

An e-pack produced  
for schools, colleges  
and family centres  
across Hertfordshire

# Mental Health Factsheets for young people

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*A pack with information on mental health  
issues affecting young people in Hertfordshire*

## Foreword

In Hertfordshire we recognise the importance of good emotional wellbeing and emotional health in our children and young people. Promoting positive emotional wellbeing and mental health, helping young people to build positive coping strategies, and providing an environment that enables them to feel safe, resilient, and able to seek help when they need it are all part of an approach to improving and promoting good mental health across our population.

We know that 1 in 8 children and young people have a diagnosable mental health disorder, and it is therefore vitally important that we offer relevant and accessible information to any child (and their parents or carers) who may have themselves received a diagnosis, or who know someone else who has received a diagnosis.

The Royal College of Psychiatrists have worked with young people to create mental health factsheets for use with children, parents and carers.

We are pleased to be able to offer this pack at no cost to school professionals in Hertfordshire, to share with families they work with that are facing the issues detailed in the factsheets, which include anxiety, depression, and worries about weight and eating problems.

These will be a useful addition to the suite of mental health support information we have in Hertfordshire for children, young people and families, and to support the professionals that work with them.

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# Introduction

Enclosed in this e-pack from the Royal College of Psychiatrists, are a number of mental health fact sheets for young people, parents and carers.

These have been written by Psychiatrists and young people working together.

These fact sheets are for use with young people (and their parents or carers) who have a diagnosed mental health issue, or who are experiencing a specific issue related to their mental health (e.g. using drugs or alcohol) with which they are looking for support. They can also be a useful reference tool for professionals within the school to learn more about specific mental health issues which they are aware a young person may be facing.

They can also be used to answer questions that young people or their parents/carers may have about mental health issues, for example in response to having heard about them from a friend or family member or in the media.

Every school in Hertfordshire should have a Mental Health Lead (some will also have a Deputy Lead), and these factsheets are being disseminated to them via the Level 2 Mental Health Lead Training. If you work in a school and have received the fact sheets from some other route, please do contact your Mental Health Lead to discuss the use of these. You can find out who your Mental Health Lead is, as well as information on additional funded mental health training and resources by emailing [SchoolMHTraining@hertfordshire.gov.uk](mailto:SchoolMHTraining@hertfordshire.gov.uk)

Please note, these factsheets are NOT to be used as a diagnostic resource by schools – a health professional is required in order to make a diagnosis. Many young people will exhibit some of the symptoms associated with mental health disorders without them developing a disorder.

These factsheets are best used with individual children or families in response to issues that have arisen and are not recommended for use in a classroom setting.

**There are a number of excellent resources we recommend for promoting mental health in the classroom setting, and throughout the school day, including:**

**The 'Just Talk' Schools and College toolkit contains lesson plans, posters, leaflets, and short activities designed to embed important and accessible mental health messages into every-day life:**

<https://www.justtalkherts.org/professionals/schools-colleges-and-other-professionals.aspx>

**The Healthy Young Minds in Herts website contains evidence based (and free) local and national tools, resources and training information:**

<https://www.healthyyoungmindsinherts.org.uk/schools/lesson-plans-and-free-resources>

**Schools are also encouraged to sign up to the Hertfordshire Whole School approach to positive emotional wellbeing and mental health. This is a free Kitemark:**

<https://www.healthyyoungmindsinherts.org.uk/publications/2019/nov/hertfordshire-schools-self-review-whole-school-and-college-approach-emotional>

**Hertfordshire and national services and support can be found here:**

<https://healthyyoungmindsinherts.org.uk/publications/2018/apr/signposting-guide-young-people>

*A password is required to access some of the information on the Healthy Young Minds website. Please contact [SchoolMHTraining@hertfordshire.gov.uk](mailto:SchoolMHTraining@hertfordshire.gov.uk) to register to receive a password if required.*



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# Mental Health Factsheets for Young People

## Contents

Bipolar disorder.....	1-5
Cannabis and mental health.....	6-8
Cognitive Behavioural Therapy (CBT).....	9-11
Coping with stress.....	12-15
Depression in children and young adults.....	16-19
Drugs and alcohol.....	20-22
Exercise and mental health.....	23-26
Obsessive Compulsive Disorder (OCD).....	27-30
Psychosis.....	31-34
Schizophrenia.....	35-38
When a parent has a mental illness.....	39-41
When bad things happen.....	42-45
Worries about weight and eating problems.....	46-50
Worries and anxieties.....	51-55



# Bipolar disorder



## Introduction

This leaflet gives some basic information about bipolar disorder and some practical advice on how to get help.



## What is Bipolar disorder?

Bipolar disorder is also sometimes called manic depression, bipolar affective disorder or bipolar mood disorder.

Bipolar disorder is an illness in which there are extreme changes or swings in mood.

Everyone has times in their life when they feel very happy (such as when you are about to go on holiday) or very sad (such as when your pet dies). But it only becomes a disorder when the mood changes are unusual or extreme. This can range from being unusually happy (known as mania or hypomania), to being unusually sad (depression) for no apparent cause.

### What causes it?

Although the causes are not fully understood, bipolar disorder tends to run in families. In people who have bipolar disorder, episodes may happen at times of stress or disrupted sleep.

### How common is it?

Bipolar disorder is extremely rare in young children, but there are quite a few studies that suggest that it may start in teenage years and in early adult life. It affects about one in 100 adults.



## What are the symptoms

In bipolar disorder a person can have (1) manic/hypomanic episodes, (2) depressive episodes or (3) mixed episodes.

There are different types of this disorder depending on how severe the symptoms are or how long they last.

The mood changes can sometimes happen very rapidly within hours or days (sometimes called rapid cycling). For some people, the mood symptoms are less severe (sometimes called 'cyclothymia').

In between the highs and lows, there are usually 'normal' periods that can last for weeks or months. However, for some people, especially when they have had disorder from some time, these periods of 'normalcy' can be shorter or difficult to see.

Below is a list of the sort of symptoms that can occur in each type of episode. You need to have at least one manic or hypomanic episode to be diagnosed with bipolar disorder.

You need to have several symptoms at the same time for at least several days. If there is just one symptom, then it is unlikely to be bipolar disorder.

### Symptoms that can occur during a 'high' or manic episode

- feeling incredibly happy or 'high' in mood, or very excited
- feeling irritable
- talking too much -increased talkativeness
- racing thoughts
- increased activity and restlessness

- difficulty in concentrating, constant changes in plans
- over confidence and inflated ideas about yourself or your abilities
- decreased need for sleep
- not looking after yourself
- increased sociability or over-familiarity
- increased sexual energy
- overspending of money or other types of reckless or extreme behaviour.

Hypomania is a milder form of mania (less severe and for shorter periods). During these periods people can feel very productive and creative and so see these experiences as positive and valuable.

However, hypomania, if left untreated, can become more severe, and may be followed by an episode of depression. At the extreme end, some people also develop something called 'psychosis'.

### Symptoms that can occur during a depressive episode

- feeling very sad most of the time
- decreased energy and activity
- not being able to enjoy things you normally like doing
- lack of appetite
- disturbed sleep
- thoughts of self-harm or suicide.

On the milder end, you may just feel sad and gloomy all the time. Here too, at the extreme end, some people can develop psychosis (see our factsheet on psychosis).

### Symptoms that can occur during a mixed episode

- A mixture of manic symptoms and depressive symptoms at the same time.



## What effects can bipolar disorder have?

The exaggerated thoughts, feelings and behaviours can impact on many aspects of life, for example:

- loss of confidence
- loss of sense of control a person feels over their life
- poor concentration with studies
- problems with relationships with family and friends
- behaviour that places a young person's health or life at risk
- behaviour that could place your health or life at risk, like drinking alcohol or using drugs.

The first step is recognising that there might be a problem. Other people are likely to have noticed that you seem different from your usual self, particularly those who live with you. Speak to people who might know you well, such as family and friends.

## How is it treated?

In the short term, depending on whether you are high or low and how severe it is, you may need different treatments. When you have severe symptoms, you may need medications and also sometimes admission to hospital to help your symptoms and also keep you safe.

In the long term, the goal of treatment is to help you have a healthy, balanced and productive life. This would include understanding the condition, controlling the symptoms and preventing the illness from coming back. Below we briefly describe each aspect of the treatment:

## Help with understanding yourself and the illness (psychoeducation)

It is very important that you and your family are helped to understand bipolar disorder, how best to cope and what to do to reduce the chances of it coming back. You and your family may notice 'triggers' to your episodes and/or early warning signs that an episode is starting. Being aware of these can help reduce the chance of episodes occurring and getting help in the earliest stages of an episode can stop it from getting worse.

## Talking treatments (also known as 'psychological therapies')

These may include different types of therapies like:

- **Cognitive-behavioural therapy (CBT)**

The young person, sometimes with their family, learns to understand the links between their feelings and thoughts and how this affects their behaviour (see our factsheet on CBT).

- **Family-focused treatment (family therapy)**

The whole family can be helped to reduce stress, solve problems and communicate better.

## Medication

Medication plays an important role in the treatment of bipolar disorder, especially if episodes are severe.

The choice of medication can depend upon the type of episode (manic or depressed). Everyone is different, and so the type of medication that is recommended will also be different.

Medications can have mild or even severe side-effects. Your psychiatrist will be able to advise about what they are and about what can be done to help. The risk of side-effects needs to be balanced against the risk of the damaging effects of the illness on a person's life.

Antipsychotic medications are usually used for high/manic episodes, while antidepressant

medications are used for the low/depressive episodes. You may also need medications called mood stabilizers (e.g. lithium) which help to keep your mood stable both during and between episodes.

It is important that medications are not taken only when the problems are serious. If you have had more than one severe episode of illness, staying on medication is important to reduce the risk of further episodes. Medication may be needed for months or even years. Some people may, under medical supervision, be able to stop their medication when they have recovered and have felt well for a while.

You may need physical examination and tests (like blood test) before starting or while you are on medication. It is important that if you are prescribed medication, you are regularly seen by your doctor or psychiatrist.



## What can you do?

The high or low episodes can last from a few weeks to months. It is important to recognise that you are not alone and to keep up hope. Some people only have one or two episodes. For others the highs and lows can occur through their adult life. When this happens, it is important that you learn to live with it and manage it.

- The first step is recognising that something is different or a problem. Other people are likely to have noticed that you seem different from your usual self, particularly those who live with you.
- Speak to people who know you well, such as family and friends.
- Seeking medical advice early on is very important. If the bipolar illness can be identified and treated quickly, this reduces its harmful effects.
- If you already have a diagnosis, understand

your illness and problems. This can help you to take control and get help before it gets more difficult. This can mean steps like planning for a crisis and making choices about your career.

- Do things which help you to have a good health, like having a balanced healthy diet, doing some exercise, and getting a good night's sleep.
- Try to identify what makes you feel 'stressed' and identify ways of dealing with it.

## How do I get help?

You may need to see your GP to talk about your concerns. They can then refer you to your local child and adolescent mental health service (CAMHS) who can offer more specialist help.

If you have a school counsellor/nurse or learning mentor, they can also be a useful person to talk to and may also be able to refer you to the local child and adolescent mental health services.

## Christina's story, aged 16

"I was a happy, confident person studying for 11 GCSEs, and enjoying a good social life with a large circle of friends. All seemed well in my life.

Suddenly from feeling really cheerful, happy and full of energy, I withdrew to my room, stopped eating and stopped talking to everybody, even my parents. I was having vivid hallucinations, became paranoid and even thought about hurting myself.

My parents became really worried and eventually I was admitted to a child and adolescent psychiatric unit.

I now realise that I was manic before I plunged into black depression. One I was diagnosed as bi-polar (manic depressive), I was able to understand and come to terms with my illness.

Medication was given to me to deal with the mood swings, together with a talking therapy.

With support from my family and friends, I am now back at school and I hope to go to medical school in the next couple of years."

## Rachel's story, aged 15

"**Rachel is fifteen-year-old girl** who has suffered episodes of depression in the past. Two months ago she started to talk very quickly and seemed to have lots of energy. She was excited about everything and was making all her friends laugh a lot.

Over a three-day period Rachel barely slept or ate and started to say things that did not really make sense; for example, she told friends that was a princess in Taiwan. She also started swearing and became extremely flirtatious, which was out of character. She is quoted as saying, "I've never felt so great - I'm flying. I'm eleven on a scale of one to ten."

Rachel's parents were very worried and on the fourth night of her not sleeping, they took her to the local A&E department, where she was seen by a psychiatrist who arranged for her to stay in hospital. A diagnosis of bipolar disorder was confirmed and treatment was given to bring Rachel's mood back to normal. She now has treatment to help prevent episodes of both depressed and abnormally high mood in the future.

She has been working with a community psychiatric nurse to improve her ability to recognise her own mood state and take measures to protect herself from further episodes."

**Extract from** *The Young Mind: an essential guide to mental health for young adults, parents and teachers.*



## Further information

**Bipolar UK** - Helps people with bipolar disorder/manic depression, their relatives, friends and others who care, and educates the public and caring professions about bipolar disorder. They produce a range of leaflets and support a network of self-help groups around the UK.

### Epic friends

Mental health problems are common. This website is all about helping you to help your friends who might be struggling emotionally.

**Rethink Mental Illness** - A charity which helps people affected by a severe mental illness to recover a better quality of life. There is a section on the website for young people.

**Sane** - A national charity which improves the quality of life for people affected by mental illness.

**Young Minds** - A charity committed to improving the emotional well-being and mental health of children and young people. YoungMinds have also developed **HeadMeds** which gives young people in England **general** information about medication. HeadMeds does **not** give you medical advice. Please talk to your Doctor or anyone else who is supporting you about your own situation because everyone is different.



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# Cannabis and mental health



## Introduction

Lots of young people want to know about drugs. Often, people around you are taking them, and you may wonder how it will make you feel. You may even feel under pressure to use drugs in order to fit in, or be 'cool'. You may have heard that cannabis is no worse than cigarettes, or that it is harmless.



## What is cannabis?

The cannabis plant is a member of the nettle family that has grown wild throughout the world for centuries. People have used it for lots of reasons, other than the popular relaxing effect.

It comes in two main forms:

- resin, which is a brown black lump also known as bhang, ganja or hashish
- herbal cannabis, which is made up of the dried leaves and flowering tops, and is known as grass, marijuana, spliff, weed, etc.

Skunk cannabis is made from a cannabis plant that has more active chemicals in it (THC), and the effect on your brain is stronger. Because 'street' cannabis varies so much in strength, you will not be able to tell exactly how it will make you feel at any particular time.

At present, cannabis is classified under the Misuse of Drugs Act 1971 as a Class B drug. The Advisory Council on the Misuse of Drugs has recommended it be reclassified as Class C, meaning that possession of cannabis would no longer be treated as an offence. However, at present, it is still illegal to possess cannabis.

There are moves afoot to legalise use of cannabis for medicinal purposes and the first emergency licence for cannabis oil was granted on 18 June 2018 for a child with very severe epilepsy

## What does it do to you?

When you smoke cannabis, the active compounds reach your brain quickly through your bloodstream. It then binds/sticks to a special receptor in your brain. This causes your nerve cells to release different chemicals, and causes the effects that you feel. These effects can be enjoyable or unpleasant.

Often the bad effects take longer to appear than the pleasant ones.

- Good/pleasant effects: You may feel relaxed and talkative, and colours or music may seem more intense.
- Unpleasant effects: Feeling sick/panicky, feeling paranoid or hearing voices, feeling depressed and unmotivated.

Unfortunately, some people can find cannabis addictive and so have trouble stopping use even when they are not enjoying it.



## How does cannabis affect mental health?

Using cannabis triggers mental health problems in people who seemed to be well before, or it can worsen any mental health problems you already have.

Research has shown that people who are already at risk of developing mental health problems are more likely to start showing symptoms of mental illness if they use cannabis regularly. For

example if someone in your family has depression or schizophrenia, you are at higher risk of getting these illness when you use cannabis.

The younger you are when you start using it, the more you may be at risk. This is because your brain is still developing and can be more easily damaged by the active chemicals in cannabis.

If you stop using cannabis once you have started to show symptoms of mental illness, such as depression, paranoia or hearing voices, these symptoms may go away. However, not everyone will get better just by stopping smoking.

If you go on using cannabis, the symptoms can get worse. It can also make any treatment that your doctor might prescribe for you, work less well. Your illness may come back more quickly, and more often if you continue to use cannabis once you get well again.

Some people with mental health problems find that using cannabis makes them feel a bit better for a while. Unfortunately this does not last, and it does nothing to treat the illness. In fact, it may delay you from getting help you need and the illness may get worse in the longer term.

## What can you do?

If you are at all worried about the effect that cannabis might be having on your mental health, talk to somebody about it. This could be friends, family, or any professional such as:

- doctor or nurse
- teacher or school/college counsellor
- youth counsellor
- social worker.

There are lots of people who can help you decide whether you do have a problem, and what you can do about it. However, if you don't talk about it, you are unlikely to get help.

Mental health problems generally do get better if you treat them quickly. Things that you can do in the meantime to help yourself include:

- having a day without cannabis
- avoiding bulk buying
- avoiding people, places and activities that you associate with cannabis use
- not using it if you are feeling sad or depressed
- STOPPING if you get hallucinations
- seeking help.



## Louise's story

When I was 16, I had my first joint. It was to help me revising for my exams. My friend told me that it would help me relax, and I could revise better. At first it worked, I felt calmer and more relaxed. But then I started forgetting things I'd revised and stressing myself out more. I started smoking more and more, and eventually I was relying on weed to cope.

I started smoking more and more every day, and it ended up being the only way that I could enjoy myself and have fun. My mum noticed that my eyes were always red, but just thought that I was ill. She took me to the doctors who tested my blood, and found out about my drug use. They got me help, and showed me other ways of getting rid of my stress. I ended up slowly cutting down on my cannabis use, and I have now stopped smoking completely.

When I look back, I realise how silly I was to start smoking so close to my exams. I had to retake a year of sixth form, and really regret developing such a strong addiction to cannabis. Although it seemed to help at the beginning, it did not help me in the long run. I now know that in order to do well in life, drugs are not the answer.



## Further information

Below are some websites if you want to know more about the effects of cannabis and other drugs on your mental health and what you can do.

### City of London Substance Misuse Partnership

- Has produced some useful leaflets to provide information and harm minimisation advice regarding drugs and drug use.

**Know cannabis** - A website that can help you assess your cannabis use, its impact on your life and how to make changes if you want to.

**Talk to Frank** - Free confidential drugs information and advice line. Tel. 0800 77 66 00.

**YoungMinds** - Charity committed to improving the mental health of all children and young people.

### Further reading

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# Cognitive Behavioural Therapy (CBT)



## What is Cognitive Behavioural Therapy?

Cognitive Behavioural Therapy (CBT) is a psychological treatment, a “talking therapy”. It aims to help you understand how your problems began and what keeps them going. CBT works by helping you to link the way that you think (your thoughts, beliefs and assumptions), with how you feel (your emotions) and what you do (your behaviour).

- **What you think**
- **What you feel**
- **What you do**

### What problems can CBT help with?

Cognitive Behavioural Therapy (CBT) has been found to be effective in helping young people with a wide range of problems, including:

- **low self-esteem**
- **depression**
- **anxiety problems**
- **obsessive-compulsive disorder**
- **post-traumatic stress disorder**

There is increasing use and evidence of CBT working well in various other problems like sleep, chronic fatigue and chronic pain.

### How do I access CBT?

You may be able to access CBT through trained CBT therapists who usually work in specialist teams like CAMHS./Children’s IAPT.

Some may work independently, in schools or voluntary organizations.

Your GP should be able to refer you to the right service.

For older children, there may be online / computerized CBT available for specific conditions like anxiety/low mood. Self help CBT manual or online CBT can be helpful when one is well motivated and have problems that may not be too severe.



## What causes these worries and anxieties?

Our thoughts and emotions often cause us problems. For example:

Situation: Your friend doesn't ring you	
<b>Unhelpful thoughts</b> They don't like me	<b>Helpful thoughts</b> Something is wrong
<b>Feeling</b> You feel sad	<b>Feeling</b> Worried about your friend
<b>Physical</b> Feel sick	<b>Physical</b> You feel fine
<b>Action</b> You don't go to your friend's party	<b>Action</b> You ring – they had lost their mobile

The key point is that sometimes our thoughts are unhelpful and sometimes they are not accurate. This pattern of thinking can lead to many problems.

The goal of CBT is to help you learn a more balanced way of thinking and to change any unhelpful patterns of thinking and behaving.



## How does CBT work?

CBT helps you understand the link between your thoughts, emotions and behaviour. This is important because sometimes, when you talk about things that are difficult, you may feel worse to begin with. CBT will help you discover skills like:

- How to understand your individual problem more, as you're the expert in your problem.
- Identify links between your thoughts, emotions and behaviour.
- Arrive at an individualised formulation to what is keeping the problem going.
- Try out different ways to problem solve

CBT is not about thinking more positively as thoughts are not facts.

CBT helps the way you feel to improve what you think and what you do. By being able to approach situations in a more balanced way, you will hopefully be more effective in solving your problems and feel more in control of your life.



## If I agree to take part in CBT, what will I have to do?

If you agree CBT is the right treatment for you, you will be expected to meet with your therapist regularly. To help your therapist to understand your difficulties, you will be asked to complete some questionnaires or worksheets. These may be repeated throughout your treatment. Your progress within treatment will be monitored and discussed with you on a regular basis, as your views are important.

The therapist will help you understand your problems and help you discover ways of dealing with them. You will be encouraged to practise them outside of your therapy (for example, at school or college or at home). This means that tasks or homework will be set at the end of the meeting. You may be given worksheets to help remind you of what you need to do.

### Why do I have to do homework?

Unfortunately, you cannot learn to ride a bike by reading a book. Any skill you want to learn requires practise.

CBT will help you learn:

- how to overcome negative thoughts (she doesn't like me)
- unhelpful behaviours (not going to the party)
- difficult emotions (feeling sad)

It is important to practise the CBT skills you are taught for the following reasons:

- to be sure that you understand them;
- to check that you can use them when you need to (e.g. when you are feeling upset about something);
- so that any problems you may have in using these skills can be worked on in your therapy.

It's not always easy to learn new skills, so you will need lots of support from your therapist, your family/carers.

### Information for parents

It is very important that parents are actively involved in their child's therapy. What we ask is parents to be part of the therapy 'co therapists' with a shared understanding of the problem, clear understanding and belief in the therapy, shared goals, to help parents understand the formulation and maintenance of the problem but not to blame, to be part of the treatment experiments, monitor progress, understand confidentiality and privacy of the sessions.



## Further information

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

**[www.getselhelp.co.uk](http://www.getselhelp.co.uk)**

This website offers CBT self-help information, resources and including therapy worksheets

**[www.youthaccess.org.uk](http://www.youthaccess.org.uk)**

website provides information, advice, counselling and support services for young people and also has useful links for parents.

### Books

**Getting through it with CBT: a young person's guide – Holdaway, Claire (Book) Teen**

This guide is written for young people who want to understand more about how therapy works and what to expect from it. It can support

and help you through your process of therapy and can be used alongside therapy.

**Getting through depression with CBT: a young person's guide – Dalton, Louise (Book) Teen**

This guide is written for young people who want to understand more about depression and how therapy could help them with this problem.

**Getting through Anxiety with CBT: A young person's guide – Gurney-Smith, Ben**

**Breaking free from OCD: a CBT guide for young people and their families - Derisley, Jo (Book)**



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# Coping with stress



## About this leaflet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. This factsheet looks at what stress is, what causes it and how it might feel to be suffering from stress.



## What is stress?

People feel stressed when they feel like the demands or pressures on them are more than what they can cope with. Everyone feels stressed at times. You may feel under pressure, worried, tense, upset, sad, and angry – or maybe a mixture of uncomfortable feelings. These feelings can be entirely normal, but sometimes stress can get too much and can even trigger a mental illness. Sometimes people try to ‘block out’ stress by using drugs or alcohol. This makes things worse in the long run.

It is important to get help if stress is getting too much or you are using drugs or alcohol to try and cope.

### What causes stress?

There are many reasons why you might feel stressed. For example:

- school work piling up
- preparing for exams
- being teased or bullied at school
- arguing with parents, brothers or sisters, or friends.

Stress can be even worse if your family is breaking up, someone close to you is ill or dies, or if you are being physically or sexually abused.

People vary in the amount that they get stressed by things - you may find that you get very stressed out by exams, but your friends don't seem bothered!

Positive events can also be stressful! For example starting a new college or going to university. Many people need a little bit of stress to give them the “get up and go” to do things that are important to them.



## What are the effects of stress?

Stress can affect different people in different ways. Stress can affect your body and your feelings. Some of the effects are listed below:

Effects on your body:

- feeling tired
- having difficulty sleeping
- going off your food
- stomach aches
- headaches
- aches and pains in your neck and shoulders.

Effects on your feelings:

- feeling sad
- being irritable, losing your temper easily
- finding it hard to keep your mind on school work.

## How do I cope with stress?

There are several things that you can do to help yourself cope.

- Don't suffer in silence! Feeling alone makes stress harder to deal with.
- Talking to somebody you trust can really help you to deal with stress and to work out how to tackle the problems that are causing it.
- Make a list of all the things in your life that are making you feel stressed- write them down on a piece of paper. Then take each one in turn and list all the things you could do to tackle it. This can help you sort things out in your head. Problems look easier to deal with one at a time than in a big jumble in your head!
- Take a break - do something that you really enjoy.
- Do something relaxing, for example take a hot bath or watch a film.
- Do some exercise. This produces chemicals in your body called 'endorphins' which make you feel good!

## When to get help?

Sometimes stress gets on top of you, especially when the situation causing the stress goes on and on and the problems just seem to keep building up. You can feel trapped, as if there is no way out and no solution to your problems. If you feel like this, it is important to get help.

Signs that stress is getting too much and that you should get help:

- You feel that stress is affecting your health.
- You feel so desperate that you think about stopping school, running away or harming yourself.
- You feel low, sad, tearful, or that life is not worth living.
- You lose your appetite and find it difficult to sleep.

- You have worries, feelings and thoughts that are hard to talk about because you feel people won't understand you or will think you are 'weird'.
- You hear voices telling you what to do, or making you behave strangely.
- You are using drugs or alcohol to block out stress.



## Who can help?

**It is important that you talk to someone you trust and can help you like:**

- a close friend
- parents, a family member or family friend
- a school nurse, teacher or school counsellor
- a social worker or youth counsellor
- a priest, someone from your church or temple.

Some people may find it easier to talk to somebody on the phone. See the section on further information below for details of confidential advice lines- childline for any young person in difficulty and 'Talk to Frank' for anyone wanting help or advice about drug problems.

Your GP or another professional can refer you to your local child and adolescent mental health service (CAMHS).



## Chloe's story, aged 16

"It started a few months ago, during year 11. I had a lot of work to do because it was my GCSE year but I was off for two weeks in April because I had tonsillitis and I needed an operation. When I went back to school, I had missed tons of work and I was given extra homework to do to catch up. I tried really hard to get this done on top of my coursework but I just got more and more behind. I started to think I'd never be able to catch up and

I thought I'd fail all my GCSEs. It got to the point where I couldn't sleep because I was worrying too much and although I was spending more and more time doing homework, I couldn't actually concentrate on it because I just kept thinking about how much I had to do. I was really snappy and horrible to my family and I had stopped seeing my friends.

I didn't want to get any help because I thought I'd look stupid but my mum dragged me to see my head of year, Mrs Young. I'm glad she did because Mrs Young was really understanding about the mess I had got in and she helped me to sort it out.

She spoke to my class teachers and they agreed that I didn't need to do all of the outstanding work, just the most important bits. Two of my teachers spent some time with me after school, going through some bits of my courses I hadn't understood properly. I was given some time out of lessons to catch up on my coursework.

Within a couple of weeks I was fully caught-up and I was feeling much better because I was sleeping properly and seeing friends again. I got good grades in my GCSEs and I'm going to college in September."



## Further information

**ChildLine** - A free and confidential telephone service for children. You can also get in touch by email or by confidential live one-to-one webchat. Helpline 0800 1111.

**Epic friends** - Mental health problems are common. This website is all about helping you to help your friends who might be struggling emotionally.

**Samaritans** - Provides a 24-hour service offering confidential emotional support to anyone who is in crisis. Helpline 08457 909090 (UK), 1850 609090 (ROI); e-mail: jo@samaritans.org

**Talk to Frank** - An organisation that gives confidential advice on drugs, including their effects and how to get help if drugs are a problem in your life. You get speak to an adviser by calling Freephone 0800776600, or Text 82111, or you can email an adviser via their website.

**Young Minds** - Provides information for children and young people on mental health and emotional wellbeing issues.

**Youth Access** - Offers information, advice and counselling throughout the UK.

### Or try this website: Teenage Health Freak

Useful CD: Rays of Calm, Christiane Kerr, Audio CD/Audiobook: CD from the "Calm For Kids" range created for teenagers. It talks through various relaxation techniques and visualisations designed to promote a sense of calm and wellbeing and to help teenagers deal with stress.

### Leaflet:

#### **U Can Cope! How to cope when life is difficult.**

Information on how to get help when you are feeling emotionally overwhelmed.



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# Depression in children and young people



## About this leaflet

This is one in a series of leaflets for parents, teachers and young people entitled *Mental Health and Growing Up*. This leaflet looks at how to recognise depression, and what you can do to help yourself or someone else.



## What is depression?

Feeling sad is a normal reaction to experiences that are stressful or upsetting. However, when these feelings go on and on, take over your usual self and interfere with your whole life, it can become an illness. This illness is called 'depression'.

A young person with depression may experience major problems not only with how they feel, but also with how they behave. This may cause difficulties at home and at school, as well as in relationships with family and friends. Some young people start taking risks.

These can include missing school, harming themselves (for example by cutting), misusing drugs or alcohol, and having inappropriate sexual relationships. Sometimes young people with depression may even try to kill themselves.

At the extreme end of depression, a small number of young people may develop 'psychotic' symptoms that may include very unusual and sometimes unpleasant thoughts and experiences like hearing voices. A small number of young people also have periods of high mood, known as 'mania', along with periods of low mood. They may be suffering from bipolar affective disorder.

## How common is it?

Depression is thought to occur in about 1-3% of children and young people. Anybody can suffer from depression and it affects people of all ages, ethnicities, and social backgrounds. It is more common in older adolescents, particularly teenage girls, but can affect children of any age.



## How do I know if I have depression?

Some of the symptoms you are suffering from depression include:

- being moody and irritable - easily upset, 'ratty' or tearful
- becoming withdrawn - avoiding friends, family and regular activities
- feeling guilty or bad, being self-critical and self-blaming - hating yourself
- feeling unhappy, miserable and lonely a lot of the time
- feeling hopeless and wanting to die
- finding it difficult to concentrate
- not looking after your personal appearance
- changes in sleep pattern: sleeping too little or too much
- feeling tired
- not interested in eating, eating little or too much
- suffering aches and pains, such as headaches or stomach-aches
- feeling you are not good looking.

If you have all or most of these signs and have had them over a long period of time, it may mean that you are depressed. You may find it very difficult to talk about how you are feeling.



## What causes depression?

There is no specific cause for depression. It is usually caused by a mixture of things, rather than any one thing alone such as:

- Personal experiences such as family breakdown, the death or loss of someone you love, neglect, bullying and physical illness.
- Depression can start if too many changes happen in your life too quickly.
- You are more likely to suffer from depression if you are under a lot of stress, have no one to share their worries with.
- Depression may run in families and can be more common if you already suffer from physical illness or difficulties.
- Depression seems to be linked with chemical changes in the part of brain that controls mood.

## What can I do if I am feeling low?

You can try a few things to see if it helps you feel better.

Simply talking to someone you trust, and who you feel understands, can lighten the burden. It can also make it easier to work out practical solutions to problems. For example, if you feel unable to do your homework, letting your family and teachers know can be helpful for you to get some support to complete your work.

Here are some things to try:

- talk to someone whom you trust and can help
- try to do some physical activity and eat healthy food

- try to keep yourself occupied by doing activities, even if you feel you do not really enjoy them
- try not to stay all alone in your room, especially during the day
- don't overstress yourself and allow for fun and leisure time.



## Where can I get help?

### How parents/family and teachers can help?

When you have depression, you may feel ashamed and guilty of the way you are. You may worry about upsetting others especially family, or being told you are making it up or blamed it is your fault by telling them how you feel. It can also be very hard to put your feelings into words. However, many young people in same situation feel sense of relief at being understood once they have talked about it. Letting others know about how you feel is important for getting the right help and support.

### When should I get more help?

Many young people will get better on their own with support and understanding. If the depression is dragging on and causing serious difficulties, it's important to seek treatment. Sometimes when you are feeling low, you may think or try to use drugs or alcohol to forget your feelings. You may see no hope and feel like running away from it all. Doing this only makes the situation worse. When this happens it is important that you let others know and get help.

### Where can I get help?

Your GP, or sometimes school nurse, will be able to advise you about what help is available and to arrange a referral to the local child and adolescent mental health service (CAMHS). They will see you and your family and discuss what is the right treatment for you.



## How is depression treated?

When the depression is not very bad, which means you are still able to do your daily activities like going to school, you may find psychological therapies also called talking therapies helpful.

Cognitive behavioural therapy (CBT) is one of these which is effective for treating depression.

Other talking therapies which can be helpful. These can be family therapy and interpersonal therapy, both of which may be available from your CAMHS service.

When your depression is severe and has been going on for long time, you may find it difficult to even talk about it. In this situation, medications can help to lift your mood.

Medications called 'antidepressants' are usually used for this condition. They need to be prescribed by specialist child and adolescent psychiatrists after a careful assessment. If you are given medication, you may need physical health check-up beforehand, and then you will need regular check-ups once you have started on the medication.

Medications are usually given for few months and sometimes may need to be taken for a longer time. It is important that if you are prescribed medication that you take it the way it has been prescribed for you ( i.e the right dose and timing).

**Remember you are not alone - depression is a common problem and can be overcome.**



## Sarah's story, aged 15

"I was 15. They took me to see the doctor because they thought I was a bit down and I had started cutting. I hadn't noticed much, cutting made me feel better and I just felt they were having a bit of a go really. It was only when I started to talk more, that I started to realise how much I had changed, I used to be happy, not all the time, but I couldn't now - not like I used to.

I was falling out with my teachers - they said I wasn't getting on with work and it made me cross. I was trying but I just couldn't get on with it not like I did in year 8 and 9. The doctor said it could be my concentration. I hadn't thought of that I just thought I was thick.

Then when he asked about other things, I started to see, I couldn't sleep properly and didn't feel like going out to play football anymore. I said it was just boring, but as I started to feel better, I did play again and I think saying it was boring was all part of my depression. That was the same with my family, I mean you don't get on all time do you and they are still a pain sometimes now, but when I was depressed it was like we were always arguing, I just couldn't talk to them and they just wound me up.

It wasn't till they talked to me and things started to change, that was when I looked back and realised how depressed I was."



## Further information

**Campaign Against Living Miserably** - A campaign and charity targeting young men with a helpline, magazine and online community, but CALM listens to anyone who needs help or support.

**ChildLine** - Provides a free and confidential telephone service for children. Helpline: 0800 1111.

**Epic friends** - Mental health problems are common. This website is all about helping you to help your friends who might be struggling emotionally.

**YoungMinds** - Provides information and advice on child mental health issues. YoungMinds have also developed **HeadMeds** which gives young people in England general information

about medication. HeadMeds does not give you medical advice. Please talk to your Doctor or anyone else who is supporting you about your own situation because everyone is different.

**Rethink Mental Illness** - Mental health charity helping people with mental health problems and have a section for young people.

### Further help

**Changing Minds: Mental Health: What it is, What to do, Where to go?**: This CD-ROM is designed for 13-17 years. It includes a wide range of resources - audio, visual, video and written materials - and a wealth of reference for further information and help, including a section on depression.



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# Drugs and alcohol

## About this leaflet

This is one in a series of leaflets for parents, teachers and young people entitled *Mental Health and Growing Up*. This leaflet aims to point out the problems with misusing drugs and alcohol, and gives you some ideas about how to avoid falling into doing this.



## Introduction

Lots of young people want to know about drugs and alcohol. However much willpower you have, it is very easy to end up finding you have a problem. Although you may initially think that you have your drug or alcohol use 'under control', these things can be very addictive and may soon start to control you.

## What are commonly used drugs

Society's favourite drugs are alcohol and tobacco. They are both very addictive and are misused by millions of people. There are many other drugs which are addictive. Some of these are 'legal' and others 'illegal'.

Some 'legal' substances, such as petrol and glue, if abused, can be very harmful. Even medicines, such as painkillers and certain drugs for sleep problems, can be addictive, particularly if they are not used in the way they were prescribed.

The obviously 'illegal' drugs are things like cannabis (hash), speed (amphetamines), ecstasy (E), cocaine and heroin.

For more detailed information on drugs and their effects, see the websites listed below.



## Why do people take drugs or alcohol?

### People may do this for many reasons like:

- You may worry that if you don't take drugs, you will be 'uncool' and won't fit in.
- You may just want to experiment.
- You find that taking a particular drug makes you feel confident, and may help you to face a difficult situation.
- If you are unhappy, stressed or lonely, you are more likely to turn to drugs to forget your problems.

### What leads to problems with drugs and alcohol?

### These too can happen due to different reasons like:

- Drugs can make you feel good for a while. Just experimenting with a drug may make you want to try again ... and again.
- If you take drugs or alcohol to help cope with a situation or a feeling, after a while you may need the drug to face that situation or feeling every time.
- If you find that you are using a drug or alcohol more and more often, be careful as this is the first step to becoming dependent on it.
- If you hang out with people who use a lot of drugs or drink heavily, you probably will too.



## 14 year old Joe talks about using drugs

"I was 10 years when my friend gave me some weed to try. It felt a bit weird, I didn't really like it but I still did it with my friends. It was just the 'in thing'. I am not really sure when it all changed. I started thinking of ways of getting money or asking someone. I tried quite a few things. On Fridays and weekends I would have a few rounds of drink like vodka and even mix it with stuff. I smoked and had couple of joints worth about 5-10 quid every day.

My family did not really bother... at least not until now. Dad was too busy, working shifts. Mum was tired looking after three of us on her own. I was always the black sheep. Jack and Lucy were the

best kids in town, never in trouble, good grades ... too perfect. So they never noticed until Jack saw me bunking off school and later having bruises after I had a fight after drinking. He told my parents.

I was angry at first, told them it was all a lie and then it was their fault. For months we had rows, I stayed with my nan. My drug counsellor was very patient with me. He explained to me about the effects drugs could have on me. I wish I had known about it before. He believed in me, did not give up ... I could not let him down. I can talk more easily to my dad now ... after years I feel he is really there. It is still difficult, but I am trying to study. I really enjoy the bricklaying experience. I have made new friends ... friends who don't do drugs, it keeps me safe and happy."



## Further information

Most of the websites below offer telephone advice or email contact:

**Drinkaware** - Provides information to make informed decisions about the effects of alcohol on your lives and lifestyles.

**NHS Direct** - Provides help and advice on any aspect of drug and alcohol use. Tel. 0845 4647

**NHS Smoking Helpline** - Call Smokefree: 0800 022 4 332

**Talk to Frank** - Free confidential drugs information and advice line. Tel. 0800 776600.



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# Exercise and mental health



## About this leaflet

This is one in a series of factsheets for parents, carers, professionals and young people entitled *Mental Health and Growing Up*. The aims of these factsheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This factsheet explains the link between physical activity and mental health and offers some suggestions about getting started.

### This leaflet is for young people who want to know:

- how being active can make you feel better
- how exercise can help depression and anxiety
- how active you need to be to feel better.



## What is exercise?

Anything that gets your body active and makes you a bit out of breath is exercise. It might be sports like football or netball, playing with friends or part of your everyday life like a brisk walk to school.



## Why do exercise?

Exercise keeps our heart, body and our minds healthy. There is evidence that exercise can help in depression, anxiety and even protects you from stress. To work properly, your body needs regular exercise.

### Regular activity helps you to:

- feel good about yourself
- concentrate better
- sleep better
- have a positive outlook on life
- keep a healthy weight
- build healthy bones muscles and joints.

Most of us feel good when we are active. So - don't worry about not doing enough - get started by building a bit more physical activity into your daily life now. Even a small change can get your heart healthier, make you feel happier.

### Why does exercise make me feel better?

When you exercise it releases 'feel good' chemicals called endorphins in our brain. It also affects chemicals called 'dopamine' and 'serotonin' which are related to depression and anxiety. Exercise can help brain cells to grow. In your body, regular exercise makes your heart, muscles, and bones stronger and work better.

Activity can help you feel more in control which helps when you are worried or stressed. You can even make new friends and have fun when you exercise with other people.

### How much activity is enough for me?

Any activity is good. You should try to do some activity everyday. Regular exercise for about 40 minutes which gets you out of breath, five times a week, will have the best results on your body and mood.

## What kind of exercise can I do?

You choose! Don't worry if you have never done it before or if you don't like sports. Exercise does not have to be about running around a track or going to a gym. It can just be about being active each day.

There might be easy ways to get more active like getting off the bus and walking, taking the stairs instead of a lift, or taking your dog for a walk. It might be active sports like football, netball, hockey or rugby, or you might prefer something less competitive like walking, jogging or rock climbing.

If you like something relaxing, then walking listening to music on earphones or doing yoga might suit you more. Have a look around and find something you think you'll enjoy.

## What do I need to do to exercise healthily?

- Making the start is the first step.
- Start gently especially if you have not done exercise for a long time. If you have physical health problems, do check with your doctor or specialist.
- Don't overdo it – even if you are very fit. Too much exercise or exercising too intensely will make you feel worse. Even Olympic athletes have to make sure they do not overstrain themselves.
- You may need to watch your diet. Make sure you are eating healthily, especially breakfast, and avoid too much tea, coffee or energy drinks.
- Watch your weight. Usually exercise helps us keep to a healthy weight, but sometimes exercise can get out of control. If your weight goes down too much it can cause problems.

- Avoid exercising too late in the day because it can make it hard to switch off and go to sleep.
- Finally, enjoy it. If you find it's making you anxious or unhappy, then speak to someone or check out the websites mentioned below to find something that works better for you.

## Getting down to it

The most important thing is to make a start. This might mean getting help and support from your friends, family, teacher, school or health professional like nurse:

- Making a plan to go with someone else can help you to keep going.
- Going to an exercise class or gym can boost your motivation.
- Some people find using an exercise diary or timetable helpful.
- Writing the goals can make them easier to remember. Try to keep it simple and set a plan you can do for few weeks. See how you do before you set the next target.

It is important that you have fun. If you are finding it hard, boring or it makes you feel worse, then think again, ask for help or try something new. Nobody's perfect. You can have times when you find it difficult or stop doing it. Don't worry about it. Tomorrow is another day and you can start again. If you need it, talk to someone or ask for help.



## Tom

“We moved house last year and I started at a new school. It wasn’t easy to make friends at first and I got picked on a bit. School went right downhill and I got into a few fights. One of the teaching assistants told me about a football team near where I live. I’ve met other young people and made some friends. My confidence has got better and I get less angry now. I go to training every week and last week I got the winning goal.”



## Sarah

“It’s been a tough time. We had family problems and then I had exams on top. I started to get really stressed out, couldn’t relax at night or concentrate at school. Sometimes I found myself just bursting into tears. I’ve been talking to the woman at school and starting running helped me to get some space for myself. I’ve really improved in how far I can go, but mostly I run because I enjoy it. It’s given me my energy back. My sleep has got better and I don’t feel so depressed any more. A friend has asked if she can run with me sometimes. I’m kind of ready for that now.”



## Further information

**Active Places** - This website allows you to search for sports facilities anywhere in England. You can browse an interactive map of the country, search for facilities in your local area, or use the name and address of a specific facility to find out more information.

**Change 4 life** - An NHS website to help people move more, eat well and live longer with a section specially for families.

**Disability Sport England** - Tel: 0161 953 2499; email: [info@dse.org.uk](mailto:info@dse.org.uk) Organisation that supports and promotes sport for people with disabilities.

**Sustrans** - Provides advice on cycling opportunities locally and further afield, including the National Cycle Network.



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# Obsessive-Compulsive Disorder(OCD)



## About this leaflet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. This factsheet looks at some of the reasons why obsessions become compulsions and offers advice.



## What is Obsessive-Compulsive Disorder (OCD)?

The word 'obsessive' gets used commonly. This can mean different things to different people. Obsessive compulsive disorder (OCD) is a type of anxiety disorder. In this condition, the person suffers from obsessions and/or compulsions that affects their everyday life, like going to school on time, finishing homework or being out with friends.

### What are the symptoms?

An obsession is a thought, image or urge that keeps coming into your mind even though you may not want it to. An obsession can be annoying, unpleasant or distressing and you may want it to go away. An example of an obsession is the thought that your hands are dirty even though they are not. Different people have different obsessions.

Here are some examples:

- fears about dirt and spreading disease
- worrying about harm happening to you or someone else
- fearing that something 'bad' may happen

- worrying about things being tidy
- worrying about having an illness.

Having an obsession often leads to anxiety or feeling uncomfortable and you may then have the urge to 'put it right'. This is where compulsions come in.

**Compulsions** are things you feel you need to do usually to control your 'obsessions', even though you may not want to. You might even try to stop doing them, but this might not be possible.

Often, a compulsion means doing something again and again, as a 'ritual'. By doing the compulsion you feel you can prevent or reduce your anxiety about what you fear may happen if you don't do it. For example, turning the light on and off 20 times because you worry something bad may happen if you don't.

Different people have different compulsions. Some examples include:

- washing
- checking
- thinking certain thoughts
- touching
- ordering/arranging things or lining things up
- counting.

Individuals who have these problems often try to avoid any situation that might set off obsessive thoughts (e.g. not using hands to open doors). When obsessions and compulsions take up a lot of your time, interfere with your life and cause you distress, it becomes obsessive-compulsive disorder (OCD).



## Who does OCD affect?

OCD is common and can affect people of all ages irrespective of their class, religion or gender.

### What causes OCD?

We do not know the cause of OCD for certain. However, research suggests that OCD may be due to an imbalance of a brain chemical called 'serotonin'. It is likely that there may be someone in your family who has similar disorder (OCD) or have tics (jerky movements).

Sometimes the symptoms seem to start after a specific type of infection (cough and cold). It can also occur after a difficult time in your life like having an accident.

### How is it treated?

There are psychological treatments and medications available to treat OCD.

One of the helpful psychological or talking treatments for OCD is cognitive behavioural therapy (CBT) that includes exposure and response prevention (ERP). CBT is a psychological approach that is effective in treating young people with OCD (see our factsheet on OCD).

In OCD people often think that by avoiding a certain situation or doing the ritual/compulsion helps to keep the worry (obsession) away or come true. However, this does not help the worry to go away. In the treatment for OCD, the therapist would help you to understand this reality and also teach you ways to face the worry rather than running away from it.

Eventually this helps to get rid of your obsessions and the compulsions.

In ERP the therapist helps you to facing the things that you fear and that you have been avoiding. They then help you to stop responding in your

usual way (like not letting you wash hands when you worry it is dirty). To help you fight OCD, you will be taught a wide range of skills to manage the anxiety that OCD creates. This helps you to learn strategies to control the OCD rather than it controlling you.

Sometimes therapist may suggest someone in your family to be involved during the therapy.

When OCD is severe or you struggle to do the psychological treatment, you may need medication. This is usually given to help along with you trying the CBT.

Medication can help you get the most out of the psychological treatment.

### How is it treated?

There are psychological treatments and medications available to treat OCD.

One of the helpful psychological or talking treatments for OCD is cognitive behavioural therapy (CBT) that includes exposure and response prevention (ERP). CBT is a psychological approach that is effective in treating young people with OCD (see our factsheet on OCD).

In OCD people often think that by avoiding a certain situation or doing the ritual/compulsion helps to keep the worry (obsession) away or come true. However, this does not help the worry to go away. In the treatment for OCD, the therapist would help you to understand this reality and also teach you ways to face the worry rather than running away from it. Eventually this helps to get rid of your obsessions and the compulsions.

In ERP the therapist helps you to facing the things that you fear and that you have been avoiding. They then help you to stop responding in your usual way (like not letting you wash hands when you worry it is dirty). To help you fight OCD, you will be taught a wide range of skills to manage the anxiety that OCD creates. This helps you to

learn strategies to control the OCD rather than it controlling you.

Sometimes therapist may suggest someone in your family to be involved during the therapy.

When OCD is severe or you struggle to do the psychological treatment, you may need medication. This is usually given to help along with you trying the CBT. Medication can help you get the most out of the psychological treatment.

### How can I get help?

It is important to seek help early and remember that having OCD does not mean you are 'mad' and 'losing control'.

If you are worried about yourself, you should talk to someone you trust such as your parents or carers, or a teacher. A lot of adults with OCD never got any help for their problems when younger, and now wish they had.

Your GP or school nurse can give you advice and help you get specialist help from the child and adolescent mental health service (CAMHS). They will talk with you in order to understand the difficulties you are experiencing.

It can be hard or embarrassing to discuss the details of their obsessions or compulsions. But giving as much detail as possible will help the therapist or psychiatrist to give you the right treatment. If your life has become severely affected by OCD, you may also need help from other professionals for example, teachers to help you get back to ordinary life at school or college.



## John, 18, writes about his OCD

"It started without me really noticing it. I got anxious about someone in my family dying – so I began to tap three times, when I got worried, for good luck and that would calm me down. Then I had to do it before I could go to sleep at night – not once but 3 x 3.

When I watched the programme on TV about those germs in hospital it began to get worse. I couldn't tell my Mum or Dad about it because it sounded so silly. I had to wash my hands all the time because I thought I would pass on an infection and someone would die. It was mainly at home, but then I began to worry that I would catch something at school.

I made my Mum wash my school uniform every day. She tried to say no, but I would get so worked up that she would give in. It came to a head when I couldn't get to school on time because I was spending hours in the bathroom in the morning. I had to wash my hair three times as well as going through washing in a set order. If I was interrupted because someone needed the bathroom, I had to start again.

Mum got me some help. I didn't want to be seen as some psycho person, but Dr Roberts was really nice and understood why I was so worked up about everything. That was when I was 14. Now I am 18. It was hard work doing the therapy. It is called CBT. You have to try and work out why you are so anxious and try and control it. Now I am at College and doing a course that I like. I still do some counting, but I can keep it under control."



## Further information

**Epic friends** - Mental health problems are common. This website is all about helping you to help your friends who might be struggling emotionally.

**OCD Action** - National charity for people with OCD.

**OCD Youth info** - A website written by and for young people with OCD, giving information on the disorder and its treatments.

**OCD UK** - OCD-UK is the charity dedicated to improving the mental health and well-being of almost one million people in the UK whose lives are affected by Obsessive-Compulsive Disorder.

**YoungMinds** have also developed **HeadMeds** which gives young people in England general information about medication. HeadMeds does not give you medical advice. Please talk to your Doctor or anyone else who is supporting you about your own situation because everyone is different.

### Further reading

NICE guidance written for patients and carers, CG31, Core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder (2005).



## References

Naomi Fineberg and Angus Brown (2011). Pharmacotherapy for obsessive-compulsive disorder, *Advances in Psychiatric Treatment*, 17:419-434.

David Veale, (2007). Cognitive-behavioural therapy for obsessive-compulsive disorder, *Advances in Psychiatric Treatment*, 13:438-446.

National Institute for Health and Clinical Excellence: CG31, Core interventions in the treatment of obsessive compulsive disorder and body dysmorphic disorder, 2005.

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This resource reflects the best possible evidence at the time of writing.

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# Psychosis



## About this leaflet

This is one in a series of factsheets for parents, carers, professionals and young people entitled *Mental Health and Growing Up*. This factsheet describes psychosis.



## What is psychosis?

Young people often worry that they may be 'going mad' when they are feeling stressed, confused or very upset. In fact, worries like this are rarely a sign of mental illness. 'Psychosis' is when your thoughts are so disturbed that you lose touch with reality. This type of problem can be severe and distressing.

### How common is it?

Psychosis affects people of all ages, but is rare before you reach the older teenage years.

### What causes psychosis?

When you have a psychotic episode, it can be a signal of another underlying illness. You can have a psychotic episode after a stressful event like losing a close friend or relative. It can also be the result of a physical illness (like a severe infection), the use of illegal drugs (like cannabis) or a severe mental illness (like schizophrenia or Bipolar disorder). Sometimes it is difficult to know what caused the illness.

## How do I know if I have psychosis?

When you have psychosis, you will usually experience very unusual and sometimes unpleasant thoughts and experiences. They may appear suddenly making you feel really frightened. They can also creep in so gradually that only people like your close family and friends notice you are behaving strangely.

You may experience one or more of the symptoms below:

- **Unusual beliefs called 'delusions'**. These are very strong beliefs which are obviously untrue to others, but not to you. For example, when you are ill you may think that there is a plot to harm you or that you are being spied on by the TV or being taken over by aliens. Sometimes you may feel you have special powers.
- **Thought disorder**. This is when you cannot think straight. Your ideas may seem jumbled, but it is more than being muddled or confused. Other people will find it very difficult to follow what you say.
- **Unusual experiences called 'hallucinations'**. These are when you can see, hear, smell or feel something that isn't really there. The most common hallucination that people have is hearing voices. Hallucinations are very real to the person having them. This can be very frightening and can make you believe that you are being watched or picked on.



Having these strange thoughts and experiences can affect you at school, home or when with friends. You may find it difficult to concentrate and enjoy your usual activities. They can even affect your sleep and appetite.

## How do I get help?

It is important that you seek help early. The earlier you are treated for psychosis, the quicker you can get back to your normal life.

Firstly, you could talk to your family, school nurse or GP. They may get you specialist help from a Child and Adolescent Mental Health Service (CAMHS) team or an Early Intervention Team or Service (EIS) - a specialist team for young people with psychosis.

With psychosis, you often don't realise that you are unwell, which means the people around you might notice it first. If you become very unwell, you could need some time in hospital until your condition stabilises.

## What is the treatment for psychosis?

Medications called 'antipsychotics' are an important part of treatment. They may need to be taken for a long time in order to stay well. As with medication of any kind, there can be side-effects; the doctor you see will be able to advise you on these and what can be done to help.

If the psychosis is related to drug use or an underlying physical illness, you may need specific help and treatment to manage this.

Other forms of treatment are also important. You and your family will need help to understand more about your illness, how to manage it, and how to help prevent it coming back. You may need support to rebuild your confidence to continue with school, college or work.

Talking treatments can be helpful as well, but need to be in addition to medication.

## What will happen in the future?

Most young people with early help and treatment recover from their psychotic episode. If the illness is due to an underlying physical illness or the use of drugs, you might avoid having another episode by taking the right treatment and avoiding using drugs.

It is often difficult to know what the long-term effects of a psychotic episode will be, and a definite diagnosis may not be possible straight away.

## Is there anything else I should do?

It is important to continue with any treatment advised by your doctor and keep a balanced, healthy lifestyle.

Talking to others when you feel stressed can help in identifying problems early and getting the right treatment.



## Luke, 16, talks about psychosis

“I was about 14 when it happened. I had a good family, did well at school and had group of good friends. Life had been good to me although my mum said I could not handle stress. I would be a bag of nerves before exams, was scared of failing and could not face is someone was unwell.

Uncle Rob’s death a year back in the accident was just too much. I knew I would feel upset for a long time. But then I didn’t feel upset. It was strange. I thought people were doing strange things to me like controlling me through radio signals. I felt I had lost control of myself and even felt my body was changing in a strange sort of way... not just the puberty. And then I could not face school, I was swearing, felt muddled in my head. My learning

mentor got worried and spoke to my mum, who had noticed my strange behaviour. I couldn’t sleep, couldn’t be bothered about going out. I didn’t like the idea of seeing a psychiatrist from the Child and Adolescent Mental Health Service and I thought they would judge me. But it was very different. She seemed to know and understand how I felt, what I thought. I felt relieved. She even said I was not going to be locked away in a hospital. It was just an illness for which I needed to take medication for few months or year.

She then introduced me to Kay, a worker from Early Intervention Psychosis team. Kay explained to me and my family all about psychosis, what we could to keep me well. She was there when I felt I was losing it before my exams. It’s nearly a year now. I am like any other 16 year old, going to school, with friends etc... I take my meds and staying away from drugs and alcohol.”



## Further information

**Changing Minds: A Multimedia CD-ROM about Mental Health** is intended for 13–17 year olds; it talks about addiction, stress, eating disorders, depression, schizophrenia and self-harm.

**Epic friends** - mental health problems are common. This website is all about helping you to help your friends who might be struggling emotionally.

### Rethink Mental Illness

Offers help to people with severe mental illness (not only schizophrenia) and their carers.

### Talk to Frank

Helps you find out everything you might want to know about drugs (and some stuff you don’t).

### YoungMinds

Information to young people about mental health and emotional well-being. YoungMinds have also developed **HeadMeds** gives young people in England general information about medication. HeadMeds does **not** give you medical advice. Please talk to your Doctor or anyone else who is supporting you about your own situation because everyone is different.



## References

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# Schizophrenia



## About this leaflet

This is one in a series of factsheets for parents, carers, professionals and young people entitled *Mental Health and Growing Up*.

This factsheet describes what schizophrenia is and how and why it might affect you. It also offers some practical advice about how to get help.



## What is schizophrenia?

Schizophrenia is a serious illness affecting thoughts, feelings and behaviour. It is a type of psychosis which means an illness where people lose touch with reality - see our information on psychosis.

### How common is it?

It is not common in younger children and usually begins in the late teenage years. About 1 in 100 people will suffer from schizophrenia over their lifetime.

### What causes schizophrenia?

This is still not fully understood. There are a number of reasons that can make a person more likely to develop schizophrenia or a similar psychotic illness:

- There may be chemical imbalances in the brain.
- Having a parent or close relative suffering from schizophrenia can increase the chance of developing similar illness.
- Stress or extreme life events (like someone close dying).

- Using drugs like cannabis, LSD, ecstasy and speed (amphetamine).

### How do I know if I have schizophrenia?

When a person suffers from schizophrenia they may have symptoms described as 'positive' or 'negative'. This does not mean 'good' or 'bad'; it is more about 'doing' or 'not doing' things because of the illness. Symptoms may develop suddenly or creep in more gradually. You may experience the following:

#### Positive symptoms

These will feel totally real to you and can be distressing. It may seem that other people don't understand or aren't taking you seriously.

- Unusual beliefs or **delusions** are very strong beliefs which are obviously untrue to others, but not to you. They may feel frightening or seem bizarre. For example, you might strongly believe that there is a plot to harm you or that you are being spied on through the TV or being taken over by aliens.
- Muddled thinking or **thought disorder** is when it is difficult to think straight. Sometimes it may feel that others do not understand what you are trying to say. Your ideas may feel jumbled up, but it is more than being muddled or confused.
- Unusual experiences called **hallucinations** are when you see, hear, smell or feel something that isn't really there, although you are convinced that it is. 'Hearing voices' is one of the most common hallucinations. This can be very frightening. It can make you believe that you are being 'watched' or 'picked on'. Your friends or family may say that you are acting 'strangely'. They may say that they hear you talking or laughing to 'yourself'.

## Negative symptoms

This does not mean they are 'bad' symptoms, just that they are about 'not doing' something. You may feel tired and unmotivated and not want to do normal things like:

- go to school
- do sports
- see friends
- get washed and dressed
- hobbies you used to enjoy.

## Other symptoms

You may become frustrated and angry, especially towards your own friends or family. Some people try to smoke or drink alcohol to feel better, but this tends to make things worse. You may find the symptoms so distressing that you feel like harming yourself.

## How do I get help?

It is important that you seek help early. The earlier you are treated for psychosis, the quicker you can get back to your normal life.

Firstly, you could talk to your family, school nurse or GP. They may get you specialist help from a Child and Adolescent Mental Health Service (CAMHS) team or an Early Intervention Team or Service (EIS) - a specialist team for young people with psychosis.

With psychosis, you often don't realise that you are unwell, which means the people around you might notice it first. If you become very unwell, you could need some time in hospital until your condition stabilises.

## What is the treatment for psychosis?

Medications called 'antipsychotics' are an important part of treatment. They may need to be taken for a long time in order to stay well. As with medication of any kind, there can be side-effects; the doctor you see will be able to advise you on these and what can be done to help.

If the psychosis is related to drug use or an underlying physical illness, you may need specific help and treatment to manage this.

Other forms of treatment are also important. You and your family will need help to understand more about your illness, how to manage it, and how to help prevent it coming back. You may need support to rebuild your confidence to continue with school, college or work.

Talking treatments can be helpful as well, but need to be in addition to medication.

## What will happen in the future?

Most young people with early help and treatment recover from their psychotic episode. If the illness is due to an underlying physical illness or the use of drugs, you might avoid having another episode by taking the right treatment and avoiding using drugs.

It is often difficult to know what the long-term effects of a psychotic episode will be, and a definite diagnosis may not be possible straight away.

## Is there anything else I should do?

It is important to continue with any treatment advised by your doctor and keep a balanced, healthy lifestyle.

Talking to others when you feel stressed can help in identifying problems early and getting the right treatment.



## Luke, 16, talks about psychosis

“I was about 14 when it happened. I had a good family, did well at school and had group of good friends. Life had been good to me although my mum said I could not handle stress. I would be a bag of nerves before exams, was scared of failing and could not face is someone was unwell.

Uncle Rob’s death a year back in the accident was just too much. I knew I would feel upset for a long time. But then I didn’t feel upset. It was strange. I thought people were doing strange things to me like controlling me through radio signals. I felt I had lost control of myself and even felt my body was changing in a strange sort of way... not just the puberty. And then I could not face school, I was swearing, felt muddled in my head. My learning mentor got worried and spoke to my mum, who had noticed my strange behaviour. I couldn’t sleep,

couldn’t be bothered about going out. I didn’t like the idea of seeing a psychiatrist from the Child and Adolescent Mental Health Service and I thought they would judge me. But it was very different. She seemed to know and understand how I felt, what I thought. I felt relieved. She even said I was not going to be locked away in a hospital. It was just an illness for which I needed to take medication for few months or year.

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We are grateful to the VIKs from Young Minds for commenting on this factsheet.



## Further information

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# When a parent has a mental illness



## Introduction

Did you know that there are lots of children who have a parent who might take medicine for feeling sad, getting very angry for no reason, not wanting to join in with things or saying and doing strange things?

That may be because they have a mental illness. Did you know that 1 in 12 children has a parent who is unwell in this way? No-one really knows exactly what happens in the brain when people have an illness like this. The films below give an idea of what might be going on for some.

## VIDEO: When a parent has a mental illness...

[https://youtu.be/6b\\_0k\\_ZqaVE](https://youtu.be/6b_0k_ZqaVE)

This video features young carers talking about their lives caring for a parent with mental illness. Aimed at young carers, the video is narrated by Chineye and explains in a simple and visual way how the brain works and what happens when things go wrong.

This video was produced by Dr Alan Cooklin with funds from the Royal College of Psychiatrists' *Images of Psychiatry* Campaign.

## FILM: Tulisa - My Mum and me

<https://vimeo.com/14701711>

An hour long documentary film about singer/songwriter Tulisa Contostavlos's life as a young child and teenager growing up with her mother who has schizoaffective disorder.

*Tulisa - My Mum and me* is an hour long documentary film directed by Rowan Deacon featuring the singer songwriter Tulisa Contostavlos, formerly a member of the group N-Dubz but now a solo artist and judge on the ITV entertainment programme X-Factor. The film, which was made for the BBC in 2010, is an account of Tulisa's life as a young child and teenager growing up with her mother who has schizoaffective disorder. Presented and narrated by Tulisa, she meets and interviews several other young people who are involved in caring for their mentally ill mothers. She encourages them to explore options for support in the community that might alleviate the strain that all of them are suffering in various ways. Unusually for Minds on Film, interested readers will not have to purchase *Tulisa - My Mum and me* to see it, as it is freely and legitimately available to view on-line, at **Vimeo**, where the director has posted it.

## The Film

The film opens with Tulisa visiting the hospital in North London where her mother was detained under the Mental Health Act when Tulisa was just five years old. She remembers how distressing it was to see the police forcibly restrain her Mum and remove her from their home. Her father left the family when Tulisa was nine, and she has been the main carer for her mother since that time. Tulisa recalls the effect that her home situation had on her and how it resulted in her dropping out of secondary school by the age of 15, abusing alcohol and cannabis, joining a gang and attempting to harm herself. Tulisa recounts that she was depressed in mood from the age of 13 until she discovered her musical ability, which quite literally 'saved her'. Tulisa realises that music has given her a road out of the life that she grew up with, in contrast to the other younger people that Tulisa interviews for the film, who are all still struggling to manage the difficulties of their caring role.

First, she visits Mia, aged 16, who lives with her younger brother and her mother who suffers from Bipolar disorder. Mia describes the very frightening experiences of supporting her mother when depressed and suicidal as well as how precarious life became when her mother was elated. Mia also needed to take care of her little brother when her mother was unwell. For Mia, it was a love of reading that rescued her and offered her a means of escaping from her reality. Things have been better for Mia since her mother has been stable on regular medication. Next Tulisa meets with Hannah, aged 15, who lives with her Mum who suffers from depression. She has been forced to leave mainstream education after a fight with a teacher and is struggling to manage her anger and low mood. Hannah's life appears to be quite desperate and isolated and she is asking for help urgently. Tulisa persuades Hannah to attend a Young Carers group some distance from her home, which proves to be a positive experience for her. Lastly, she visits Andy, aged 17, who lives with his

younger brother and his Mum, who suffers from depression and cannot survive without knowing that Andy is physically close to her. He describes their relationship as "connected at the hip....She [his Mum] is just like my best friend". He hopes to leave home and join the Navy in two years, if his Mum can let him go.

In a particularly sensitive interview that Tulisa has with one of her aunts, she hears how her mother also had musical talent and was part of a successful singing group, with her own sisters, when she first became mentally unwell at the age of 22. Worries about the stresses of touring and performing in her pop star lifestyle, prompt Tulisa to ask questions about her own risks of developing an illness like her mother's. Tulisa meets with Professor Nick Craddock to seek advice from him about the genetics of schizoaffective disorder and the individual risk factors that she herself may have for developing an illness similar to her mother's. Some footage of N-Dubz on tour help to give a flavour of Tulisa's lifestyle with its necessary highs and lows. Finally, she revisits the three other young people for a follow up on their progress before we see her moving in to her own home in which she has prepared a special room for her Mum to come and stay. As we see her showing her Mum the room and wondering about their future, Tulisa says "You never stop being a young carer".



## Relevance to the field of Mental Health

This film explores a very important topic, that of young people who find themselves as carers for a mentally ill parent. The film estimates that there are around 80,000 young people caring for a parent with mental health problems in the UK. Through the very personal form of narration, the viewer is witness to an intimate experience of the stresses young carers must deal with and how their lives can be adversely affected. In particular it highlights the sense of isolation that is commonly

experienced by a young person in this situation and offers some suggestions about how they might get support. This film would be a perfect foundation for a discussion of the wider effects that mental illness can have on a family, especially when there are young people in the home.

A detailed discussion of this subject is available in an article published in *Advances in Psychiatric Treatment* in 2010, called 'Living upside down': being a young carer of a parent with mental illness' by Dr Alan Cooklin (16: 141-146; abstract). This topic was also discussed in an earlier *Minds on Film* blog about the film **Tarnation**, which readers might find interesting to watch alongside *Tulisa My Mum and*

*me*. Further advice is available for young people who find themselves in the role of carer at the **NHS choices website** and also at the Carers Trust **YCN**et.

As a freely available short documentary, I would recommend *Tulisa My Mum and me* to anyone working in the field of mental health.

- *Minds on Film* is written by consultant psychiatrist Dr Joyce Almeida



## Comments

I was interested to watch *Tulisa - my mum and I* as I teach in a college where many of my students have parents that suffer from mental disorders or are sufferers themselves. I was really moved by *Tulisa's* honesty, sincerity and care towards the young people in the documentary. It is so important that people like her talk about their experiences to remove the stigma and make these young people feel that they are not alone.

**Nancy Jenkins**



# When bad things happen

## About this leaflet

This is one in a series of leaflets for parents, teachers and young people entitled *Mental Health and Growing Up*. This leaflet describes when bad things happen. It also offers practical advice on how to cope when life gets tough.



## Introduction

Bad things happen to everyone. They can make you feel sad and worried, angry and stressed. Life often becomes tough for a while, but learning how to cope is an important skill we all need to have. If life was always perfect then we'd never develop coping skills or learn what makes us feel better. So dealing with one problem can help us learn how to manage other problems as they crop up, as we then know what works for us.

Having a friend to talk to, having an interest which can distract us from our worries, chilling out by listening to music or surfing the net can all be ways of coping.



## What do you do when things are tough?

There are lots of things that can make life tough, often things that are not in your control. Usually, the difficulty will involve your family, friends, your neighbourhood or school, as these are the people and places that have the most effect on you as you grow older. Below is a list of the sorts of problems we're talking about:

- having an ill parent
- parents who fight and argue a lot
- losing a parent
- parents divorcing
- parents who drink a lot of alcohol or take street drugs
- parents who are in trouble with the police
- friends who are in trouble with the police
- friends who take street drugs
- your family trying to manage without enough money
- being exposed to violent behaviour
- living in an area where you don't feel safe
- living away from your parents e.g. in foster care or a children's home
- being bullied
- being physically or sexually abused

Several of these problems can happen together, which understandably makes it more difficult to cope.

There are some things specific to you that will affect how you manage in these situations. These are not things you can change, but they may explain why you might find your situation more difficult than your brother or sister does. For example, you may have an illness yourself, such as asthma or diabetes, which is an added stress; or you may tend to be a "worrier" rather than someone who is more "easy going". Neither is better overall, but being more of a worrier may mean you feel more affected by things that happen in your life.



## How can I make things easy myself?

Things that make life difficult are often completely out of your control. But there are things you can do to make them have less of an effect on you. This doesn't mean managing things on your own, but also sometimes asking for help even outside your family. You could start by confiding in someone you trust. If that doesn't work you could:

- spend more time doing something you enjoy and are good at. This may be something you do at school, for example, your favourite subject, or it may be a sport such as football, swimming, or dancing, or another activity like music.
- use a grown-up outside the close family, such as a teacher, a youth worker, a grandparent or a social worker for support. If you can't think of anyone, your school or local area may provide a mentor.
- encourage your family to keep doing the things that make you have a happy time together, even if you are all struggling through a difficult situation. This will help you to feel closer and warmer to each other.
- think about joining an after-school activity club in your neighbourhood – this will let you have fun safely, and may give you time away from stress at home or with friends. You may also make different friends who may be more supportive.

### What if this isn't enough?

If you try these ways of helping yourself and you still don't feel any better, or your situation doesn't improve, it may be that it's just too much for you to manage on your own. Or, it could be that your difficulties are so stressful that they have triggered an illness like depression or anxiety.



## Who can I turn to for help?

Coping with the problems we have mentioned is not easy. It is in no way a sign of weakness if you feel you can't manage on your own; it is more a sign of strength that you know when to ask for help.

The best people to ask for help will be other adults you know. This could mean:

- your teacher
- your Head of Year
- your school nurse
- a school counsellor or youth worker
- a family member
- a family friend.

The adult you confide in will think through your situation with you, and will think about whether other people might be able to help. This might mean help for you, help for your parents, or for the whole family. The people who may become involved include:

- your GP or practice nurse
- a local counselling service
- your local Child and Adolescent Mental Health Service (CAMHS) – a team of professionals specially trained to work with young people
- a family social worker.

These people work in different ways to each other, but all will aim to support you and improve the situation for you and your family.



## Soren, age 12, talks about his brother's illness

Everything changed in my life when Sven got sick. We were fine, me, Mum, Sven. Then next thing, he's in hospital and Mum's all over the place. He got some sort of cancer. He was only 8.

Suddenly, I had to sort everything out at home. Mum was hardly ever around early on, and even when she was, she wasn't really. She was really worried. She'd cry a lot too. I did loads more at home to try to help. Washing, buying food and stuff. But it was tough. I was worried too.

At school, they knew something was up. I was late a lot and didn't get my work done on time. I didn't get to football practise. Mr Hutchins, my Head of Year, called me in for a chat. He was really helpful. I told him what was going on with Sven. He knew

Dad wasn't around anymore and asked if anyone else could help out a bit. I told him after Nan died, we didn't really have anyone else. So he saw I had a lot on my plate.

He phoned Mum. He wasn't interfering, just trying to help. He said they were missing me at football and told her how good I was. Then he said it'd be good for me to go to homework club more; so I could get my work done and she could stay at the hospital with Sven for longer.

They were only little things when you think about it, but they really helped. I could be myself again, playing football, even if it was just for a few hours a week. I wasn't as behind with my work either. And Mr Hutchins kept an eye on me. I went to see him if I was having a rough day. It was good he knew about Sven; I didn't have to keep explaining.

Sven's home now. He's not better yet, but he's getting there. And he's so brave about it all, he makes me feel stronger just being with him.



## Further information

**Childline** - Provides a 24 hour free and confidential telephone, email and chat service for children and young people. Helpline (24hrs): 0800 1111.

**Epic friends** - Mental health problems are common. This website is all about helping you to help your friends who might be struggling emotionally.

**Samaritans** - Offer confidential emotional support to anyone in a crisis. Help lines (24hrs): 08457 909090 (UK), and 1850 609090 (ROI); email: [jo@samaritans.org](mailto:jo@samaritans.org)

**Teenage Health Freak** - Provide web-based, accurate and reliable health.

### Leaflet

**U Can Cope! How to cope when life is difficult:** information for young people on how to cope when you feel emotionally overwhelmed.



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# Worries about weight and eating problems

## About this leaflet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. This factsheet looks at some of the reasons why people worry about their weight, and offers advice.



## Introduction

Most of us, at some time in our lives, feel unhappy about the way we look and try to change it. Being smaller, shorter, or less well-developed than friends or brothers and sisters can make us feel anxious and lacking in confidence. So can being teased about size and weight. Many of us have an idea of the size and shape we would like to be.

Our ideas about what looks good are strongly influenced by fashion and friends. You might compare yourself with the pictures in magazines. The models in these magazines are often unhealthily thin. You may then worry that you are fat, even if your weight is normal for your age and height.

There are a variety of sizes and shapes that are within the normal, healthy range. If you're interested, there are tables showing normal height and weight. Ask your school nurse, GP or library. Your weight, like your height and looks, depends a lot on your build, your genes and your diet.



## How do I stay a healthy and normal weight?

Our bodies need a healthy diet which should include all the things you need to develop normally – proteins, carbohydrates, fats, minerals and vitamins. Cutting out things you might see as fattening, such as carbohydrates or fats, can stop your body from developing normally.

There are some simple rules that can help you to stay a healthy weight. They sound quite easy, but might be more difficult to put into practice. You can ask your family and friends to help you to stick to these rules – and it might even help them to be a bit more healthy!

- Eat regular meals – breakfast, lunch and dinner. Include carbohydrate foods such as bread, potatoes, rice or pasta with every meal.
- Try to eat at the same times each day. Long gaps between meals can make you so hungry that you eventually eat far more than you need to.
- Get enough sleep.
- Avoid sugary or high-fat foods and junk foods. If you have a lunch of crisps, chocolate and a soft drink, it doesn't feel as if you're eating much, but it will pile on the pounds. A sandwich with fruit and milk or juice will fill you up, but you are much less likely to put on weight – and it's better for your skin.
- Take regular exercise. Cycling, walking or swimming are all good ways of staying fit without going over the top.
- Try not to pay too much attention to other people who skip meals or talk about their weight.

'If you follow these suggestions, you will find it easier to control your weight, and you won't find yourself wanting sweet foods all the time.'



## Miracle cures do they work?

There seems to be a new one of these almost every week. Sadly, they often do more harm than good.

- Crash diets don't help you to keep your weight down. In fact, they might make you put on weight after a while. At worst, they can be dangerous.
- Exercise helps, but it's got to be regular and increased only gradually. Too much exercise, or too much too soon, can damage your body.
- Laxatives might help you feel less guilty and bloated. Unfortunately, they don't reduce weight and can upset your body chemistry.
- 'Slimming pills' can't make you thinner. They might make you feel a bit less hungry, but unfortunately, they can also harm your health.



## What causes problems with eating?

Problems or pressures at school, with friends, or at home, are common. Your appetite can be affected by stress, pressure, worry or tiredness.

Some people turn to food for comfort. This can lead to eating more than we need, and can make us put on weight.

It's easy to start worrying about getting fat and we find ourselves eating even more to comfort ourselves. It becomes a vicious circle. 'Comfort foods' often contain a lot of fat or sugar – sweets, biscuits, chocolate, cakes and pastries. It can be helpful to keep a diary of what you eat to make sure that you don't slip into this.

If you are unhappy or stressed, it can be easy to focus on your weight and eating habits instead of the things that are bothering you. If this goes on for long enough, you might develop an eating disorder. The most common eating disorder is becoming overweight (*obesity*). Other eating disorders are less common. *Anorexia nervosa* and *bulimia* occur most often among girls but can occur in boys.



## Signs of an eating disorder

When you have an eating disorder you may notice some signs.

If you suffer from **anorexia**:

- you may be exercising a lot more than usual to lose weight
- you feel afraid of putting on weight
- you don't feel good about yourself and the way you look
- if you are female your periods may be irregular or may have stopped
- you may have noticed changes in your physical health
- you will feel you are fat and will avoid eating, even though you aren't actually overweight
- you feel guilty when you eat
- you avoid food, lose a lot of weight and become extremely thin.

Strangely, the thinner you get, the fatter you feel! We don't fully understand why this happens, but it makes the eating disorder harder to overcome.

People with anorexia usually remain very active - and say they are well - even though they become so thin that they avoid undressing in front of others or wear loose clothes to hide their size.

Anorexia nervosa can be dangerous if it gets out of control. If you are a girl, and your periods have stopped, this is a danger sign that means you need help right away (this won't happen if you are on the pill – so if you are, don't wait for this).

If you don't eat much, you can feel like you are starving! You may then find yourself bingeing – eating lots of food very quickly. Bingeing also happens in an eating disorder known as bulimia.

If you have **bulimia**:

- you avoid foods like chocolates, cakes or biscuits, except when you binge
- you feel fat, guilty and ashamed when you binge
- you try to get rid of the food by being sick or using laxatives. It usually doesn't make much difference to your weight, but can damage your health and take up a lot of time and energy.

Some people have both anorexic and bulimic symptoms.



## How do I get help?

If you are worried about your weight or feel you might have an eating disorder, you should get some help. Talk to:

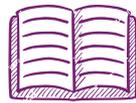
- a member of the family
- a teacher or school nurse
- a counsellor or social worker
- your general practitioner.
- a B-EAT professional.

Your GP or practice nurse is the best person for basic information and advice on diet and weight.

If you need more specialist help, they can refer you to a specialist or suggest that you see a professional at your local child and adolescent mental health service.

This is a team of specialists including child and adolescent psychiatrists, psychologists, social workers, psychotherapists and specialist nurses.

They can help you to regain control of your eating and your weight. Most young people do get better with help.



## Janet's story, aged 18

“Two years ago **it** was my ‘best friend’ and now it's my ‘enemy!’ It no longer controls me or my family and together we've pushed it away. I couldn't have done it alone. I wouldn't have made it to uni if it wasn't for my mum and the school nurse who convinced me to see a professional team....that took them 6 month! I was really pig-headed! I am talking about **ANOREXIA**.

It started when I was 15 and my friends and I tried the ‘South Beach Diet’.....most of them dropped out but I stuck with it.... I've always been competitive.

At home there was so much pressure to get ‘A’ grades; at last there was a different focus. I became obsessed with counting calories and even kept a food diary. I lost more weight but still felt huge and ‘ugly’ and wanted to lose more. My friends tried to stop me and said they were worried but I didn't care.

Slowly, I stopped going out with them, preferring to stay in and do my sit-up regime. I thought about taking slimming pills but was too scared so I bought laxatives instead. I felt so driven to lose

weight; the thought of putting on an ounce scared me to death. I remember feeling weepy and very tired. At its worst, my fingers and toes went blue!

Then, I agreed to see the child and family mental health service where I met a team of professionals including a nurse, psychiatrist, psychologist and family therapist.

They offered me individual therapy every week, to work through things and have my physical health monitored too. The family therapist was also able to offer us time as a family to work things out. This felt like the most important bit for a long time, especially for dad who found it hard to understand Anorexia. It was tough and sometimes we felt like throwing the towel in but the team supported us and we felt safe.

Even now some days are hard, but we got through it.”



## Anabelle's story, aged 16

“I'm 16 now, but I think I started having a problem when I was 12. I became very worried about my weight and my body. I had put on a bit of weight and was very upset when a boy in my class called me fat. I remember feeling that even if I was doing very well in school, things weren't quite right and I wasn't quite good enough.

Gradually I ate less, lost masses of weight, but still believed that I was fat. Sometimes I “felt” fat and this made me feel very down. I stopped seeing most of my friends, and spent more and more time thinking about food and my body.

I was always checking the shape of my stomach and bottom – at 20 or 30 times a day, looking at them in great detail. I felt very cold at times, and found it harder and harder to find the energy to do things as I was eating less and less.

I also weighed myself at least 5 times a day, and if my weight had not gone down, I checked my stomach, and tried dieting even more. Sometimes I binged on cakes and chocolate. I felt very guilty afterwards and would usually be sick so that I could get rid of the food and loose some weight. It felt as if I was going round and round in circles, with no means of escape.

One of my teachers noticed that I wasn't eating lunch and that I had become thin (or at least she thought I had). She spoke to my parents and I was taken to a clinic.

At first I didn't want to know and I didn't want to be helped. However, I started a treatment called Cognitive Behavioural Therapy (CBT). I learned to look at the links between my thoughts, feelings and behaviour, but more importantly, I learned that I could eat regularly - without putting on weight.

Gradually I put on some weight and worked on my checking and weighing behaviour. It wasn't easy to get better. I slowly started to eat the foods that I used avoid. Sometimes I still find myself thinking the way I used to, but now I know I that this is only one way of thinking, one way of being, and most of the time to chose not to do this.

I love going out clubbing with my friends now and I don't argue quite so much with my parents, well at least not about food anyway.”



## Further information

**B-eat** - Beat provides helplines, online support and a network of UK-wide self-help groups to help adults and young people in the UK beat their eating disorders. Youth Helpline: 0845 634 7050.

**Epic friends** - Mental health problems are common. This website is all about helping you to help your friends who might be struggling emotionally.

**Young Minds** - Website offers information to young people about mental health and emotional well-being.

### Further reading

**Changing Minds: A Multimedia CD-ROM about Mental Health** is intended for 13–17 year olds; it talks about addiction, stress, eating disorders, depression, and schizophrenia and self-harm.



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# Worries and anxieties



## Introduction

This is one in a series of leaflets for parents, teachers and young people entitled *Mental Health and Growing Up*. This leaflet describes the different types of anxieties that children might feel.

We all get frightened or worried from time to time. Usually fear is a good thing as it keeps us from getting too close to danger. Sometimes though, we can feel frightened or worry about things 'too much' and this can get in the way of enjoying life. This sort of fear or worry is called **anxiety**.

### How common is it?

Anxiety is one of the common mental health problems. Nearly 300 thousand young people in Britain have an anxiety disorder. So you are not alone. Lots of people however, suffer in silence. It is important to recognise your problems and seek help especially when it starts affecting your everyday life.



## What does anxiety feel like?

When we feel we are in danger, our brains tell our bodies to get ready to run away quickly. This means that if you have anxiety you may feel this in your mind, as well physically in your body.

The symptoms of anxiety include:

### In your body or physically you may feel:

- sick
- shaky/dizzy
- heart racing

- short of breath
- 'butterflies' in the stomach.

### In your mind you may:

- feel upset
- feel worried
- irritable
- unable to relax
- have difficulty in concentrating.



## What different types of anxiety can I suffer from?

Anxieties are grouped based on what the fear or worry is about. The groups are also helpful in understanding your difficulties and treating them.

### Fears and phobias

You might remember being scared of the dark or insects when you were little. This is normal and as we get older, we usually grow out of these fears or are able to manage it without worrying too much about it. Sometimes fears about particular things (e.g. needles, animals) or places (e.g. darkness, heights) can be really strong and don't go away. They stop you from doing normal things and interfere or take over your life. These fears are called phobias. We may need extra help to cope with a phobia.

### General anxiety

Some people feel anxious most of the time for no obvious reason. When it is really bad, it can stop you concentrating at school or having fun with friends and family. Sometimes feeling anxious and sad can go together. You may need help to be able to feel and cope better.

### Separation anxiety

Separation anxiety is feeling worried or anxious when you are away from your parents/family/guardians. It is normal for very young children to feel scared and worried when they are not with the people who normally look after them. If it is still a problem when you are older or a teenager, this can make it difficult to go to school or go out with friends. If this happens it is best to get help.

### Social anxiety

In simple terms this is really bad shyness. You may be comfortable with people you know well, but find it very worrying to be with new people, places or social occasions like parties. Standing up in class or assembly can be extremely difficult for you, as you are worried about making mistakes or what others think of you. This means you may tend to avoid situations which involve other people. When this happens, it is important to seek help.

### Panic disorder

A panic attack is an extreme episode of anxiety that seems to occur for no reason. It may feel as if your mind has gone totally out of control. Panic attacks have a start and a finish; they are not continuous, although you might worry about when the next one will happen.

During an attack, you can have physical feelings of anxiety (see above) along with frightening thoughts, like thinking you are going to die, or “go mad”. It is rare for younger children to have panic attacks on their own, without another form of anxiety like those mentioned above. In teenagers this becomes more common. When the fear of having one or frequent attacks stop you from doing your daily routine or enjoying life, this is called panic disorder.

Some children and young people may have other types of anxiety, such as post-traumatic stress disorder or obsessive compulsive disorder.



## What causes these worries and anxieties?

We do not really know what causes this illness. However, sometimes you may find the problems started after upsetting or frightening experiences in your life (like being bullied at school, having an illness, loss of a loved one or parents separating).

You may be able to manage one thing, but when lots of things happen at once, like parents separating, moving house and changing school, it can become much more difficult.

Anxiety tends to run in families, so if someone in your family is known to worry a lot, you may be more likely to worry as well. Some of this will be passed on in the genes, but you may also ‘learn’ anxious behaviour from being around anxious people. If your family or friends are anxious or harsh, it can make your anxiety worse. In this case it may help to talk to them about it.

## What can I do?

Some people may grow out of anxiety, but a few may still experience anxiety when they grow up. The good news is that it is treatable - this means that there are things that can be done to reduce feelings of anxiety.

There is a lot you can do with the help of family and good friends to make you feel better.

- Try to give yourself more time to get used to any changes that happen, like at home or at school, as change can be more difficult when you worry a lot.
- Check out whether you are picking up on someone else’s worry, rather than it being just yours.
- Get support from good friends and family; you might also want to talk to someone outside the family like a teacher or mentor.



## How is it treated?

The type of specialist help offered here will depend on what is causing the anxiety. Usually it will be a form of talking therapy, like Cognitive Behavioural Therapy (CBT). CBT can help you understand and deal with the causes of your anxiety and to find strategies for coping. You may be seen on your own or with your family.

Occasionally, once you've tried a talking therapy, you might also be given a medicine to help if your anxiety problem has not got much better. A type of antidepressant, called an SSRI, is usually used.

Living with anxiety problems is difficult, but it is treatable and doesn't have to keep making you feel unhappy.



## Dave, age 12, talks about his fears of balloons

One of the worst things about my phobia was that I had to keep it secret. When my friends invited me to their birthdays, I had to say I was busy, because I couldn't go anywhere near balloons.

I've always disliked balloons. But last year I decided that my fear was out of control, and I had to do something about it. I went with my mum to see our GP, who sent me to a specialist. A couple of months later, we had the first of a course of eight 'Cognitive Behavioural Therapy' sessions.

The therapist began by telling me that plenty of people have phobias and that balloon phobia even had a name ('globophobia'). It really helped to know that other people had the same problem.

She asked me about my early life and tried to work out how my phobia had started. We talked

about how I react to different stressful situations, marking how bad I'd feel on a scale of 1 to 10. She explained that my fast pulse rate, and my feeling hot and tense, and needing to escape were a normal response to stress. She taught me how to control my breathing, relax and talk to myself positively to control my anxiety.

Gradually, each week, I had harder things to do – at first just touching balloons, but by the end of the course - bursting them. On the way to the sessions I often got quite upset, because I knew I was going to have to face my greatest fear. It was hard work, and I nearly gave up.

I still don't like balloons, and would rather not have them near me. But thanks to the therapy, I can now accept invitations knowing that I can deal with my fears.



## Neela's story, 15

I don't know about you, but I have always been a worrier, like my grandmother. Every year, we would plan our family trip to India and it would start ... worrying about the plane journey ... worrying about falling ill, ... and just before take-off I would get those horrible "butterflies", sweaty hands and the feeling that I couldn't breathe. Sometimes I would feel my heart beating and I thought I was dying or going "crazy".

Last year, before my exams, my worrying got really bad. The pressure in secondary school has been high and everyone in my family has always done well and gone on to University, so I knew I had to study extra hard. It got so bad that I couldn't concentrate. I felt shaky and nervous at school and even started to cry most days. I wasn't sleeping well because I was so nervous and was too embarrassed to tell mum and dad.

I ended up pouring my heart out to the school nurse which was the best thing I ever did. She got

in touch with my mum, and after seeing the GP, I went to see a team of specialists at the hospital.

Don't worry... I didn't want to be the "girl who sees the shrink" either but it's not like that. The team can have all sorts of people like doctors, nurses, psychologists and social workers. They reassured me and helped me and my family to see that my

symptoms were real (just like when you have asthma). I went on to have a talking therapy called CBT. This involves a number of weekly sessions with the therapist. I didn't even need to take medication. Although, I will always be a worrier I feel so much better, and I'm even looking forward to this year's India trip."



## Further information

**Anxiety UK** - A charity providing information and support for people suffering with anxiety problems.

**Epic friends** - Mental health problems are common. This website is all about helping you to help your friends who might be struggling emotionally.

**YouthNet UK** - Online charity which guides and supports young people, enabling them to make informed choices, participate in society and achieve their ambitions.

**YoungMinds** have also developed **HeadMeds** gives young people in England **general** information about medication. HeadMeds does **not** give you medical advice. Please talk to your Doctor or anyone else who is supporting you about your own situation because everyone is different.

**Useful CD: Rays of Calm**, Christiane Kerr, Audio CD/Audiobook: CD from the "Calm for Kids" range created for teenagers. It talks through various relaxation techniques and visualisations designed to promote a sense of calm and wellbeing and to help teenagers deal with stress.



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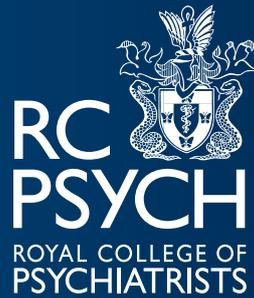
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