access-the-mental-health-support-they-need](http://www.childrenssociety.org.uk/help-young-people-access-the-mental-health-support-they-need)
- Young Minds – <https://youngminds.org.uk/>
- Mind – [www.mind.org.uk/information-support/guides-to-support-and-services/children-and-young-people/#.WjOYGjLiUk](http://www.mind.org.uk/information-support/guides-to-support-and-services/children-and-young-people/#.WjOYGjLiUk)
- Mental Health Foundation – <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

### Ana's story

After my Mum and Dad split up, I didn't really know what was happening to me. I cried a lot and got cross with them both. Other times, in my room, it felt like the world was closing in on me and I couldn't breathe. I felt like banging my head against the wall to get rid of these feelings. I could talk to Mum and Dad before, but I didn't like to now because they had plenty of their own problems to sort out. A teacher at school noticed I wasn't myself and asked if I wanted to talk about it. I told her about Mum and Dad and then it all came pouring out about what I was thinking and feeling. She said it was quite normal to feel like that after something bad has happened. She arranged for me to see the school counsellor and asked if I'd like someone to tell my Mum about it. In the end, she came and talked to Mum. Mum and Dad got together to talk to me about it and things are much better now. I know Mum and Dad aren't getting back together but we do have family nights sometimes, where Dad comes round for a meal and we talk about how things are. I know now that it's OK to feel sad and angry about stuff and that it's good to ask for help.



## Section 2: Understand factors which may affect children and young people's mental health

### The effects of puberty on children and young people

Please read the following as it will help you to answer question 17.

During puberty, the body begins to change as children become adults. Along with these physical changes come mental, emotional and social changes, and these can all impact on an adolescent's mental health.

#### Mental changes

At puberty, the brain is still physically maturing. In fact, the brain is not fully developed until individuals are in their early 20s – so at puberty, they are still cognitively immature. This means that although they start to show the physical signs of adulthood, their judgement and immature thinking mean that their brain isn't keeping up. It means they can make hasty and poor decisions.

The development of the brain also affects emotional immaturity. They don't have the control over their emotions that adults usually develop later in life, so are unable to regulate the mood swings that puberty brings.

The sleep cycle is also affected by hormones in puberty and can cause teenagers to feel wide awake during the night. They still need to be up and about for school or college, and so start to experience the effects of lack of sleep. They may become irritable, frustrated and moody. The cycle is further disrupted because this usually happens at the time when educational and other activities become more demanding.

#### Emotional changes

The hormones released during puberty can cause dramatic mood swings. Mood changes can be extreme, and individuals may experience excitement, anger, anxiety and depression. They will realise that they are becoming adults, want to find their own identity and feel they want to assert their independence. This will lead to them challenging the boundaries and some individuals may rebel or experiment, resulting in unhealthy behaviour.

## Section 2: Understand factors which may affect children and young people's mental health

Puberty is also a time of sexual awakening and they will begin to respond differently towards other teenagers and adults as they experience sexual arousal for the first time. They may start to experiment with relationships (including sexual encounters) and form quite strong romantic attachments. They may also feel very distressed if romantic relationships don't work out or break up. Gay and lesbian individuals may feel particularly unsure of themselves if they are in a situation where their sexual orientation is deemed as not acceptable.

Because of the physical changes, teenagers experience changes in body shape and looks. They may experience acne or other teenage complaints and will begin to see their bodies differently. This can lead to issues with self-esteem.

### Social changes

There will be social changes that arise from puberty too. Individuals may withdraw from family as they try to become more independent and, at the same time, realise that they are being viewed differently by their peers. They will notice that others pay more attention to how they look and respond to them differently. They will not be used to this sort of attention and it can make them very self-critical and further affect self-esteem.

Individuals will go through puberty at different times. In girls, on average, puberty begins at age eleven but can begin as early as seven. For boys, the average is twelve years and the earliest about nine. The process takes around four years. Socially, this means that friendships may change as individuals mature more quickly than their friends. Girls, who will usually mature earlier than boys, may build friendships and romantic attachments with older boys.

#### Jade's story

Looking back, I can see it was just teenage hormones and me growing up. At the time, it must have been a nightmare for my parents. I was going out with boys twice my age – some of whom took advantage of me. I was experimenting with sex and drugs and mainly, I was keeping out of my parents' way! I wasn't happy with how I looked so I was always on a diet, and going out with boys – especially older ones – helped make me feel like I might be something special. I was lucky I didn't get into more trouble than I did, really. I could have ended up on drugs, pregnant or worse. My parents got strict when they realised what was happening and I think that was what got me back on track. I'm working now, in a good job and have a great boyfriend and a good relationship with my family.



## Section 2: Understand factors which may affect children and young people's mental health

### Identity, self-esteem and body image

Please read the following as it will help you to answer question 18.

Identity, self-esteem and body image are important elements of mental well-being. Before we go on to look at how they affect mental well-being, think about what the terms mean.

**Knowledge Activity 12:** Write down what you think the terms mean before reading on. (Tip: we've already defined self-esteem in Workbook 1.)



#### Identity:

#### Self-esteem:

#### Body image:

### Identity

Identity means who a person is. It is the qualities, beliefs and characteristics that make one person the same as or different to another person. The development of identity is partly through experiences and things that happen to us, and partly choice. Our identity begins to develop as young children through how we discover things about ourselves and the world, and by external factors that are out of our control, but it is not until adolescence that we start to think about how our identity might affect our lives. Physical health or illness, culture, family values, achievements, failures, successes and trauma can all impact on identity.

## Section 2: Understand factors which may affect children and young people's mental health

Adolescents are much more self-conscious and start to make choices about how they want to be seen by others. This might involve conforming with a social group in terms of dress, behaviour and attitude, or, alternatively, may involve trying to be different. A strong, positive sense of identity can make young people confident and raise levels of self-esteem.

A positive, strong self-identity, where the individual is comfortable with who they are and their identity allows them to fit into the social groups they want to be part of, will have a positive effect on mental health.

Mental health problems can occur where the individual does not like their own identity or has a negative self-identity, or where their self-identity is not valued by or clashes with others. For example:

- Where an individual is cleverer than their peers but may not want to be seen as a 'swot'
- Where an individual sees themselves as a failure or as a bad person
- Where an individual thinks they are good at something but other people tell them they are not good at it

These types of identity problems can cause anxiety and distress as individuals try to fit in and conform or have their confidence damaged by others. At puberty, this is particularly noticeable as individuals are trying to establish their own identity and can become very upset about rejection or failure in their lives.

### Taibah's story

My parents were born in India and are strict Muslims. I was born in Birmingham and see myself as British. I celebrate the Muslim festivals with my family, but also like to go out with my friends and do the sorts of things that all British teenagers like to do. This causes some clashes. When I'm with my family, it's like I'm a different person than when I'm with my friends.



## Section 2: Understand factors which may affect children and young people's mental health

### Self-esteem

Self-esteem is how an individual feels about themselves – their opinion of themselves. For example, whether they think they are a nice person or not, if they like themselves and how much confidence they have in themselves and their abilities. Positive self-esteem supports self-confidence and makes young people more resilient.

Self-esteem is closely linked to identity, and issues that impact on identity will affect self-esteem. Self-esteem is about how individuals value themselves. This sense of value will be affected by how other people see the individual too. If individuals are praised and receive positive feedback, they are more likely to have positive self-esteem. If they are rejected and receive negative feedback, they are more likely to have negative or poor self-esteem.

People with poor self-esteem are less resilient, have negative thoughts about themselves, find it difficult to make decisions and are more likely to be influenced by others, which can lead them into negative situations. They often feel guilt or shame, blame themselves for things that are not their fault and are low in confidence. This makes them more likely to become anxious and depressed or to behave in ways that are challenging.

At puberty, when an individual is facing physical and mental changes anyway, they can become highly critical of themselves. They compare themselves to others and, because everyone develops differently, can think that they don't compare favourably. They start to feel peer pressure and may not be able to keep up physically, emotionally or mentally with peers who are ahead of them in development, so can start to see themselves as failures. All these issues can have a negative effect on self-esteem.

### Body image

Body image is the perception that a person has of their physical self. Body image can be positive or negative and is influenced by individual and external factors. Our sense of body image comes from how we see ourselves and how others see us. It may also be affected by unrealistic representations of male and female bodies in the media.

As children and young people grow and develop, their bodies change. Particularly as they go through puberty, these changes mean the way they view themselves and the way they are viewed by others change. As puberty may bring with it changes such as shape changes, acne, weight gain and the growth of body (and in boys, facial) hair, this can affect the individual's body image.

## Section 2: Understand factors which may affect children and young people's mental health

Adolescents face a great deal of pressure to have the right look, the right shape and the right clothes from their peers and from sources such as the media. If they don't feel that their body conforms to what they want it to be – their idea of 'good-looking' – they will have a negative body image. Regardless of the facts, they may think they are ugly or too fat and this, in turn, affects their self-esteem and mental health.

Negative body image, as well as causing distress and anxiety, may also lead to excess dieting or exercising to lose weight or gain muscle. This affects physical health as well as mental health and further reduces resilience to mental health problems. Individuals may isolate themselves because they don't like the way they look and this can lead to depression. Alternatively, a positive body image can raise self-esteem and confidence.

### Rebecca's story

Rebecca was a normal, happy, popular girl until she reached puberty. Then she began to gain weight and developed severe acne. Where she had been keen to go out with friends before, she became withdrawn and spent more time in her room playing video games. Her Mum worried about her but couldn't get her to go out. Talking to her Mum one day, Rebecca said she was ashamed of how she looked and didn't want to go out with people who were all thinner and prettier than her.



## Section 2: Understand factors which may affect children and young people's mental health

### Opportunities and challenges young people may face

Please read the following as it will help you to answer question 19.

During the transition to adulthood, young people will face a wide range of opportunities and challenges. These will mainly relate to where and how they will live, their social networks and what they will do with their lives.

**Knowledge Activity 13:** Write down what you did upon leaving school. What were the choices and opportunities you had? And what were the challenges you faced?




### Where and how will I live?

This question is about much more than an actual house or place. The transition to adulthood should bring with it an element of independence. It should bring opportunities to set out alone and start to live a life that is under your own control. However, the ability to do this may be limited by other factors, such as money and simply finding somewhere suitable to live.

## Section 2: Understand factors which may affect children and young people's mental health

Young people heading off to university will have the opportunity to experience some independence while still being supported by their parents. Others may face the challenge of living at home and still being treated like a child, even though they are working and viewed as an adult in the outside world.

The availability of good, low cost housing is a national problem and most young people leaving home, even if they are in work, will find they are sharing with others in a similar position as they cannot afford their own place.

To summarise, opportunities include:

- Having their own home
- Being more independent
- Going to university and still being supported by parents as an interim

Challenges include:

- The responsibilities that come from living alone for the first time
- Being able to find suitable places to live on a limited budget
- The frustration of being at home when wanting more independence
- Living with others that are not family

### Social networks

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With the transition to adulthood, social networks may begin to change. Leaving school or college can mean losing touch with friendships that may have developed over many years as everyone heads out in a different direction.

New educational or work opportunities bring the challenges of making new friends. Individuals may be faced with being in a new place where they know no one. Many will see this as an opportunity to make new friends and, at the same time, develop new interests. Others may feel isolated and alone.

In addition, by this time, individuals' sexual identity will be developed and they may change the way they look at relationships, thinking about them being more long-term or thinking about living with a boyfriend/girlfriend rather than just seeing them on nights out. This brings its own challenges of adapting to accommodate other people and opportunities to enjoy an adult, intimate relationship of a kind probably not experienced before.

## Section 2: Understand factors which may affect children and young people's mental health

Opportunities are:

- New educational or work opportunities
- The chance to meet new friends
- Excitement over new intimate relationships

Challenges include:

- Fear of being in a new place where they know no one
- Challenges of making new friends
- Adapting to live and work with others

### What will I do?

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One of the biggest questions that young people face as they become adults is what they will do with their lives. Some will have a firm idea that they want to be a builder, or a doctor, or an explorer! And some will set out to achieve this. Others will have no idea what they want to do and may drift a bit before hopefully settling on a plan.

There is a whole range of opportunities for young people. More young people than ever in the UK go to university and there are also vocational courses in colleges and apprenticeships to learn a trade or profession. Unfortunately, the current economy presents a challenge to those who want to go straight into work as there are few unskilled jobs for young people. And where these exist, they can be low paid and provide a low standard of living that brings its own challenges.

The range of opportunities can be confusing and one of the challenges that young people will face is being able to make the right choice that fits their preferences and abilities, but will also meet their needs in terms of how they will make a living.

Opportunities are:

- Opportunity to build a career in something they are interested in
- A range of educational and apprenticeship opportunities

Challenges are:

- The range of opportunities can be confusing
- Limited opportunities for those wanting to go straight into employment
- Low standard of living that some employment opportunities bring for young people

## Section 2: Understand factors which may affect children and young people's mental health

### Filip's story

I had no idea what I wanted to do when I left school, but I knew I wanted to leave home and have a bit more independence. Because I was predicted good A level results, my teachers talked to me about going to university. I applied to Manchester to do an engineering degree and I got in; I started in the September. But actually, living away from my old friends and girlfriend and with other students didn't really suit me at all. I was unhappy. I talked to my Dad about it and he said not to worry – if I really wasn't happy and didn't think that was what I wanted, it was OK to change my mind. A job came up at the care home where my Gran lives. I applied and got the job and I'm happy now. It's really rewarding working with people in the care home and the manager has arranged all sorts of training for me. I don't earn much but Mum says 'money isn't everything'. I'm still living at home at the moment but me and Lena (my girlfriend) are saving up to get a small flat together.



### Different types of abuse

Please read the following as it will help you to answer question 20.

Sometimes, children and young people may be subject to abuse. Abuse can take a number of different forms and will have negative effects on the mental health of the child or young person. The different types of abuse are outlined in the table.

Type of abuse	Characteristics
<b>Physical abuse</b>	<ul style="list-style-type: none"> <li>● Involves contact</li> <li>● Is intended to cause feelings of intimidation, injury, physical suffering or bodily harm</li> </ul>
<b>Sexual abuse</b>	<ul style="list-style-type: none"> <li>● Forcing undesired sexual behaviour on another person</li> <li>● Inappropriate touching of intimate areas</li> <li>● Grooming online or in real life – where an adult builds an emotional connection with a child or young person with the aim of sexually abusing them</li> </ul>

## Section 2: Understand factors which may affect children and young people's mental health

<b>Emotional/psychological abuse</b>	<ul style="list-style-type: none"> <li>● May involve threats or actions</li> <li>● Causing mental or physical harm</li> <li>● Causing humiliation or isolation</li> </ul>
<b>Domestic abuse</b>	<ul style="list-style-type: none"> <li>● Children and young people may experience this themselves or witness domestic abuse of others</li> <li>● Psychological, physical, sexual, financial or emotional abuse by partners or family members</li> <li>● So-called 'honour' based violence</li> </ul>
<b>Modern slavery</b>	<ul style="list-style-type: none"> <li>● The definition of modern slavery includes forced labour and domestic servitude</li> </ul>
<b>Neglect or acts of omission</b>	<ul style="list-style-type: none"> <li>● Passive form of abuse</li> <li>● When someone caring for a child or young person fails to provide adequate care to meet their needs</li> <li>● Includes failing to provide sufficient supervision, nourishment, medical care, etc.</li> </ul>
<b>Female genital mutilation</b>	<ul style="list-style-type: none"> <li>● Also known as female circumcision</li> <li>● The genitals are cut to remove the clitoris and/or the labia, narrowing the vaginal opening or piercing the genitals</li> <li>● It is extremely painful and can cause serious health problems and long-term problems with sex, childbirth and mental health</li> <li>● It is culturally specific, affecting African, Asian and Middle Eastern cultures</li> </ul>

### Binta's story

My family are from Sierra Leone. My sister Asuma and I were both born there. Asuma was cut when she was eight. She was told it was a celebration but she was very ill and nearly died. When it was my time, we had already moved to England where they call the cutting female genital mutilation and it is against the law. My grandmother said I had to be cut and found someone to do it, but my sister told one of the teachers at school and we were both taken into care to protect us. My sister says that is better than being cut. I don't think she has forgiven Mum for letting it happen.



## Section 2: Understand factors which may affect children and young people's mental health

### Different types of bullying

Please read the following as it will help you to answer question 21.

Bullying is unwanted aggressive behaviour from one individual to another based on a real or perceived imbalance of power. Power might be greater physical strength but can also be popularity or access to embarrassing information, for example. The power is used to intimidate and/or control the other person. Bullying is often repetitive. The table shows the different types of bullying.

Type of bullying	What it involves
<b>Verbal bullying</b>	<ul style="list-style-type: none"> <li>Teasing</li> <li>Name calling</li> <li>Taunting</li> <li>Threatening to cause other harm (e.g. physical harm)</li> </ul>
<b>Social bullying</b>	<ul style="list-style-type: none"> <li>Leaving someone out of a social activity or group on purpose</li> <li>Convincing others not to be friends with another individual</li> <li>Spreading rumours about somebody</li> <li>Embarrassing someone in public</li> </ul>
<b>Physical bullying</b>	<ul style="list-style-type: none"> <li>Hitting, kicking or other physical attacks</li> <li>Spitting at an individual</li> <li>Pushing or tripping someone</li> <li>Taking someone else's money or property and destroying it or keeping it for yourself</li> </ul>
<b>Cyberbullying</b>	<ul style="list-style-type: none"> <li>Bullying using mobile phones, tablets or computers</li> <li>Uses messaging and social media apps such as Facebook, Snapchat, Instagram, Xbox Live and YouTube</li> <li>Can take many forms – harassment, denigration, flaming, impersonation, outing and trickery, cyberstalking and exclusion</li> <li>Can go viral and spread very quickly</li> </ul>

## Section 2: Understand factors which may affect children and young people's mental health



**Knowledge Activity 14:** How many of the terms relating to cyberbullying can you explain? Write explanations of the ones you know.

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### Did you know?

Anyone making threats on the Internet could be guilty of a criminal offence. It is against the law in the UK to use the telephone system – and that includes the Internet – to cause alarm or distress.



## Section 2: Understand factors which may affect children and young people's mental health

Cyberbullying terms	What they mean
<b>Harassment</b>	Sending offensive messages which are rude or threatening, or posting insulting comments on posts, photographs or chat rooms
<b>Denigration</b>	Sending fake information that can be damaging, or spreading rumours. This can include altering photographs and posting them online
<b>Flaming</b>	Purposely being extremely offensive online and getting into arguments to cause a reaction
<b>Impersonation</b>	Gaining access to someone's email or social media and using their identity to send offensive material to others, or setting up fake social media accounts in someone else's name
<b>Outing and trickery</b>	Sharing personal information about other people or tricking people into revealing personal information then sharing it with others. This can include photographs and videos as well as private information
<b>Cyberstalking</b>	Repeatedly sending threats or intimidating messages to someone and making them afraid
<b>Exclusion</b>	Intentionally leaving one individual out of group messages – a form of social bullying online

### Caroline's story

A boy I like at school persuaded me to send him a picture of me topless. It was stupid, I know, but I thought it would make him want to go out with me. Next thing I know, all the boys and some of the girls in my year are laughing over it. He'd shared it in a Facebook group he belonged to. My teacher explained that it's against the law for anyone under 18 to send or share pictures like that. They've asked the local police to come in and talk to us all about it.



## Section 2: Understand factors which may affect children and young people's mental health

### Why some individuals are more vulnerable to bullying or abuse

Please read the following as it will help you to answer question 22.

Some factors will make individuals more vulnerable to bullying or abuse. These factors include:

- Low self-esteem – low self-esteem, as you have learned, makes individuals feel they are worthless and not valued. Children and young people with low self-esteem are more likely to be influenced by others, which makes them more vulnerable to abuse. They will also be less likely to report abuse because they don't feel confident about themselves. Bullies often pick up on low self-esteem and will target individuals who already have a poor self image.
- Isolation – where children or young people are isolated, this can make them targets of abuse and bullying. The individual doesn't have the friends or family support they need so abuse and bullying may go unnoticed.
- Difference (real or perceived) – bullies often pick on difference which can be real difference, e.g. different skin colour or sexual orientation, or perceived difference, e.g. where the person believes they are different, e.g. not as clever or not as pretty as their peers. Children and young people who are anxious about difference can also be targets for grooming.
- Physical illness or disability – physical illness or disability can mean that children and young people are less able to defend themselves or gain access to help and support networks. Visible physical disabilities can also be a source of bullying.
- Learning difficulties – children and young people with learning disabilities may not have the mental capacity to understand that they are being abused or bullied. For example, they may think the people they are persuaded to buy sweets for are their friends when really, they are just taking advantage of them. They may also be bullied because of their disability as they are perceived as different.
- Family problems – problems in the family, such as substance or alcohol abuse, extreme poverty, domestic violence, divorce or death of a parent, can all lead to situations where children and young people are neglected or not properly cared for, or where they are themselves subjected to violence or abuse.



## Section 2: Understand factors which may affect children and young people’s mental health

## Section 2: Understand factors which may affect children and young people’s mental health

### The impact of bullying or abuse

Please read the following as it will help you to answer questions 23 and 24.

Being bullied or abused, or witnessing bullying or abuse, may affect a child or young person’s mental health and well-being.



**Knowledge Activity 15:** Have you ever been subjected to bullying or abuse, or witnessed the bullying or abuse of someone else? Think about how this made you feel. If you feel comfortable about doing this, write down some of the things you felt here.


### Witnessing bullying or abuse

Witnessing bullying or abuse can be an extremely traumatic experience. Individuals may feel scared, helpless and guilty for not stepping in to help or stop it – even when in reality, stepping in would, on most occasions, not help or stop what is happening. Children and young people who witness abuse are more likely to:

- Start smoking or drinking
- Take drugs
- Miss school or college and therefore limit their educational opportunities
- Experience mental health problems such as depression and anxiety
- Show angry and aggressive behaviour themselves

The effects of witnessing bullying or abuse can cause long-term mental health problems that can continue into adulthood.



### Janet’s story

For as long as I can remember, I’ve been scared of my Dad. He shouts at Mum all the time, and even hits her sometimes and treats her really badly if she doesn’t do what he says. He tells her she’s an ‘ugly bitch’ and says it’s a good thing she’s got him because no one else would have her. I try and stay out if I can. Me and my friends go down the shopping centre to have a smoke and drink cider at the back of Argos. I start to panic when it’s time to go home. If that’s what it’s like being married to someone, I don’t think I’ll bother.



## Section 2: Understand factors which may affect children and young people's mental health

### Experiencing bullying or abuse

As well as the physical damage that abuse or bullying can cause, it can also cause long-term mental health problems in individuals. For children and young people, these problems may continue into adulthood. Abuse and bullying affects mental health and well-being in lots of ways:

- Social problems – the mistrust and self-hate that can be caused by bullying and abuse can affect social relationships for children and young people a long way into their future. It can mean they have problems relating to others and remain isolated, which may lead to loneliness and depression.
- Emotional problems – children and young people who have been abused or bullied may find it difficult to control emotions or show appropriate emotional responses to situations. They may become angry and aggressive themselves. Again, these problems can continue into adulthood.
- Damage to self-esteem – the damage to self-esteem for individuals who have been bullied or abused can be long-term and may lead them into other abusive or negative relationships as they do not value themselves and will be easily influenced by others.
- Behavioural problems – children and young people subjected to traumatic events such as abuse or bullying may engage in behaviour that is challenging and may develop conduct disorders.
- Mental illness – anxiety and depression are common in children and young people who have experienced bullying or abuse. These illnesses may lead to further problems such as eating disorders and self-harm.
- Substance abuse – research shows that children and young people who have experienced bullying or abuse commonly misuse substances such as drugs and alcohol. This can lead them into other situations where they are vulnerable and have further impacts on mental health and well-being.



## Section 2: Understand factors which may affect children and young people's mental health



### Jake's story

I was ten when my uncle started coming into my room at night. He started by touching me under the bed covers but then he started getting into bed with me and making me touch him too. I didn't know what to do about it. I felt dirty. I daren't tell Mum because he said she'd think it was my fault and also, we had nowhere else to live since Dad left us. I've started drinking now and it makes it not so bad. I take the money from his wallet when he's not looking. Vodka's my favourite 'cos it'll make you forget everything. I'm twelve now.

### Summary

In this section, you have learned about:

- The risk factors that may affect the mental well-being of children and young people.
- The protective factors which may help reduce risks
- The role of resilience in supporting mental health in children and young people
- Ways to help young people recognise risk factors and signs of distress
- The effects of puberty and developmental changes on mental health
- How identity, self-esteem and body image affect mental well-being
- The opportunities and challenges young people face during transition to adulthood
- The different types of abuse and bullying
- Factors that make children and young people vulnerable to abuse and bullying
- The effects on children and young people of witnessing or experiencing bullying or abuse.

## Section 3: Understand the impact of children and young people's mental health concerns

In this section, you will learn about the impacts of mental health concerns on children, young people and others around them. You will look at both short and long-term impacts. You will look at the importance of a formal diagnosis of mental health problems and the barriers that children and young people may face in seeking a diagnosis. Finally, you will consider the reasons why children and young people, or their parents and carers, may be reluctant to seek a diagnosis.

### Wider effects of children and young people's mental health concerns

Please read the following as it will help you to answer question 25.

Mental health concerns have wider impacts than just the effects of the mental health problem itself. Two main areas that can be affected by mental health problems are:

- Family life and relationships
- Education

#### Family life and relationships

Whenever there is illness of any sort in a family, family life can change for everyone. The individual who is ill may require more time and attention from parents, and this can cause siblings to be jealous and unsupportive of the individual and may cause family discord, which may further impact on the mental health of the individual. Mental health problems are particularly difficult as siblings may not understand about mental health concerns because, unlike many physical illnesses, there are no visible symptoms. For example, the individuals will not stay in bed or, necessarily, be taking medicines.

Impacts on family life may also be financial if one or both parents need to take time out from paid work to support the child or young person. This can also lead to family arguments and discord, as well as the family standard of living being directly affected.

Because of the emotional and behavioural issues that can be related to mental health problems, the balance of the family and of other relationships can be upset. The child or young person may fail to relate to family members and others, or other people may be put off from persevering with a relationship because of the child or young person's behaviour, which may be challenging. This can be especially true of relationships with peers who may not understand the illness and its effects. This can leave the child or young person without the emotional and psychological support they need.

## Section 3: Understand the impact of children and young people's mental health concerns

### Education

Education is affected by mental health problems due to a child or young person's absence from their educational programme and due to the effects of mental health problems on their ability to learn and achieve. Absence may be due to treatment and recovery or due to the child or young person's truancy that is part of their attempt to cope with the illness or an effect of behaviour that is challenging.

Mental health problems such as anxiety, depression and conduct disorders affect the concentration of individuals and their ability to learn, which means that even where they attend classes, they may not achieve. If they engage in behaviour that is challenging, this may also disrupt other learners and lead to the individual being excluded from classes. Where individuals fail to learn and achieve, this will affect their chances of success in the future, even into adulthood.

#### Greg's story

I had a lot of problems with my behaviour when I was younger. My counsellor called it a conduct disorder. I wouldn't do as I was told and, more often than not, I skipped school and went down the canal. It meant I left school with no qualifications and no chance of getting a job.



## Section 3: Understand the impact of children and young people's mental health concerns

### Short and long-term impacts of mental health

Please read the following as it will help you to answer question 26.

The potential impacts of mental health concerns are not just the immediate concerns, some of which we have discussed above, but can be longer-term and persist into adulthood, affecting life chances, quality of life and adult health.



**Knowledge Activity 16:** Lots of life events may cause us to become distressed or anxious, and this can interrupt our lives, disrupt relationships and have long or short-term effects. Thinking about a time when you felt distressed or anxious about something, write down the impacts that this had on your life. For example, it may have meant you had to take time out from work or missed out on a promotion.


This will help you understand the potential impacts that mental health concerns can have on someone's life.

## Section 3: Understand the impact of children and young people's mental health concerns

### Short-term impacts

Short-term impacts of mental health concerns are:

- Breakdown of family and other relationships due to behaviour or withdrawal of individual
- Loneliness and isolation due to inability to interact with people and poor relationships
- Truancy and disrupted education
- Substance abuse, e.g. drugs and alcohol either as part of behaviour that is challenging or to try and overcome emotional distress and anxiety
- Teenage pregnancy which tends to be higher in those with mental health problems perhaps due to inappropriate sexual behaviour or inappropriate relationships
- Criminality which may arise from behaviour, e.g. shoplifting, or as a result of drug or alcohol abuse
- Physical problems arising from mental health problems such as eating disorders, which may cause changes to hair and skin, tooth decay, constipation, diarrhoea, bloating and absence of periods, or from self-harm, which could lead to injury or infection
- Reckless behaviour which may put the child or young person at risk from exploitation, abuse, illness or injury



#### Aisha's story

I'm fifteen and I live with my Aunt and Uncle, as my parents died in a car accident a couple of years ago. I miss them and get very upset and angry that they're not here. When I feel bad, it helps to cut myself; it's like I'm releasing the tension and it helps me to relax. The cuts on my arms became infected and I was in hospital with blood poisoning. I was really poorly. I thought I might die. I'm seeing a counsellor now and he's helping me find other ways to manage my feelings. My Aunt has made me a beautiful photo album of my Mum and Dad and included stories about the things they did when they were young. It's helping to think and talk about them more instead of keeping everything to myself.

## Section 3: Understand the impact of children and young people's mental health concerns

### Long-term impacts

Research shows that in the longer-term, there are also impacts of mental health problems. For children and young people, these include:

- A higher risk of depression in adult life
- Suicidal behaviour leading to injury or death
- Poor educational attainment and leaving education with no qualifications
- Lower potential earnings in adulthood due to dropping out of education or failing to achieve
- A higher risk of being a single parent due to teenage pregnancy
- A higher risk of ending up in prison
- Poor employment opportunities
- Interpersonal difficulties and isolation due to lack of social skills and low self-esteem
- A higher risk of long-term drug or alcohol dependency
- A higher risk of obsessive behaviours
- Long-term physical health problems, e.g. from eating disorders causing dental problems, increased risk of heart failure, brittle bones, kidney stones and renal failure and infertility, or from failure to look after themselves physically due to mental health problems, e.g. lack of healthy diet and lifestyle
- Reduced life expectancy due to poorer physical health

#### Did you know?

People with mental illness, e.g. schizophrenia or bipolar disorder, die on average 16 to 25 years sooner than the general population.



## Section 3: Understand the impact of children and young people's mental health concerns

### Impact on others of a child or young person's mental health concerns

Please read the following as it will help you to answer question 27.

It's not just the child or young person that is affected by their mental health concerns. Others can be affected too.

#### Tamsin's story

I have two children – a boy and a girl aged ten and twelve, respectively. When Jennifer was diagnosed with a serious eating disorder, it caused big problems for us. I had to give up my part-time job to make sure that she had the care and attention she needed and to make time to take her to see counsellors and specialists who were supporting her with her illness. Whilst we could manage financially on my husband's income, this meant we couldn't afford the little extras, like days out, treats and extra presents at Christmas. The cost of travelling to see specialists also cost money, which had a further impact. Daniel had a hard time understanding what was wrong with his sister. He became argumentative and started telling us he was too ill to go to school, I think in an attempt to get some attention. In retrospect, we were so worried about Jennifer that we probably didn't give him the attention he needed and I feel very guilty about that. The counsellor was really helpful. She suggested a family counselling session and local support groups where Daniel could get involved too. He understands more now and I'm really proud of how he now supports his sister.

As you can see from Tamsin's story, living with a child or young person with mental health problems can impact on others, especially the child or young person's family or others they are living with, e.g. legal guardians or in a child care facility.



### Section 3: Understand the impact of children and young people's mental health concerns

Impacts can include:

- Stress and anxiety – it will be stressful caring for a child or young person who has a mental health problem and worrying about what might happen to them. Further stress can arise from attitudes of others in the family. Children and young people may also engage in behaviour that is challenging and this can be another source of stress. Stress can lead to breakdown of the parent or carer's own relationships with others in the family.
- Guilt and fear – parents and carers often feel guilty about a child or young person with a mental health problem, as if it is somehow their fault the individual has become ill. They may also be frightened of what will happen to the child or young person. This, in turn, causes further stress.
- Social isolation – parents, carers and families of children with mental health problems can find that they become socially isolated as their time is taken up caring for the child, or they can feel self-conscious about their child's behaviour and stop socialising. This means they become cut off from sources of emotional and practical support.
- Family discord – stress and resentment of the parent, carer and others may cause a strain on family relationships. Other family members, especially brothers and sisters of the individual, may resent the time and attention given to the individual. This can cause more stress and feelings of guilt in parents and carers, who may also feel resentment of their own at being put into this situation. Other issues, such as having to give up employment to care for an individual, can also lead to resentment and family discord.
- Effects on own mental health – the pressure of looking after a child with mental health problems can lead to anxiety and depression in the parents or carers as they struggle to come to terms with the situation. If their coping strategies are poor, this could lead to other problems such as alcohol abuse.
- Financial effects – where a parent or carer has to leave employment to care for an individual, or even where treatment means travelling to various appointments, this can have financial implications, which can put further strain on the family and living situation.

### Section 3: Understand the impact of children and young people's mental health concerns



**Knowledge Activity 17:** Think about a time when you have been stressed or anxious. Write down how this affects how you react to family and friends.

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#### Services to support positive mental health

Please read the following as it will help you to answer question 28.

Where a child or young person is believed to have or has a diagnosed mental health disorder, they will be referred to the Child and Adolescent Mental Health Services (CAMHS). However, research shows that many mental health problems in children and young people can be avoided if there is good support for their positive mental health. There are a range of services that can support positive mental health and early intervention to prevent the escalation of mental health problems.

These services include:

- Health visitors – health visitors visit families in their homes from the time a baby is born until they begin school. They may also work in baby clinics based at local surgeries or hospitals. They are qualified nurses with specialised community support training who can offer advice on positive mental health in children, identify risk factors and mental health concerns and support children and their families, including referral to specialist organisations where required.

## Section 3: Understand the impact of children and young people's mental health concerns

- School nurses – school nurses visit schools, advise on health problems and can offer advice to children, their teachers and families on the promotion of positive mental health, as well as identifying risk factors and signs of mental ill-health.
- GPs – GPs can offer advice on positive mental health and refer children and young people to specialist services. They may also have information about local self-help groups.
- Sure Start – Sure Start are children's centres set up by the local authorities in disadvantaged areas to offer local support to parents and young children of pre-school age. They assess needs in the local area, provide access to early years care, offer support to families and children and work with health visitors and social workers.
- Schools – the government has identified that schools should take a role in promoting positive mental health and is looking at making the teaching of Personal, Social and Health Education (PSHE) compulsory in schools, as well as encouraging the training of school staff in awareness of mental health problems.
- School counsellors – some schools have school counsellors who can work within the school, promoting positive mental health and supporting the needs of children and young people with mental health issues.
- Charity organisations such as Place2Be ([www.place2be.org.uk](http://www.place2be.org.uk)), the mental health charity Mind ([www.mind.org.uk](http://www.mind.org.uk)) and YoungMinds ([www.youngminds.org.uk](http://www.youngminds.org.uk)) offer services and information about promoting positive mental health and supporting children and young people with their mental health. In particular, Place2Be works within schools to deliver services and provide resources.
- Local self-help groups – most areas will have self-help groups for parents, children or young people who are concerned about mental health issues. You can access these through a local GP surgery or find information about available groups through some of the mental health support websites mentioned previously.
- SENCO – in schools, special educational needs co-ordinators may support students with mental health concerns in meeting their educational needs and will meet with others to ensure co-ordinated care.
- Pastoral care staff in schools – schools may have personal tutor systems or other strategies to provide pastoral care for children and young people within schools. Pupils would be encouraged to share any problems with tutors and can be referred to other relevant professionals where required.

## Section 3: Understand the impact of children and young people's mental health concerns



**Knowledge Activity 18:** Find out about self-help groups which promote or support mental health in children and young people in your local area. List them here. (Tip: try an Internet search, one of the mental health charity websites or the local GP surgery.)


### How cultural beliefs and social attitudes can affect expectations of diagnosis of mental health concerns

Please read the following as it will help you to answer question 29.

Cultural beliefs and social attitudes – beliefs, attitudes, values, etc. – influence individual perceptions and expectations. Different cultures will have different views of mental illness. Some view mental illness as something to be ashamed of, others will view it just as another illness to be treated and some cultures may not recognise some mental health problems as illness at all.

There will also be a range of social attitudes to mental illness. Some people may hold stereotyped views of mental illness – for example, believing all individuals with mental illness are violent or believing that individuals with mental health problems should not be allowed to live in the community.

All these beliefs, opinions and views will have an impact on whether an early diagnosis or any diagnosis will be sought for a child or young person.

## Section 3: Understand the impact of children and young people's mental health concerns

A child or young person with negative beliefs about mental health problems may try to hide feelings or behaviour that would identify them as having a mental health problem. They may also suffer stress and anxiety over what might happen to them should they be diagnosed with a mental health problem and fear for the future if they are not aware that mental health problems can be treated and prevented. This could lead to an escalation of the problem.

Where cultural beliefs do not accept the existence of mental health problems and do not identify the symptoms, there may be a positive effect in that the child or young person is not treated differently or discriminated against, but effects here could also be negative if the child or young person really needs treatment to cope with the problem.

Others around the individual – family and carers, for example – may also hold beliefs that will affect the diagnosis of mental health problems in the child or young person. Negative beliefs or lack of awareness may lead to them ignoring signs that could indicate a problem or not supporting the individual in diagnosis or treatment. Fear may also be a factor, in that they hope the problem will disappear and would rather ignore it than face the fact that the child or young person may need help.

In addition, some behaviours that one culture may perceive to be problematic may be part of the cultural norms in another culture. For example, prolonged mourning for a loved one might be seen as problematic in some cultures (as a sign of depression setting in), whereas it may be expected in others.

### Did you know?

There are no physical tests for psychological disorders so assessment must be based on what the individual says and does, or the concerns of people around them about what the individual says and does. As cultures recognise different behaviours differently, this can make it difficult to diagnose mental illness.

### Aiko's story

In my culture, mental health problems are seen as a weakness, so when the counsellor at college said she thought I was suffering from depression, I was scared to tell my family and felt ashamed because I would be a disappointment to them. The counsellor explained that mental health problems were nothing to be ashamed of, but I found it very hard to tell my family about it. At first, they did not know how to respond to it but now they see I am getting help and getting better, they are much more supportive.

## Section 3: Understand the impact of children and young people's mental health concerns

### Importance of support and formal diagnosis

Please read the following as it will help you to answer question 30.

Untreated, mental health problems can escalate and can persist into adulthood. You have learned about the long-term impacts that mental health problems can have on the life of an individual. In addition, research has shown that early diagnosis improves the chances of successful treatment and avoidance of future problems.

If children and young people do not receive a formal diagnosis, they may not receive the most effective treatment to enable them to recover fully from the illness. They may also not receive the support they need alongside treatment. This might include better understanding by family and friends, support from teachers, schools or colleges so that the child or young person can continue their studies and achieve in education, and financial support that may be available for the individual and their family, such as personal independence payments.

### Bahnam's story

I was having real problems at school and although the school suggested that my parents might like to take me to my GP or a counsellor, they insisted it was just bad behaviour and punished me for it by stopping me going out with friends and taking away my computer games. The situation got worse and worse until I ended up in hospital with alcohol poisoning. The hospital referred me to their psychiatric services who diagnosed a conduct disorder and anxiety. I was offered counselling and am feeling more positive every day. I am upset that it wasn't diagnosed earlier as it means I've missed a lot of school and I don't know how I'll catch up. I'm talking to my teachers about repeating a year. I was cross with my parents to begin with but I realise it was fear of me being labelled as 'crazy' that meant they tried to ignore the problem.





## Section 3: Understand the impact of children and young people's mental health concerns

### Barriers to diagnosis

Please read the following as it will help you to answer question 31.

Children and young people may face barriers in seeking a diagnosis for a mental health problem, which means that they don't get the treatment and support that they need. Barriers may include:

- Lack of awareness – a lack of awareness of mental health problems may mean that parents, teachers and others involved with a child or young person may not identify the signs of mental ill-health.
- Children and young people themselves may not understand their feelings and behaviours or the implications for their mental health, so do not make others aware of them.
- Cultural beliefs or social attitudes may prevent mental illness being identified.
- Family situation – if a child or young person has a poor family situation where parents are absent or not supportive, any symptoms may go unnoticed.
- Children and young people and their families may be unable to access the services and support required. Cuts to health services mean that waiting lists can be long and that individuals may need to travel long distances to access support.
- Lack of integration of health and care services – if health and care services in an area are poorly integrated, problems may not be raised with the right professionals at the right time for the individual to receive the support and diagnosis they need.
- Lack of focus on early intervention – the importance of early diagnosis and intervention has only recently been acknowledged, and so services may not be in place to support early diagnosis.
- Insufficient training of professionals – there are insufficient professionals recruited and trained in psychiatric services across the UK and many will not be experienced or trained in the diagnosis of problems in children and young people. This may lead to non-diagnosis or misdiagnosis.

## Section 3: Understand the impact of children and young people's mental health concerns



### Halden's story

Halden is my son and he is four. He started school in September and I thought he'd be fine. He'd been attending a nursery two mornings a week and loved it. I noticed he was very clingy, got upset very easily and woke up scared in the night. At school, they said he didn't concentrate and became irritated with the teachers and the other children. I mentioned it to my GP when I went to see him about something else and he said it sounded as if Halden was anxious. He suggested I talked to him about his feelings. I talked to Halden and he said he didn't like school because he didn't know when I was coming back for him. Being used to the half days at nursery, he was concerned that I wasn't coming back. It was separation anxiety. I now tell Halden every day that I'll be collecting him later and tell him what we will be doing or what he will be having for tea to remind him that I'll be back later. His teacher helps by reminding him too. He seems much better now. I wish I'd talked to my GP earlier but I hadn't realised young children could have an anxiety disorder.

### Reasons for reluctance to seek diagnosis

Please read the following as it will help you to answer question 32.

Children and young people may be reluctant to seek a diagnosis for a variety of reasons:

- Cultural beliefs and social attitudes may affect their beliefs about mental health problems.
- They may feel shame or stigma in relation to mental illness.
- They may worry about what other people – especially friends and family – will think of them.
- They may worry about being treated differently, bullied or discriminated against.
- They may be reluctant to mention concerns to counsellors or others for fear that they will not keep the information confidential.
- They may be frightened about the treatment for a mental health problem and what it may involve, e.g. they might be frightened they will be put in a hospital, or about the effects of taking medication.
- They may worry about the problem or stress it will cause to their family.
- They may worry about the impact it will have on educational and employment opportunities in the future, having a mental illness on their health record.

## Section 3: Understand the impact of children and young people's mental health concerns

### Toby's story



For as long as I can remember, my Mum has been ill. She tries to do as much as she can for herself, but she needs looking after. Now it's just me and Mum, I need to do the looking after. Gran used to do a lot but she died last year. I miss Gran. I started not sleeping very well and not wanting to get out of bed in the mornings. I had bad dreams about what might happen if Mum died and I was left on my own. I got so I didn't want to leave her in case something happened. I'm not daft though. I knew these thoughts were silly. We watched a video in PSHE at school about anxiety and depression and I thought maybe I had some of the symptoms. I was scared to tell anyone at first though, in case they said I shouldn't be looking after Mum and they separated us. In the end, I talked to my PSHE teacher and she suggested I might like to talk to the school nurse. She also said not to worry about being separated from Mum and told me about a young carers group I could go to, where I'd meet other young carers like me.

### Summary

In this section, you have learned about:

- The impact that mental health concerns can have on children and young people
- The effects on others of the mental health problems of children and young people
- Short and long-term impacts of mental health problems
- Services to support positive mental health in children and young people
- Reasons why it is important to seek formal diagnosis and support
- The barriers to formal diagnosis for children and young people
- Reasons why young people might be reluctant to seek support and diagnosis.

## Section 4: Extension activities

Further your knowledge and understanding of the topics in this workbook by completing the following extension activities.

### Understand children and young people's mental health in context



**Extension Activity 1:** Write the text for a leaflet aimed at young people to try and raise awareness of mental health problems and how common they are in young people.

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## Section 4: Extension activities



**Extension Activity 2:** Write a guide to mental capacity and what it means for children and young people with mental health problems.

Blank lined area for writing the guide on mental capacity.

## Section 4: Extension activities

### Understand factors which may affect children and young people’s mental health



**Extension Activity 3:** Research the signs of anxiety in children and young people and write a guide aimed at children and young people about how to recognise the signs and what to do about them.

Blank lined area for writing the guide on signs of anxiety.

## Section 4: Extension activities



**Extension Activity 4:** Research cyberbullying and write information for a webpage about it, including how it can affect the mental health of children and young people.

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## Section 4: Extension activities

### Understand the impact of children and young people's mental health concerns



**Extension Activity 5:** Research one culture and write a description of how they view mental illness and the impact this has on the way individuals with mental illness might be treated and on whether they receive the support they need.

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DEPRESSION

## SUPPORT SERVICES

### Disclaimer

Every effort has been made to ensure that the information contained within this learning material is accurate and reflects current best practice. All information provided should be used as guidance only, and adapted to reflect local practices and individual working environment protocols.

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**CACHE Level 2**

# Certificate in Understanding Children and Young People's Mental Health

DUTY OF CARE

RISK FACTORS

DISCRIMINATION

SAFEGUARDING

EARLY INTERVENTION

STRESS AND ANXIETY

## Workbook 2



## How to use your learning materials

This course is delivered on a flexible learning basis. This means that most of your study will take place away from your Assessor/Tutor. It helps to carefully plan your studying so that you get the most out of your course. We have put together some handy tips for you below.

### Study Guidance

- Try to plan an outline timetable of when and where you will study.
- Try to complete your work in a quiet environment where you are unlikely to be distracted.
- Set realistic goals and deadlines for the various elements of your course.
- Plan what you are going to study during each session, and try and achieve this each time.
- After each session, reflect on what you have achieved and plan what you hope to complete next time.
- Remember that not only do you have the support of your Assessor/Tutor, but it is likely that your family, friends and work colleagues will also be willing to help.

### Assessor/Tutor Support

Your Assessor/Tutor will be available to support and guide you through the programme. They are experts in your area of study and are experienced in helping many different types of learners.

They can help you to improve the standard of work you submit and will give you useful feedback on areas in which you have excelled, as well as where you can improve.

Remember to listen to, or read, their feedback carefully. Ask if you are unsure about any of the feedback you receive as your Assessor/Tutor is there to help.

Make note of any tips they give. Refer to the learning materials as they contain the information you need to complete the end-of-unit assessments.

Look out for areas in which you can improve, and set yourself an action plan to make sure you complete the required work.

Take positive feedback on board; this demonstrates you are doing things right and have a good understanding of the subject area.

Use the feedback to avoid repeating any mistakes you may have made.

### Enjoy your studies!

# CACHE Level 2 Certificate in Understanding Children and Young People's Mental Health

## Workbook 2

### Workbook Contents

This workbook will develop your knowledge of the mental health concerns and conditions affecting children and young people. You will learn about the behaviours that may indicate concerns and conditions. You will explore the support that is available for children and young people's mental health, including the services and treatments available.

#### Contents

This workbook contains three sections:

	Page
Section 1: Understand children and young people's mental health concerns	4
Section 2: Understand how to support children and young people with mental health concerns	36
Section 3: Extension activities	68

Each section has a corresponding assessment that must be completed in order to achieve this part of the programme.

The assessments for this workbook can be found in:

#### Assessment 2

When you have completed this workbook, you should attempt the assessment. Your Assessor/Tutor will then give you detailed written feedback on your progress.

The screenshot shows the 'Assessment 2' form. It has a header with the course title. Below that is a section for 'Learner contact details' with fields for Name, Contact address, Postcode, Contact number, and Email. The next section is 'Learner declaration', where the learner confirms the answers are their own. It includes a line for the learner's signature and the assessment date. A note states: 'If you need any help in completing these Assessments, refer to the relevant section within Workbook 2, or contact your Assessor/Tutor.' The final section is a status declaration with a grid of checkboxes for various employment and study statuses, such as 'EMP 1: In paid employment for 16 hours or more per week', 'EMP 2: In paid employment for less than 16 hours per week', 'EMP 3: Self-employed for less than 16 hours per week', 'EMP 4: Self-employed for 16 hours or more per week', 'NFE 1: Not in paid employment, looking for work and available to start work', 'NFE 2: Not in paid employment, not looking for work and/or not available to start work (including retired)', 'VOL 1: Voluntary work', 'GAP 1: Gap year before starting HE', 'EDU 1: Traineeship', 'EDU 2: Apprenticeship', 'EDU 3: Supported Internship', 'EDU 4: Other FE\* (Full-time)', 'EDU 5: Other FE\* (Part-time)', 'EDU 6: HE', and 'OTH # (please state)'. A small '1' is visible in the bottom right corner of the form area.

Upon successful completion of this qualification, learners will be awarded the NCFE CACHE Level 2 Certificate in Understanding Children and Young People's Mental Health: 603/2813/7. This CACHE branded qualification is certificated by the Awarding Organisation NCFE.

## Section 1: Understand children and young people's mental health concerns

In this section, you will learn about the behaviours displayed by children and young people that may indicate a mental health concern. You will also explore common mental health conditions that may affect children and young people.

### Behaviour associated with mental health concerns

Please read the following as it will help you to answer question 1.

Often, the most obvious signs of mental health problems in children and young people are behavioural ones. This does not mean that all unwanted behaviour is a sign of mental illness and only medical professionals are qualified to make a formal diagnosis. However, anyone working with children or young people needs to be aware that certain behaviours could indicate a mental health concern.

There are a range of behaviours that may give cause for concern and we will look at the main ones here.

### Distress

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It can be difficult to identify signs of distress in children and young people as these can often present as physical symptoms, such as stomach ache, headaches and nausea. If these physical symptoms are frequent, it may be worth mentioning to a parent, counsellor or medical professional as appropriate. Other signs may include:

- Sadness that is ongoing
- Being irritable all the time
- Lack of interest and motivation
- Tiredness and fatigue
- Lack of concentration
- Change in sleep patterns – not sleeping or sleeping more than usual
- Change in eating and/or weight – eating more or less than usual or losing or gaining weight
- Being indecisive
- Lack of confidence
- Tense, unable to relax and/or constant fidgeting
- Disruptive behaviour in school or other group situations

# Section 1: Understand children and young people's mental health concerns

## Withdrawal

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Withdrawal may be a sign of mental distress or illness. This will usually be indicated by a lack of interaction with others, and the individual may become quieter and may spend large amounts of time alone.

## Truancing

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Not attending school regularly should always be a cause for concern but may indicate a mental health issue. Particular care needs to be taken to monitor young people who are in college or apprenticeship situations where patterns of attendance may not be as easy to identify.

## Avoidance of specific situations

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Where stress or anxiety is caused by specific situations, the child or young person may try to avoid these. These may include situations where the child or young person is being bullied, or any social situations if they suffer anxiety about social situations.

## Substance misuse

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Children and young people may turn to drugs and/or alcohol to counteract their feelings of depression, anxiety or stress. Signs of drug or alcohol use may include:

- Lying and being secretive
- Looking ill, lacking energy, being tired and/or appearing dopey
- Changes in eating habits – eating more or less can indicate effects of drug use
- Lack of interest in activities and people that used to be important to them
- New friendship groups
- Stealing to fund alcohol/drugs
- Smell of alcohol or cannabis or use of mints, strong perfumes, etc. to try and hide smells
- Becoming more talkative or quieter than usual

## Section 1: Understand children and young people's mental health concerns

- Appearance and behaviour, e.g. dilated pupils may indicate drug use, sores around mouth can indicate solvent abuse, and slurring words and being unsteady on feet may indicate drunkenness
- Finding cigarette papers, bits of tin foil, bags with drug residue or empty alcohol bottles

### Violence

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Changes in behaviour that involve the child or young person becoming violent or aggressive may indicate concerns with mental health. This can range from the individual becoming more irritable to them actually hitting out at people or becoming involved in fights at school, for example.

### Self-injurious behaviour

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Self-injurious behaviour or self-harm may include cutting, rubbing, scratching, burning, hitting, pulling out hair, self-poisoning (taking substances such as alcohol, drugs, etc. to make themselves sick) and, in the worst case, suicide. It is a response to anxiety or stress but can become a long-term problem unless the underlying mental concern is addressed. Signs to look out for include:

- Scars usually on arms, legs or front of torso
- Fresh wounds or burns
- Keeping sharp objects or matches close by
- Wearing long sleeves even when it is warm
- Unwillingness to undress in front of others, e.g. when changing for PE
- Being sick frequently or other signs of taking drugs, alcohol, etc., e.g. empty packets or bottles
- Other behavioural changes such as withdrawal, irritability, lack of interactivity, etc.

# Section 1: Understand children and young people's mental health concerns

## Any changes in behaviour

Whenever the behaviour of a child or young person changes suddenly, this should raise questions as it could indicate a problem in their lives and/or a mental health concern. Examples might be a good student becoming less conscientious, a noisy or extroverted individual becoming very quiet and withdrawn, or a quiet individual becoming aggressive. Where any changes in behaviour are noted, it is worth reporting these to appropriate people, e.g. pastoral staff or tutors in schools, for further investigation.



### Jamie's story

Jamie was quite a quiet five-year-old who generally did as he was told in school. His class teacher identified a change in his behaviour. He began bullying some of the smaller children and became disruptive in class. Further investigation indicated that his parents had split up and there was some dispute over which parent would have custody of Jamie and his sister. Jamie was experiencing anxiety and distress about his home situation and this resulted in the change in behaviour. Once this was identified, the parents worked with teachers and a specialist counsellor to ensure Jamie received the support he needed.

## How children and young people express feelings through behaviour

Please read the following as it will help you to answer question 2.

Behaviour is a form of communication. Feelings such as frustration, fear, sadness, discomfort, boredom and confusion, as well as a range of other emotions, might be expressed through behaviour in a child or young person. This can be because they do not have the words to express what they are feeling, they do not recognise what the feeling is or know what to do about it, or they are afraid to talk about it, for example.

Younger children may not understand their feelings and often will not have the vocabulary to express them. Feelings may be expressed through tantrums, throwing things, becoming withdrawn or sometimes through play or drawing. If a child's imaginative play involves lots of fighting or scary situations, this may be an expression of something they are feeling. In most children, tantrums will stop by the time they start school because they have more language and social skills.

## Section 1: Understand children and young people's mental health concerns

Young people going through puberty may not understand the changes that are happening to them and fear, plus hormonal changes, can lead to behaviours such as irritability, aggression and defiance, for example. The self-esteem and self-confidence issues often experienced by teenagers can mean changes in behaviour that involve them trying to fit in with peer groups and challenging adult authority.

For children and young people with learning difficulties, learning disabilities or health conditions, the incidence of behaviour that is challenging can be higher as they have more issues to cope with that can lead to frustration or fear. Where there are communication issues, it is more likely that the child or young person will communicate strong feelings through their behaviour. They may have a lower resilience due to their illness or disability, or the illness or disability may make the child or young person less able to understand their own emotions.

Children and young people on the autistic spectrum often have mental health concerns such as anxiety and these can be missed because they are unable to recognise and express their emotions.



### Han's story

Han's mother noticed that when four-year-old Han was playing with his toys, he created situations where the toys were fighting and hitting one another. She talked to Han about his games, commenting that they looked a bit scary, and identified this was Han's response to a difficult situation in the home. Neither parent had realised the effect on Han of their arguments with his teenage sister who was rebelling against her parents and their conservative culture. Han, who was used to harmony in his home life, was upset and anxious about the arguments which were, in fact, usual teenage behaviour. Han was too young to understand or explain what he was feeling.



### Keitaro's story

I'm fifteen years old and I hate the way my parents treat me like a child. I get teased at school because they've seen me out shopping for clothes with my Mum and I'm worried about not fitting in. I love my parents and I don't mean to get angry with them but I'm feeling so frustrated with everything. It makes me want to hit out at them and not do anything they ask me to. My school marks have gone down and that's given my Dad another reason to get at me. I spend most of my time in my room when I'm at home, staying out of their way. Mum says I'm just being a teenager, but I don't think it's just that. I can't see where my life is going at the moment and I feel very alone.

## Section 1: Understand children and young people's mental health concerns

### Harmful behaviour that may be used as a way of coping

Please read the following as it will help you to answer question 3.

Harmful or destructive behaviour is generally a response to the distress or anxiety the child or young person is feeling. When discussing such behaviour, children and young people generally explain that it makes them feel better and describe feeling a sense of relief when they engage in such behaviour.

Harmful and destructive behaviours can include:

- Self-injury or self-harm – children and young people describe the effects of self-harm as being like a release from their feelings.
- Alcohol or substance abuse – alcohol and drugs change an individual's mood so may make them feel better or mean that they forget about their problems for a while. This may lead to further drug and/or alcohol abuse as they try to replicate the feeling. Self-poisoning may also lead to children or young people taking excess amounts of drugs or alcohol to make themselves sick.
- Violent or destructive actions – harmful behaviour does not always involve direct self-harm. Becoming violent and aggressive towards others puts the individual at risk physically, affects inclusion at school and increases risk of criminal conviction. Behaviour may also involve vandalism or other destructive behaviour which, again, can isolate and lead to punishment or criminal conviction.
- Engaging in harmful behaviour – other behaviours such as reckless sexual behaviour, stealing or shoplifting are also harmful to well-being and can have a destructive effect on the individual's future.
- Suicidal intent – in worst case scenarios, harmful behaviour may involve attempted or actual suicide or death from self-injurious behaviour. Repeated threatened or attempted suicides may be seen as a cry for help. Overdoses, cutting wrists, hanging or stepping out in front of vehicles (cars or trains) are all ways of committing suicide.





# Section 1: Understand children and young people’s mental health concerns



**Knowledge Activity 1:** We have already mentioned self-harm. List the different types of self-harm.

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Self-harm can lead to further problems if infection or serious injury results from the behaviour.



**Did you know?**

The incidence of self-harm amongst children and young people is increasing. A 2017 UK study showed rates of self-harm as 37 in 10,000 for girls and 12.3 in 10,000 for boys. Other findings showed that there had been a 68% rise in rates of self-harm in girls since 2011.

(<https://www.nhs.uk/news/2017/10october/Pages/Worrying-rise-in-reports-of-self-harm-among-teenage-girls-in-UK.aspx>)

## Section 1: Understand children and young people's mental health concerns



### Karin's story

I'd always had a hard time at home and making myself feel ill was my way of coping. I knew just how much alcohol and painkillers I could take to make me feel really ill but not make me bad enough to need hospital treatment. I couldn't help myself. One day, I did take too much and ended up in hospital. They referred me to a counsellor and now, I hardly ever feel like I need to make myself ill. When I do, I have people I can contact and talk to.

### Importance of early intervention when there are behavioural concerns

Please read the following as it will help you to answer question 4.

Where there are any concerns about the behaviour of a child or young person, these should be addressed as soon as possible and the question of whether behaviour is a response to emotional distress or mental illness raised. Early intervention is important to ensure that the behaviour does not become a long-term response and in order to address any underlying depression or anxiety. The longer behaviour goes unchecked, the more likely it will become harmful to the child or young person by affecting their physical or mental health or damaging their life chances, by disrupting education or resulting in criminal conviction, for example. Self-harm in particular can lead to permanent scarring or injury, and there is always the risk that if underlying issues are not addressed, this leads to suicide.

Early intervention can ensure that children and young people learn more appropriate responses to stress and anxiety or traumatic events and can be supported to build resilience to help them to cope with difficult life phases and events. Where behaviour is not addressed, mental health concerns may continue into adulthood and may develop into more serious mental illness.





# Section 1: Understand children and young people's mental health concerns

## Anxiety

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Where stress is something that comes and goes depending on the factors, pressures or threats that are causing it, anxiety is something that persists whether or not its cause is clear to the individual. Anxiety is a prolonged symptom of stress which can affect the quality of life for an individual. Anxiety is a nervousness, fear or apprehension. It can cause panic attacks, feelings of impending doom and physical symptoms such as heart palpitations, shortness of breath and chest pain. This can be very frightening for the individual.

There are a variety of specific anxiety disorders that may affect children and young people. These include:

- Specific phobias – these are fears of specific things such as the dark, dogs or cats, for example, and most children will grow out of them.
- Social anxiety disorder – where the child or young person has an extreme fear of being criticised in social situations.
- Generalised anxiety disorder – where the individual seems to worry about everything in their lives, e.g. going to school, not going to school, etc.
- Separation anxiety – usually occurs in young children when they go to school for the first time or when they are separated from parents or carers due to accident or illness, etc.
- Panic disorder – recurring panic attacks that may be triggered by apparently minor events.



### Jess' story

The first time I had a panic attack was when I had to stand up in front of the class at school and give a presentation. I didn't know what it was. I thought I was having a heart attack or something. My heart was racing, I couldn't breathe and I had a pain in my chest. My teacher recognised what was happening and made me take slower breaths and told me to relax. She reassured me and said I didn't need to worry about the presentation. Afterwards, she explained about panic attacks and suggested I mentioned it to my doctor.

## Section 1: Understand children and young people's mental health concerns



### Did you know?

90% of school leaders have reported an increase in the number of students experiencing anxiety or stress over the last five years.

(<https://youngminds.org.uk/media/1428/wise-up-prioritising-wellbeing-in-schools.pdf>)

## Relationship between resilience and stress

Please read the following as it will help you to answer question 6.

In Workbook 1, you learned that resilience is the ability to recover quickly from difficult situations and to be able to adapt to changes in life. Some people describe it as the ability to bounce back after a setback.

Resilience is what makes some children and young people more able to cope with stress than others. If a child or young person is resilient, they are more likely to find a positive way to deal with stress and overcome problems and to find ways to adapt to new situations. If a child or young person is not resilient, they may use negative coping strategies, such as turning to alcohol or drugs, or experience long-term anxiety problems and poor mental health.



**Section 1: Understand children and young people’s mental health concerns**

**Possible causes of stress and anxiety in children and young people**

Please read the following as it will help you to answer question 7.

There are many possible causes of stress and anxiety in children and young people. Before going on to read about them, try the following activity.



**Knowledge Activity 3:** List some possible causes of stress and anxiety for children and young people.

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## Section 1: Understand children and young people's mental health concerns

The possible causes of stress and anxiety for children and young people can be split into internal and external causes.

Internal causes are often related to what children or young people think they should be doing or achieving compared to what they are actually doing or achieving and the resulting pressure that the child or young person puts on themselves. Internal causes include:

- Low self-esteem – where the child or young person doesn't feel good about themselves.
- Fear – this might be fear of specific situations or things. For example, social anxiety might create fear of being with large groups of people or they may have a fear of speaking in public, or fear of taking and/or failing exams.
- Uncertainty – not knowing what is going to happen. Waiting for exam results, for example, might cause stress, especially when the exams are important for the future. Children and young people are placed under great pressure now to achieve in exams and assessments from an early age, and this increases the pressure on them.
- Self-criticism – children and young people, especially in the teenage years and through puberty, can be highly critical of themselves. They may perceive themselves as different from others and want to fit in, or feel that they need to look or behave differently. These are all causes of stress and anxiety.
- Jealousy – along with self-criticism, children and young people can often be envious of their peers. This might be of the way they look or of the things they have or achieve.



### Isabella's story

I always knew I wasn't pretty, but it started to affect me most when all my friends started going out with boys. I was the fat, spotty girl that no one wanted to know. Boys did ask me out, but I knew it was just to make fun of me, so I always said no. I don't go out with friends now. I'd rather stay at home in my room.

## Section 1: Understand children and young people's mental health concerns

External causes of stress and anxiety are the demands that come from outside the individual. These include:

- Major life events – these might include death or divorce of parents, moving to a new house, changing school, death or loss of a friend (perhaps due to them moving), abuse, neglect or serious illness of the child or young person or someone close to them, for example. For young children, going to school and being separated from parents for the first time can be stressful; for young people, leaving school and going to university or out to work is a major change in their lives.
- Lifestyle – children and young people today can be extremely busy with school or college and extra-curricular activities. This can leave them little time to relax and play creatively, which would help to relieve stress. Other lifestyle stresses can be lack of exercise, unhealthy eating and alcohol or drug use, which put physical stress on the body and can lead to low self-esteem and mental stress.
- Relationships – difficult relationships may be a cause of stress and anxiety, e.g. where children and young people argue or do not get on with family members or friends, or see other family members or friends arguing amongst themselves.
- School situation – stress and anxiety may occur if children or young people are unhappy at school or college for any reason. It may be that they have not made friends or do not enjoy their lessons, or that they are being bullied or teased.
- Exam and achievement worries – we have seen that children and young people often put internal pressure on themselves in relation to exams, but there may also be external pressure from parents, teachers and even peer groups, which adds to this and makes it more serious.
- Living situation – even where family life is harmonious and the child or young person is happy in the family, there are pressures that can affect them. These include factors such as poor housing, poverty and uncomfortable living situations, e.g. having to share a room with several siblings.
- Social situation – this might include racial prejudice or pressures arising from being part of a specific culture, e.g. where cultural norms insist on a particular type of behaviour or dress that is different from that expected from young people in wider society.



## Section 1: Understand children and young people's mental health concerns

- World events – children, especially younger children, and young people do worry about events they see on the news or social media that they believe might threaten their own safety and security. Terrorist events, wars and natural disasters, even in other countries, can worry and cause distress in children and young people.
- Media and social media – the media and social media present images of celebrities and others who have 'perfect body shape', 'perfect lives', 'perfect relationships', etc. This can place pressure on children and young people as they compare themselves and their own lives to these unrealistic images.



### Michael's story

Michael was five when his parents split up. It wasn't a bad split, really. His parents just decided they didn't want to be with each other. They sorted things out amicably and made arrangements for Michael and his older siblings to spend time with both parents, though they were to live with their father most of the time as he worked from home. The problem was that no one explained it properly to Michael. He became very clingy and stopped wanting to go to school. He complained of tummy pains and feeling sick to stay at home. When he did go to school, his behaviour was disruptive. It was the doctor that suggested family counselling and then everyone realised that Michael was frightened that other family members would leave, and he would be left alone.

### How stress can be both helpful and harmful

Please read the following as it will help you to answer question 8.

We tend to think of stress as a negative thing but actually, stress can be helpful as well as harmful. Mental stress causes hormones to be released that generate physical changes in the body designed to help overcome the problems we are facing. Stress makes the body create a burst of energy which can help individuals to meet goals. It can also help individuals to achieve tasks more effectively and can even boost focus and memory. Researchers believe that short bursts of stress can fortify the immune system and improve the way the heart works.

Frequently reoccurring stress or long-term stress is harmful though. The constant release of the chemicals related to stress can have long-term negative effects on the body and mind, causing depression, anxiety and physical problems such as high blood pressure and heart disease.

# Section 1: Understand children and young people's mental health concerns



## Bethan's story

I don't mind exams. I always do better in the real exams than I do in the mocks. I do feel stressed about them but, when I know I'm well prepared, the stress actually makes me focus more and it can be quite exhilarating. Afterwards, I feel tired but satisfied that I've done my best.



## Graham's story

I hate exams. I spend the whole exam period, plus several months before, feeling stressed out. I know it's because I never do enough work but there's always something to distract me and I never seem to leave enough time for my revision. The teachers say I could do better if I prepared myself. It doesn't help that I have to share a bedroom with two younger brothers who are always arguing. By the time it gets to the exams, I'm a complete wreck. I haven't been sleeping so I'm tired and I can't focus on what it is I need to do.



**Knowledge Activity 4:** Read Bethan and Graham's stories and write down what is different about their approaches to exams and the stress that they feel.

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## Section 1: Understand children and young people's mental health concerns

### Signs of stress and anxiety in children and young people

Please read the following as it will help you to answer question 9.

You may already be aware of common signs of stress and anxiety in yourself, such as feeling panicky and fearful, stomach upsets, nausea, headaches and sleeplessness. You should be aware that though children and young people may feel these things, they may not react in the same way as an adult and may not understand what it is they are feeling. This means adults may misinterpret the signs or they can go unnoticed. Young children in particular are likely to show changes in behaviour and complain of feeling ill, and this will not necessarily be recognisable as stress or anxiety.

Signs in young children might include:

- Becoming irritable
- Having tantrums
- Being tearful and clingy
- Having difficulty sleeping
- Waking up frightened in the night
- Starting to wet the bed
- Not eating properly
- Being tense and fidgety
- Using the toilet often
- Complaining of bad dreams
- Complaining of tummy ache and feeling ill
- Not interacting with others



## Section 1: Understand children and young people's mental health concerns

Children and young people may try to hide signs of anxiety and stress because they don't want people to see them as weak or because they think it is something to be ashamed of. In addition, changes in sleeping, eating and behaviour patterns due to development, e.g. puberty, can mask the signs of stress and anxiety. Signs of stress and anxiety in older children and young people might include:

- Restlessness
- Fatigue
- Difficulty in concentrating
- Being tense and irritable
- Frequent colds, stomach upsets or other illnesses due to reduced immunity
- Changes in behaviour
- Behaviour that is challenging
- Increased isolation and lack of interaction
- Disrupted sleep
- Loss of appetite
- Panic attacks
- Changes in achievement at school, e.g. grades going down or work handed in late.

Of course, everyone experiences stress and anxiety at some point. When looking at signs that might indicate stress or anxiety in children or young people, it should be of particular concern when:

- Anxiety is disproportionate to the situation causing it – this may mean that they are over-anxious or that there is another hidden cause.
- It is disruptive – the anxiety is disrupting the child or young person's normal quality of life.
- They are distressed – the child or young person is distressed by the situation or by how they feel about it.
- It is persistent – the anxiety continues over time rather than them getting over it quickly.

These signs might indicate a longer-term issue.

## Section 1: Understand children and young people's mental health concerns

### Depression

Please read the following as it will help you to answer questions 10 and 11.

Depression is a common mental problem where the individual feels sad and has a loss of interest in everyday life and a feeling of hopelessness over an extended period of time. Low mood is where an individual is unhappy or feels bad for a short period but recovers from this.

Everybody has times when they are unhappy, but depression is different to simply feeling down or sad about something or experiencing low moods. These are feelings that individuals feel temporarily in response to a situation but then get over and carry on with their lives. People who are depressed feel as if they are in a hopeless situation and helpless to do anything about it. They feel sad all the time and it affects the way they live their lives. Some individuals may experience recurring bouts of depression throughout their lives.



#### Andrew's story

It was the Christmas of my last year at school that I realised something was wrong, or rather my Mum did. I had been feeling low for a while. It felt like a black cloud had come down on me and was smothering me. I spent most of that Christmas sitting in my room alone and avoiding the rest of the family. I felt stupid because I could burst into tears at the slightest thing and I tried to hide it by getting angry with people instead. Mum talked to me about it and suggested that I went to see the doctor. She'd had depression herself so knew what it was like.

## Section 1: Understand children and young people's mental health concerns

### Possible causes of depression in children and young people

Please read the following as it will help you to answer question 12.

Depression won't usually have a specific, identifiable cause but is more likely to occur as a result of a number of things that build up over time. Triggers for depression in children and young people might include:

- Personal experiences – family breakdown or death of a relative or friend, loss of a loved one or friend due to them leaving or moving away, neglect or abuse, bullying or discrimination, or physical illness of the individual or of a close relative or friend.
- Life changes – major changes or too many changes happening too quickly may trigger depression, e.g. changes in puberty, leaving home for the first time or, in very young children, separation anxiety when they are separated from parents for the first time.
- Stress – if the child or young person experiences a lot of stress and has no one to talk to about it, this may trigger depression.
- Depression can run in families, so children and young people who have a parent or sibling who has experienced depression may be particularly at risk.
- Physical illness, especially where this is serious, can reduce mental resilience and trigger depression.
- Depression appears to be linked with chemical changes in the brain, so young people may be particularly at risk during development phases such as in puberty where their bodies are changing and levels of hormones fluctuate.



#### Did you know?

Between 1 and 3% of children and young people will experience depression.



## Section 1: Understand children and young people's mental health concerns



### Santika's story

My depression started when my father died. I was twelve. I went through all the emotions you associate with bereavement – the sense of loss, anger and sadness, together with the realisation he wouldn't be there for me anymore – but I never seemed to get out from under the cloud. I was going through puberty at the time so my emotions were all over the place anyway, and I was having problems at school with a gang of girls who were bullying me. I think it just all added together and made me feel hopeless about life. It took me a long time to get through it but I did and, looking back now (five years later), I wish I'd been able to identify the signs earlier and do something about them.

### Signs of depression in children and young people

Please read the following as it will help you to answer question 13.

Depression will affect different individuals in different ways but some common signs are:

- Being generally tearful and miserable
- Not wanting to take part in activities that were previously enjoyable for them
- Isolating themselves by avoiding friends and social gatherings
- Changes in sleeping habits – sleeping more or less than normal
- Changes in eating habits – eating more or less than normal
- Being irritable
- Behaving in ways that are challenging, e.g. disruptive at school, defiant to parents, recklessness or risk-taking in sexual behaviour, drinking or drug taking
- Feelings of helplessness and hopelessness
- Talking about wanting to die
- Self-harming or attempted suicide

## Section 1: Understand children and young people's mental health concerns

- Changes in appearance, e.g. the way they dress, use make up, etc. or lack of personal care and hygiene
- Frequently occurring minor illnesses
- Being very self-critical
- Not wanting to get out of bed in the morning
- Falling school results
- Lack of concentration and focus

### How depression may affect children and young people

Please read the following as it will help you to answer question 14.

Depression doesn't just affect the way children and young people feel; it will have effects on their lives, friendship groups, family and achievement at school or college. Examples of the effects depression can have are:

- Loneliness – individuals with depression tend to isolate themselves and may also fall out with friends, family and teachers who would normally support them. This can leave the child or young person feeling very lonely, even if they overcome the depression.
- Reduced opportunities – missing school, being disruptive or losing focus on their studies may affect exam results or educational and work opportunities open to the child or young person. Risky behaviours may lead to criminal convictions that could affect life chances.
- Long-term mental illness – children and young people who experience depression are more at risk from experiencing depression and other mental illnesses later in life.
- Other physical and mental illnesses – depression may lead to other mental and physical illnesses or complaints, e.g. eating disorders and physical self-harm, injury or illness due to reckless behaviour.



## Section 1: Understand children and young people's mental health concerns



### Szymon's story

My depression led to me skipping school and hanging out with some older lads who were into drinking and drugs. Because of this, I almost messed up my whole life. I'd been doing well at school but I made a mess of my exams. It all came to a head when I was arrested for shoplifting. I was lucky. The shopkeeper decided not to prosecute. Later, he told me he'd been in a similar situation when he was young and someone gave him a chance, so he wanted to give me a chance. I had some counselling and re-did my exams, getting much better grades. I'm hoping to go to university next year.

### Other mental health conditions affecting children and young people

Please read the following as it will help you to answer question 15.

Stress and anxiety and depression are not the only mental health conditions affecting children and young people; often, they exist alongside other conditions. Other conditions include:

- Eating disorders – these include anorexia nervosa, where the individual seriously limits their food intake, and bulimia nervosa, where individuals take laxatives or make themselves sick after eating.
- Conduct disorders – this is where the child or young person persistently engages in anti-social behaviour, such as fighting, lying or stealing, without showing any signs of guilt or remorse.
- Post Traumatic Stress Disorder (PTSD) – PTSD may occur after the child or young person has experienced a traumatic event. This might be violence, sexual abuse or assault, or a life-threatening situation. It can also occur after witnessing a traumatic event, such as a bad accident. The individual finds it difficult to get over the event and experiences flashbacks, bad dreams and upsetting thoughts about it.
- Obsessive Compulsive Disorder (OCD) – OCD is an anxiety disorder where the individual has recurring thoughts or feelings that are upsetting and repeatedly carries out rituals or habits that make them feel better. Upsetting thoughts might be around dangerous situations, dirt or contamination, or sexuality, for example.

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- Bipolar disorder – this is where an individual experiences mood swings between extreme highs and lows. Episodes can last for days or weeks. Bipolar disorder usually starts between the ages of 15 to 19.
- Psychosis – psychosis is the term used to describe a loss of touch with reality. It may occur as a result of a stressful life event, as a result of serious physical illness such as infection or drug taking, or as part of a mental illness such as schizophrenia. It involves the individual experiencing delusions and hallucinations.
- Attention Deficit Hyperactivity Disorder (ADHD) – ADHD is sometimes classed as a specific learning difficulty rather than a mental disorder, but little is known about the causes and it may be caused by chemical imbalances in the brain as with some other mental illnesses. It is a behavioural disorder where individuals have difficulty concentrating and may find it hard to control their speech and actions. It usually starts at about 18 months and becomes more noticeable between the ages of 3 and 7 years.



### Did you know?

About 1 in 100 people will experience schizophrenia during their lifetime and onset is usually in the late teenage years.



## Section 1: Understand children and young people's mental health concerns

### Signs and impacts of other mental health conditions affecting children and young people

Please read the following as it will help you to answer questions 16 and 17.

You have learned about the range of mental health conditions that may affect children and young people. It is important to know about the signs that indicate these conditions and the impact of each of the conditions on the lives of individuals.

#### Eating disorders

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The main eating disorders are anorexia nervosa and bulimia nervosa. What they have in common is an obsession with food.

##### **Anorexia nervosa**

This involves the individual restricting their food intake severely. It affects ten times more girls than boys but is becoming more common in boys.

Signs of anorexia include:

- Eating very limited amounts of food
- Showing signs of panic if faced with a large meal
- Frequently missing meal times – often saying they have already eaten
- Avoiding eating in public or with others, or showing signs of panic about eating in front of others
- Doing excessive amounts of exercise
- An obsession with food, e.g. calorie values of foods, cooking for other people, setting target weights, etc.
- Concern about being overweight even where the individual is not overweight
- Concern about body image and overcritical of own appearance compared to others
- Loss of interest in activities and events which were previously of interest
- Being down and irritable
- Losing weight very quickly
- Complaining of being cold

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- Poor sleep patterns
- Lack of concentration and focus
- Complaining of other physical conditions, e.g. periods stopping, constipation, unable to get an erection, downy hair growth on body, etc.

Impacts on the individual include damage to physical health, such as stunting of growth, shutdown of organs and damage to bones, including the risk of osteoporosis. In girls, periods may stop and there is a risk of later infertility. Mental health is also affected, and individuals may experience anxiety and depression. Illness may also lead to missing school, poor achievement and a failure to develop independence due to involvement of parents in treatment and in close monitoring of the individual.

### **Bulimia nervosa**

Bulimia nervosa also involves obsession with losing weight but with this condition, individuals overeat and then make themselves sick or take laxatives to get rid of food and control their weight. Some of the signs are similar to those of anorexia but there are other signs that indicate bulimia. The signs include:

- Being obsessive about weight
- Doing excessive amounts of exercise
- Appearing down or depressed
- Poor sleep patterns
- Binge eating – possibly indicated by food going missing
- Isolating themselves from others
- Not showing interest in activities or other people
- Complaining of sore throat
- Thirsty all the time due to dehydration
- Damage to teeth from vomiting
- Swollen glands
- Tiredness
- May complain of muscle spasms and cramps
- Girls may have change in periods
- Swings in weight

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Impacts on the child or young person are similar to anorexia, including osteoporosis, infertility, the mental effects of anxiety and depression and the impacts on achievement at school. Over the longer-term, bulimia can also cause blood pressure abnormalities, kidney failure, heart complaints, severe headaches and seizures. Bulimia can cause fatal heart failure.

### Conduct disorders

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Signs of conduct disorder are bad behaviour over the longer-term. Many children or young people have bouts of poor behaviour; this is only the sign of conduct disorder when it lasts months or longer. Children or young people may be defiant and aggressive. They may lie, steal and get involved in physical fights. Behaviour will repeatedly and seriously break the rules at home and at school. Teenagers may take risks with their health and safety by drug taking, drinking alcohol and through reckless sexual behaviour.

Conduct disorders may distance individuals from their peers and family who will be alienated by their behaviour. This may lead to depression. They may damage their academic results through not attending or being excluded from school, and reckless behaviour may lead to injury, illness or other consequences such as criminal convictions.



#### Jenny's story

I don't really know what happened at school. The teachers said I was bright, but I didn't care about it. I was angry all the time and didn't do what anyone told me. My Mum and Dad couldn't cope. I was skipping school, taking drugs and having sex with anyone I could. I ended up pregnant and with a drug conviction at 16. I did get some help and now I'm retaking exams at night school. I've got a part-time job and Mum and Dad help look after James, who's two now. I'm starting to make friends again and I feel more in control.

## Section 1: Understand children and young people's mental health concerns

### Obsessive Compulsive Disorder (OCD)

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Individuals with OCD worry that something bad will happen unless they carry out their compulsions. These can include things like repeatedly checking that doors are locked or things are switched off, washing hands repeatedly, tidying up, counting or repeating words. Children may go through phases where they need to put toys in a certain order or say goodnight a number of times, but these are normal comforting routines in response to minor stresses. It is only when they become obsessive and the compulsions start to interfere with everyday life that it becomes a problem.

Left untreated, OCD will interfere with daily routines and the child or young person may suffer from anxiety and depression. The illness may interfere with achievement at school and they may become isolated or be bullied for their behaviour.



#### Mel's story

When Mel's Gran died of a heart attack shortly after a break in at her home, Mel became very distressed. She made her Mum check every door and window before she would go to bed and started to sleep with the light on. The checking routine became a ritual and Mel began to check everything three times before she would go to bed each night. She also tried to stay awake as long as possible. She told her Mum that she was frightened someone would break in and that another family member would die.



# Section 1: Understand children and young people's mental health concerns

## Bipolar disorder

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Bipolar disorder is rare in children but does begin in the teenage years or in young adulthood. The main sign to look out for is mood swings from extreme happiness to extreme sadness.

Signs in depressive episodes include:

- Low energy
- Not taking part in activities
- Lack of enjoyment in life
- Loss of appetite
- Poor sleep patterns
- Thoughts of suicide
- In extreme cases, psychosis

Signs in manic episodes include:

- Talking too much
- Increased activity and restlessness
- Difficulty in focusing on one thing
- Overspending or reckless behaviour
- Overconfidence in own ability

Impacts include disruption of relationships with friends and family and interference with school work. Individuals will experience a general loss of self-confidence and self-esteem. Reckless behaviour may result in risks to the health and safety of the individual.

# Section 1: Understand children and young people's mental health concerns

## Psychosis

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The signs of psychosis are:

- Unusual beliefs or delusions – where the young person thinks someone is trying to harm them, for example, or that the world is being taken over by aliens, or that the individual has special powers.
- Thought disorder – where the young person is not thinking straight. This is often characterised by not being able to understand what the individual is saying, and their ideas being jumbled.
- Hallucinations – where the young person sees, hears, smells or feels something that is not really there. Often, this manifests as the individual hearing voices. The hallucination will seem totally real to the person.

These thoughts will affect eating, sleeping and well-being in general. Individuals may become anxious and suffer physical symptoms. Individuals experiencing psychosis may go on to develop bipolar disorder or schizophrenia.

Schizophrenia is a severe form of psychosis where people lose touch with reality. They experience the thoughts described for psychosis and their behaviour is affected. They lose interest in everyday life and may feel like harming themselves. They may become aggressive.

Psychosis and schizophrenia affect a young person's ability to lead a normal life. They may alienate friends and family and find it difficult to carry out everyday tasks.

## Attention Deficit Hyperactivity Disorder (ADHD)

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There are a variety of signs of ADHD and not all children and young people will display all the signs. Attention problems include an inability to concentrate and being forgetful and disorganised. Hyperactivity makes the individual restless and fidgety and they can be noisy and disruptive. Individuals may also be impulsive, not wanting to wait their turn and interrupting people.

Impacts again include isolation from peers and family members who may be alienated by behaviour and distraction from school work, which will lead to a failure to achieve.



## Section 1: Understand children and young people's mental health concerns



### Did you know?

Children and young people who experience mental illness are more likely than other people to experience mental illness in adulthood.

## Mental health crisis or emergency in children and young people

Please read the following as it will help you to answer question 18.

If symptoms of any mental illness escalate suddenly, or there is a breakdown in the support network for a child or young person with mental health concerns, this may be a crisis or emergency situation. Signs of this will be extreme emotional distress or anxiety, the child or young person appearing overwhelmed or unable to cope with day-to-day life and/or threats of self-harm or suicide. Experiencing hallucinations and hearing voices would also be an emergency situation. Other harmful or reckless behaviour, such as drug taking, may also indicate a mental health crisis.



### Zach's story

Zach had been withdrawn and down for a while but his family hadn't realised quite how bad the situation was. Over the course of one weekend, Zach began to behave very strangely – talking to himself, not making sense when he talked to his family and barricading himself in his room, saying he was frightened 'they' were coming for him. His parents called their GP who referred Zach for immediate psychiatric evaluation.

## Section 1: Understand children and young people's mental health concerns

### Summary

In this section, you have learned about:

- Behaviours that may indicate a mental health concern in a child or young person
- How children and young people may express feelings through behaviour
- Harmful behaviours used by children and young people to cope with their feelings
- The importance of early intervention in identifying concerns about behaviour
- What stress and anxiety are and the causes of them
- The relationship between stress and resilience
- The signs of stress and anxiety
- What depression is and the signs of depression in children and young people
- Causes of depression for children and young people
- How depression can affect children and young people
- Other mental conditions that affect children and young people, their signs and symptoms and the impacts they have on individuals
- What constitutes a mental health crisis or emergency.

## Section 2: Understand how to support children and young people with mental health concerns

In this section, you will learn about the support that is available for children and young people with mental health concerns. You will develop knowledge of the person-centred approach and learn about how to promote good mental health. You will find out about the services available to support mental health in children and young people and treatments available.

### Person-centred support

Please read the following as it will help you to answer question 19.

Person-centred support is where the child or young person is at the centre of any planning, decisions and support that affects them. Person-centred support involves the child or young person and other significant people in their lives, such as parents or carers, in the choices made about care and support. Person-centred support aims to:

- Respect and listen to the child or young person
- Ensure that the child or young person has choices
- Ensure that the child or young person is in control of the support process
- Support the child or young person to communicate and make themselves heard in the support process
- Support the child or young person to build their skills and confidence
- Ensure that the child or young person is made aware of all their rights and choices
- Ensure that the child or young person receives information about support choices in ways that they can access the information and make informed choices
- Support the child or young person in what they choose to do, even where there are risks, and support them to understand the risks and work around them



#### Matt's story

I'm eight years old and I've been having a few problems at school because I get bored and find it hard to concentrate. The learning support person, my teacher, my parents and I all sat down to talk about it together. They all listened to me about how I felt. They understand and they are all trying to help me. I have already tried some of the ideas out. It is helping me concentrate more in class and I've had less fights with people. It is helping me do my schoolwork better and helping me to make friends too.

## Section 2: Understand how to support children and young people with mental health concerns

### Recovery model for children and young people's mental health

Please read the following as it will help you to answer question 20.

In mental health, the recovery model takes a holistic view of the individual that focuses on the child or young person and not just their symptoms and mental health concerns. The model sees recovery as a journey towards better mental health rather than an end point where the individual is declared to be 'cured'. This journey may suffer setbacks but it is important that all involved in the recovery process are committed to the process and optimistic about it. This includes the child or young person and any family, friends and professionals supporting them. Recovery is not just about the child or young person surviving mental illness, but about them moving forward and improving not only their mental health, but their quality of life. The recovery process should support children and young people to recognise their abilities and achieve their goals and aspirations.

Research shows that important factors supporting recovery include:

- Positive relationships
- Feeling safe and secure
- Personal growth and achievement
- The right living environment
- Being believed in
- Being listened to and understood
- Support to understand problems and experiences
- Social inclusion
- Developing resilience

(Mental health foundation, [www.mentalhealth.org.uk/a-to-z/r/recovery](http://www.mentalhealth.org.uk/a-to-z/r/recovery))



#### Did you know?

Mental illness and social attitudes to mental illness can be limiting for children and young people and can mean they are isolated. Family, friends and even professionals may unintentionally support this by being overprotective of the child or young person and being negative about their recovery.

## Section 2: Understand how to support children and young people with mental health concerns

Building resilience is particularly important for the recovery of mental health in children and young people, as this will mean they are more able to cope with stressful situations and experiences in the future. Children and young people who are resilient will be less likely to have recurring mental health concerns.



**Knowledge Activity 5:** You learned about resilience in Workbook 1. Write your own explanation of what resilience means here.

Lined writing area for the knowledge activity.



# Section 2: Understand how to support children and young people with mental health concerns

## Upholding the rights of children and young people with mental health concerns

Please read the following as it will help you to answer question 21.

In supporting children and young people with mental health concerns, it is important that their rights are upheld. Rights of children include human rights, confidentiality, safeguarding, protection and care. (You learned about the rights of children and legislation relating to this in Workbook 1.)



### Did you know?

The United Nations Convention on the Rights of the Child sets out the rights of children and young people under the age of eighteen. There are over 40 specific rights, including the right to life, survival and development, the right to live in a family environment, the right to health and welfare, and the right to education.



**Knowledge Activity 6:** Look at children’s rights on the UN website (<http://unchildrights.blogspot.co.uk/2009/03/summary-childrens-rights-convention.html>). Choose two of the rights listed and identify how mental health concerns may impact on those rights.


## Section 2: Understand how to support children and young people with mental health concerns

Examples of how the rights of a child or young person might be upheld include:

- Ensuring that children and young people have access to education. Mental health issues can lead to children and young people being excluded from education or not achieving in education. Support should help children and young people identify their aims and access the education they need to succeed in their chosen pathway.
- Supporting children and young people to live in the family environment. Wherever possible, children and young people with mental health issues should be supported to remain with their families or within alternative supportive environments.
- Supporting children and young people to make decisions about their care and support and to access that care and support, e.g. medical interventions, counselling and therapy.
- Supporting children and young people to manage their own mental health as far as possible, e.g. supporting them to identify triggers for behaviour, including self-harm, or emotions and ways to manage these effectively.
- Ensuring that information about the child or young person is shared only with those who require information to ensure the safety, welfare and care of the child or young person.
- Ensuring that children and young people are safeguarded and protected from neglect and abuse and that they build the knowledge and confidence to identify, avoid where possible, and talk about threatening situations and experiences.
- Supporting children and young people to communicate their wishes, preferences and needs in relation to care, support and their lives.



### Kevin's story

I'd been excluded from school because of my behaviour but the social worker and school counsellor worked with me to help me identify what triggered me getting angry and fighting at school. The counsellor suggested things I could do to control my temper and my emotions when I was feeling bad. They are helping me get back into school so that I can continue my studies and get some qualifications to go to college.

## Section 2: Understand how to support children and young people with mental health concerns

### Strategies to support children and young people with mental health concerns

Please read the following as it will help you to answer question 22.

When working with children and young people, you are in a position to support their mental health and to support them to develop coping strategies and resilience. There are a variety of strategies you can use to do this.

#### Educating

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Children and young people with mental health concerns often feel different from others or ashamed of their feelings and behaviour. They may not understand what is happening to them or why they feel as they do. Educating all young people about the signs that may indicate mental health concerns and encouraging them to talk about feelings and behaviour should help to change attitudes to mental health. It will also help children and young people to identify when they have a mental health problem and to feel better about themselves.

**Strategy:** Make sure that children and young people have access to information about mental health issues that is age appropriate and in a format they can access and understand.



#### Stellan's story

I'd been feeling bad for some time. I was unhappy all the time and stressed out when I had to go to school. I tried to stay at home as much as possible. Then this guy came into school and talked about mental health and how lots of kids go through times when they feel bad. He described exactly how I felt and when he asked if any of us had felt like that, loads of kids stuck their hands up. Suddenly, I realised it wasn't just me!



## Section 2: Understand how to support children and young people with mental health concerns

### Listening

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Children and young people may be reluctant to share information about themselves and their feelings, but may discuss things with you if they can recognise that they are experiencing a mental health problem and know that you are available to talk to and willing to listen. Sometimes, talking may be all the therapy they need. You may wish to refer them to a counsellor or professional if they have ongoing or complex issues, and especially where cases involve abuse or self-harm.



#### Katherina's story

My parents are in the armed forces and move around a lot, so when it was time for me to start taking exams, we decided I would go to boarding school. I found it difficult to make friends at first and I missed my family and my dog. I spent a lot of time in my room and didn't join in any of the after-school activities. I was sharing a room with Cassie who is really outgoing and quite noisy, and that made me feel even worse. The housemistress noticed and said did I want to talk about it. She said lots of the girls felt homesick and a bit lost at first. I was a bit unsure, but once I started to tell her about how I felt, it all came out. I cried a bit but she made me smile by saying that's why she had lots of boxes of tissues around! My housemistress has been great. She moved me to a new room with two girls who are a bit quieter like me (Cassie didn't mind – she says she knows she is noisy and we're now good friends) and she helped me set up FaceTime on my phone so I could video call my parents. Lots of the staff have dogs and me and one of the girls I'm sharing with have offered to take them for walks. The staff really like it and it means we don't miss our own pets so much. I'm feeling much better about things and I know I have someone I can talk to any time I feel down.

**Strategy:** Make time to listen and encourage young people to talk. Never dismiss their concerns or be judgemental; let them know they can trust you and know how to refer them for further help if you need to.

## Section 2: Understand how to support children and young people with mental health concerns

### Encouraging good physical health

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Good diet and taking regular exercise has a positive effect on mood, so encourage children and young people to eat healthily and take part in activities that they enjoy and that will provide exercise. Feeling physically well will help their mental health and research shows that exercising releases chemicals in the brain that make individuals feel good. Exercise also helps improve sleep patterns and taking part in activities they enjoy means they spend less time worrying about things and have the opportunity to make friends.

**Strategy:** Encourage healthy eating and exercise. Educate children and young people about the benefits of these and find activities that they will enjoy taking part in.

### Developing coping strategies

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Coping strategies can be positive and negative. Negative strategies include alcohol and substance abuse as well as self-harm, but also strategies such as ignoring the problem or avoiding stressful situations, which can isolate the individual and cause further anxiety. Children and young people should be encouraged to develop positive coping strategies. These might include:

- Recognising the triggers for anxiety and stress and talking to someone or finding ways to calm themselves, e.g. breathing exercises.
- Learning relaxation techniques, e.g. breathing techniques and mindfulness, and making time to relax or just doing things they enjoy, e.g. reading, playing a game, etc.
- Making time for themselves. Children and young people's lives have become much busier and more stressful than they ever were and it is important to make them aware that they need to have some time for themselves and that this is OK.
- Physical exercise can help children and young people relieve stress and relax.



## Section 2: Understand how to support children and young people with mental health concerns



### Callum's story

I get myself into trouble at school because I get angry at people. Then I shout at a teacher or fight with another kid. One of the teaching assistants is helping me to identify what it is that makes me flip and get angry. She suggested I count to ten and breathe deeply when I see what she calls a trigger. It was hard at first but I'm getting better and it does help. I've also started playing rugby each week and that helps too! All that running around on the pitch makes me feel less stressed and not so angry.

**Strategy:** Help children and young people to identify triggers for their moods and develop strategies to cope with them.

### Developing self-regulation

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Many of our emotional responses to situations or experiences are automatic. Something happens, and we respond in a specific way. We do, however, learn to self-regulate our emotions. From an early age, children learn how to manage emotions but their ability to do this may depend on parenting skills and positive role models. Research has identified that over-controlling parenting styles may lead to a lack of self-regulation. Children and young people on the autistic spectrum have difficulty regulating their emotions and this is due to difficulties in processing and expressing emotions rather than parenting styles.

Ways to support children and young people in controlling their emotional responses include:

- Helping them to identify the emotion and find ways to delay it, e.g. using calming techniques, finding a safe space, taking time out, etc. in response to anger, frustration, feeling overwhelmed or anxiety. Calming techniques might include deep breathing or counting, for example.
- Helping them to identify a safe space. This could be a space created for them where they can take time out in the home (especially for younger children) or at school, with things that will help to calm them.
- Helping them understand emotions. Educate children and young people about different emotions and what they feel like and role play appropriate emotional responses to situations and experiences. This works especially well with older children and young people but can be used with younger children too.

## Section 2: Understand how to support children and young people with mental health concerns

- Developing their emotional vocabulary. Children, especially younger children, can become frustrated and withdraw because they are unable to explain what it is they are feeling. Teach children and young people the words they need to describe different emotions.
- Creating consequences where the child or young person is rewarded for good behaviours and discouraged from unwanted behaviours. Reward charts work well for younger children.



### Kayleigh's story

Whenever things got bad at home or school, I started pulling my hair out. It made me feel better somehow. I had bald patches where I'd pulled out so much hair. I used to wear a woolly hat all the time to cover it up. The counsellor at school helped me find other ways to feel better. When I start to get stressed now, I play a little word game; I think of as many words as I can that begin with 'K' (for Kayleigh). It only takes a few words now to stop me feeling so worried about stuff.

**Strategy:** Support children and young people to develop self-regulation of their emotions by helping them recognise and describe their emotions and choose appropriate responses.

### Developing resilience

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We have mentioned the importance of developing resilience and this is important for all children so that they are better able to cope with difficult situations and events in their lives.

In early childhood (under 5 years), resilience is best developed through support of the family to ensure the child has good nutrition, a safe living environment, the opportunity to build positive relationships with parents and peers, and high quality care.

From ages 5 to 13, whilst positive living and family situations are still important, schools and others can start to support the development of resilience. Resilience will be supported through:

- Equal opportunities at school for all ages, cultures and communities
- Good home-school relationships and pupil-teacher relationships

## Section 2: Understand how to support children and young people with mental health concerns

- Support to develop interpersonal skills and ability to develop positive relationships
- Positive achievements at school, e.g. setting high but achievable targets and supporting individuals to achieve them
- Encouraging and developing independence
- Clear expectations and consequences for behaviour
- Support for individuals as required, e.g. counselling, additional learning support, etc.
- Supporting transition from child to young adult

These factors continue to be important in the 13 to 19 age group, together with a focus on:

- Building strong social support networks
- Support of a mentor or tutor
- Positive experiences at school or college
- Enabling and encouraging independence
- Encouraging participation and enabling achievement
- Developing the ability to analyse and deal with difficult situations
- Encouragement to help others (which helps to build self-esteem and self-confidence)
- Promoting healthy behaviours
- Supporting transition from school to college, university or work



# Section 2: Understand how to support children and young people with mental health concerns



**Knowledge Activity 7:** Sasha is twelve and is currently in local authority care. She suffers from anxiety and depression. She comes from a disruptive and neglectful home background, finds it difficult to maintain positive relationships and is disruptive at school. She finds it particularly difficult to cope with criticism from others and is likely to become aggressive. What strategies might support Sasha to develop better mental health and resilience?

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## Section 2: Understand how to support children and young people with mental health concerns

### Creating an environment to promote well-being

Please read the following as it will help you to answer question 23.

The well-being of children and young people will be improved if they experience the right sort of environment.



#### Did you know?

Creating the right environment for children and young people is about creating the right physical environment and the right emotional environment.

### Physical environment

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The physical environments in which a child or young person lives and learns are important. They should reflect the ages and stages of development of the child or young person and should provide a safe space in which they can explore, experiment and develop. Children and young people should have access to areas for groups, solitary activities and reflection, learning and leisure, indoors and outdoors. They should have opportunities to develop skills and to explore new skills and abilities.

In terms of well-being, priorities for the physical environment are:

- Comfort – areas should be warm and furnished with places to sit, play games, eat comfortably, etc.
- Being welcoming – areas should be clean and well maintained.
- Safety – the child or young person should feel safe. What this means will depend on the age and stage of development. For young children, safety might be ensuring they can crawl, run and play without being physically injured. For older children and young people, safety might be having somewhere they can talk with their friends without others overhearing them.
- Sense of belonging – the child or young person should have space or spaces that are theirs (either individually or as a group). This might include putting up their work or allowing them to help decorate, depending on the environment, and having somewhere to put their own things.
- Variety – children and young people should have a variety of different environments they can access, e.g. somewhere to learn or do homework/study, somewhere to relax, and somewhere to play or spend time with family and friends.

## Section 2: Understand how to support children and young people with mental health concerns



### Felix's story

For as long as I can remember, I've helped look after Mum. She has multiple sclerosis and needs a wheelchair to get about. We were living in a one-bedroomed flat and I had to sleep on the sofa. Often, the lift wasn't working so Mum couldn't even go out and I'd have to do everything like the shopping. Mum was miserable and so was I, which meant we argued all the time. The estate we were living on wasn't good either. There was lots of crime and I know Mum worried if I had to go out on my own. The social worker helped us get a bigger place and now we have a two-bedroomed bungalow in a much nicer area, and it's closer to school. I have my own room and I was allowed to choose the paint for the walls and put posters up. It's somewhere quiet I can go when I want time to myself. Mum can get out and about much better now too. It's only a short way to the shops and I feel much safer going on my own.

### Emotional environment

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The emotional environment is the mood or atmosphere in a setting, created by the relationships that people have with one another. It's about how people behave, how inclusive the environment is, how people speak to each other and how they treat each other. Even babies and very young children pick up on the feelings and atmosphere around them and this will shape their own feelings and behaviour.

Environments which support mental well-being will be:

- Positive – they will be welcoming and feel happy and positive.
- Respectful – individuals in the environment, including adults, children and young people, will show respect and consideration for one another.
- Inclusive – all children and young people in the environment should have equal access to activities, people to talk to and make friends with, and opportunities to learn and develop.
- Calm – all individuals should be encouraged to behave appropriately, and aggressive or other unwanted behaviour should be challenged and discouraged.
- Empathetic – children and young people should be encouraged to understand how others might feel and to consider others' feelings when deciding how to behave.



## Section 2: Understand how to support children and young people with mental health concerns

Ways to create positive emotional environments include:

- Having clear policies on behavioural expectations
- Providing a role model for children and young people by remaining calm and in control
- Encouraging discussion of issues and feelings appropriate to the age and stage of development of the child or young person
- Challenging any discriminatory, bullying and aggressive behaviour
- Being consistent in your response to the child or young person and, in particular, in your responses to unwanted behaviour

### Promoting interaction to develop well-being

Please read the following as it will help you to answer question 24.

You have learned that positive and supportive relationships are important for the well-being and resilience of children and young people. Most children will learn from a young age how to make friends and develop supportive relationships, but sometimes this doesn't happen, or things go wrong and the child or young person becomes isolated. Poor relationships can have a negative impact on mental health, damaging self-confidence and self-esteem and sometimes triggering self-harm, as well as making it difficult for individuals to form positive relationships in the future.

When a child or young person has an existing mental health concern, this may damage the relationship they have with others who may not understand that the individual has a mental health issue or who become stressed themselves in trying to support the individual.

Relationships that are important for the child or young person are relationships with parents, siblings, other family members, peers, teachers and other adults they may come into contact with, such as sports coaches, activity leaders, etc. They may also include relationships with pets.

#### Did you know?

Relationships with pets can be important in reducing stress and bringing down blood pressure. Pets are non-judgemental and unconditional in their affection, which can help the individual relax and just be themselves.



## Section 2: Understand how to support children and young people with mental health concerns

If you work with children or young people, there are a range of things you can do to help promote interaction.

### Being a role model

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Children and young people learn social skills from the adults around them. If they have developed negative social skills, this is likely to be as a result of having observed negative behaviour in adults, such as lack of respect, lack of consideration and aggression. If they see an adult being unkind or rude, they will assume this is acceptable behaviour.

One of the most important things you can do to promote interaction is to provide a role model by being friendly and approachable, treating everyone with the same level of respect and working together with others.

### Encouraging a positive attitude

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People with negative attitudes to everything find it difficult to develop and maintain relationships, so encouraging positive attitudes and helping children and young people understand that they have a choice about whether to be positive about things or negative will help them to become more positive and make it easier for them to interact with others.



#### Amber's story

Amber, aged seven, was having problems at school because she said no one liked her or would play with her. She was often seen standing alone in the corner of the playground at playtime. Other children would sometimes approach her, but she would refuse to play unless it was something she wanted to do. On the rare occasions she did play with others, she would try and control them, and this put the other children off. The playground assistant noticed what was happening and talked to Amber. She discussed how Amber would feel if the other children tried to tell her what to do and helped her understand that she could make friends if she was more flexible. She suggested that Amber asked one of the groups in the playground if she could join in and that she joined in the game without trying to take over. Amber tried this and found that she enjoyed playing with the other children. She developed a more positive attitude to others and now regularly plays with a group of other girls.

## Section 2: Understand how to support children and young people with mental health concerns

### Supporting shared interests

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Many friendships are built around shared interests, so encouraging a child or young person to identify interests and to take part in activities will encourage them to interact with others who have similar interests and to build relationships with them.

### Encouraging acceptance

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Children and young people should understand the importance of treating everyone with respect, accepting others as they are and being non-judgemental. This can partly be encouraged through being a role model but should also be discussed with children and young people and contained within any expectations and rules for behaviour within the setting. Individuals should understand that it is not acceptable to exclude someone or victimise them because of their culture, ethnicity, gender, sexual orientation, etc. and that good manners are important. Any behaviour in contradiction to this should always be challenged.

### Building confidence

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Often, children and young people find it difficult to interact with others due to a lack of confidence. You can help them build confidence by supporting them in interactions with others, e.g. by encouraging them to work in groups and facilitating interaction, by encouraging them to approach groups and to join in activities, and by doing role plays of different interactive scenarios so they can practice.

### Promoting engagement with social groups

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Joining youth groups such as Brownies, Cubs, Scouts or a youth club can help children and young people socialise and improve their skills in interacting with others.



# Section 2: Understand how to support children and young people with mental health concerns



**Knowledge Activity 8:** Think about your own experience of working with children or young people or about a work setting you would like to work in. Describe the activities and opportunities for promoting interaction between children and young people or between them and other adults.

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As an adult interacting with children and young people, you need to be friendly, open and non-judgemental, whilst maintaining a professional relationship. It is important for individuals to see that you treat all individuals equally and don't have favourites.

## Section 2: Understand how to support children and young people with mental health concerns

### Respecting self-esteem in children and young people

Please read the following as it will help you to answer question 25.

It is important to respond to the behaviour and lifestyle choices of children and young people in ways that respect their self-esteem. It is never appropriate to put a child or young person down, make them feel small or criticise or make fun of them in front of others. Nor is it appropriate to show disapproval of their lifestyle choices based on your own beliefs and values. These negative ways of dealing with individuals will damage their self-esteem.

Responses to unwanted behaviour that respect the individual's self-esteem include:

- Speaking to the individual calmly and at a normal level (not shouting)
- Quietly moving the individual to a more private area or moving others away from them if they are angry, aggressive or distressed
- Waiting with them while they calm down and asking if there is anything you can do to help
- Discussing the behaviour with them and helping them to identify triggers and find solutions or strategies to use in the future
- Forgiving and forgetting the behaviour by not reminding them of it constantly or making them feel ashamed

In extreme cases, a child or young person may need to be restrained, especially where they are placing themselves or others at risk of harm, but this should be the minimum restraint necessary and should be discussed with them and their parents where appropriate following the incident.

In some workplaces, it is necessary to allow the use of reasonable force in order to protect staff and children or young people. Schools and other child or youth settings should train staff in use of restraint if required and it should only be used whilst observing the following principles:

- Use least restrictive option
- Use for no longer than necessary
- Use should be proportionate to the risk of harm
- Use should consider the dignity and best interests of the child/young person
- Policies on use should be open and transparent
- Incidents should be recorded and auditable

## Section 2: Understand how to support children and young people with mental health concerns

Your workplace may have a policy on use of force; it is good practice to do so to protect staff and children or young people.



**Knowledge Activity 9:** Find your workplace policy on behaviour and see if there is a section or a separate policy on the use of reasonable force. If you do not yet work in a child or youth setting, see if you can find a sample policy on the Internet. Write down what is acceptable and what is not acceptable under the policy.


Children and young people will sometimes make lifestyle choices that you feel are inappropriate or that conflict with your own beliefs. These may be around choices for dress, friendships, behaviour or sexual relationships, for example, or may be in conflict with their (and your) cultural background. As long as the individual is not engaging in behaviour that is illegal or harmful, you should respect their choices.

Responses to the lifestyle choices of children and young people that respect their self-esteem include:

- Being accepting and non-judgemental
- Being supportive if their choices bring them into conflict with others
- Discussing any risks relating to lifestyle choices where appropriate and helping them to reduce risk, e.g. if they go out after dark, staying with a group of friends
- Encouraging others to be accepting of their lifestyle choices
- Where they do make inappropriate lifestyle choices, e.g. smoking, substance abuse or promiscuous behaviour, talking to them about why these might be inappropriate and the risks that are involved

## Section 2: Understand how to support children and young people with mental health concerns



### Ben's story

I'm eighteen now and I'm having medical treatment to help me transition. My parents called me Sally but I was never comfortable as a girl, even from a very young age. My parents have accepted my lifestyle choice now, but I went through some very difficult years and some of our relations still won't accept me as a man. My first positive experience was when a youth leader at the local youth club discussed gender issues with a group of us and gave us leaflets on support available. I talked to her afterwards on my own and discussed my own experiences. She was the first person who didn't judge me or make comments that upset me. She helped me find a counsellor to help me and my family come to terms with my lifestyle choices and I'm much happier now.

## Supporting children and young people to express emotions and concerns

Please read the following as it will help you to answer question 26.

Many of the strategies and approaches you have already learned about will help you to support children and young people to express their emotions and concerns.



**Knowledge Activity 10:** From what you have learned so far, write down ways to support children and young people to express emotions and concerns.

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## Section 2: Understand how to support children and young people with mental health concerns

You can support children and young people to express emotions and concerns within a safe environment by:

- Being open and approachable so they know they can discuss things with you
- Letting them know that it is OK to express their emotions and be happy, sad, angry, etc.
- Supporting them to understand their emotions and find ways to regulate them as appropriate, e.g. avoiding or preventing negative behaviours
- Making sure they have the vocabulary to be able to discuss emotions and concerns
- Supporting them to understand the impact their emotions have on others
- Building self-confidence and self-esteem

### Services and professionals that support children and young people's mental health

**Please read the following as it will help you to answer question 27.**

The main services to support the mental health of children and young people are the NHS CAMHS. CAMHS stands for Child and Adolescent Mental Health Services. CAMHS are local services based around specialist teams made up of different specialists who can provide support. A child or young person can be referred to CAMHS through their parents, school, GP, a social worker or, if they are old enough, they can refer themselves. CAMHS will generally work with the child or young person and their family to ensure proper support.

The professionals who work in CAMHS teams may include:

- Psychiatrists – doctors who specialise in mental health.
- Social workers – who support individuals in their community and can help them to access other support and funding where appropriate.
- Nurses – help to care for people and may be able to prescribe medicines in some cases.
- Occupational therapists – help people who have been ill build their confidence and skills.
- Psychologists – experts on behaviour and feelings who can help individuals understand and cope.
- Counsellors – use talking therapies to help individuals.



## Section 2: Understand how to support children and young people with mental health concerns

- Therapists – behavioural, family or art therapists, for example, support individuals and their families to find ways of expressing themselves and coping with mental health concerns.
- Primary mental health worker – a key person who works with the individual and co-ordinates the other care and services they need.
- Outreach workers – professionals who work in the community to support individuals with mental health problems in day-to-day living.

Most local CAMHS will have a website explaining the services they offer.



**Knowledge Activity 11:** Find the CAMHS for your local area and list the services and professional support they offer to children and young people with mental health concerns and their families.

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# Section 2: Understand how to support children and young people with mental health concerns

In addition to CAMHS, there are a range of other professionals and services that may be able to offer support. These include:

- GPs – the individual’s doctor can provide advice and referral to specialists. They may also be involved in prescribing medication.
- School counsellors or mentors – many schools have counsellors or mentors who can support children and young people who are facing difficult experiences. They may offer counselling and support themselves or refer individuals to other services and professionals.
- Special educational needs co-ordinators (SENCOs) – SENCOs work in schools to ensure any special educational needs of individuals are met. This may include supporting children or young people who have behavioural or emotional difficulties.
- Charities and other organisations – there are a variety of charities and organisations that provide advice, helplines and access to services to support young people in relation to their mental health. Examples are Mind, the mental health charity ([www.mind.org.uk](http://www.mind.org.uk)), and Young Minds, who champion the mental health and well-being of young people ([www.youngminds.org.uk](http://www.youngminds.org.uk)).
- Local and community support groups – there may also be locally run support groups to help children and young people and their families.



**Knowledge Activity 12:** Find out about any support groups relating to mental health and well-being for children and young people in your local area and describe them here. You could look on the Internet or for leaflets and notices in a local health centre or doctor’s surgery.

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## Section 2: Understand how to support children and young people with mental health concerns

### Importance of early intervention, support and treatment

Please read the following as it will help you to answer question 28.

The earlier the intervention for a child requiring mental health support or treatment, the better the chance of recovery and preventing long-term mental health issues. Many of the mental health issues experienced by adults actually began in childhood and become longer-term, more serious or recurring problems because they have not been appropriately identified and treated.

In addition, many mental health problems in children and young people could be prevented if there is early enough intervention to support them and build their resilience, self-confidence and self-esteem.



#### Did you know?

70% of children and young people who have experienced a mental health problem have not had appropriate interventions at a sufficiently early age.

(Mental Health Foundation, [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk))

### Care Programme Approach (CPA)

Please read the following as it will help you to answer question 29.

The Care Programme Approach (CPA) to mental health is a package of care to support the recovery of individuals who have been diagnosed with a serious mental health problem, have complex needs, e.g. may need physical as well as mental health care, have been detained under the Mental Health Act, or are at risk of harm due to mental health issues, for example.

The CPA involves assessment of needs, planning and co-ordinating care and regularly reviewing care to ensure it meets individuals needs. The individual will have a care co-ordinator who should co-ordinate their care and ensure the right professionals are involved in care. The co-ordinator may be a nurse, social worker or occupational therapist. They should keep in regular contact with the individual and ensure that they understand their care plan.

The care plan should set out medication, therapy, any physical care needs, other support in relation to living, education, etc., any specific risks relating to the individual and their mental health, e.g. risk of self-harm, and the individual's personal circumstances. Care plans should be made with the individual, ensuring their needs and preferences are met.

## Section 2: Understand how to support children and young people with mental health concerns

The Care Programme Approach is about co-ordinating all the different agencies and professionals involved in the support of a child or young person with mental health problems.

### Therapies to treat a child or young person experiencing mental health problems

Please read the following as it will help you to answer question 30.

The main therapies that are used to treat children and young people include:

- Art therapy – art therapy helps children and young people express their feelings and thoughts through the use of art. It helps individuals understand more about themselves and can lead to them making positive changes.
- Talking therapies – many therapies involve talking about feelings and thoughts with a specially trained therapist. They can work with individuals to help them think about the personal difficulties they are experiencing and find ways to overcome them.
- Cognitive Behavioural Therapy (CBT) – this is a talking therapy that focuses on the link between thoughts, feelings and behaviours. It encourages individuals to question thoughts and behaviours and find ways to manage unhelpful thoughts and behaviour patterns. Individuals learn how to analyse their own thoughts and behaviours, which can be of future help to them in dealing with new difficulties they face.
- Family therapy – family therapy is sometimes used to support children and young people. This involves working with the child or young person and family members to help them express their points of view and understand the feelings and thoughts of others in the family. This can help families make positive changes so that everyone is supported.



## Section 2: Understand how to support children and young people with mental health concerns



### Diana's story

I'd been depressed for a long time and had attempted suicide twice. One of the main problems was my sexuality. I am a lesbian and my parents just couldn't accept that. They thought I was too young to make decisions about my sexuality and the relationships I wanted to have, even though I'm 17. I'd always had a good relationship with my family before and now, when I needed their support more than ever, I felt let down by them. The family therapist helped us to find a way forward. He met with the whole family and encouraged us to talk about what we thought and felt. My parents, brother and sister began to understand what I was going through, and I understood their point of view as well. My parents accepted that I was old enough to make my own mind up about these things and I realised their negative attitude was really only concern for my well-being. We've made some positive changes and I'm feeling much better. Mum's invited my girlfriend to tea for the first time and I'm really excited about introducing her to the family.

## Medication to treat children and young people experiencing mental health problems

Please read the following as it will help you to answer question 31.

The table shows the main types of medicines used to treat mental health problems in children and young people.

Type of medication	What it is used for/what it does	Examples
Antidepressants	Used mainly to treat depression, but also for anxiety, OCD, eating disorders and insomnia. They improve symptoms of depression and can stop them returning.  Note: there is little research about the use of antidepressants in under 18s and they are used with care usually alongside talking therapies.	Amitriptyline, Prozac, Mirtazapine

## Section 2: Understand how to support children and young people with mental health concerns

Anti-anxiety medicines	Used for anxiety and sleep loss.  Note: again, there is little research and medicines will only be prescribed to under 18s by specialists.	Lorazepam, Propranolol, Sertraline (used to treat OCD)
Stimulants	Used to treat ADHD.	Methylphenidate, Amphetamine, Dextroamphetamine
Antipsychotics	Used to manage psychosis. Often used in combination with other medicines in the treatment of ADHD, eating disorders, PTSD, OCD and generalised anxiety disorder.	Chlorpromazine, Risperidone, Olanzapine
Mood stabilisers	Used to treat bipolar disorder and other illnesses such as anxiety, panic, and aggressive behaviour.	Carbamazepine, Lamotrigine



### Did you know?

Many medicines for mental illnesses have not been tested for under 18s and should only be prescribed by a specialist.



## Section 2: Understand how to support children and young people with mental health concerns

### Summary

In this section, you have learned about:

- Person-centred approaches to supporting the mental health of children and young people
- The recovery model for children and young people
- How to uphold the rights of the child or young person with mental health problems
- Strategies to support the child or young person with mental health problems
- Promoting the well-being of children and young people through the environment and positive interaction
- Supporting children and young people to express emotions and concerns
- The services and professionals that can support the child or young person with mental health problems
- The importance of early intervention and treatment
- The Care Programme Approach
- Therapies and medicines used to treat the child or young person experiencing mental health problems.











# Section 3: Extension activities



**Extension Activity 5:** Write a guide for parents and teachers on how to support well-being and build resilience in children and young people.

A large area of lined paper for writing, consisting of approximately 25 horizontal lines.





DEPRESSION

## SUPPORT SERVICES

### Disclaimer

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