

Mental health and growing up

Factsheets for parents, teachers and young people

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Titles in bold have been written especially for young people

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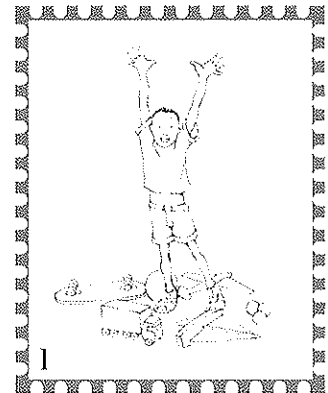
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The restless and excitable child

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at the reasons behind why some children are more restless and excitable than others, gives advice about how to deal with an overactive child and suggests where to go to get extra help if you feel you are unable to cope on your own.



Introduction

Young children are often restless and excitable. Their noisy liveliness is usually just a part of being young. Although it may be tiring, it is usually nothing to worry about.

Sometimes youngsters may be so active and noisy that it makes life difficult for their parents and other children. A child like this may be demanding and excitable and chatter away nineteen to the dozen. He may be noisy, may not do as he's told, and will probably find it difficult to sit still. Adults may say that he's hyperactive, but the trouble with this word is that people use it to describe everything from normal high spirits to sometimes dangerous behaviour, such as running out into a busy road. It may be that he is overactive rather than hyperactive.

What makes children overactive?

There are many things that can make a child overactive. The following should give you some guidance as to the reasons for your child's behaviour. Finding the reasons may help you to come up with some solutions to combat the problem.

Being a parent If parents are unhappy, depressed or worried, they tend to pay less attention to their children. They may find they can't spend the time they need to help them play constructively, or they may find that when they do play with them, they spend a lot of time telling them to be quiet. Children learn from this that they have to be naughty or noisy to get any attention from their mum or dad.

No clear rules It is important to have simple rules about what is allowed and what is not. If two parents are involved, they both need to agree about the rules, and be consistent and fair when they say 'no'. This will help the child to know what is expected and to learn self-control (see Factsheet 2 on good parenting and Factsheet 4 on behavioural and conduct problems).

Temperament We are all born with different temperaments. Some children are livelier, noisier and more outgoing than others. They may prefer going out and being with other people than quietly reading a book or playing with toys by themselves. Quite often, children who are active like this are also excitable and may go over the top while playing. Although this can be a nuisance, it is nothing to worry about, but you may need some help in finding ways to help your child calm down.

Learning problems Some children find it hard to learn things that other children find easy. They may need special help at school. They may seem quite young for their age and find it hard to concentrate on work or control their behaviour as well as other children (see factsheet 10 on general learning disability).

Hearing problems Glue ear is a common example of a hearing problem. If a child has glue ear, they will find it hard to hear what other people say, will tend to shout and may want the television turned up very loudly.

Food Some children do seem to react to certain foods by becoming restless and irritable. This is not as common as some people think, but occasionally, it can be a real problem.

If you are concerned that your child is affected by **attention-deficit hyperactivity disorder or hyperkinetic disorder (hyperactivity)**, see Factsheet 5 on ADHD and hyperkinetic disorder for further information.

How can I get my child to calm down?

Try to make sure you spend time with your child on their own, so that they know you are interested in them. This will give you the chance to **plan** and **praise**.

- Spend time with your children doing something they enjoy. Get into a routine and **plan** what they are going to be doing for the day or the weekend. You can make sure that they have time for noisy, energetic play so that they can work off some of their energy. You can also make clear times when you expect them to play quietly on their own.
- Take every opportunity to **praise** your child. Be as clear as possible. It is vital that they understand exactly what they have done to please you. For example, 'you've been playing so quietly on your own ... what a good boy you are' or 'what a good footballer you are'.

Sources of further information

- The National Society for the Prevention of Cruelty to Children (NSPCC) produces helpful information for parents and carers. Three useful booklets: *Stress – A Guide for Parents*; *Putting Children First – A Guide for Parents of 0–5 Year Olds* and *Listening to Children – A Guide for Parents and Carers*. NSPCC Publications Department, Weston House, 42 Curtain Road, London EC2A 3NH; tel: 020 7825 2775; www.nspcc.org.uk.
- Webster Stratton, C. (1992) *The Incredible Years: A Troubleshooting Guide for Parents of Children Aged 3–8*. London: Umbrella Press.
- Parentline offers help and advice to parents bringing up children and teenagers. Helpline 0808 800 2222; textphone 0800 783 6783; www.parentlineplus.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext: 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Where can I get help?

Lively, excitable behaviour is a common problem for parents. Your health visitor will be used to giving advice about this. If there seems to be a problem with your child's hearing, or if there seems to be a reaction to foods, your general practitioner should be able to help. If they think that there might be a learning difficulty or a hyperactivity disorder, they will refer you to a clinical psychologist, paediatrician or child psychiatrist.

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- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
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Good parenting

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at the reasons behind why it is important to use good parenting skills from an early age. It also gives practical tips on some of the best ways to discipline a child, while maintaining a happy, healthy relationship with them.

Introduction

Parenting is an important part of loving and caring for your child. Good parenting is about providing a warm, secure home life, helping your child to learn the rules of life (e.g. how to share, respecting others, etc.) and to develop good self-esteem. You may have to stop them from doing things they shouldn't be doing, but it is just as important to encourage them to do the things you do want them to do.

Why is parenting important?

Rules are an important part of everyday life. They make it possible for us to get along with one another. If children do not learn how to behave, they will find it difficult to get on, both with grown-ups and with other children. They will find it hard to learn at school, will misbehave and will probably become unhappy and frustrated.

What helps?

It is important to make sure that children feel secure, loved and valued, and to notice when they are behaving well. The trick to this is to find strategies that work well for you and your child. Here are some ideas:

Be consistent

If you don't stick to the rules your child will learn that if they ignore them, you will probably give in.

Give lots of praise

Let your children know when they have done something well and when you are pleased with them. For example, give them a hug, give them a kiss and tell them how great they are. You need to do this straight away.

Planning ahead

It helps if you and your child know the rules for particular situations before they happen. Don't make them up as you go along (e.g. if bedtime is 7.00 p.m., make sure you both stick to it).

Involve your child

Sit down with your child and talk to them about good behaviour. You might be surprised about how much you both agree on.

Be calm

This can be difficult in the heat of the moment, but it does help. Be calm and clear with your commands, for example 'please switch off the TV' or 'it's bedtime'.

Be clear with your child

For example 'please put your toys away' tells children exactly what you expect them to do. Simply telling them to 'be good' does not. If your child can't understand you, they can't obey you. Keep it short and simple.

Be realistic

It's no good promising a wonderful reward or dreadful punishment if you are not going to see it through. It is much better to offer small rewards rather than punishments. For example 'when you have tidied your room, you can have an ice cream'. Don't expect miracles. If your child has only partly tidied their room, praise them for having started.

Sources of further information

- Parentline offers help and advice to parents bringing up children and teenagers. Helpline 0808 800 2222; textphone 0800 783 6783; www.parentlineplus.org.uk
- Webster Stratton, C. (1992) *The Incredible Years: A Troubleshooting Guide for Parents of Children Aged 3–8*. London: Umbrella Press.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351 ext: 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk or you can download them from www.rcpsych.ac.uk

The importance of your relationship

When times are difficult, it is easy to forget that you can actually have nice times together. Everybody can end up feeling angry and upset. So you need to plan to have good times together. For example, you could play a game, read or cook with them for 10 minutes every day.

How can it go wrong?

Your own experience of childhood is very important. If you were punished a lot, you may find yourself doing the same with your own children. Or you may be the opposite and find it hard to be as clear as you need to be.

If parents disagree about rules, their children may get mixed up because they don't know whose rules they should be obeying. They may just learn that if they can't get something from one parent, all they need to do is go to the other.

Parenting takes energy! It's easy to let things slip if you are depressed, tired, very busy or don't have any help with your children. Without rules, children can simply get in to the habit of behaving badly.

Where can I get help?

Talking problems over with other parents or friends is often useful. Talk to your child's teachers, as there may be a similar problem at school. It will help your child if you and the teachers can work together to agree on how to tackle the problem. Changing a child's behaviour is a slow, hard job, but it can be done.

You can ask your health visitor, school nurse or general practitioner for advice. If more specialist help is needed, they will be able to refer your child to the local child and adolescent mental health service. Specialists can help to find out what is causing the problem and also suggest practical ways of helping.

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- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
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- Webster Stratton, C. (1992) *The Incredible Years: A Troubleshooting Guide for Parents of Children Aged 3–8*. London: Umbrella Press.

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at the reasons behind why children have tantrums and gives practical advice about how to deal with them.



Introduction

It is important for adults to understand that between the ages of one and four years, most children have tantrums.

All toddlers want to do things for themselves. They want to dress themselves, feed themselves, pour their own juice and generally be more independent. They can get very upset if they find that they can't do what they are trying to do or if their parent/carer stops them. This upset can lead to a tantrum.

How can I cope with tantrums?

Your child's screams and yells can be alarming. You may feel angry and will almost certainly be embarrassed in front of other people. But remember, children learning to deal with their emotions is a normal part of growing up.

During the tantrum

Don't panic

The main thing to do is to stay calm and not to get upset yourself. Just remind yourself that this is normal, that lots of parents have to deal with it, and that you will too.

Try to distract them

If you are in a situation where you know a tantrum is likely, you may be able to avoid one by distracting your child; e.g. point out the big red sports car in the road, laugh at the funny picture in the shop display or give them their favourite toy to play with.

Remember what you are trying to do

You are trying to teach your child that rules are important and that you will stick to them (see Factsheet 2 on good parenting skills).

Ignore the tantrum

You should calmly continue with whatever you are doing – chatting to someone else, packing your shopping or whatever. Every so often check to make sure your child is safe. Ignoring your child is very hard, but if you answer back, or even smack them, you are giving them the attention they are demanding.

Pay attention to any good behaviour

As soon as you see any signs of calming down, e.g. they stop screaming, praise them. Turn your full attention back to the child, talk to them with warmth and admiration. If you reward the new behaviour like this, your child is more likely to stay calm and carry on being good.

Tips for avoiding tantrums

Tantrums often happen in predictable situations. Children find it hard to wait. Make it easier for them by:

- taking their favourite books and toys to the doctor's surgery
- storing their favourite biscuits out of sight, rather than where they can see them
- sticking to your rules.

Your child may be particularly difficult at certain times of the day – perhaps when they are tired or hungry. Simple arrangements may help. They could:

- have an afternoon nap, instead of staying awake all day
- have a snack after nursery at 3.30 p.m., instead of having to wait until 5.00 p.m. for tea.

Where can I get help?

It is often very helpful to talk to other parents or friends. If this doesn't help and if the tantrums are getting you down, it may be worth having a chat with your health visitor or general practitioner. They will be able to give advice or suggest more specialist help.

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- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
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Sources of further information

- Green, C (2003) *New Toddler Taming: A Parent's Guide to the First Four Years*. London: Vermilion.
- The National Society for the Prevention of Cruelty to Children (NSPCC) produces helpful information for parents and carers. Weston House, 42 Curtain Road, London EC2A 3NH; www.nspcc.org.uk
- Newpin (New Parent Information Network) offers support to parents with babies and toddlers. Sutherland House, 35 Sutherland Square, Walworth, London SE17 3EE; tel: 020 7358 5900; www.newpin.org.uk.
- Webster Stratton, C. (1992) *The Incredible Years: A Troubleshooting Guide for Parents of Children Aged 3–8*. London: Umbrella Press.
- www.incredibleyears.com is an American website with research-based and effective programmes for reducing children's aggression and behaviour and increasing their social skills.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.



Behavioural and conduct problems

Factsheet for parents and teachers

About this factsheet

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Introduction

It takes time for children to learn how to behave properly. With help and encouragement from parents and teachers, most of them will learn quickly. All children will sometimes disobey adults. Occasionally, a child will have a temper tantrum, or an outburst of aggressive or destructive behaviour, but this is nothing to worry about.

Behavioural problems – the signs

Behavioural problems can occur in children of all ages. Very often they start in early life. Toddlers and young children may refuse to do as they are asked by adults, in spite of being asked many times. They can be rude, swear and have tantrums. Hitting and kicking of other people is common. So is breaking or spoiling things that matter to others.

Some children have serious behavioural problems. The signs of this to look out for are:

- if the child continues to behave badly for several months or longer, is repeatedly being disobedient, cheeky and aggressive
- if their behaviour is out of the ordinary, and seriously breaks the rules accepted in their family and community, this is much more than ordinary childish mischief or adolescent rebelliousness.

This sort of behaviour can affect a child's development, and can interfere with their ability to lead a normal life. When behaviour is this much of a problem, it is called a **conduct disorder**.

What does this mean?

Children with a conduct disorder may get involved in more violent physical fights, and may steal or lie, without any sign of remorse or guilt when they are found out. They refuse to follow rules and may start to break the law. They may start to stay out all night and truant from school during the day. Teenagers with conduct disorder may also take risks with their health and safety by taking illegal drugs or having unprotected sexual intercourse.

What effect can this have?

This kind of behaviour puts a huge strain on the family. Children who behave like this will often find it difficult to make friends. Even though they might be quite bright, they don't do well at school and are often near the bottom of the class. On the inside, the young person may be feeling that they are worthless and that they just can't do anything right. It is common for them to blame others for their difficulties if they do not know how to change for the better.

What causes oppositional defiant disorder/conduct disorder?

A child is more likely to develop an oppositional defiant disorder/conduct disorder if they:

- have a **difficult temperament**;
- have **learning or reading difficulties** – these make it difficult for them to understand and take part in lessons. It is then easy for them to get bored, feel stupid and misbehave;
- are **depressed**;
- have been **bullied or abused**;

- are **'hyperactive'** – this causes difficulties with self-control, paying attention and following rules (see Factsheet 5 on ADHD and hyperkinetic disorder).

Parents themselves can sometimes unknowingly make things worse by giving too little attention to good behaviour, always being too quick to criticise, or by being too flexible about the rules and not supervising their children adequately. This often happens if a parent is depressed, exhausted or overwhelmed.

Giving too little attention to good behaviour

As a parent, it can be easy to ignore your child when they are being good, and only pay attention to them when they are behaving badly. Over time, the child learns that they only get attention when they are breaking rules. Most children, including teenagers, need a lot of attention from their parents, and will do whatever it takes to get it. Perhaps surprisingly, they seem to prefer angry or critical attention to being ignored. It's easy to see how, over time, a 'vicious cycle' is set up.

Being too flexible about the rules

Children need to learn that rules are important and that 'no' means 'no'. Keeping this up is hard work for parents. It can be tempting to give in 'for a quiet life'. The trouble is that this teaches the child to

push the limits until they get what they want. Teenagers need to know that their parents care about them. They must also understand that rules are needed to protect their safety and that they must learn to live within these rules.

Where can I get help?

Parents can do a lot. It helps if discipline is fair and consistent, and it is crucial for both parents to agree on how to handle their child's behaviour (see Factsheet 2 on good parenting). All young people need praise and rewards when they improve their behaviour. This can be hard. Remember to praise even the small, everyday things, and let them know that you love and appreciate them.

It is worth asking the school about whether they are also worried about your child's behaviour. It is helpful if parents and teachers can work together. Extra teaching may be necessary. You can seek advice from the school nurse or from an educational psychologist.

If serious problems continue for more than 3 months, it is worth asking your health visitor or general practitioner for advice. If more specialist help is needed, they will be able to make a referral to your local child and adolescent mental health service. Specialists can help by finding out what is causing the problem, and also by suggesting practical ways of improving the difficult behaviour.

References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- Hartley-Brewer, E. (1994) *Positive Parenting*. London: Vermilion.
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.
- Webster Stratton, C. (1992) *The Incredible Years: A Troubleshooting Guide for Parents of Children Aged 3-8*. London: Umbrella Press.

Sources of further information

- EPOCH (End Physical Punishment of Children) provides useful alternatives to smacking. 77 Holloway Road, London N7 8JZ; tel: 020 7700 0627; www.ruralwellbeing.org.uk.
- NEWPIN (New Parent Information Network) offers support to parents with babies and toddlers. Sutherland House, 35 Sutherland Square, Walworth, London SE17 3EE; tel: 020 7358 5900; www.newpin.org.uk
- Parent Network provides support and holds parent education groups throughout the UK. 44-46 Caversham Road, London NW5 2DS; tel: 020 7485 8535.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.org.uk.

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ADHD and hyperkinetic disorder

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at attention-deficit hyperactivity disorder (ADHD) and hyperkinetic disorder, the signs to look for and where to get help.

Introduction

What are attention-deficit hyperactivity disorder and hyperkinetic disorder?

Many children, especially under-fives, are inattentive and restless. This does not necessarily mean they are suffering from ADHD or hyperkinetic disorder (see Factsheet 1 on the restless and excitable child).

The terms 'attention deficit', 'attention-deficit hyperactivity disorder', 'hyperkinetic disorder' and 'hyperactivity' are used by professionals to describe the problems of children who are overactive and have difficulty concentrating.

The terms attention deficit disorder (ADD) or attention-deficit hyperactivity disorder (ADHD) are used in the USA. The official term in the UK is hyperkinetic disorder. These differences in terminology can sometimes cause confusion. In both instances, these children usually have problems with attention control and overactivity.

What are the signs?

Children with ADHD/hyperkinetic disorder:

- are restless, fidgety and overactive
- continuously chatter and interrupt people
- are easily distracted and do not finish things
- are inattentive and cannot concentrate on tasks
- are impulsive, suddenly doing things without thinking first
- have difficulty waiting their turn in games, in conversation or in a queue.

This type of behaviour is common in most children. It becomes a problem when these characteristics are exaggerated, compared to other children of the same age, and when the behaviour affects the child's social and school life. Often the signs will have been obvious since the child was a toddler.

What causes ADHD/hyperkinetic disorder?

We do not know exactly what causes these disorders, but genetic factors seem to play a part. The disorders can run in families, with boys more often affected than girls.

Where can I get help?

There is no simple test for ADHD/hyperkinetic disorder. Making a full diagnosis requires an experienced specialist assessment, usually done by a child psychiatrist or specialist paediatrician. The diagnosis is made by recognising patterns of behaviour, observing the child and obtaining reports of their behaviour at home and at school.

Your general practitioner will be able to offer you advice and support and will usually refer you to a specialist. A child and adolescent psychiatrist will undertake a thorough assessment and offer treatment. Some clinical psychologists and paediatricians also have special experience and skills in managing this problem.

Sources of further information

- ADD Information and Support Services (ADDISS) (Registered Charity 1070827): The ADDISS Resource Centre, 10 Station Road, London NW7 2JU; tel: 020 8906 9068; fax: 020 8959 0727; e-mail: info@addiss.co.uk; website: www.addiss.co.uk
- The YoungMinds Parents' Information Service provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk

Effective treatment will include advice and support for the parents.

A full specialist assessment This will enable your child's needs to be clearly identified.

Psychological management You should expect:

- a full explanation of the condition to you and your child;
- advice about on how to manage difficult behaviour;
- communication between the child's specialist and teachers, who will offer you advice on structured activities and reward systems for positive behaviour that may help. Special support and teaching may also be needed;
- help for difficulties that have developed as a result of ADHD/hyperkinetic disorder, including low self-esteem, difficulty with friendships, temper tantrums and aggression.

Stimulant medication Some medications such as methylphenidate or dexamphetamine may reduce hyperactivity and improve concentration (see Factsheet 6 on stimulant medication). Medication produces a short-lived improvement after each dose, but is not a permanent cure. It creates a period when the child can learn and practise new skills. Children often say that medication helps them to get on with people, to think more clearly, to understand things better and to feel more in control of themselves. Not all affected children need medication. Those who do always need psychological and educational support as well.

Changing diet and avoiding additives There is a small body of evidence about the effect of diet on some children. A few may be sensitive to certain foods. If parents notice that specific foods worsen hyperactivity, these may be avoided. It is best to discuss this with the specialist.

Do children grow out of it? Children who receive specialist treatment tailored to their needs may benefit considerably. Some problems with restlessness, attention and lack of control might continue into adult life. However, with help, most hyperactive children will have settled down by the time they reach their mid-teens. They will have been able to catch up with their learning, improve their school performance and make friends.

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Stimulant medication for ADHD and hyperkinetic disorder

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 describes what stimulant medications are, and the benefits and pitfalls of using them for attention-deficit hyperactivity disorder (ADHD) and hyperkinetic disorder.

Introduction

What are stimulant medications?

They are medications that affect the action of certain chemicals in the brain. In adults, they have the effect of making people more alert, active and awake. This is why they are called stimulants. In children, they can increase attention and reduce hyperactivity, and are used as one part of the treatment for hyperkinetic disorder and attention-deficit hyperactivity disorder (ADHD) (see Factsheet 5 on ADHD and hyperkinetic disorder).

When is medication used?

Medication should be prescribed only after your child has been fully assessed by a specialist. Stimulant medications may be worth trying if your child has serious difficulties with:

- concentration – can't concentrate for very long, doesn't seem to listen, is forgetful, disorganised, takes ages to start things and then rarely finishes them, is easily distracted
- activity levels – is overactive, climbs on things all the time, talks all the time, is very loud and noisy
- impulsivity – can't wait for things, interrupts a lot, acts without thinking.

They may have big problems:

- at school – poor concentration, can't complete a task, disruptive in class
- at home – on the go all the time, can't follow instructions, poor concentration, forgetful
- with friends – difficulty taking turns or sharing, getting into fights.

How stimulant medication works

Stimulants seem to affect parts of the brain that allow us to control how we pay attention and organise our behaviour.

What are its effects?

The child's behaviour becomes calmer, more focused and less impulsive. However, medication does not work for everyone. It is also important that the child has adequate help with learning in the classroom, and with controlling behaviour (see Factsheet 5 on ADHD and hyperkinetic disorder).

Why does medication help?

Stimulant medication creates a 'window of opportunity' when children can be focused and concentrate better. They can therefore learn better at school. Some children say that when they are taking the medication, they can think more clearly, and find it easier to understand requests from parents and teachers. School work becomes more interesting and enjoyable, and they make more friends.

Parents and teachers can do a lot to help a child to make these changes. Your understanding and support (practical and emotional) are crucial. Practical and effective ways of helping a child to improve behaviour include:

- praising good behaviour
- making clear simple requests – one at a time
- praise for effort as well as achievement
- rewards for good behaviour
- brief periods of time away from other people when their behaviour becomes too much.

Which stimulant medications are used?

The stimulant medication most commonly used in the UK is *methylphenidate*. When it works, the effect begins within 30–60 minutes. The exact amount of each dose needs to be carefully

Sources of further information

- ADD Information and Support Services (ADDISS) (Registered Charity 1070827): The ADDISS Resource Centre, 10 Station Road, London NW7 2JU; tel: 020 8906 9068; fax: 020 8959 0727; e-mail: info@addiss.co.uk; website: www.addiss.co.uk
- The YoungMinds Parents' Information Service provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk

monitored and adjusted by a specialist. There are also long-acting forms that last up to 12 hours.

Dexamphetamine is a stimulant that is chemically very similar to methylphenidate. It sometimes works when methylphenidate does not.

What are the side-effects?

As with any effective treatment, there might be side-effects, such as reduced appetite and staying awake later than usual. Side-effects are less likely if the dose is increased gradually when the tablets are started. Some parents worry about addiction, but there is no good evidence to suggest that this is a problem.

The most common side-effects are:

- reduced appetite
- staying awake later.

Because of the effect on appetite, the child's height and weight should be measured regularly. Giving medication with meals may help.

Less common side-effects to look out for include:

- being 'over-focused', quiet and staring – this may be a sign that the dose is too high
- anxiety, nervousness, irritability or tearfulness
- tummy pains or feeling sick
- headache, dizziness or drowsiness
- tics or twitches.

How long should the medication continue?

Medication may need to be continued for several years. Some children will be able to stop completely as teenagers, others may be able to stop even sooner. Some may still need medication as adults. There are no known harmful effects from using these medications over several years.

Treatment will be monitored by a specialist and will be reviewed regularly. Medication may need to be adjusted. Physical health checks and repeat prescriptions may be provided by your general practitioner.

Non-stimulant medication

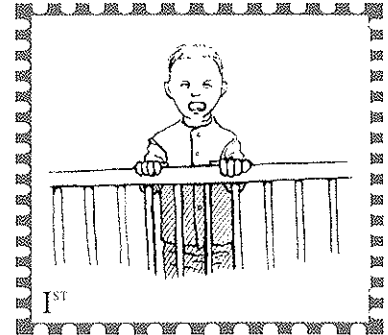
If stimulants don't work, your specialist may suggest one of a number of alternatives, such as imipramine or clonidine.

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About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at the reasons behind why some children and young people have sleep problems, and offers some practical advice on how to deal with them.



Introduction

One of the most common problems in toddlers and young children is sleeplessness. The child may have difficulty settling to sleep, or wakes in the night and wants a parent. Very young children often fear being left alone at night. This 'separation anxiety' is normal at a young age.

Difficulties in sleeping are due to a number of reasons such as napping too much in the daytime, bedtime fears and bedwetting (see Factsheet 8 about children who soil or wet themselves). You might find that when your child gets very tired, they get irritable, aggressive or even overactive – not sleepy (hence the phrase 'overtired'!).

Older children and teenagers can also have problems with sleeplessness. They might find it hard to sleep if they are worried, drinking too much tea or coffee, cola or energy drinks, or are using illegal drugs. Some will just get into the habit of going to sleep very late. After a while, they find that they can't get to sleep at an earlier time. It is important that your child has a regular sleep routine:

- Decide on regular times for going to bed and getting up.
- Stick to these times.

Sometimes, difficulty in sleeping is part of a severe depression (see Factsheet 34 on depression in children and young people).

Daytime sleepiness

This can simply be caused by your child not getting enough sleep at night. Reasons for this might include:

- Going out too late with friends, working or studying.
- Stress or worry.

- Less commonly, loud snoring can wake a child – this is called **obstructive sleep apnoea**. It can be caused by large tonsils and adenoids at the side and back of the throat. Taking them out can sometimes help.
- Some young people sleep too much if they are depressed.
- Drug or alcohol misuse may be a factor.
- **Narcolepsy** is an unusual condition that causes unpredictable attacks of sleep during the day. People with narcolepsy may also have sudden attacks of weakness – this is called **cataplexy**.

Nightmares

Most children have nightmares occasionally. These are vivid and frightening dreams. Children will usually remember the dream, and will need to be comforted so that they can get back to sleep. Nightmares can also be caused by worry, by nasty accidents, by bullying and by abuse of any kind. You can help by encouraging your child to talk about the dream or draw a picture of it. This will help you to find out the cause of the upset and work out what help or support your child needs.

Night terrors

Night terrors most commonly affect children between the ages of 4 and 12 years. They are completely different from nightmares or anxiety-related dreams. Unlike nightmares, they happen to young children an hour or two after falling asleep. The first sign is that your child is screaming uncontrollably and seems to be awake. In spite of appearances, your child is still asleep. They will not be able to recognise you, will be confused and unable to communicate, and it is usually hard to reassure them. It is best not to

Sources of further information

- 'Coping with Children's Sleep Problems' audiotape produced by Talking Life, available from the Royal College of Psychiatrists: www.rcpsych.ac.uk/publications.
- Royal College of Psychiatrists' *Help is at Hand: Sleeping Well* leaflet. Available to download: www.rcpsych.ac.uk/mentalhealthinformation.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

try and wake them, but sit with them until the night terror passes, usually after about 5 minutes.

Try not to feel upset yourself. It can be very distressing to see your child so disturbed, but they will not remember it in the morning. Children usually grow out of this.

Sleepwalking

Sleepwalking is similar to night terrors, but instead of being terrified, the child gets up out of bed and moves around. The main thing you can do to help is to make sure that they don't hurt themselves. You may need to take practical precautions, like using a stair-gate, making sure that windows and doors are securely locked, and that fires are screened or put out. This is also something that children tend to grow out of.

Why sleep problems matter

Sleep problems are very common. Most children's sleep problems happen only occasionally. They are not serious and get better on their own, with time. If they don't, you need to take them seriously. As well as being upsetting, they may interfere with your child's learning and behaviour. There may be an underlying health problem, physical or mental.

Where can I get help?

There are some simple things you can do to help your child sleep better:

- Develop a consistent, relaxing bedtime routine with your child. This should start with quiet time to help your child to wind down – for example, a bath followed by a short bedtime story before you say goodnight. This helps children to settle, and should end with your child falling asleep without the need for you to be with them.

- It is important to be loving, but firm, about when it is time for your child to settle down for the night. When your child cries out, it is important to be sure that they are not wet, ill or in pain. It is best to do this quickly, while still comforting and reassuring them. Don't spend too much time with them or take them into your bed, because this will reward them for being awake.

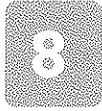
- A dummy can help to comfort young infants who wake needing to suck. Once you have weaned your child on to solid foods, it is best not to give them a bottle or dummy at night – if they wake and can't find it, they will probably start crying. A cuddly toy or favourite blanket can often help young children to cope with their separation anxiety.

Your general practitioner (GP) or health visitor can offer advice and help. If things don't get better, it is worth thinking about asking for a specialist opinion from a paediatrician or child psychiatrist. This will help to find out exactly what the problem is and how it can be best resolved.

Your GP or another professional can refer your child to the local child and adolescent mental health service – the team will include child psychiatrists, psychologists, social workers, psychotherapists and specialist nurses.

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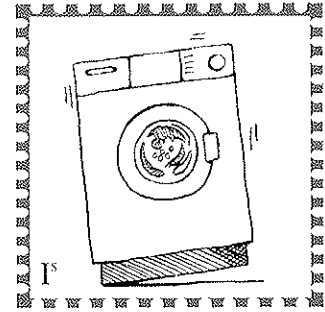


Children who soil or wet themselves

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at the reasons behind why children may soil or wet themselves, and offers some practical advice about how to cope with this problem.



Introduction

Most children under the age of 2 will wet themselves at night. This is normal. Between the ages of 2 and 5, most children will learn to be dry at night. You should think about getting advice if you have a 6-year-old who still wets the bed at least once a week; or if your child starts to wet their bed again after being dry for a while.

What causes bedwetting?

Some children who still wet their bed after the age of 5 may just be slow developers. You may find that your child is more likely to wet the bed if they are very tired and sleeping deeply. Some children who are usually dry may wet themselves when they are overtired or unwell. It is more likely to happen if you let your child drink a lot before they go to bed.

Wetting can often be a sign that your child is anxious or unsettled, especially if they have previously been dry for 6 months. You may find that your child starts to wet again if they are upset or coping with big changes in their life, such as when a new baby arrives in the family or when they start school.

Is it ever deliberate or due to laziness?

No. You should never blame your child. Making your child feel bad, ashamed or anxious will only make the problem harder to deal with.

What can help?

There are some simple things to try:

- Make sure your child does not drink close to bedtime.
- Before you go to bed yourself, make a point of taking your child to the toilet.
- Make sure that you tell them 'well done' for any dry nights – this often helps.

If your child carries on wetting and doesn't seem to be getting better, go and see your general practitioner. They will be able to refer your child to a specialist if they feel this is appropriate. If bedwetting has begun again after a child has been dry at night for a period of time, and physical problems have been ruled out, your general practitioner might suggest that you see someone from your local child and adolescent mental health service. They will try and find the reasons behind why the bedwetting has started again.

Bell and pad

A very effective method of treatment is the 'bell and pad' or 'enuresis alarm'. It involves putting a pad underneath your child's sheet. This pad is connected to an electrical buzzer. You can get one from your local specialist clinic. When your child starts to wet the bed, the buzzer goes off. Your child should then get up and use the toilet. Gradually, your child will learn to wake and use the toilet by themselves. It may take your child weeks or months to become completely dry at night. It is important to praise your child for their dry nights.

Further help may be required if your child carries on wetting the bed or starts again after a period of being dry.

Sources of further information

- Lask, B. (1991) *Children's Problems: A Parent's Guide to Tackling Them*. London: Optima.
- ERIC (Enuresis Resource and Information Centre) offers information and advice about day and night wetting to parents, young people and professionals. 34 Old School House, Britannia Road, Kingswood, Bristol BS15 8DB; tel: 0117 960 3060; www.eric.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Daytime wetting

About one in three children who wet their bed will also wet themselves in the daytime. It can also happen on its own, without bedwetting at night. The problem is particularly troublesome when children start to go to school. They may be teased for being smelly and find it hard to make friends.

What causes it?

When a child starts school they may not get to the toilet when they need to. This may be because they are embarrassed to tell the teacher that they have to go. They may be so busy with their work or with playing that they just leave it too late. Some children will try to hold it in for as long as possible because they just don't like the school toilets. About half of older girls who regularly wet themselves in the daytime have a urinary infection needing medical treatment. It can also happen if your child is very anxious, or has behavioural problems.

What can help?

You may need to sort out practical problems about using the toilet at school. Have a chat with their teacher to make sure that they remind your child to go regularly. Many children like a 'star chart'. Small rewards for dry pants at the end of the day can be helpful. If reminding your child to go to the toilet doesn't seem to be working, you can try using a timer which will give a signal every hour or so to remind your child that it is time to go. If the problem continues, ask your general

practitioner to check out any physical problems. They can refer you to a specialist if necessary.

Soiling

Soiling (encopresis) occurs when a child does not reliably use the toilet for a bowel motion. They may dirty their pants, or go to the toilet in inappropriate places.

Obviously, this is normal in toddlers and younger children. However, you should be concerned if it carries on after the age of 4. By then, your child should be able to use the toilet regularly.

What causes it?

There are two main causes for soiling. A child can suffer from both of them.

1. Severe constipation causes the bowel to be blocked with hard faeces. The child finds it painful to pass these, and so becomes more constipated. Liquid faeces then leak around the blockage, staining clothes.
2. Not learning a regular toilet routine is a common cause. The child may be reluctant to use the toilet. This may sometimes be part of a general pattern of behaviour, where a child refuses to do what you want them to.

You can help by encouraging your child to establish a regular routine for using the toilet, and praise for their effort and any successes.

If your child is constipated, make sure that they eat a lot of fruit, vegetables and foods high in fibre. If going to the toilet is painful, your general practitioner will be able to advise you and, if necessary, can refer you to a specialist.

If your child is not constipated, the cause may be psychological. If they start to soil or to smear faeces after no previous difficulties, they may be emotionally upset. If you can find out what is upsetting them and sort it out, the soiling may then improve. If it carries on, your general practitioner may suggest specialist help from the local child and adolescent mental health service.

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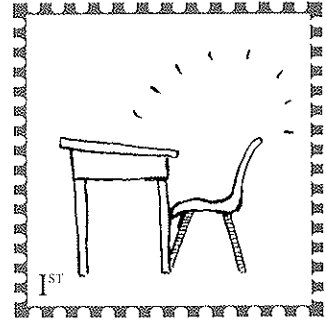
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Children who do not go to school

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at why some children refuse to go to school and offers advice about how to combat this problem.



Introduction

Quite a few children will, at some point, refuse to go to school. This can cause serious problems. If your child misses a lot of school, their education may be badly affected. This may undermine their confidence and reduce the opportunities available to them as they grow up. Legally, parents are responsible for making sure that their child is educated.

Why does it happen?

There are three main categories for describing why children don't attend school: school refusal, truancy and condoned absence.

School refusal

Your child may be too anxious to go to school. Worrying about going to school can make them feel vaguely unwell, with sickness, headaches, tummy aches, poor appetite and frequent visits to the toilet, although usually, no physical cause can be found for these symptoms. The symptoms are usually worse on weekday mornings and tend to disappear later in the day. This is sometimes called 'school phobia'.

However, the problem does not always lie with school. A child may seem to be worried about going to school, when actually, they are fearful about leaving the safety of their home and parents. They can be rather clingy and lacking in confidence. Once they get involved in lessons and seeing their friends, they may find that they enjoy school.

What causes school refusal?

Family problems may play a part. In young children a change in the family, even the birth of a younger brother or sister, may be enough to upset them. There may be other reasons – the illness of a parent, arguments or a death in the family. Children who are anxious or depressed seem to be particularly

vulnerable. Bullying at school and problems with school work are also common reasons (see Factsheet 18 on the emotional cost of bullying).

Where can I get help?

If your child is not going to school, they need to be able to talk to you and their teachers about any worries they might have. Make sure that they know you are there to talk to them and support them. This will help them to know that their problems are being taken seriously. Children themselves need to be involved in planning how best to overcome these problems.

You and your child's teachers should encourage your child to go back to school as quickly as possible. Keeping your child off school will make the problem worse. If you sort out any underlying problems, like bullying or school work, many of the symptoms will improve.

The school's educational psychologist or welfare officer may be able to help. For more specialist help, your child may need to be referred to the local child and adolescent mental health service.

Truancy and absence from school

When a child stays off school without the knowledge and agreement of parents, it is called 'truancy'. Sometimes, parents don't seem to mind that their child is not going to school, and even approve or encourage them (e.g. by taking them shopping).

What causes truancy?

Many children who truant also have behavioural problems such as stealing, lying, fighting and destructiveness (see Factsheet 4 on behavioural problems). There may be problems at home, or not enough supervision.

A child may have a difficult personality, learning difficulties or behaviour problems. They will often have friends who truant and are involved in antisocial behaviour. There may be problems at school, difficulties with school work, not getting on with their teachers or not getting on with other children. Others have no real behavioural problems and they may just drift into truanting. They may be fed up with school, be encouraged to truant by their friends or want to show they are 'cool'.

Sources of further information

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- Melville, J. & Subotsky, F. (1992) *Does My Child Need Help? A Guide for Worried Parents*. London: Optima.
- Advisory Centre for Education: 1C Aberdeen Studios, 22–24 Highbury Grove, London N5 2DQ. Tel: 020 7354 8321; advice line: 0808 800 5793; www.ac.ed.org.uk.
- The YoungMinds Parents' Information Service provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.
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Why do parents let their children stay off school?

A parent may worry that their child is ill, when the real problem is school refusal. They may know that a child has been truanting, but will allow them to stay home rather than have them wandering the streets. A parent may believe that school is harming the child in some way. Sometimes they may want their child to be at home to help with housework or looking after other children, or just for company.

What can be done to help?

As with school refusal, missing a lot of school can have a damaging effect on a young person's education and opportunities in later life. The first step in tackling truancy is for the school and the parents to agree that there is a problem that needs to be dealt with. They then need to discuss with the child why they are truanting.

Absence from school will require a discussion with the family to understand their viewpoint. Parents and teachers need to work with the child to get them back into school as quickly as possible. Underlying problems, such as reading difficulties, may need special help. Parents and teachers will need to keep an eye on whether the child is actually attending school. They should make sure that they reward the child for any improvements in their attendance.

The school's education welfare officer or educational psychologist may be able to help. Your general practitioner (GP) will be able to offer help and advice. Where there are continuing difficulties with the child's feelings or behaviour, or where there are family problems, your GP may recommend a referral to the local child and adolescent mental health service. Here, the specialist team includes child psychiatrists, psychologists, social workers, psychotherapists and nurses.

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- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
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The child with general learning disability

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 describes what a general learning disability is and the possible causes. It also provides practical advice about the help that is available to young people with a general learning disability and their families.

Introduction

What is meant by learning disability?

Learning disability used to be known as mental handicap or mental retardation. A child with a **general learning disability** finds it more difficult to learn, understand and do things compared to other children of the same age. The degree of disability can vary greatly. Some children will never learn to speak and even when they grow up will need help with looking after themselves – feeding, dressing or going to the toilet. On the other hand, the disability may be mild and the child will grow up to become independent.

General learning disability is different from **specific learning difficulty** (see Factsheet 11 on specific learning difficulties), which means that the person finds one particular thing hard, but manages well in everything else. For example, a child can have a specific learning difficulty in reading, writing or understanding what is said to them, but have no problem with learning in other areas of life.

What causes general learning disability?

Causes include genetic factors, infection before birth, brain injury at birth, brain infections or brain damage after birth. Examples include Down's syndrome, Fragile X syndrome and cerebral palsy. In nearly one-half of children affected, the cause of the disability remains unknown.

The effects of learning disability

Children or young people who have a general learning disability are aware of what goes on around them. However, their ability to understand and communicate may be very limited, and they can find it very hard to express themselves. Speech problems can make it even harder to make other people understand their feelings and needs. They are often frustrated and upset by their own limitations. When they compare themselves to other children, they can feel low and think badly of themselves.

For a parent, it can be very distressing to find out that your child has a general learning disability. It may be hard for you and other members of the family to understand why your child is like this. You may not understand the full extent of the problems. It can be very hard for you to communicate with your learning disabled child, and difficult for you to manage their behaviour.

Brothers and sisters may be affected in a number of ways. They may feel jealous of the

attention given to their disabled brother or sister or embarrassed by their behaviour. They may even be teased at school. Quite often they can feel personally responsible for their disabled sibling or a distressed parent.

Learning disability and mental health

A general learning disability is not a mental illness. Unlike mental illness, from which people normally recover, it is a life-long condition. However, children with learning disability, especially if they have problems such as epilepsy, are more likely to develop mental health problems than other children.

What can be done to help?

Learning and development

It is important to recognise, as soon as possible, that a child is learning and developing slowly. It is only when the problem is recognised that the

child and their family can be offered the help and support they need. The health visitor plays an important role in recognising slow development in the years before school.

Child Development Team

As your child gets older, a number of other people can help with their particular needs. They will often work together in a group known as the **Child Development Team**. This team includes specialists such as community paediatricians, nurses, psychologists and speech therapists. It sometimes includes a child psychiatrist. In some areas, there are special services for children with learning disabilities. If necessary, your general practitioner can refer you to the specialist team in your area.

Schooling

School is particularly difficult for children with learning disabilities because it is all about learning. Local education departments can make special arrangements to help them. These vary to suit the child. For example, if they are able to cope comfortably with other people, they may go to an ordinary school but have special forms of teaching. On the other hand, if they have a more severe disability, they may need to go to a special school.

When your child is old enough, the educational department psychologist will prepare a **Statement of Special Educational Needs**. This sets out what special help the child needs and takes into account the views and wishes of the parents.

In most areas, there are also other services. Respite care and holiday play schemes can give parents a break. Parent support groups can put them in touch with other people who are coping with similar problems. The local social services department will be able to advise, both on these and on the benefits to which parents are entitled.

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Sources of further information

- Contact a Family offers information and advice for parents of children with any special needs or disability. 209–211 City Road, London EC1V 1JN; Tel: 020 7608 8700; fax: 020 7608 8701; Minicom 020 7608 8702; Helpline 0808 808 3555 (freephone for parents and families 10.00 a.m.–4.00 p.m., Mon.–Fri.); e-mail: info@cafamily.org.uk; www.cafamily.org.uk.
- The Department for Education (Northern Ireland) has produced *Special Educational Needs – A Guide for Parents* (www.deni.gov.uk), a helpful guide to the statementing process and source of useful addresses. Tel: 0845 902 2260.
- MENCAP (Royal Society for Mentally Handicapped Children and Adults) produces a Family Resource Pack, which contains very useful information. National Centre, 123 Golden Lane, London EC1Y 0RT; Tel: 020 7454 0454 (check your directory for details of your local branch); helpline 0808 808 1111; e-mail: help@mencap.org.uk; www.mencap.org.uk.
- RESCARE (National Society for Mentally Handicapped People in Residential Care): Rayner House, 23 Higher Hillgate, Stockport SK1 3ER; Tel: 0161 474 7323; e-mail: office@rescare.org.uk; www.rescare.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Like all children, children with learning disabilities continue to progress and learn throughout their childhood – but more slowly.

Disability does not stop a child from having a full and enjoyable life. The aim of all the special services is to help these children to have lives that are as enjoyable and fulfilling as those of other people.

Specific learning difficulties

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 explores what a specific learning difficulty is, and gives advice on where and how to get help for young people affected by a specific learning difficulty and their families.

Introduction

What is a specific learning difficulty?

A child with a specific learning difficulty is as able as any other child, except in one or two areas of their learning. For instance, they may find it difficult to recognise letters, or to cope with numbers or reading.

There are many different types of specific learning disability, but the best known is probably dyslexia. In dyslexia, the child has difficulty with written symbols. Although these children are generally intelligent, they have difficulty with reading and spelling. It may be difficult for parents and teachers to realise that a child has this sort of problem, especially if their development has appeared quite normal in the early years. Often, the child will appear to understand, have good ideas, and join in storytelling and other activities as well as other children and better than some. Sometimes it can take years for adults to realise that a child has a specific difficulty.

What effect does it have?

Specific difficulties can make lessons hard for a child to understand. They will have a hard time keeping up with classmates, and may come to see themselves as stupid, or no good. They find it hard to concentrate on lessons and, because they cannot follow them properly, they find lessons 'boring'. The child will often search for other ways to pass the time and to succeed. They may try to avoid doing schoolwork because they find it impossible to do it well.

Doing badly in school can undermine their self-confidence. This can make it harder for the child to get along with other children and to keep friends. They may become the clown of the class because it is better than being 'stupid'. Children with specific reading difficulties often become

angry and frustrated, so behavioural problems are common. If they don't get suitable help, the problems may get worse (see Factsheet 4 on behavioural and conduct problems). Older children may drop out, fail exams or get into serious trouble – both at school and outside.

What can help?

Remedial education is a special programme of learning where the child's difficulties are taken into account. This helps a great deal. The Education Act 1990 means that all education authorities must identify which children have special educational needs and make sure that they get the remedial help that they require. Schools have a new 'Code of Practice', drawn up by the Department for Education and Skills, to help them to recognise and help children with this type of problem. The Department has also produced a helpful Guide for Parents (see sources of further information at the end of this factsheet).

A child with learning difficulties should have their needs properly assessed by their school. If you think this may be necessary, you should talk to the teacher about your concerns. If problems continue, the child may need to be assessed by an educational psychologist. If the learning problem seems to be associated with hyperactivity, behavioural problems (see Factsheets 4 and 5 on behavioural and conduct problems, and hyperactivity for further information) or problems with coordination, extra help may be needed.

Official assessment of a child under the Education Act 1990 will take account of the views of the parents as well as those of professionals. Once the assessment has taken place, the educational department will prepare a **Statement of Special Educational Needs**, which will

Sources of further information

- Advisory Centre for Education: 1c Aberdeen Studios, 22–24 Highbury Grove, London N5 2DQ; tel: 020 7354 8321; advice line 0808 800 5793; fax: 020 7354 9069; www.ace-ed.org.uk.
- British Dyslexia Association: 98 London Road, Reading, Berkshire R61 5AU; tel: 01734 662677; helpline 0118 966 8271; e-mail info@dyslexiahelp-bda.demon.co.uk; www.bda-dyslexia.org.uk.
- The Department for Education (Northern Ireland) has produced *Special Educational Needs – A Guide for Parents* (www.deni.gov.uk), a helpful guide to the statementing process and source of useful addresses. Tel: 0845 902 2260.
- IPSEA (Independent Panel for Special Educational Advice) gives information and second opinions for special educational needs. 6 Carlow Mews, Woodbridge, Suffolk IP12 1E; helplines: England & Wales 0800 0184016; Scotland (ISEA) 0131 665 4396; Northern Ireland 028 90 705654; www.ipsea.org.uk. Tel: 01394 382814.
- The YoungMinds Parents' Information Service provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

describe what type of remedial help the child will benefit from.

A detailed assessment of the child's difficulties should be made if they are struggling more than normal with school work, especially if there are difficulties with:

- reading, writing or arithmetic
- understanding and following instructions, remembering what they have just been told
- telling left from right, e.g. confusing '25' with '52', 'b' with 'd', or 'on' with 'no'
- coordination or clumsiness, e.g. in using a pencil, doing buttons, tying shoe-laces or in sports
- their idea of time, e.g. confusing 'yesterday', 'today' and 'tomorrow'.

If you think your child may have specific learning difficulties, remember, you can request an assessment of special educational needs. Speak to the child's school. Talking to your child's teacher about your concerns is a good place to start.

If you feel that your child's learning problem has resulted in emotional or behaviour

problems, due to frustration or loss of self-confidence, you may need more specialised help. Your child's school will be able to advise you about this. Your general practitioner will also be able to help and, if necessary, refer you to your local child and adolescent mental health service. This service includes child psychiatrists, psychologists, social workers, psychotherapists and specialist nurses who will be able to offer help and support.

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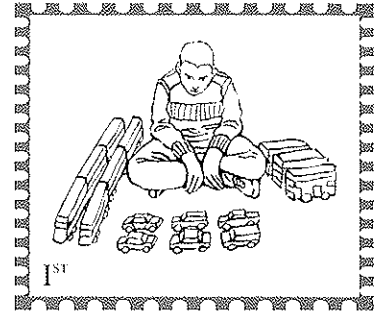
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Autism and Asperger syndrome

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 gives details about the causes and effects of autism and Asperger syndrome, as well as offering practical advice about how to get help if you think your child has one of these disorders.



Introduction

What are autism and Asperger syndrome?

Autism and **Asperger syndrome** are developmental disorders that are due to abnormalities in the way the brain develops and works.

Autism shows itself in the first 3 years of life. Asperger syndrome is a less well-defined condition and may not be recognised until after a child starts school.

What are the signs?

Children with autism or Asperger syndrome have difficulties in three main areas:

- socialising
- communication
- behaviour.

Sometimes these problems are noticed soon after birth, but more often they become apparent after a year or two of apparently normal development.

Socialising difficulties

These depend upon the child's age, developmental level and how severely they are affected. Children with autism tend to ignore other people or appear insensitive to others' needs, thoughts or feelings. They do not make the usual eye contact or use facial expression in social situations. They are less likely to use gestures such as pointing to communicate. They tend to find it difficult to cooperate, share or take turns with others. They prefer to play alone, and show no interest in imaginative play. They get on best with understanding adults. Socialising with other children and forming friendships is hard for them. Children with Asperger syndrome have similar but less obvious problems.

Communication difficulties

Not being able to communicate properly is a particularly handicapping aspect of autism, and often the one that first causes concern. Nearly all affected children have language problems – both in understanding and in speaking. More severely affected children might never learn to speak or to communicate in other ways. If they do begin to talk, children may simply echo what they have just heard or speak in an odd way.

Children with Asperger syndrome are not slow to learn to speak. However, their language may be somewhat formal and sound rather adult.

Unusual behaviour

Children with autism or Asperger syndrome prefer familiar routine and tend to resist change, which they find difficult and unpleasant. They may also have unusual interests, such as in maps or electronic gadgets. They may be very sensitive to tastes, smells and sounds. They may also have odd body movements such as hand-flapping or finger-twiddling.

Sources of further information

- The National Autistic Society provides information and advice for parents and families. 393 City Road, London EC1V 1NG; tel: 020 7833 2299; helpline 0870 600 8585; fax: 020 7833 9666; e-mail: nas@nas.org.uk; website www.nas.org.uk.
- MENCAP: National Centre, 123 Golden Lane, London EC1Y 0RT; helpline 0808 808 1111; e-mail help@mencap.org.uk; www.mencap.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Any attempt to stop these activities and interests can cause furious protest and distress. When upset, these children may have tantrums, be hyperactive or injure themselves. Some children have special talents or gifts for drawing, music or calculation.

What are the causes?

Little is known about the causes of autism and Asperger syndrome. They appear to be genetic conditions.

Where can I get help?

The first step is to find out the reason for a child's social and communication difficulties. Your general practitioner will be able to advise you and to make a referral to your local child psychiatrist or developmental paediatrician. An educational psychologist, speech therapist or occupational therapist may also be needed.

Making the correct diagnosis requires a detailed developmental history, medical and psychological reports, and assessment of the child's social and communication skills and intellectual abilities. A physical examination and simple blood tests can also be helpful.

Coping with daily life

Most parents find that obtaining a correct diagnosis is an important first step. A child's puzzling behaviours become more understandable and it is easier to work out what help they need, now and in the future. It will also help identify what type of skills need to be worked on, e.g. how to play, share and communicate.

Education, with speech and language therapy, offers the most effective way of making sure that

a child with autism reaches their full potential. The type of education needed should be decided after a detailed assessment has taken account of the child's strengths, difficulties and needs. Depending on what resources are needed, a child may do best in a mainstream school that provides support for children with communication difficulties, or in a special school for children with autism.

Children with Asperger syndrome often also require

individual help, usually in a mainstream setting. They have to learn about the social 'rules' that most of us pick up without thinking. They need guidance on how to manage conflict and upset feelings. They need feedback on how they are getting on with other people. Unstructured situations, such as break and lunch-times, can be particularly difficult times for these children. They can be vulnerable to bullying, particularly in mainstream secondary schools.

Parents have a very important part to play in providing the love, understanding and consistency that their child needs. Many find that life at home goes more smoothly for everyone if they use similar strategies or approaches to those used by teachers or other professionals. However, a child's behaviour can vary enormously in different environments. Advice from a clinical psychologist or child psychiatrist (see Factsheet 31 about child and adolescent psychiatrists) might be needed if behavioural problems become severe. Occasionally, medication can help as part of a care plan.

Social services may have a role to play in providing practical support and help for the child and family. They can provide help in the home, respite care, and advice on attendance and disability allowances. Many families also value support from their local Mencap or autism society.

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Worries and anxieties: helping children to cope

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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) which can affect children and young people. This factsheet describes the different types of anxieties that children might feel and some of the reasons behind these. It also offers practical advice on how to deal with these worries and anxieties.



Introduction

Children, like adults, have all sorts of strong feelings about what is happening to them. At times, the world around them can seem frightening or uncertain. It's natural for them to feel fearful or worried.

Growing up: different types of anxiety

Fears and phobias

Very young children often develop fears and phobias. These usually happen in particular situations, such as going to nursery or settling down at night, and can result from the fear of separation from parents or familiar adults. Sometimes, the anxieties are set off by particular things such as dogs, spiders or snakes. Fears like this are very common in early childhood, but with some encouragement and support, most children learn to overcome their anxiety.

General anxiety

Some youngsters feel anxious most of the time for no apparent reason. It may be part of their temperament, or it may be part of a pattern of behaviour that is shared with other members of the family. If the anxiety becomes very severe, it can interfere with the child's ability to go to school, to concentrate and learn, and to be confident with others.

School-related anxiety

Refusing to go to school can also be caused by anxiety. However, worries about going to school can be caused by a number of things (see Factsheet 9 about children who don't go to school). It is always worth trying to find out what

could be causing the problem. Anxiety about separation from their parents is common in young children transferring to secondary school. Fear of bullying, or problems with friendships, are also common. Trouble with school work or with teachers may also play a part.

What are the signs?

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

These symptoms may come and go. Young children can't tell you that they are anxious. They become irritable, tearful and clingy, have difficulty sleeping, and can wake in the night or have bad dreams. Anxiety can even cause a child to develop a stomach-ache or to feel sick.

What causes these worries and anxieties?

Family problems

Young children feel insecure when they hear their parents arguing or fighting. They may hear or see things that they don't understand or that make them feel unsafe.

Divorce or separation

This is usually painful for children and they often have divided loyalties (see Factsheet 14 on divorce or separation of parents).

Death or illness of a parent or close relative

Losing someone close makes a child feel insecure and upset, especially if they are too young to understand. Illness or death may upset the child's normal daily life (see Factsheet 15 on death in the family and Factsheet 16 on parental mental illness).

Sources of further information

- The Mental Health Foundation produces a booklet *The Anxious Child*. 7th Floor, 20–21 Cornwall Terrace, London NW1 4QL or 83 Victoria Street, London SW1H 0HW; tel: 020 7802 0300; website www.mentalhealth.org.uk.
- Parentline offers help and advice to parents on bringing up children and teenagers. Helpline 0808 800 2222; textphone 0800783 6783; www.parentlineplus.org.uk.
- Youth Access offers information, advice and counselling in the UK. 19 Taylor's Yard, 67 Alderbrook Road, London SW12 8AB; tel: 020 8772 9900.
- The YoungMinds Parents' Information Service provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.
Or check out these websites:
www.childanxiety.net
www.social-anxiety.org
www.phobics-society.org.uk
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Discipline that is harsh, inconsistent or overprotective

This leaves children feeling unsupported, insecure and lacking in confidence (see Factsheet 2 on good parenting).

School problems

Children who are bullied, lack friends or have trouble with their school work often worry a lot (see Factsheet 18 on bullying).

Traumatic experiences

Children who have experienced a household fire or burglary, a road traffic accident or some other frightening or traumatic event might suffer from anxiety afterwards. They might also develop post-traumatic stress disorder (see Factsheet 20 on trauma).

Do children grow out of it?

Most do, but a few children continue being anxious as adults. However, anxiety can limit a youngster's activities, which can affect them in the long-term. Not going to school, for example, means missing out on education and on making

friends. Loneliness and lack of confidence can be long-term problems. The emotional effects of traumatic experience can also be long-lasting.

Where can I get help?

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

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

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

- Think about whether there is something going on in the family that could be causing worry.
- Are they picking up on your own worry?
- Is something happening at school or with friends?

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

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

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Divorce or separation of parents: the impact on children and adolescents

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at the effect that divorce or separation of parents might have on children and young people, and offers practical advice on how to ease this.

Introduction

Nearly half of all children in the UK will see their parents divorce. In 2001, 147 000 children under 16 saw their parents divorce, and just under a quarter of these children were under the age of 5 (Office for National Statistics, Census 2001).

When parents no longer love each other and decide to live apart, a child can feel as if their world has been turned upside down. The level of upset the child feels can vary depending on how their parents separated, the age of the child, how much they understand, and the support they get from family and friends.

How are children affected?

A child may feel:

- a sense of loss – separation from a parent can mean you lose not only your home, but your whole way of life
- different, with an unfamiliar family
- worried about being left alone – if one parent can go, perhaps the other will
- angry at one or both parents for the split-up.
- responsible for having caused the split-up, guilty
- rejected and insecure
- torn between two parents.

Most children long to get back to normal, and for their parents to be together again. Even if the marriage or partnership has been very tense or violent, children may still have mixed feelings about the separation.

It is important not to pull your child into the conflict. These tips may be useful:

- Don't ask your child to take sides: 'Who would you like to live with, darling?'
- Don't ask the your child what the other parent is doing.

- Don't use your child as a weapon to get back at your ex-partner.
- Don't criticise your ex-partner.
- Don't expect your child to take on the role of your ex-partner.

Whatever has gone wrong in the relationship, both parents still have a very important part to play in their child's life.

Emotional and behavioural problems

Emotional and behavioural problems in children are more common when their parents are fighting or splitting up. This can make a child very insecure. 'Babyish' behaviour (e.g. bedwetting, 'clinginess', nightmares, worries or disobedience) may be caused by the separation. This behaviour often happens before or after visits to the parent who is living apart from the family. Teenagers may show their distress by misbehaving or withdrawing into themselves. They may find it difficult to concentrate at school.

Where can I get help?

Parents whose marriage is splitting up can help their children. They should:

- make sure that the children know they still have two parents who love them, and will continue to care for them
- protect their children from adult worries and responsibilities
- make it clear that the responsibility for what is happening is the parents' and not the childrens'.

These things will help your child:

- Be open and talk. Your child not only needs to know what is going on, but needs to feel that it's OK to ask questions.

Sources of further information

- The Children's Society produces a series of leaflets for children and parents. See *Focus on families: Divorce and Its Effects on Children* (1988). London: The Children's Society. Tel. 0845 300 1128; e-mail info@childrenssociety.org.uk; www.the-childrens-society.org.uk.
- Citizens Advice Bureaux. Your local branch is listed in the telephone directory. www.nacab.org.uk.
- National Family Mediation is an organisation specifically set up to help families who are separating. It has a useful booklist, which includes books for children of different ages. Alexander House, Telephone Avenue, Bristol BS1 4BS; tel. 01179 042825; e-mail: general@nfm.org.uk; www.nfm.u-net.com.
- Parentline offers help and advice to parents on bringing up children and teenagers. Helpline 0808 800 2222; textphone 0800 783 6783; www.parentlineplus.org.uk.
- Relate helps couples with relationship difficulties. Herbert Gray College, Littlechurch Street, Rugby, Warwickshire CV21 3AP; tel: 01788 573241; e-mail: enquiries@relate.org.uk; www.relate.org.uk.
- The YoungMinds Parents' Information Service provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk. YoungMinds produce a booklet for parents: *Keeping in Touch: How to Help your Child after Separation and Divorce*.
- **Or check out this website designed for children:**
www.itsnotyourfault.org.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

- Reassure them that they will still be loved and cared for by both parents.
- Make time to spend with your child.
- Be reliable about arrangements to see your child.
- Show that you are interested in your child's views, but make it clear that parents are responsible for the decisions.
- Carry on with the usual activities and routines, like seeing friends and members of the extended family.
- Make as few changes as possible. This will help your child feel that, in spite of the difficulties, loved ones still care about them and that life can be reasonably normal.

If you are finding it difficult to help your child cope, you may want to seek outside help. Your general practitioner will be able to offer support and advice. Some children may need specialist

help from the local child and adolescent mental health service. Usually parents are the ones who need help in sorting out their differences, so that they can fully support the child.

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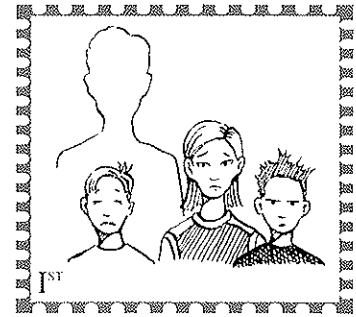
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Death in the family

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at how a death in the family may affect a child or young person, and offers advice on how to cope with this situation.



Introduction

How does a child respond to death?

Death in the family affects everyone. Children, in particular, need to be thought about even if it is a difficult time for the whole family. How they react depends on a number of factors, for example:

How close the person who died was to the child, and the family, is important. How involved the person was in their lives is also a factor.

Whether the death was expected or the person had been ill.

The child's age and level of understanding and how the death affects their life. Infants may feel the loss mainly because it affects the way in which they are looked after and their daily routine. They are very sensitive to the unhappy feelings of those around them, and may become anxious, difficult to settle and more needy of attention. Pre-school children usually see death as temporary and reversible – a belief reinforced by cartoon characters that 'die' and 'come to life' again.

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

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

They can also understand that dead people do not need to eat or drink and do not see, hear, speak or feel. Teenagers are able to understand death much more like adults, and are very aware of the feelings of others.

Most children get angry and worried, as well as sad, about death. Anger is a natural reaction to the loss of someone who was essential to the child's sense of stability and safety. A child may show this anger in boisterous play, by being irritable, or in nightmares. Anxiety is shown in 'babyish' talk and behaviour, and demanding food, comfort and cuddles.

Younger children believe that they cause what happens around them. They may worry that they caused the death by being naughty. Teenagers may find it difficult to put their feelings into words, and may not show their feelings openly, for fear of upsetting others.

The circumstances of the death also affect the impact on the child. Each family responds in its own way to death. Religion and culture will have an important influence on what happens. Other factors that can make a big difference from the child's point of view are:

- how traumatic the death was – a traumatic death can be harder to cope with
- whether the death was sudden or expected, a relief from suffering or a 'crushing blow'
- the effect of grief on other family members, especially if they are not able to cope with giving the child the care they need
- how much practical support is available to help the family cope.

Helping a child to cope with death

Being aware of how children normally respond to death makes it easier for an adult to help. It also makes it easier to identify that a child is finding it particularly hard to cope with.

Sources of further information

- Heegard, M. (1991) *When Someone Very Special Dies: Children can Learn to Cope with Grief*. Minneapolis, MN: Woodland Press.
- CRUSE Bereavement Care: helpline 0870 167 1677; for young people freephone 0808 808 1677; e-mail: helpline@crusebereavementcare.org.uk; www.crusebereavementcare.org.uk.
- Winstons Wish supports bereaved children and families. Clara Burgess Centre, Bayshill Road, Cheltenham GL50 3DW. Family line 0845 2030 405; www.winstonswish.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems, including discipline, behavioural problems and conduct disorder, and stimulant medication. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Early stages

Adults sometimes try to protect children from pain by not telling them what has happened. Experience shows that children benefit from knowing the truth at an early stage. They may even want to see the dead relative. The closer the relationship, the more important this is. Adults can also help children to cope by listening to the child's experience of the death, answering their questions, and reassuring them. Children often worry that they will be abandoned by loved ones, or fear that they are to blame for the death. If they can talk about this, and express themselves through play, they can cope better and are less likely to have emotional disturbances later in life.

Young children often find it difficult to recall memories of a dead person without first being reminded of them. They can be very upset by not having these memories. A photograph can be a great source of comfort. Children usually find it helpful to be included in family activities, such as attending the funeral. Thought should be given as to how to support and prepare a child for this. A child who is frightened about attending a funeral should not be forced to go. However, except for very young children, it is usually important to find a way to enable them to say goodbye. For example, they can light a candle, say a prayer, or visit the grave.

References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (eds) (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.

Later on

Once children accept the death, they are likely to display their feelings of sadness, anger and anxiety on and off, over a long period of time, and often at unexpected moments. The surviving relatives should spend as much time as possible with the child, making it clear that they can show their feelings openly, without fear of upsetting others. Sometimes a child may 'forget' that the family member has died, or persist in the belief that they are still alive. This is normal in the first few weeks following a death, but may cause problems if it continues.

Warning signs that a child is not coping

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

These warning signs indicate that professional help may be needed. A child and adolescent psychiatrist or child psychotherapist can help the child to accept the death, and also assist the survivors to find ways of helping the child through the mourning process. Your general practitioner will be able to offer you help and advice, and can refer you and your child to your local child and adolescent mental health service. The team includes child psychiatrists, psychologists, social workers, psychotherapists and specialist nurses.

Parents with a mental illness: the problems for children

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 provides information on the problems encountered by children who have a parent with a mental illness, and gives some practical advice as to how to deal with these problems.

Introduction

What is mental illness?

It is estimated that mental illness will affect 1 in 4 of us at some time in our lives. When a person is mentally healthy they feel good about themselves; they can do everyday things easily, like going to school or work, and enjoying their hobbies and friends. Even when things go wrong they can usually sort it out themselves, although it may be hard for them. When someone becomes mentally ill, they may find everyday things very difficult to do and they may feel confused and upset a lot of the time. They may do things that seem normal to them, but to other people watching they may seem strange.

Children who have a parent with mental illness

Many children will grow up with a parent who, at some point, will have a mental illness. Most of these parents will have mild or short-lived illnesses, and will usually be treated by their general practitioner. A few children live with a parent who has a severe mental illness such as schizophrenia or manic-depressive illness (often referred to as bipolar affective disorder – see Factsheet 22). Many more children live with a parent who has a long-term problem, such as alcohol or drug dependency, personality disorder or long-standing depression.

Difficulties for children

Children often cope well when a parent is ill for a short time. It is easier for them if they can understand why their parent has become unwell. It is important that things are explained to them, rather than being secretive about the problem. Children do find it difficult to cope when the problem is more long term. For many children in this situation, problems can arise if they:

- are separated again and again from a parent who needs to go into hospital for treatment
- feel unsure of their relationship with the parent with a mental illness
- are not being looked after properly
- are being hit or mistreated (this is more likely if the parent suffers from alcohol or drug dependence or has a disturbed personality)
- are having to look after a sick parent, or are taking care of brothers and sisters
- are upset, frightened, worried by or ashamed of their parent's illness or behaviour
- are being teased or bullied by others
- hear unkind things being said about their sick parent.

Problems that children may develop

Some children withdraw into themselves, become anxious and find it difficult to concentrate on their school work. They may find it very difficult to talk about their parent's illness or their problems at home, which may stop them from getting help. Children are often ashamed of their parent's illness and worry about becoming ill themselves.

Sources of further information

- Goepfert, M., Webster, J. & Seeman, M. (eds) (1996) *Parental Psychiatric Disorder: Distressed Parents and Their Families*. Cambridge: Cambridge University Press. Information about the effects of mental illness on children, and what can be done to help.
- The Manic Depression Fellowship supports people with a diagnosis of manic depression and their families. Castle Works, 21 St George's Street, London SE1 6ES; tel. 020 7793 2600; e-mail: mdf@mdf.org.uk; www.mdf.org.uk.
- Rethink offers help to people with severe mental illness (not only schizophrenia) and their carers. 30 Tabernacle Street, London EC2A 4DD; national advice line 020 8974 6814; e-mail: advice@rethink.org; www.rethink.org.
- 'Being seen and heard: the needs of children of parents with mental illness' multi-media training pack for use of staff involved with parents and their children. Available from the Royal College of Psychiatrists. www.partnersincare.co.uk.

Or you may like to look at these websites:

www.sane.org.uk

www.pendulum.org (manic depression)

www.rethink.org/at-ease (for young people)

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Some children are more at risk of developing a mental illness themselves, particularly if they have:

- been abused or neglected
- seen a lot of arguments/violence between their parents
- had parents who have separated or divorced
- had a parent who misuses alcohol or drugs
- suffered from poverty, poor housing and instability during childhood.

Where can I get help?

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

- having a reliable, consistent and caring parent or other adult around
- being given information and explanation about their parent's illness
- it is important for parents and teachers to be aware of the possible stresses on the child with a sick parent, and to recognise that a child's difficult behaviour may be a cry for help
- your general practitioner and social worker can help with support and practical help for the family in caring for the child, and in giving advice from social services if there are

problems that are harming the child's health or development

When a child or young person has behavioural problems that interfere with their life and that don't seem to be improving, more specialist help may be needed. The general practitioner will be able to advise about local services and to refer a young person, if necessary, to the local child and adolescent mental health service. This service usually includes child and adolescent psychiatrists, psychologists, psychotherapists, nurses and social workers.

A child may really value the chance to talk about their parent's illness, and their fears, with a professional who is familiar with these things. They may also need help in overcoming their own emotional and behavioural problems.

References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (eds) (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.

Domestic violence: its effects on children

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at the effects that domestic violence can have on children, and offers advice about how to try and avoid these problems.

Introduction

What is domestic violence?

The term 'domestic violence' is used to describe the physical, sexual or emotional (including verbal and financial) abuse inflicted on a man or woman by their partner or ex-partner.

How are children involved?

In relationships where there is domestic violence, children witness about three-quarters of the abusive incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families.

How are children affected?

Obviously it is very upsetting for children to see one of their parents (or partners) abusing or attacking the other. They often show signs of great distress.

Younger children may become anxious, complain of tummy-aches or start to wet their bed. They may find it difficult to sleep, have temper tantrums and start to behave as if they are much younger than they are.

Older children react differently. Boys seem to express their distress much more outwardly. They may become aggressive and disobedient. Sometimes, they start to use violence to try and solve problems, as if they have learnt to do this from the way that adults behave in their family. Older boys may play truant and may start to use alcohol or drugs.

Girls are more likely to keep their distress inside. They may withdraw from other people and become anxious or depressed. They may think badly of themselves and complain of vague physical symptoms. They are more likely to have

an eating disorder, or to harm themselves by taking overdoses or cutting themselves.

Children with these problems often do badly at school. They may also get symptoms of post-traumatic stress disorder, for example have nightmares and flashbacks, and be easily startled.

Are there any long-term effects?

Yes. Children who have witnessed violence are more likely to be either abusers or victims themselves. Children tend to copy the behaviour of their parents. Boys learn from their fathers to be violent to women. Girls learn from their mothers that violence is to be expected, and something you just have to put up with.

Children don't always repeat the same pattern when they grow up. Many children don't like what they see, and try very hard not to make the same mistakes as their parents. Even so, children from violent families often grow up feeling anxious and depressed, and find it difficult to get on with other people.

What can help?

- **Professionals** working with children, including doctors, nurses, teachers and social workers, should make themselves available for the child to talk to, and offer the help and advice they need.
- **Posters** in community centres, schools and health centres can give information and guidance.
- **Women's Aid** and **Victim Support** are national organisations that give information and support (see overleaf for further information).
- **Legal advice** is often important – the law has recently been changed to make it easier to get

Sources of further information

- Parentline offers help and advice to parents on bringing up children and teenagers. Helpline 0800 800 2222; textphone 0800 783 6783; www.parentlineplus.org.uk.
- The Samaritans provide a 24-hour service offering confidential emotional support to anyone who is in crisis. Helpline 08475 909090 (UK), 1850 609090 (ROI); e-mail: jo@samaritans.org; www.samaritans.org.uk.
- Victim Support – helping people to cope with crime. Supportline 0845 303 0900; www.victimsupport.org.
- Women's Aid Line 0808 2000 247; www.womensaid.org.uk.

Or check out the following website:

www.thesite.org/info/legal/abuse

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

an injunction against abuse and harassment. This means that the abuser has to stay a certain distance away from the victims. If an injunction is taken out, a woman may not have to leave her home.

People in general need to recognise how harmful domestic violence is to children. This can help the victims of violence to realise that it shouldn't be happening to them, and that they can ask for help.

Who can give mothers and children long-term help?

Help is often needed for a long time. Survival needs have top priority – safety from the abuse, a place to live, and money to live on. Then for the children involved, contact arrangements and school need to be sorted out. The mother is likely to be extremely stressed and may well need her own counselling, psychotherapy or treatment for depression or anxiety. Children showing

difficulties in school often need extra help from teachers. If the children continue to be emotionally disturbed, it may be helpful for them to be seen at the local child and adolescent mental health service or some other local family and child counselling service.

References

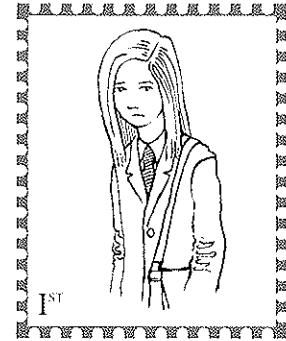
- Abrahams, C. (1994) *The Hidden Victims: Children and Domestic Violence*. London: NCH Action for Children (www.nch.org.uk).
- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
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The emotional cost of bullying

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks in detail at what bullying is and how it can affect young people. It also gives advice for parents and teachers about how they can help a young person who is being bullied.



Introduction

What is bullying?

Bullying happens when a child is picked on by another child or group of children. It is hurtful and deliberate. It can happen in many different ways. Children who bully may:

- hit or punch another child
- kick them or trip them up;
- take or spoil their things;
- call them names;
- tease them;
- give them nasty looks;
- threaten them;
- make racist remarks about them;
- spread nasty rumours or stories about them;
- not let them join in play or games;
- not talk to them – send them to Coventry.

Victims find it difficult to defend themselves. Bullying usually happens again and again, and can go on for a long time unless something is done about it.

How common is bullying?

Bullying is very common and probably happens in all schools. Recent surveys in this country have shown that one in four primary school pupils and one in 10 secondary school pupils are being bullied.

Why does it happen?

There is no single reason why some children become bullies or victims. Children who are aggressive are more likely to become bullies. Often they have seen, or been a victim of, violence at home. They pick on children who appear different in some way – those who are quiet, shy, alone at playtime, and unable to defend themselves. Children who stammer, who

have a disability or who have special educational needs are also more likely to be bullied.

Schools vary in how much bullying there is and how they deal with it. All schools should have a clear policy on bullying. They make sure that all teachers, parents, and children know about it. They make it clear that they won't allow bullying or aggressive behaviour. Schools that have these policies, and who take every incident of bullying seriously, tend to have less bullying.

What effects does bullying have?

Being bullied can seriously affect a child's physical and mental health. They lack confidence, feel bad about themselves, have few friends and spend playtime alone. They may find it hard to face going to school and difficult to concentrate on their work. They may complain of various physical symptoms as a result of their upset. They may be worried and try to avoid going to school. Others become very anxious, find it hard to sleep and may feel depressed, or even suicidal. These problems can carry on long after the bullying has stopped.

Who and what can help?

Parents

Be open to the possibility that your child might be being bullied. Some parents may not think of bullying as a possible reason for their child's distress.

Listen One of the most important things you can do is to listen to your child if they say they are being bullied. It can be very difficult for them to talk to anyone about it.

Take your child seriously Many children suffer in silence for a long time before they tell anyone.

Sources of further information

- ChildLine provides a free and confidential telephone service for children: Helpline 0800 1111; www.childline.org.uk.
- Department for Education and Skills produces information on bullying. www.deni.gov.uk.
- Kidscape provide advice, run training courses and produce helpful booklets and information about bullying. 2 Grosvenor Gardens, London SW1W 0DH; tel. 020 7730 3300; www.kidscape.org.uk.

Or you may want to look at these websites:

www.antibully.org.uk
www.bullying.co.uk
www.scotland.gov.uk
www.successunlimited.co.uk
www.bbc.co.uk/education/archive/bully/

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

They may be ashamed, embarrassed, and may believe that they deserve it. Many children are frightened of telling because they fear the bullies will find out and hurt them even more. It can take great courage to tell an adult.

Do not blame the child Being bullied is not their fault (although they may think it is).

Reassure them that they were right to tell you.

Do not promise to keep the bullying a secret Something must be done about it. Reassure your child that you, and the teachers, will make sure that things do not get worse because they have told you. Tell the school so they can stop it. Teachers don't always know that a child is being bullied. Find out if there is an anti-bullying programme in the school.

Talk with your child and work out ways of solving the problem Include your child in decisions about how to tackle the problem. For example, work out some practical ways for them to stop the bullying. You might discuss what they should say back if they are called names, or where it's safe to go at playtime.

School

Bullying happens in every school, so it is important that each school has an effective anti-bullying programme. Good intentions are not enough. Both pupils and staff need to act when they see a child being bullied. Every school can obtain an anti-bullying pack from the Department for Education and Skills. There are a number of agencies that can offer advice and help in how to set up effective programmes (see above sources of further information).

Other professionals who can help

Children whose health has been affected may benefit from some specialist help from their general practitioner, school doctor, a social worker or an educational psychologist who will be able to offer help and advice. Children with emotional problems quite often need these to be treated directly, even if the school has managed to stop the bullying. Your general practitioner can refer you to your child to a child and adolescent mental health service.

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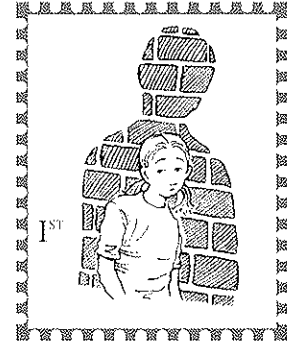
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Child abuse and neglect: the emotional effects

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at what child abuse is and the harm it can cause, and offers practical help about how to detect it and where to get help.



Introduction

What is child abuse?

All parents upset their children sometimes. Saying 'no' and managing difficult behaviour is an essential part of parenting. Tired or stressed parents can lose control and can do or say something they regret, and may even hurt the child. If this happens often enough, it can **seriously** harm the child. That is why **abuse** is defined in law. The Children Act 1989 states that abuse should be considered to have happened when someone's actions have caused a child to suffer **significant harm** to their health or development.

Significant harm means that someone is:

- punishing a child too much
- hitting or shaking a child
- constantly criticising, threatening or rejecting a child
- sexually interfering with or assaulting a child
- not looking after a child – not giving them enough to eat, ignoring them, not playing or talking with them or not making sure that they are safe.

Who abuses children?

Children are usually abused by someone in their immediate family circle. This can include parents, brothers or sisters, babysitters or other familiar adults. It is quite unusual for strangers to be involved.

How can you tell if a child is being abused?

Physically abused children may be:

- watchful, cautious or wary of adults
- unable to play and be spontaneous

- aggressive or abusive
- bullying other children or being bullied themselves
- unable to concentrate, underachieving at school and avoiding activities that involve removal of clothes, e.g. sports
- having temper tantrums and behaving thoughtlessly
- lying, stealing, truanting from school and getting into trouble with the police
- finding it difficult to trust other people and make friends.

Sexually abused children may:

- suddenly behave differently when the abuse starts
- think badly of themselves
- not look after themselves
- use sexual talk or ideas in their play that you would usually see only in someone much older
- withdraw into themselves or be secretive
- under-achieve at school
- start wetting or soiling themselves
- be unable to sleep
- behave in an inappropriately seductive or flirtatious way
- be fearful, frightened of physical contact
- become depressed and take an overdose or harm themselves
- run away, become promiscuous or take to prostitution
- drink too much or start using drugs
- develop an eating disorder such as anorexia or bulimia.

Emotionally abused or neglected children may:

- be slow to learn to walk and talk
- be very passive and unable to be spontaneous
- have feeding problems and grow slowly
- find it hard to develop close relationships

- be over-friendly with strangers
- get on badly with other children of the same age
- be unable to play imaginatively
- think badly of themselves
- be easily distracted and do badly at school.

It can be hard to detect **long-standing abuse** by an adult the child is close to. It is often very difficult for the child to tell anyone about it, as the abuser may have threatened to hurt them if they tell anybody. A child may not say anything because they think it is their fault, that no one will believe them or that they will be teased or punished. The child may even love the abusing adult – they want the abuse to stop, but they don't want the adult to go to prison or for the family to break up.

If you suspect that a child is being abused, you may be able to help them to talk about it. Your local Social Services Child Protection Adviser will be able to offer more detailed advice.

Where can I get help?

First and foremost, the child must be protected from further abuse. Social Services will need to be involved to find out:

- what has happened
- if it is likely to happen again
- what steps are needed to protect the child.

Child Protection

After investigation, Social Services may be satisfied that the problems have been sorted out, and that the parents can now care for and protect the child properly. If so, they will remain involved only if the family wants their help. If Social Services are concerned that a child is being harmed, they will arrange a child protection case conference. The parents and professionals who know the child will be invited. A plan will be made to help the child and family and ensure that there is no further harm.

Help to look after the child

When a child has been abused within the family, the person involved is sometimes able to own up to what they have done and wants help. They can then be helped to look after their child better. Occasionally, the child may have to be taken

Sources of further information

- ChildLine provides a free and confidential service for children. Helpline 0800 1111; www.childline.org.uk.
- The NSPCC (National Society for the Prevention of Cruelty to Children) has a number of useful publications. Child Protection Helpline 0800 800 500; Welsh textphone 0808 100 12524 (alternatively, the NSPCC run Asian helplines in five languages); www.nspcc.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

away from the abusing adult because the risks of physical and emotional harm are too great. This can be for a short time, until things become safer, or may be permanent.

Specialist treatment

Many children need specialist treatment because of the abuse they have endured. Some receive help from family centres run by social services. If they are worried, depressed or being very difficult, the child and family might need help from the local child and adolescent mental health service. These specialists may work with the whole family, or with children and adolescents alone. Sometimes they work with teenagers in groups. Individual therapy can be especially helpful for children who have been sexually abused, or who have experienced severe trauma. Children who have suffered serious abuse or neglect can be difficult to care for, and the service can offer help and advice to parents and carers.

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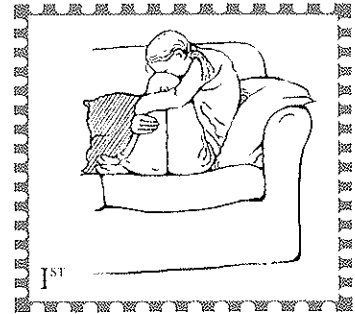
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Traumatic stress in children

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 describes the causes and symptoms of traumatic stress, and provides practical advice on how to get help.



Introduction

What is traumatic stress?

Children, like adults, sometimes experience or witness something extremely frightening and dangerous, such as a road accident, a serious injury or a crime. This can cause a traumatic stress reaction, which affects the way the child thinks, feels and behaves. Children can be as severely affected as adults. If you recognise it, you will be better able to help your child to recover, and also to know when to seek professional help.

What are the signs of traumatic stress?

Individual children react in different ways to traumatic events. Immediately after the traumatic event, children may find it hard to sleep and have bad dreams and nightmares. Sometimes, the effects may not appear for days or weeks. They may, however:

- become fearful, clingy and anxious about being separated from their parents
- start bedwetting and thumb-sucking again
- become preoccupied with thoughts and memories of the event
- be unable to concentrate
- be irritable and disobedient
- complain of physical symptoms such as headaches and stomach-aches.

All these are normal reactions to an extremely frightening event. With help and support from the people close to them, children begin to get over the shock in a few days, and usually recover after a few weeks.

Longer-lasting effects

Sometimes a child has feelings of depression and anxiety that go on for several weeks and may get worse. If they go on for a long period of time, it is likely that the child may need some help to feel better.

If the traumatic experience was so bad that the child was in danger of being killed or seriously injured, they may have felt terrified, horrified and helpless. **Post-traumatic stress disorder (PTSD)** might follow a dreadful experience of this sort. Typical signs are:

- 'flashbacks' of the event. For a few moments, it seems as though you are re-living the experience in your mind, like watching an action-replay, which can be distressing and frightening – particularly for children;
- deliberately avoiding thoughts or feelings about it. If you've been in a car crash, you may avoid roads, or even TV programmes about cars, because they remind you of the accident;
- sleeping badly;
- being easily startled and jumping out of your skin at the slightest noise.

These reactions can go on for months and can interfere considerably with a child's daily living. They may be unable to enjoy playing or find it difficult to concentrate on their school work. Occasionally, these problems can continue as the child grows into adulthood.

What can help?

The best approach, immediately after a traumatic event, is to accept that a child will be distressed – this is normal. At this stage, parents can help greatly by letting their child talk about the event if they want to, or helping them to relive it in games and drawings. Leaving children alone 'to forget things' does not help. Talking can help children to adjust. It helps them to make sense of what has happened, to feel less alone with their worries and to regain a sense of control. However, forcing someone to talk about it when they don't want to does not seem to be helpful.

If you have been involved in the traumatic event, you may also be distressed. It is usually better to admit to your children that you are

Sources of further information

- CRUSE Bereavement Care: helpline 0870 167 1677; for young people freephone 0808 808 1677; e-mail: helpline@crusebereavementcare.org.uk; www.crusebereavementcare.org.uk.
- The Samaritans provide a 24-hour service offering confidential emotional support to anyone who is in crisis. Helplines 08457 909090 (UK), 1850 609090 (ROI); e-mail: jo@samaritans.org. www.samaritans.org.uk.
- Victim Support – helping people to cope with crime. Supportline 0845 303 0900; www.victimsupport.org
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

feeling sad and upset. At the same time, you need to make it clear that you don't expect them to look after your feelings.

Sometimes, children find it easier to talk to other adults rather than their parents. Professional help may be needed to help get them get back to normal more quickly, and to prevent or reduce the harmful effects of prolonged stress reactions.

Ask for help if:

- the child's upset feelings and behaviour seem to be getting worse.
- the signs of extreme stress last for longer than about one month.
- worries prevent you, your child or your family getting on with normal, everyday life.
- the child has symptoms of PTSD that go on for longer than a month.

Where can I get help?

If you are concerned about your child at any time following a traumatic event, consult your general practitioner, who will be able to offer you help and support. If problems continue, the doctor may suggest extra help from the local child and adolescent mental health service.

If you have been involved directly in a community disaster, special support services will be arranged. Do not hesitate to make contact with them if you want to talk over your worries.

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About this factsheet

This is one in a series of factsheets for parents, teachers 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 what schizophrenia is and gives practical help and advice about how and where to get help for young people affected by this mental illness.

Introduction

What is schizophrenia?

Schizophrenia is a serious mental disorder that affects thinking, emotions and behaviour. It is the most common form of psychosis and affects one person in every 100. Schizophrenia is rare before puberty. It is most likely to start between the ages of 15 and 35 years, but can occur in younger children. The illness might last for a long time and can be very disabling.

When a young person has a 'psychotic breakdown', not due to drug use, and a definite diagnosis may not be possible, it can be difficult to know what the long-term effects will be.

What are the symptoms?

Schizophrenia affects everybody differently. There are two groups of symptoms, which are described as 'positive' and 'negative'. Young people with schizophrenia often have a mixture of the two. Sometimes, the illness develops slowly and can be hard to spot, but some young people become unwell very quickly.

Positive symptoms

Delusions: this means holding beliefs that are not only untrue, but that can seem quite bizarre. The young person may believe that they are someone different, the President of the USA for example, or they may believe that other people are 'out to get them'. They will believe that this is true despite what you say.

Thought disorder is when someone is not thinking straight and it is hard to make sense of what they are saying. Their ideas may be jumbled up, but it is more than being muddled or confused.

Hallucinations are when someone sees, hears, smells or feels something that isn't really there. The most common hallucination that people have is hearing voices. In schizophrenia, hallucinations are totally real to the person having them. This

can be very frightening and can make them believe that they are being watched or picked on. People who are having these experiences may act strangely. For example, they may talk or laugh to themselves as if talking to somebody that you can't see.

Negative symptoms

The young person suffering from schizophrenia may become withdrawn and can appear unemotional. They seem to lose interest, stop washing regularly or spend a lot of time on their own. They are not able to carry on with their normal activities and usually find it impossible to concentrate on work or study.

How to get help

The earlier it is recognised that the young person is ill, the better the chances of getting effective treatment. This speeds recovery and reduces the long-term harm. Some people can make a complete recovery.

Even if your child won't come with you, you must speak to your general practitioner first. It is likely that you will be referred to a psychiatrist (see Factsheet 31 on child and adolescent psychiatrists). Your child may need admission to hospital.

Medication

Medication plays an important part in the treatment of schizophrenia. It treats the symptoms of the illness and allows normal life to be resumed. Medication tends to be more effective with positive symptoms, less so with negative symptoms. Hallucinations and delusions may take some weeks to disappear.

A number of drugs are available, and the doctor will advise which is the best for your child. Sometimes a number of different drugs will need to be tried before the best 'fit' is found. The treatment may need to be long-term, but you must discuss this with your doctor. Unfortunately,

Sources of further information

- Rethink offers help to people with severe mental illness (not only schizophrenia) and their carers. 30 Tabernacle Street, London EC2A 4DD; national advice line 020 8974 6814; e-mail: advice@rethink.org; www.rethink.org.
- YoungMinds Parents' Information Service provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.

Or you may like to look at these websites:

www.rethink.org/at-ease
www.sane.org.uk
www.mdf.org.uk (manic depression)
www.pendulum.org (manic depression)

- *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. Further details from the Royal College of Psychiatrists: tel. 020 7235 2351, ext.146; www.rcpsych.ac.uk/publications/auvideo/cmindsacd/index.htm.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

schizophrenia can recur, and may need long-term treatment.

There are side-effects to these medicines. Your doctor can advise you about what they are and what can be done to help. The risk of side-effects needs to be balanced against the risk of the damaging effects of the illness on a person's life.

Practical help and support

It is crucial that drug treatments should be combined with practical help and support for

the young person and their family. This includes:

- **Help with understanding the illness.**
It is very important that the young person with schizophrenia and their family are helped to understand the condition, and how best to manage their life.
- **Help to resume education or start work.** An episode of schizophrenia can interfere with education because it is difficult to learn when you are unwell. An important part of recovery is to begin to plan the young person's future.
- **Help with family relationships.** Criticism, hostility and stress are likely to cause a relapse. Families need help in recognising and controlling these, and on how best to support the young person. As is normal for all young people, this may include helping a young person to leave home and to live independently.
- **Help to cope with voices (hallucinations).** Some people with schizophrenia find a type of psychotherapy, Cognitive Behavioural Therapy (CBT), helpful in managing voices, often in combination with medicines. Talking treatments, such as CBT, can be helpful, but needs to be given in addition to medication (see the Royal College of Psychiatrists' information factsheet on Cognitive Therapy on www.rcpsych.ac.uk).

When treated properly, many young people with schizophrenia can go on to lead a life that is enjoyable and fulfilling.

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Bipolar affective disorder (manic depression)

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 gives some background detail about the symptoms and effects of bipolar affective disorder (manic depression) and gives some practical advice on how to get help for this problem.

Introduction

What is bipolar affective disorder?

Bipolar affective disorder (BPD) is a condition in which a young person will have extreme changes of mood – periods of being unusually ‘high’ or manic, and periods of being unusually ‘low’ or depressed. It is sometimes called **manic–depressive disorder**. The mood-swings are way beyond what would be considered normal for a particular individual, and are out of keeping with their personality. Sometimes a mixture of depressive and manic symptoms are present at the same time.

How common is bipolar affective disorder?

BPD affects fewer than one in 100 people. It is extremely rare before puberty, but becomes more common during teenage years and adult life.

Although the causes are not fully understood, BPD tends to run in families, and physical illness or stressful events might trigger an episode.

The condition can be hard to recognise in adolescence because more extreme behaviour can be part of this stage of life.

What are the signs?

If someone has some of these feelings or shows some of these signs, they might have BPD:

- depression, moodiness, irritability, excitement or elation
- very rapid speech and changes of subject
- loss of energy or excessive energy
- change in appetite and weight
- sleep disturbance
- neglect of personal care
- withdrawal from family and friends, or excessive sociability
- feelings of guilt, hopelessness, worthlessness, or inflated ideas about themselves or their abilities
- reckless behaviour, spending excessive amounts of money, sexual promiscuity
- unusual or bizarre ideas, beliefs or experiences
- preoccupations with death, suicide attempts.

Between the ‘highs’ and ‘lows’, there are usually normal periods that may last for weeks or months.

What effects can it have?

The exaggeration of thoughts, feelings and behaviour affects many areas of the young person’s life. For example, it can lead to:

- problems in relationships with friends and family
- interference with concentration at school or work
- behaviour that places the young person’s health or life at risk
- a loss of confidence and a loss of the sense of control the person feels over their life.

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

Where can I get help?

The first step towards getting help is to recognise that there might be a problem. Seeking medical advice early on is very important. If the bipolar illness can be identified and treated quickly, this reduces its harmful effects.

You should contact your general practitioner first. If necessary, a referral can then be made to a child and adolescent psychiatrist based in the local child and adolescent mental health service. (see Factsheet 31 on child and adolescent psychiatrists).

Sources of further information

- The Manic Depression Fellowship supports people with a diagnosis of manic depression and their families. Castle Works, 21 St George's Street, London SE1 6ES; tel. 020 7793 2600; e-mail: mdf@mdf.org.uk; www.mdf.org.uk.
- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.

Or you may like to look at these websites:

www.rethink.org/at-ease

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- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Effective treatments

The goal of treatment is to improve the symptoms, prevent the illness from returning and help the young person lead a normal life.

Medication

Medication usually plays an important role in the treatment of bipolar disorder. In the initial stages of the illness, an antidepressant and/or an antipsychotic drug will often be prescribed.

If the young person has had more than one episode of illness, a 'mood-stabilising' drug may also be needed. This reduces the risk of further episodes. Medication will be needed for at least a year, and sometimes much longer. The psychiatrist will want to review the medication regularly with the young person to make sure that the dose is right and that there are no side-effects.

Side-effects of the medication can occur. The 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. It is crucial that drug treatments are combined with practical help for the young person and their family.

Help with understanding the illness (psychoeducation)

It is very important that the young person with bipolar disorder and their family are helped to understand the condition, how best to cope and what to do to reduce the chances of it recurring.

Help to resume education or start work

An episode of bipolar disorder can interfere with education because it is difficult to learn when you are unwell. An important part of recovery is to begin to plan starting school, college or university or to think about work.

Help with family relationships

Stress in the family can make a relapse more likely, and families may benefit from help to recognise the triggers and how best to support the young person with bipolar disorder. As is normal for all young people, this may include helping a young person to leave home and to live independently.

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Obsessive–compulsive disorder in children and young people

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 what obsessive–compulsive disorder (OCD) is, who it affects and what can be done to help.



Introduction

What is obsessive–compulsive disorder?

Some people have thoughts or ideas that come into their mind even when they do not want them to (for example 'I must count to twenty or something bad will happen'). These thoughts often feel silly or unpleasant and are called **obsessions**. **Compulsions** are things that people feel they have to do, even when they do not want to (for example repeatedly checking that the light is switched off). Often people try to stop themselves from doing these things, but feel frustrated or worried unless they can finish them. Problems with obsessions and compulsions can cause distress and worry, and can begin to affect young people at school, with their friends, and in their families.

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

If you are worried that a child's behaviour is the beginnings of obsessive–compulsive disorder, you need to ask yourself the following questions:

- Do the compulsions upset the child?
- Do they interfere with the child's everyday life (e.g. school, friends, etc.)?

If the answer to these questions is 'yes', it may be that the young person has **obsessive–compulsive disorder**, sometimes called **OCD** for short. If this is the case, you should seek professional advice.

Who does OCD affect?

OCD can affect people of all ages, and usually starts in childhood.

What causes OCD?

We do not know the cause of OCD for certain. However, research suggests that OCD may be due to an imbalance in a brain chemical called 'serotonin'. The tendency for OCD seems to run in families. There may also be people with tics (involuntary jerky movements) in the family. Very occasionally, OCD can start after a bacterial illness.

How can I get help?

There are two treatments that are helpful. One of these is behaviour therapy, and the other is medication. Behaviour therapy and medication can be given on their own or together. If possible, a young person should have access to both forms of treatment.

Behaviour therapy involves a detailed assessment of the problem, often starting with the child and family keeping a diary of the obsessions and compulsions. The aim of the treatment is to teach young people how to be in control of the problem, by tackling it a little bit at a time. The young person designs the treatment programme with the therapist. Children need to be actively involved in planning the treatment.

Often parents or other family members get very involved in the OCD rituals. Families need to learn about OCD, and also about how to help their child combat it. This can involve parents working with the child and therapist to find ways of helping their child to resist the rituals and being able to say 'no'.

Sources of further information

- OCD Action is the national charity for people with obsessive–compulsive disorder (OCD) and related disorders such as body dysmorphic disorder (BDD), compulsive skin picking (CSP) and trichotillomania. Aberdeen Centre, 22–24 Highbury Grove, London N5 2EA; tel. 020 7226 4000; www.ocdaction.org.uk.

Or you may like to look at this website:

www.ocfoundation.org

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Medication

Medication helps at least 70% of people with OCD to get better. Unfortunately, many people who improve on medication become unwell again when the medication is stopped. Some people who need medication may have to continue taking it for a long time.

Where can I get help?

OCD is a common problem, and your general practitioner will be able to help and advise. If the young person needs more specialist assessment and treatment, the general practitioner may suggest a referral to a child psychiatrist or a child psychologist (see Factsheet 31 on child and adolescent psychiatrists).

If the young person has been unwell for a long time, or their life has become severely

affected by OCD, other professionals may need to help too – for example, teachers or educational social workers may be able to help the young person get back to ordinary life at school or college.

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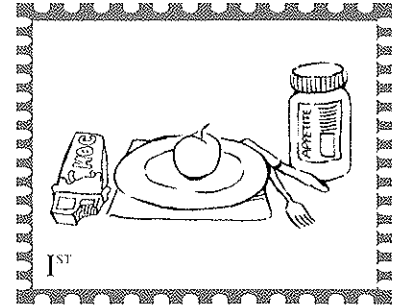
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Eating disorders in young people

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 discusses the causes of eating disorders and how to recognise them, as well as giving advice on how to cope with a child who has an eating disorder.



Introduction

What are eating disorders?

Worries about weight, shape and eating are common, especially among teenage girls. Being very overweight or obese can cause a lot of problems, particularly with health. Quite often, someone who is overweight can lose weight simply by eating more healthily. It sounds easy, but they may need help to find a way of doing this.

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

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

Both of these eating disorders are more common in girls, but do occur in boys.

What are the signs of anorexia or bulimia?

- Weight loss or unusual weight changes
- Periods being irregular or stopping
- Missing meals, eating very little and avoiding 'fattening' foods
- Avoiding eating in public, secret eating
- Large amounts of food disappearing from the cupboards

- Believing they are fat when underweight
- Exercising excessively
- Becoming preoccupied with food, cooking for other people
- Going to the bathroom or toilet immediately after meals
- Using laxatives and vomiting to control weight.

It may be difficult for parents or teachers to tell the difference between ordinary teenage dieting and a more serious problem. If you are concerned about your child's weight and how they are eating, consult your family doctor.

What effects can eating disorders have?

- Tiredness and difficulty with normal activities
- Damage to health, including stunting of growth and damage to bones and internal organs
- Loss of periods and risk of infertility
- Anxiety, depression, obsessive behaviour or perfectionism
- Poor concentration, missing school, college or work
- Lack of confidence, withdrawal from friends
- Dependency or over-involvement with parents, instead of developing independence.

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

What causes eating disorders?

Eating disorders are caused by a number of different things:

- Worry or stress may lead to comfort eating. This may cause worries about getting fat.
- Dieting and missing meals lead to craving for food, loss of control and over-eating.

Sources of further information

- The Eating Disorders Association: 103 Prince of Wales Road, Norwich NR1 1DW. Adult Helpline 0845 634 1414; Youth Helpline 0845 634 7650; textphone service 01603 753322; www.edauk.com.
 - YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.
 - The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.
- Anorexia or bulimia can develop as a complication of more extreme dieting, perhaps triggered by an upsetting event, such as family breakdown, death or separation in the family, bullying at school or abuse.
 - Sometimes, anorexia and bulimia may be a way of trying to feel in control if life feels stressful.
 - More ordinary events, such as the loss of a friend, a teasing remark or school exams, may also be the trigger in a vulnerable person.

Some people are more at risk than others. Risk factors include being female, being previously overweight and lacking self-esteem. Sensitive or anxious individuals, who are having difficulty becoming independent are also more at risk. The families of young people with eating disorders often find change or conflict particularly difficult, and may be unusually close or over-protective.

Where can I get help?

If you think a young person may be developing an eating disorder, don't be afraid to ask them if they are worried about themselves. Some young people will not want you to interfere.

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

- Eat regular meals – breakfast, lunch and dinner.
- Try to eat a 'balanced' diet – one that contains all the types of food your body needs.
- Include carbohydrate foods such as bread, rice, pasta or cereals with every meal.
- Don't miss meals – long gaps encourage over-eating.
- Avoid sugary or high-fat snacks (try eating a banana instead of a bar of chocolate).
- Take regular exercise.
- Try not to be influenced by other people skipping meals or commenting on weight.

When professional help is needed

When eating problems make family meals stressful, it is important to seek professional advice. Your general practitioner will be able to advise you about what specialist help is available locally and will be able to arrange a referral. Working with the family is an important part of treatment.

If the eating disorder causes physical ill health, it is essential to get medical help quickly. If the young person receives help from a specialist early on, admission to hospital is unlikely. If untreated, there is a risk of infertility, thin bones (osteoporosis), stunted growth and even death.

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Suicide and attempted suicide

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at the reasons behind why people try to kill themselves, and offers advice about what to do to help someone who you feel might be at risk of attempting suicide.

Introduction

Why do people try to kill themselves?

Nearly everyone has times when they feel sad and lonely. Sometimes, it can feel as if no one really likes us, that we are a failure, that we just upset people and that no one would care if we were dead. We may feel angry but unable to say so, or feel hopeless about the future.

It is feelings like these that make some young people try to kill themselves. Often, several upsetting things have happened over a short time and one more upset or rejection is the 'last straw'. An argument with parents is a common example; another is breaking up with a friend, or being in trouble. Teenagers who try to kill themselves are often trying to cope independently with very upset feelings, or difficult problems for the first time. They don't know how to solve their problems, or lack the support they need to cope with a big upset. They feel overwhelmed and see no other way out.

Often, the decision to attempt suicide is made quickly without thinking. At the time, many people just want their problems to disappear, and have no idea how to get help. They feel as if the only way out is to kill themselves.

The risk of suicide is higher when a young person:

- is depressed, or when they have a serious mental illness – if they get the help and treatment they need, the risk can be greatly reduced
- is using drugs or alcohol when they are upset
- has tried to kill themselves a number of times or has planned for a while about how to die without being saved
- has a relative or friend who tried to kill themselves.

Is this just attention-seeking?

No. Attempted suicide should always be taken seriously. The young person needs someone to understand what they have been feeling, although they might find it hard to put into words. They need someone to listen, and who is prepared to help.

Who is most at risk?

- There has been an increase in the suicide rate in young men over recent years.
- Many young people who try to kill themselves have mental health and personality problems.
- Suicide attempts in young people nearly always follows a stressful event – usually relationship problems. However, sometimes the young person will have shown no previous signs of mental health problems.
- Sometimes, the young person has had serious problems (e.g. with the police, their family or school) for a long time. These are the young people who are most at risk of further attempts. Some will already be seeing a counsellor, psychiatrist or social worker. Others have refused normal forms of help, and appear to be trying to run away from their problems.
- Young people who are misusing drugs or alcohol have the highest risk of death by suicide.

Sources of further information

- The Samaritans provide 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; www.samaritans.org.uk.
- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.
- A CD-ROM designed for 13–17 year-olds on mental health which looks at depression and self-harm: *Changing Minds: A Multimedia CD-ROM about Mental Health*. Further details from the Royal College of Psychiatrists: tel. 020 7235 2351, ext.146; www.rcpsych.ac.uk/publications/auvideo/cmindscd/index.htm.

Or you may like to look at these websites:

www.lifesigns.ukf.net
www.nshn.co.uk
www.selfharmalliance.org
www.nhsdirect.nhs.uk

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

How can I help?

- Notice when your child seems upset, withdrawn or irritable.
- Encourage them to talk about their worries. Show them you care by listening, and helping them to find their own solutions to problems.
- Buy blister packs of medicine in small amounts. This helps prevent impulsive suicides after a row or upset. Getting pills out of a blister pack takes longer than swallowing them straight from a bottle. It may be long enough to make someone stop and think about what they are doing.
- Keep medicines locked away.
- Get help if family problems or arguments keep upsetting you and your child.

For parents, it's hard to cope with a child attempting suicide and it's natural to feel angry, frightened or guilty. It may also be hard to take it seriously or know what to do for the best.

Specialist help

Everyone who has tried to kill themselves, or taken an overdose, needs an urgent assessment by a doctor as soon as possible even if they look OK. The harmful effects can sometimes be delayed. Even small amounts of some medication can be fatal. Poisoning with paracetamol is the most common type of overdose in Britain. Overdosing

with paracetamol causes serious liver damage, and each year this leads to many deaths. Even a small number of tablets can be fatal.

All young people who attempt suicide or harm themselves should have a specialist mental health assessment before leaving the hospital. The aim is to discover the causes of the problem. It is usual for parents or carers to be involved in treatment. This makes it easier to understand the background to what has happened, and to work out together whether help is needed.

A lot of young people make another attempt if they do not receive the help they need. Usually, treatment will involve individual or family work for a small number of sessions. A very small number of young people who try to kill themselves really do still want to die. Often, they are suffering from depression or another treatable mental health problem. They may need specialist help over a longer period of time.

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About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at the reasons behind why some young people may harm themselves, and offers practical advice about how to cope with this problem.

Introduction

What is deliberate self harm?

Deliberate self-harm is a term used when someone injures or harms themselves on purpose. Common examples include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. It can also include taking illegal drugs and excessive amounts of alcohol. Self-harm is always a sign of something being seriously wrong.

Why do young people harm themselves?

Self-injury is a way of dealing with very difficult feelings that build up inside. People say different things about why they do it:

- Some say that they have been feeling desperate about a problem and don't know where to turn for help. They feel trapped and helpless. Self-injury helps them to feel more in control.
- Some people talk of feelings of anger or tension that get bottled up inside, until they feel like exploding. Self-injury helps to relieve the tension that they feel.
- Feelings of guilt or shame may also become unbearable. Self-harm is way of punishing oneself.
- Some people try to cope with very upsetting experiences, such as trauma or abuse, by convincing themselves that the upsetting event(s) never happened. These people sometimes suffer from feelings of 'numbness' or 'deadness'. They say that they feel detached from the world and their bodies, and that self-injury is a way of feeling more connected and alive.

Who is at risk?

Self-harm is most commonly triggered by an argument with a parent or close friend. When family life involves a lot of abuse, neglect or

rejection, people are more likely to harm themselves. Young people who are depressed, or have an eating disorder, are at greater risk. So are people who take illegal drugs or excessive amounts of alcohol.

Where can I get help?

Anyone who is harming themselves is struggling to cope and needs help. Self-injury is often kept secret – even from friends or family. The person feels so ashamed, guilty or bad that they can't face talking about it. There may be clues, such as refusing to wear short sleeves or to take off clothing for sports.

If you are a parent or teacher, you can help by:

- recognising signs of distress, and finding some way of talking with the young person about how they are feeling
- listening to their worries and problems, and taking them seriously
- offering sympathy and understanding
- helping with solving problems
- staying calm and in control of your feelings.
- being clear about the risks of self-harm – making sure they know that, with help, it will be possible to stop once the underlying problems have been sorted out
- making sure that they get the right kind of help as soon as possible.

It's important to make sure that the young person feels that they have someone they can talk to and get support from when they need it. Otherwise, there is a risk they will harm themselves instead. It's important to ask whether parents and family will be able to give the support that's needed. This may be difficult if there are a lot of problems or arguments at home. As a parent, you may be too upset or angry to be able to give the help that is needed. If so, you should seek advice from your general practitioner.

Sources of further information

- National Self-Harm Network: PO Box 7264, Nottingham NG1 6WJ; e-mail: info@nshn.co.uk; www.nshn.co.uk.
- The Young People and Self Harm information resource website: www.selfharm.org.uk.
- Childline provides a free and confidential telephone service for children. Helpline: 0800 1111; www.childline.org.uk.
- The Samaritans provide 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; www.samaritans.org.uk.
- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA. Parents' Information Service 0800 018 2138; www.youngminds.org.uk.
- A CD-ROM designed for 13–17 year-olds on mental health which looks at depression and self-harm: *Changing Minds: A Multimedia CD-ROM about Mental Health*. Further details from the Royal College of Psychiatrists: tel. 020 7235 2351, ext.146; www.rcpsych.ac.uk/publications/auvideo/cmindsdcd/index.htm.

Or you may like to look at these websites:

www.lifesigns.ukf.net
www.nshn.co.uk
www.selfharmalliance.org
www.nhsdirect.nhs.uk

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

Specialist help

If you feel that more professional help is needed, the general practitioner should be able to tell you what help is available locally, and make a referral to your local child and adolescent mental health service.

The aim is to discover the causes of the problems. It is usual for parents or carers to be involved in treatment. This makes it easier to understand the background to what has happened, and to work out what sort of help is needed.

There are different talking approaches, depending on what is causing the problem. Treatment often involves both individual and family work. Individuals will need help with how to cope with the very difficult feelings that cause self-harm. Families often need help in working out how to make sure that the dangerous behaviour doesn't happen again, and how to give the support that is needed. If depression or anxiety is part of the problem, these will need treating (see Factsheet 34 on depression in children and young people). Occasionally, intensive help may be needed. Sometimes, recovery from very damaging or traumatic experiences happens slowly. Then specialist help is needed over a longer period of time.

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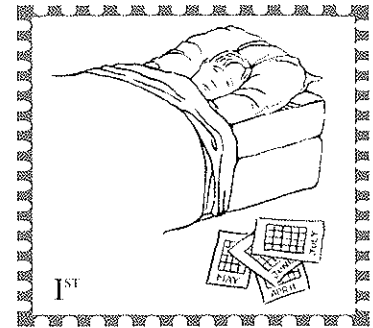
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Chronic physical illnesses: the effects on mental health

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at the effects that a long physical illness can have on a young person's mental health and offers advice about how to recognise and deal with these problems.



Introduction

Children with a long-lasting physical illness are twice as likely to suffer from emotional problems or disturbed behaviour. This is especially true of physical illnesses that involve the brain, such as epilepsy and cerebral palsy.

Why are mental health problems so common?

Serious illness or disability can cause a lot of work and stress for everyone in the family, especially the parents. Children who are ill have many more stressful experiences than children without an illness. Most children will, at some time, get upset by this. Sometimes, the upset feelings and behaviour can go on and on. If they do, this can add to the child's health problems by making their life even more difficult.

How does this affect the child and family?

Following the diagnosis of a potentially serious or long-term illness, most parents and children go through a process of coming to terms with it.

Long-term effects

The affected child might have fewer opportunities to learn everyday skills, and to develop their interests and hobbies. Educational problems are also common:

- Your child might have to miss a lot of school and have particular difficulties with learning.
- Be sure to be in touch with your child's teacher on a regular basis. Your child might need extra help at school.
- Your child might see themselves as different from other children, and they hate this.
- Some children may become depressed (see Factsheet 34 on depression in children and young people).
- Some children may be vulnerable to bullying (see Factsheet 18 on the emotional cost of bullying).

It is easy for you as parents to be overprotective of your child. You may find it harder to say 'no' than you normally would, making it difficult to control your child. It is harder to allow them to manage the 'rough and tumble' of childhood.

Sometimes it can be difficult and confusing to cope with all the different doctors, and other professionals involved with your child's illness. This can be very stressful for everyone.

Brothers and sisters sometimes feel that they are being neglected. They may feel embarrassed by their brother or sister. They may feel responsible for them. They can miss out on school or their social life, get bullied or lose friendships.

How to help

It's very important to remember that although long-lasting illness does make things very difficult, most children and their families cope well. It is only a minority who experience problems.

- Live as normal a life as possible.
- Be open with your child about their difficulties.
- Restrict them as little as possible.
- Help them to get out and about with other children of their own age.
- Encourage your child to be as independent as possible.
- Meet other families with similar experiences.
- Seek help if you feel that you're not managing.

A lot can be done to prevent further problems developing. Parents who appreciate the emotional impact of the illness on the child, and on the rest of the family, are much better placed to spot problems early and do something about them.

Where can I get help?

Making sure that there is enough help and support is very important. In addition to support from family and friends, try:

- Contact a Family (see above for contact details)
- your general practitioner
- voluntary support groups
- social Services
- school
- health visitor
- school nurse.

If there are signs that your child is developing emotional or behavioural problems, your general practitioner can refer you to the local child and adolescent mental health service for specialist advice. They may suggest that some family work could be helpful. Also, it often helps to link up with the other professionals involved in the ill child's care. This can help sort out any problems related to the treatment, and make sure that everyone is working together effectively.

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- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (eds) (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.

Sources of further information

- Contact a Family: for families with disabled children. 209–211 City Road, London EC1V 1JN; tel. 020 7608 8700; helpline 0808 808 3555; textphone 0808 808 3556; e-mail: helpline@cafamily.org.uk; www.cafamily.org.uk.
- The Back-Up Trust. A national charity supporting people paralysed through spinal cord injury. The Business Village, Broomhill Road, Wandsworth, London SW18 4JP; tel. 020 8875 1805; www.backuptrust.org.uk.
- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Medically unexplained physical symptoms

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at why some young people suffer from problematic physical symptoms when there seems to be no medical cause. It also offers advice about how to recognise and deal with the problem.

Introduction

One in 10 children suffer from physical symptoms for which no medical cause can be found. Common symptoms are headaches, tiredness, sore muscles, sickness, upset stomach, back pains, blurred vision, weakness and food intolerance. In many children, these symptoms can be made worse by worries – most commonly about school, friendships or family.

What are the causes?

Physical illness or injury may be a factor at the beginning, but when no obvious physical explanation can be found, emotional or psychological factors need to be thought about. These problems are more common in children and young people who:

- are feeling stressed, for whatever reason
- are very sensitive to physical symptoms and pains
- are very sensitive to others
- tend to be fussy or perfectionists
- are very anxious and worry more than most
- worry continuously about the symptoms and their effects on everyday activities – this can cause the symptoms to continue, and even get worse
- have a tendency to develop mental health problems, such as anxiety or depressive disorders.

Unexplained physical symptoms may be part of psychiatric disorders, such as depression or anxiety.

What are the effects of unexplained symptoms?

Everyday life can become very uncomfortable and stressful for these children. Unexplained

symptoms can also be very worrying for parents.

Most children learn to cope with these symptoms. But for some, the symptoms may result in:

- missing a lot of school; they may not achieve what they should academically
- seeing less of their friends – this means fewer interests, hobbies and fun
- being less mature and independent than other children because of their dependence on the family.

Who can help?

Your general practitioner or school doctor will be able to assess your child and help decide if any specialist investigation or treatment is required. If necessary, they will refer your child to the local paediatrician or child psychiatrist.

Specialists, such as psychiatrists, can help to distinguish unexplained physical symptoms from mental health problems such as depression or anxiety. Psychiatrists can also help identify psychological factors that may be contributing to the symptoms.

Talking treatments can help the family to cope with these problems. Medication may also play a part, particularly in overcoming anxiety and depression, or in dealing with eating or sleep problems. Relaxation exercises can be very helpful with recurrent headaches.

A planned approach

Psychiatric help can also be helpful in developing a planned approach to the problem. For it to be effective, everyone needs to work together as a team towards the same goals: you, your child, the paediatrician, psychiatrist, general practitioner and school may all need to get involved.

Sources of further information

- ChildLine provides a free and confidential telephone service for children. Helpline 0800 1111; www.childline.org.uk.
- The Mental Health Foundation, 7th Floor, 83 Victoria Street, London SW1H 0HW; tel. 020 7802 0300; www.mentalhealth.org.uk.
- Parentline offers help and advice to parents on bringing up children and teenagers. Helpline 0808 800 2222; textphone 0800 783 6783; www.parentlineplus.org.uk.
- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

The aim is to help the child to recover gradually by creating more effective ways of coping with the symptoms and getting back to a normal daily routine. This is best done with active participation from the family. It will involve:

- finding ways of paying less attention to the symptoms
- a small but steady increase in everyday and social activities
- the child will be encouraged to do more for themselves and to regain their confidence and independence
- asking teachers to help with looking at ways of overcoming any school or education problems.

Carers of children with unexplained physical symptoms can suffer a lot of stress. Family life may become dominated by the child's problem. Parents will need to be caring, but also determined and positive even when things seem bleak and uncertain. Often parents find it hard to know what to do for the best – when to encourage and when to comfort, when to insist and when to take the pressure off. They may benefit from expert help and advice about this.

Family or individual counselling may be helpful if focused on issues such as how to:

- respond to pain and other symptoms more effectively
- increase levels of physical and social activity
- overcome depression, anxiety, lack of confidence and poor motivation
- deal with family relationship difficulties when these become part of the problem.

It can be helpful for everyone involved in helping the child to meet and review progress from time to time. This allows everyone to share their ideas about the best ways forward – physical, psychological and educational.

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Chronic fatigue syndrome (CFS): helping your child to get better

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 aims to explain what chronic fatigue syndrome (CFS) is, its causes and symptoms, and offers practical advice about how to get help for a young person who is suffering from it.

Introduction

What is CFS?

The main symptom is extreme tiredness, which is not caused by any other physical illness, and which can dominate your life. It often starts as a flu-like illness. Common symptoms include:

- headaches
- aching muscles
- swollen glands.

Like other severe physical illnesses, CFS has some important emotional and psychological effects (see Factsheet 27 on chronic physical illnesses). This does not mean that it is 'all in the mind', but that the whole person is affected. It can be a long road to recovery.

What are the psychological effects of CFS?

Generally, the child or young person may have the following symptoms:

- feeling depressed
- feeling irritable
- feeling anxious
- having difficulty sleeping
- losing interest in food
- finding it difficult to concentrate or remember things
- feeling extremely tired
- getting headaches.

The disorder can seriously disrupt normal life. Your child may be unable to:

- carry out their usual activities
- go out and see friends
- carry on with their hobbies.

School can be very difficult to cope with. Young people with CFS may quickly become very unfit

from staying in bed, or just doing not very much for a long time. This causes rapid muscle loss – even in healthy people. All these complications make recovery more difficult.

Everyone in the family can feel the strain. You may have to give up work to nurse your sick child. Brothers and sisters may feel that they are being neglected. Parents may disagree about whether the child is really sick, or is just attention-seeking.

How can I get help?

The diagnosis of CFS can be difficult. In the early stages of the illness, it may seem that no one knows what the problem is and how to solve it. This can upset the child, who may feel that no one believes that they are ill or understands. Relationships can become difficult at home and at school.

Your general practitioner or school doctor will be able to refer your child to a paediatrician or child psychiatrist for treatment. The school, including the school nurse and psychologist, will be able to help with problems at school. The support and encouragement of family and friends are very important for good recovery.

Treatment

The aim is to help the child or young person with CFS to gradually resume normal activities. A programme of gradually increasing gentle activity will help to rebuild your child's muscles and fitness.

Family or individual counselling can help in overcoming depression, anxiety, lack of confidence, poor motivation, or family and relationship problems. It can be important to look at ways of getting your child's education back on track by talking with your child's teachers.

Sources of further information

- Royal College of Physicians, Royal College of General Practitioners & Royal College of Psychiatrists (1996) *Chronic Fatigue Syndrome* (Council Report CR54). London: Royal Colleges of Physicians, General Practitioners & Psychiatrists. www.rcpsych.ac.uk/publications.
- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Rd, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems, including discipline, behavioural problems and conduct disorder, and stimulant medication. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Carers can also feel stressed. You have to be very patient, but also determined and optimistic, even when things seem bleak and uncertain.

Often it is hard to know when to encourage your child, when to comfort them or when to put pressure on them. You may also find some expert advice helpful.

It can be helpful for everyone involved in helping a child with CFS to meet and talk about progress from time to time. This allows everyone to share ideas about the best ways forward – physical, psychological and educational. Working as a team is important and a regular review of progress is essential.

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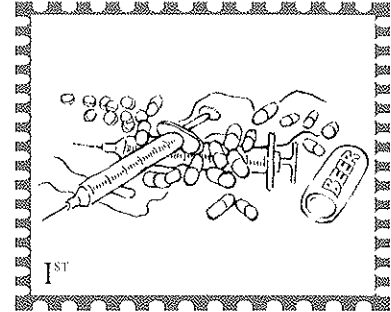
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Alcohol and drugs: what parents need to know

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 offers practical advice for parents and teachers who are worried that a young person is misusing drugs or alcohol.



Introduction

Who uses alcohol and drugs?

Many young people smoke, drink alcohol and may try drugs. They may do it for fun, because they are curious, or to be like their friends. Some are experimenting with the feeling of intoxication.

Alcohol generally gives you a feeling of relaxation and confidence, although some people feel flat and miserable with it. It is addictive if used regularly. There are serious physical health effects if you drink regularly or binge drink. It can affect the liver, nervous system and brain. There are no known safe limits for children and teenagers. Young people can get themselves into dangerous situations if they are drunk, e.g. fighting, having unprotected sex, or getting into a car with someone who has been drinking.

Cigarettes are highly addictive and cause diseases such as cancer, heart disease and high blood pressure. It can be hard to expect your child not to smoke if you smoke yourself. Fortunately, a lot of support is available now (see list of sources of further information).

Cannabis (grass, dope, weed, skunk) is the most commonly used illegal drug among 11–24 year olds. Cannabis resin looks like a gravy browning cube, or cannabis can look like dried herbs or seeds. It is usually rolled into a 'joint' and smoked like a cigarette or through a special pipe. It can also be baked in cakes. Most people find it makes them feel relaxed, and they may feel they want to talk or laugh a lot. It can also make you feel panicky and nervous, confused, tired and hungry. It can cause lung diseases, just like cigarettes do. For some people, cannabis use can trigger schizophrenia, a serious mental illness (see Factsheet 21 on schizophrenia).

Solvents such as glue, butane gas, and aerosols can be sniffed, sprayed into the mouth/nose, or the fumes breathed in using a gas filled bag. It makes people feel 'high'. These substances can make people do things that they wouldn't normally have the courage to do, and they may hallucinate (see things that aren't there). Solvents can make you feel sick or sleepy, and it is possible to suffocate if a bag is put over your head. The heart can stop and this can lead to death, even when tried for the first time.

Ecstasy (E, pills, brownies, burgers, disco biscuits, hug drug, Mitsubishis, Doves, Rolex's, Dolphins, XTC) comes in tablets in lots of different colours and shapes. They make people feel happy, lively and very friendly. But some people feel anxious and scared. If you take it while dancing a lot, it is easy to become dehydrated and this can be fatal.

Amphetamines (speed, uppers, whizz, amph, sulphate) comes as a powder (orangey yellow or a dirty white) or as tablets. Amphetamines can be swallowed, sniffed, smoked or injected. Sometimes they are made into a liquid to drink. People feel as if they have lots of energy, 'buzzy' and often talk a lot. But, again, you can also feel very scared and anxious or grumpy and some people hallucinate. Amphetamines are stimulants, and so can have effects on the heart that can lead to death.

LSD ('acid', trips, tabs, microdots, stamps) comes on small pieces of paper impregnated with the drug. The little squares have pictures on them. LSD is eaten or sucked. The effect is to hallucinate ('trip') and see odd shapes or colours or hear noises. Trips can be pleasant or terrifying and can last for several hours. You can also have 'flashbacks' several months later, when you have

Sources of further information

- NHS Direct can provide help and advice on any aspect of drug and alcohol use. Tel. 0845 4647; www.nhsdirect.nhs.uk.
- The NHS Smoking Helpline: 0800 169 0169; www.givingupsmoking.co.uk.
- Talk to Frank is a free confidential drugs information and advice line. Tel. 0800776600; e-mail: frank@talktofrank.com; www.talktofrank.com.

Or you may like to look at these websites:

- www.addaction.org.uk
- www.alcoholconcern.org.uk
- www.alcoholics-anonymous.org
- www.al-anonuk.org.uk
- www.thesite.org/drugs
- www.wrecked.co.uk
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk.

similar experiences to the trip, even though you haven't taken LSD for weeks.

Cocaine (coke, snow, Charlie, C,) and **crack cocaine** (rock, wash, stone) make people feel confident and lively. Cocaine is a white powder that is sniffed up the nose, and can be dissolved and injected. Crack cocaine comes as crystals (rocks) the size of a baked bean. It is smoked and has similar effects to cocaine powder, but these effects are more rapid and intense, and wear off quickly. Cocaine can cause chest pains and difficulty breathing. Both cocaine and crack cocaine are highly addictive.

Heroin (H, smack, skag, horse, junk, brown) is a brownish–whitish powder. It is smoked, sniffed or injected and makes people feel very relaxed and content and cut off from the world 'gouching out'. It is highly addictive, even if not injected. Heroin can be fatal as it can stop your breathing.

Tranquillisers (valium, ativan, mogadon, temazepam, moggies, mazzies, tranx, jellies) come as capsules and tablets of differing colours and shapes. They are eaten or injected. People

feel relaxed and may fall asleep. It can be fatal to inject them. They are addictive.

Anabolic steroids (Deca-Durabolin, Dianabol, and Stanozolol) are tablets or liquids that are swallowed or an oily liquid which is injected into the muscle. They increase muscle bulk and can improve sporting strength and ability if taken over time. However, they cause many serious health problems, including breast development in boys, body hair growth in girls, depression and hormonal problems.

References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
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- Scott, A., Shaw, M. & Joughin, C. (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.

Information about drugs: what parents need to know

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers 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 offers practical advice for parents and teachers who are worried that a young person is misusing drugs or alcohol.



Introduction

Who uses drugs?

Many young people smoke, drink alcohol and may try drugs. They may do it for fun, because they are curious, or to be like their friends. Some are experimenting with the feeling of intoxication.

Risks and dangers

Using street drugs or alcohol might make you feel good, but they can damage your health. Here are some of the basic facts:

- It is dangerous to mix drugs and alcohol. They each may increase the effects of the other substance, e.g. ecstasy and alcohol can lead to dehydration (overheating), and cause coma and death.
- You cannot know for sure what is in the drug you buy. It might not contain what the dealer says. Some dealers might mix it with other substances or you may get a higher dose of a drug than you are used to, which can be fatal.
- Serious infections, such as HIV and hepatitis, can be spread by sharing needles or 'equipment'.
- Accidents, arguments and fights are more likely after drinking and drug use.
- Using drugs can lead to serious mental illness such as psychosis or depression, and to health problems and overdoses.

How do you know if your child is using drugs?

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

- unexplained moodiness
- behaviour that is 'out of character'
- loss of interest in school or friends
- unexplained loss of clothes or money
- unusual smells, silver foil.

Remember, none of these guarantees that your child is using drugs.

What can parents do?

In general

- Pay attention to what your child is doing, including school work, friends and leisure time.
- Learn about the effects of alcohol and drugs (see www.talktofrank.com).
- Listen to what your child says about alcohol and drugs and talk about it with them.
- Encourage your child to be informed and responsible about drugs and alcohol.
- Talk to other parents, friends or teachers about drugs – the facts and your fears.

If your child is using

Do...

- make sure of your facts (www.talktofrank.com)
- stay calm.

Don't...

- give up on them
- get into long debates or arguments when they are drunk, stoned or high
- blame them – you may lose their confidence.

Where to get help

You can talk in confidence to your general practitioner or practice nurse. They can give

Sources of further information

- NHS Direct can provide help and advice on any aspect of drug and alcohol use: Tel. 0845 4647; www.nhsdirect.nhs.uk.
- NHS Smoking Helpline 0800 169 0169; www.givingupsmoking.co.uk.
- Talk to Frank is a free confidential drugs information and advice line. Tel. 0800 776600; e-mail: frank@talktofrank.com; www.talktofrank.com.

Or you may like to look at these websites:

www.addaction.org.uk
www.alcoholconcern.org.uk
www.alcoholics-anonymous.org
www.al-anonuk.org.uk
www.thesite.org/drugs
www.wrecked.co.uk

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems, including discipline, behavioural problems and conduct disorder, and stimulant medication. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

information and advice on local support and treatment facilities. Other helpful agencies include:

- voluntary counselling centres
- teachers and school nurses
- youth and community workers
- drug and alcohol agencies
- child and adolescent mental health services (CAMHS)
- social workers
- police.

References

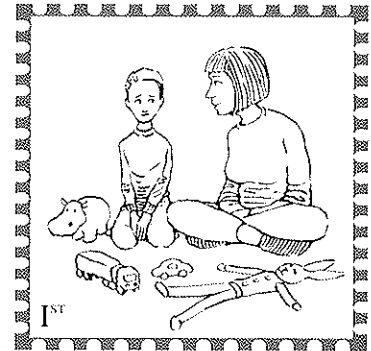
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Child and adolescent psychiatrists: how they can help

Factsheet for parents, teachers and young people

About this factsheet

This is one in a series of factsheets for parents, teachers 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 describes the role of the child and adolescent psychiatrist, what they do and how they might help you if you are or know a young person with a mental health problem.



Introduction

Child and adolescent psychiatrists are medically qualified doctors who specialise in understanding and working with children and young people who have mental health problems.

Where do they work?

National Health Service

Child psychiatrists mainly work in:

- Child and adolescent mental health services (CAMHS)
- Out-patient clinics in hospitals
- Specialised in-patient units
- Child and family services
- Young people's services
- Outreach services (e.g. in schools, nurseries, day-centres).

They work as part of a multidisciplinary service that may include other child mental health professionals such as:

- child psychologists
- child psychotherapists
- family therapists,
- children's psychiatric nurses
- social workers.

Most of the work that they do with children, young people and their families is done through out-patient appointments while the child continues to live at home. They are sometimes asked to provide expert opinion to the courts about child welfare issues.

What problems can they help with?

Child psychiatrists deal with a wide range of mental health problems, including all those addressed in this series of factsheets and many more. Many children and young people are troubled by emotional, behavioural and psychiatric problems and these cause worry and distress to those who care for them, their families and teachers, etc. A large part of a child psychiatrist's work is to identify the problem, understand the causes and advise about what may help.

Sources of further information

- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA. Parents' Information Service 0800 018 2138. www.youngminds.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

How can I see a psychiatrist?

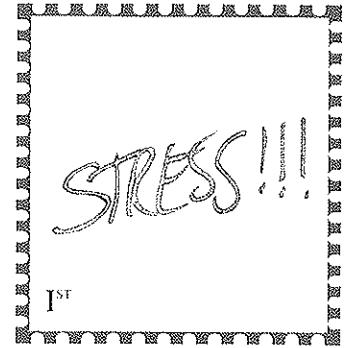
Your general practitioner, health visitor, school doctor, clinic doctor, paediatrician, educational psychologist or social worker will be able to discuss any concerns and arrange for an appointment with a child psychiatrist if necessary.

Coping with stress

Factsheet for young people

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at what stress is, what causes it and how it might feel to be suffering from stress. It also gives some practical advice about how to cope with different types of stress.



Introduction

What is stress?

Everyone feels stressed at times. You may feel under pressure, worried, tense, upset, sad, angry – or maybe a mixture of uncomfortable feelings. There are many ordinary situations that can make you feel stressed. For example, your school work may pile up, preparing for exams may seem as if it's taking forever, you may be being teased or bullied at school, or having problems with teachers. At home you may be arguing with parents, brothers or sisters, or close 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.

The effects of stress

Stress can affect you physically. Your body is designed to be able to cope with stresses such as danger, illness and emergencies. This is called your 'fight or flight' instinct, where hormones such as adrenaline and cortisol gear your body up to cope with immediate stressful situations. For example, if you accidentally step into the road when a car is coming, adrenaline will pump around your body enabling you to jump out of the way of the car – this is your 'flight' instinct coming into play in a short-lived stressful situation. Your body is less able to cope with longer-lasting pressure. This can make you feel tired, make you go off your food and find it difficult to sleep. You may get stomach-aches or headaches.

Stress can affect you mentally as well as physically. You may find it hard to keep your mind on your work, to cope with frustration or to control your temper. You might get depressed. Stress that goes on for a long time can be exhausting.

Understanding and support from other people can make it much easier to cope. If you have someone you can trust to talk to, this can help. Feeling alone makes it harder.

Coping with stress

There are several things that you can do to help yourself cope. For things that happen every day, it can be useful to think of your stress as a puzzle to be solved:

- Think about the situations that stress you, and how you behave.
- Think about how you could behave differently in these situations, so that you would feel more in control.
- Imagine how other people might behave if you acted differently.
- List all the things you can think of that would make life easier or less stressful – write them down on a piece of paper. This can help you sort things out in your head.

Where can I 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.

People you might want to talk to:

- parents, a family member or family friend
- a close friend or carer
- a school nurse, teacher or school counsellor
- a social worker or youth counsellor

Sources of further information

- ChildLine provides a free and confidential telephone service for children. Helpline 0800 1111; www.childline.org.uk; helpline 0800 1111.
- The Samaritans provide 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; www.samaritans.org.uk.
- Youth Access offers information, advice and counselling throughout the UK. 12 Taylor's Yard, 67 Alderbrook Road, London SW12 8AB; tel. 020 8772 9900.
- The YoungMinds Parents' Information Service provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA. Parents' Information Service 0800 018 2138; www.youngminds.org.uk.

Or try these websites:

www.teenagehealthfreak.org
www.rethink.org/at-ease
www.peersupport.co.uk
www.bbc.co.uk/health/mental
www.active.org.uk
www.channel4.com/health/stress

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

- a priest, someone from your church or temple
- the Samaritans (telephone 08457 909090).

Your general practitioner or practice nurse may also be able to help. They may suggest that you see someone from your local child and adolescent mental health service – a team of professionals specially trained to work with young people. They include child and adolescent psychiatrists (see Factsheet 31 about child and adolescent psychiatrists), psychologists, social workers, psychotherapists and specialist nurses.

You should get help if...

- 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'
- stress is making you hear voices telling you what to do, or making you behave strangely.

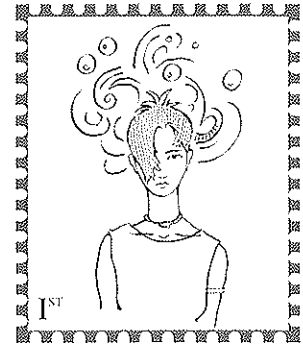
It is possible that you are depressed rather than stressed if you feel these things (see Factsheet 34 on Depression). If so, it is very important that you get specialist help as soon as possible. Your general practitioner will be able to help.

References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
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About this factsheet

This is one in a series of factsheets for parents, teachers 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 describes different types of serious mental illness, and how and why they might affect you. It also offers some practical advice about how to get help.



Introduction

The term 'psychosis' is used to describe when a person loses touch with reality. Teenagers often worry that they may be 'going mad' when they are feeling stressed, confused or very upset. In fact, feelings like these are very rarely a sign of mental illness. They can often get a lot better if you talk them through with someone you trust.

'Psychosis' is much more serious and affects people of all ages, but becomes increasingly common as you reach young adulthood.

When a young person has a 'psychotic breakdown', not due to drug use, it can be difficult to know what the long-term effects will be, and a definite diagnosis may not be possible.

Psychosis

Schizophrenia is the most common form of psychosis. Symptoms include delusions, thought disorder and hallucinations (see Factsheet 21 on schizophrenia).

Delusions are unshakeable beliefs that are obviously untrue. For example, an ill person might strongly believe that there is a plot to harm them – that they are being spied on through the TV or being taken over by aliens.

Thought disorder is when someone is not thinking straight and it is hard to make sense of what they are saying. Their ideas may be jumbled up, but it is more than being muddled or confused.

Hallucinations are when someone sees, hears, smells or feels something that isn't really there. The most common hallucination that people have is hearing voices. In schizophrenia, hallucinations are totally real to the person having them. This can be very frightening and can make them

believe that they are being watched or picked on. People who are having these experiences may act strangely. For example, they may talk or laugh to themselves as if talking to somebody that you can't see.

The symptoms of schizophrenia are sometimes mistaken as moodiness or teenage rebellion. In young people, hearing voices is not necessarily a sign of schizophrenia, but may be due to anxiety, stress or depression.

Bipolar affective disorder

The main feature of bipolar affective disorder is extreme changes of mood (see Factsheet 22 on bipolar affective disorder (manic depression)). When someone is high, they can become very overactive and loud, and lose their inhibitions. They can also suffer from delusions, for example, that they are famous, or have special powers. Mania can alternate with periods of depression. Some people with bipolar disorder experience delusions and hallucinations.

What causes psychotic illness?

This is still not fully understood. In both schizophrenia and bipolar affective disorder, there are abnormalities in the chemistry of the brain. This causes changes in thoughts, feelings and behaviour.

There are a number of reasons that can make a person more likely to develop a psychotic illness:

- genetic factors play a part; probably by increasing the risk of an imbalance in brain chemistry. Having a parent or close relative with schizophrenia or bipolar disorder means that a person will have a slightly greater than normal chance of developing the condition.

Sources of further information

- The Manic Depression Fellowship supports people with a diagnosis of manic depression and their families. Castle Works, 21 St George's Street, London SE1 6ES; Tel 020 7793 2600; www.mdf.org.uk.
- Rethink offers help to people with severe mental illness (not only schizophrenia) and their carers. 30 Tabernacle Street, London EC2A 4DD. National advice line 020 8974 6814; e-mail advice@rethink.org; www.rethink.org.
- For drug-induced psychosis, see www.talktofrank.com.
- *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. Further details from the Royal College of Psychiatrists: tel. 020 7235 2351, ext.146; www.rcpsych.ac.uk/publications/auvideo/cmindscd/index.htm.

Or you may like to look at these websites:

www.rethink.org

www.sane.org.uk

www.pendulum.org (manic depression)

- The *Mental Health & Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

- stress or extreme life events.
- physical illness.
- cannabis and mind-altering drugs such as LSD, ecstasy and speed (amphetamines).

Getting help

The person with the illness may not notice that there is a problem and deny that there is anything wrong. Your general practitioner or school nurse can give you good advice. They will be able to get you specialist help, if it is needed. A psychiatrist may need to visit the person to find out whether or not they are ill, and to offer the treatment required.

Medication is an important part of treatment and often needs to be taken for a long time in order to stay well. As with medication of any kind, there may be side-effects; the doctor will be able to advise on what they are and about what can be done to help.

Some of the medicines for the treatment of psychosis are 'unlicensed' in children and young people. This does not mean they do not work for young people, but simply that the drug company has not applied for a licence. If you are worried about this, you should speak to the doctor or

pharmacist. Further information is also available from the Royal College of Paediatrics and Child Health (www.rcpch.ac.uk).

If the psychosis is due to drug use, the young person may need help with this.

Other forms of treatment are also important. Both the patient and their family will need help to understand the condition, to cope successfully, and to prevent the illness recurring. Support is often needed to rebuild the confidence needed to continue with school, college or work.

The young person may need to be treated in hospital or in a specialist in-patient service. Talking treatments can be helpful, but need to be in addition to medication.

References

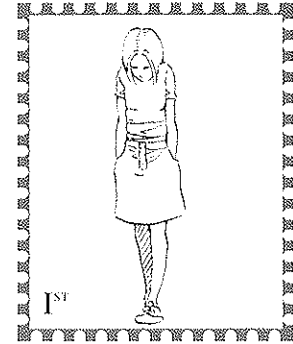
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Depression in children and young people

Factsheet for young people

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at how to recognise depression, and what you can do to help yourself or someone else who is suffering from depression.



Introduction

What is depression?

Most people, children as well as adults, feel low or 'blue' occasionally. Feeling sad is a normal reaction to experiences that are stressful or upsetting.

When these feelings go on and on, or dominate and interfere with your whole life, it can become an illness. This illness is called 'depression'. Depression probably affects one in every 200 children under 12 years old and two to three in every 100 teenagers.

What are the signs of depression?

- 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
- Tiredness and lack of energy
- Changes in appetite
- Frequent minor health problems, such as headaches or stomach-aches
- Some people believe they are ugly, guilty and have done terrible things.

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?

Depression is usually caused by a mixture of things, rather than any one thing alone.

Events or personal experiences can be a trigger. These include family breakdown, the death or loss of a loved one, neglect, abuse, bullying and physical illness. Depression can also be triggered if too many changes happen in your life too quickly.

Risk factors People are more at risk of becoming depressed if they are under a lot of stress, have no one to share their worries with, and lack practical support.

Biological factors Depression may run in families due to genetic factors. It is also more common in girls and women compared to boys.

Depression seems to be linked with chemical changes in the part of brain that controls mood. These changes prevent normal functioning of the brain and cause many of the symptoms of depression.

Where can I get help?

There are a lot of things that can be done to help people who suffer from depression.

Helping yourself 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 are stressed out by exams, you should talk to your teacher or school counsellor.

If you are worried about being pregnant, you should go and see your general practitioner or family planning clinic. Here are some things to remember:

- talk to someone who can help
- keep as active and occupied as possible, but don't overstress yourself
- you are not alone – depression is a common problem and can be overcome.

How parents and teachers can help

It can be very hard for young people to put their feelings into words. You can help by asking sympathetically how they are feeling, and listening to them.

When specialist help is needed

If the depression is dragging on and causing serious difficulties, it's important to seek treatment. Your general practitioner 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.

Many young people will get better on their own with support and understanding. For those whose symptoms are severe and persistent, the National Institute of Clinical Excellence (NICE; www.nice.org.uk) recommends that the young person is treated initially with a psychological therapy, such as **cognitive-behavioural therapy (CBT)** for 3 months. CBT is a type of talking treatment that helps someone understand their thoughts, feelings and behaviour (see Royal College of Psychiatrists Factsheet on CBT; www.rcpsych.ac.uk/info/factsheets/pfaccog.asp).

Antidepressant medication should only be used with a psychological therapy such as CBT. Antidepressant medication needs to be taken for 6 months after the young person feels better. Mild depression should not be treated with antidepressants, but instead with general help and support (see Royal College of Psychiatrists' Factsheet on antidepressants; www.rcpsych.ac.uk).

There is evidence that some antidepressants called SSRIs (selective serotonin reuptake inhibitors) can increase thoughts of suicide. For this age group, fluoxetine, which is an SSRI antidepressant, can be used and research has shown that the benefits outweigh the risks. None of the antidepressants are licensed for use in

young people under the age of 18 and should only be used by child and adolescent psychiatrists, after a careful assessment. Weekly monitoring of how the young person is feeling will happen in the first 4 weeks, and then regularly after that.

Sources of further information

- 'Changing Minds: Mental Health: What it is, What to do, Where to go?' A multi-media CD-ROM on mental health that looks at depression. www.changingminds.co.uk.
- Childline provides a free and confidential telephone service for children. Helpline: 0800 1111; www.childline.org.uk.
- The Samaritans provide a 24-hour service offering confidential emotional support to anyone who is in crisis. Helplines 08457 909090 (UK); 1850 609090 (ROI); e-mail: jo@samaritans.org; www.samaritans.org.uk.
- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information 0800 018 2138; www.youngminds.org.uk.

Or you may want to look at these websites:

www.depressionalliance.org
www.thecalmzone.net
www.thesite.org/info/health/depression

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

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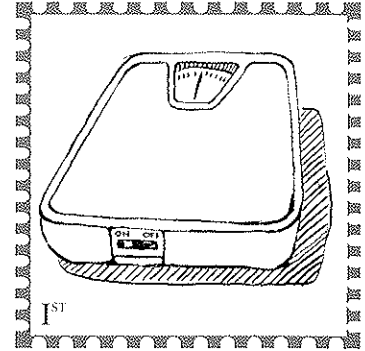
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Worries about weight

Factsheet for young people

About this factsheet

This is one in a series of factsheets for parents, teachers 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 looks at some of the reasons why people worry about their weight, and offers advice about how to maintain a normal and healthy weight and not let these worries get out of control.



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, doctor or library. Your weight, like your height and looks, depends a lot on your build, your genes and your diet.

Staying a healthy, 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.

Common eating problems

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.

If worries have altered your appetite or weight, it will help to talk to someone (see Factsheet 32 on coping with stress).

Sources of further information

- Eating Disorders Association. 103 Prince of Wales Road, Norwich NR1 1DW. Adult Helpline: 0845 634 1414; Youth Helpline: 0845 634 7050; Textphone 01603 753322; www.edauk.com.
- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information 0800 018 2138; www.youngminds.org.uk.
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or download them from www.rcpsych.ac.uk.

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Signs of an eating disorder

With *anorexia nervosa*:

- 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*. With 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.

Getting help

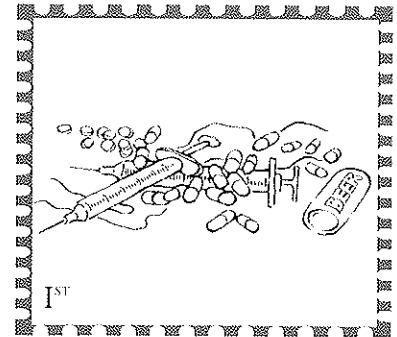
If you are worried about your weight or feel you might have an eating disorder, you should get some help. Talk to:

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

Your general practitioner 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 will help you to regain control of your eating and your weight.

About this factsheet

This is one in a series of factsheets for parents, teachers 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 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.

Commonly used drugs

People use all sorts of substances, both legal and illegal. The obviously illegal drugs are things like cannabis (hash), speed (amphetamines), ecstasy (E), cocaine and heroin. Many legal substances are also harmful and addictive – cigarettes, alcohol, glue, petrol and aerosols. Society's favourite drugs are alcohol and tobacco, both strongly addictive and misused by millions. A few medicines, such as tranquillisers, can also be addictive.

What leads to problems with drugs and alcohol?

- You may worry that if you don't take drugs, you will be 'uncool' and won't fit in.
- Drugs can make you feel good – for a while. Just experimenting with a drug may make you want to try again ... and again
- You find that taking a particular drug makes you feel confident, and may help you to face a difficult situation. After a while, you need the drug to face that situation every time.
- If you are unhappy, stressed, or lonely, you are more likely to turn to drugs to forget your problems.
- If you find that you're using a drug or alcohol more and more often, be careful – this is the first step to becoming dependent on it.

- If you hang out with people who use a lot of drugs, you probably will too.

Risks and dangers

Using street drugs or alcohol might make you feel good, but they can damage your health. Here are some of the basic facts:

- It is dangerous to mix drugs and alcohol. They each may increase the effects of the other substance, e.g. ecstasy and alcohol can lead to dehydration (overheating), and cause coma and death.
- You cannot know for sure what is in the drug you buy. It might not contain what the dealer says. Some dealers might mix it with other substances or you may get a higher dose of a drug than you are used to, which can be fatal.
- Serious infections can be spread by sharing needles or 'equipment', such as HIV and hepatitis.
- Accidents, arguments and fights are more likely after drinking and drug use.
- Using drugs can lead to serious mental illness such as psychosis or depression, and to health problems and overdoses.

Signs that you're hooked

- Do you think about drugs or alcohol everyday?
- Is it hard to say 'no' when they are offered?
- Would you drink/take drugs alone?
- Does taking drugs get in the way of the rest of your life?

If the answer to these questions is 'yes', you may be hooked.

The most common sign that you have a drug problem is the feeling the drug gives you – suddenly, it's not a choice that feels under your control. Soon, you'll find yourself having to take

Sources of further information

- NHS Direct can provide help and advice on any aspect of drug and alcohol use. Tel. 0845 4647; www.nhsdirect.nhs.uk.
- NHS Smoking Helpline 0800 169 0169; www.givingupsmoking.co.uk.
- Talk to Frank is a free confidential drugs information and advice line. Tel. 0800 776600; e-mail: frank@talktofrank.com; www.talktofrank.com.

Or you may like to look at these websites:

www.addaction.org.uk
www.alcoholconcern.org.uk
www.alcoholics-anonymous.org
www.ai-anonuk.org.uk
www.thesite.org/drugs
www.wrecked.co.uk

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems, including discipline, behavioural problems and conduct disorder, and stimulant medication. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

more and more to get the same effect. Then, you'll find that you can't cope without it and that you've got a habit – although you'll find yourself saying 'It's not that I need it but ...'

How to get help

There are different ways of getting help. Think about talking to someone you trust:

- a close friend
- your parents or a family member
- a family friend
- a school nurse
- a social worker
- a teacher/school counsellor
- someone at your place of worship
- a youth counsellor
- your GP or practice nurse, who can refer you on to relevant services, and will be able to offer you advice and support

- a local drug project – see your local area telephone book or ask for the address from your health centre
- your local child and adolescent mental health service – this is a team of skilled professionals, including child psychiatrists, psychologists, social workers, psychotherapists and specialist nurses.

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